



California Department of Corrections and  
Rehabilitation  
Division of Rehabilitative Programs  
9260 Laguna Springs Dr, Elk Grove, CA 95758

## REQUEST FOR APPLICATION

# VICTIM IMPACT GRANTS CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

Funding for Fiscal Years 2026-2027 and 2027-2028  
Grant Period: July 1, 2026 - June 30, 2028

|                             |                                   |
|-----------------------------|-----------------------------------|
| Application Packet Released | November 13, 2025                 |
| Application Due             | December 13, 2025 (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 2026-2027 through 2027-2028 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](mailto:innovativegrants@cdcr.ca.gov)

## **APPLICATION DUE DATE**

Applications will only be accepted via online submission. All applications must be submitted by 11:59 p.m. December 13, 2025. 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 December 13, 2025, will not be accepted.

## **PROGRAM 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, 2026, and ends on June 30, 2028. Grant award breakdowns can be found in the Grant Funding section.

## **PROGRAM 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 designed to promote understanding and sensitivity to the impact of crime on victim/survivors provided by community-based organizations.

To meet the purposes of this grant, the proposed program curriculum shall focus on the core principles of victim awareness, as indicated below:

- **Victim-Centered Approach:** Curriculum is designed with input from victims and focuses on their experiences. Ensure the program remains centered on the victims' perspectives by highlighting their rights and the impact of crime on their lives.
- **Empathy Development:** The program should aim to help the incarcerated participants to understand the emotional and psychological impact of their actions on victims.
- **Accountability:** Incarcerated participants are encouraged to take responsibility for their actions and recognize the harm they have caused. This principle is crucial for fostering a sense of accountability and understanding the broader implications of their behavior on victims and the community.

Victim Impact Program curriculum must include interactions with victim/survivors to be brought into the institution of assigned programming during a minimum of half (50%) of their programming sessions to meet with current program participants in accordance with these grant objectives. Victim/survivors utilized to meet this program requirement must be coordinated in partnership with the CDCR Office of Victim and Survivor Rights and Services. Options for program participant interaction with victim/survivors may include but are not limited to the use of victim centric videos, written materials, or multi-media such as video/teleconferences, if available and at the discretion of the institution. Efforts should be made to ensure that programs engage victims from diverse backgrounds, experiences, and beliefs about the criminal justice system.

For the purposes of this Grant, programs may utilize a Victim(s), or Surrogate Victim(s) through the course of programming as defined below.

- **Victim:** *A person who suffers the direct impact of a criminal act by the incarcerated person.*
- **Surrogate victim:** *A surrogate victim is a person who stands in for the actual victim in a restorative justice process to represent the harm they experienced. These individuals are not the direct victims of the crime but have experienced similar trauma and can speak about the impact of harm. Their role is to provide the incarcerated person with a voice for the victim's perspective, foster empathy, and take part in discussions about making amends.*

## **PROGRAM LOCATION(S)**

Applications will be accepted for all institutions listed in Attachment A.

## **GRANT FUNDING**

The 2026-2028 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 percent of \$1 million annual grant authority).
- Each applicant organization is limited to no more than \$400,000 in cumulative grants (40 percent of \$1 million annual grant authority).
- No applicant organization will be awarded more than one (1) Victim Impact Grant per program, per grant period.

Applicants should only request the amount of funds needed to support their proposal and not base their request on the total amount of grant funds available. Program costs shall be directly related to the objectives and activities of the program. The allowable costs are defined in the budget proposal section in this RFA.

### **Availability**

Grant funding is available for the following:

- To fund Victim Impact programs that are new to the institution
- To continue an existing Victim Impact program that is already in place

### **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 agency or federal funding from any source are not eligible for Victim Impact Grant funding for the same program and/or purpose. Funding includes but is not limited to various types of funding from the CDCR, DRP, Division of Adult Parole Operations (DAPO), Office of Victim and Survivor Rights and Services (OVSRS), Arts in Corrections (AIC), or any other state agency. Federal funding includes various types of funding received directly from a federal government agency or as a pass through from a state agency or other. 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, 2026).

