



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

CALIFORNIA COMMUNITY REINVESTMENT GRANTS PROGRAM

Online Application Portal User Guide

FOREWARD

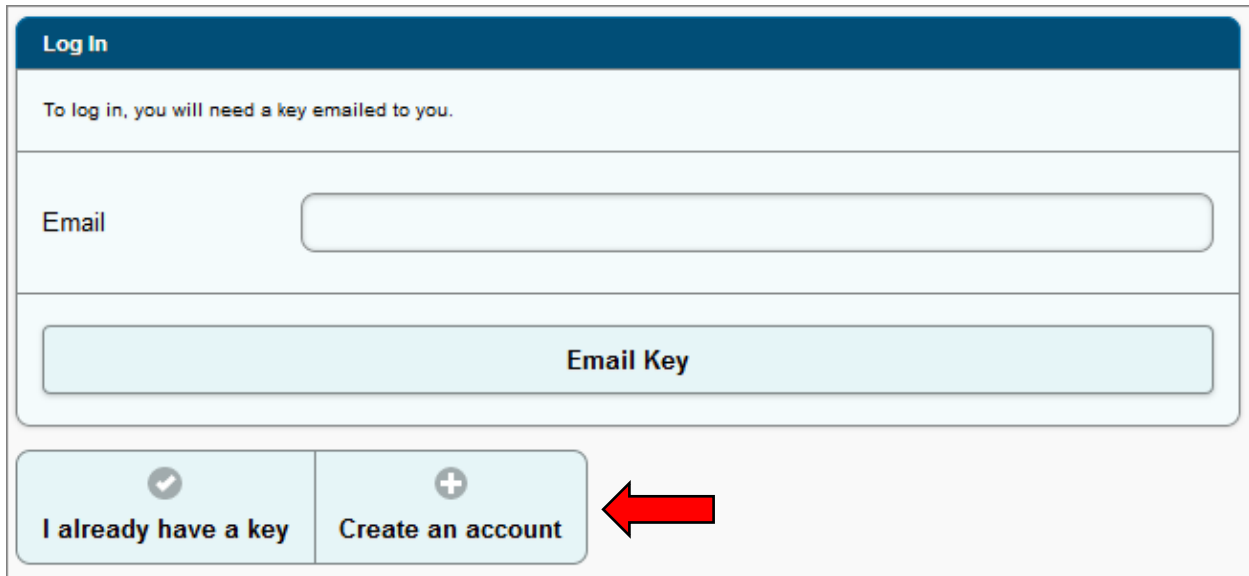
This guide is to be used as a reference for completing the California Community Reinvestment Grants (CalCRG) program application which is administered by the Governor’s Office of Business and Economic Development (GO-Biz). Prospective applicants should read this guide before starting and while completing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

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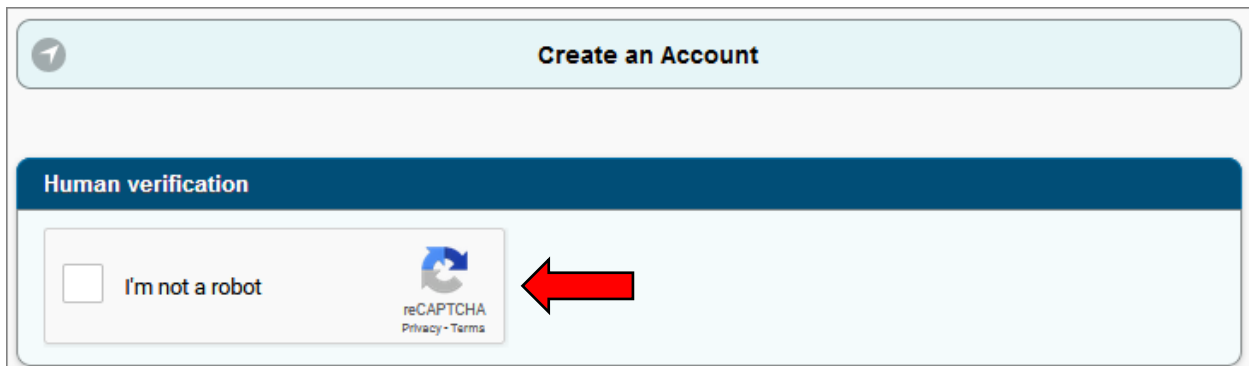
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CREATING A PROFILE

The CalCRG program application must be submitted online via the online portal available at www.calcrq.business.ca.gov¹. 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.

