

The Elevate Youth California: Youth Substance Use Disorder Prevention Program: Standard Track Request for Applications Review Webinar will begin soon!

- If you have audio issues using computer speakers, join the audio by phone:
 1. Dial: +1 669 900 6833
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 3. Passcode: 626452
- All participants are muted.
- If you have questions during the webinar, submit them through the Q & A feature.

The Elevate Youth California: Youth Substance Use Disorder Prevention Program: Standard Track Request for Applications Review Webinar will begin soon!

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Welcome to the Elevate Youth California: Youth Substance Use Disorder Prevention Program: Standard Track Cohort 8 Request for Applications Proposer's Webinar

Welcome to the Elevate Youth California: Youth Substance Use Disorder Prevention Program: Standard Track Cohort 8 Request for Applications Proposer's Webinar

Agenda

- Meet the Team
- Program Background
- The Funding Opportunity
- Project Funding Information
- How to Apply
- How to be Competitive

Elevate Youth California Team



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Section Chief

Community Services Division
Program and Policy Section



Stephanie List

Unit Chief

Community Services Division
Program and Policy Section

Program Background and Use Guidelines

- This presentation is provided by Elevate Youth California (EYC), a program of the California Department of Health Care Services (DHCS), funded through the Proposition 64 California Cannabis Tax Fund Allocation 3, the Youth Education, Prevention, Early Intervention, and Treatment Account (YEPEITA). DHCS contracts with Sierra Health Foundation: Center for Health Program Management (The Center) to administer EYC. EYC provides funding and technical assistance for organizations to implement projects that prevent youth substance use disorder (SUD).
- All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from DHCS or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from DHCS. This presentation will be recorded and posted on the EYC website.



Program Background



Program Mission and Vision

» **Mission:** EYC is a statewide program that addresses substance use disorders (SUDs) by investing in leadership development and civic engagement for youth of color and 2S/LGBTQIA+ youth ages 12 to 26 living in communities disproportionately impacted by the war on drugs.

Vision: All California youth should have equitable opportunities to be leaders and change agents in their community.



About Elevate Youth California (EYC)

Grounded in social justice youth development, EYC supports a statewide network of organizations working on youth SUD prevention, education, and early intervention start-up activities and/or enhancement efforts in low-income urban and rural areas throughout California, with a focus on impacting policy, systems, and environmental change.

The Center at Sierra Health Foundation

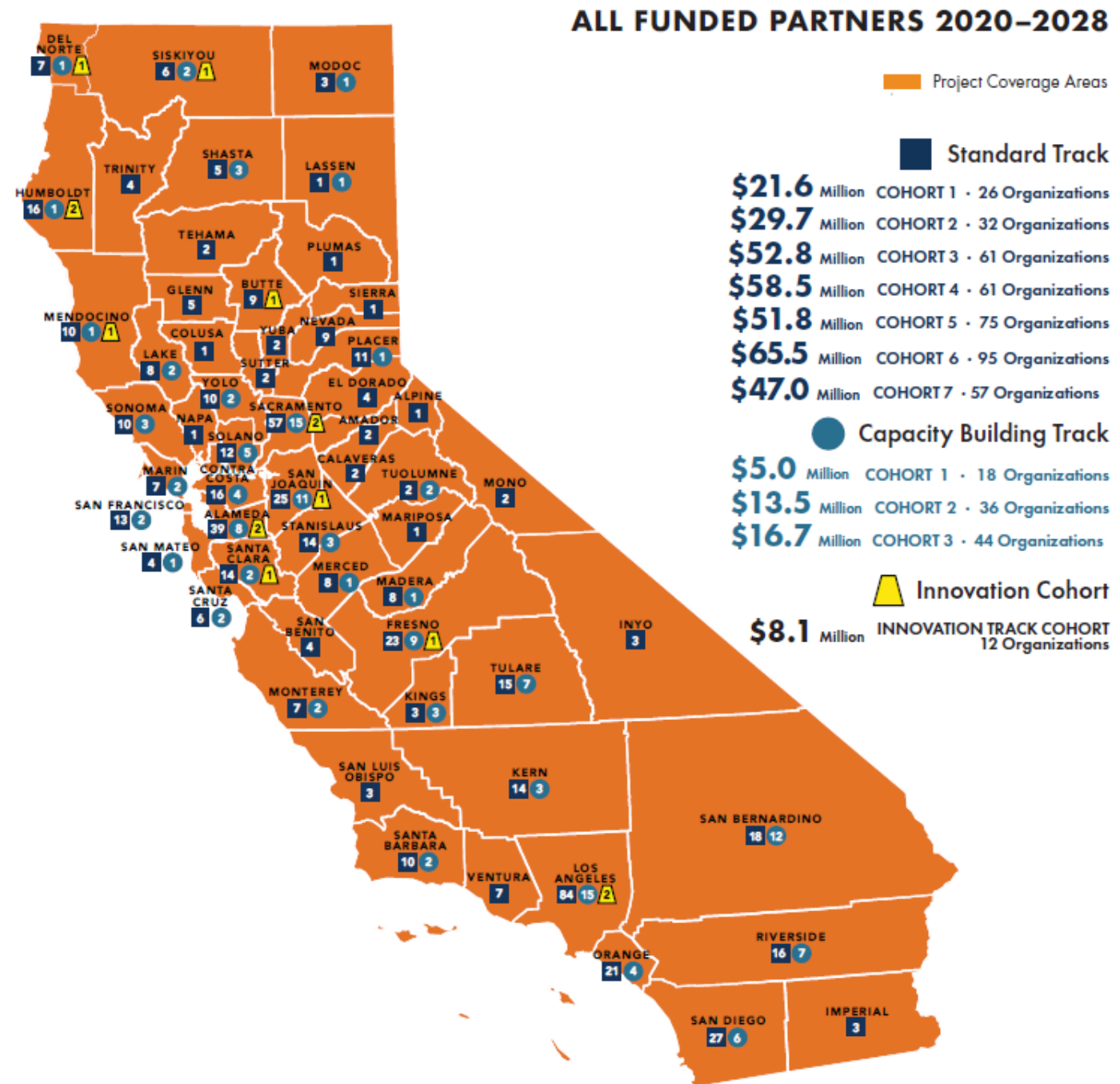
- Launched in 2012.
- Brings people, ideas, and infrastructure together to create positive change in California.
- Dedicated to health and racial equity.
- Managing entity of EYC.



THE CENTER
at Sierra Health Foundation

EYC Funded Partners

- 517 Grant Awards
- 58 California Counties
- \$370.187 Million



Funded Partners

Visit www.elevateyouthca.org to learn more.



[Home](#) [About](#) ▾

[Program Impact](#) ▾

[News](#)

[Resources](#) ▾

[Contact](#)

Standard Track Cohort 7

January 2026 – December 2028

Learn how our 57 Standard Track Cohort 7 partners are leading change with youth in communities through prevention, outreach and education.

['ataaxum Pomkwaan](#)

Riverside County, San Diego County
\$1,000,000.00

To increase the leadership development of Native youth in Riverside and San Diego counties through mentorship and advocacy to address the root causes of trauma, promote healing and reduce youth substance use.

[Binational of Central California](#)

Merced County, Fresno County, Madera County
\$800,000.00

To empower Latinx, immigrant, and system-impacted youth in Fresno, Madera, and Merced counties through leadership training, culturally rooted mentorship, and a credible messenger program to strengthen protective factors, improve health and prevent youth substance use.

[Asian Refugees United](#)

Alameda County
\$800,000.00

To support LGBTQIA+ Asian American youth in Alameda County through art-based storytelling, mentorship, and community healing to reduce youth substance use and improve health.

[California Health Collaborative](#)

Tulare County
\$1,000,000.00

To empower 2S/LGBTQIA+ youth of color in Tulare County through healing-centered activities, peer-led talking circles, and youth advocacy to strengthen cultural protective factors, reduce stigma surrounding substance use disorder prevention and improve health.

