



California Department of Corrections and Rehabilitation
Division of Rehabilitative Programs
1515 S Street, Sacramento, CA 95811

REQUEST FOR APPLICATION

VICTIM IMPACT GRANTS CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION INSTITUTIONS

Funding for Fiscal Years 2024-2025 and 2025-2026
Grant Period: July 1, 2024-June 30, 2026

Application Packet Released	January 16, 2024
Applicants Conference Call	January 30, 2024
Application Due	February 27, 2024 (by 11:59 p.m.)

This Request for Application (RFA) includes important information about funding provisions, grant eligibility, and application submission requirements.

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INTRODUCTION

This Request for Application (RFA) provides the information necessary to submit an application to the California Department of Corrections and Rehabilitation (CDCR) for grant funds available in the Fiscal Years 2024-2025 through 2025-2026 for Victim Impact Grant Programs.

CONTACT INFORMATION

The CDCR staff cannot assist the applicant with the actual preparation of the application. Any questions concerning the RFA, the application process, or programmatic issues must be submitted by email to:

Division of Rehabilitative Programs – Innovative Grants

Email: innovativegrants@cdcr.ca.gov

APPLICANTS CONFERENCE CALL

An applicants conference call will be conducted on January 30, 2024, for the purpose of answering general questions about the RFA process. Participation in this call is not mandatory. Specific details about time and call-in information will be available at: <https://www.cdcr.ca.gov/rehabilitation/grants.html>.

APPLICATION DUE DATE

Applications will only be accepted via online submission. All applications must be submitted by 11:59 p.m. February 27, 2024. The online application link can be found at the end of the RFA document. Note: Only one application is to be submitted by each organization.

Applications received after 11:59 p.m. on February 27, 2024, will not be accepted.

PROJECT DESCRIPTION

Victim Impact Grants will distribute \$1 million in grant funds per year for two terms (\$2 million total) amongst eligible nonprofit organizations to fund victim impact programs in one or more CDCR institutions. The grant period begins on July 1, 2024, and ends on June 30, 2026. Grant award breakdowns can be found in Grant Funding section.

PROJECT OBJECTIVES

The purpose of the Victim Impact Grants is for eligible nonprofit organizations to deliver victim impact programs at one or more CDCR institutions. Victim Impact programs are victim focused restorative justice programs provided by community-based organizations. These programs must employ restorative justice principles, have an emphasis on incarcerated individual accountability, and provide opportunities for incarcerated individuals to understand the impact of the harm caused by crime.

PROGRAM LOCATION(S) AND TARGET INSTITUTIONS

Applications will be accepted for the thirty-two (32) locations listed in Attachment A. Twelve (12) of these locations are identified as target locations based on the following:

- Lack of community-based programming services available (in comparison to other institutions)
- Women's Institutions

This designation is only for the purposes of this RFA. Applications submitted for target location(s) will receive an additional 25 points during the application review process as an operational needs-based factor. The specific location (yard/facility) of grant programming will be at the discretion of the institution. Applications submitted to provide programs at non-targeted locations will not receive additional points as an operational needs-based factor.

GRANT FUNDING

The 2024-2026 budget provides \$1 million per year from the Inmate Welfare Fund to fund Victim Impact Grant Programs. The grants will be awarded for a period of two (2) grant terms for a total of \$2 million.

Awarding of grants is subject to the following limitations:

- Individual grants are limited to no more than \$200,000 per grant (20% of \$1 million annual grant authority).
- Each applicant organization is limited to no more than \$400,000 in cumulative grants (40% of \$1 million annual grant authority).
- No applicant organization will be awarded more than five (5) grants.

Applicants should only request the amount of funds needed to support their proposal and not base their request on the total amount of grant funding available.

Grant Payments

A. Term 1: Victim Impact FY 2024-2025

Grant funds will be distributed in three (3) payments as follows:

- 34% on/after July 1, 2024
- 33% on/after November 14, 2024
- 33% on/after March 14, 2025

B. Term 2: Victim Impact FY 2025-2026

Grant funds will be distributed in three (3) payments as follows:

- 34% on/after July 14, 2025
- 33% on/after November 14, 2025
- 33% on/after March 13, 2026

Note: Grant payments are typically received within 45 days of disbursement. Grant payments will be disbursed upon confirmation by the CDCR that satisfactory program performance is being demonstrated through:

- Completed Progress Reports
- Participant Feedback
- Additional program information requested by the CDCR

Availability

Grant funding is available for the following:

- To fund Victim Impact programs that are new to the institution
- To continue an existing program that is already in place and has not received any prior Victim Impact Grant funding
- To fund existing programs that have been previously funded through Victim Impact Grants

Applications for Multiple Locations

Applicants may submit a grant application to provide a Victim Impact Grant program at one (1) or more CDCR institutions. Only one (1) application package is required per program. When the applicant is proposing to provide a Victim Impact Grant program at more than one (1) location, a separate Budget for the Grant Program must be submitted for each proposed location.