¹ 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.

| | |
|---|--|
| 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"/> |
| Email | |
| <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"/> |
| Create Account |  |

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 www.calcr.gov/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.

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

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 their 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 the access code is not received, make sure that the email being used is the same email address that is associated with the account profile. Also, check 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 www.calcrq.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 number 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) | <input type="text"/> |
| Applicant Organization Type | <input type="text" value=">"/> |
| Is this a Collaborative Application? | <input type="text" value=">"/> |
| If this a Collaborative Application, how many organizations are in the collaboration, including the Lead Applicant? | <input type="text" value=">"/> |
| <input type="button" value="Create Application"/> | |

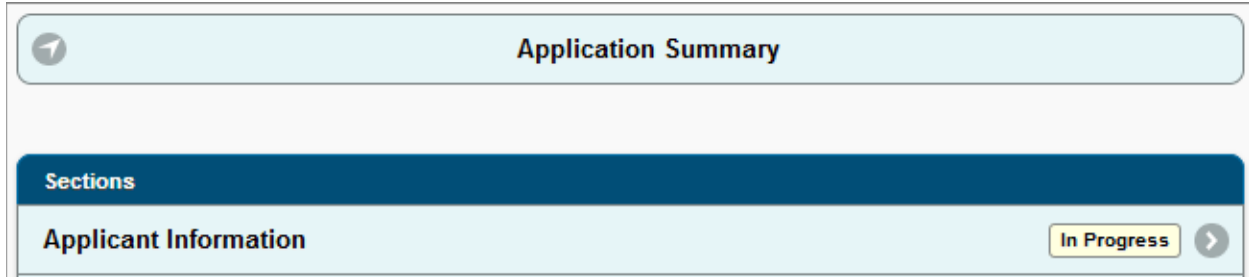


NAVIGATING AND SUBMITTING THE APPLICATION

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.

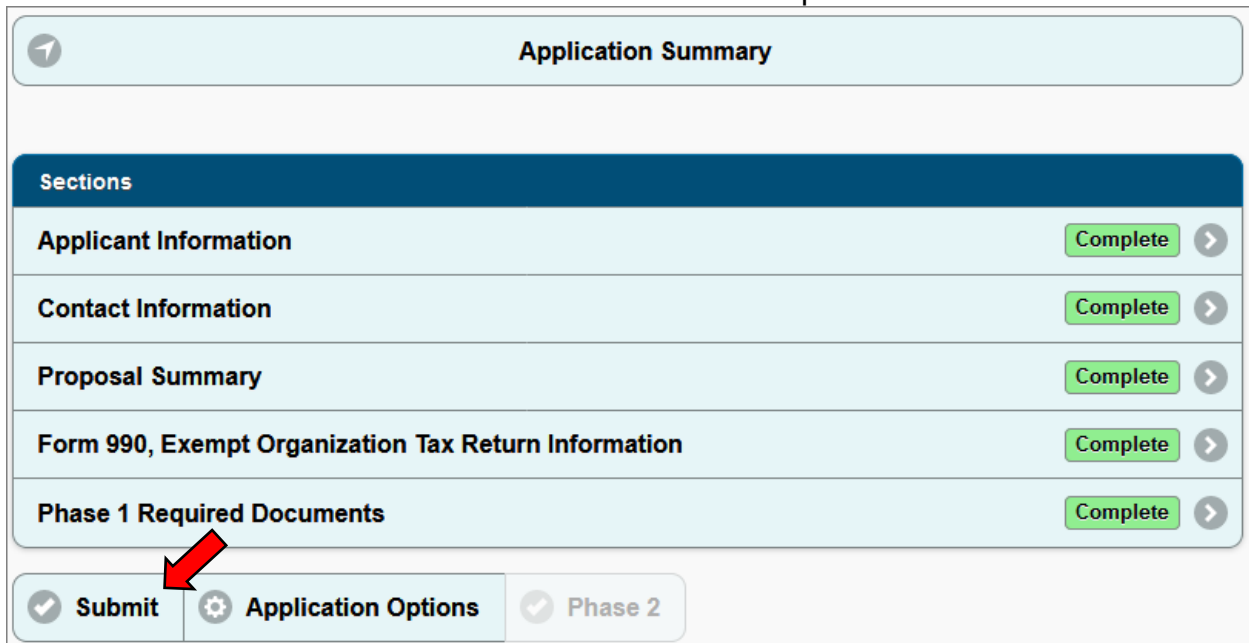
| Sections | |
|--|---------------|
| Applicant Information | Not Started > |
| Contact Information | Not Started > |
| Proposal Summary | Not Started > |
| Collaborative Application Partners | Not Started > |
| Form 990, Exempt Organization Tax Return Information | Not Started > |
| Phase 1 Required 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”.