### **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 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 applicants 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 an approved contract amendment removing the fiscal sponsor 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 percent of total Operating Costs)

Grant funds may not be used for the following items:

- Bonuses or Commissions
- Lobbying
- Fundraising
- Real Property and Improvements
- Finance Charges
- Fees/Penalties
- Membership Dues
- Professional Licenses
- Annual Professional Dues/Fees
- Incarcerated individual pay



## **Grant Payments**

All payments will be in compliance with [California Government Code Section 11019.3](#).

## **Compliance Agreement**

In performing any programming under this grant award, the awarding entity agrees to comply with all applicable rules, regulations and laws, including but not limited to all relevant sections of the California Penal Code, such as [PEN § 3, Title 7, Chapter 18 \[7460 - 7467\]](#), the [CDCR Department Operations Manual](#), and [the California Code of Regulations](#), Title 15.

## **RESEARCH**

The California Penal Code and the California Code of Regulations, Title 15 establishes standards and requirements for research, including a formal research review process. If the grant application includes some level of research beyond collection of program participation data, approval shall be obtained in advance of any research activities being initiated. 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 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 shall obtain the services of an independent third-party research entity to ensure the use of an independent rigorous systematic approach to gather, track, and report on efficacy, measure outcomes. For additional information, please visit: [Research Requests - Office of Research \(ca.gov\)](#)

## **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 updates
- d. 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 <sup>st</sup> Report | July 1, 2026 – October 31, 2026      | November 14, 2026 |
| 2 <sup>nd</sup> Report | November 1, 2026 – February 28, 2027 | March 14, 2027    |
| 3 <sup>rd</sup> Report | March 1, 2027 – June 30, 2027        | July 14, 2027     |
| Report                 | Report Period: Term Two              | Due Date          |
| 1 <sup>st</sup> Report | July 1, 2027 – October 31, 2027      | November 14, 2027 |
| 2 <sup>nd</sup> Report | November 1, 2027 – February 28, 2028 | March 13, 2028    |
| 3 <sup>rd</sup> Report | March 1, 2028 – June 30, 2028        | July 14, 2028     |

### Annual Fiscal Reporting

Grant providers will be required to submit a financial reconciliation report of the program to: [m\\_DRPGrantsReconciliation@cdcr.ca.gov](mailto:m_DRPGrantsReconciliation@cdcr.ca.gov), no later than sixty (60) calendar days after the end of each fiscal year within the Grant Agreement. Grant providers may not incur or claim any new expenses or obligations after the end date of each 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. 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 December 13, 2025, 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. STD 204 Payee Data Record
5. STD 205 Payee Data Record Supplement Form (if applicable)
6. Supplement Vendor Payee Data Record Form
7. Proof of active non-profit 501(c)(3) status – Determination Letter from IRS
8. Fiscal Sponsor Agreement (if applicable)
9. Office of Business Services 1500 Form
10. Office of Business Services 1510 Form
11. Office of Business Services 1000 Form
12. Contractor Certification Clauses Form
13. Secretary of State Certification

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 five (5) 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 VI indicated below. Please follow the instructions provided. Each section must be titled and presented in order.

The total of all sections scored is worth 150 points. The criteria required within each scored section is weighted based on its relationship to achieving, measuring, and its responsibility to meeting the goals of this funding source.

### **Section I: Need and Benefits of Program (95 Points)**

Part A: Provide a description of the proposed program to be provided by the applicant in a correctional setting, and how the proposed program curriculum focuses on the core principles of victim awareness, as indicated below:

- o **Victim-Centered Approach:** Curriculum is designed with input from victims and focuses on their experiences. Ensure the program remains centered on the victims' perspectives by highlighting their rights and the impact of crime on their lives.
- o **Empathy Development:** The program should aim to help the incarcerated participants to understand the emotional and psychological impact of their actions on victims.
- o **Accountability:** Incarcerated participants are encouraged to take responsibility for their actions and recognize the harm they have caused. This principle is crucial for fostering a sense of accountability and understanding the broader implications of their behavior on victims and the community.

Additionally, this description must include the unique needs and benefits of the program, the criteria for incarcerated individual participation, victim participation, and the benefit of the program to the participants. 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 and victims 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.