Dual Funding

Programs that are currently receiving state or federal funding from any source are not eligible for Victim Impact Grant funding at location(s) receiving such funding. Other state funding includes but is not limited to all types of funding from the CDCR, DRP, Division of Adult Parole Operations (DAPO), Arts in Corrections (AIC), or any other state entity. Federal funding includes all types of funding received directly from a federal government agency or as a pass through from a state agency or other entity. This does not include programs that received a previous grant or other funding that will end prior to the beginning of the Victim Impact Grant period (July 1, 2024).

Additional Grant Funding

Once contracted and grant funding has been approved and awarded to a program, additional funding from this grant period shall not be provided. This is to ensure the integrity and fairness for all grant applicants during the RFA process.

GRANT ELIGIBILITY AND REQUIREMENTS

Eligibility

Eligible nonprofit organizations are those offering victim impact programs in a correctional setting whose victim impact programs have demonstrated success and focus on incarcerated individual responsibility and restorative justice principles. Organizations that do not have a nonprofit status may operate under the sponsorship of a fiscal sponsor with nonprofit status for purposes of grant eligibility. If the applicant is a multi-state organization with headquarters in another state, the

applicant must have physical offices in California and currently provide services to California residents.

Fiscal Sponsor

For the purposes of the grant, individuals or organizations that **do not** have their own nonprofit status shall operate under a fiscal sponsor with nonprofit status. Any program awarded a Victim Impact grant under a fiscal sponsor and chooses to obtain a 501(c)(3) non-profit status during the grant period may terminate their fiscal sponsorship by submitting a fiscal sponsor change request. This process may require four (4) to six (6) months to be completed. The fiscal sponsor will remain the sponsor of the grant program and the payee for grant payments until the fiscal sponsor change has been completed.

Program Relocation

Programs can be moved from one location to another if a facility is closing or the relocation is approved by the CDCR under special circumstances.

Eligible Grant Expenditures

Program costs must be directly related to the objectives and activities of the program. Grant funds can be used for the following items:

- a. Salaries and benefits
- b. Operating Costs:
 - Equipment (Computers, Office Equipment)
 - Instructional Materials and Supplies
 - Consulting/Subcontracted services (Reporting, Analyses, Technology)
 - Office Supplies
 - Travel
 - Training
 - Research (Office of Research approval required – see Research section below)
 - Overhead (not to exceed 15% of total Operating Costs)

Grant funds may not be used for the following items:

- a. Bonuses or commissions
- b. Lobbying
- c. Fundraising
- d. Real property and improvements
- e. Finance charges, fees, and penalties
- f. Membership dues
- g. Professional licenses
- h. Annual professional dues or fees
- i. Incarcerated individual pay

RESEARCH

The California Penal Code and California Code of Regulations, Title 15 establish standards and requirements for research, including a formal research review process. If the grant application will include some level of research beyond collection of program participation data, approval must be obtained in advance of any research activities being initiated. The fact that the grant application includes statements regarding the applicant’s intention to conduct some level of research does not relieve the applicant of the obligation to obtain advance approval for the research. Advance approval for research shall be obtained through the CDCR Office of Research’s Research Oversight Committee process. For external publication purposes, grant recipients are not permitted to evaluate any programs administered solely or in part by the grant recipient. Grant recipients must obtain the services of an independent third-party research entity to ensure the use of independent rigorous systematic approach to gather, track, and report on efficacy-measure outcomes. [Research Requests - Office of Research \(ca.gov\)](https://www.cdcr.ca.gov/Research-Requests)

ADMINISTRATIVE/REPORTING REQUIREMENTS

Progress Reports

Grant providers must collect specified program activity data and report to the CDCR on progress reports during the grant period. Program activity data will include:

- a. Participant data
- b. Personnel data
- c. Program expenditures
- d. Program updates
- e. Participant feedback

A progress report template and instructions will be provided by the CDCR and will be made available to grant providers following the award of the grant. Progress reports will be due no later than fourteen (14) calendar days following the end of each reporting period indicated on the chart below.

Report	Report Period: Term One	Due Date
1 st Report	July 1, 2024 – October 31, 2024	November 14, 2024
2 nd Report	November 1, 2024 – February 28, 2025	March 14, 2025
3 rd Report	March 1, 2025 – June 30, 2025	July 14, 2025
Report	Report Period: Term Two	Due Date
1 st Report	July 1, 2025 – October 31, 2025	November 14, 2025
2 nd Report	November 1, 2025 – February 28, 2026	March 13, 2026
3 rd Report	March 1, 2026 – June 30, 2026	July 14, 2026

Annual Fiscal Reporting

Grant providers will be required to submit a financial reconciliation report of the project to CDCR 60 days after the end of each contract fiscal year. Grant providers may not incur or claim any new expenses or obligations after the end date of the fiscal year for which the funds were received.

Site Visits

Site visits may be conducted by the CDCR for the purpose of observation and support for the program.

PREPARING THE APPLICATION

Applications will only be accepted via online submission. All applications must be submitted by 11:59 p.m. February 27, 2024. The online application link can be found at the end of the RFA document. Note: *Only one application is to be submitted per program.*

Applications received after 11:59 p.m. on February 27, 2024 will not be accepted.

