

## **2026/27 NOFA Questions & Answers**

- 1. Regarding question 2, I see that the "one psychiatrist to help with medication management and assist with treatment needs" position states that it can be contracted. Can the other positions, psychologist and social worker, also be contracted or must they be in-agency employees?**

**A:** TRCs may contract staff in any position to provide services.

- 2. Regarding question 2 and 3, can we contract out for some of the services listed, if we must provide them all, or must they all be provided within the agency?**

**A:** Refer to the response to Question 1.

- 3. Can both the Psychologist and Psychiatrist be contracted positions?**

**A:** Refer to the response to Question 1.

- 4. Regarding personnel, page 3 of the NOFA lists the required breakdown as: One psychologist, One social worker, One psychiatrist to help with medication management and assist with treatment needs. The psychiatrist can be a permanent employee or a contracted employee.**

**If the psychiatrist can be either an employee or a contractor, does this indicate that the psychologist and social worker must be employees of the applicant organization, rather than contractors?**

**A:** Refer to the response to Question 1.

- 5. Regarding the service requirements - does the applicant need to provide services directly (by grant staff) or can they refer for some services have subgrantee? For example, medication management and substance abuse treatment, could these be provided to survivors through referrals and partnerships?**

**A:** Core services listed in state law must be provided by the TRC. TRCs can hire contract staff to provide required services.

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**6. How much FTE (Full-Time Equivalent) is required for the psychologist, and psychiatrist?**

**A:** There is no FTE required for the psychologist or psychiatrist under the grant. The number of hours each works must align with the caseload of the TRC and the needs for an effective multidisciplinary team. The grantee shall provide a description of how they will meet the workload requirements of the TRC.

**7. Page 3 of the NOFA lists certain criteria for “crime victims who usually cannot get help,” but this appears to be a non-exhaustive list. Meanwhile, the VCB website (<https://victims.ca.gov/for-victims/who-is-eligible/>) outlines eligibility criteria for victim compensation, i.e. cooperating with law enforcement, not having committed a felony at the time of the crime, being within seven years of the crime date, etc.**

**Could you please confirm whether either of these lists defines eligibility for TRC grant-funded services? If not, is there other guidance available on how grantees should determine client eligibility?**

**A:** [Victim compensation program eligibility requirements](#) do not apply to the CalVCB TRC Grant. The applicable guidelines for CalVCB TRC grant client eligibility are in California Government Code Sections 13963.1 (e)(1) and (e)(2) and 13963.2 (a) and (b).

**8. Can the multidisciplinary team be LCSWs/LMFTs and contract Psychiatric Nurse Practitioners for medication management? Or do you have to have a Psychologist and Psychiatrist?**

**A:** No.

State law requires that each TRC must have at least one psychologist, one social worker, and one psychiatrist. A clinician shall be either a licensed clinician or a supervised clinician engaged in completion of the applicable licensure process.

In addition to the three required positions, TRCs can include supplemental positions as part of their grant application to support their proposals regarding planned services and the volume of clients that will be served.

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The following requirements apply to staffing:

- Only licensed clinicians or supervised clinicians engaged in completion of the applicable licensure process are classified as clinical personnel.
- CalVCB does not pay for the salaries for student interns or trainees.

**9. Regarding "clinical" versus non-clinical personnel: would a certified CHW (Community Health Worker) staff be classified as clinical (certified but non-licensed)?**

**A:** No. Refer to the response to Question 8.

**10. Will you be able to reimburse TRCs for hours worked by Marriage Family Therapist Trainees?**

**A:** No. Refer to the response to Question 8.

**11. The TRC Notice of Funds Available requires a social worker. What is the definition of a social worker? Can it be someone certified in domestic violence and/or sexual assault, or does the person need to have a particular level of education or license?**

**A:** Refer to the response to Question 8.

**12. Regarding personnel that qualify as a "supervised clinician working to complete their license," is there further guidance for where that staff member should be in completing their license, or what will be required from grantees to demonstrate this?**

**A:** A supervised clinician working to complete their license can either be:

- An associate clinician registered with the appropriate licensing board. CalVCB requires associate clinicians to submit their license number.
- A master's level graduate student intern. CalVCB's Grant Recipient Handbook includes additional requirements for student interns such as being actively enrolled in a relevant accredited master's program and an MOU. CalVCB does not pay for salary costs for student interns.

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**13. We understand that applicants are required to have a physical location even if services are primarily provided via telehealth. Could you please clarify which members of the clinical staff are expected to be available to serve clients at this physical site?**

**A:** The [Integrated Trauma Recovery Services \(ITRS\) model](#) requires flexibility in where clients are seen including in the home, community, or other safe locations (page 29). It also recommends that TRC clinicians, including the psychiatrist, work at the same location so they can participate as active members of the multidisciplinary team (page 173).

For this reason, TRCs must have the ability to provide the core services listed in state law in-person at a physical location to meet client and community needs. It is also acceptable to provide these services at satellite locations or virtually if those options best serve victims.

