

2025 - 2026

BLACK CHILD LEGACY CAMPAIGN:  
EXPANDING COMMUNITY-BASED SERVICE FOR  
RANCHO CORDOVA

REQUEST FOR APPLICATIONS (RFA)

FEBRUARY 2026



**BLACK CHILD  
LEGACY**  
C A M P A I G N



**T H E C E N T E R**  
*at Sierra Health Foundation*

[The Black Child Legacy Campaign \(BCLC\)](#) is the community-driven movement established by the Steering Committee on Reduction of African American Child Deaths, which works to reduce deaths of African American children in Sacramento County. 10 years ago, seeds of this legacy were planted that have since fundamentally transformed systems, narratives and neighborhoods in Sacramento County through a unifying call to action to address the disproportionate rate of preventable African American child deaths.

In 2011, the Blue-Ribbon Commission on Disproportionate African American Child Deaths was convened by Sacramento County Supervisor Phil Serna to conduct an in-depth analysis of the Sacramento County Child Death Review Team (SCDRT) report—a more than 20-year data review that indicated that African American children in Sacramento County died at more than two times the rate of children of other ethnicities.

Leading the call for change was a 25-member community-driven Steering Committee on Reduction of African American Child Deaths (RAACD), established by a 2013 Sacramento County Board of Supervisors resolution. Convened by The Center at Sierra Health Foundation and funded by Sacramento County and First 5 Sacramento, the Steering Committee was charged with developing a strategic plan to reduce African American child deaths in four focus areas (perinatal conditions, infant sleep-related deaths, child abuse and neglect homicides, and third-party homicides) by 10 to 20 percent by 2020. In 2015, RAACD established the Black Child Legacy Campaign (BCLC) to implement this work in partnership with seven Community Incubator Lead (CIL) organizations in the seven Sacramento neighborhoods where these death rates were the highest.

BCLC is managed by The Center at Sierra Health Foundation, an independent 501(c)(3) nonprofit organization bringing people, ideas and infrastructure together to create a collective impact that reduces health disparities and improves community health for the underserved living in California. The Center pursues the promise of health and racial equity in communities across California. The Center establishes investment partnerships with public and private funders, community members, community organizations, national, state and local government agencies, nonprofits and businesses to advance health equity. For more information about The Center, visit [shfcenter.org](http://shfcenter.org).

### **More About the Black Child Legacy Campaign: 8<sup>th</sup> Site Expansion**

Overall, Black/African American child deaths have decreased by 9% since the baseline data was established in 2012-2014. The Black/African American child death rate was 2.9 times that of other racial/ethnic communities, as of 2020-2022. There is still work to be done to ensure all

African American children have equitable opportunity to health and a thriving life. The Black Child Legacy Campaign looks to expand its reach to families in the City of Rancho Cordova and is looking for applicants whose services are targeted toward serving Black families in this area.

The RFA process will consist of assessing the applicant's strengths and challenges, administrative capacity, ability to track and fulfill deliverables identified later in the document, and continuous outreach strategies to ensure the Rancho Cordova neighborhood is aware of and accessing services provided by BCLC. In addition, applicants will be expected to demonstrate a history of partnering with and supporting Black families and show meaningful representation of historically marginalized communities in staff and leadership as a reflection of the neighborhood's applicants' service.

Award agreements will cover activities for the following time period: April 1<sup>st</sup>, 2026, to June 30<sup>th</sup>, 2026. Please keep in mind that the contract periods may vary, as we are looking for an ongoing commitment from our partners.

### **The Funding Opportunity**

Over a period of approximately 6 months<sup>1</sup>, one community-based organization will receive up to \$75,000 to launch and execute efforts for the reduction of African American child deaths targeting the four focus areas:

- Perinatal Conditions
- Infant Sleep
- Child Abuse and Neglect
- Third Party Homicides

While also administering the following:

- Coordinating the network of RAACD efforts in its neighborhood including supporting Cultural Brokers<sup>2</sup>, providing trauma-informed care by Crisis Intervention Workers<sup>3</sup>,

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<sup>1</sup> Transparency Statement: We recognize that this funding opportunity for emerging CBOs may constitute a major source of funding for such an organization's annual operating budget. As of right now, this is an one-time funding opportunity. The Center encourages organizations to plan and budget accordingly.

<sup>2</sup> Cultural Broker: Culturally appropriate advocate appointed by Department of Child and Family Adult Services to serve as who a liaison for African American families engaged with CPS, to support families with, case planning, goal achievement, self-advocacy, and completion of CPS mandated process.

