Note: Applications will only be accepted through SurveyMonkey Apply. This document simply allows you to preview the application questions.

Ready to Rise: RFP Application 2024

California Community Foundation

About Ready to Rise

Ready to Rise is a transformative public-private partnership between the California Community Foundation, Liberty Hill Foundation, and the Los Angeles County Probation Department. Our mission is to revolutionize the traditional models of youth intervention by shifting from arrest and incarceration to a model grounded in positive youth development, rehabilitation, and opportunity creation.

Ready to Rise is here to offer comprehensive support. We will award grants to community-based organizations that champion holistic, asset-based approaches to engaging youth with prior or existing connections to the juvenile justice system and those at risk due to various socio-economic challenges. These challenges may include family disruptions such as arrest or incarceration, unstable living conditions like foster care or housing insecurity, educational setbacks manifested through chronic absenteeism, behavioral issues, or poor academic performance, or other at-promise factors (i.e., low-income, LGBTQ+, gender expansive, gang-involved, alternative/continuation school students, transition-aged youth, youth living in under-resourced neighborhoods, etc.). Targeted organizations should serve youth aged 11 to 24 and strive to extend support into early adulthood, fostering long-term empowerment and resilience. We are here to support your efforts in creating meaningful change.

This funding initiative is not just about financial support; it is about growth and learning. It is designed to accelerate the development of community-based services while fostering a connected network of youth-serving organizations through shared learning experiences and cohort-based interactions. We aim to enhance organizations capabilities with targeted capacity-building resources, supporting comprehensive programs.

Proposed program activities should address a broad spectrum of positive youth development areas such as academic/cognitive enhancement, socio-emotional growth, identity affirmation, physical wellness, mental health support, and/or workforce readiness. Ideal candidates will demonstrate a robust engagement strategy that integrates these multifaceted developmental components into a unified framework, nurturing each young person's diverse needs and strengths.

Strong applicants will illustrate their commitment to fostering an environment where youth can thrive and transform their lives, embodying continuous programmatic excellence and nurturing the full potential of every participant.

Pre-Eligibility Screening

Does your organization have at least one paid full-time staff member in your organization to support with the grant?

- Yes
- No

Is your organization a registered 501(c)(3) non-profit (fiscal sponsorship projects are eligible)?

- Yes
- No

Does your organization have administrative offices located in Los Angeles County?

- Yes
- No

Does your organization serve youth ages 11-24 in Los Angeles County?

- Yes
- No

Is your organization a current or past award recipient of Ready to Rise in the prior grant cycle?

- Yes
- No

Section 1. Organization Information

Organization's Name

Federal Tax ID/EIN

Organization's Mailing Street Address

City

State

Zip Code

Your organization may be asked to participate in a Site Visit for a second round of review. Is the address provided the preferred location for Site Visits (i.e., observing programming, interviewing program staff and participants, etc.)? If no, please enter the preferred location's address for a Site Visit.

Organization's Phone Number

Organization's Website Address

Organization's Mission Statement

What is the number of youth served annually by your organization?

Does your organization conduct background checks (e.g., LiveScan)?

- Yes, all staff

- Yes, some staff
- No

What is your organization's most recent annual total operating budget?

Select the option that most closely matches the range of your annual total operating budget listed above. (check one)

- $0-$500K
- $500K-$1M
- $1M-$5M
- $5M+ and above

Enter the total number of staff and volunteers at your organization:
Number of Full-Time Paid Staff
Number of Part-Time Paid Staff
Number of Volunteers (Annually)

Select the option that most closely matches the total number of staff and volunteers currently at your organization based on your answer above. (check one)

- 1-10
- 11-30
- 31-40
- 41-50
- 50+
- None

How many years has your organization been in operation?

Based on your answer above, select the option that encompasses your organization's years of Operation (check one):

- 0-5 Years
- 6-10 Years
- 11-15 Years
- 16-20 Years
- 20+ and above

Is your organization Fiscally Sponsored?

- Yes
- No

If yes, provide the name of your Fiscal Sponsor.

If yes, please provide the annual operating budget of your organization's Fiscal Sponsor.

In 2-3 sentences, summarize your organization's mission, core program, and services.

Section 2. Staff Information

Name of Application Contact (i.e., the name of the person completing this application)
Application Contact's Email
Application Contact's Phone Number

Name of Reporting Contact (i.e., the name of the person responsible for submitting reports)
Reporting Contact's Email
Reporting Contact's Phone Number

Name of Organization's Executive Director
Executive Director's Email
Executive Director's Phone Number

Name of Authorized Signer for Grant Agreements (If fiscally sponsored, this must be your fiscal sponsor's information.)
Authorized Signer's Email (If fiscally sponsored, this must be your fiscal sponsor's information.)
Authorized Signer Phone Number (If fiscally sponsored, this must be your fiscal sponsor's information.)

