



**IMMIGRATION BRANCH
 IMMIGRATION SERVICES FUNDING**

**STATE FISCAL YEAR 2015-16
 APPLICATION**

COVER SHEET

Date:	
Organization:	
Address:	
Phone:	
Fax:	
Web Address:	
Contact:	
Title:	
Email:	
Contact Phone:	

Fed EIN:	
Tax Exempt Status	<input type="checkbox"/> 501(c)(3) or <input type="checkbox"/> 501(c)(5)
Year Incorporated:	
Date of Last Annual Audit:	
Annual Operating Budget:	\$
Proposed Budget:	\$
Duration of Standard Agreement:	01/01/2016 – 06/30/2017

SERVICE CATEGORY

Please check one or more of the following service categories for which you are applying for Immigration Services Funding.

- Application Assistance-Deferred Action for Childhood Arrivals (DACA)/other immigration remedies
- Application Assistance- Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA)/other immigration remedies
- Application Assistance-Naturalization
- Legal Training and Technical Assistance
- Education and Outreach

APPLICATION CHECKLIST

Use the following checklist to ensure that all papers and forms necessary to respond to this Request for Application (RFA) have been included. Submit a copy of this checklist as the second page of your application as indicated below. All documents, unless otherwise specified, are required for an application to be considered complete. Incomplete applications may not be accepted.

<input type="checkbox"/>	1.	Cover Sheet
<input type="checkbox"/>	2.	Application Checklist (this page)
<input type="checkbox"/>	3.	Application Form (below) Includes: Application Narrative, Qualifications and Relevant Experience, Service Categories, and Budget, with all sections accurately and fully completed.
<input type="checkbox"/>	4.	Financial Statement Each applicant must submit a scanned copy of the most recent and complete audited annual financial statement (within the past 12 months).
<input type="checkbox"/>	5.	Insurance Certificate Applicants must provide proof of insurance coverage that meets the Department's insurance requirements. Applicants must provide the following documents to demonstrate appropriate coverage: <i>Certificate(s) of Liability Insurance listing CDSS as the certificate holder and no less than \$1,000,000 for General Liability, Workers' Compensation, Automobile and if conducting legal services, Malpractice Insurance (See Standard Agreement Exhibit E).</i>
<input type="checkbox"/>	6.	Proof of 501(c)(3) or 501(c)(5) Status
<input type="checkbox"/>	7.	Proof of legal business status from the California Secretary of State http://www.sos.ca.gov/business-programs/business-entities/
<input type="checkbox"/>	8.	<ul style="list-style-type: none"> • Proof of recognition and accreditation from the Board of Immigration Appeals under the U.S. Department of Justice's Executive Office for Immigration Review <i>OR</i> • Proof the nonprofit organization meets the requirements to receive funding from the Trust Fund Program administered by the State Bar of California. Information on the Trust Fund Program may be found at the following link: http://www.calbar.ca.gov/Attorneys/MemberServices/IOLTA.aspx.
<input type="checkbox"/>	9.	Self-Assurance Form (Attachment A) Each application must include a signed copy of the Attachment A.
<input type="checkbox"/>	10.	Organization References (Attachment B) Each application must complete the Applicant Reference Form (Attachment A) and provide references from three (3) institutions or agencies for which the applicant provides or has provided comparable services that include a valid email address and contact phone number for each reference.

**APPLICATION FORM
IMMIGRATION SERVICES FUNDING
STATE FISCAL YEAR 2015-16**

Please complete Questions #1-3 with the requested information.

Question #1

REGIONS AND COUNTIES

- **Northern California** (Amador, Alpine, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Placer, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity)
- **Bay Area** (Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma)
- **Central Valley** (Fresno, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Sacramento, Stanislaus, Sutter, Tulare, Tuolumne, Yolo, Yuba)
- **Central Coast** (Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz)
- **Greater Los Angeles / Orange County** (Los Angeles, Orange, Ventura)
- **Inland Empire** (Riverside, San Bernardino, Inyo)
- **San Diego** (Imperial, San Diego)

List the targeted regions and counties the nonprofit organization intends to serve.

Question #2

TARGET POPULATIONS (Not applicable to Legal Training and Technical Assistance)

- A. *Provide an answer for each service category to which you are applying. Include supporting data:* Describe the target population(s) to whom the services will be provided including low-income, hard-to-reach, and underserved populations
- B. For each target population described provide a description of the barriers they encounter?
- C. How will the services provided address the specified needs and barriers?

Question #3

LANGUAGE

- A. List the primary languages of staff and/or ability to provide language services to the target populations specified above.

APPLICATION NARRATIVE

In the section below, please provide information that pertains only to the service categories for which the applicant is seeking funding.

Question #4

APPLICATION OVERVIEW

- A. Describe applicant's nonprofit organization and the number of years it has been in business under present or prior names.
- B. Provide available data on eligible immigrant populations used to determine service categories as described in Question #2.
- C. Describe how the nonprofit organization will reach and serve low-income, hard-to-reach and/or underserved communities to help immigrant applicants obtain the services needed.
- D. If some portion of the services will be subcontracted by the applicant, identify and describe the subcontractor nonprofit organization and the services to be performed by the identified subcontractor. (See Standard Agreement, Exhibit D, Section E).