**14. Which services or operations are strictly required to be provided in person?**

**A:** Refer to the response to Question 13.

**15. The RFA specifies on page 5, section II.A regarding applicant eligibility, that those who apply must "be able to provide all direct services from their main office location. Virtual services are allowed if needed by the client."**

**Does this mandate that all in-person services be provided at the applicant's main office location? If so, how is "main office" defined if an applicant has a primary business address with admin offices plus satellite locations for service programs; would we be able to create a TRC environment at a satellite location? What about creating a TRC environment at a new space shared with us by a partner organization or agency?**

**A:** Refer to the response to Question 13.

**16. If services are provided through referrals and partnerships, may we have more than one location (versus a main office location noted under eligibility)?**

**A:** Refer to the response to Question 13.

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**17. Regarding the eligibility requirement in the 2026 Trauma Recovery Center Grant NOFA that states applicants “must be able to provide all direct services from their main office location.”**

Our organization plans to contract the required clinical roles (psychologist, social worker, psychiatrist) rather than hire them as in-house staff. These contractors would likely provide services from their own professional spaces rather than from our main office. We understand that virtual services are permitted when needed by the client, but we would like to confirm whether contracted personnel are required to physically operate from our main office location in order to meet this eligibility criterion.

Specifically, we would appreciate guidance on:

- Whether the “main office location” requirement applies to contracted staff who are providing direct services.
- Whether there is flexibility for contractors to work from their own offices or community-based settings, provided all services are properly documented and meet TRC standards.

**A:** Refer to the response to Question 13.

**18. As a tribal consortium, we assist victims of crime all across California. Can our TRC be virtual for all victims outside of our Sacramento main office?**

**A:** Refer to the response to Question 13.

**19. Are hybrid models (on site and virtual services) acceptable under 13963.2?**

**A:** Refer to the response to Question 13.

**20. Are community-based victim service providers eligible?**

**A:** Any organization that can meet the requirements listed in California Government Code Sections 13963.1 and 13963.2 can apply for a TRC grant.

**21. The state model is hospital based. So, does this mean we need to be hospital-based or linked?**

**A:** No. Refer to the response to Question 20.

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### **22. Are Community-Based TRCs eligible to apply?**

**A:** Yes. Refer to the response to Question 20.

### **23. If you are a CBO that provides most of these services, are you eligible to apply, even if you are not a formally designated TRC?**

**A:** Yes. Refer to the response to Question 20.

### **24. If an FQHC (Federally Qualified Health Center) meets the requirements, are they eligible to apply?**

**A:** Yes. Refer to the response to Question 20.

### **25. We provide crisis intervention and supportive services to survivors of sexual assault and intimate partner violence, and their loved ones and children. Are we eligible as is, or do we need to explicitly provide all services listed, such as Medication management and Substance abuse treatment?**

**A:** Applicants are scored on their ability to provide the core TRC services outlined in state law which include medication management and substance abuse treatment. Failure to explicitly list all core TRC services will result in lower scores for the grant application.

### **26. Are the 16 sessions from ITRS model inclusive of case management sessions or does that refer only to psychotherapy intervention sessions with clinician?**

**A:** Yes. According to page 37 of the [Integrated Trauma Recovery Services \(ITRS\) model](#), the TRC Clinician provides the trauma-informed case management. During the case management process, psychotherapy and substance abuse counseling are incorporated as rapport is built with the client.

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**27. Can clinicians utilize EBP (Evidence-Based Practice) outside the ones listed, for example EMDR?**

**A:** Yes. Clinicians at the TRC can utilize established, evidence-based, and evidence-informed practices in treatment outside of what's listed, which can include EMDR.

**28. Can TRC funds support low-barrier or educational services, like support groups or psychoeducation for survivors who may not fully enroll in the TRC program? What are the eligibility or documentation requirements for these participants?**

**A:** Yes. State law requires TRCs to offer outreach and case management services to clients regardless of whether clients choose to access mental health services. The eligibility requirements for all TRC clients are the same and can be found in California Government Code Sections 13963.1 (e)(1) and (e)(2) and 13963.2 (a) and (b).

**29. The TRC Notice of Funds Available states the TRC must offer easily accessible mental health and support services. Is there a limit on the number of counseling sessions/groups, etc. that a client can be provided? Or is this up to the counselor/TRC/MDT team?**

**A:** There is no limit on the number of sessions a client can be provided. The [Integrated Trauma Recovery Services \(ITRS\) model](#), states treatment typically lasts for 16 sessions and can be extended after special consideration with a clinical supervisor. Additional information about the duration of treatment can be found on page 27 of the model.

**30. Of the grantees who were awarded funding last year, how many were current grantees and how many were new grantees (never had received CalVCB funding)?**

**A:** Of the 11 Fiscal Year 25/26 Grant Awardees, nine were existing/current TRCs and two were new grantees.

**31. What was the range of grant amounts awarded in the last cycle of this funding?**

**A:** The Fiscal Year 25/26 grant awards ranged from \$896,576 to \$2,200,000.

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**32. The NOFA states that the grant award is an annual appropriation of \$2,000,000 from the Restitution Fund, for a two-year cycle effective July 1, 2026, through June 30, 2028. Is the maximum amount of an award under this grant \$2,000,000 for the entire two-year period?**

**A:** No. In recent years, the Board has capped grant awards at a maximum of \$2.2 million so that more organizations can be funded. Applicants should submit a budget worksheet and budget narrative detailing the requested amount for the full two-year grant period. The number of grants awarded by CalVCB will be determined by a variety of factors, including the number of qualified applicants, the amount of funds requested, and the amount of funds available.

