



GOVERNOR'S OFFICE OF BUSINESS AND ECONOMIC DEVELOPMENT  
STATE OF CALIFORNIA • OFFICE OF GOVERNOR GAVIN NEWSOM

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# **CALIFORNIA COMMUNITY REINVESTMENT GRANTS PROGRAM**

## **Online Application Portal User Guide**

## FOREWARD

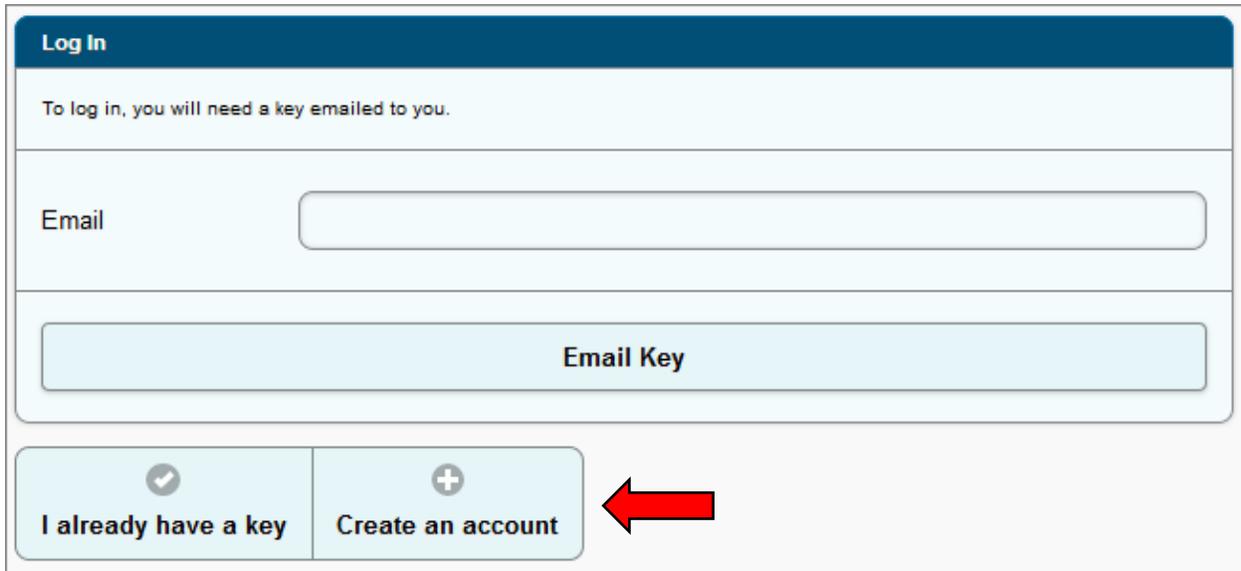
This guide is to be used as a reference for completing the California Community Reinvestment Grants (CalCRG) program application which is administered by the Governor’s Office of Business and Economic Development (GO-Biz). Prospective applicants should read this guide before starting and while completing the application.

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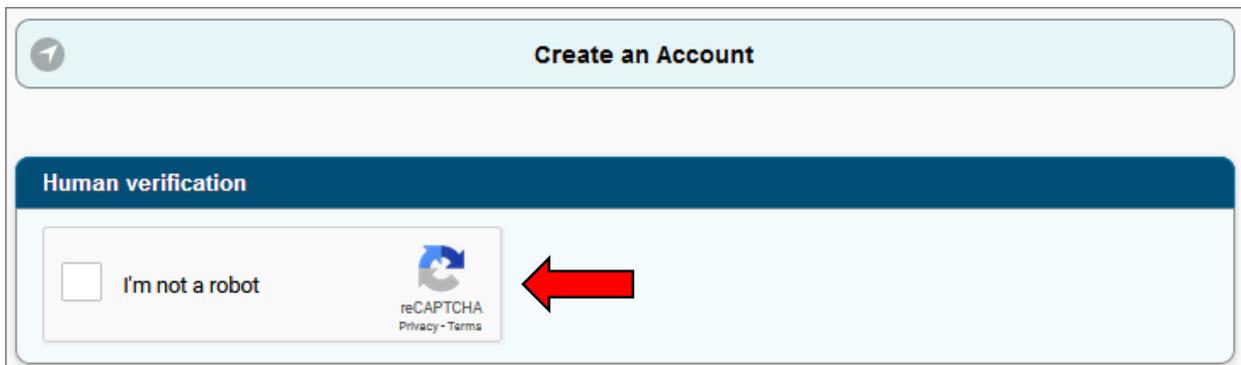
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## CREATING A PROFILE

The CalCRG program application must be submitted online via the online portal available at <http://CalCRG.business.ca.gov><sup>1</sup>. Applicants must first create an account by selecting the “Create an Account” button on the login screen as shown below.