The Funding Opportunity



Funding Opportunity

- Locate the Elevate Youth California: Youth Substance Use Disorder Prevention: Cohort 8 Standard Track Request for Applications (RFA) by visiting <https://elevateyouthca.org/>
- The link to online application is in the "Application Checklist" of the RFA.

ELEVATE YOUTH CALIFORNIA:
YOUTH SUBSTANCE USE DISORDER
PREVENTION PROGRAM: COHORT 8
STANDARD TRACK

REQUEST FOR APPLICATIONS
AUGUST 2026



Glossary

- Prevention
- Harm Reduction
- Substance Use Disorder
- Addiction
- Policy, Systems, and Environmental Change
- Social Justice Youth Development
- Intersectionality

Substance Use Disorder Prevention

- Prevention encompasses activities that promote healthy behaviors, reduce risks, and build protective factors.
- Harm reduction aims to reduce at-risk, moderate, and high-risk behaviors often associated with substance misuse.

Social Justice Youth Development

- Social Justice Youth Development (SJYD) expands the concept of a positive youth development framework and addresses social factors youth face as they develop into adulthood.
- SJYD recognizes these systemic forces and supports young people in developing the skills and knowledge to transform the systems that influence their lives, neighborhoods, and broader community.

Youth Prevention Funding Overview

- The Center at Sierra Health Foundation is seeking applications from 501(c)(3) community-based organizations, Tribal organizations (including 638s and urban clinics), and county behavioral health organizations that strive for health equity and that will work on specific culturally and linguistically appropriate prevention, outreach, and education projects that address policy, systems, and environmental change, focused on youth ages 12 to 26.
- **Project Period:** January 1, 2027 to December 31, 2029.

Eligibility Criteria

- Have an office located in California.
- Provide services in California.
- Are a 501(c)(3) community-based organization or federally recognized Tribal organization (including 638s and urban clinics), or a county behavioral health organization-with established and trusted community relationships. Organizations that do not have 501(c)(3) status may apply under a qualifying fiscal sponsor that holds 501(c)(3) status.
- Coalitions of organizations and collaboratives are open to apply, as long as the applying organization is an eligible applicant.
- County behavioral health organizations that are the sole provider of prevention services in their respective county may apply for EYC funding.
- Does not have an active EYC grant. *EYC funded partners whose current award ends by December 2026 are eligible to apply.* Fiscal sponsors are the exception and are allowed to submit for a new fiscally sponsored project that was not awarded a previous EYC grant and does not have an award ending by December 2026.

Eligibility Criteria Continued

- Eligible applicants must be in good standing with all regulatory and registration requirements by the time of award, including maintaining, as applicable:
 - Tax-exempt status with the Internal Revenue Service (IRS).
 - Tax-exempt status and good standing with the California Franchise Tax Board (FTB).
 - Current registration with the California Department of Justice, Office of the Attorney General, Registry of Charities and Fundraisers (DOJ-AG).
 - Current registration with the California Secretary of State (SOS).

Eligibility Criteria Continued

- Have demonstrated experience partnering with young people of color and other marginalized communities disproportionately impacted by the war on drugs.
- Deeply engage and reflect the proposed communities served that are disproportionately impacted by the war on drugs. Applicant should have a history of working with impacted communities, including representation on the board and staff, clients served, and neighborhoods served.

Eligibility Criteria Continued

- Applicant organizations and their partners must have demonstrated evidence of inclusivity and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status in any of its activities or operations.
- This funding opportunity will prioritize awards to organizations that have a strong track record engaging and serving transitional age youth ages 18 to 26 and boys and young men of color ages 12 to 26.

Pre-Award Risk Assessment (PARA)

- As part of The Center's application process, all applicants are required to complete a Pre-Award Risk Assessment (PARA).
- Evaluates an applicant's administrative, financial, and operational capacity to successfully carry out the proposed work.
- Responses to the assessment will not affect eligibility or funding recommendations.

Geographic and Population Considerations

- Funding will be distributed to ensure equitable coverage across underserved urban and rural areas throughout California.
- Up to 85% of this funding will be set aside to support urban programs and organizations, and up to 15% will be set aside to support rural programs and organizations.
- Priority consideration may be given to applicants that engage transitional age youth and/or boys and young men of color ages 12-26.

Your Involvement

- Reach into specified geography
- Understanding of community
- Trusted partnership(s)
- Successful approach for community prevention and education

Implementation Strategies

- Proposals must contain a component of youth civic engagement and at least one other implementation strategy:
 - Youth civic engagement (required)
 - Mentorship/relationship building
 - Peer-led support and leadership programs

Elevate Youth California Logic Model



Elevate Youth California (EYC) is a statewide program addressing substance use disorder by investing in the leadership development and civic engagement of youth of color and 2S/LGBTQ+ youth ages 12 to 26 living in communities disproportionately impacted by the war on drugs.

Logic Model Assumptions

The following assumptions and external factors ground the EYC work and approach.

1.
The war on drugs disproportionately affected Black, Indigenous, and other communities of color and low-income communities

2.
Youth of color and 2S/LGBTQ+ youth across California face persistent challenges due to systematic and systemic underinvestment in their communities

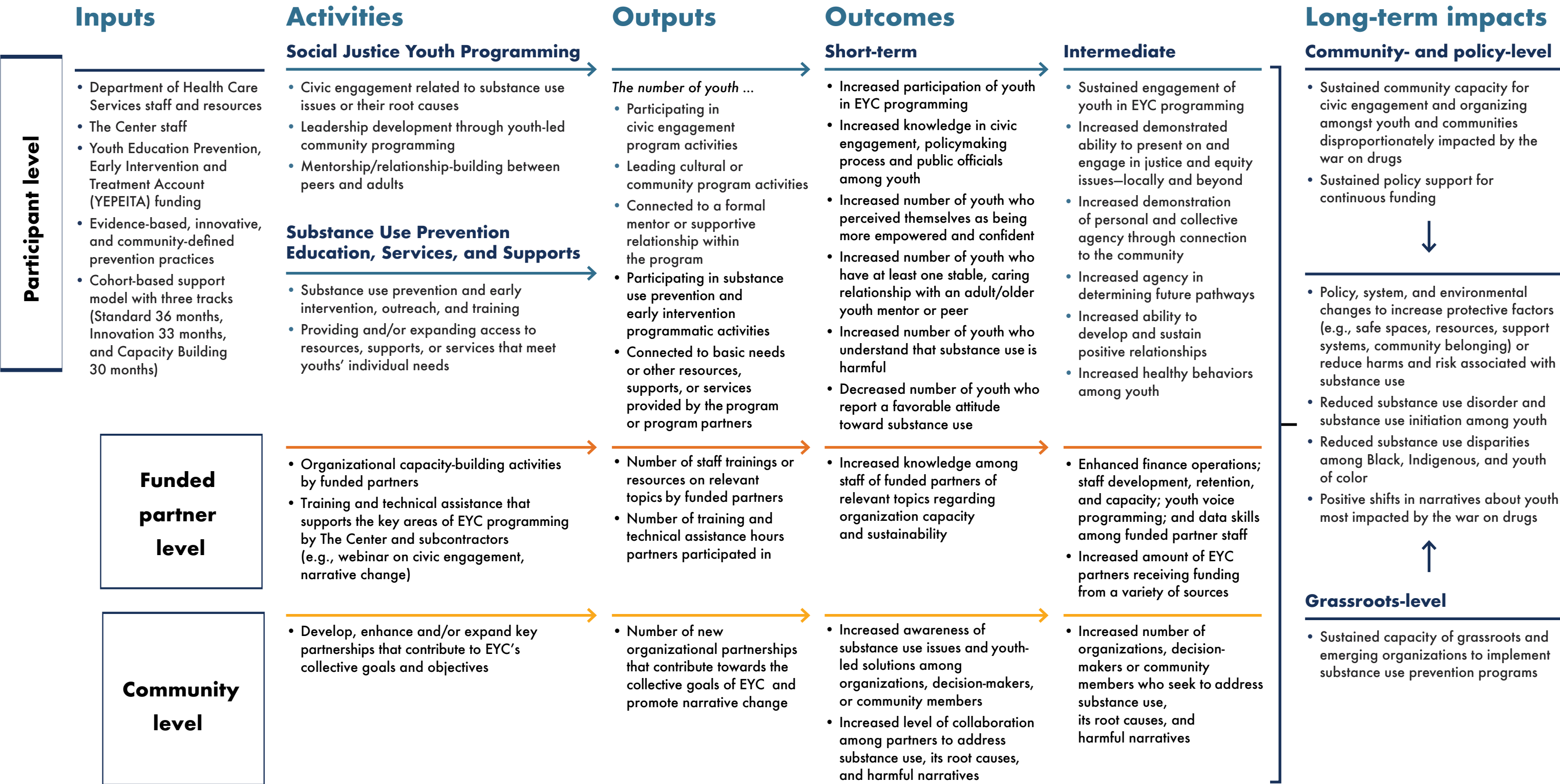
3.
Youth are leaders, decision-makers, and drivers of community change

External Factors. Level of support from decision-makers to implement proposed recommendations for policy, systems, and environmental change; private and public infrastructure to support and sustain the work past the grant cycle.

