

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

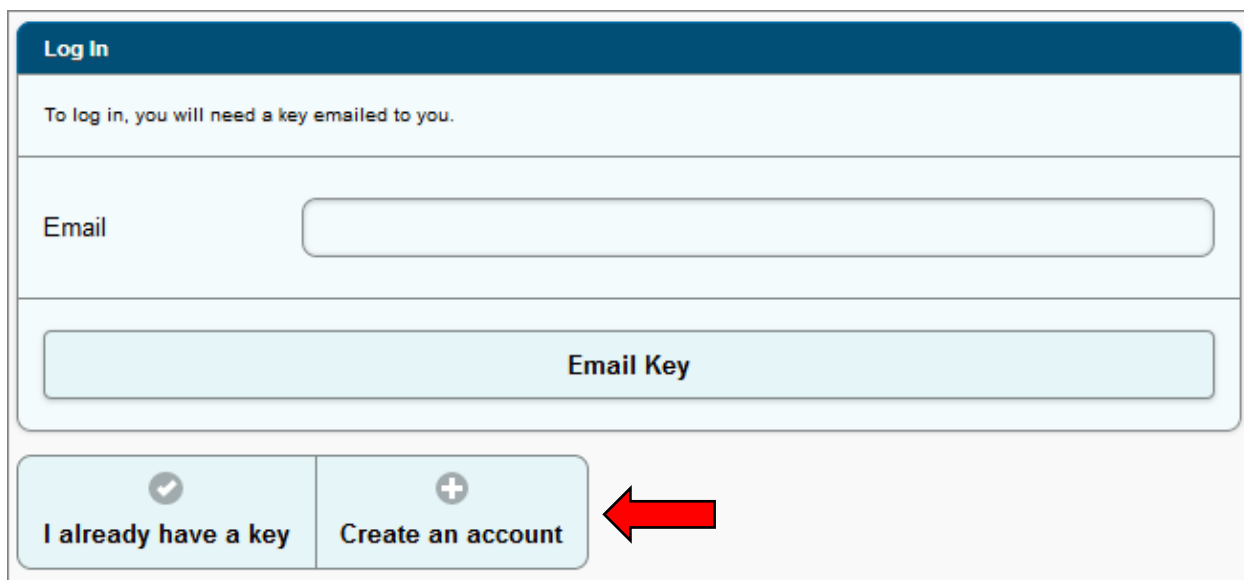
This guide is to be used as a reference for completing the California Community Reinvestment Grants (CalCRG) program application which is administered by the Governor's Office of Business and Economic Development (GO-Biz). Prospective applicants should read this guide before starting and while completing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

Table of Contents

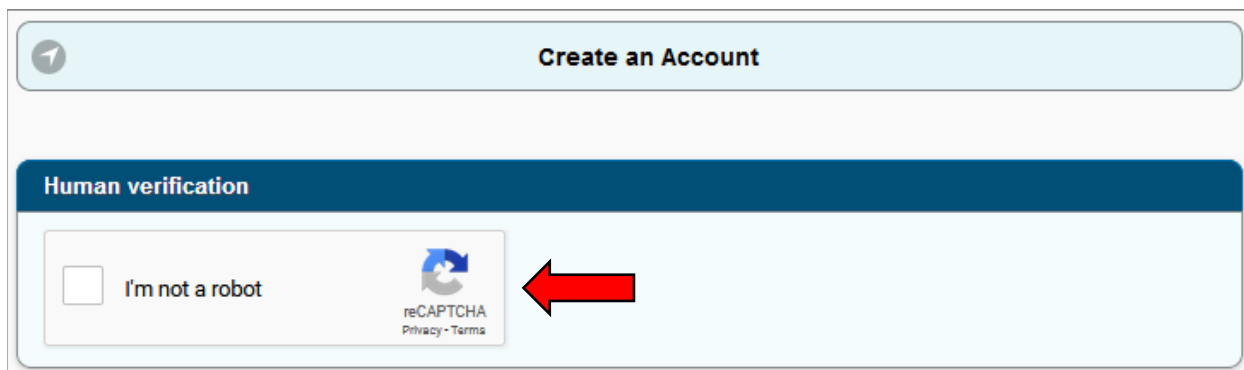
Creating a Profile	1
Creating an Application	3
Applicant Organization's Legal Name	3
Applicant Organization Type	3
Navigating and Submitting the Application	4
Application Sections	5
Applicant Information	5
Legal Name	5
Federal Employer Identification Number	5
Secretary of State Entity Number	6
Year Organization Established	6
Registry of Charitable Trust Registration Number	6
Physical Address	6
Payment Address	6
Geographic Eligibility	6
Contact Information	7
Primary Contact	7
Authorizing Contacts	7
Proposal Summary	8
Total Amount Requested	8
Funding Category or Categories	8
Competencies and Experience	8
Community Impacts from the War on Drugs (WoD)	8
Form 990, Exempt Organization Tax Return Information	8
Phase 1 Required Documents	8
Additional Assistance	9

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 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.calcrb.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.