The user will then be prompted to create an account and will be asked to enter their name, title, company, phone number(s), and email address. The user must also check the “Human verification” in order to complete the registration process.



**Note:** Consultants, partner organization contacts, and other authorized representatives should use their own personal information for creating an account. The application allows a single account holder to create, edit, submit and have access to multiple applications.

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<sup>1</sup> GO-Biz complies with the Americans with Disabilities Act. If an applicant is unable to complete the online application due to a disability, please contact GO-Biz to request a reasonable accommodation.  
Updated April 22, 2019

First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text"/>
Title	<input type="text"/>
Company	<input type="text"/>
Phone (Primary)	<input type="text"/>
Phone (Alternate)	<input type="text"/>
<b>Email</b>	
<i>Your email address will be used to log you into the application. To avoid delays when logging in, specify an email address that does not forward to other addresses.</i>	
Email	<input type="text"/>
Reenter Email	<input type="text"/>
<b>Create Account</b>	

For security reasons, GO-Biz requires an access key process each time an applicant logs into their account. Each time the user wishes to log into their account, they must enter their email address in the “Email” field at <http://CalCRG.business.ca.gov> and then click on the “Email Key” button. A six-digit access key will be emailed to the applicant’s email address. The user will need to copy the access key from their email and paste or type it into the required text box in order to gain access to their account. A new access key is needed each time a user logs into their account. For security, reasons, access codes expire after 30 minutes. If the access code expires prior to the user logging into the account, the user will need to repeat the login process and obtain a new access key.

<b>Log In</b>	
To log in, you will need a key emailed to you.	
Email	<input type="text"/>
<b>Email Key</b> 	

**Note:** Some email servers with aggressive SPAM/virus protection can delay delivery of the email. If the delay is greater than 30 minutes, the applicant will not be able to log in. There are two possible solutions:

1. The user should ask the employer's IT team to allow emails from CalCRG@gobiz.ca.gov to be immediately delivered and/or add this email address to a "trusted" list; or
2. The user may use an alternative email provider (e.g., Gmail, Yahoo, Hotmail, etc.) that does not have the same delivery delays.

**Note:** If you didn't receive an access code, make sure that the email being used is the same email address that is associated with the account profile. Also, check the spam filters as the email might have been blocked.

**Note:** A user's profile can be edited at any time by clicking on the account application name in the top right corner of the application and selecting "edit my profile". Changing the email address will change the email address required for logging in.

## CREATING AN APPLICATION

To create an application, log into the system at <http://CalCRG.business.ca.gov> and click the "Create a New Application" button.



From the Create Application page the applicant will be asked to provide basic information about their organization.

### Applicant Organization's Legal Name

Please make sure the "Applicant's Legal Name" is the official, legal business name of the applicant. If starting a collaborative application, enter the information for the Lead Applicant.

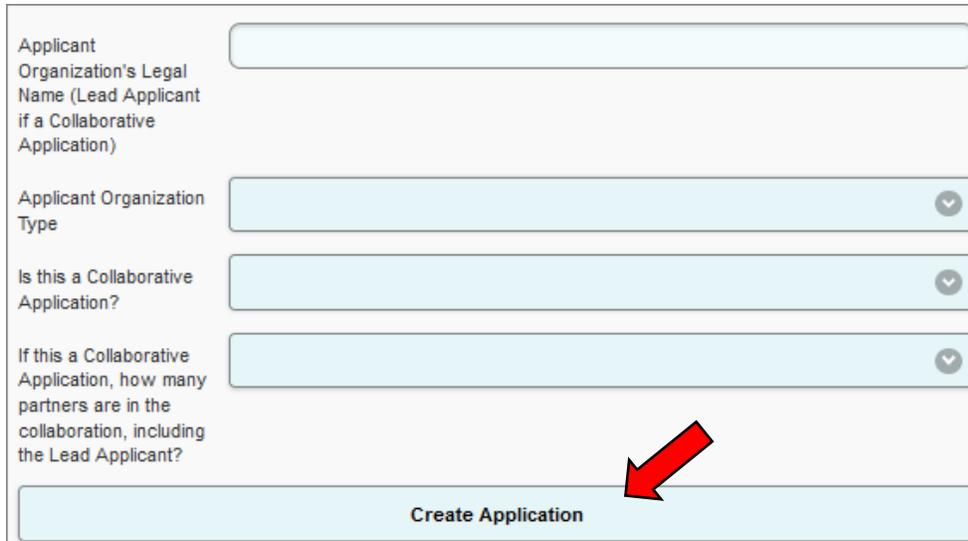
### Applicant Organization Type

Select either Community-based Nonprofit or Local Health Department.

