



TRINITY COUNTY
Probation Department
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Trinity County Grant Program for AB 109 Related Services

Grant Guidelines and Instructions

The Trinity County Community Corrections Partnership (CCP) is seeking qualified organizations to perform AB 109 related services for participants in Trinity County, California. The grant will fund projects specifically intended to develop and/or expand AB 109 related services in Trinity County.

The CCP's Public Safety Realignment Plan includes funds to provide services to pre/post release inmates with the goal of decreasing recidivism. This grant program is intended to assist qualified organizations with funding to develop and provide services to AB 109 participants to increase their chances of becoming productive members of society.

Grant applications must provide services or support in the following areas and **must be evidence/research-based**:

- Shelter/transitional housing
- Domestic violence treatment
- Sobriety and recovery support services
- Job skills and employment readiness services
- General Education and remedial studies
- Aggression Replacement Training
- Cognitive/behavior skills
- Bridging services during incarceration between custody and release that will provide inmates with linkages and supports

INSTRUCTIONS

Complete the Grant Application using the application template and use the following page as the cover page of the proposal.



**Trinity County
Grant Program for AB 109 Related
Services
Grant Application
FY 2012-13**



Name of Project:

Name of Organization, Agency, or Individual Applying:

Contact Person:

Telephone: _____ Fax: _____ E-mail: _____

Address:

Mission Statement:

THE APPLICANT CERTIFIES THAT: To the best of my knowledge and belief, data provided in this application are true and accurate. The governing board of the applying agency (if applicable) has duly authorized this application.

I understand that this is a public document and open to public inspection. I agree to fully participate in the described project and take responsibility for its completion.

Signature: _____ Date: _____

Application Deadline: March 22, 2013 4:00 p.m.

PART 1 – COVER SHEET

(Complete, sign, and attach the form provided.)

PART 2 – ORGANIZATION INFORMATION

Organization Name

List the name of the organization applying for the grant.

Purpose / Mission

State the purpose of the organization and explain its mission as it relates to services for AB 109 clients in Trinity County.

Fiscal Administrative Support

Describe the fiscal controls to be utilized or employed to ensure that grant funds are utilized and records maintained.

Previous Efforts

Describe how other projects in your organization have impacted criminal justice involved clients in Trinity County.

Letters of Reference

Provide up to five letters of reference relevant to this grant project.

PART 3 – PROJECT SUMMARY

- Provide an overview of the project and a description of services to be funded through the grant program. Include the impact of these services on AB 109 clients in Trinity County.
- Describe the outcomes you expect to achieve with this project.
- Provide evidence of collaboration (if applicable).

PART 4 – PROJECT INFORMATION

Project Title

Full name of the AB 109 project to be funded.

Amount Requested and Proposed Budget

- Full monetary amount requested.
- Budget (line item) – cost estimates for each expenditure
- Justification for expenditures as they relate to the functioning of the project

Project Timeline

Provide dates that correspond to the project.

Measurement of Success

Explain how the success and data of the project will be measured. This should be directly related to the recidivism benefit of the project.