The applicant must complete each component of the online application as follows:

1. Proposal Narrative (in PDF format)
2. Institution Locations (Attachment A)
3. Proposed Budget for Grant Program - Budget Rate Sheet
4. Payee Data Record (STD 204)
5. Supplement Vendor Payee Data Record Form (STD 205) (if applicable)
6. Proof of non-profit status – Letter of Determination from IRS
7. Fiscal Sponsor Agreement (if applicable)
8. Office of Business Services 1510 Form
9. Certificate of Insurance
10. Workers Compensation Form (if applicable)

Any costs incurred to develop and submit the application are entirely the responsibility of the applicant and shall not be charged to the State of California.

1. Proposal Narrative

The Proposal Narrative is the applicant's description of the program currently provided in a correctional setting and the plan for implementing the program at one or more California institution location(s). The Proposal Narrative may not exceed a total of ten (10) pages and must be submitted in PDF format. Please utilize Arial 12-point black font, double space, 1-inch margins, and number all pages.

The Proposal Narrative must address sections I through VII indicated below. Please follow the instructions provided. Each section must be titled and presented in order.

Section I: Need and Benefits of Program (80 points)

- a. **Part A:** Provide a description of the current program provided by the applicant in a correctional setting. Describe the unique needs and benefits of the program, the criteria for incarcerated individual participation, and the benefit of the program to the participants. Include information regarding the frequency the program is currently provided (i.e., number of times per week or month), the duration of the program (i.e., eight-week program cycles), the group size, the number of current participants, the number of participants that have completed the program, the number of programming hours

provided per month, and the total number of programming hours required to complete the program.

- b. **Part B:** Provide a description of the proposed program and the California State Institution location(s) at which it will be implemented. Provide a description of how the proposed program is appropriate for and will specifically benefit the institution's incarcerated individual's population at the proposed location(s). Identify the frequency the program will be provided (i.e., number of times per week or month), the duration of the program (i.e., eight-week program cycles), the number of programming hours required to complete the program, the group size (program capacity), the total number of incarcerated individuals projected to participate during the grant cycle, and necessary resources (i.e. space, equipment, and staff sponsors) to deliver programming. It is encouraged to develop a program cycle that may allow the proposed Victim Impact program to be provided at various yards/facilities and institutions.

Section II: Alternative Programming (40 points)

Provide a description of an alternative programming plan that can be activated when in person programming cannot be provided to participants after thirty (30) calendar days or at the discretion of the CDCR. Before implementation of Alternative Programming, the Grant Provider shall provide written notice to the CDCR.

Section III: Program Recruitment and Staffing (40 points)

- a. Provide a list of positions and/or staffing requirements to facilitate the proposed program at the proposed location (i.e. one (1) program facilitator and two (2) volunteers). Include job descriptions for positions funded by the grant detailing specific grant-related activities to achieve the program objectives.
- b. Provide the staff to participant ratio required to facilitate the proposed class/program (i.e. one (1) program facilitator to twelve (12) participants).
- c. Describe the organizations volunteer and staffing recruitment process. If the program has staff or volunteer vacancies, indicate how those positions will be filled.

Please note: "Volunteers" are defined as individuals who work under the grant provider and perform volunteer work for the grant program. There are two categories of volunteers: 1) provisional volunteers who are afforded institution entrance via a gate clearance, and 2) regular volunteers who are issued a volunteer identification card (VIC) or Brown card. The Brown card must be issued by the institution at which the program is being provided. Volunteers are not considered to be contractors and will not be issued a contractor identification card. For additional information, see the Department Operations Manual (DOM) section 101090.6.3.

Section IV: Program Evaluation and Outcomes (40 points)

Identify the program goals and measurable objectives. Define specific program service practices and procedures that will be evaluated, the outcomes that will be measured, and the methodology used to determine program outcomes and effectiveness. At a minimum, this must include:

- Participant criteria
- The number of participants in the program
- The number of participants that completed the program

- Participant feedback
- The impact of the program on the participants

Section V: Cost/Value Effectiveness and Budget Review (25 points)

Provide a description of the cost/value effectiveness of the proposed program including:

- Justification for funding being requested
- How the funding will cover program expenses for the grant period
- Cost per participant
- The number of program staff
- The number of volunteers
- The ratio of program staff/volunteers to participants
- The number of programming hours per month
- The length of the program from start to completion (i.e. number of weeks/months)
- The total number of hours to complete the program

Section VI: Program History (Excluded from Scoring)

Provide information about the history of your program, including,

- a. How/When was the program started?
- b. How long has the program operated in a correctional setting?
- c. Is your program offered elsewhere (i.e. Community re-entry services)?
- d. Describe major program developments since the program's inception.

Please note - If an organization has not programmed in an institution, CDCR may request references.

Section VII: Fiscal Resources (Excluded from Scoring)

- a. Disclose any current or previous state grant funding.
- b. Describe if your program is sustainable apart from state grant funding.
- c. Provide information on any additional financial resources including federal, state, local, and/or private funding sources received.

2. Institution Locations (Attachment A)

Please identify the institution(s) where you propose to program, by entering a number 1 through 5 in order of preference.