## Collaborative Applications

Indicate if this is a collaborative application by using the drop down to select yes or no. If yes is selected, use the next drop down to select the total numbers of organizations, including the Lead Applicant, that are associated with the application.

After completing all required information, click Create Application.



Applicant Organization's Legal Name (Lead Applicant if a Collaborative Application)

Applicant Organization Type

Is this a Collaborative Application?

If this a Collaborative Application, how many partners are in the collaboration, including the Lead Applicant?

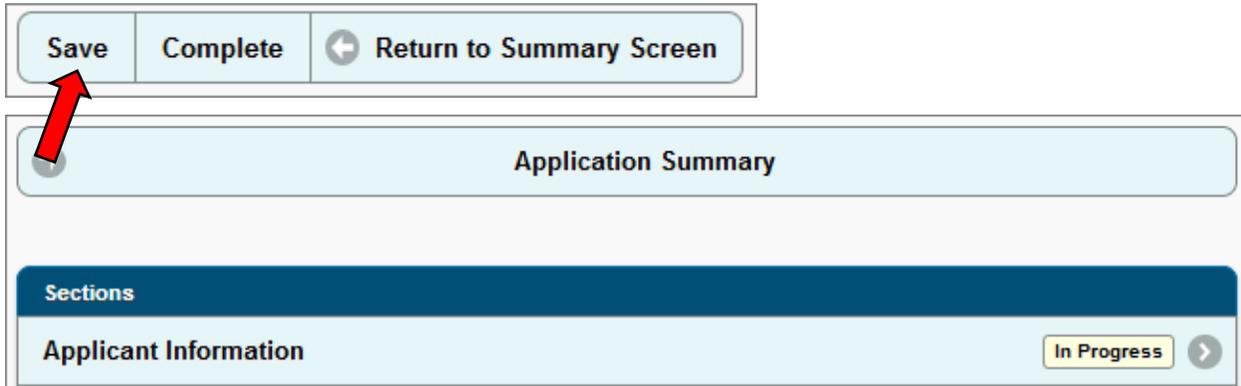
Create Application

## NAVIGATING AND SUBMITTING THE APPLICATION

Once the application is created, the Application Summary screen will populate with the application sections. The number of application sections will be different based on the application type (i.e. organization type, collaborative application). Below is an example of an application screen for a Community-based Nonprofit Organization (CBO) collaborative application.

