



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

REQUEST FOR APPLICATIONS

REHABILITATIVE INVESTMENT GRANTS FOR HEALING AND TRANSFORMATION (RIGHT) GRANT 3.0

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION (CDCR) INSTITUTIONS

Funding from July 1, 2026 - December 1, 2028
Reporting Period: July 1, 2025 - December 1, 2029

Application Packet Release	October 1, 2025
Application Due	November 30, 2025 (by 11:59 p.m.)

In addition to the grant application, this Request for Applications (RFA) packet includes important information about funding provisions, grant eligibility, and application submission requirements.

INTRODUCTION

This Request for Application (RFA) provides the information necessary to submit an application package to the California Department of Corrections and Rehabilitation (CDCR) for grant funds available for Rehabilitative Investment Grants for Healing and Transformation (RIGHT) Grant 3.0.

CONTACT INFORMATION

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

Division of Rehabilitative Programs – Innovative Grants

Email: 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. November 30, 2025. The online application link can be found at the end of the RFA document. Note: Only one application shall be submitted by each organization.

Applications received after 11:59 p.m. on November 30, 2025, will not be accepted.

PROJECT DESCRIPTION

This project will provide \$19.4 million to support eligible community-based, nonprofit organizations for the purpose of delivering trauma-informed, rehabilitative and/or restorative justice programming in CDCR institutions.

Note: RIGHT Grant 3.0 funds shall not be used for the provision of college educational programming.

PROJECT OBJECTIVES

RIGHT Grant 3.0 funds may be used to sustain or expand a currently existing program. Organizations may utilize funds to provide a new program within an institution where the program is not currently offered or to significantly expand a currently existing program, upon written approval from the Warden to DRP of the applicable institution.

PROGRAM RELOCATION

Programs can be moved from one location to another if a facility is closing or the relocation is approved by the Deputy Director of the Division of Rehabilitative Programs (DRP) under special circumstances.

ELIGIBILITY AND REQUIREMENTS

This funding shall be allocated by the Department to each applicant that meets the following requirements:

I. Active Non-Profit Status

The organization is in good standing as a 501(c)(3) nonprofit community-based organization or is a nonprofit community-based organization that is fiscally sponsored by a fiscal agent with nonprofit status.

If the application is a multi-state organization awarded RIGHT Grant 3.0 funds, the funds must be used to provide programming in CDCR institutions. Any organization awarded a RIGHT Grant 3.0 under the sponsorship of a fiscal agent that chooses to obtain a 501(c)(3) non-profit status during the grant period may terminate the fiscal agent sponsorship by submitting a fiscal agent change request. This process may require four (4) to six (6) months to be completed. The fiscal agent will remain the sponsor of the grant program and the payee for grant payments until the fiscal agent change has been completed.

II. Prior Service Requirements

The organization name applying must have a preexisting record of providing rehabilitative programming within a CDCR institution during at least two of the five years preceding their application. Applicants utilizing a Fiscal Agent Sponsorship must demonstrate how they, as an organization, have been providing services exclusive from the services provided by the Fiscal Sponsor during at least two of the five years preceding their application.

III. Existing Service Requirements

Each organization applicant must be providing an existing rehabilitative program.

DETERMINATION OF ELIGIBILITY

CDCR shall determine eligibility and provide notice to organizations regarding their eligibility determination by February 28, 2026. In all cases where a program is determined to not meet the eligibility requirements, CDCR will provide thirty (30) calendar days in which the community-based organization may resubmit their proposed program for a possible later determination of eligibility.

Applications that fail to meet all technical requirements by March 30, 2026, will be excluded from further consideration for funding.

FUNDING

Qualifying organizations shall be awarded grants based on their current organizational budget, or the average budget of its the last two (2) fiscal years, whichever is greater, as follows:

- I. Organizations with budgets under \$250,000 shall be awarded one (1) qualifying point.
- II. Organizations with budgets between \$250,000 and \$500,000 shall be awarded two (2) qualifying points.
- III. Organizations with budgets above \$500,000 shall be awarded three (3) qualifying points.
- IV. Organizations applying to provide existing programs in *underserved institutions may be awarded an additional one-half (0.5) point. These are indicated as target institutions within Attachment A. This one-half (0.5) point is applied *only once* regardless of the number of underserved institutions selected.
- V. Organizations applying to provide programs serving special populations, to include: Restricted Housing Units (RHU), and Enhanced Outpatient Programs (EOP)/Mental Health Crisis Beds (MHCB) may be awarded an additional one-half point (0.5). These are indicated as target populations within Attachment A. This one-half (0.5) point is applied *only once* regardless of the number of special populations selected.

Each qualifying organization can be awarded a maximum of four (4) total points.

The total funding available shall be divided by the total points given to all applicants (as specified above), resulting in a dollar value for each point. Each qualifying organization will then receive the value of the total points that organization was given based on the size of their annual budget and additional proposed programming options. All of the funds available shall be distributed based on this system.

Underserved Institutions are defined by the following: lack of DRP funded community-based programming services available (in comparison to other institutions).

