

**State of California
Department of Community Services and Development**

**2019 Free Tax Preparation Assistance Grant Application Instructions
and Documents List**

Instructions

Applicants applying for a Free Tax Preparation Assistance Grant must submit all documents listed on the Application Package Documents List below. A separate Application Packet and all required documents must be completed for each Target Area proposed for funding.

Applicants must respond to each narrative question completely and should not reference other sections of the Application Packet to support their response unless explicitly directed to do so in the instructions. Each section will be scored separately. The formatting of the Application Packet should not be adjusted or revised and must adhere to the following requirements:

Subject	Requirements
Paper Size	8 ½ X 11-inch paper (letter size)
Margins	1 inch margins
Font	11.5 point Arial
Spacing	Application Narrative Template spacing is preset
Printing	Single-sided

Applications must be submitted in hard copy. Electronic applications will not be accepted.

Scores will be assigned based on the following weight and points identified in the table below.

Document Title	Total Possible Points	Target Area 1– Statewide Only
Application Narrative Template (CSD 841)	70	70
	N/A	5 Target Area 1 Statewide Only
	5 (Possible Preference Points)	5 (Possible Preference Points)
Scope of Work (CSD 843)	40	40
Total	115	120

2019 FREE TAX PREPARATION ASSISTANCE GRANT APPLICATION PACKAGE DOCUMENTS LIST

A complete application package will consist of the documents identified in the table below. The list is meant to assist applicants with ensuring all required attachments are submitted. Use the list to confirm the items are included in your application package. For your application to be complete, all required documents must be submitted by the due date. **All documents must be submitted single-sided.**

Order	Title	File Name
1	Application Cover Sheet (CSD 840)	2019_Instruct_CoverSheet.pdf
2	Application Narrative Template (20-page limit) (CSD 841)	ApplicationNarrativeTemplate.docx
3	Scope of Work (CSD 843)	NOFASupplementalWorkbook.xlsx
4	Budget Forms <ul style="list-style-type: none"> • Budget Summary (CSD 842A) • Budget Detail CSD (CSD 842B) 	
5	2 Letters of Reference (2018 awardees exempt)	Provided by Applicant
6	Payee Data Record (STD 204)	PayeeDataRecord.pdf
7	Contract Certification Clauses Form	CCC 04/2017.pdf

Submission Structure

- 1 Signed Original Application
- 4 Exact Copies (**single-sided**)
- 1 Flash Drive

2019 Free Tax Preparation Assistance Grant Application Cover Sheet

Note: The cover sheet is not scored but is a required element of the application.

APPLICANT INFORMATION	
APPLICANT NAME:	
FUNDING AMOUNT REQUESTED:	\$
TARGET AREA:	
TYPE OF TAX EXEMPT ENTITY:	
<input type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> LOCAL PUBLIC ENTITY (STATE AGENCIES INELIGIBLE) <input type="checkbox"/> FEDERALLY RECOGNIZED INDIAN TRIBAL GOVERNMENT	
TAX PAYER ID #:	
PHYSICAL MAILING ADDRESS:	
NAME OF EXECUTIVE DIRECTOR / CHIEF EXECUTIVE OFFICER:	
PHONE NUMBER:	
EMAIL ADDRESS:	
POINT OF CONTACT (PPC) NAME:	
POC PHONE NUMBER:	
POC EMAIL ADDRESS:	
APPLICANT CERTIFICATION	
I certify by my signature below that my organization possesses ALL the following:	
A. Knowledge of the state and federal Earned Income Tax Credit (EITC) and Volunteer Income Tax Assistance (VITA) program;	
B. Three years of experience successfully providing, coordinating, and implementing free tax preparation assistance activities that serve low-income populations;	
C. The ability to collect and report reliable and valid data for all proposed activities; and	
D. Entity is in good standing with federal and state administering grant issuing agencies.	
AUTHORIZED INDIVIDUAL'S NAME, TITLE, and SIGNATURE	PRINTED NAME: _____ TITLE: _____ ORIGINAL SIGNATURE: _____ DATE: _____