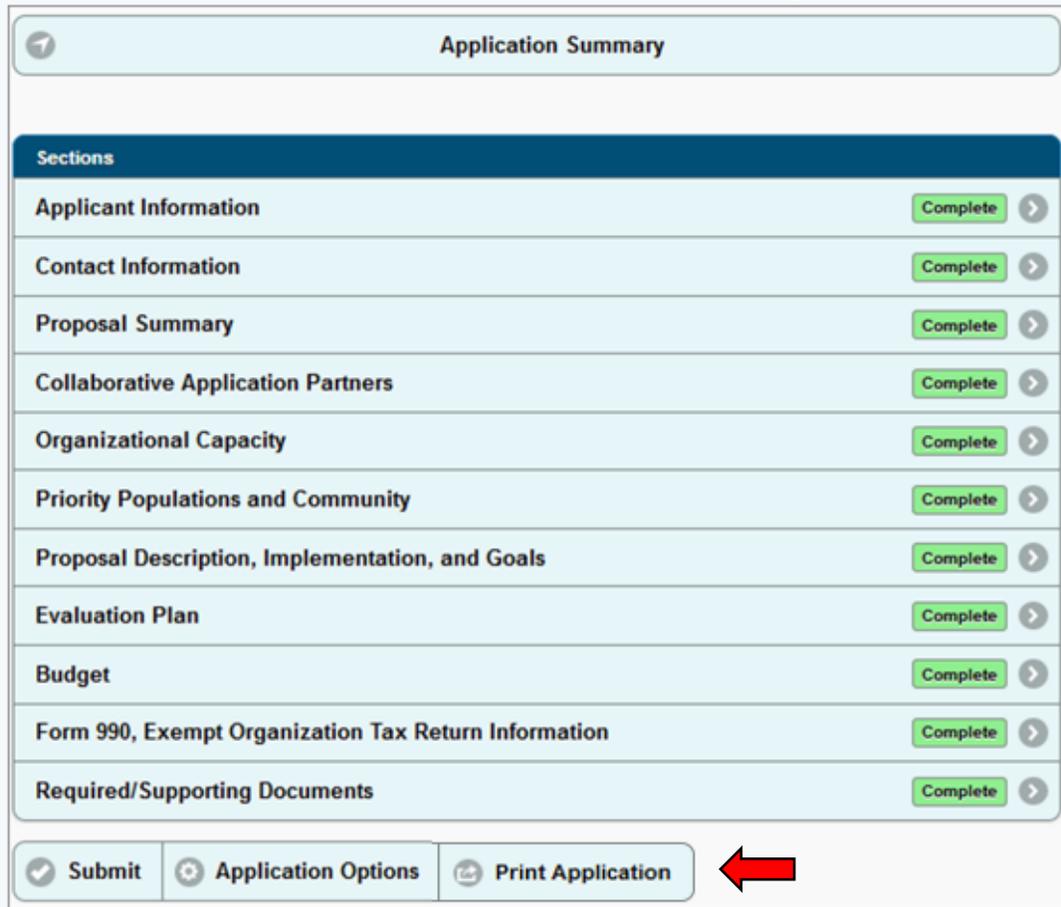
Sections	
Applicant Information	Not Started >
Contact Information	Not Started >
Proposal Summary	Not Started >
Collaborative Application Partners	Not Started >
Organizational Capacity	Not Started >
Priority Populations and Community	Not Started >
Proposal Description, Implementation, and Goals	Not Started >
Evaluation Plan	Not Started >
Budget	Not Started >
Form 990, Exempt Organization Tax Return Information	Not Started >
Required/Supporting Documents	Not Started >

As questions are answered within each section, the applicant may click the “Save” button at the bottom of each page to save the applicant’s progress. This action will update the Application Summary page to show the section is “In Progress”.



Once all required questions within a section have been answered or completed, click on the “Complete” button. All sections must be marked as “Complete” before the application can be submitted. Applicants can make changes to sections marked as complete for unsubmitted applications until the deadline to submit.

When all required sections have been completed, the applicant may submit the application by clicking on “Submit” from the Application Summary page. The “Submit” button will not be active until all sections have been completed.



Once submitted, an applicant can print a PDF copy of the completed application by clicking on the “Print Application” button at the bottom of the homepage. The applicant can retain this PDF for future reference and to ensure inputs were accurate. Additionally, provided that an application period is still open, an applicant may “Recall” a previously submitted application, amend it, and resubmit it.



## APPLICATION SECTIONS

The following will cover specific information for each section of the application.

### Applicant Information

In this section the applicant must provide general information regarding the applicant's organization.

#### *Legal Name*

The Legal Name will be populated automatically when the application is created. If the application is a collaborative application, only the lead applicant's legal name will populate in this section.

#### *Federal Employer Identification Number<sup>2</sup>*

The Federal Employer Identification Number (FEIN or EIN) is a unique, nine-digit number issued by the Internal Revenue Service (IRS) to identify an organization. It can be found on the organization's tax return. The FEIN must be entered in the correct format and match IRS tax documents. This number will be used to verify tax-exempt status for CBOs.

#### *Secretary of State Entity Number<sup>2</sup>*

The Secretary of State Entity Number is the identification number issued to the applicant by the California Secretary of State (SOS) at the time of registration. CBOs must be registered with the SOS to be eligible for the CalCRG program.

#### *Year Organization Established<sup>2</sup>*

Enter the year that the organization was established. CBOs must have been duly organized, in existence, and in good standing for at least six months prior to the date the Grant Solicitation Notice is issued by GO-Biz.

#### *Registry of Charitable Trust Registration Number<sup>2</sup>*

Enter the organization's Registry of Charitable Trusts number provided the California Attorney General (AG). If applicable, CBOs must be in compliance with requirements of the AG's Registry of Charitable Trusts to be eligible for the CalCRG program. Please see <https://oag.ca.gov/charities> for more information. If the applicant does not have a Registry of Charitable Trusts number, please indicate so in this field.