**Part B:** Provide a description on how the proposed program intends to facilitate interactions with victim/survivors to be brought into the institution of assigned programming to meet with program participants in accordance with Victim Impact grant objectives. This description must include:

- Efforts to be made to ensure that programs engage victims from diverse backgrounds, experiences, and beliefs about the criminal justice system.
- A proposed timeline for interactions with victims/survivors in an institution.
- How the program intends to meet the 50% programming requirement of victim/survivor interaction requirement as outlined in the “Program Objectives”.

### **Section II: Program Evaluation and Outcomes (25 Points)**

Identify the program goals and measurable objectives that will be implemented with the grant funds. Identify strategies for determining program effectiveness (determining success/failure) to show how the program demonstrates success. For example; program demand/interest, increased participation rates, etc.

At a minimum, this shall include any of the following:

- Incarcerated participants and victim participant feedback.
- The impact of the program on the incarcerated participants and victim participants. This could include proposed surveys, self-assessments (pre/post program), and/or the submissions of letters of reflections from program participants.

Any objectives that gauge interest or directly assist incarcerated participants seeking to engage in additional restorative justice processes should also be included.

### **Section III: Cost/Value Effectiveness and Budget Review (30 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

### **Section IV: Program Recruitment and Staffing (Excluded from Scoring)**

- 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. If the position(s) has minimum qualifications, please indicate the requirements.

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. All program staff and volunteers must undergo security clearance processes.

### **Section V: Program History (Excluded from Scoring)**

Provide information about the history of your program (if applicable), to include:

- 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.
- e. Experience working with and engaging with victims’ and victims’ groups.

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

### **Section VI: 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 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, 2026, through June 30, 2028. VI Grant funds can be used for the following items:

- a. Salaries and Benefit
  - 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)

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

VI Grant funds CANNOT be used for:

- Bonuses or Commissions
- Lobbying
- Fundraising
- Real Property and Improvements
- Finance Charges
- Fees/Penalties
- Membership Dues
- Professional Licenses
- Annual Professional Dues/Fees
- Incarcerated individual pay

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. STD 204 Payee Data Record Form**

Each applicant shall provide a completed Payee Data Record (STD 204) Form.

The name and address indicated on the STD 204 must match the Secretary of State certification records. A physical address for the delivery of funds must be provided. A P.O. Box cannot be utilized. This form is required and provided in this RFA.

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

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

**6. Supplement Vendor Payee Data Record Form**

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

**7. Proof of active non-profit 501(c)(3) 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. A copy of this letter can be found on the [IRS website](#) by searching your organization name or EIN Number.

**8. Fiscal Sponsor Agreement (if applicable)**

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

**9. Office of Business Services (OBS) 1500 Form**

This form is the certification required by the Darfur Contracting Act relating to business activities/operations outside of the United States. This form is required and provided in this RFA.

**10. Office of Business Services (OBS) 1510 Form**

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

**11. Office of Business Services (OBS) 1000 Form**

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

**12. Contractor Certification Clauses Form**

This form is required and provided in this RFA.

**13. Secretary of State Certification**

A copy of the certificate is required. A screenshot of the program's status from the [Secretary of State official website](#) is acceptable.

**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 (December 22, 2025) and five (5) business days will be allowed (December 29, 2025) to respond and to submit all non-substantive changes to meet technical requirements.

Applications that fail to meet all technical requirements by December 29, 2025, 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, 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.

| <b>Application Review Factors</b> |  | <b>Maximum Points</b> |
|-----------------------------------|--|-----------------------|
| Section I                         | Need and Benefits of Program               | 95                    |
| Section II                        | Program Evaluation and Outcomes            | 25                    |
| Section III                       | Cost/Value Effectiveness and Budget Review | 30                    |
| <b>Total Points</b>               |  | <b>150</b>            |

### **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.

**Certificate of Insurance**

Upon award, the Certificate of Insurance (COI) will be required. The COI 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 a COI is included in this RFA.