Question #5

CAPACITY

- A. Describe the applicant's capacity to serve the intended number of immigrants, communities and counties as described in Question #2.
- B. Describe how the applicant will meet service goals outlined in the application within the Standard Agreement term.
- C. Describe how the applicant will serve immigrants' linguistic and cultural needs.
- D. Describe how the applicant will manage the administrative requirements of the Standard Agreement, including but not limited to, timely reporting on service data and deliverables, and ensure quality control through practices and procedures used to manage the project.

Question #6

QUALIFICATIONS OF STAFF

- A. Provide a brief biography on the applicant's project staff detailing the experience to provide the proposed services.
- B. Explain how much time of the project staff is devoted to immigration services.
- C. Describe how the immigration services will be adequately supervised.

Question #7

COLLABORATION

A. Describe how the applicant collaborates with other service providers and leverages partnerships to expand services to assist immigrant communities.

In the section below, please provide information that pertains only to the service categories for which the applicant is seeking funding. Describe all measurable goals and activities associated with the applicable service category. Explain proposed timelines for each applicable service category and how the applicant will meet its service goals.

APPLICATION ASSISTANCE - DACA

Provide a response if the applicant intends to provide Application Assistance for DACA services. Describe the applicant’s prior experience, specific outcomes achieved, including the number of submitted DACA applications to date, and submitted applications for other immigration remedies obtained for DACA applicants.

In the chart below, explain the applicant’s service goals and timeline:

Activity	Quarterly Deliverables (# of cases per quarter)						Total Cases
	1st	2nd	3rd	4th	5th	6th	
Workshops							
Direct Representation							
Other Immigration Remedies							

APPLICATION ASSISTANCE - DAPA

Provide a response if an applicant intends to provide Application Assistance for DAPA services.

Describe the applicant’s prior experience providing DAPA screening services and representation in other immigration remedies. Include the number of years of experience, specific outcomes achieved, including the number of submitted applications for other immigration remedies that could benefit potentially-eligible DAPA populations.

In the chart below, explain the applicant’s service goals and timeline:

Activity	Quarterly Deliverables (# of cases per quarter)						Total Cases
	1st	2nd	3rd	4th	5th	6th	
Workshops for other immigration remedies and DAPA-screening (limited services, see page 6)							
Direct Representation for other immigration remedies							

APPLICATION ASSISTANCE – NATURALIZATION

Provide a response if an applicant intends to provide Application Assistance for naturalization services. Describe the applicant’s prior experience providing application assistance and representation in naturalization cases. Include the number of years of experience, specific outcomes achieved, including the number of submitted naturalization applications to date.

In the chart below, explain the applicant’s service goals and timeline:

Activity	Quarterly Deliverables (# of cases per quarter)						Total Cases
	1st	2nd	3rd	4th	5th	6th	
Workshops							
Direct Representation							

LEGAL TRAINING AND TECHNICAL ASSISTANCE

Provide a response if an applicant intends to provide Legal Training and Technical Assistance services. Describe the applicant’s prior experience conducting immigration legal services and technical assistance. Include number of years of experience, and specific, relevant metrics of success.

In the chart below, explain the applicant's service goals and timeline:

Activity	Quarterly Deliverables (# of activities per quarter)						Total # of Activities
	1st	2nd	3rd	4th	5th	6th	
Webinars							
In-Person Community Trainings							
Consultations From Contractor (in hours)							
Materials or Practice Advisories							

EDUCATION AND OUTREACH

Provide a response if an applicant intends to provide Education and Outreach services. Describe an applicant’s prior experience providing education and outreach to low-income, underserved and hard-to-reach immigrant communities. Include the number of years of experience, specific, relevant outcomes achieved, such as the number of individuals referred to legal service professionals or the number of participants in community education events.

In the chart below, explain the applicant’s service goals and timeline:

Activity	Quarterly Deliverables (# of people reached)						Total # of People Reached
	1st	2nd	3rd	4th	5th	6th	
Education and Outreach Activities							

PROPOSED REIMBURSEMENT COST SUMMARY

Please complete the budget table below using the rates on page 10 to determine the proposed reimbursement request for the Standard Agreement term. Under “deliverables,” enter the “total” of quarterly deliverables from each service category the applicant is applying for on pages 24-28. Enter “0” for services the applicant is not requesting funding.

Service Type	Deliverables	January 1, 2016 - June 30,2017
A. Application Assistance – DACA i. Workshops ii. Direct Representation iii. Other Immigration Remedies	i.	\$
	ii.	\$
	iii.	\$
B. Application Assistance – DAPA i. Workshops for other immigration remedies and DAPA-preparation (limited services, see page 8) ii. Direct Representation for other immigration remedies.	i.	\$
	ii.	\$
C. Application Assistance – Naturalization i. Workshops ii. Direct Representation	i.	\$
	ii.	\$
D. Legal Training and Technical Assistance i. In-Person Community Trainings ii. Webinars iii. Consultations From Contractor iv. Materials or Practice Advisories	i.	\$
	ii.	\$
	iii.	\$
	iv.	\$
E. Education and Outreach i. Community outreach events (health fairs, school events, etc.) and community education presentations.	i.	\$
TOTAL PROPOSED REIMBURSEMENT REQUEST		\$

In-Kind Support the Applicant will provide

\$ _____

Describe the type of In-Kind Support Provided (e.g. grants, pro bono attorneys, volunteers):