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<sup>2</sup> Required for CBOs only  
Updated April 22, 2019

### Mailing Address

Enter the mailing address of the applicant.

### Payment Address

Enter the address any grant payments should be sent if different than the mailing address.

### Geographic Eligibility

Check either one or both Geographic Eligibility boxes. The services proposed by an applicant must be for communities within an Eligible County or Eligible Census Tract(s) to be eligible for the CalCRG program.

If the Eligible County box is checked, use the drop down to select the applicable county.

If the Eligible Census Tracts box is checked, use the [CalCRG Program Census Tracts](#) map to identify the eligible census tract(s) and enter the Census Tract number(s) and corresponding county. Multiple census tracts may be entered.

**California Community Reinvestment Grants (CalCRG) Program Census Tracts**

Type address and hit enter:

1325 J Street, Sacramento, 95814

..or, hit button below and click on map to plot point manually.

CalCRG Program Census Tracts

-121.48828,38.57928

1325 J St, Sacramento, CA 95814

This address is within a CalCRG Program Census Tract: Census Tract **11.01, Sacramento**, California

Geographic Eligibility (must check at least one box and enter corresponding information to be eligible)

Eligible County

Eligible Census Tracts

Select eligible county if marked above

Using the [CalCRG Program Census Tracts](#) map, enter the census tract(s) of the service area (Only if eligible census tracts marked above)

11.01, Sacramento

## Contact Information

In this section the applicant must add contact information (name, email address, phone number, etc.).

**Note:** GO-Biz is not responsible for unreceived emails due to spam filters, internet connectivity issues, or any other similar disruptions in service.

### *Primary Contact*

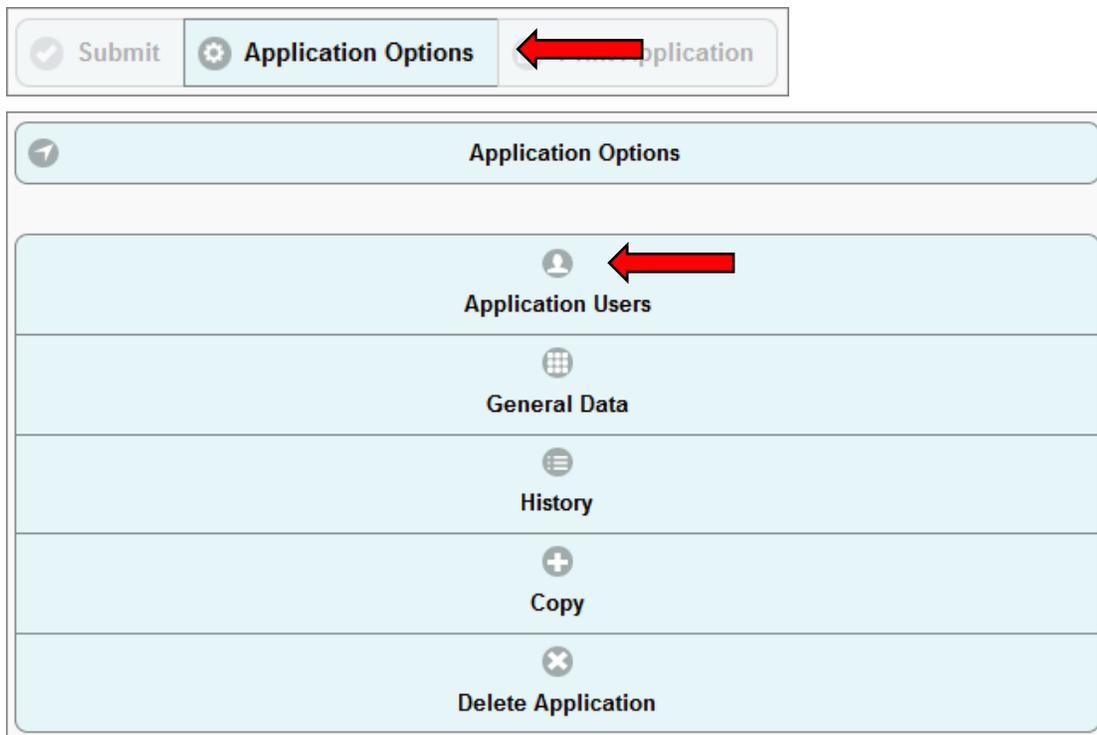
A primary contact must be designated and entered to complete this section. The primary contact will be the main point of contact that GO-Biz will communicate with during the application and evaluation period. Please ensure the email address provided for the primary contact is regularly monitored.