Name of Organization's Financial Contact (i.e., the name of the person we should contact if we have any financial questions)
Financial Contact Email
Financial Contact Phone Number

Section 3. Proposal

Program or Project Name

In 2-3 sentences, summarize the work to be described in this proposal and what it will achieve.

Requested Annual Grant Amount: $50,000-$200,000

Estimated number of unduplicated youth that would be served by this grant.

Which core categories of support do you provide for youth? (check all that apply)

- Category 1- Educational Support/Academic Enrichment
- Category 2- Youth & Family Support/Positive Youth Development
- Category 3- After-School Enrichment
- Category 4- Vocational/Employment Services
- Other, please specify:

What types of services do you provide for youth (check all that apply)?

- Academic Support
- Advocacy
- Community Leadership/Organizing
- Housing, Transportation, & Other Basic Needs
- Integrated Arts Education
- Mentorship
- Family/Parent Engagement/Caretaker Support
- Physical and Behavioral Health Support
- Restorative/Transformative Justice
- Trauma-Responsive Support
- Violence Intervention & Prevention
- Workforce Development
- Other, please specify:

What core positive youth developmental areas does your program model address? (check all that apply)

- Cognitive/Academic
- Identity
- Physical Health
- Mental Health
- Socio-Emotional
- Other, please specify:

Discuss how your program model supports and values positive youth development in areas such as academic/cognitive development, socio-emotional development, physical health, mental health, and/or identity development.

Describe the program or project that this grant would support. Include details on program activities, the target youth population and their relevant developmental needs, the service area served by the program/project, and the intended outcomes. Explain if you are applying for a new or existing program, and how this grant would expand upon current practices.

Describe any previous experience and successful outcomes you want to highlight by your organization in conducting this type of program or project.

List key staff members who would work on this project (full name, title, role(s), and short bio). If new staff need to be hired, note the intended titles and role(s).

Describe how the grant funds will be used.

List three measurable objectives that this grant would support.

- Measurable Objective #1
- Measurable Objective #2
- Measurable Objective #3

In 2-3 sentences, describe what makes your youth serving organization unique and best positioned to receive funding.

Section 4. Learning Cohort and Capacity Building

Recognizing that community-based organizations are tackling complex systemic issues, often with few resources to build their own capacity, Ready to Rise will work to address this gap by providing a capacity-building program focused specifically on developing organizational core competencies, such as self-assessment, goal setting, leadership development, financial and data management, and community engagement. This will include both customized coaching and cohort-based trainings.

To achieve the intended outcomes of this grant application, your organization must commit to participate in a learning cohort and capacity building activities (approx. 75-100 hours*) that will require the continued engagement of staff members at varying levels of the organization (including executive and/or board leadership). This will include customized coaching at your organization and multiple cohort-based training. Please describe how your organization will prioritize staff and leadership time to complete the customized program. **This number may change depending on the design of the capacity building program component.*

What are your top 3-5 capacity building needs that would build your capacity to successfully meet the goals of your proposal (check up to 5)?

- Board of Directors Development/Support
- Data Management
- Evaluation/Outcome Measurement
- Financial Management/Auditing
- Fundraising
- Goal Setting
- Human Resources Support
- Individual Donor Program
- Infrastructure Improvements
- Leadership Development
- Marketing/Communications/Design
- New or Additional Programming
- Organizational Assessment
- Organizational Culture
- Organizing Expertise (like community organizing or power building)
- Other Capacity Building Needs
- Policy/Advocacy Training
- Program Refinement
- Staff Development
- Staff Retention
- Strategic Planning
- Stronger Partnerships with Private Sector (local employers, corporations, business advocacy groups, etc.)
- Stronger Partnerships with Public Sector (schools, nonprofits, public agencies)
- Technology

Has your organization engaged in capacity building or organizational change work in the past? If so, what has been the focus/outcome?

If applicable, describe your organization's ability to coordinate efforts with aligned nonprofit entities to facilitate effective communication and realize your mission. For example, have you participated in networks/coalition spaces to advance policy priorities and/or developed shared funding mechanisms to expand your own services? Enter N/A if not applicable.

List any local partnerships with government agencies, institutions (i.e., juvenile justice, education, or schools), and/or community-based organizations you are already working with, and briefly describe in what capacity. Enter N/A if none.

Section 5. Evaluation

Describe how your organization collects data (quantitative and/or qualitative) and how that data is used in your decision-making/continuous improvement practices.

What data exists of strong support of your program by the community you serve? Include details on any existing information that speaks to your program's effectiveness in the community and any additional data that could be used to assess its effectiveness. (Note: This can include pre- and post-measures or informal evaluation such as anecdotal reports, youth/community testimonials, etc.)

If available, describe any research and/or community-informed guidance that influenced the development of your program model.

Section 6. Target Population and Geography

Select the age of the population(s) that would be served by this grant (check all that apply).