3. Proposed Budget for Grant Program – Budget Rate Sheet

Complete a separate Budget Rate Sheet for each location at which grant funds are being requested. An excel workbook is available on the [DRP Grants Web page](#) and must be completed and submitted as part of the application. A new Budget Rate Sheet (tab) must be created within the workbook for each additional institution/location. All program costs must be directly related to the objectives and activities of the program. The budget must cover the entire grant cycle of July 1, 2024, through June 30, 2026. Grant funds can be used for the following items:

- a. Salaries and Benefit
- b. Operating Costs:
 - Equipment

- Instructional Materials and Supplies
- Office Supplies
- Travel - Program
- Travel - Annual Grant Recipient Meeting
- Training (Curriculum materials and trainings)
- Research
- Overhead (not to exceed 15% of total Operating Costs)

Please Note: Amounts are to be entered in as whole dollar amounts (i.e. \$14,524.00 not \$14,524.57).

In the Budget Rate Sheet for each location, a Budget Narrative section is provided to describe in detail how each of the budget expenditures will be utilized. The Budget Narrative shall address the following:

Note: Each section must be titled and presented in order.

Salaries and Benefits:

- a. Substantiate proportion of salary expenses allocated for the following:
 - Administration (i.e. CEO, President, CFO, etc.)
 - Onsite program management (i.e. program director, onsite manager)
 - Onsite program staffing (i.e. group facilitators, instructors, teachers, etc.)
- b. Provide substantiation for staff benefits expenses.

Operating Costs:

- a. **Equipment:** Computers and other office equipment necessary to perform program activities.
- b. **Instructional Materials and Supplies:** Instructional materials, paper, journals, folders, pencils, easels, easels pads, markers, etc.
- c. **Office Supplies:** Office supplies not utilized for instructional purposes.
- d. **Travel:** For mandatory grant provider meetings, the CDCR may allow travel expenses for up to three (3) program representatives related to provision of the grant program. Note: Grant provider meetings may be held in person or virtually.
- e. **Research:** All costs associated with research that is proposed to be conducted in conjunction with the grant program.
- f. **Overhead:** Ongoing operational expenses incurred by the grant provider not listed above. Overhead may include expenses such as rent, taxes, insurance, utilities, and other miscellaneous office expenses incurred by the grant provider. Overhead may not exceed 15% of total Operating Costs and must be substantiated.

4. Payee Data Record (STD 204)

Each applicant shall provide a completed Payee Data Record (STD 204). Provide a physical address for the delivery of funds. A P.O. Box address cannot be utilized on this form.

5. Supplement Vendor Payee Data Record (STD 205) (if applicable)

This form is only required when there is a supplemental or P.O. Box address required for the delivery of funds.

6. Proof of Non-Profit Status

Provide/upload a letter of determination from the IRS. This letter identifies a 501(c)(3) status. If utilizing a fiscal sponsor, the letter must identify the status of the fiscal sponsor.

7. Fiscal Sponsor Agreement (if applicable)

If utilizing a fiscal sponsor, a copy of the fiscal sponsor agreement must be uploaded.

8. Office of Business Services (OBS) 1510 Form

This form is the California Civil Rights Laws Certification.

9. Certificate of Insurance

The Certificate of Insurance must include a minimum limit of \$1,000,000 for each type of insurance.

- a. General Liability
- b. Worker's Compensation (WC) & Employers' Liability: If the program does not have employees, then a workers' compensation exemption form is required.
- c. Automobile Liability: Only required if autos are used in delivery of programming.

10. Worker's Compensation (WC) Exemption (If applicable)

If the program does not have employees, then a workers' compensation exemption form is required.

TECHNICAL APPLICATION REVIEW

The CDCR staff will review each application to determine if it meets all eligibility and technical compliance requirements. Applicants will be notified of any deficiencies at the end of the Technical Application Review period (March 5, 2024) and will be allowed five (5) business days (March 12, 2024) to respond and to submit all non-substantive changes to meet technical requirements.

Applications that fail to meet all technical requirements by March 12, 2024, will be excluded from further consideration for funding.

MERIT APPLICATION REVIEW

Applications that meet all technical requirements will be reviewed and rated by an Application Review Committee.

The Application Review Committee will consist of:

- One to three representatives from DRP
- One to three representatives from Division of Adult Institutions (DAI)

- One to three representatives from the Office of Victims and Survivors Rights and Services (OVSRS).

Applicants are not to contact members of the rating committee, the Director of DRP, the Director of DAI, the OVSRS, or the Office of the Secretary of the CDCR regarding their application. Any application(s) submitted by an applicant making such prohibited contact may be rejected.

Following this review process, the review committee will forward funding recommendations to the Director of the DRP, and subsequently to the Secretary of the CDCR, who will have final approval authority on the grants to be awarded.

The rating factors and the maximum rating points allocated per factor are shown below. Omission or lack of clarity for any section is likely to result in a reduction of allowable points.

Application Review Factors		Percentage	Maximum Points
	Application submitted & selected for a Target Location	10%	25
Section I	Need and Benefits of Program	32%	80
Section II	Alternative Programming	16%	40
Section III	Program Recruitment and Staffing	16%	40
Section IV	Program Evaluation and Outcomes	16%	40
Section V	Cost/Value Effectiveness and Budget Review	10%	25
Total Points		100%	250

AWARD OF GRANTS

Grants will be awarded based on the following factors:

- The average of rating points received in the merit application review
- Department operational needs (i.e. programs available and specific populations)
- Institutional needs at each location

Awards will be granted until the funding limit has been reached. The CDCR reserves the right to negotiate the final budget and program plan prior to making final awards. The final successful award may be negotiated to stay within the limitations of the funding availability outlined in the RFA. This will be done at the discretion of the CDCR and the successful applicant. If it is determined that the final successful applicant can implement the proposed program, as outlined in their application, with amended funding, the award amount will be amended to stay within the funding limitations outlined in the RFA.

