

El Dorado County Community Corrections Partners
Application for Funding Consideration

A. Eligibility for Funding (Please affirm this project is eligible for consideration)

1. Is a local funding strategy identified, and will funds be used for allowable activities?
☐ Yes
2. Is there an essential nexus between the project and the funding purpose to improve public safety and/or reduce inmate populations?
☐ Yes
3. Will funds be used to supplant (free up) other funds intended for the same purpose?
☐ No
4. Will funds be used for primary prevention, early intervention, or interdiction.
☐ No

B. Funding Strategy (Must select one Essential Purpose. For each essential purpose a separate supplemental application must be complete)

5. Essential Funding Purpose
 - ☐ Involuntary (Mandatory) Justice Program
 - ☐ Voluntary Health / Behavioral Health Services
 - ☐ Voluntary Education & Employment Programming
6. Are you concurrently applying for Capacity Building funding?
 - ☐ Yes, in meeting the essential funding purpose the program will also require capacity building funds to accomplish goals. (Program budget may include costs associated with allowable capacity building activities.)
 - ☐ No. (Program budgets may not include costs associated with capacity building.)
7. How does the proposed activity fill a critical need?
 - ☐ Enhances, improves, or expands direct client services (a change is proposed)
 - ☐ Sustains an existing, allowable activity (no changes are proposed)
 - ☐ Fills a missing service, system, or capacity gap (new service is proposed)
8. Do you also intend to apply for stand-alone Capacity Building funds (for capacity building activities unrelated to the implementation and delivery of direct services)?
 - ☐ Yes
 - ☐ No

C. Proposed Clients to be Served (Client Profile)

9. This program will serve adults:

- ☐ In Custody
- ☐ Out of Custody
- ☐ Both In Custody and Out of Custody

10. Please describe intervention / inflection point of the proposed service for each of the above referenced populations to be served, and whether you intend to serve a population that has been identified as being a high-need or priority (*check all that apply to your program*).

Adults in Custody (Jail)	Adults out of Custody	Priority Need Population
<input type="checkbox"/> Waiting for trial & screened as high need	<input type="checkbox"/> Pre-trial	<input type="checkbox"/> Serious Mental Illness
<input type="checkbox"/> Sentenced to greater than 90 days in local custody	<input type="checkbox"/> Diversion	<input type="checkbox"/> Fentanyl / Opioid Use
	<input type="checkbox"/> Probation Supervision	<input type="checkbox"/> Transitional Age Youth (ages 18-24)
	<input type="checkbox"/> Prior Arrest	

11. How many individuals will receive program intervention services? (This will be your target goal for the number of unique clients served in one year.)

D. Proposed Program Intervention / Service

12. Which of the allowable activities or intervention will you be providing for the clients? (*see list of Allowable Activities*)

13. What is the target amount of service or intervention that each client will receive.
(Please be specific for each type of intervention, class, session, treatment modality, etc. This will be your target dosage amount per client and must be reflective of a quantifiable unit of service.)

14. How will you ensure that the project is being delivered at the level and quality anticipated by your programming team? (Check all that apply.)

- ☐ Percent of target population (e.g. eligible individuals) successfully enrolled.
- ☐ Percent of enrolled individuals who complete program activities.
- ☐ Percent of enrolled individuals that demonstrate high engagement in program.
- ☐ Percent of individuals that received services consistent with the program design.

E. Implementation Plan

15. Where will services be provided (geographic region or location)?

16. Are there any agencies or organizations that you will be working closely with to deliver services, including coordinated case planning, referrals to services, etc.?

☐ No:

☐ Yes: If yes, please name your partners.

17. Following contract approvals, how quickly will you be able to start services?

☐ Immediately. Staffing, service location, and program policies are in place.

☐ Within 3 months. Short-term activities like training or data systems are needed.

☐ Within 6 months. Project will require hiring new positions / finding a location.

F. Project Narrative.

Please answer each question in sufficient detail to justify the use of AB 109 funding.

Use the attached logic model for definitions and guidance on the underlined terms.

Responses to each question should be between 300 – 600 words.

18. What is the problem that will be addressed by this project. Provide any baseline data to describe the current situation and how it has changed over time.

19. What is your solution? Your response should address one or more of the essential funding purposes and statewide objectives for AB 109. Be specific about the local funding strategy selected and (allowable) activities to be conducted.

20. How will your efforts make a difference to the problem? Estimate the extent/degree to which change will happen. Your response should address one or more El Dorado County desired results.