<sup>3</sup> Crisis Intervention Workers: Trusted mentors & community members with lived experience that are trained to provide violence prevention and intervention services to youth involved in or adjacent to gang involvement. CIWs also provide crisis response, providing immediate support and resources to those impacted by violence to bridge the gap and guide families toward long term stability. [Healing the Hood Evaluation Summary](#)

disseminating community messaging, and actively encouraging youth leadership and engagement

- Building and strengthening community relationships by serving as a neighborhood facilitator and convener, supporting education and engagement to reduce the African American child mortality rate and improve health and quality of life for Black children in Sacramento County
- Managing small re-granting programs under the supervision of the RAACD Steering Committee to individuals or community organizations involved in the mission of RAACD within the 8 focus neighborhoods. CILs will be expected to collaborate with each other, additional neighborhoods and County entities across all priority areas. Grantees can expect to receive guidance and training based on ongoing community capacity building.

## Glossary

**Adverse Childhood Experiences:** Potentially traumatic events that occur in childhood. Examples may include experiencing abuse or neglect, witnessing violence in the home or community, or experiencing instability due to family separation.<sup>4</sup>

**Capacity Building:** For this funding opportunity, capacity building is an investment in a non-profit organization's effectiveness and future sustainability. Capacity building activities will aim to build on the existing operational, programmatic, financial or organizational infrastructure of an organization, to strengthen its ability to fulfill its mission over time and have a positive impact on its communities. Additionally, capacity building activities will aim to increase organizational revenue by strengthening organizational readiness to access healing-based, health-focused public dollars.

**Community Based Organization:** A nonprofit, non-governmental organization that identifies and works to address local or community needs.

**Infant Sleep Related Death (Also known as SID or SUID):** Sudden, and unexpected death of an infant that occurs during sleep.

**Child Abuse and Neglect: (CAN)** All types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role.

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<sup>4</sup> CDC Adverse Childhood Experiences Definition and Factsheet.  
<https://www.cdc.gov/violenceprevention/aces/fastfact.html>

**Perinatal Conditions:** Deaths resulting from perinatal conditions include prematurity, low birth weight, placental abruption and congenital infections. Perinatal condition deaths span the time from the second trimester of pregnancy through one month after birth. Perinatal conditions are often related to maternal health during pregnancy and preconception.

**Third Party Homicide:** The killing of a child by a person with or without malice aforethought, where the perpetrator was not the primary caregiver.

**Organizational Sustainability:** The ability to maintain program activities and goals beyond the award period by securing additional funding and resources.

**Prevention:** Activities that promote healthy behavior, reduce risks and build protective factors that either prevent involvement with the juvenile and/or adult justice systems, or mitigate consequences and contributing factors associated with continued justice system involvement.

**Intervention:** Activities that interrupt a trend of harmful or unhealthy behavior, prevent escalation or provide support in order to reduce the likelihood of further violence or danger to an individual and/or community.

**Technical Assistance:** The process of providing training and knowledge-building support to help community-based organizations acquire, develop and/or strengthen any specialized service or skill.

**Thriving:** A dynamic process that goes beyond well-being to include individual and collective growth in grounding and agency.<sup>5</sup>

**Trauma-Informed Care:** A strength-based framework for human services that assumes that individuals are more likely than not to have a history of trauma and acknowledges the role that trauma may play in the lives of service users, care providers and the public.

**Trauma-Informed Practices:** Practices rooted in an understanding of the holistic and wide-ranging epigenetic, neurobiological, psychosocial and behavioral health impacts of adverse childhood experiences, and that effectively recognize and are adequately responsive to symptoms of chronic interpersonal trauma and traumatic stress across an individual's lifespan.

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<sup>5</sup> The Forum for Youth Investment.

[https://forumfyi.org/wpcontent/uploads/2020/07/NewDefinition\\_ThrivingYouth\\_July2020.pdf](https://forumfyi.org/wpcontent/uploads/2020/07/NewDefinition_ThrivingYouth_July2020.pdf)

**Multi-Disciplinary Team:** MDTs consist of, for example, county and government agencies, community-based organizations, and others that provide culturally responsive intervention and prevention support services for children, youth, and families in Sacramento County.

**Profound Purpose Institute:** A quarterly convening that brings together our program partners, community advocates, key county leaders and crisis response experts to strengthen capacity, deepen trauma-informed practices and foster collective empowerment.