If all funding has been allocated and there are remaining funds available, the CDCR reserves the right to re-allocate the outstanding funds to meet the grant funding limit. The CDCR also reserves the right to adjust these funding limitations.

SUMMARY OF KEY EVENTS

Activity	Date
Release of Request for Application	January 16, 2024
Applicants Conference Call	January 30, 2024
Grant Application Due	February 27, 2024
Technical Application Review	February 28 – March 5, 2024
Merit Application Review	March 6 – March 20, 2024
DRP Director Review/Approval	March 21 – March 27, 2024
Secretary Review/Approval	March 28 – April 3, 2024
Notification of Intent to Award Grants	April 4, 2024
Grant Agreement Processing	April 5 – June 28, 2024
Grant Period – Term One	July 1, 2024 – June 30, 2025
Implementation Plan	July 15, 2024
Program Ramp-Up	July 1 – August 31, 2024
Volunteer Orientation	July 1 – August 31, 2024
Program Implementation (on or before)	September 1, 2024
Grant Period – Term Two	July 1, 2025 – June 30, 2026

GROUNDINGS FOR REJECTION OF APPLICATION

The CDCR reserves the right to reject any application and may also waive an immaterial deviation in a proposal. The CDCR’s waiver of an immaterial deviation shall in no way modify the RFA document or excuse the applicant from full compliance with all requirements.

Additionally, an application may be rejected if,

- A determination is made that the application is not competitive, the cost is not reasonable, or the cost exceeds the amount expected.
- The applicant makes prohibited contact with CDCR officials or staff regarding their application.

- The application is received after the due date and time for submittal.

No application may be rejected arbitrarily or without reasonable cause.

CLOSING COMMENTS

The RFA is a noncompetitive process issued by CDCR to obtain applications from applicants who are eligible to receive grant funding for the Victim Impact Grant.

Grant applications are subject to the California Public Records Act, Government Code Section 6250, et. seq. Do not put any personally identifiable information or private information on the application.

APPLICATION LINK

Please note that you will be redirected to a site outside of CDCR to complete the application.

[Victim Impact Grant Application](#)

DEFINITIONS

Enhanced Outpatient Program (EOP) – Provides care to mentally disordered incarcerated individuals/patients who would benefit from the structure of a therapeutic environment that is less restrictive than inpatient settings. These incarcerated individuals-patients do not require continuous nursing care. Often, they are transitioning from inpatient care, or may also have a serious mental health illness that is of long duration.

General Population (GP) – Institutions that house incarcerated individuals not assigned to Restricted Housing, Enhanced Outpatient, Sensitive Needs Yard, or Non-Designated programs; that are not Reception Centers; and that are not housed in a condemned housing unit or those with inpatient medical needs.

Minimum Support Facility (MSF) – A sub-facility of an institution housing Level I incarcerated individuals that has no secure (fenced or walled) perimeter and is normally located on the institution grounds.

Non-Designated Programming Facility (NDPF) – Facilities that do not identify as SNY or GP. NDPF's are intended to provide an environment for incarcerated individuals demonstrating positive programming efforts and a desire to not get involved in the destructive cycles of violence. These facilities will allow for greater access to work assignments and programming opportunities with enhanced privileges.

Nonprofit Organizations – A nonprofit, public benefit corporation as defined in the federal regulation of 28 C.F.R. Part 38, Department of Justice. This modifies the need to be recognized by the Internal Revenue Service as a 501(c) (3) for victim impact organizations.

All organizations may qualify for nonprofit status utilizing any one of the four following methods:

1. Proof that the Internal Revenue Service recognizes the applicant has the status of a 501(c) (3).
2. A statement from a state taxing body or the state Secretary of State certifying that the Organization is a nonprofit organization operating within the state; and no part of its' net earnings may lawfully benefit any private shareholder or individual.
3. A certified copy of the Applicant's certificate of incorporation or similar document that clearly establishes the nonprofit status of the Applicant.
4. Any item described in (1) through (3) if that item applies to a state or national parent organization, together with a statement by the state or parent organization that the Applicant is a local nonprofit affiliate.

Security Levels

- Level I – Facilities and Camps consist primarily of open dormitories with a low security perimeter.
- Level II – Facilities consist primarily of open dormitories with a secure perimeter, which may include armed coverage.
- Level III – Facilities primarily have a secure perimeter with armed coverage and housing units with cells adjacent to exterior walls.
- Level IV – Facilities have a secure perimeter with internal and external armed coverage and housing units or cell block housing with cells non-adjacent to exterior walls.

Sensitive Needs Yard (SNY) – Houses incarcerated individuals with safety concerns in settings similar to, but separate from, a General Population and Non-Designated facilities.

Youthful Offender Program (YOP) – Serves to identify youthful incarcerated individuals and allow them greater access to programs with the goal of increasing the likelihood of rehabilitation, during a critical developmental stage in their lives.



