**L.A. Care CalFresh Outreach Grant**

**Application Narrative 2021**

**Please complete each section below and upload document at:** [**https://cafb.formstack.com/forms/la\_calfresh\_outreach\_grant\_application**](https://cafb.formstack.com/forms/la_calfresh_outreach_grant_application)

**Organizational Overview**

1. Organization name:
2. Address:
3. Website:
4. Tell us about your organization’s history and mission. (300 word limit)
5. How many staff does your organization have? How many staff will work on this project?
6. How much funding is your organization requesting?
7. Is your organization listed either on the Excluded Parties listing System (<https://www.sam.gov/SAM/>) or the List of Excluded Individuals/Entities?
8. Contact information

|  |  |
| --- | --- |
| Executive Director/CEO (name & title) |  |
| Executive Director phone |  |
| Executive Director email |  |
| Program contact (name & title) |  |
| Program contact phone |  |
| Program contact email |  |
| Fiscal contact (name & title) |  |
| Fiscal contact phone |  |
| Fiscal contact email |  |

**Fiscal Overview**

1. What is your organization’s budget for the current fiscal year?
2. Were any significant deficiencies, material weaknesses, or issues of non-compliance (together typically referred to as “findings”) reported in your last three independent internal audits? If yes, please explain.

**Project Overview**

1. How will this funding be used? Which population(s) will you reach and how? Provide an overview of the proposed project and include any specific strategies and geographic areas served.
2. Tell us about staff demographics, language capacity and cultural competency, as it relates to your proposed project and target population.
3. With this funding, what steps will your project take to ensure applicants get CalFresh?
4. How will your project protect CalFresh applicants’ personal information?
5. What systems/tools will your organization use to capture and track project outcomes?
6. Describe your organization’s current CalFresh outreach/application assistance work, how this funding will fit in with your current work, and your ability to meet the goals established in the scope of work (500 word limit). Please complete the table below to the best of your ability based on the last year.

|  |  |
| --- | --- |
| Number of households assisted with the CalFresh application in one year |  |
| Number of assisted households that successfully enrolled in CalFresh in one year |  |
| Number of households assisted with completing the Semi-Annual Report (SAR-7) in one year |  |
| Number of households assisted with completing Recertification (RRR) in one year |  |

1. Describe 1-2 projects similar in scope that you completed on time and on budget, describe outcomes for which you are most proud. (500 word limit)