**Youth Diversion:** Generally, includes a wide range of interventions and supports across the entire spectrum of police and juvenile justice system points of contact and decision-making, that can be implemented in lieu of law enforcement or delinquency system responses to youth behavior.

**Assessments:** BCLC assessment modules tracks the quality, sustainability, and capacity building of not only the program, but the CBO as a whole. Reports will measure progress across **11 key** areas, including leadership, partnerships, community engagement, youth focus, transparency, data use, financial sustainability and violence prevention.

### **Eligibility Criteria for All Applying Organizations**

Organizations must meet the following minimum requirements:

- Have an office or positioned to secure an office in Rancho Cordova with a history of services in the community, specifically serving area code 95670.
- Have an office in Sacramento County.
- Is a 501(c)(3) community-based organization with established and trusted community relationships. Fiscal sponsorship is eligible. This funding opportunity is also open to coalitions of organizations and collaboratives, as long as the lead organization is an eligible applicant. For-profit entities are not eligible to apply.
- Have demonstrated experience partnering with and serving Black families and other marginalized communities.
- Must deeply engage with and reflect the communities disproportionately impacted by the juvenile and adult systems (i.e. health, education, justice, child welfare). Awarded organizations should have a history of working with the Black community, including Black and other historically marginalized communities represented on their board, staff and organizational leadership.
- Must have demonstrated evidence of inclusivity and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry),

disability, marital status, sexual orientation or military status in any of its activities or operations.

- Take community-driven approaches to program development and implementation.
- At least three full-time staff or the equivalent staff hours available to provide direct services to families.
- Provide programming, wrap-around services and care for children and their families.
- A track record of working with youth continuously and having the capacity for intensive case management of at least 10 youth at a time. An ability and interest in expanding organizational capacity and practice of serving Black families.

### **Requested Financial Documents and Information**

Applicants will be asked to submit the following financial forms and information, if applicable to your organization:

- Most recent IRS Form 990.
- Most recent Audited Financial Statements.
- Most recent Interim Financial Statements.
- A document listing Accounting Software or detailing the Organization's Financial Infrastructure (staff and controls).
- A document demonstrating General Ledger (GL) Reporting Capacity/Capability.
- The Organization's Annual Operating Budget (approved by Board or Advisory Board).

### **Responsive Payment Schedule for Awarded Organizations**

- Upon contract execution the organization will receive an advance payment of \$20,000 to support in the onboarding process for program implementation. Following the initial advance payment the organization will be on a reimbursable invoice schedule. The Center will offer phased payments. Payments will be issued to awarded organizations based on billable expenses invoiced to the Center by the 15th of each month.

### **Required from Awarded Organizations: Budget, Budget Narrative and Workplan**

Following award notification, awarded organizations will be required to submit a detailed cost budget and budget narrative that adheres to funding guidelines and is clearly linked to the proposed activities submitted in the application. Also, awarded organizations will be required to develop and submit a work plan to advance the BCLC goals throughout the agreement term. Budget, Budget Narrative and Workplan must:

- Be consistent with the proposed project plan (including personnel, operating expenses, subgrants and contracts).
- Include travel costs for at minimum 4 in-person Community of Practice Convenings throughout the term of the agreement (generally including Greater Sacramento area, but may include Bay Area, Central Valley and other instate travel)
- Have an indirect cost of no more than 15% of the direct costs.
- Align, complement and be responsive to the TA needs assessments.

## **COMMUNITY OF PRACTICE CONVENINGS**

We understand that each neighborhood and community organization is unique, based on the people they serve. To create comradery, foster cross-site learning and collaboration, and establish a network to adopt best practices, we require organizations to attend these events:

Convening Timeline:

- Profound Purpose Institute: 1 to 2-day in-person workshops during the following months: Typically, January, April, July and November
- Bi-Monthly MDT Collective: Every other month with key MDT collective participants
- Bi-Weekly CIL Meeting: (Virtual) Every 1<sup>st</sup> and 3<sup>rd</sup> Wednesday of the month

The selected organization will need to include these convenings in proposed workplan activities and budget.

## **REVIEW OF APPLICATIONS AND RECOMMENDATION OF AWARDEES**

The Center and RAACD Steering Committee will serve as the Review and Recommendation Committee. This committee will review all applications and recommend the final applicants to the BCLC leadership team, who will make the final selection based on the recommendation of the committee.