California Department of Corrections and Rehabilitation Victims Impact Grant 2024-2026 CDCR Locations





California Department of Corrections and Rehabilitation Victims Impact Grant 2024-2026 CDCR Locations

Please identify the institution where you propose to program or implement a program in an institution, by entering a number 1 through 5 in order of preference. 1 being your first selection and 5 being your last.

	Avenal State Prison (ASP)
	California Correctional Institution (CCI)
	California Health Care Facility (CHCF)
	California Institution for Men (CIM)
	California Institution for Women (CIW)
	California Men's Colony (CMC)
	California Medical Facility (CMF)
	California Rehabilitation Center (CRC)
	California State Prison, Corcoran (COR)
	California State Prison, Los Angeles County (LAC)
	California State Prison, Sacramento (SAC)
	California State Prison, Solano (SOL)
	Calipatria State Prison (CAL)
	California State Prison, Centinela (CEN)
	Central California Women's Facility (CCWF)
	Chuckawalla Valley State Prison (CVSP)
	Correctional Training Facility (CTF)
	Folsom State Prison (FSP)
	High Desert State Prison (HDSP)
	Ironwood State Prison (ISP)
	Kern Valley State Prison (KVSP)
	Mule Creek State Prison (MCSP)
	North Kern State Prison (NKSP)
	Pelican Bay State Prison (PBSP)
	Pleasant Valley State Prison (PVSP)
	Richard J. Donovan Correctional Facility (RJD)
	Salinas Valley State Prison (SVSP)
	San Quentin State Prison (SQ)
	Sierra Conservation Center (SCC)
	Substance Abuse Treatment Facility (SATF)
	Valley State Prison (VSP)
	Wasco State Prison (WSP)

Underserved Institution: Defined by the following: (a) lack of community-based programming services available (in comparison to other institutions); or (b) Womens Institutions.

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 03/2021)

Section 1 – Payee Information**NAME** (This is required. Do not leave this line blank. Must match the payee's federal tax return)**BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME** (If different from above)**MAILING ADDRESS** (number, street, apt. or suite no.) (See instructions on Page 2)**CITY, STATE, ZIP CODE****E-MAIL ADDRESS****Section 2 – Entity Type****Check one (1) box only that matches the entity type of the Payee listed in Section 1 above.** (See instructions on page 2) **SOLE PROPRIETOR / INDIVIDUAL** **SINGLE MEMBER LLC** *Disregarded Entity owned by an individual* **PARTNERSHIP** **ESTATE OR TRUST****CORPORATION** (see instructions on page 2) **MEDICAL** (e.g., dentistry, chiropractic, etc.) **LEGAL** (e.g., attorney services) **EXEMPT** (e.g., nonprofit) **ALL OTHERS****Section 3 – Tax Identification Number**Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must **match** the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. **Note:** Payment will not be processed without a TIN.

- For **Individuals**, enter SSN.
- If you are a **Resident Alien**, and you do not have and are not eligible to get an SSN, enter your ITIN.
- Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
- For **Sole Proprietor or Single Member LLC (disregarded entity)**, in which the **sole member is an individual**, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
- For **Single Member LLC (disregarded entity)**, in which the **sole member is a business entity**, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.
- For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

Social Security Number (SSN) or Individual Tax Identification Number (ITIN)

_____ - _____ - _____

OR**Federal Employer Identification Number (FEIN)**

_____ - _____ - _____

Section 4 – Payee Residency Status (See instructions) **CALIFORNIA RESIDENT** – Qualified to do business in California or maintains a permanent place of business in California. **CALIFORNIA NONRESIDENT** – Payments to nonresidents for services may be subject to state income tax withholding. No services performed in California Copy of Franchise Tax Board waiver of state withholding is attached.**Section 5 – Certification****I hereby certify under penalty of perjury that the information provided on this document is true and correct.****Should my residency status change, I will promptly notify the state agency below.****NAME OF AUTHORIZED PAYEE REPRESENTATIVE****TITLE****E-MAIL ADDRESS****SIGNATURE****DATE****TELEPHONE** (include area code)**Section 6 – Paying State Agency****Please return completed form to:****STATE AGENCY/DEPARTMENT OFFICE****UNIT/SECTION****MAILING ADDRESS****FAX****TELEPHONE** (include area code)**CITY****STATE****ZIP CODE****E-MAIL ADDRESS**

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 03/2021)

GENERAL INSTRUCTIONS

Type or print the information on the Payee Data Record, STD 204 form. Sign, date, and return to the state agency/department office address shown in Section 6. Prompt return of this fully completed form will prevent delays when processing payments.

Information provided in this form will be used by California state agencies/departments to prepare Information Returns (Form 1099).

NOTE: Completion of this form is optional for Government entities, i.e. federal, state, local, and special districts.

A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.

Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).

Section 1 – Payee Information

Name – Enter the name that appears on the payee's federal tax return. The name provided shall be the tax liable party and is subject to IRS TIN matching (when applicable).