**33. Can you let us know where we can find a list of current recipients of this grant funding?**

**A:** A list of current TRC grantees can be found on [CalVCB's website](#).

**34. Is there a public source or database where we can review previous awardees or funded organizations from past CalVCB grant cycles?**

**A:** A list of currently funded TRCs can be found on [CalVCB's website](#). CalVCB [Board meeting materials](#) include historical information. TRC grant recommendations are generally decided by the Board in March.

**35. The NOFA encourages applicants to leverage other funding sources for services. Will services provided by other funding sources serving victims of crime be allowable for data reporting to CalVCB?**

**A:** No. Only services provided utilizing TRC funding is allowable for data reporting.

**36. Will there be any advance (payments or cash advances)?**

**A:** No. There will not be any advance payments/cash advances. TRCs pay for services first and then submit itemized invoices every month. The TRC is reimbursed for approved expenses within 60-90 days from when CalVCB approves the invoices.



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### **37. Why just 5% indirect?**

**A:** CalVCB established the 5% cap on indirect cost reimbursement for TRC grants to ensure that most of the state funding is directed toward direct victim services, while still allowing administrative support. Indirect cost allocations are limited to the lesser of the Grantee's approved indirect cost rate or 5% of the total grant award.

### **38. With the email submission, are we able to reach out to confirm that the items on the checklist have been received in the PDF? Most email providers only allow up to so many MB for submissions.**

**A:** Yes. You may reach out to [grants@victims.ca.gov](mailto:grants@victims.ca.gov) to verify your entire application package has been received. The Grant Programs Section at CalVCB will reply to each grant application package submission email.

### **39. Qualification 4 of the FY26/27 NOFA states:**

**Provide specific examples of your organization's experience and/or ability to offer evidence-based and evidence-informed mental health services and support services. (California Government Code section 13963.2)**

**Is qualification 4 requesting specific examples of types of crime and the treatment modality for that crime or a narrative client story describing their victimization and treatment?**

**Does the response need to identify which mental health services are evidence-based and which are evidence-informed?**

**A:** This qualification is your organization's opportunity to demonstrate your experience providing evidence-based and evidence-informed mental health and support services to victims of crime. Organizations whose answers contain relevant examples will receive higher scores. Please refer to qualification language and the scoring rubric on page 7 of the NOFA.

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**40. Regarding Qualification 6, does “greatest number of victims based on geographic location” refer to the TRC’s geographic location or where the victims reside?**

**A:** This qualification requests information regarding the community your organization serves including crime rates in your service area and the availability of similar services.

**41. How many pages for the budget narrative?**

**A:** There is no recommended or required length for the budget narrative.

**42. Are there a number of individuals we must serve?**

**A:** Applicants must project the number of clients they will serve during the grant cycle. This number should correlate to the funding requested and number of clinicians and other administrative staff proposed for the 2-year grant cycle.

**43. Please clarify on the Budget Worksheet: For the Staff under "Monthly Gross Salary" there are no calculations. However, under "Estimated Monthly Total Salary / Wage Calculation" it is taking the percentage of the "FTE". Please let us know if we may alter the fields.**

**A:** Do not alter the fields and ensure you are using the current worksheet which can be found on [CalVCB's website](#). Use of outdated or altered worksheets may impact the number of points an organization receives.

**44. Under fringe benefits the calculations in "Estimated Total Fringe Rate % billed to TRC" are not registering as a percentage.**

**A:** The calculation renders correctly if you are using an updated version of Excel and the current worksheet which can be found on [CalVCB's website](#).

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**45. The TRC Notice of Funds states victims do not need to apply and be approved for compensation through CalVCB's program to receive help at a TRC. To clarify, the TRC can pay for services and (1) does not need CalVCB's approval ahead of time, and (2) CalVCB cannot deny the payment or request for reimbursement? For example, if a TRC paid relocation costs as part of the emergency fund, the TRC can do so without CalVCB's approval and CalVCB cannot deny reimbursement to the TRC after the TRC submits its monthly invoice. Is this a correct understanding of the Notice of Funds Available?**

**A:** No. The victim compensation program is separate and apart from the TRC grant. TRC grant funds have their own guidelines for allowable and unallowable expenses that are outlined in the grant agreement and a TRC Grant Recipient Handbook. TRC expenditures that fall outside of allowable guidelines will not be reimbursed.

**46. What can the 1% emergency fund be used to purchase for clients? Can you please provide examples?**

**A:** Emergency funds are resources used to meet the immediate needs of TRC clients such as transportation, childcare, food, emergency shelter, medical treatment, or clothing.