### *Collaborative Application Partner Contacts*

If applicable, at least one contact for each partner organization in a collaborative application should be added.

### *Authorizing Contacts*

Contacts added in this section are only used for communication purposes; this does not grant the contact access to the online application. To authorize a contact access to the online application, click on “Options” at the bottom of the Application Summary screen and then click on “Application Users”. Please note that all new application users must create their own account prior to this action.



**New User for this Application**

Email Address for New User

Add User to Application ←

## Proposal Summary

In this section, the applicant will provide basic information regarding their application.

### *Funding Category or Categories*

Check the box for each funding category of services that the application will cover. At least one box must be checked.

For a collaborative application, the top box will cover the entire application including any funding categories partner organizations will provide services in. The second funding category box<sup>3</sup> is for services provided by the Lead Applicant. If the lead applicant is acting as a fiscal agent for the partner organizations and will not be providing services, check the box labeled N/A.

### *Total Amount Requested*

Enter the total amount requested. For applications from a single organization, enter an amount between \$50,000 and \$300,000. For collaborative applications, enter an amount between \$100,000 and \$650,000.

### *Total Amount Requested – Lead Applicant<sup>3</sup>*

For a collaborative application, the Lead Applicant will enter the amount of the total allocation budgeted for the Lead Applicant organization.

### *Executive Summary*

Provide a brief (3–5 sentence) summary of the grant proposal.

## Collaborative Application Partners<sup>3</sup>

This section is only applicable to collaborative applications. It will not populate if the application is for a single applicant.

Each partner organization in a collaborative application must have a Collaborative Application Partner added to this section. To add a Partner, click “Add Partner”.

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<sup>3</sup> This will only populate if this is a collaborative application.  
Updated April 22, 2019

7 Collaborative Application Partners

Partners

No Partners.

+ Add Partner
←

Complete
← Return to Summary Screen

Enter all applicable information for each partner including their Legal Name, Organization Type, Amount budgeted for partner, the funding category or categories of the services the partner will provide and required CBO organizational information. There are additional questions that the partner organizations must answer (these questions will be asked for the Lead Applicants in other sections of the application).

**Additional Questions (Required before completing section)**

What is this partner organization's mission? (1750 characters)

You may add this partner prior to answering this question.

Describe this partner organization's core competencies (i.e. what does this partner organization do well). (1750 characters)

You may add this partner prior to answering this question.

List this partner organization's board members and staff that will be working on the proposed services, a description of their background, and their roles and responsibilities. Please include a description of if and how this partner organization's board members, decision makers, and/or staff have been directly impacted by the War on Drugs. (7000 characters)

You may add this partner prior to answering this question.

Describe this partner organization's experience providing services in its community/service area, and how those relate to the proposed services in this grant application. (3500 characters)

You may add this partner prior to answering this question.

Of the clients this partner organization has served in the last 12 months, have at least 40% been formerly incarcerated in prison?

▼

Of the clients this partner organization has served in the last 12 months, have at least 75% been formerly incarcerated in prison?

▼

Add Partner
Cancel ⊘

## **Organizational Capacity**

This section is to collect information on the organization's history and background, as well as describe the intended services to the priority population(s) for this grant. This section includes process questions and financial questions.

## **Priority Populations and Community**

In this section, include the problem statement or problem description (i.e. the problem the proposed services intend to address). This section should demonstrate the need and demand for services in the population your organization is proposing to serve.

## **Proposal Description, Implementation, and Goals**

In this section, describe the proposed service details and intended implementation; work plan and timeline; goals, and expected outputs and outcomes of the proposed services.

## **Evaluation Plan**

In this section, provide details of how you will evaluate the effectiveness of the proposed services and describe the organization's improvement procedures and sustainability of the proposed services.

## **Budget**

In this section, include the proposed budget amounts and descriptions for Direct and Indirect Costs associated with the proposed services. If there are no costs associated with a budget category, enter a "0" in the category amount field and a N/A in each description field. You will not be able to complete this section if you do not complete each field.