**Worker’s Compensation (WC) Exemption (if applicable)**

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

**SUMMARY OF KEY EVENTS**

| Activity                               | Date                            |
|--|---------------------------------|
| Release of Request for Application     | November 13, 2025               |
| Grant Application Due                  | December 13, 2025               |
| Technical Application Review           | December 14 – December 22, 2025 |
| Merit Application Review               | January 5 – January 23, 2026    |
| DRP Director Review/Approval           | January 28 – February 2, 2026   |
| Notification of Intent to Award Grants | On or Before February 20, 2026  |
| Grant Period – Term One                | July 1, 2026 – June 30, 2027    |

|                                       |                              |
|---------------------------------------|------------------------------|
| Program Ramp-Up/Volunteer Orientation | July 1 – August 31, 2026     |
| Program Implementation (on or before) | September 1, 2026            |
| Grant Period – Term Two               | July 1, 2027 – June 30, 2028 |

### **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:

- The applicant makes prohibited contact with the 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 the 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 the CDCR to complete the application.

[Victim Impact Grant Application](#)

**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](mailto:wscs.gen@ftb.ca.gov)

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

Website: [www.ftb.ca.gov](http://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.

STATE OF CALIFORNIA – STATE CONTROLLERS OFFICE

**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)**

|   |  |
|---|--|
| <b>NAME</b> (Required. Do not leave blank.)   | <b>TAX ID NUMBER</b> (Required)<br>SSN, ITIN, or FEIN that matches Tax ID number provided on STD 204 |
| <b>BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME</b><br>(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.**

|          |  |       |          |
|----------|--|-------|----------|
| <b>1</b> | <b>REMITTANCE ADDRESS</b> (number, street, apt or suite no.) |       |          |
|          | CITY   | STATE | ZIP CODE |
| <b>2</b> | <b>REMITTANCE ADDRESS</b>                                    |       |          |
|          | CITY   | STATE | ZIP CODE |
| <b>3</b> | <b>REMITTANCE ADDRESS</b>                                    |       |          |
|          | CITY   | STATE | ZIP CODE |
| <b>4</b> | <b>REMITTANCE ADDRESS</b>                                    |       |          |
|          | CITY   | STATE | ZIP CODE |
| <b>5</b> | <b>REMITTANCE ADDRESS</b>                                    |       |          |
|          | CITY   | STATE | ZIP CODE |

**Additional Contact Information**

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

|          |                               |       |
|----------|-------------------------------|-------|
| <b>1</b> | <b>CONTACT NAME</b>           |       |
|          | TELEPHONE (Include area code) | EMAIL |
| <b>2</b> | <b>CONTACT NAME</b>           |       |
|          | TELEPHONE                     | EMAIL |
| <b>3</b> | <b>CONTACT NAME</b>           |       |
|          | 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.*

|  |              |                                      |
|--|--------------|--------------------------------------|
| <b>NAME OF AUTHORIZED PAYEE REPRESENTATIVE</b><br>(Print or Type name) | <b>TITLE</b> | <b>E-MAIL ADDRESS</b>                |
| <b>SIGNATURE</b><br><br>X _____  | <b>DATE</b>  | <b>TELEPHONE</b> (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.





## SUPPLEMENT VENDOR PAYEE DATA RECORD FORM

**BUSINESS DESIGNATION**  
 (Fill out only if registered with the Dept. of General Services)

|   |                   |                 |
|---|-------------------|-----------------|
| <input type="checkbox"/> SMALL BUSINESS (SB)        | CERTIFICATION # - | EXPIRATION DATE |
| <input type="checkbox"/> MICRO BUSINESS (MB)        | CERTIFICATION # - | EXPIRATION DATE |
| <input type="checkbox"/> DVBE BUSINESS              | CERTIFICATION # - | EXPIRATION DATE |
| <input type="checkbox"/> SMALL BUSINESS PUBLIC WORK | CERTIFICATION # - | EXPIRATION DATE |
| <input type="checkbox"/> NP VETERAN SERVICE AGENCY  | CERTIFICATION # - | EXPIRATION DATE |
| <input type="checkbox"/> NON-PROFIT RECOGNITION     | CERTIFICATION # - | EXPIRATION DATE |

