

State of California - Office of the State Public Defender
Racial Justice Act Grant Application (Aug. 2023)



Section I – Project Profile

1. Applicant Contact Information

Name of Applicant <Organization>

Tax Identification Number

Street Address

City

State

Zip Code

Mailing Address (if different)

City

State

Zip Code

Name of the Person Completing the Application

Phone Number

Email Address

2. Project Information

Project Title

Grant Funds Requested
See Budget Worksheet

Project Summary (100-150 words)

3. Project Director

Name

Title

Phone Number

Email Address

Street Address

City

State

Zip Code

4. Financial Officer

Name

Title

Phone Number

Email Address

Payment Mailing Address (if different)

City

State

Zip Code

5. Day-to-Day Program Contact (if different than project director)

Name

Title

Phone Number

Email Address

Street Address

City

State

Zip Code

Section II – Organization Information

1. Describe your organization. (250 words max)

2. Describe your organization's current experience working with incarcerated individuals. (500 words max)

3. Describe your organization's current experience with litigating the Racial Justice Act and/or litigating habeas corpus claims. (500 words max)

4. Please describe the team that will be working to support or utilize grant resources, even if they are not grant funded. (250 words max)

Section III - Project Information

1. Describe the grant project being proposed (1000 words max)

2. Describe any anticipated obstacles and what plans you have in place to manage them (250 words max)

Section IV - Project Budget

Note: Project Budget Period is 24 Months

Budget Line Item	Total
1. Salaries and Benefits	
2. Services and Supplies	
3. Professional Services or Public Agency Subcontracts	
4. Equipment/Fixed Assets	
5. Other (Travel, Training, etc.)	
6. Indirect Costs	
Total	

1a. Salaries and Benefits

Staff Title/Role <i>(Please specify staff role in the project)</i>	Salary (Show as either % FTE or hourly rate) +Benefits	Total
Total Salaries and Benefits		

1b. Salaries and Benefit Narrative

2a. Services and Supplies

Description of Services or Supplies	Calculation for Expenditure	Total
Total Services and Supplies		

2b. Services and Supplies Narrative

5b. Other (Travel, Training, etc.) Narrative

6a. Indirect Costs

Indirect costs may be charged to grant funds at no more than 10% of the project amount

If agency seeks indirect costs, select percentage amount up to 10%	Percentage	Total Indirect Costs
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Section IV - Project Assurances

By submitting this application, the applicant agrees that if it is awarded a grant by the Office of the State Public Defender, the applicant will abide by the following:

- a. It will use any funds it receives from a 2023 RJA Implementation grant only for the purposes stated in its application. Should the OSPD determine in its sole discretion that the applicant is unlikely to use all funds received for these purposes within the grant period, the applicant will return funds to the OSPD, as directed by OSPD.
- b. It will not discriminate based on race, color, national origin, religion, gender, disability, age, marital or domestic partnership status, medical condition, or sexual orientation.
- c. It will permit reasonable site visits and will present additional information deemed reasonably necessary to determine compliance with the terms of the grant.
- d. It will comply with fiscal management and control procedures adopted by OSPD.
- e. It understands that any proposal submitted for a 2023 RJA Implementation grant, and all documents submitted pursuant to issuance of 2023 RJA Implementation grant, are public documents, and may be disclosed to any person.
- f. It agrees it will file regular program and financial reports, as may be required by the OSPD, and cooperate with other data collection requests by the OSPD for this grant.
- g. The OSPD is permitted, in its sole discretion, to adjust Applicant's award at any time to reflect the actual amount of funding available for the 2023 RJA Implementation grant. Consequently, grantees shall not be guaranteed any specific dollar amount in grant funds, or any grant funds at all, if funds received are insufficient or unavailable to OSPD for this purpose.

Authorized Signature

By signing this application, I hereby certify that:

I understand and agree with the terms and conditions above.

All information provided is true and accurate.

I am vested by the Applicant Organization with the authority to enter into contract with the OSPD, and that the grantee and any subcontractors will abide by the laws, policies and procedures governing this funding.

Name _____ Title _____

Telephone Number _____ Email Address _____

Street Address _____ City _____ State _____ Zip Code _____

APPLICANT'S SIGNATURE (*Signed by the authorized signatory with a digital signature OR a wet signature in blue ink.*) **DATE**

Paul Drevensedt