Budget categories include Personnel, Employee Training, Equipment & Materials, Other Direct Costs, and Indirect Costs. The Indirect Costs must be no greater than 17 percent of the total grant amount requested. Upload the Budget Spreadsheet and any supporting documentation in the [Required/Supporting Document](#) section of the online application.

The budget spreadsheet will include a separate sheet for each partner in a collaborative application however, this section should include aggregated amounts and descriptions for the entire collaborative application.

## **Form 990, Exempt Organization Tax Return Information<sup>2</sup>**

This section is only applicable to CBOs and will not populate if the applicant is a Local Health Department (LHD).

CBOs must complete this section however, if an organization has never filed a Form 990 with the IRS, answer "No" to the first question and click "Complete" at the bottom of the page.

If an organization has filed a Form 990 with the IRS, use the most recently filed Form 990 to complete this section. Each field must be filled out. Enter a "0" for any fields that do not have corresponding amounts on the Form 900.

## Required/Supporting Documents

This section is where applicants will upload all required documentation and other supporting documentation.

The following documents are required in order to complete and submit the application:

- Budget Spreadsheet (available at [www.business.ca.gov/CalCRG](http://www.business.ca.gov/CalCRG))
- Work Plan/Timeline (available at [www.business.ca.gov/CalCRG](http://www.business.ca.gov/CalCRG))
- Organizational Chart
  - For LHDs: include staff who will be directly working on the proposed services (e.g. Program Director, Program Manager, Program Specialist, fiscal analyst, etc.)
  - For CBOs: include the organization's Executive Director and key staff directly working on the proposed services, and if desired, Board members, decision makers, and/or other staff
- Biographies/Resumes
- Most recently filed Form 990<sup>2</sup>

The following documents are optional:

- Letters of Support
- Evidence of Need/Demand
- Other Supporting Documentation

To upload a document, click the "Add Document" button.

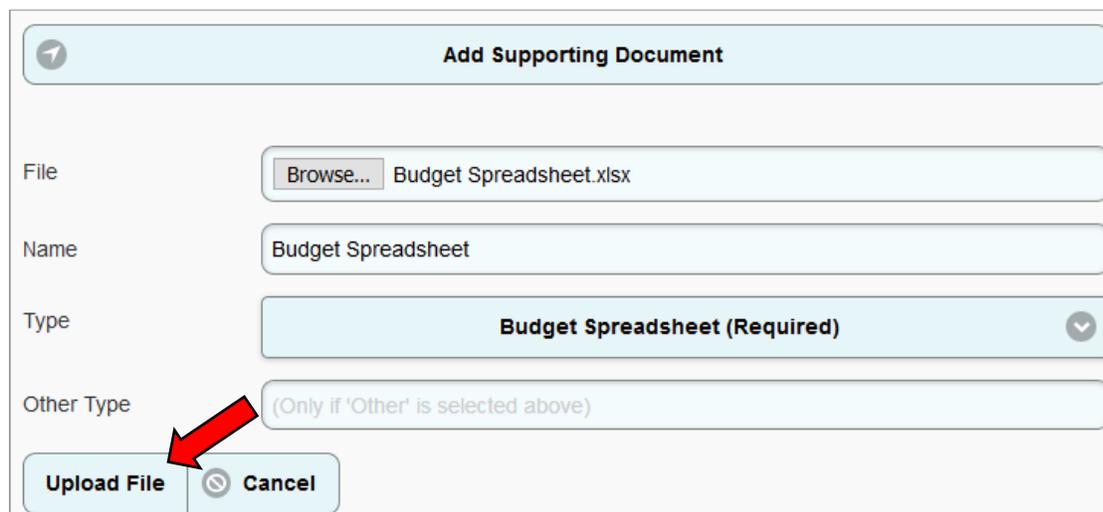


No files.

**+ Add File**

**Complete** **← Return to Summary Screen**

Select "Browse" to find the file on your computer, enter the name of the file and select the document type using the drop. Then click "Upload File".



**1** **Add Supporting Document**

File

Name

Type **Budget Spreadsheet (Required)** ▼

Other Type

**Upload File** **Cancel**

Once all required documentation and any pertinent documentation is uploaded, click the “Complete” button. All required documentation must be uploaded in order to complete this section.

### **ADDITIONAL ASSISTANCE**

If any additional assistance is needed, please contact the CalCRG team by emailing [CalCRG@gobiz.ca.gov](mailto:CalCRG@gobiz.ca.gov) or calling 916-322-2683.