2024 CalVCB Trauma Recovery Center (TRC) Grant Application

# APPLICATION PACKAGE CHECKLIST

* Title Page: Fill in responses to 1 – 10 and attach to the front of the Program Narrative
* Program Narrative: Numbered responses to narrative qualifications 1-6 (no more than two pages per response) **(60 points)**
* 2024 Budget Worksheet **(10 points)**
* Budget Narrative (include description of additional funding sources) **(10 points)**
* Time Task Plan **(7 points)**
* Client Flow Chart **(5 points)**
* Organizational Chart **(5 Points)**
* Letters of Support (no more than three with at least one from a law enforcement agency and one from a community-based organization) **(3 Points)**

1. **Legal name of the applicant organization:**
2. **Proposed (or current) 3-letter abbreviation for CalVCB internal use (please use when referring to your TRC throughout this application):**
3. **Total amount requested for the 2-year grant cycle:**
4. **Location(s) at which services shall be provided:**
5. **Mailing address:**
6. **Schedule of days of the week and hours during which services shall be provided:**
7. **Project representative: (Name, Phone, Fax, Email)**
8. **Project contact with signing authority: (Name, Organization, Address, Phone, Fax, Email)**
9. **Geographic area the applicant will serve, including crime rate:**
10. **Performance Measures Estimates:**

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| --- | --- | --- | --- |
| **Projected Number of Clients to be Served During the Grant Cycle** | | | |
| 2 Year Grant | Number of New Clients | Unduplicated Clients to Receive Mental Health Treatment | Unduplicated Clients to Receive Case Management Services |
| Year One |  |  |  |
| Year Two |  |  |  |
| **Number of Trainings, Outreach and Collaboration Events Provided During the Grant Cycle** | | | |
| 2 Year Grant | Trainings | Outreach Events | Collaboration Events |
| Year One |  |  |  |
| Year Two |  |  |  |