

**MENDOCINO COUNTY**

**COMMUNITY CORRECTIONS PARTNERSHIP**

**2024-25 COMMUNITY CORRECTIONS FUNDING**

**PROGRAMS & SERVICES PROPOSAL**

**NON-GOVERNMENTAL AGENCY APPLICATION**

**Due Date: January 26, 2024**

**Mendocino County Community Corrections Partnership (CCP) – Public Safety Realignment**

The Community Corrections Partnership (CCP) is responsible for the development of Mendocino County’s annual Realignment (AB 109) Plan that advises the Board of Supervisors on specific programming and services needed to implement the provisions of public safety realignment.

The CCP recognizes the need to address community concerns and implement programming and services consistent with what research has shown to be the most cost-effective, evidence-based practices that promote positive behavioral change, reduces recidivism, lowers victimization, and increases public safety.

The CCP is committed to continuous analysis, and when needed, updating the Realignment Plan, including assessing input from the public and local stakeholders. The CCP will be reviewing requests for funding from external agencies at our February 8, 2024 meeting. If your agency would like to submit a proposal for funding for a program or services for the 2024-25 plan year, please complete the attached application and return to:

Mendocino County Community Corrections Partnership

Attn: Administrative Services Manager

589 Low Gap Road

Ukiah, CA 95482

Or by email at: CCP@mendocinocounty.org

Requests must be received no later than January 26, 2024

Application does not guarantee funding. The CCP will evaluate all requests and determine the suitability of the proposed program or service from both an operational as well as fiscal perspective.

**2024-25 REQUEST FOR COMMUNITY CORRECTIONS FUNDING**

**Summary of Request**

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| Organization: |  |
| Mailing Address: |  |
| Agency Director: |  | Telephone #: |  |
|  |  | Email Address: |  |
| Fiscal Contact: |  | Telephone #: |  |
|  |  | Email Address: |  |
| Type of Organization: | □ Non-Profit, CBO □ Other: Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ For Profit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Program or Service Deliverable |  |
| Amount of Funding Requested for FY24-25 |  |
| County agency(ies), if any, you will be partnering with to provide services: |  |
| Identify Target Population: |  |
| Projected Number to be Served: |  |
| Identify Evidence-Based, Promising or Best Practice(s) Associated with this Service:  |  |

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| Provide a summary of your program or service request. Your request should demonstrate the value of this funding and how it can impact the public safety realignment efforts of the county. You may attach additional pages as necessary. |
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| Describe the Anticipated Outcomes of this Program/Service |
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| Describe the Anticipated Recidivism Reduction |
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| Please provide a detail budget for your request. |
|  |

SUBMITTED BY (Signature):

DATE:

Additional supporting documents can be submitted with the proposal request.