**TAX INFORMATION**  
 (Fill out if you expect a 1099 at the end of the year)

| WITHHOLDING TAX INFORMATION  | TYPE OF RECIPIENT (PLEASE SELECT ONE/ SHOULD MATCH SECTION 3 OF STD 204)                |
|--|---|
| <input type="checkbox"/> RENTS   | <input type="checkbox"/> CORPORATION (REGULAR)----- (SELECT "ALL OTHERS" ON 204)        |
| <input type="checkbox"/> ROYALTIES   | <input type="checkbox"/> MEDICAL CORPORATION----- (SELECT "MEDICAL" ON 204)             |
| <input type="checkbox"/> OTHER INCOME (PRIZED, AWARDS)                               | <input type="checkbox"/> LEGAL CORPORATION----- (SELECT "LEGAL" ON 204)                 |
| <input type="checkbox"/> FISHING BOAT PROCEEDS                                       | <input type="checkbox"/> NON-PROFIT CORP.----- (SELECT "EXEMPT(N. PROF)" ON 204)        |
| <input type="checkbox"/> MEDICAL AND HEALTHCARE PAYMENTS<br>NONEMPLOYEE COMPENSATION | <input type="checkbox"/> LLC C-CORPORATION ----- (SELECT "ALL OTHERS" ON 204)           |
| <input type="checkbox"/> SUBSTITUTE PAYMENTS (DIVIDENDS/INTEREST)                    | <input type="checkbox"/> LLC S-CORPORATION----- (SELECT "ALL OTHERS" ON 204)            |
| <input type="checkbox"/> DIRECT SALES  | <input type="checkbox"/> LLC PARTNERSHIP ----- (SELECT "PARTNERSHIP" ON 204)            |
| <input type="checkbox"/> CROP INSURANCE PROCEEDS                                     | <input type="checkbox"/> SINGLE MEMBER LLC ---- (SELECT "SOLE PROP, INDIV LLC" ON 204)  |
| <input type="checkbox"/> EXCESS GOLDEN PARACHUTE PAYMENTS                            | <input type="checkbox"/> TAX EXEMPT ORG. ----- (OTHER THAN NON PROFIT CORP.)            |
| <input type="checkbox"/> GROSS PROCEEDS PAID TO AN ATTORNEY                          | <input type="checkbox"/> INDIVIDUAL/ SOLE PROP-- (SELECT "SOLE PROP, INDIV LLC" ON 204) |
| <input type="checkbox"/> STATE TAX WITHHELD  | <input type="checkbox"/> ESTATE----- (SELECT "ESTATE" ON 204)                           |
|  | <input type="checkbox"/> QUALIFIED INTERMEDIARY   |
|  | <input type="checkbox"/> ARTIST OR ATHLETE  |
|  | <input type="checkbox"/> GOVERNMENT OR INT. ORGANIZATION                                |
|  | <input type="checkbox"/> NOMINEE  |
|  | <input type="checkbox"/> FIDUCIARY  |
|  | <input type="checkbox"/> AUTHORIZES FOREIGN AGENT                                       |
|  | <input type="checkbox"/> TYPE OF RECIPIENT UNKNOWN                                      |
|  | <input type="checkbox"/> PRIVATE FOUNDATION   |

STOP! Only fill out this section if your company has sold their receivables to another company

**FACTORING VENDOR** (WHEN A VENDOR SELLS RECEIVABLES TO A THIRD PARTY) ATTACH COPY OF THE LETTER FROM VENDOR NOTIFYING CDCR OF THE ASSIGNMENT

COMPANY NAME \_\_\_\_\_

DBA \_\_\_\_\_

STREET(P.O. Box) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**DARFUR CONTRACTING ACT**

Bid/Agreement Number OR Request for Quote Number: \_\_\_\_\_

Public Contract Code Sections 10475 -10481 applies to any company that currently or within the previous three years has had business activities or other operations outside of the United States. For such a company to bid on or submit a proposal for a State of California contract, the company must certify that it is either a) not a scrutinized company, or b) a scrutinized company that has been granted permission by the Department of General Services to submit a proposal.