Committee recommendations will be based on applicants that present the most complete and responsive applications, showing the most favorable mix of credentials, capacity, potential and cost. Applications will be judged on the overall strength of the implementation team and proposal.

## **APPLICATIONS WILL BE REVIEWED WITH ATTENTION TO THE FOLLOWING GUIDING PRINCIPLES:**

The guiding principles below are what organizations should keep in mind and inform responses to the narrative and technical assistance (TA) questions.

The applicant's approach is guided by:

- Principles of equity, recognizing the need to strive for health and racial equity in program activities and outcomes.
- Programs and services are culturally responsive, trauma-informed, healing-based and linguistically appropriate.
- Programs and organizational priorities are informed by youth and families in the Rancho Cordova neighborhood.
- An intersectional approach to health and racial equity.

- A commitment to youth and family engagement.
- Prevention and education that is tailored and utilizes stigma-reducing approaches.
- Capacity building opportunities that support future sustainability of the organization.
- Principles of shifting power and agency to those who are closest to the problems and solutions.

**THE FOLLOWING CRITERIA WILL BE USED IN THE REVIEW OF APPLICATIONS:**

**Organizational Experience and Track Record.** The application should provide a clear explanation of why your CBO is an appropriate organization to be part of the Black Child Legacy Campaign:

- Track record of engaging with communities impacted by health and social disparities.
- Track record with proposed activities.
- History of service delivery
- Established trust in the community.
- Working towards organizational capacity building.
- Demonstrated commitment to family development and an asset-based approach to engage community members.
- An understanding of the role trauma and healing plays in the development of every individual in the family.
- Community-centered and community-informed practices.

**APPLICATION TIMELINE**

*\*At The Center's discretion, the timeline below is subject to change to best meet programmatic needs and funder requirements.*

**NOTE: Funding period will begin on April 1, 2026.**

APPLICATION DEADLINE:

**1pm (Pacific Time), Friday, March 6, 2026**

REVIEW OF APPLICATIONS:

**March 9, 2026 – March 20, 2026**

AWARD ANNOUNCEMENT:

**March 25, 2026**

APPROXIMATE DATE SUBCONTRACT ISSUED:

**April 15, 2026**

To be considered, organizations must submit applications online by 1 p.m. (Pacific Time) on the deadline date of Friday, March 6, 2026.

Proposals received after the due date/time will not be reviewed. Submission before the deadline date is highly advised. You may experience technical difficulties with submitting your application through the application portal and if you wait until the deadline due date, we may not be able to respond in time to your requests for support.

**PROPOSERS' WEBINARS, OFFICE HOURS AND RFA TECHNICAL ASSISTANCE**

We have scheduled two proposers' webinars to review this Black Child Legacy Campaign: Rancho Cordova Expansion funding opportunity and application process, and to answer questions. Participation in a webinar is strongly recommended but is not required to respond to this funding opportunity. The content of each webinar will be repeated and the same. Please review the application materials prior to registering for a webinar. Additionally, we will host office hours to provide support on the application.

**RFA Proposers' Webinar**

Wednesday, February 18, 2026

[Register on Zoom](#)

3:30pm – 4:30pm (Pacific Time)

**RFA Review Webinar**

Monday, March 9, 2026

[Register on Zoom](#)

11:00am – 12:00pm (Pacific Time)

Note: A confirmation e-mail with the link to join the webinar will be sent immediately after registration. If you do not receive it, please check your spam/junk folder.

**RFA Office Hours**

Monday, February 23, 2026

[Register on Zoom](#)

1:00pm – 2:00pm (Pacific Time)

Monday, March 2, 2026

[Register on Zoom](#)

1:00pm – 2:00pm (Pacific Time)

Note: A confirmation e-mail with the link to join the office hours will be sent immediately after registration. If you do not receive it, please check your spam/junk folder.

### **IMPORTANT APPLICATION GUIDELINES**

To help us process your application, please follow these submission guidelines:

- We encourage you to submit your application before the deadline date in case you need help with any of the RFA components.
- Applications are due no later than 1 p.m. (Pacific Time) on Friday, March 6, 2026.
- Submit the application via our online portal through [this link](#). New users of the portal will need to create an account as the first step in the application process. You will only use [this link](#) one time to initiate your application. After you have started working on your application, use the link below or that you received via e-mail to continue working on your saved application.
- When working on your application in the portal, use Internet Explorer as the browser when working on a PC and Safari as the browser when working on a Mac.
- Respond to all required fields (marked with an \*).
- Upload all attachments listed under “Application Checklist” below.
  - Please see the **APPENDIX A – INSURANCE REQUIREMENTS**
- On the portal, you may click “Save & Finish Later.” You will receive an e-mail with a link to return your in-progress application.
- **Click “Save & Finish Later” any time you will not be working on your application for a few minutes.**
- You may submit your application only once. Be sure your application is complete and accurate, including required documents, before submitting it. Revised applications will not be accepted.
- If you are unable to submit your application online or need help, please email [raacd@shfcenter.org](mailto:raacd@shfcenter.org) with the subject line: Application Online Help.