Elevate Youth California is a program of the California Department of Health Care Services funded through Proposition 64 California Cannabis Tax Fund, Allocation 3, Youth Education, Prevention, Early Intervention, and Treatment Account. The Center at Sierra Health Foundation is contracted to support the implementation of EYC.



Elevate Youth California Logic Model



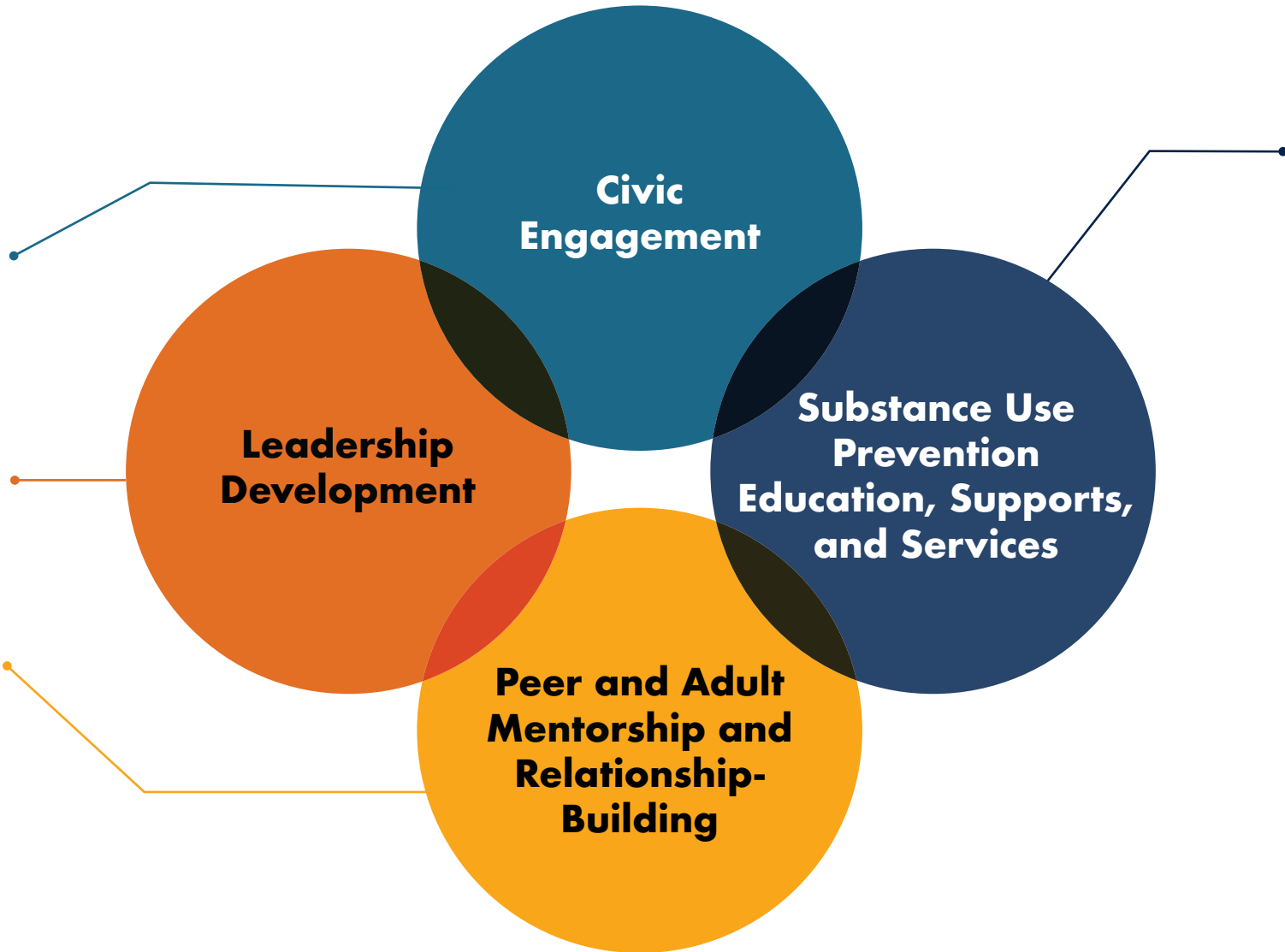
Definitions. Assumptions – Beliefs, groundings, and contextual factors on which the work is premised; **External Factors** – Contextual factors that could influence the program; **Inputs** – investments into the program; **Activities** – Actions undertaken by funded partners; **Outputs** – Direct products/results of activities; **Short-term outcomes** – Changes expected to occur in a 1-year timeframe, including change in knowledge or attitudes; **Intermediate outcomes** – Changes expected to occur in a 2- to 3-year timeframe, including change in skills or behavior; **Long-term impact** – Results expected after the conclusion of project funding.

Elevate Youth California Logic Model | Examples of Funded Partner Activities

As part of the Elevate Youth California model, funded partners implement a variety of activities that incorporate social justice youth programming and include education, services, and supports. Specifically, funded partners: 1) implement culturally responsive activities grounded in harm reduction trauma-informed care, 2) have competencies and/or receive training and technical assistance to support building relevant competencies around key areas of EYC programming, and 3) use listening sessions to modify the program based on youth experiences. Examples of program activities undertaken by Elevate Youth California funded partners in both social justice youth programming and education, services, and supports follow below.

Social Justice Youth Programming

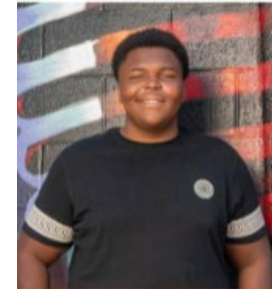
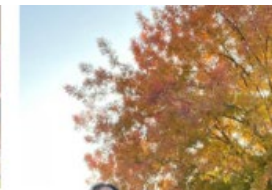
- **Civic engagement** related to substance use issues or their root causes such as: participation in local youth advisory boards or coalitions; engagement and substance use prevention education of public officials.
- **Leadership development** through youth-led community programming such as: public speaking, developing multi-media campaigns for community action, or training sessions.
- **Mentorship/relationship-building between peers and adults** that support establishing at least one stable, caring relationship with an adult/older youth mentor; cultural peers engaging with youth to foster an environment of inclusiveness and belonging.



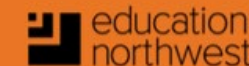
Substance Use Prevention Education, Services and Supports

- **Substance use prevention and early intervention outreach, education, and training activities**, such as substance use prevention education campaigns or programs, outreach, alcohol and drug free social and recreational events.
- **Providing and/or expanding access to resources, supports, or services that meet youths' individual needs**, such as providing comprehensive support with resources and referrals for wraparound services (e.g., health care, housing, food, transportation, behavioral health services, education, job training) to help youth meet their basic needs.