Select only one of the following options:

**OPTION #1 – NO ACTIVITIES OUTSIDE THE US**

If your company has not, within the previous three years, had any business activities or other operations outside of the United States, print your company name, date and signature below:

|                                      |             |
|--------------------------------------|-------------|
| <i>Company/Vendor Name (Printed)</i> | <i>Date</i> |
| <i>By (Authorized Signature)</i>     |             |

**OPTION #2 - CERTIFICATION**

If your company, within the previous three years, has had business activities or other operations outside of the United States, in order to be eligible to submit a bid or proposal, please insert your company name and Federal ID Number and complete the certification below.

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that a) the prospective proposer/bidder named below is **not** a scrutinized company per Public Contract Code 10476; and b) I am duly authorized to legally bind the prospective proposer/bidder named below. This certification is made under the laws of the State of California.

|   |   |
|---|---|
| <i>Company/Vendor 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> |

**OPTION #3 – WRITTEN PERMISSION FROM DGS**

Pursuant to Public Contract Code Section 10477(b), the Director of the Department of General Services may permit a scrutinized company, on a case-by-case basis, to bid on or submit a proposal for a contract with a state agency for goods or services, if it is in the best interests of the state. If you are a scrutinized company that has obtained written permission from the DGS to submit a bid or proposal, complete the information below.

We are a scrutinized company as defined in Public Contract Code Section 10476, but we have received written permission from the Department of General Services to submit a bid or proposal pursuant to Public Contract Code Section 10477(b). A copy of the written permission from DGS is included with our bid or proposal.

|   |                          |
|---|--------------------------|
| <i>Company/Vendor Name (Printed)</i>            | <i>Federal ID Number</i> |
| <i>By (Authorized Signature)</i>                |                          |
| <i>Printed Name and Title of Person Signing</i> |                          |

### 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.<br><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> |                          |

## Generative Artificial Intelligence (GenAI) Reporting and Factsheet

### Section 1: Bidder/ Offerer / Contractor Information

Solicitation/ Contract

Number Bidder ID/ Vendor ID (optional)

Business Name

Business Telephone Number

Business Address

City

State

Zip Code

Contract / Description of Purchase

### Section 2: Disclosure and Factsheet

Will you and/or your subcontractor(s) be using or offering GenAI technology, model, service, or system (collectively, "product")?

Yes  No (If no, skip to Signature section of this form.)

If yes, provide details regarding the GenAI system. See *GenAI Reporting and Factsheet Instructions* at the end of this form for more information.

Failure to provide information requested on this form may result in disqualification or may void any resulting contract.

**1. GenAI Model Name, LLM Version (including number of parameters) & list ALL model names/owners for the solution or offering**

|   |  |
|---|--|
| <b>2. (GenAI powered, or driven), applications / product owner</b>  |  |
| <b>3. Product Description</b>   |  |
| <b>4. Use Case(s)</b>   |  |
| <b>5. Intended Information Domain</b>   |  |
| <b>6. Explain how the GenAI system is not adversely affecting decisions that materially impact access to, or approval for, housing or accommodations, education, employment, credit, health care, and criminal justice.</b> |  |

Signature

*By signing this document, I have identified and reported any GenAI use in the performance of this contract. If any new or previously unreported GenAI use is identified in the future in the performance of this contract, we will complete and submit to the State an updated OBS 1000.*

Signature

Date

*Submit completed form to the awarding department*

## GenAI Reporting and Factsheet Instructions

Please use the following definitions and instructions to complete the GenAI Reporting and Factsheet:

1. GenAI Model Name, LLM Version (including number of parameters) & list ALL model names/owners for the solution or offering
  - a. Definition: The unique identifier or name assigned to the specific GenAI model or service.
  - b. Purpose: Allows users to refer to and distinguish between different GenAI models.
2. (GenAI powered, or driven), applications/product owner:
  - a. Definition: The name of the organization or entity responsible for creating or deploying the GenAI model or service.
  - b. Purpose: Helps identify the source and accountability for the GenAI system.
3. Product Description:
  - a. Definition: A concise summary of the GenAI model's purpose, functionality, and key characteristics.
  - b. Purpose: Provides a high-level understanding for users and stakeholders.
4. Use Case(s):
  - a. Definition: The intended use or goal of the GenAI model (e.g., image recognition, natural language processing, text summarization).
  - b. Purpose: Helps users assess whether the GenAI model aligns with their needs.
5. Intended Information Domain:
  - a. Definition: The context, subject matter, or domain for which the GenAI model is designed to operate effectively.
  - b. Purpose: Helps users determine if the GenAI model is suitable for their specific use case.
6. Adverse Impact:
  - a. Explain below how you are ensuring the GenAI system is not adversely affecting decisions that materially impact access to, or approval for, housing or accommodations, education, employment, credit, health care, and criminal justice.
7. Signature:
  - a. The signatory for the Contract shall also sign the OBS 1000