Applicant Organization Type

Select either Community-based Nonprofit or Local Health Department.

After completing all required information, click Create Application.

Applicant Organization's Legal Name

Applicant Organization Type

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). Below is an example of an application screen for a Community-based Nonprofit Organization (CBO).

Sections	
Applicant Information	Not Started >
Contact Information	Not Started >
Proposal Summary	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”.

Save Complete < Return to Summary Screen

Application Summary

Sections

Applicant Information 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.

Application Summary	
Sections	
Applicant Information	Complete >
Contact Information	Complete >
Proposal Summary	Complete >
Form 990, Exempt Organization Tax Return Information	Complete >
Phase 1 Required Documents	Complete >
<input checked="" type="checkbox"/> Submit	<input type="checkbox"/> Application Options
<input checked="" type="checkbox"/> Phase 2	

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.

<input checked="" type="checkbox"/> Recall	<input type="checkbox"/> Application Options
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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.

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.

² Required for CBOs only

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 Charities and Fundraisers Registration Number²

Enter the organization's Registry of Charities and Fundraisers registration number provided by the California Attorney General's Office.

Physical Address

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

Payment Address

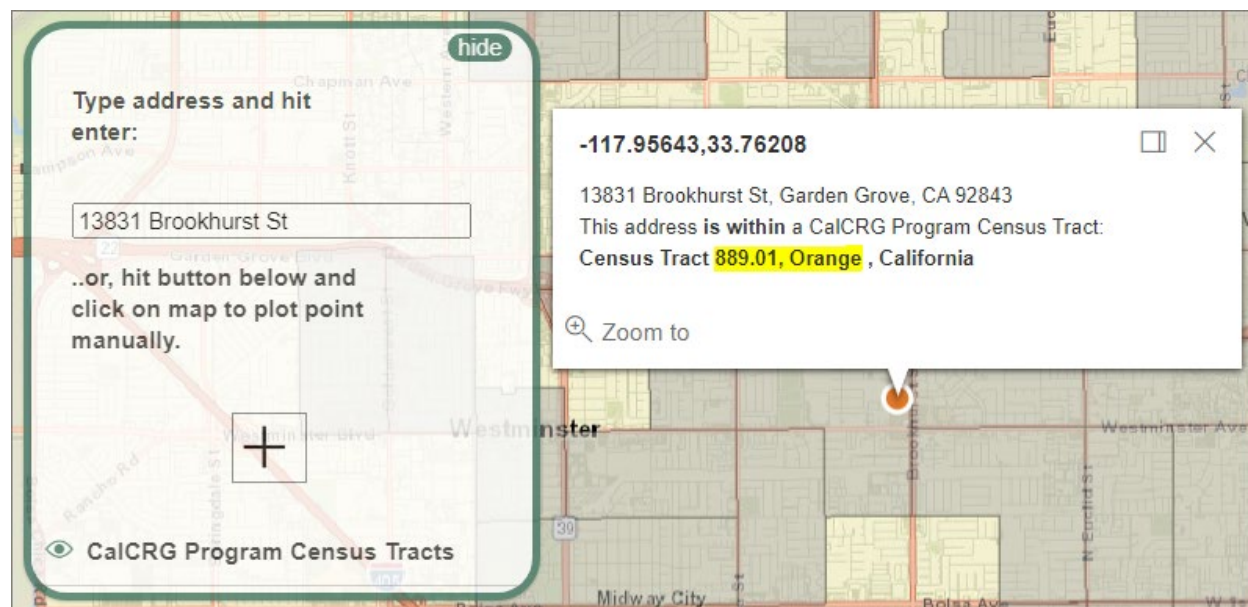
Enter the address where any grant payments should be sent if different than the physical address.

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.

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.



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)

889.01, Orange

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.