- Sole Proprietor/Individual/Revocable Trusts – enter the name shown on your federal tax return.
- Single Member Limited Liability Companies (LLCs) that is disregarded as an entity separate from its owner for federal tax purposes - enter the name of the individual or business entity that is tax liable for the business in section 1. Enter the DBA, LLC name, trade, or fictitious name under Business Name.
- Note: for the State of California tax purposes, a Single Member LLC is not disregarded from its owner, even if they may be disregarded at the Federal level.
- Partnerships, Estates/Trusts, or Corporations – enter the entity name as shown on the entity's federal tax return. The name provided in Section 1 must match to the TIN provided in section 3. Enter any DBA, trade, or fictitious business names under Business Name.

Business Name – Enter the business name, DBA name, trade or fictitious name, or disregarded LLC name.

Mailing Address – The mailing address is the address where the payee will receive information returns. Use form STD 205, Payee Data Record Supplement to provide a remittance address if different from the mailing address for information returns, or make subsequent changes to the remittance address.

Section 2 – Entity Type

If the Payee in Section 1 is a(n)...	THEN Select the Box for...
Individual • Sole Proprietorship • Grantor (Revocable Living) Trust disregarded for federal tax purposes	Sole Proprietor/Individual
Limited Liability Company (LLC) owned by an individual and is disregarded for federal tax purposes	Single Member LLC-owned by an individual
Partnerships • Limited Liability Partnerships (LLP) • and, LLC treated as a Partnership	Partnerships
Estate • Trust (other than disregarded Grantor Trust)	Estate or Trust
Corporation that is medical in nature (e.g., medical and healthcare services, physician care, nursery care, dentistry, etc.) • LLC that is to be taxed like a Corporation and is medical in nature	Corporation-Medical
Corporation that is legal in nature (e.g., services of attorneys, arbitrators, notary publics involving legal or law related matters, etc.) • LLC that is to be taxed like a Corporation and is legal in nature	Corporation-Legal
Corporation that qualifies for an Exempt status, including 501(c) 3 and domestic non-profit corporations.	Corporation-Exempt
Corporation that does not meet the qualifications of any of the other corporation types listed above • LLC that is to be taxed as a Corporation and does not meet any of the other corporation types listed above	Corporation-All Other

Section 3 – Tax Identification Number

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.

Section 4 – Payee Residency Status**Are you a California resident or nonresident?**

- A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.
- A partnership is considered a resident partnership if it has a permanent place of business in California.
- An estate is a resident if the decedent was a California resident at time of death.
- A trust is a resident if at least one trustee is a California resident.
 - For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:

Withholding Services and Compliance Section: 1-888-792-4900

E-mail address: wscs.gen@ftb.ca.gov

For hearing impaired with TDD, call: 1-800-822-6268

Website: www.ftb.ca.gov

Section 5 – Certification

Provide the name, title, email address, signature, and telephone number of individual completing this form and date completed. In the event that a SSN or ITIN is provided, the individual identified as the tax liable party must certify the form. Note: the signee may differ from the tax liable party in this situation if the signee can provide a power of attorney documented for the individual.

Section 6 – Paying State Agency

This section must be completed by the state agency/department requesting the STD 204.

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000. You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of this form.

PAYEE DATA RECORD SUPPLEMENT

(This form is optional. Form is used to provide remittance address information if different than the mailing address on the STD 204 – Payee Data Record. Use this form to provide additional remittance addresses and additional Authorized Representatives of the Payee not identified on the STD 204.)
STD 205 (New 03/2021)

Payee Information (must match the STD 204)

NAME (Required. Do not leave blank.)	TAX ID NUMBER (Required) SSN, ITIN, or FEIN that matches Tax ID number provided on STD 204
BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (If different from above)	

Additional Remittance Address Information

- Use the fields below to provide remittance addresses for payee if different from the mailing address on the STD 204.
- The addresses provided below are for remittance purposes only. 1099 information returns will be sent to the mailing address specified on the STD 204.**

1	REMITTANCE ADDRESS (number, street, apt or suite no.)		
	CITY	STATE	ZIP CODE
2	REMITTANCE ADDRESS		
	CITY	STATE	ZIP CODE
3	REMITTANCE ADDRESS		
	CITY	STATE	ZIP CODE
4	REMITTANCE ADDRESS		
	CITY	STATE	ZIP CODE
5	REMITTANCE ADDRESS		
	CITY	STATE	ZIP CODE

Additional Contact Information

Use the fields below to provide additional Authorized Representatives for the Payee if applicable.

1	CONTACT NAME	
	TELEPHONE (Include area code)	EMAIL
2	CONTACT NAME	
	TELEPHONE	EMAIL
3	CONTACT NAME	
	TELEPHONE	EMAIL

Certification

I hereby certify under penalty of perjury that the information provided on this supplemental document is true and correct.

By signing this document, I authorize the State of California to remit payment to the addresses specified on this supplemental form (STD 205) and certify that all persons identified on this form are authorized representatives of this payee. Payments remitted to any of the listed addresses may be reported on 1099 information returns to the tax liable entity identified on the accompanying Payee Data Record - STD 204.

NAME OF AUTHORIZED PAYEE REPRESENTATIVE (Print or Type name)	TITLE	E-MAIL ADDRESS
SIGNATURE X _____	DATE	TELEPHONE (Include area code)

PAYEE DATA RECORD SUPPLEMENT

(This form is optional. Form is used to provide remittance address information if different than the mailing address on the STD 204 – Payee Data Record. Use this form to provide additional remittance addresses and additional Authorized Representatives of the Payee not identified on the STD 204.)
STD 205 (New 03/2021)

GENERAL INSTRUCTIONS

Type or print the information on the Payee Data Record Supplement, STD 205. Sign, date, and return to the state agency/department with a completed STD 204. Prompt return of the fully completed forms will prevent delays when processing payments.

Purpose – Completion of this form (STD 205) is optional. Payees may use this form to provide remittance addresses or contact information in addition to the 1099 information return mailing address provided on the STD 204. This form shall only be used in conjunction with the STD 204, and will not be accepted without a STD 204.

Please note: The State of California Government will issue 1099 information returns to the mailing address provided on the most recently dated form STD 204 validated by the Payee. Addresses provided on this form (STD 205) will be used for remittance purposes only. If the payee would like to update the address for receiving 1099 information returns, please complete the STD 204.

Payee Information: The Payee’s Tax ID number (TIN) and Name (including any Business, DBA, or Disregarded LLC names) are required. This information is subject to TIN matching via the IRS database for validation. Payee Information provided in this section must clearly match the STD 204. Any discrepancies may result in delays of payment, up to and including denial of the request.

Name – Enter the name of the Payee. The name provided shall be the tax liable party and is subject to IRS TIN matching (when applicable).

Business Name – Enter the business name, DBA name, trade or fictitious name, or disregarded LLC name.

Tax ID Number-The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.

Additional Remittance Address Information - Enter the Payee’s additional remittance address(s) that are not listed on STD 204. Up to five (5) addresses may be provided on this form. The Payee may provide additional remittance addresses on a second STD 205 form if needed.

Additional Contact Information - Enter the Payee’s additional or updated contact information. Up to three contacts may be identified on this form. Payee may provide additional contacts on a second STD 205 if needed.

PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of the STD 204 form.

CALIFORNIA CIVIL RIGHTS LAWS CERTIFICATION

Pursuant to Public Contract Code section 2010, if a bidder or proposer executes or renews a contract over \$100,000 on or after January 1, 2017, the bidder or proposer hereby certifies compliance with the following:

1. **CALIFORNIA CIVIL RIGHTS LAWS:** For contracts over \$100,000 executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
2. **EMPLOYER DISCRIMINATORY POLICIES:** For contracts over \$100,000 executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

CERTIFICATION

I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. <i>Proposer/Bidder Firm Name (Printed)</i>		<i>Federal ID Number</i>
<i>By (Authorized Signature)</i>		
<i>Printed Name and Title of Person Signing</i>		
<i>Date Executed</i>	<i>Executed in the County and State of</i>	

ACORD**CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/DD/YY)

PRODUCER:

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

INSURED:

COMPANY LETTER	A
COMPANY LETTER	B
COMPANY LETTER	C
COMPANY LETTER	D
COMPANY LETTER	E

SAMPLE**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input type="checkbox"/> _____				GENERAL AGGREGATE	\$
					PRODUCTS-COMP/OP AGG.	\$
					PERSONAL & ADV. INJURIES	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (Any One person)	\$
					MED. EXPENSE (Any One person)	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per Person)	\$
					BODILY INJURY (Per Person)	\$
					PROPERTY DAMAGE	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	\$
					DISEASE-POLICY LIMIT	\$
					DISEASE-EACH EMPLOYEE	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS Re: All operations

The State of California, its officers, agents, employees and servants are hereby named as additional insured but only with respect to work performed for the State of California.

CERTIFICATE HOLDER

California Department of Corrections and Rehabilitation
 Office of Business Services
 9838 Old Placerville Rd, Suite B-2
 Sacramento, CA 95827
 FAX (916) 255-6187

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions:

Exemption from Workers' Compensation

To be exempt from workers' compensation, the contractor must submit this form to the California Department of Corrections and Rehabilitation (CDCR) certifying under penalty of perjury that he or she does not employ anyone in a manner that is subject to workers' compensation law of California. (See *Business and Professions Code Section 7125*)

DO NOT SUBMIT THIS FORM IF YOU HAVE EMPLOYEES

For exemption from workers' compensation, you must complete the requested information and sign the form.

Section 1 – Required Information

Contractor's Name

Mailing Address (*Street or P.O. Box.*)

City

State

Zip Code

Phone Number

Cell Phone

Email Address

Section 2 – Required Check Box

You must check only one of the boxes below.

I do not employee anyone in the manner subject to the workers' compensation laws of California.

I am an out-of-state contractor, and I do not hire employees who reside in California. (*You must provide a certificate of insurance from your workers' compensation insurance carrier.*)

I certify under penalty of perjury under the laws of the State of California that the information provided on this exemption statement is true and accurate. I understand that, upon employing anyone in a manner that is subject to the workers' compensation laws of the State of California, the claim of exemption executed under this form will no longer be valid. I further understand that, as soon as I employ anyone subject to the California's workers' compensation laws, I must obtain a Certificate of Workers' Compensation Insurance, submit the certificate to the CDCR within 90 days of the effective date, and continuously maintain the coverage provided by the certificate in accordance with the law.

Contractor Signature

Print Name

Date