



RIGHT Grant 3.0 Request for Application (RFA)

This document is for reference only and outlines the questions in the RIGHT Qualtrics application link. This document is to assist in the preparation of the application.

Complete the following application for Rehabilitative Investment Grants for Healing and Transformation (RIGHT) Grant 3.0 funds. Applications will only be accepted via online submission. All applications must be submitted by 11:59 p.m. on November 30, 2025.

When completing this application please be sure to have the following required documents prepared for upload in PDF format:

- I.** Proof of active non-profit 501(c)(3) status – Determination Letter from IRS
- II.** Fiscal Agent/Sponsor Agreement (if applicable)
- III.** Proof of organization's annual budget (expenditures) for fiscal years (July – June) 2023-2024, and 2024-2025. Proof for each year must be a separate PDF.
- IV.** STD 204 Payee Data Record Form
- V.** STD 205 Payee Data Record Supplemental Form (Optional)
- VI.** Supplement Payee Data Record Form
- VII.** Office of Business Services 1510 Form
- VIII.** Office of Business Services 1000 Form
- IX.** Certificate of Insurance (COI)
- X.** Workers' Compensation Exemption Form (if applicable)
- XI.** Contractor Certification Clauses Form
- XII.** Secretary of State Certification
- XIII.** Program Summary
- XIV.** Attachment A – Institution Locations & Populations

Personal information will not be disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with the consent of the subject of the data, or as authorized by law.

Please note: while completing this application, based on your responses some questions may not be applicable.

Please contact the Grants Unit at InnovativeGrants@cdcr.ca.gov with any questions.

Q1. Are you a 501(c)(3) non-profit organization **or** a non-profit organization that is fiscal sponsored by a fiscal agent with nonprofit status?

- Yes
- No

Q2. Has your organization provided in-prison rehabilitative programming with the department during at least two of the five years preceding this RFA?

- Yes
- No

Q3. Is your organization currently providing a rehabilitative program in a correctional setting?

- Yes
- No

Business Information

Q4. Please enter the name and location(s) of your current rehabilitative program.

- Name of Program
- Location(s) of Program

Q5. Please complete the information for the **Organization (applicant)**.

(This is not a person but the name of the organization that will be used on the executed contract. This information must match what is listed on the Secretary of State certification)

Organization Name (Applicant)

- Email Address
- Telephone Number
- Federal Employer Identification Number (FEIN)
- Physical Street Address
- City
- State
- Postal code

Q6. Is the mailing address different than the physical address?

- Yes
- No

Q7. Please complete the Organizations (applicant) **Mailing Address**.

- Mailing Address

- City
- State
- Postal code

Q8. Please complete the information for the **Contact Person**.

- Full Name
- Title
- Email Address
- Telephone Number

Q9. Is the **Contact Person** authorized to sign the agreement?

(This person must match the person listed on the STD 204 Payee Data Record Form)

- Yes
- No

Q10. Please complete the information for the **Person Authorized to Sign**.

(This person must match the person listed on the STD 204 Payee Data Record Form)

- Full Name
- Title
- Email Address
- Telephone Number

Non-Profit Status

Q11. Is your organization registered with the Internal Revenue Service (IRS) as a non-profit status 501(c)(3)?

- Yes
- No

Q12. Please upload **501(c)(3) IRS Determination Letter** (1 PDF or image file).

A copy of this letter can be found on the [IRS website](#) by searching your organization name or EIN Number. It is recommended to right click and open link in new tab/window.

Q13. If not a 501(c)(3) is the applicant a non-profit organization that is fiscally sponsored by a fiscal agent with non-profit status?

- Yes
- No

Q14. Please complete the information for the **Fiscal Sponsor.**

- Fiscal Sponsor Email Address
- Telephone Number
- Federal Employer Identification Number (FEIN)
- Physical Address
- City
- State
- Postal code

Q15. Is the fiscal sponsor mailing address different than the physical address?

- Yes
- No

Q16. Please complete the mailing address of the fiscal sponsor.

(This person must match the person listed on the STD 204 Payee Data Record Form)

- Mailing Address
- City
- State
- Postal code

Q17. Please upload a copy of the fiscal sponsor **501(c)(3) IRS Determination Letter (1 PDF File).**
A copy of this letter can be found on the [IRS website](#) by searching your organization name or EIN Number. It is recommended to right click and open link in new tab/window.

Q18. Please upload a copy of the agreement with the fiscal agent. (1 PDF File)

Preexisting Rehabilitative Programming

Each applicant must have a pre-existing record of providing in-prison rehabilitative programming within the department during at least two of the five years preceding their application.

