RIGHT 4.0 RFA

Please note Depending upon your answers, the questions may vary***

Complete the following application for Rehabilitative Investment Grants for Healing and Transformation (RIGHT) Grant 4.0 funds. Applications will only be accepted via online submission. All applications must be submitted by 11:59 p.m. on November 30, 2026.

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 the IRS
II. Fiscal Sponsor Agreement (if applicable) III. Proof of organization's annual budget (expenditures) for fiscal years (July – June) 2024-2025, and 2025-2026. Proof for each year shall 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
X. Workers' Compensation Exemption Form (if applicable)
XI. Contractor Certification Clauses Form XII. California Secretary of State (SOS) 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.

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

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

(3) is currently providing a rehabilitative program.

Please contact us at InnovativeGrants@cdcr.ca.gov **with any questions**.

Business Information

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

Name of Program	
Location(s) of Program	

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

Is the mailing address different than the physical address?

- ○ Yes
- ○ No

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

Mailing Address

City

State

Postal code

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

Full Name

Title

Email Address

Telephone Number

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

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

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

- ○ Yes
- ○ No

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.

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

Thank you for your interest in this funding, however based on the questions you answered with "No", you do not qualify to receive funding.

This funding shall be allocated by the department to each applicant that meets the following requirements:
(1) The applicant is a 501(c)(3) nonprofit organization or is a non-profit organization that is fiscally sponsored by a fiscal

agent with non-profit status **and;**
(2) has a preexisting record of providing in-prison rehabilitative programming within the department during at least two of the five years preceding their application **and;**
(3) is currently providing a rehabilitative program.

Please contact us at InnovativeGrants@cdcr.ca.gov **with any questions.**

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

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

- ○ Yes
- ○ No

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	

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.

Please upload a copy of the executed 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).

For Calendar/Fiscal Year 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)

For Calendar/Fiscal Year 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)

For Calendar/Fiscal Year 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)

For Calendar/Fiscal Year 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)

For Calendar/Fiscal Year 2026 or Current Active Programming:

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 2025 through June 2026, if none put N/A)

Organization Budget Information

Enter the Organization's annual budget amount for fiscal year 2024-2025.

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

(1 PDF File)

Enter the Organization's annual budget for the fiscal year 2025-2026.

Please upload a summary document that verifies your annual budget for the fiscal year 2025-2026 as indicated above.

(1 PDF File)

Enter the **average** budget for the applying organizations last 2 fiscal years (2024-2025 & 2025-2026).

Required Forms

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.

Optional: Please upload the **Payee Data Record Supplement Form (STD 205)**
(1 PDF File)

This form is only required when there is an alternative remittance address or P.O. Box address.

This form is provided in the RFA.

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.

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.

Please upload a signed copy of the organizations **OBS 1500 Form**
(*1 PDF File*)

This form is related to the Darfur Contracting Act.

The form is required and provided in the RFA.

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.

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.

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.

Please upload a signed copy of the organizations **Contractor Certification Clauses (CCC)**
(*1 PDF File*)

The form is required and provided in the RFA.

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.

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 4.0 funding to support your existing or new/significantly expanded programming. Underserved institutions are indicated in red font and, special populations include EOP, MHCB, & RHU and locations where your program will be offered in a language other than english.

The form is required and provided in the RFA.

Please upload **Attachment A - Institution Locations & Populations**.
(1 PDF File)

Powered by Qualtrics