Round 3 Evaluation



Elevate Youth California: Round 3 Evaluation



*Prepared for the California Department of
Health Care Services in collaboration with
The Center at Sierra Health Foundation*

April 2026

*Prepared by Education Northwest and
Social Policy Research Associates*

Examples of Potential Funded Activities

- Direct services
- Culturally rooted, healing-centered youth civic engagement that addresses policies and systems
- Peer-led capacity building, training, and leadership development
- Policy-focused initiative
- Youth-led programming and credible messenger outreach programs

Project Funding Information



Award Amount

- Up to \$1,000,000 over three years.
 - The maximum total funding amount an applicant can request is determined by the current fiscal year operating budget.
 - For applicants applying under a fiscal sponsor, the maximum allowable request will be based on the operating budget of the fiscally sponsored project.
- Awards are reimbursable, with an advance payment and scheduled recoupment.

Award Amount

Current Fiscal Year Operating Budget	Maximum total amount requested from EYC Standard Track Cohort 7
\$0.00 - \$200,000.00*	\$300,000.00
\$200,000.01 - \$300,000.00	\$450,000.00
\$300,000.01 - \$400,000.00	\$600,000.00
\$400,000.01 - \$500,000.00	\$750,000.00
\$500,000.01 - \$600,000.00	\$900,000.00
\$600,000.01 and above	\$1,000,000.00

*Please note that if your organization's current fiscal year operating budget is at or below \$50,000.00, you are required to apply under a fiscal sponsor.

If Awarded: Responsive Payment Schedule

- Up to seven payments:
 - Initial Advance 20%
 - Semi-Annual Payments (Up to 5 Disbursements)
 - Final disbursement (inclusive of any remaining balance and potential holdback release) is conditioned upon:
 - Approval of all final programmatic deliverables.
 - Submission and acceptance of cumulative financial reporting, and
 - Resolution of any outstanding compliance or audit matters.
- Payment structure and timing is subject to change.

Unallowed Activities

The following activities will not be funded under EYC:

- Debt retirement
- Operational deficits
- Partisan activities
- Lobbying or lobbying activities.
- Religious organizations for explicit religious activities.
- Purchase, construction, or permanent improvement (other than minor remodeling of any building, other facility, or land).
- Major equipment without prior written approval from DHCS and The Center. Major equipment has an expected useful life greater than one year, and a per-unit cost greater than \$5,000.
- Out-of-state travel without prior written approval from DHCS.
- Travel undertaken for the purpose of visiting an amusement park or the purchase of amusement-park entry tickets.
- Subcontracting with a for-profit organization for core EYC program activities.
- Clinical services such as counseling, therapy, and substance use treatment.
- Directly or indirectly, purchase, prescribe, or provide cannabis or treatment using cannabis.

Harm Reduction Unallowed Activities

The following activities will not be funded under EYC:

- Create or provide information on safer drug use
- Create or sustain drug consumption rooms
- Create or sustain needle and syringe programs
- Overdose prevention and reversal (including Narcan or Naloxone distribution)
- Opioid Agonist Therapy (OAT)
- Housing
- Drug checking
- Legal/paralegal services

If Awarded: Reporting and Data Requirements

Report	Period	Due Date
Interim Progress Report 1	1/1/2027 – 3/31/2027	4/16/2027
Progress Report 1	1/1/2027 - 6/30/2027	7/30/2027
Financial Report 1 and Detailed Expenditure Listing		
Interim Progress Report 2	7/1/2027 – 9/30/2027	10/15/2027
Progress Report 2	7/1/2027 - 12/31/2027	1/28/2028
Financial Report 2 and Detailed Expenditure Listing		
Interim Progress Report 3	1/1/2028 – 3/31/2028	4/14/2028
Progress Report 3	1/1/2028 - 6/30/2028	7/28/2028
Financial Report 3 and Detailed Expenditure Listing		

If Awarded: Reporting and Data Requirements

Report	Period	Due Date
Interim Progress Report 4	7/1/2028 – 9/30/2028	10/13/2028
Progress Report 4	7/1/2028 – 12/31/2028	1/31/2029
Financial Report 4 and Detailed Expenditure Listing		
Interim Progress Report 5	1/1/2029 – 3/31/2029	4/20/2029
Progress Report 5	1/1/2029 – 6/30/2029	7/27/2029
Financial Report 5 and Detailed Expenditure Listing		
Interim Progress Report 6	7/1/2029 – 9/30/2029	10/19/2029
Progress Report 6 and Cumulative Final Report	7/1/2029 – 12/31/2029	1/25/2030
Financial Report 6 and Detailed Expenditure Listing		

External Evaluation

- Awarded applicants will be required to cooperate in an external evaluation of the EYC program. The purpose of the evaluation is to determine the extent to which EYC programming met its intended outcomes and informs planning and implementation of the program.
- Activities include:
 - Administering a youth survey
 - Participation in virtual focus groups
 - Interviews

Youth Listening Session

- Host a minimum of one youth listening session with impacted youth each year of project implementation.
- Feedback on strategy and project implementation.



Training and Technical Assistance (TTA) and Regional Convenings

- Awarded applicants are expected to actively participate in TTA opportunities hosted by The Center, including in-person attendance at one-day regional convenings (at least two over the award period).

Questions?



How to Apply



Be sure to read the **Elevate Youth California Grant Round 8 Application** guidelines and instructions in the Request for Applications (RFA) carefully before beginning your application. Required fields and attachment uploads are marked with a red * (asterisk).

If you have questions, send an email to elevateyouthca@shfcenter.org with the subject line: **Elevate Youth California Round 8 Application Online Help**.

Use **Tab** key or mouse click to move from field to field. Clicking **Enter** will attempt to Submit an incomplete application.

After submission you will receive an email confirmation along with a printable PDF copy of your application.

APPLICANT ELIGIBILITY

This section is to be completed by the qualifying organization; please ensure that you have checked each of the agency websites to ensure good standing or that you are actively working towards good standing by the time of award.

NOTE: Certain requirements may not apply to all entity types. Applicants must indicate status for each item below and provide an explanation if an item is not applicable.

IRS STATUS (FEDERAL TAX STATUS)

Does your organization currently hold federal tax-exempt status with the Internal Revenue Service (IRS)?

- ☐ Yes
- ☐ No
- ☐ Pending
- ☐ Not Applicable

CALIFORNIA SECRETARY OF STATE (SOS)

Is your organization currently registered and in good standing with the California Secretary of State (SOS)?

- ☐ Yes
- ☐ No
- ☐ Pending
- ☐ Not Applicable

CALIFORNIA FRANCHISE TAX BOARD (FTB)

Is your organization currently active and in good standing with the California Franchise Tax Board (FTB)?

- ☐ Yes
- ☐ No
- ☐ Pending
- ☐ Not Applicable

Does your organization currently hold California tax-exempt status with the California Franchise Tax Board (FTB)?

- ☐ Yes
- ☐ No
- ☐ Pending
- ☐ Not Applicable

CALIFORNIA DEPARTMENT OF JUSTICE, OFFICE OF AG, REGISTRY OF CHARITIES OR FUNDRAISERS)

Is your organization currently registered and in good standing with the California Department of Justice, Office of the Attorney General, Registry of Charities and Fundraisers?

- ☐ Yes
- ☐ No
- ☐ Pending
- ☐ Not Applicable

The Application:

Applicant Eligibility

The Application:

Save Progress

Page 1

ELEVATE YOUTH CALIFORNIA ROUND 8 - STANDARD TRACK

Be sure to read the **Elevate Youth California Grant Round 8 Application** guidelines and instructions in the Request for Applications (RFA) carefully before beginning your application. Required fields and attachment uploads are marked with a red * (asterisk).

If you have questions, send an email to elevateyouthca@shfcenter.org with the subject line: **Elevate Youth California Round 8 Application Online Help**.

Page: 1 2 3 4 5 6 7

☐ Save my progress and resume later | [Resume a previously saved form](#)

The Application

- If your application has a fiscal sponsor, check "Yes" to enter information for the fiscally sponsored entity.

