

PLUMAS COUNTY COMMUNITY CORRECTIONS PARTNERSHIP  
APPLICATION FOR FUNDING

**General Instructions**

Each application should include an Application Face Sheet for each project for which you are requesting funds.

Each application must:

- Be typewritten or computer generated on 8 ½ X 11 white paper in portrait format.
- Have font size no smaller than 10 no larger than 12.
- Have all pages sequentially numbered.
- Have the name of applicant/organization at top of each page.
- Submit an original and two copies of the Application.

**Please submit only the information requested.**

**Applications are due to the Plumas County Probation Department, 270 County Hospital Road, Suite 128, Quincy, CA 95971. Applications are due by the close of business August 15, 2022.**

If you have any questions please call Keevin Allred at (530) 283-6200 or email Keevinallred@countyofplumas.com.

Application for CCP Funds  
Face Page

Fiscal Year 2022-2023

Information Requested	Response
Name of Agency	
Agency Contact Information (operational) (name, address, telephone and e-mail)	
Agency Contact Information (Fiscal) (name, address, phone and e-mail)	
Name of Program	
Is this a new or continuing program?	
Funding Requested from CCP	
Funding received from CCP in prior years (specify year and amounts)	
Program Capacity (maximum number of participants program can serve)	
Current Program Caseload (if applicable)	
Program Cost per Unit (i.e. per bed, class, hour, etc.):	

## Program Narrative

Description of Applicant Agency: Briefly describe the agency's mission, the type of services provided, and the relationship of the proposed project to other projects operated by the agency. Please attach an organizational chart, which may be used to provide part of the requested information.

Problem Statement: Describe the nature and scope of the problem the proposed project will address. Include relevant data and facts and statistics specific to the service area and/or target population to support the need for this type of service.

Project Overview: Briefly and concisely address the following areas in the order they are given. **Not to exceed 2 pages.**

- Goals and Deliverables: State the overall goal of this measurable project (an overarching statement about what the project hopes to achieve logically linked to a problem and its causes). This section should clearly communicate the intended results of the project. Briefly state what goods or services will be delivered to the target population and how this will help to achieve the goals of the agency.
- Clients to be served by the Proposed Project and Associated Expenses: Describe the client group that will be served in the proposed project. State how many clients and how often they will be served. Also, include how they will be recruited

- Performance Measures: Briefly describe what performance will be measured and how it will be measured to demonstrate the effectiveness of the program. Please include any definitions or explanations of formulas or instruments used.
- Service Area: Describe the specific geographic area (i.e. town) or location (i.e. school) where the proposed services will be delivered.
- Proposed Project Staff: Describe the staff needed for the proposed project including administrative, direct service, and support positions as well as volunteers to the extent possible. Include a summary of the major duties of each position involved in direct service.
- Collaboration for the Proposed Project: Identify the collaborative efforts that are most critical to the success of your proposed project. List the collaborations and how it will improve the service to clients. Please note that letters of cooperative agreements may be required for partnering agencies listed if this proposal is selected for funding.

**PLUMAS COUNTY COMMUNITY CORRECTIONS PARTNERSHIP  
PROPOSAL BUDGET DETAIL**

**Personnel Costs**

1. List each employee by job title or classification and salary rate. Use additional sheets as necessary.

JOB TITLE/ CLASSIFICATION	HOURS PER WEEK	HOURLY SALARY	TOTAL SALARY REQUIRED THIS FISCAL YEAR

**TOTAL PERSONNEL COSTS \$ \_\_\_\_\_**

2. What are the job duties for each employee, if not apparent in the project overview (use additional sheets as necessary.)

JOB TITLE/ CLASSIFICATION	JOB DUTIES

3. Show the actual rates and amounts for each of the following:

RATE	ANNUAL AMOUNT	AMOUNT REQUIRED THIS FISCAL YEAR
FICA		
Retirement		
Workman's Comp		
Unemployment Insurance		
Health Insurance		
Other Insurance		
Other Benefits (specify)		

**TOTAL EMPLOYEE RELATED BENEFITS \$ \_\_\_\_\_**

**Contract Services**

1. Will any contract services be used?     YES     NO
2. With whom will the applicant contract for services?

NAME OF CONTRACTOR	AMOUNT REQUIRED THIS FISCAL YEAR

**TOTAL CONTRACT SERVICES \$ \_\_\_\_\_**

3. What are the contracted individuals or agencies specific duties and responsibilities with regard to the proposed plan?

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Include the specific level of involvement each contractor will have, by the number of hours/units and duration of services that will be provided. For example, contractor XYZ will conduct 25 group sessions of juvenile participants during the first year of operation.

***Provide a copy of the form of contract to be used by the applicant. Use additional sheets as necessary.***

**Non Personnel Costs**

1. Complete the following:

TRAVEL (Cannot exceed State Travel Costs)	AMOUNT REQUIRED THIS FISCAL YEAR
Auto Mileage:        miles at        /mile	
Air Transportation	
Subsistence	
Other (describe)	

**TOTAL IN-STATE TRAVEL \$ \_\_\_\_\_**

2. Explain why the proposed travel is needed if not apparent from the project overview.

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**Operating Expenses**

3. List anticipated expenses by category. Please be specific.

**AMOUNT REQUIRED THIS CALENDAR YEAR**

Postage	
Telephone	
Lease/Rental	
Printing	
Maintenance	
Consumable Supplies (specify) (i.e. workbooks)	
Other Costs: Daily Cost per Bed: Cost per Class/Session: Cost per GED Test: Cost per Work Training: Cost per Work Uniform:	

**TOTAL OPERATING EXPENSES \$ \_\_\_\_\_**

**JUSTIFICATION OF OPERATING EXPENSES:**

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**TOTAL PROPOSAL REQUEST \$ \_\_\_\_\_**

*The undersigned agrees to fully comply with all the provisions established in the Request for Proposal the Plumas County Community Corrections Partnership (CCP) for the acceptance of funding.*

PROJECT DIRECTOR

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_