APPLICATION PACKAGE & REQUIRED DOCUMENTS

To apply for RIGHT Grant 3.0, all organizations must complete the application online. The required documents and the link to the application are provided at the end of this document.

When completing the online application please have the following required documents prepared to upload.

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

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.

I. Proof of active non-profit status

Provide a Determination Letter 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.

II. Fiscal Sponsor Agreement (if applicable)

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

III. Proof of Organization’s Annual Budget

Provide the organization’s annual budget (expenditures) for fiscal years (July – June) 2023-2024, and 2024-2025. Proof for each year must be a separate PDF.

Provide documentation identifying the organization’s annual expenditures that coincides with the amount entered in the online application.

IV. 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.

V. STD 205 Payee Data Record Supplement Form (Optional)

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.

VI. Supplement Vendor Payee Data Record Form

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

VII. 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.

VIII. 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.

IX. Certificate of Insurance (COI)

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

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

An example of a COI is provided in this RFA.

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

X. WC Exemption Form (if applicable)

If the program does not have employees, then a WC exemption form is required. This form is provided in the RFA.

XI. Contractor Certification Clauses (CCC)

This form is required and provided in this RFA.

XII. Secretary of State (SOS) Certification

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

XIII. Program Summary

A program summary is required and should include a description of the existing program provided by the organization. Within the program summary include the following:

Existing Program

- a) Identify the institution/location(s) where the current existing program is delivered
- b) Identify how the existing program specifically benefits the incarcerated population at the institution/location(s)
- c) Identify program goals and objectives for the participants
- d) Provide the current program schedule (i.e. frequency)
- e) Provide the current program capacity
- f) Provide the necessary resources (i.e. space and equipment) required to deliver programming

New or significantly expanded existing program

- a) Identify the institution/location(s) where a new or significantly expanded existing program is being proposed, this should reflect the selections on Attachment A.
- b) Identify how the program will specifically benefit the incarcerated population at the selected institution/location(s), this should reflect the selections on Attachment A.
- c) Identify program goals and objectives for the participants
- d) Provide a proposed program schedule (i.e. frequency)
- e) Provide the proposed program capacity

- f) Provide the necessary resources (i.e. space and equipment) required to deliver programming

The program summary may not exceed two (2) pages and will not receive points.

XIV. Attachment A – Institution Locations & Populations

Please identify the institution(s) and/or population(s) where you propose to provide programming.

The location of target populations was provided by the California Correctional Health Care Services (CCHCS), Mental Health Services Delivery System (MHSDS) Map and CDCR Program Matrix.

Please note: CDCR may request additional forms to be completed by the applicant.

SUMMARY OF KEY EVENTS

Activity	Date
Release Request for Applications	October 1, 2025
Grant Applications Due	November 30, 2025
Notification of Eligibility or Ineligibility	February 28, 2026
Application Resubmission Period	March 1 - 30, 2026

ALLOCATION OF FUNDS

Within fourteen (14) business days of the grant award notification, the organization will be required to provide allocation of funds information for each institution/location where funds will be utilized for programming. innovativegrants@cdcr.ca.gov A template for the allocation of funds will be provided by the DRP upon the notification of the grant award.

IMPLEMENTATION OF GRANT PROGRAMS

For new or significantly expanding programs, the DRP will seek written approval from the Warden of the applicable institution. An introductory meeting with the Community Resource Manager at the awarded institution is required for all new programs prior to implementation.

PROGRAM ACTIVITY REQUIREMENTS

During the course of the grant agreement, the grantee shall notify the DRP at innovativegrants@cdcr.ca.gov within five (5) business days of any reduction in services or missed scheduled programming sessions.

RESEARCH

The California Penal Code and California Code of Regulations, Title 15 establish standards and requirements for research, including a formal research review process. If the grant application will include some level of research beyond collection of program participation data, approval 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 independent rigorous systematic approach to gather, track, and report on efficacy, measure outcomes. For additional information, please visit: [Research Requests - Office of Research \(ca.gov\)](https://www.cdcr.ca.gov/Research-Requests-Office-of-Research)

REPORTING REQUIREMENTS

Annual Report

Each grant recipient shall submit an annual report to CDCR that details the expenditures of their grant, including a summary of how the resources enhanced their ability to deliver in-prison programming. The annual report will be due no later than sixty (60) calendar days following the end of each fiscal year and shall be submitted electronically to: m_DRPGrantsReconciliation@cdcr.ca.gov. A report template will be provided by the DRP.

Final Summary Report

Each grant recipient shall submit to CDCR a report that details the expenditures of their grant, including a summary of how the resources enhanced their ability to deliver in-prison programming, by December 1, 2029. The final summary report shall be submitted electronically to: m_DRPGrantsReconciliation@cdcr.ca.gov. A report template will be provided by the DRP.

GROUND FOR REJECTION OF APPLICATION

The CDCR reserves the right to reject applications. An application may be rejected if:

- I. A determination is made that the application contains falsified information
- II. The application is received after the due date and time for submittal; or

III. The application is incomplete.

No application may be rejected arbitrarily or without reasonable cause.