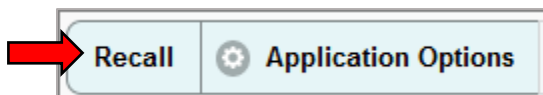


Once all required questions within a section have been answered or completed, click on the “Complete” button. All sections must be marked as “Complete” before the application can be submitted. Applicants can make changes to sections marked as complete for unsubmitted applications until the deadline to 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 Number²

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.

Secretary of State Entity Number²

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.

Year Organization Established²

Enter the year that the organization was established.

Registry of Charitable Trust Registration Number²

Enter the organization's Registry of Charitable Trusts number provided by the California Attorney General (AG).

Physical Address

Enter the physical address of the applicant. The physical address must be located in California.

Payment Address

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

² Required for CBOs only

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

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 in the following format: Census Tract [Number], [County Name] (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.

The screenshot shows a sequence of three UI elements. The top element is a horizontal bar with three buttons: 'Submit' (with a checkmark icon), 'Application Options' (with a gear icon), and a partially visible button 'Application' (with a left-pointing arrow icon). A red arrow points to the 'Application Options' button. The middle element is a light blue panel with two sections: the top section has a person icon and the text 'Application Users', with a red arrow pointing to it; the bottom section has a grid icon and the text 'General Data'. The bottom element is a form titled 'New User for this Application' with a dark blue header. It contains a text input field labeled 'Email Address for New User' and a large light blue button at the bottom labeled 'Add User to Application', with a red arrow pointing to it.

Proposal Summary

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

Total Amount Requested

Enter the total amount requested. For applications from a single organization, enter an amount between \$100,000 and \$450,000. For collaborative applications, enter an amount between \$200,000 and \$900,000.

Total Amount Requested – Lead Applicant³

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

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 box³ is for services provided by the Lead Applicant.

Please provide a 1-2 sentence summary of the services proposed in each funding category selected and a brief overview of how the grant funds requested will be used, including the projected number of individuals to be served in each funding category selected.

Competencies and Experience

Answer the questions related to organizational competencies and experience.

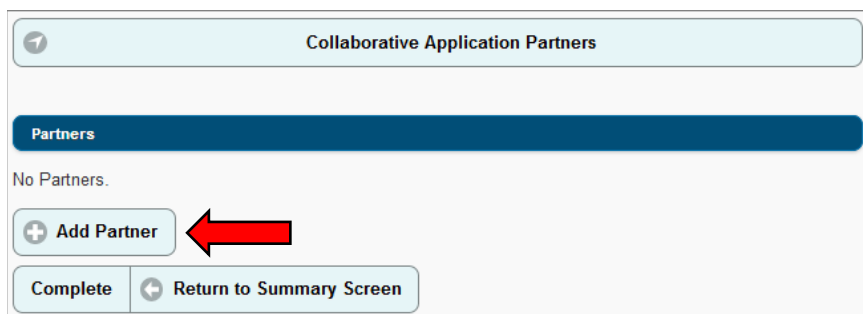
Community Impacts from the War on Drugs (WoD)

Answer the questions related to the impacts of the WoD.

Collaborative Application Partners³

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”.



Enter all applicable information for each partner including their Legal Name, Organization Type, Amount budgeted for partner, Physical Address in California, the Funding category or categories of the services the partner will provide and required CBO organizational information. Additionally, all partners must provide a 1-2 sentence summary of the services proposed in each funding category selected and a brief overview of how the grant funds requested will be used, including the projected number of individuals to be served in each funding category selected, and answer questions related to Competencies and Experience and Community Impacts from the WoD.