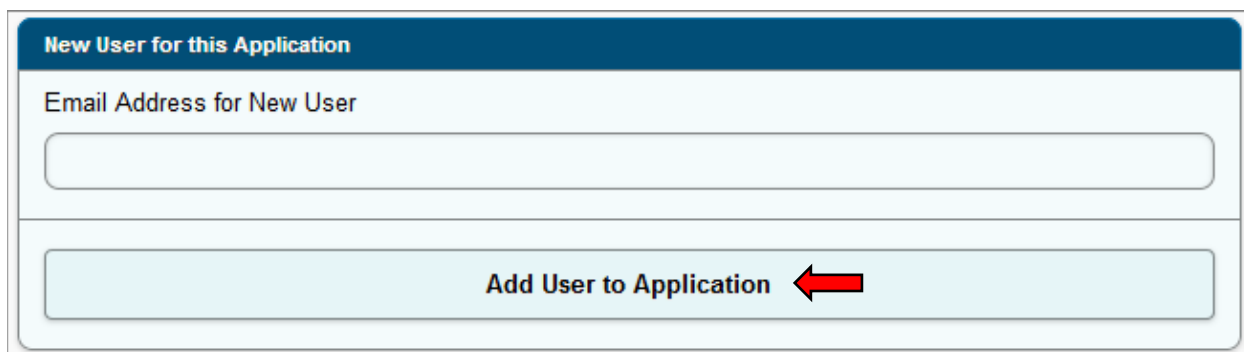
Authorizing Contacts

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.

☒ Submit ☒ Application Options ☐ Application

Application Users

General Data



Proposal Summary

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

Total Amount Requested

Enter the total amount requested, between \$600,000 and \$3,000,000.

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.

Please provide a summary of the services proposed in each funding category selected and an 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.

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).

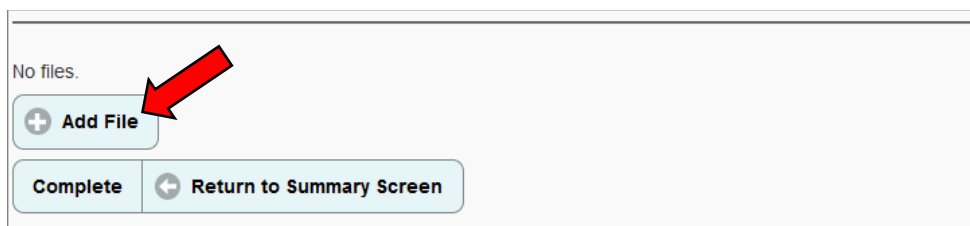
CBOs must complete this section however, if an organization has never filed a Form 990 with the IRS, answer “No” to the first question and click “Complete” at the bottom of the page.

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.

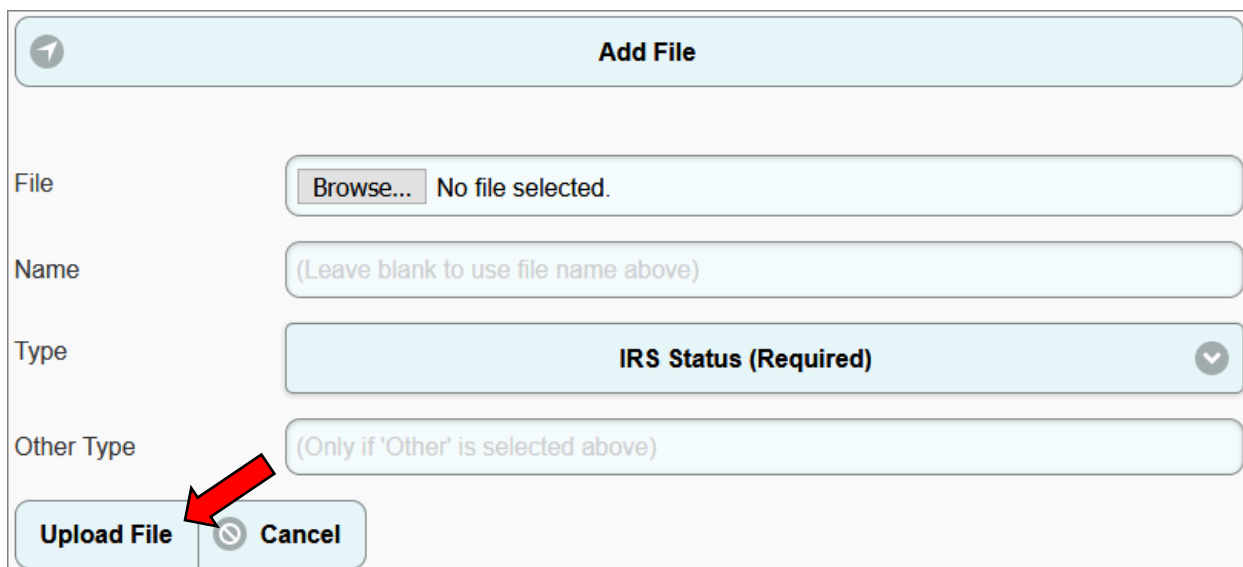


No files.

+ 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 down. Then click “Upload File”.



Add File

File **Browse...** No file selected.

Name (Leave blank to use file name above)

Type **IRS Status (Required)**

Other Type (Only if 'Other' is selected above)

Upload File **Cancel**

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.