The experience listed below must be provided by the applicant/organization and cannot be related to experience provided through the association of another organization or through a fiscal agent (if applicable).

Q19. Fiscal Year 2024-2025: Provide the program name(s), identify the institution(s) where services were provided, and specify the dates program(s) were provided (including start date and end date).
(Example: Making Time Count, Folsom State Prison, July 2024 through June 2025, if none put N/A)

Q20. Fiscal Year 2023-2024: Provide the program name(s), identify the institution(s) where services were provided, and specify the dates program(s) were provided (including start date and end date).
(Example: Making Time Count, Folsom State Prison, July 2023 through June 2024, if none put N/A)

Q21. Fiscal Year 2022-2023: Provide the program name(s), identify the institution(s) where services were provided, and specify the dates program(s) were provided (including start date and end date).
(Example: Making Time Count, Folsom State Prison, July 2022 through June 2023, if none put N/A)

Q22. Fiscal Year 2021-2022: Provide the program name(s), identify the institution(s) where services were provided, and specify the dates program(s) were provided (including start date and end date).
(Example: Making Time Count, Folsom State Prison, July 2021 through June 2022, if none put N/A)

Q23. Fiscal Year 2020-2021: Provide the program name(s), identify the institution(s) where services were provided, and specify the dates program(s) were provided (including start date and end date).
(Example: Making Time Count, Folsom State Prison, July 2020 through June 2021, if none put N/A)

Organization Budget Information

Q24. Enter the Organization's current annual budget (expenditures) amount for fiscal year 2024-2025.

Q25. Please upload a summary document that verifies the current annual budget (expenditures) amount for fiscal year 2024-2025 as indicated above. *(1 PDF File)*

Q26. Enter the Organization's annual budget (expenditures) for the fiscal year 2023-2024.

Q27. Please upload a summary document that verifies your annual budget (expenditures) for the fiscal year 2023-2024 as indicated above. *(1 PDF File)*

Q28. Enter the annual budget (expenditures) **average** of the last 2 fiscal years (2023-2024 & 2024-2025).

Required Forms

Q29. Please upload the **Payee Data Record Form (STD 204)**.

(1 PDF File)

The name and address indicated on the STD 204 must match the applicants Secretary of State certification records.

Provide a physical address for the delivery of funds. A P.O. Box address cannot be utilized on this form.

This form is required and provided in the RFA.

Q30. **Optional:** Please upload the **Payee Data Record Supplement Form (STD 205)**

(1 PDF File)

This form is only required when there is a supplemental or P.O. Box address. This form is provided in the RFA.

Q31. Please upload the **Supplement Vendor Payee Data Record Form**

(1 PDF File)

Provide a physical and mailing address on this form. This form is required and provided in the RFA.

Q32. Please upload a signed copy of the organizations **OBS 1510 Form**

(1 PDF File)

This form is the California Civil Rights Laws Certification. The form is required and provided in the RFA.

Q33. Please upload a signed copy of the organizations **OBS 1000 Form**

(1 PDF File)

This form is the Generative Artificial Intelligence (GenAI) Reporting and Factsheet. The form is required and provided in the RFA.

Q34. Please upload a signed copy of the organizations **Certificate of Insurance (COI) Form**

(1 PDF File)

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

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

An example of the form is provided in the RFA.

Please note: the highlighted information within the example includes required language that must be present on the COI.

Q35. Optional: Please upload a **Workers Compensation Exemption Form**

(1 PDF File)

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

Q36. Please upload a signed copy of the organizations **Contractor Certification Clauses (CCC)**

(1 PDF File)

The form is required and provided in the RFA.

Q37. Please upload a copy of the organizations **Secretary of State (SOS) Certification**

(1 PDF File)

A screenshot of the program's status from the [Secretary of State official website](#) is acceptable. It is recommended to right click and open link in new tab/window. The form is required.

Program Summary

Please upload the **Program Summary**

(1 PDF File)

The Program Summary is a description of the existing program provided by the applicant in a correctional setting and of the new or significantly expanding program and the institution/location(s) at which it is proposed to be implemented. Please refer to the RFA for Program Summary requirements.

Q38. Please upload the **program summary**.

(1 PDF File)

Location Information

By placing an 'X' in the adjacent box, please identify the institution(s) and/or population(s) where you are applying for RIGHT Grant 3.0 funding to support your existing or new/significantly expanded programming. Target institutions are indicated in **red** font. Target populations include EOP, MHCB, & RHU.

The form is required and provided in the RFA.

Q39. Please upload **Attachment A - Institution Locations & Populations**.

(1 PDF File)