**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**

|                |          |
|----------------|----------|
| COMPANY LETTER | <b>A</b> |
| COMPANY LETTER | <b>B</b> |
| COMPANY LETTER | <b>C</b> |
| COMPANY LETTER | <b>D</b> |
| COMPANY LETTER | <b>E</b> |

INSURED:

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

**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**

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Contractor's Name

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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.**

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**Contractor Signature**

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**Print Name**

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**Date**

# Contractor Certification Clauses

CCC 04/2017

## CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

|                                       |                   |
|---------------------------------------|-------------------|
| Contractor/Bidder Firm Name (Printed) | Federal ID Number |
|---------------------------------------|-------------------|

By (Authorized Signature)

Printed Name and Title of Person Signing

|               |                           |
|---------------|---------------------------|
| Date Executed | Executed in the County of |
|---------------|---------------------------|

## CONTRACTOR CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,

2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at [www.dir.ca.gov](http://www.dir.ca.gov), and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably

required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. GENDER IDENTITY: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

## **DOING BUSINESS WITH THE STATE OF CALIFORNIA**

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and

Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.



## California Department of Corrections and Rehabilitation Victims Impact Grant 2026-2028 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 ( <b>ASP</b> )                         |
|  | California Correctional Institution ( <b>CCI</b> )         |
|  | California Health Care Facility ( <b>CHCF</b> )            |
|  | California Institution for Men ( <b>CIM</b> )              |
|  | California Institution for Women ( <b>CIW</b> )            |
|  | California Men's Colony ( <b>CMC</b> )                     |
|  | California Medical Facility ( <b>CMF</b> )                 |
|  | California State Prison, Corcoran ( <b>COR</b> )           |
|  | California State Prison, Los Angeles County ( <b>LAC</b> ) |
|  | California State Prison, Sacramento ( <b>SAC</b> )         |
|  | California State Prison, Solano ( <b>SOL</b> )             |
|  | Calipatria State Prison ( <b>CAL</b> )                     |
|  | California State Prison, Centinela ( <b>CEN</b> )          |
|  | Central California Women's Facility ( <b>CCWF</b> )        |
|  | Correctional Training Facility ( <b>CTF</b> )              |
|  | Folsom State Prison ( <b>FSP</b> )                         |
|  | High Desert State Prison ( <b>HDSP</b> )                   |
|  | Ironwood State Prison ( <b>ISP</b> )                       |
|  | Kern Valley State Prison ( <b>KVSP</b> )                   |
|  | Mule Creek State Prison ( <b>MCSP</b> )                    |
|  | North Kern State Prison ( <b>NKSP</b> )                    |
|  | Pelican Bay State Prison ( <b>PBSP</b> )                   |
|  | Pleasant Valley State Prison ( <b>PVSP</b> )               |
|  | Richard J. Donovan Correctional Facility ( <b>RJD</b> )    |
|  | Salinas Valley State Prison ( <b>SVSP</b> )                |
|  | San Quentin State Prison ( <b>SQ</b> )                     |
|  | Sierra Conservation Center ( <b>SCC</b> )                  |
|  | Substance Abuse Treatment Facility ( <b>SATF</b> )         |
|  | Valley State Prison ( <b>VSP</b> )                         |
|  | Wasco State Prison ( <b>WSP</b> )                          |



# California Department of Corrections and Rehabilitation Adult Institution Locations





**B. Substantiate staff benefits expenses:**

**Operating Costs; Please address the following:**

**A. Equipment:**

**B. Instructional Materials and Supplies:**

**C. Office Supplies:**

**D. Travel:**

E. Research:

F. Overhead:

G. Cost per Participant (include methodology utilized to calculate rate/cost):