- 11-14 Years
- 15-17 Years
- 18 Years
- 19-24 years
- None of the above

Note the percentages of the racial and ethnic population(s) that would be served by this grant. (Must equal 100%)

- African American/Black
- Middle Eastern, North African
- Asian
- Native American
- Caucasian/White
- Pacific Islander
- Hispanic/Latinx
- Southeast Asian
- Multi-ethnic
- Other

Select the specific population(s) that would be served by this grant (check all that apply).

- Crossover/dual-status (i.e., youth involved with both the child welfare and juvenile justice systems)
- Disconnected from school
- Foster youth
- Gang-involved
- Housing Insecure
- Immigrant youth
- Justice-involved
- LGBTQIA+ and/or Gender Expansive
- Low-income
- Youth with disabilities
- Youth with mental health needs
- Pregnant and/or parenting
- Re-entry (individuals that have been formerly incarcerated)
- Specific programming for young men
- Specific programming for young women
- Other, please specify

How does your organization verify the percentage of low- and moderate-income individuals? Acceptable forms of verification include but are not limited to intake forms which request income data; forms that request income data indicating eligibility for government funded programs (e.g., Medicaid, food stamps, public assistance, free or reduced school lunch, etc.) (check all that apply)

- Program Intake Form
- Medicaid
- Food stamps
- Public assistance
- Free/Reduced Lunch
- N/A - Our organization does not track this information.
- Other, please specify

Geographic Service Area

List the zip code(s) where your organization currently provides service delivery to youth in Los Angeles County.

Please select all Service Planning Areas (SPAs) where your organization currently provides service delivery to youth in Los Angeles County. If you need assistance locating your SPA, enter your address in the Los Angeles County district locator at the link provided: https://appcenter.gis.lacounty.gov/districtlocator or locate your SPA by referring to LA Almanac's website(https://www.laalmanac.com/health/he798.php). (check all that apply)

- SPA 1: Antelope Valley
- SPA 2: San Fernando Valley
- SPA 3: San Gabriel Valley
- SPA 4: Metro LA
- SPA 5: West
- SPA 6: South
- SPA 7: East
- SPA 8: South Bay
- N/A: Our organization does not service LA County.

Upon selection of SPA(s), organizations will select applicable cities in which youth service delivery is provided.

Section 7. Financials and Grant History

Please indicate any information you wish to highlight about your organization's budget or financials.

List 3 significant funders, gifts, or contracts from the last 12 months, including grant amount and percentage of your total funding. Indicate whether listed gifts are from Individuals, Foundations, Government entities, or Other (specify).

Have you ever received a grant from a public agency, such as the City of Los Angeles or Los Angeles County Department of Probation?

- Yes (specify):
- No

If yes, please specify the agency and describe in detail (i.e., amount, objectives, and grant period).

Financial Attachments

- Project/Grant Budget.
    - Refer to the annual award amount requested in your grant proposal and estimate line-item allocations for allowable expenses under this grant using the linked template in the application. Please upload once complete. Note: The totals for each year in your program budget should be equal to the annual award amount requested.
- Please upload your organization's Actual vs. Projected Budget for the most recently completed fiscal year.
- Please upload your organization's total budget for the current fiscal year.
- Please upload your most recent 990 Form. If your 990 for your most recently completed fiscal year is not yet available, please upload your organization's balance sheet (also known as the statement of financial position) as of the end of your most recently completed fiscal year.
- Please upload your most recent Audited Financials. If your audit for your most recently completed fiscal year is not yet available, please upload your organization's balance sheet

(also known as the statement of financial position) as of the end of your most recently completed fiscal year.

Section 8. Supplemental Information (Optional)

Diversity Information

California Community Foundation is committed to Equity and Inclusion and appreciates your organization's time and effort in providing the following information about your board members, staff and senior staff, and volunteers. You can read the Foundation's Statement on Equity and Inclusion here. Link: ccfdeistatement_102120.pdf (calfund.org)

Please provide the information in whole numbers (not percentages).

Does your organization collect race and ethnicity information?

- Yes
- No

Race and Ethnicity

Board Members
Staff Members (full and part time)
Senior Staff
Volunteers

- African American/Black
- Asian/Asian American
- Hispanic/Latinx
- Middle Eastern
- Multi-ethnic
- Native American
- Other
- Pacific Islander
- White
- Undetermined
- Total

Does your organization collect gender identity information?

- Yes
- No

Gender Identity

Board Members
Staff Members (full and part time)
Senior Staff
Volunteers

- Female
- Male
- Transgender
- Undetermined

Does your organization collect sexual orientation information?

- Yes
- No

Sexual Orientation

Board Members
Staff Members (full and part time)
Senior Staff
Volunteers

- Heterosexual
- LGBTQIA+ and/or Gender Expansive
  Undetermined

Does your organization collect disability information?

- Yes
- No

Disability Status

Board Members
Staff Members (full and part time)
Senior Staff
Volunteers

- Persons with a disability
- Undetermined

Additional Optional Information

Question: How did you hear about the call for proposals for this grant?

- Online Webinar
- Email
- Website
- Social Media
- Referred by another foundation
- Referred by another non-profit
- Other (specify):