Page: 1 **2** 3 4 5 6 7

☐ Save my progress and resume later | [Resume a previously saved form](#)

Page 2

Is The Project Sponsored by the Applicant Organization?

A fiscal sponsor organization is a tax-exempt nonprofit 501(c)(3) entity that provides fiduciary oversight, financial management, and administrative support to an entity or group, and assumes legal and financial responsibility for funds received on the entity or group's behalf. The entity or group being sponsored does not have tax-exempt status. Entities with annual operating budgets under \$50,000, whether tax-exempt or not, must apply under fiscal sponsor.

☐ Yes

☐ No

The Application:

Organization and Contact Information

ORGANIZATION INFORMATION

This section must be completed by the qualifying organization using its legal name as registered with the IRS, or if a Tribal organization, its federally recognized Tribal name. Qualifying organizations are defined as organizations that have their 501(c)(3) nonprofit tax-exempt status, are Tribal organizations (including federally recognized Tribal 638 organizations and nonprofit urban Indian clinics) or county behavioral health organizations that are the sole providers of prevention services in their respective counties.

Organization Name:

DBA (Doing Business As)

Street Address:

City:

State/Province:

Zip/Postal Code:

County:

Phone:

SOCIAL MEDIA INFORMATION

Website/URL (Optional)

Instagram (Optional)

The Application:

Organization

Financial

Information

FINANCIAL & TAX INFORMATION

Applicant Organization Tax ID (EIN)-#:

Enter the applicant organization's California Secretary of State (SOS) Entity Number associated with the legal entity that will enter into the agreement.

Organization Status: Does the organization have 501(c)(3) nonprofit status with the IRS?

Does the applicant organization have an annual financial audit?

Legal Entity: Please select the closest legal entity from the options below. This should match what the organization wrote in question 3 on the W-9.

The Application:

Pre-Award Risk Assessment (PARA)

Pre-Award Risk Assessment (PARA)

Did you complete a Pre-award Risk Assessment (PARA) on behalf of your organization? The results of the assessment will not affect eligibility or funding recommendations. You may complete the PARA using this [link](#).

☐ Yes

The Application:

Organization Financial Information

ORGANIZATION'S ANNUAL AMOUNT

What is the organization's annual budget amount?

1000000

Please enter the requested amount using numbers only and press **Tab**. Do not use dollar signs, commas, or other special characters. Example:
Enter 80000.01 instead of \$80,000.01.

Applicant is eligible to request a maximum funding amount of:

\$1,000,000.00

(Auto-populated based on the current fiscal year operating budget).

The Application:

Organization Financial Information

ORGANIZATION'S ANNUAL AMOUNT

What is the organization's annual budget amount?

Please enter the requested amount using numbers only and press **Tab**. Do not use dollar signs, commas, or other special characters. Example:
Enter 80000.01 instead of \$80,000.01.

MUST HAVE FISCAL SPONSOR MESSAGE

The applying organization's current fiscal year operating budget is at or below \$50,000. Please note that the organization is required to apply under a fiscal sponsor.

The Application:

CEO and Application Contact Information

CEO/DIRECTOR CONTACT INFORMATION

The Director/CEO should be associated with the qualifying organization from the section directly above.

Director/CEO Contact Salutation:

Please select...



Director/CEO Contact First Name:

Director/CEO Contact Middle Name:

Director/CEO Contact Last Name:

Director/CEO Contact Suffix (Jr., Sr., III, PhD, Esq.):

Director/CEO Contact Title:

Director E-Mail Address:

Director Office Phone:

Director/CEO Contact Office Phone Extension:

The Application: *CEO and Application Contact Information*

APPLICATION CONTACT INFORMATION

Application Contact Salutation:

Please select...



Application Contact First Name:

Application Contact Middle Name:

Application Contact Last Name:

Application Contact Suffix (Jr., Sr., III, PhD, Esq.):

Application Contact Title:

Application E-Mail Address:

Application Office Phone:

Application Contact Office Phone Extension:

The Application:

Applicant Information of the Fiscally Sponsored Organization

FISCALLY SPONSORED ENTITY INFORMATION

Name Of Fiscally Sponsored Project:

Street Address:

City:

State/Province:

Zip/Postal Code:

County:

Phone:

SOCIAL MEDIA INFORMATION

Website/URL (Optional)

Instagram (Optional)

Sponsored Organization's Annual Budget Amount

What is the sponsored organization's annual budget amount?

Please enter the requested amount using numbers only and press **Tab**. Do not use dollar signs, commas, or other special characters. Example:
Enter 80000.01 instead of \$80,000.01.

Applicant is eligible to request a maximum funding amount of:

(Auto-populated based on the current fiscal year operating budget).

The Application:

Applicant Information of the Fiscally Sponsored Organization

PRIMARY PROJECT CONTACT INFORMATION

For applicants applying under fiscal sponsorship, please enter a contact affiliated with the fiscally sponsored organization.

Salutation:

Please select...



First Name:

Middle Name:

Last Name:

Suffix (Jr., Sr., III, PhD, Esq.):

Title:

E-Mail Address:

Phone:

Phone Extension:

The Application:

Project Overview

PROJECT INFORMATION

Project Name (20 words maximum)

Briefly describe the proposed services and who will be served. The description must start with "To." (100 words or less)

To...

AMOUNT

Applicant is eligible to request a maximum funding amount of:

\$1,000,000.00

(Auto-populated based on the current fiscal year operating budget of applying organization on Page 2).

Amount Requested:

Please enter the applying organization's requested amount (up to \$1,000,000.00) using numbers only and press **Tab**. Do not use dollar signs, commas, or other special characters. Example: Enter 80000.01 instead of \$80,000.01.

START & END DATE

Start Date:

01/01/2027

End Date:

12/31/2029

The Application:

Implementation Strategies

Page 5

PROPOSED IMPLEMENTATION STRATEGY

Proposed Implementation Strategy (Select At Least Two)

- ☒ Youth Civic Engagement for Policy, System or Environmental Change (Required)
- ☐ Mentorship/Relationship Building
- ☐ Peer-led Support and Leadership Program

The Application:

Project Geography

PROJECT GEOGRAPHY

For the county or counties that the organization benefits, indicate your best estimate of the percentage of the project work that would take place there (best estimate). (Total must add up to 100).

Alameda 0 %	Alpine 0 %	Amador 0 %	Butte 0 %
Calaveras 0 %	Colusa 0 %	Contra Costa 0 %	Del Norte 0 %
El Dorado 0 %	Fresno 0 %	Glenn 0 %	Humboldt 0 %
Imperial 0 %	Inyo 0 %	Kern 0 %	Kings 0 %
Lake 0 %	Lassen 0 %	Los Angeles 0 %	Madera 0 %
Marin 0 %	Mariposa 0 %	Mendocino 0 %	Merced 0 %
Modoc 0 %	Mono 0 %	Monterey 0 %	Napa 0 %
Nevada 0 %	Orange 0 %	Placer 0 %	Plumas 0 %
Riverside 0 %	Sacramento 0 %	San Benito 0 %	San Bernardino 0 %
San Diego 0 %	San Francisco 0 %	San Joaquin 0 %	San Luis Obispo 0 %

The Application:

Urban/Rural and Race and Ethnicity

URBAN / RURAL

Indicate whether the proposed project benefits people living in an urban or rural area, or both. Region where services will be implemented (see definition in RFA):

- ☐ Urban
☐ Rural
☐ Both Urban and Rural

Project Race and Ethnic Group

Estimate in percentages the race and ethnic groups that will be affected (Total must add up to 100).

American Indian and Alaska Native (e.g., Navajo Nation, Blackfeet Tribe, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.):

%

Asian-American (e.g., East Asian, South Asian, Southeast Asian, or Asian American, etc.):

%

Black or African American (e.g., African American, Nigerian, Ethiopian, Somali, Afro Caribbean or Afro Latinx, etc.):

%

Hispanic or Latino (e.g., Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian, another country of Latin America or Spanish origin, etc.):

%

Middle Eastern or North African (e.g., Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.):

%

Pacific Islander (e.g., Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.):

%

White (e.g., German, Irish, English, Italian, Polish, French, etc.):

%

Multi-racial/Multi-ethnic:

%

Another race ethnicity, or origin not on the list:

%

Total Race and Ethnic Group Percentage:

The Application:

Age Group and Additional Population

AGE / GROUP

For the county or counties that the organization benefits, indicate your best estimate of the percentage of the project work that would take place there (best estimate). (Total must add up to 100).