Form 990, Exempt Organization Tax Return Information²

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.

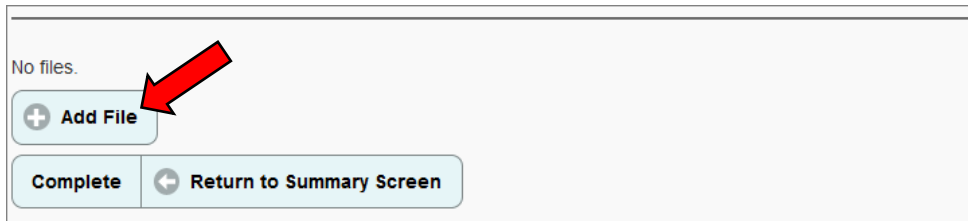
³ This will only populate if this is a collaborative application.

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 990.

Phase 1 Required Documents

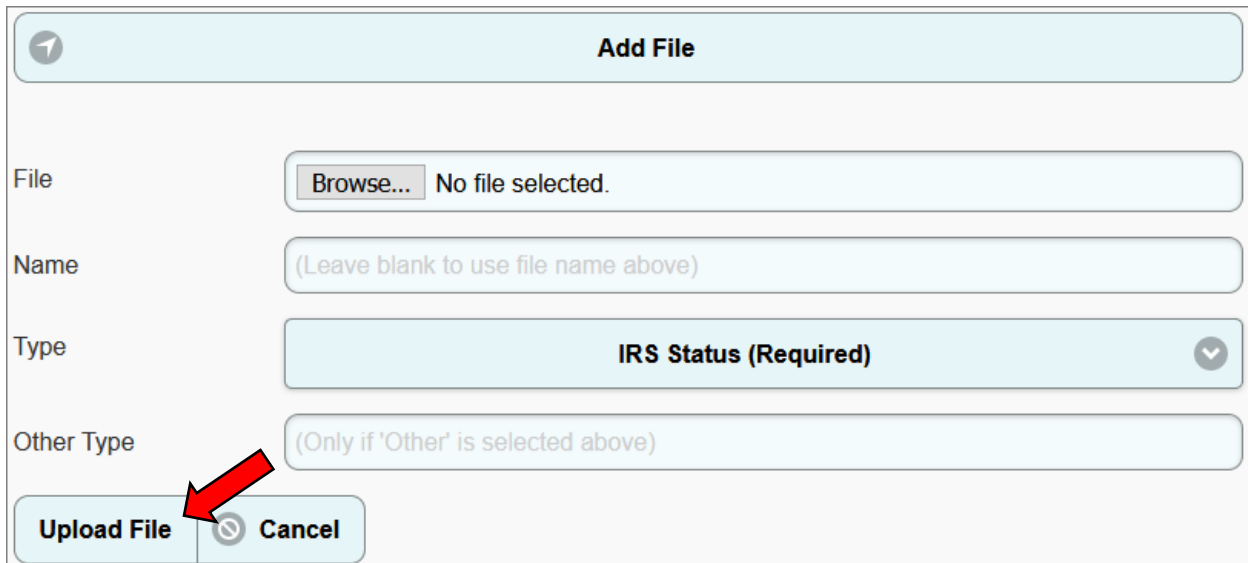
This section is where applicants will upload all required documentation.

To upload a document, click the “Add File” button.



A screenshot of a document upload interface. At the top, it says "No files." Below this is a light blue button with a plus sign and the text "Add File". A red arrow points to this button. Below the "Add File" button are two other buttons: "Complete" and "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 down. Then click “Upload File”.



A screenshot of the "Add File" form. The form has a title bar that says "Add File" with a back arrow icon. Below the title bar are four input fields: "File" with a "Browse..." button and "No file selected." text; "Name" with the placeholder text "(Leave blank to use file name above)"; "Type" with a dropdown menu showing "IRS Status (Required)"; and "Other Type" with the placeholder text "(Only if 'Other' is selected above)". At the bottom of the form are two buttons: "Upload File" and "Cancel". A red arrow points to the "Upload File" button.

Once all required 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 or calling 916-322-2683.