**Send questions and inquiries related to this funding opportunity to [raacd@shfcenter.org](mailto:raacd@shfcenter.org) with the subject line: BCLC: 8<sup>th</sup> Site RFA Question**

## APPLICATION CHECKLIST

- Initiate the funding application via our online portal through [this link](#).
- Required application attachments:
  - Please upload the following financial documents to help gauge current financial infrastructure and capacity, if applicable to your organization. If you have any questions, please email us at [raacd@shfcenter.org](mailto:raacd@shfcenter.org).
  - Most recent IRS Form 990.
  - Most recent Audited Financial Statements.
  - Most recent Interim Financial Statements.
  - IRS Determination Letter.
  - A document listing Accounting Software or detailing the Organization's Financial Infrastructure (staffing and controls).
  - A document demonstrating General Ledger (GL) Reporting Capacity/Capability.
  - The Organization's Annual Budget (approved by Board or Fiscal Sponsor or Advisory Board).
  - Applicant organization's signed W-9.
  - A signed document by the Executive Director (ED). The signed document must include the following, which may be one Word or PDF document with the ED's signature at the bottom as a commitment and affirmation of the below:
    - Have executive approval for the proposed project, as evidenced by a signed letter of support from the senior administrator, demonstrating willingness to commit staff time and resources to add new activities.
    - Affirm the applicant's ability to submit data and financial progress reports on a specific set of measures.
    - Affirm site representation at in person and virtual meetings facilitated by The Center

Incomplete applications will not be reviewed. Applications received after the above deadline will not be considered.

If you are unable to submit your application online or need help, please contact us at [raacd@shfcenter.org](mailto:raacd@shfcenter.org) with the subject line: BCLC: 8<sup>th</sup> Site Application Online Help.

*APPLICATION FOR REFERENCE ONLY*  
**SUBMIT YOUR APPLICATION USING THE ONLINE PORTAL**

**APPLY NOW**

If you are unable to submit your application online or need help, please contact us at [raacd@shfcenter.org](mailto:raacd@shfcenter.org) with the subject line: BCLC: 8<sup>th</sup> Site Application Online Help.

**Request for Application (RFA)**

If you have questions, send an email to the Black Child Legacy Team at [raacd@shfcenter.org](mailto:raacd@shfcenter.org) with the subject line: **BCLC: 8th Site Application Online Help.**

Use Tab key or mouse click to move from field to field. Clicking Enter will attempt to Submit an incomplete application.

After submission you will receive an email confirmation along with a printable PDF copy of your application.

**Is this project sponsored by the applicant organization? \***

A fiscal sponsor is an organization that applies on behalf of an entity or group that does not have legal standing with the IRS.

Yes No

**Rancho Cordova Location**

Does your organization have a physical location in Rancho Cordova?

Yes No

**Capacity**

Is your organization able to expand into the Rancho Cordova area within six months if selected?

Yes No

**ORGANIZATION CONTACT INFORMATION**

This section is to be completed by the IRS qualifying organization; please use the legal name as registered with the IRS. Qualifying organizations are defined as organizations that have its 501(c)(3) nonprofit tax-exempt status.

**APPLICANT ORGANIZATION INFO**

Organization name\*:

Street Address\*:

City\*:

State/Province\*:

Zip/Postal Code\*:

County\*:

Phone\*:

Website/URL (optional):

Facebook (optional):

Twitter (optional):

LinkedIn (optional):

### **Organization Financial Information**

#### **Annual Budget\***

*What is the applicant organization's annual budget amount?*

#### **Tax Exempt ID # or Employer ID #\***

*Enter the applicant organization's Tax-ID or the Employer ID if the organization is an individual.*

#### **Legal Entity\***

*Please select the closest option for legal entity from the options below. This should match what the organization wrote the question above on W-9:*