Under 12	12-17	18-20
0 %	0 %	0 %
21-24	25-26	27+
0 %	0 %	0 %
Total Age Percentage		
0 %		

ADDITIONAL AREAS OF FOCUS

Select only the application area(s) of focus for the youth that will be engaged through the proposed project. If additional area(s) of focus are chose, please be sure to include in the Population Description.

- ☐ Foster Youth
- ☐ 2S/LGBTQIA+ Youth
- ☐ Youth with Disabilities
- ☐ Youth Experiencing homelessness/housing insecurity
- ☐ Immigrant Youth and Youth from mixed immigration status families
- ☐ Youth/Young Adult who are in county jail, state prison or juvenile detention, on state parole, on county probation, or under post release community supervision
- ☐ Youth with mental health disorder needs
- ☐ Youth with SUD needs
- ☐ Youth with limited English proficiency
- ☐ Youth from low-wage families
- ☐ Uninsured and youth formerly enrolled in Medi-Cal
- ☐ Other

The Application:

Board and Staff

RACIAL/ETHNIC MAKE-UP OF BOARD AND STAFF

For the racial and ethnic populations that make up the board and staff of the applying organization, provide your best estimate of the percentage of the total people of each population [able to choose multiple; Total must add up to 100]

American Indian and Alaska Native (e.g., Navajo Nation, Blackfeet Tribe, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc) %

Asian American (e.g., East Asian, South Asian, Southeast Asian, or Asian American, etc.) %

Black or African American (e.g., African American, Nigerian, Ethiopian, Somali, Afro Caribbean or Afro Latinx, etc.) %

Hispanic or Latino (e.g., Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian, another country of Latin America or Spanish origin, etc.) %

Middle Eastern or North African (e.g., Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.) %

Pacific Islander (e.g., Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.) %

White (e.g., German, Irish, English, Italian, Polish, French, etc.) %

Multi-Racial/Multi-Ethnic %

Another Race Ethnicity or Origin Not On The List %

Total Race/Ethnic Percentage

%

The Application: Narrative Sections

- Organization Description
- Population Description
- Culturally and Linguistically Appropriate Services
- Qualifications of Project Team
- Social Justice Youth Development Track Record
- Substance Use Disorder Prevention Track Record
- Project Activities

Attachments



Required Application Attachments

- Form Templates
 - Proposed three-year project budget and justification
 - Work plan
- Applicant organization's signed W-9
- Financial and Tax-Exempt Status Documentation
 - Most recent IRS determination or affirmation letter confirming current federal tax-exempt status under Section 501(c)(3)
 - Your organization's most recent IRS Form 990 (or 990-EZ / 990-N, as applicable)
 - Your organization's most recent audited financial statements, if available
 - Your most recent unaudited financial statements (e.g., year-end or year-to-date)
 - Your organization's current fiscal year operating budget
- Fiscal sponsorship agreement (e.g., Memorandum of Understanding), if applicable
- Support letter from administrator/executive, or if you are applying as a coalition, support letter signed by each coalition member stating their role in the project and signed by that organization's executive.

Attachments

FORM 1: PROPOSED THREE-YEAR PROJECT BUDGET AND BUDGET JUSTIFICATION (REQUIRED)

Form 1: Proposed Three-year Project Budget and Budget Justification (required) - Form 1 is located in the Attachments section of the online application form, fill it in and upload it. Be sure to complete a budget for each year. Each budget will roll up to the total budget spreadsheet.

[Choose File](#) No file chosen

FORM 2: WORK PLAN (REQUIRED)

Form 2: Work plan (required) - Form 2 is located in the Attachments section of the online application form, fill it in and upload it. Please upload under the attachments section of the application.

[Choose File](#) No file chosen

APPLICANT ORGANIZATION'S SIGNED W-9 (REQUIRED)

Applicant organization's signed W-9 (required). Please upload under the attachments section of the application.

[Choose File](#) No file chosen

IRS DETERMINATION OR AFFIRMATION LETTER

Most recent IRS determination or affirmation letter confirming current federal tax-exempt status under Section 501(c)(3)

[Choose File](#) No file chosen

IRS FORM 990

Your organization's most recent IRS Form 990 (or 990-EZ / 990-N, as applicable)

[Choose File](#) No file chosen

Proposed Project Budget

The Center Proposed Project Budget

ABC Organization

1/1/2027 12/31/2027	1/1/2028 12/31/2028	1/1/2029 12/31/2029	Total Project Budget
Project Budget Period 1 01/01/27- 12/31/27 (12 Months)	Project Budget Period 2 01/01/28-12/31/28 (12 Months)	Project Budget Period 3 01/01/29-12/31/29 (12 Months)	

I. Personnel

Salaries

1 Employee #1 [CEO]	\$15,000.00	\$15,500.00	\$16,000.00	\$46,500.00
2 Employee #2 [Director]	\$50,000.00	\$51,500.00	\$53,500.00	\$155,000.00
3 Employee #3 [Associate/Coordinator]	\$120,000.00	\$123,000.00	\$126,400.00	\$369,400.00
4 Employee #4				\$0.00
5 Employee #5				\$0.00
6 Employee #6				\$0.00
7 Employee #7				\$0.00
8 Employee #8				\$0.00
9 Employee #9				\$0.00
10 Employee #10				\$0.00
11 Employee #11				\$0.00
12 Employee #12				\$0.00
13 Employee #13				\$0.00
14 Employee #14				\$0.00
15 Employee #15				\$0.00
16 Payroll Taxes and Benefits	\$37,000.00	\$38,000.00	\$39,173.33	\$114,173.33
I. Total Personnel	\$222,000.00	\$228,000.00	\$235,073.33	\$685,073.33

II. Consultant/Contractor

1 Consultant #1 [Evaluation Specialist]	\$6,000.00	\$6,000.00	\$6,000.00	\$18,000.00
2 Consultant #2				\$0.00
3 Consultant #3				\$0.00
4 Consultant #4				\$0.00
5 Consultant #5				\$0.00
6 Consultant #6				\$0.00
7 Consultant #7				\$0.00
II. Total Consultant/Contractor	\$6,000.00	\$6,000.00	\$6,000.00	\$18,000.00

III. Subawards

1 Subaward #1 [XYZ Non-Profit]	\$10,000.00	\$10,000.00	\$10,000.00	\$30,000.00
2 Subaward #2				\$0.00
3 Subaward #3				\$0.00
4 Subaward #4				\$0.00
5 Subaward #5				\$0.00
III. Total Subawards	\$10,000.00	\$10,000.00	\$10,000.00	\$30,000.00

Period 1: 01/01/27 - 12/31/27 (12 Months)				Period 2: 01/01/28 - 12/31/28 (12 Months)				Period 3: 01/01/29 - 12/31/29 (12 Months)			
Salary & FTE Calculator				Salary & FTE Calculator				Salary & FTE Calculator			
FTEs	Annual Salary	Months	Calculated	FTEs	Annual Salary	Months	Calculated	FTEs	Annual Salary	Months	Calculated
0.10	\$ 150,000.00	12	\$ 15,000.00	0.10	\$ 155,000.00	12	\$ 15,500.00	0.10	\$ 160,000.00	12	\$ 16,000.00
0.50	\$ 100,000.00	12	\$ 50,000.00	0.50	\$ 103,000.00	12	\$ 51,500.00	0.50	\$ 107,000.00	12	\$ 53,500.00
2.00	\$ 60,000.00	12	\$ 120,000.00	2.00	\$ 61,500.00	12	\$ 123,000.00	2.00	\$ 63,200.00	12	\$ 126,400.00
			\$ -				\$ -				\$ -
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2.60			\$ 185,000.00	2.60			\$ 190,000.00	2.60			\$ 195,900.00

Budget Justification

- For each line item listed in the Excel Budget Form, list and explain how the funds will be used for the project.
- Be specific on how you arrived at the budgeted amounts for each line item.
- Include full-time equivalents (FTE) for staff.

