The Marin County Probation Department has reserved $150,000 in Youth Reinvestment Grant Funds to be expended over the next three years. These funds will be used to support programs available to provide services to Youth referred through the Early Intervention Referral Network. Services to be funded include ones that are strengths-based focusing on the eliminating or reducing the common risk factors and/or increasing self-sufficiency and resilience factors for youth. Programs to be funded should help create a pro-social support network for youth and help create a larger community support structure.

**Organization Information Q 1-9**

Please provide central contact information for your organization. This information will be used for future communications regarding the Collaboration. In addition we hope to leverage this data to send out ongoing communication about events, trainings and funding opportunities available in our community.

1. **Proposal Title**

2. **Organization Information**

<table>
<thead>
<tr>
<th>Organization Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>Website</td>
<td></td>
</tr>
<tr>
<td>General Phone</td>
<td></td>
</tr>
</tbody>
</table>

3. **Organization Primary Contact**

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
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<tbody>
<tr>
<td>Title</td>
<td></td>
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<tr>
<td>Email</td>
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<tr>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>

4. **Organization Fiscal Status - *Does not impact ability to participate***

   - [ ] 503(C) Non Profit Status
   - [ ] Fiscal Sponsor
   - [ ] For Profit
   - [ ] Other (please specify)
5. Organization Mission & Philosophy

* 6. Funding Type Requested

- Referral - Fee for Service amount paid for approved participation
- Program Donation - Donation to support increase in referrals to a program provided at no cost to participant
- Existing Program Expansion - Program funding to increase capacity for referrals
- Program Enhancement - One time/pilot funds for new program components or needed acquisitions/improvements
2. Referral - Fee for Service Proposal

**Referral - Fee For Service**

Program should be an existing program with proven success in the community. This option is intended for services that have a private pay/sliding scale structure in place and have the ability to accommodate an increase in referrals through the Referral Network. Fee for Service programs are not placed on contract and are not guaranteed funding. Agencies will be paid for services once they are approved through the network.

7. Target Population

8. Program Name

9. Service Deliverables

10. Expected Outcomes for Participant?

11. Program Capacity

12. Please describe any limits to program capacity, enrollment and/or participation that referring agencies should be aware of.

13. Recommended Program Dosage/Duration
14. Requested Cost Per Session

15. Information regarding cost calculation

This completes the online application. You may submit another funding request by reopening the survey link after you hit submit on this submission.
3. Program Donation

**Program Donation**

A one-time donation to an existing program with proven success in the community. This option is intended for services that are provided to the public at no cost and rely primarily on donations and public grants. Programs are not placed on contract are provided a one time stipend to offset the costs of increased referrals through the portal.

Funding allocations range from $1,000 - $5,000 for a one year period. Funding may be allocated on a quarterly basis and amended based on actual Referral Portal activity.

16. Program Name

17. Target Population

18. Service Deliverables

19. Expected Outcomes for Participant

20. Program Capacity, please include any limits enrollment and/or participation.

21. Program Donation Requested

22. Explanation of how donation will support organizations ability to serve referred youth.
This completes the online application. To complete your application please send a Budget Overview document with the matching Proposal Name from page 1 of this survey to sklein@marincounty.org.

You may submit another funding request by reopening the survey link after you hit submit on this submission.
4. Program Expansion

Program Expansion

This category is intended for agencies that have existing contracts (in excess of $25,000) with the County of Marin. Requests should be to fund existing program expansion, including addition of staffing to meet an increase in referrals, lease cost assistance or stipend funding to reward/attract and retain volunteers.

23. Program Name

24. Requested Funding

25. How will funds be utilized to increase program capacity?

26. Capacity Overview

Contracted Capacity Estimate

FY 17-18 Clients Served

FY 18-19 Clients Served

FY 19-20 Clients July - December

Current number on waiting list/pending services

27. Current County Contract Information

Dept and Amount

Dept and Amount

Dept and Amount
This completes the online application. To complete your application please send a Budget Overview document with the matching Proposal Name from page 1 of this survey to sklein@marincounty.org.

You may submit another funding request by reopening the survey link after you hit submit on this submission.
5. Program Enhancement

Program Enhancement

This category is intended for one time costs, or costs for a repeatable activity that is being added to enhance an existing. This may be the one time acquisition of a critical piece of equipment that would enhance program participants experience, funding to add an enhancement activity to a program (i.e. field trip support for a program focused on vocational skills). Funds may also be requested to assist in organization development, training and program outreach and community engagement through special event support.

28. Program Name

29. Requested Funding

* 30. What category of funds are you requesting?

- Training, Organizational Development
- Special Event or Activity
- Equipment Acquisition
- Other (please specify)

This completes the online application. To complete your application please send a Budget Overview document with the matching Proposal Name from page 1 of this survey to sklein@marincounty.org.

You may submit another funding request by reopening the survey link after you hit submit on this submission.
6. Program Enhancement: Training/Organizational Development

31. Please describe your plan for training and development. Please include how these resources will impact service delivery and are essential to your organizational goals.

This completes the online application. To complete your application please send a Budget Overview document with the matching Proposal Name from page 1 of this survey to sklein@marincounty.org.

You may submit another funding request by reopening the survey link after you hit submit on this submission.
Early Intervention Prevention and Prevention Referral Program
Request for Proposals

7. Program Enhancement: Event/Activity Detail

32. Please provide the following information for your event/activity

<table>
<thead>
<tr>
<th>Purpose of Activity/Function</th>
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<table>
<thead>
<tr>
<th>Target Audience</th>
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</table>

<table>
<thead>
<tr>
<th>Is this an annual or ongoing event or a newly designed event?</th>
</tr>
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<table>
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<tr>
<th>Will this event occur regardless of the outcome of this funding decision?</th>
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</table>

33. Please tell us more about your event/activity and how it will support youth in our community?


This completes the online application. To complete your application please send a Budget Overview document with the matching Proposal Name from page 1 of this survey to sklein@marincounty.org.

You may submit another funding request by reopening the survey link after you hit submit on this submission.
8. Program Enhancement: Acquisition Detail

34. Please describe the requested purchase? Please include how the item is used by your program and how it supports youth in our community.

35. Item Details

Is this a replacement item for your organization?

If yes what is age of the item being replaced?

If no, is the organization prepared to fund associated costs for ongoing supplies and maintenance?

This completes the online application. To complete your application please send a Budget Overview document with the matching Proposal Name from page 1 of this survey to sklein@marincounty.org.

You may submit another funding request by reopening the survey link after you hit submit on this submission.