CLOSING COMMENTS

The RFA is a noncompetitive process issued by CDCR to obtain applications from applicants who are eligible to receive grant funding for RIGHT Grant 3.0 in accordance with section 171 of [CA Budget Act of 2025 \(AB102\)](#).

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

APPLICATION LINK

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

PAYEE DATA RECORD

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

STD 204 (Rev. 03/2021)

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

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

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

_____ - _____ - _____

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

_____ - _____ - _____

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

PAYEE DATA RECORD

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

STD 204 (Rev. 03/2021)

GENERAL INSTRUCTIONS

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

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

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

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

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

Section 1 – Payee Information

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

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

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

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

Section 2 – Entity Type

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

Section 3 – Tax Identification Number

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

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

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

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

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

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

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

Website: www.ftb.ca.gov

Section 5 – Certification

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

Section 6 – Paying State Agency

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

Privacy Statement

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

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

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)

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

Additional Remittance Address Information

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

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

Additional Contact Information

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

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

Certification

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

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

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

PAYEE DATA RECORD SUPPLEMENT

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

GENERAL INSTRUCTIONS

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

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

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

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

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

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

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

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

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

PRIVACY STATEMENT

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

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

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

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



SUPPLEMENT VENDOR PAYEE DATA RECORD FORM

Form to be completed by Vendor.

LEGAL NAME OF BUSINESS

DBA

FEIN OR SSN NUMBER

BUSINESS PHYSICAL ADDRESS

STREET

CITY

STATE

ZIP

REMIT TO INFORMATION

(WHERE YOU WANT YOUR PAYMENTS SENT. ADDRESS MUST MATCH REMIT TO ADDRESS ON INVOICE.)

COMPANY NAME

STREET(P.O. Box)

CITY

STATE

ZIP

CONTACT INFORMATION

SALES CONTACT PERSON

ACCOUNTING CONTACT PERSON

TITLE

TITLE

PHONE

PHONE

FAX

FAX

SALES E-MAIL ADDRESS

WEB-SITE ADDRESS:

PURCHASING INFORMATION

SERVICE TYPE OF SERVICE PROVIDED:

COMMODITY TYPE OF PRODUCT PROVIDED:



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	<input type="checkbox"/> LLC C-CORPORATION ----- (SELECT "ALL OTHERS" ON 204)
<input type="checkbox"/> NONEMPLOYEE COMPENSATION	<input type="checkbox"/> LLC S-CORPORATION----- (SELECT "ALL OTHERS" ON 204)
<input type="checkbox"/> SUBSTITUTE PAYMENTS (DIVIDENDS/INTEREST)	<input type="checkbox"/> LLC PARTNERSHIP ----- (SELECT "PARTNERSHIP" ON 204)
<input type="checkbox"/> DIRECT SALES	<input type="checkbox"/> SINGLE MEMBER LLC ---- (SELECT "SOLE PROP, INDIV LLC" ON 204)
<input type="checkbox"/> CROP INSURANCE PROCEEDS	<input type="checkbox"/> TAX EXEMPT ORG. ----- (OTHER THAN NON PROFIT CORP.)
<input type="checkbox"/> EXCESS GOLDEN PARACHUTE PAYMENTS	<input type="checkbox"/> INDIVIDUAL/ SOLE PROP-- (SELECT "SOLE PROP, INDIV LLC" ON 204)
<input type="checkbox"/> GROSS PROCEEDS PAID TO AN ATTORNEY	<input type="checkbox"/> ESTATE----- (SELECT "ESTATE" ON 204)
<input type="checkbox"/> STATE TAX WITHHELD	<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 _____

CALIFORNIA CIVIL RIGHTS LAWS CERTIFICATION

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

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

CERTIFICATION

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

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

2. (GenAI powered, or driven), applications / product owner	
3. Product Description	
4. Use Case(s)	
5. Intended Information Domain	
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.	

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

INSURED:

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

COVERAGES

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

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

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

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

CERTIFICATE HOLDER

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

CANCELLATION

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

Exemption from Workers' Compensation

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

DO NOT SUBMIT THIS FORM IF YOU HAVE EMPLOYEES

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

Section 1 – Required Information

Contractor's Name

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

City

State

Zip Code

Phone Number

Cell Phone

Email Address

Section 2 – Required Check Box

You must check only one of the boxes below.

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

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

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

Contractor Signature

Print Name

Date

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 lessor 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, 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

RIGHT 3.0 Grant

Institution Locations & Populations

By placing an 'X' in the adjacent box, please identify the institution(s) and/or population(s) where you are applying for RIGHT Grant 3.0 funding to support your existing or new/significantly expanded programming. Target institutions are indicated in **red font**. Target populations include EOP, MHCB, & RHU. One-half (0.5) point is awarded only once for a target institution and one-half (0.5) point is awarded only once for a target population for an additional one (1) point irrespective of multiple selections.

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

Legend	
Mental Health Crisis Bed	MHCB
Enhanced Outpatient Program	EOP
General Population	GP
Restricted Housing Unit	RHU
Location does not house Population Type	