Budget Justification

Line Item	Justification/Description (must be completed for each line)	Guidance for providing Justification
1 Program Event Costs	ABC Organization's Annual Event (1 day) which supports up to 120 participants. ABC Organization anticipates 90-100 attendees based on prior year events. - \$1,000 for venue rental - \$340 for sound system rental and use during the event - \$1,150 for decorations and food for youths	Description of program event costs with estimated amounts (on a monthly or annual basis)
2 Program Supplies	Program supplies for organization's program activities including youth workshop materials, educational resources, etc. Estimated @ \$200/mo Food for workshops (15 workshops per year): ~\$200 per workshop with an average of 20 youth participants per event (\$10/person)	Description of program supplies with estimated amounts (on a monthly or annual basis)
3 Program Reinforcement Costs	Gift cards for youth attendance and participation in workshops: \$10 gift cards for 20 youths to 10 workshops per year. ~\$2,000 total. Program Stipends for youth leadership: \$125 monthly stipends to 2 youth leaders for 9 months. Youth leaders will participate in weekly meeting sessions as well as lead workshop activities. \$2,250 total.	Description of program reinforcement costs with estimated amounts (on a monthly or annual basis)
4 Printing & Outreach	Printed materials such as flyers, brochures, and other paper documents. Estimated @ \$120/mo	Description of printing & outreach expenses with estimated amounts (on a monthly or annual basis)
5 Office Supplies	General office supplies (pens, folder, ink, etc.) for daily operations. Estimated @ \$50/mo	Description of office supplies with estimated amounts (on a monthly or annual basis)
6 Equipment	One time purchase of three laptops for Director and 2 Program Associate/Coordinator at the start of the award period. Estimated \$750 each	Equipment costing \$5,000 or more per unit requires written approval from DHCS prior to purchase. For equipment shared across programs, please describe allocation to
7 Rent & Utilities	Rent is \$800/mo and Utilities (water, electric, etc.) are \$150/mo. Rent and utility costs are allocated based on FTE (2.6 EYC FTE / 13 Total FTE=20%)	Description of rent expenses with a cost breakdown (on a monthly or annual basis). For spaces shared across programs, please describe allocation to EYC.
8 Lodging	Travel for 2 staff to attend an annual event for 3 days: \$600 Lodging for 2 nights (2 staff x 2 nights x \$150/night)	Description of any travel your organization anticipates to perform and a cost breakdown of estimated amounts. Please include expected number of staff traveling and, if known, event name with location of travel. *Lodging and mileage reimbursement amounts must follow CalHR travel rules.
9 Mileage	Mileage reimbursement for staff to facilitate program events and activities: \$4,350 = 2 staff x 12 months x 250 miles x \$0.725 mileage reimbursement rate	Description of any mileage reimbursement your organization anticipates to perform and a cost breakdown of estimated amounts. Please include a calculation of estimated travel using the most recent CalHR mileage reimbursement rate (2026 \$0.725/mile). *Lodging and mileage reimbursement amounts must follow CalHR travel rules.
10 Airfare	Travel for 2 staff to attend an annual event for 3 days: \$1,000 = \$500 round trip flight from Sacramento to Los Angeles x 2 staff	Description of any airfare costs your organization expects to incur for travel-related events. As airfare rates fluctuate, please use your best estimate and include travel location, if known.
11 Other Travel (Rideshare, Per Diem, et	Per Diem for 2 staff to attend an annual event for 3 days: \$340 = (\$51 first day of travel + \$68 full day of travel + \$51 last day of travel) x 2 staff \$750 = \$10 rideshare gift cards x 75 youths	Description of any other travel your organization anticipates to perform and a cost breakdown of estimated amounts. *Per Diem amounts must follow CalHR travel rules.
t)		
1		For each miscellaneous line item category, please provide descriptions and cost estimates with units/quantities and per unit prices where applicable.

Work Plan

■ Project Overview

- Priority area/population
- Intended number of youth to be directly engaged
- Overall program goal
- Policy goal

■ Work Plan

- Objectives
- Implementation strategies
- Number of youth that will be directly engaged
- Approximate age of youths that will be engaged
- Project activities
- Responsible staff/partner
- Timeline and frequency
- Monitoring/evaluation approach

Work Plan Template

Elevate Youth California: Work Plan

Organization Name:	
Award Period:	January 1, 2027 – December 31, 2029
Proposed Population:	
Estimated total number of unduplicated youth to be directly engaged through the proposed project:	

Applicants must complete the required Elevate Youth California (EYC) Round 8 Work Plan template. The work plan must include the following:

1. A clear demonstration of how the applicant’s proposed project activities align with the SMARTIE (specific, measurable, attainable, realistic, timebound, inclusive, and equitable) objectives and selected EYC implementation strategies.
2. A description of the applicant’s planning approach for youth listening sessions.

A complete work plan must also specify timelines, activity frequency, and responsible staff, and describe how youth leadership will be incorporated throughout the project.

Project Goal

The project goal is the organization’s overarching aim over the award period. The goal may focus on culturally and linguistically appropriate peer-led support/peer-led programming, mentorship/relationship-building, or youth civic engagement/leadership opportunities for youth ages 12 to 26 and their connection to substance use disorder (SUD) prevention.

Applicants must include two to four objectives that support the applicant’s project goal and align with the EYC implementation strategies selected in the application. For details on effective implementation strategies, refer to Section 4.3, Strategies for Implementation, in the EYC Round 8 Standard Track request for Applications.

Objective 1

Provide a one-sentence objective describing the project’s Elevate Youth California (EYC)-related implementation strategy. The objective should support the project goal, align with S.M.A.R.T.I.E. (specific, measurable, attainable, realistic, timebound, inclusive, and equitable) criteria and clearly define participant outcomes (e.g., % increased knowledge, skill development, % increased awareness).

Implementation Strategy (select all that apply):

- ☐ Peer-led support/Peer-led programming
☐ Mentorship/Relationship-building
☐ Youth civic engagement/leadership opportunities for policy, systems, and environmental change

In three to four sentences, summarize the main project activities and relevant partnerships associated with the selected EYC implementation strategy (e.g., youth recruitment activities, community partnerships, workshop facilitation, curriculum development).

Approximate number of youths that will be directly engaged:

Approximate age of youths that will be directly engaged:

- ☐ Early to Middle Adolescent: 12 to 15
☐ Transition Age Youth/Young Adult: 16 to 26
☐ Other. Please specify:

List and describe the main activities the organization would implement to achieve the objective, identifying the person(s) responsible and the timeframe for the activities to be accomplished. Ensure the activities align with the selected program implementation strategy. For instance, if “Mentorship/Relationship-Building” is chosen, the activities listed below should be inclusive of that strategy.

Activity Name and Description	Who is responsible?	Start date (e.g., 3 months, 6 months, year 1, year 2)	End date (e.g., 3 months, 6 months, year 1, year 2)	Frequency? (e.g., one time, weekly, monthly)
		Choose an item.	Choose an item.	Choose an item.
1.		Choose an item.	Choose an item.	Choose an item.
2.		Choose an item.	Choose an item.	Choose an item.
3.		Choose an item.	Choose an item.	Choose an item.
4.		Choose an item.	Choose an item.	Choose an item.
5.		Choose an item.	Choose an item.	Choose an item.

Monitoring and Evaluation Process (How will you determine that the objective has been achieved? What are the evaluation metrics?)