- *S Corporation*
- *C Corporation*
- *Partnership*
- *501(c)(3)*
- *LLC*
- *Tribal*
- *Government Entity*
- *Sole Proprietor*
- *Other*

**If you chose Other for Legal Entity please describe** (255 character maximum)

Does the applicant organization have an annual financial audit? \*

Yes    No

#### **Financial Audit\***

*Does the applicant organization have an annual financial audit?*

#### **Unique Entity Identifier\***

*Enter the organization's Unique Entity ID (formerly DUNS/SAM).*

*If the organization does not have a Unique Entity ID, we highly recommend that the organization completes registration as soon as possible as it is a requirement before funds can be disbursed.*

**Pre-Award Risk Assessment (PARA) \***

Did you complete a PARA on behalf of your organization? You may complete this after you submit the application; however, as part of our due diligence process, we will follow up with you during the application review period if the PARA is not yet complete. The results of the assessment will not affect eligibility or funding recommendations. You may complete the PARA using this [link](#).

**Contact Information**

**DIRECTOR/CEO CONTACT INFORMATION**

The Director/CEO should be associated with the qualifying organization from the section directly above.

First Name\*:

Last Name\*:

Title\*: CEO/ Director (auto-populated)

E-mail\*:

Phone\*:

Phone Extension:

**PRIMARY PROJECT CONTACT**

Choose one of the previously entered contacts to be the Primary Application Contact. Or enter an additional contact. This person will be contacted if there are questions or updates regarding the application. If you are entering an additional contract and the project has fiscal sponsor please enter a contract affiliated with the fiscally sponsored organization.

Option 1: CEO/Director of the Organization

Option 2: Enter an Additional Contact

First Name\*:

Last Name\*:

Title\*:

E-mail\*:

Phone\*:

Phone Extension:

The Application Contact is affiliated with the following organization.

Fiscal Sponsor

Sponsored Entity

Would you like to provide contact information for a financial support staff person?

Yes No

### **FISCALLY SPONSORED ENTITY INFORMATION**

If applying for funds through a sponsoring entity, the sponsoring entity should be the applicant organization above. Provide information about the sponsored entity or project in the fields below.

Sponsored Entity Name\*:

Street Address\*:

City\*:

Phone\*:

State/Province\*:

Zip/Postal Code\*:

County\*:

Phone\*:

Website/URL (optional)

Facebook (optional)

Twitter (optional)

LinkedIn (optional)

What is the sponsored organization's annual budget amount? \*

### **PROJECT OVERVIEW**

Project Description

Project Name (20 words maximum) \*:

**Project Start Date:** April 1<sup>st</sup>, 2026

**Project End Date:** June 30<sup>th</sup>, 2026

**Total Amount Requested:** \* \$ \_\_\_\_\_ (Up to \$75,000 for each application)

## PROJECT CONTACT INFORMATION

Choose one of the previously entered contacts to be the Primary Application Contact. Also enter an additional contact. This person will be contacted if there are questions or updates regarding the application. \*

CEO/Director of the Organization

Financial Support Staff Person of the Organization

Contract Lead of the Organization

Enter an Additional Contact

First Name:

Last Name:

Title:

E-mail:

Phone:

Phone Extension:

Would you like to add any additional contacts (up to 3) to your application? Enter 0, 1, 2, 3. \*

### Additional Contact 1

First Name:

Last Name:

Title:

E-mail:

Phone:

Phone Extension:

Additional Contact 1 is affiliated with the following organization.

Fiscal Sponsor

Sponsored Entity

### Additional Contact 2

First Name:

Last Name:

Title:

E-mail:  
Phone:  
Phone Extension:

Additional Contact 2 is affiliated with the following organization.

Fiscal Sponsor  
Sponsored Entity

**Additional Contact 3**

First Name:  
Last Name:  
Title:  
E-mail:  
Phone:  
Phone Extension:

Additional Contact 3 is affiliated with the following organization.

Fiscal Sponsor  
Sponsored Entity

**PROJECT GEOGRAPHY**

For the areas in Sacramento County that the organization benefits, indicate your best estimate of the percentage of the project work that would take place there (best estimate). (Total must add up to 100.)

Sacramento \_\_\_%  
Elk Grove \_\_\_%  
Cirtus Heights \_\_\_%  
Rancho Cordova --%  
Arden Arcade \_\_\_%  
Folsom \_\_\_%  
Rancho Cordova --%

**Total Geography Percentage:**

**Total must equal 100%. Please adjust accordingly.**

## URBAN/RURAL

Indicate whether the proposed project benefits people living in an urban or rural area, or both.

Region where services will be implemented (see definition in RFA):

- Urban
- Rural
- Both Urban and Rural

## RACE AND ETHNICITY

For the racial and ethnic populations that will be affected, provide your best estimate of the percentage of the total people of each population [able to choose multiple; Total must add up to 100]

- American Indian and Alaska Native (e.g., Navajo Nation, Blackfeet Tribe, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.) \_\_\_\_\_% \*
- Asian-American (e.g., East Asian, South Asian, Southeast Asian, or Asian American, etc.): \_\_\_\_\_% \*
- Black or African American (e.g., African American, Nigerian, Ethiopian, Somali, Afro Caribbean or Afro Latinx, etc.): \_\_\_\_\_% \*
- Hispanic or Latino (e.g., Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Columbian, another country of Latin America or Spanish origin, etc.): \_\_\_\_\_% \*
- Middle Eastern or North African (e.g., Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.): \_\_\_\_\_% \*
- Pacific Islander (e.g., Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.): \_\_\_\_\_% \*
- White (e.g., German, Irish, English, Italian, Polish, French, etc.): \_\_\_\_\_% \*
- Multi-racial/Multi-ethnic: \_\_\_\_\_% \*
- Another race ethnicity, or origin not on the list: \_\_\_\_\_% \*
- Other (please specify) \_\_\_\_\_

**Total Percentage of Race and Ethnicity:**

**Total must equal 100%. Please adjust accordingly.**

## RACIAL/ETHNIC MAKE-UP OF BOARD AND STAFF

For the racial and ethnic populations that make up the board and staff of the applying organization, provide your best estimate of the percentage of the total people of each population [able to choose multiple; Total must add up to 100]

- **American Indian and Alaska Native** [Provide specific population(s) \_\_\_\_% \*]
- **Asian-American** [Provide specific population(s) \_\_\_\_% \*]
- **Black or African American** [Provide specific population(s) \_\_\_\_% \*]
- **Hispanic or Latino** [Provide specific population(s) \_\_\_\_% \*]
- **Middle Eastern or North African** [Provide specific population(s) \_\_\_\_% \*]
- **Pacific Islander** [Provide specific population(s) \_\_\_\_% \*]
- **White** [Provide specific population(s) \_\_\_\_% \*]
- **Multi-racial/Multi-ethnic:** [Provide specific population(s) \_\_\_\_% \*]
- **Another race ethnicity or origin not on the list:** [Provide specific population(s) \_\_\_\_% \*]

## NARRATIVE QUESTIONS

1. **Organization Description:** Provide a brief overview of your organization (the entity that is implementing the project) including the following: a) when it was established, b) mission statement c) demographic population(s) served, d) your program focus areas and e) geographic area the organization provides services currently. If applying as a coalition, information about the coalition should be provided. **(200 words maximum) \***
2. **Integration:** If your organization does not currently have an office in the Rancho Cordova area, how will your organization integrate into the community of Rancho Cordova if selected? Describe how your organization intends to connect, build trust and infrastructure within the community to ensure the effective execution **as a Black Child Legacy Campaign CIL. (200 word maximum) \***
3. **Project Goal:** Describe the service location and how your organization will collaborate with county social service departments. Provide details on long-term project impact and how this initiative will contribute to your organization's sustainability. **(200 words maximum) \***
4. **Activity Description:** Describe how the implementation of the Black Child Legacy Campaign will benefit the Rancho Cordova area, with a clear description of the expected impact. Describe how your project will address perinatal conditions, infant sleep-related deaths, child abuse and neglect, and third-party homicides. (Identify any curriculum, evidence-

based programming or other resources needed to carry out your proposed project.) **(300 words maximum) \***

5. **Population Description:** Describe the proposed focus neighborhood and specific population to be served with these funds, including (a) existing neighborhood assets, such as facilities and services; (b) the circumstances or condition(s) proposed activities will address; (c) the children and families to be served; and (d) any special circumstances relevant to the proposed project. Explain why your organization and partners are best suited to be successful in serving as a CIL for the proposed target neighborhood. **(300 words maximum) \***
6. **Monitoring and Evaluation:** Describe how you have documented, monitored or evaluated project activities and progress in the past? **(300 words maximum) \***
7. **Partnership and Collaboration:** Describe collaborative relationships needed for the proposed project to be successful. Have these relationships been established? If so, how long have these relationships existed? Who are your partners for this project? What assets do the proposed partners bring to the project? (As a required supplement to the narrative, provide a project management leadership organization chart.) **(300 words maximum) \***
8. **Organizational Capacity and Sustainability:** Describe the qualifications of the leaders and key staff on the project and/or those to be hired. What skills/individuals (if any) need to be added to your team for the project to be successful (i.e. accountant, compliance manager, or any other operational role not listed)? **(300 words maximum) \***
9. **Timeline:** If your organization is selected as a Community Incubator Lead, what do you have in place to launch the project? **(300 words maximum) \***
10. **Culturally and Linguistically Appropriate Services:** Describe your organization's experience providing culturally and linguistically appropriate services to families. Include your organization's plan to provide culturally relevant services with the proposed activities and services. **(200 words maximum) \***
11. **Technical Assistance.** Please explain the types of technical assistance your organization would benefit from in implementing this project. (Your response to this question is not considered in decisions about funding.) **(150 words maximum) \***
12. **Does your organization currently provide direct doula or other prenatal services? \***  
No  
Yes
13. **If yes, how many patients are currently enrolled? \_\_\_\_\_**

## **ATTACHMENTS**

### **Attachments**

Link to download the [Proposed Budget Template](#)

- Proposed project budget \*

- Download The Center’s Proposed Budget Template through the online application or use the link above. Make a copy and fill it out in Excel format.
- [Applicant organization’s W-9](#) \*
- Project description\*
- Organizational Chart\*
- Letter of support from organizational leadership (e.g. CEO, Health Director, Leadership Team, etc.) \*
- MOU (if the applicant is a fiscally sponsor)

Use **Tab** key or **mouse click** to move from field to field. Clicking **Enter** will attempt to **Submit** an incomplete application.

An email confirming the submission of your application will be sent to the project’s primary contact. If you do not receive an email, please contact the Black Child Legacy team at [raacd@shfcenter.org](mailto:raacd@shfcenter.org)

#### **APPENDIX A – INSURANCE REQUIREMENTS**

All evidence of required insurance coverage must be submitted to The Center prior to the release of payment. Awarded organizations will receive an e-mail from “raacd@shfcenter.org” via TrustLayer requesting the same insurance documents as indicated below. A link will be provided for organizations to review and upload the required insurance documents on contract signing. Please pay special attention to the insurance requirements below exact instructions and specific language that must be included.

**Certificate Holder:** Sierra Health Foundation, 1321 Garden Highway, Sacramento, CA 95833

##### **1. Commercial General Liability**

- a. Coverage Trigger: Occurrence
- b. Each Occurrence must be greater or equal to \$1,000,000
- c. Products/Completed Operations Aggregate must be greater or equal to \$2,000,000
- d. General Aggregate must be greater or equal to \$2,000,000
- e. Additional Insured Endorsement must be present
- f. Primary and Non-Contributory Endorsement must be present

##### **2. Automobile Liability**

- a. Combined Single Limit (each accident) must be greater or equal to \$1,000,000
- b. Coverage Applies To: Hired Autos Only must be present
- c. Coverage Applies To: Non-Owned Autos Only must be present

- d. Additional Insured Endorsement must be present
- 3. Workers' Compensation and Employer's Liability**
  - a. Statutory Limits must be present
  - b. Employer's Liability Each Accident must be greater or equal to \$1,000,000
  - c. Employer's Liability Disease - each employee must be greater or equal to \$1,000,000
  - d. Employer's Liability Disease - policy limit must be greater or equal to \$1,000,000
  - e. Waiver of Subrogation Endorsement must be present
- 4. Professional Liability**
  - a. Each Claim must be greater or equal to \$1,000,000
  - b. Aggregate must be great or equal to \$1,000,000
- 5. Cyber Liability**
  - a. Aggregate must be greater or equal to \$1,000,000
- 6. Improper Sexual Conduct & Abuse**
  - a. Each Occurrence must be greater or equal to \$1,000,000
  - b. Aggregate must be greater or equal to \$2,000,000
- 7. Description of Operations**
  - a. The Center, Sierra Health Foundation, County of Sacramento, Department of Child, Family and Adult Services, their perspectives officers, directors, agents, representatives, constituent entities, affiliates, volunteers, officials, parents, subsidiaries, and employees shall be added as Insureds ("additional insureds") under each commercial general liability and automobile insurance policy.  
**Agreement #7802000-26-460** must be present.