21. How will you demonstrate program success and impact to clients? Describe both the client impact and program activity measures you will track and the method you will use to determine outcomes. Discuss activities to supervise and manage data collection and entry into your database or case management system on a timely basis.

Involuntary (Mandatory) Justice Program - Supplemental

☐ Check here if this supplemental is not relevant to your funding request.

J-1. Individual Client / Program Objective (Check all that apply. Must Check One)

- ☐ Reduce (lower clients' scores) on the ONA / Risk Assessment.
- ☐ Increase number and rate of successful referrals from justice partner to treatment partner.

J-2. Are there any other measures of success that you will be tracking to determine whether the project is having a positive impact?

J-3. Identify the project activities that will be funded under AB109. Include information about any leveraged resources that will support program implementation. (All activities must be addressed)

Allowable Activity	AB 109 Funds Requested (\$ Amount)	Other Funds Leveraged (\$ Amount)
Case Planning		
Services / Interventions		
Linkages		
Capacity Building		

J-4. Will AB 109 funds be used to support any direct services or interventions?

- ☐ No: Funds are intended for case planning, assessments, and linkages only.
- ☐ Yes: If yes, name the service or intervention(s) to be used:
 - If yes, describe the service delivery method (in-person sessions/classes, virtual/ phone/remote, or residential-type program):

J-5. Will AB 109 funds be used to support any workforce development or trainings?

- ☐ No: Anticipated program staff are sufficiently trained in model/activities proposed.
- ☐ Yes: If yes, describe the training and staff eligible for training:

J-6. Will the organization be able to collect and report-out on a quarterly basis all (100%) of the required Program Activity and Client Impact measures?

- ☐ Yes, data can be reported immediately, including fidelity monitoring.
- ☐ No, Technical / Data Assistance is required for compliance within one year.

Voluntary Health/Behavioral Health Services - Supplemental

☐ Check here if this supplemental is not relevant to your funding request.

H-1. Individual Client / Program Objective (Check all that apply. Must Check One)

- ☐ Clients are insured and engaged by a care team
- ☐ Clients are lowering, or ceasing, their use of drugs and/or alcohol

H-2. Are there any other measures of success that you will be tracking to determine whether the project is having a positive impact?

H-3. Identify the project activities that will be funded under AB109. Include information about any leveraged resources that will support program implementation. (one or more activities must be addressed)

Allowable Activity	AB 109 Funds Requested (\$ Amount)	Other Funds Leveraged (\$ Amount)
Individual, Group, or residential Substance use.		
Individual / Group wellness or health related		
Capacity Building		

H-4. Will AB 109 funds be used to support any direct services or interventions?

- ☐ No: Funds are intended for case planning, assessments, and linkages only.
- ☐ Yes: If yes, name the service or intervention(s) to be used:
 - If yes, describe the service delivery method (in-person sessions/classes, virtual/ phone/remote, or residential-type program):

H-5. Will AB 109 funds be used to support any workforce development or trainings?

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H-6. Will the organization be able to collect and report-out on a quarterly basis all (100%) of the required Program Activity and Client Impact measures?

- ☐ Yes, data can be reported immediately, including fidelity monitoring.
- ☐ No, Technical / Data Assistance is required for compliance within one year.

Voluntary Education & Employment - Supplemental

☐ Check here if this supplemental is not relevant to your funding request.

E-1. Individual Client / Program Objective (Check all that apply. Must Check One)

- ☐ Clients are in school with a stable income
- ☐ Clients are working or in a job training program with a stable income

E-2. Are there any other measures of success that you will be tracking to determine whether the project is having a positive impact?

E-3. Identify the project activities that will be funded under AB109. Include information about any leveraged resources that will support program implementation. (one or more activities must be addressed)

Allowable Activity	AB 109 Funds Requested (\$ Amount)	Other Funds Leveraged (\$ Amount)
Educational Programming		
Employment / Job Training		
Capacity Building		

E-4. Will AB 109 funds be used to support any direct services or interventions?

- ☐ No: Funds are intended for case planning, assessments, and linkages only.
- ☐ Yes: If yes, name the service or intervention(s) to be used:
 - If yes, describe the service delivery method (in-person sessions/classes, virtual/ phone/remote, or residential-type program):

E-5. Will AB 109 funds be used to support any workforce development or trainings?

- ☐ No: Anticipated program staff are sufficiently trained in model/activities proposed.
- ☐ Yes: If yes, describe the training and staff eligible for training:

E-6. Will the organization be able to collect and report-out on a quarterly basis all (100%) of the required Program Activity and Client Impact measures?

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- ☐ No, Technical / Data Assistance is required for compliance within one year.