IRS Determination Letter

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

YOUR NONPROFIT, INC.
P. O. BOX 123
MISSION WAY, CA 95050

Employer Identification Number:
12-3456789
DLN:
123456789910
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required
Yes
Effective Date of Exemption
January 3, 2002
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because of this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Ms. Mission

Director, Exempt Organization

Letter 111

Organization's 990

Form

990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2025

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2025 calendar year, or tax year beginning, 2025, and ending, 20

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number

E Telephone number

G Gross receipts \$

H(a) Is this a group return for subordinates? ☐ Yes ☐ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☐ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website:

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other L Year of formation: M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer Date

Type or print name and title

Paid Preparer Use Only

Preparer's name Preparer's signature Date

Check ☐ if self-employed PTIN

Firm's name Firm's EIN

Firm's address Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2025) Created 4/30/25

Current Fiscal Year Operating Budget

SAMPLE ANNUAL NONPROFIT BUDGET TEMPLATE

Company Name

123 Company Address Drive

Fourth Floor, Suite 412

Company City, NY 11101

555-555-5555

email address

YEAR TO DATE TOTAL

-\$877,427.00

YEAR: 20XX

[illegible][illegible]

This is a Memorandum of Understanding (MOU) between The Town of Fraser, and Grand Foundation **as fiscal sponsor** (the Sponsor) for a period of one year, beginning on January 1, 2024 and ending December 31, 2024.

The Sponsor: The Sponsor is a non-profit corporation, exempt from federal tax under section 501(c)(3) of the Internal Revenue Code, as amended (the "Code").

The Project: Town of Fraser Storm Sewer System Audit & Storm Water Management Plan

The Agreement: The Sponsor is willing to receive grants for the benefit and use of implementing programs of the Project. The Project, with the administrative assistance of the Sponsor, desires to use these funds in order to implement the Project's purposes.

Through this MOU, the parties agree to the following terms and conditions:

1. Receipt of funds: The Sponsor agrees to receive grants, contributions, and gifts to be used for the Project, and to make those funds available to the Project.

2. Acknowledgment of charitable donations on behalf of the Project: The Sponsor agrees that all grants, charitable contributions and gifts which it receives for the Project will be reported as contributions to the Sponsor as required by law, and further agrees to acknowledge receipt of any such grant, charitable contribution or gift in writing and to furnish evidence of its status as an exempt organization under Section 501(c)(3) to the donor upon request. The Sponsor agrees to notify the Project of any change in its tax-exempt status.

3. Protection of tax-exempt status: The Project agrees not to use funds received from the Sponsor in any way which would jeopardize the tax-exempt status of the Sponsor. The Project agrees to comply with any written request by the Sponsor that it cease activities which might jeopardize the Sponsor's tax status, and further agrees that the Sponsor's obligation to make funds available to it is suspended in the event that it fails to comply with any such request. Any changes in the purpose for which grant funds are spent must be approved in writing by the Sponsor before implementation. The Sponsor retains the right, if the Project breaches this MOU, or if the Project jeopardizes the Sponsor's legal or tax status, to withhold, withdraw, or demand immediate return of grant funds.

4. Use of funds: The Sponsor also authorizes the Project to make expenditures, which do not exceed total contributions for the Project, on its behalf for use in the Project. The Project agrees to use any and all funds received from the Sponsor solely for legitimate expenses of the Project and to account fully to the Sponsor for the disbursement of these funds. On behalf of and with its funds, the Sponsor will pay for the Project's direct expenses like salary and benefits for Project staff, computers, and travel and meeting expenses. The Sponsor will obtain authorization from the Project to pay these expenses using the Project's funds.

5. Financial procedures: The Project must act within the financial policies outlined in the Sponsor's Financial Procedures Manual. Subjects of particular interest to the Project include: Cash Disbursements, Purchasing, Travel and Expenses, Consultants, Grants and Contracts, and Other – Fiscal Sponsor Status.

6. Financial accounting and reporting: The Sponsor will maintain books and financial records for the Project in accordance with generally accepted accounting principles. The Project's revenue and expenses shall be separately classed in the books of the Sponsor. The Sponsor will provide reports

Fiscal Sponsorship Agreement

Questions?



How to be Competitive



Selection Criteria

Competitive applications will:

- Present a complete and responsive application that demonstrates a favorable mix of credentials, capacity, potential, and cost.
- Clearly explain why the organization is the appropriate organization to implement the youth SUD prevention project, including, but not limited to, track record of engaging with community impacted by the war on drugs and history of youth-led programming.
- Utilize an innovative culturally responsive approach to substance use prevention while understanding the role trauma plays in the development of young people.
- Demonstrate the use of an equity framework that recognizes the need to strive for health and racial equity in program activities and outcomes.

Selection Criteria

Competitive applications will:

- Demonstrate familiarity with culturally rooted healing practices
- Demonstrate commitment to social justice youth development and asset-based approach to youth engagement.
- Utilize prevention and education that is tailored and utilizes a stigma-reducing approach.
- Use an intersectional approach to health equity through policy, systems and environmental change.
- Include clear and demonstrated screening and referral pathways with the ability to navigate youth to a higher level of substance use or behavioral health care, if needed.

Proposal Writing Tips

- Read and follow application guidelines and instructions.
- Verify your organization is eligible.
- Answer questions clearly and provide enough detail about the proposed activities so that the reviewers can fully understand your plan.
- Clearly explain your proposed project and what change will result from funding.

Proposal Writing Tips Continued

- Check for consistency in the project description, budget narrative, and budget line items.
- Have someone who is not involved in the project read your draft application and tell you what they think you are applying for.
- Review the Attachments Checklist to ensure you have all required documents.

Application Submission Tips

- Click the “Save my progress and resume later” button if you will not be active in the application.
 - Be sure to save the e-mail that is sent to your inbox and to write down or save the password somewhere that is secure.
- Submit the application before the deadline.
- Write responses to the narrative questions outside of the grant portal, then copy and paste your responses into the appropriate fields.
- As you write responses, track your word count.

Application Checklist

- Review the application instructions and eligibility criteria.
- Complete the application in the online portal:
 - Pre-Award Risk Assessment Survey
 - Application narrative questions
- Form Templates
 - Proposed three-year project budget and justification
 - Work plan
- Applicant organization's signed W-9

Application Checklist

- Financial and Tax-Exempt Status Documentation
 - Most recent IRS determination or affirmation letter confirming current federal tax-exempt status under Section 501(c)(3)
 - Your organization's most recent IRS Form 990 (or 990-EZ / 990-N, as applicable)
 - Your organization's most recent audited financial statements, if available
 - Your most recent unaudited financial statements (e.g., year-end or year-to-date)
 - Your organization's current fiscal year operating budget
- Fiscal sponsorship agreement (e.g., Memorandum of Understanding), if applicable
- Support letter from administrator/executive, or if you are applying as a coalition, support letter signed by each coalition member stating their role in the project and signed by that organization's executive.

Timeline

- Application Deadline
 - **September 21, 2026, at 1:00 p.m.** (Pacific Time)
- Approximate Award Announcement
 - December 2026
- Funds Available
 - January 2027*

*Funds will be made available once subcontract is executed and insurance requirements are fulfilled.

Upcoming Webinar

- **Wednesday, September 2, from 10:30 a.m. to 12 p.m.**
[Register on Zoom.](#)

Upcoming Office Hours

- Tuesday, September 1, from 1:30 p.m. to 2:30 p.m. [Register on Zoom.](#)
- Thursday, September 10, from 1:30 p.m. to 2:30 p.m. [Register on Zoom.](#)
- Wednesday, September 16, from 3:30 p.m. to 4:30 p.m. [Register on Zoom.](#)

Contacts and Resources

Contact:

If your question wasn't answered, e-mail questions to elevateyouthca@shfcenter.org

Resources:

- Elevate Youth California website: <https://elevateyouthca.org/>
- The Center: www.shfcenter.org
- Prevention Institute's "California's Prop 64 Youth Education, Prevention, Early Intervention and Treatment Fund": PreventionInstitute.org (.pdf)
- Child and Adolescent Health Measurement Initiative's Roadmap for California Prop 64 Expenditures: www.prop64roadmap.org
- When the Smoke Clears: Racial Disparities in California's Marijuana Arrests: RegionalChange.UCDavis.edu
- Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov