L.A. Care Health Plan CalFresh Outreach Grant 2023

Application Narrative

Please complete each section below and upload the document at: <https://cafb.formstack.com/forms/la_calfresh_outreach_grant_application>

ORGANIZATIONAL OVERVIEW

1. Organization:
2. Address (Street, City, Zip Code):
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  | Program Contact | Fiscal Contact |
| Name & Title |  |  |  |
| Phone |  |  |  |
| Email |  |  |  |

FISCAL OVERVIEW

1. What is your organization’s overall operating 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 to be served.
2. Tell us about staff demographics, language capacity and cultural competency, as it relates to your proposed project and target population(s).
3. What steps will your project take to ensure applicants get CalFresh, beyond assisting with completing the application?
4. How will your project protect CalFresh applicants’ personal information?
5. What systems/tools will your organization use to capture, track, and evaluate project outcomes?
6. Describe your organization’s current CalFresh outreach/application assistance work and how this funding will fit with your current work. If you are proposing an increase in scope from your current work, please share how you will ensure readiness and success. In addition, 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 the last year | Number of households that successfully enrolled in CalFresh in the last year | Number of households assisted with the Semi-Annual Report (SAR-7) in the last year | Number of households assisted with completing Recertification (RRR) in the last year |
|  |  |  |  |
| Number of FTE in the last 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)