

State of California – Office of the State Public Defender
Expanded Public Defense Grant Application (Sept. 2025)



Section I – Project Profile

1. Applicant Contact Information

Name of Applicant <Organization>			Taxpayer Identification Number
Street Address	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Name of the Person Completing the Application		Phone Number	Email Address

2. Project Information

Project Title		
Grant Funds Requested <i>See Budget Worksheet</i>	Small Scope (\$450,000 max) Multi-County (\$1,800,000 max)	Large Scope (\$850,000 max)
Project Summary (100-150 words) max)		

3. Project Director

Name		Title	
Phone Number		Email Address	
Street Address	City	State	Zip Code

4. Financial Officer

Name		Title	
Phone Number		Email Address	
Payment Mailing Address	City	State	Zip Code

5. Day-to-Day Program Contact (if different than project director)

Name		Title	
Phone Number		Email Address	
Street Address	City	State	Zip Code

6. Day-to-Day Fiscal Contact

Name

Title

Phone Number

Email Address

Street Address

City

State

Zip Code

Section II – Project Information

1. Project Need (500 words max)

2. Project Description (1500 words max)

3. Capacity and Sustainability (500 words max)

4. Data Collection (500 words max)

Section III – Project Budget

Note: Project Budget Period is 24 Months

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Budget Line Item	Total
1. Salaries and Benefits	
2. Services and Supplies	
3. Professional Services or Public Agency Subcontracts	
4. Equipment/Fixed Assets	
5. Other (Travel, Training, etc.)	
6. Indirect Costs	
Total	

1a. Salaries and Benefits	
1. Salaries	
2. Benefits	
3. Total	

Staff Title/Role (Please specify staff role in the project)	Salary (%FTE or hourly rate) + Benefits	Total
Total Salaries and Benefits		

1b. Salaries and Benefit Narrative**2a. Services and Supplies**

Description of Services or Supplies	Calculation for Expenditure	Total
Total Services and Supplies		

2b. Services and Supplies Narrative**3a. Professional Services**

Description of Professional Service(s)	Calculation for Expenditure	Total
Total Professional Services		

3b. Professional Services Narrative

4a. Equipment/Fixed Assets		
Description of Equipment/Fixed Assets	Calculation for Expense	Total
Total Equipment/Fixed Assets		

4b. Equipment/Fixed Assets Narrative

5a. Other (Travel, Training, etc.)		
Description	Calculation for Expense	Total
Total Other		

5b. Other (Travel, Training, etc.) Narrative

6a. Indirect Costs		
Indirect costs may be charged to grant funds at no more than 10% of the project amount		
Indirect costs may not exceed shown amount or total grant max.		Total Indirect Costs

Section IV – Project Assurances

By submitting this application, the applicant agrees that if it is awarded a grant by the Office of the State Public Defender, the applicant will abide by the following:

- a. It will use any funds it receives only for the purposes stated in its application. Should the OSPD determine in its sole discretion that the applicant is unlikely to use all funds received for these purposes within the grant period, the applicant will return funds to the OSPD, as directed by OSPD.
- b. It will not discriminate based on race, color, national origin, religion, gender, disability, age, marital or domestic partnership status, medical condition, or sexual orientation.
- c. It will permit reasonable site visits and will present additional information deemed reasonably necessary to determine compliance with the terms of the grant.
- d. It will comply with fiscal management and control procedures adopted by OSPD.
- e. It understands that any proposal submitted for grant, and all documents submitted pursuant to issuance of grant, are public documents, and may be disclosed to any person.
- f. It agrees it will file regular program and financial reports, as may be required by the OSPD, and cooperate with other data collection requests by the OSPD for this grant.
- g. The OSPD is permitted, in its sole discretion, to adjust Applicant's award at any time to reflect the actual amount of funding available for the grant. Consequently, grantees shall not be guaranteed any specific dollar amount in grant funds, or any grant funds at all, if funds received are insufficient or unavailable to OSPD for this purpose.

Authorized Signature

By signing this application, I hereby certify that:

I understand and agree with the terms and conditions above.

All information provided is true and accurate.

I am vested by the Applicant Organization with the authority to enter into contract with the OSPD, and that the grantee and any subcontractors will abide by the laws, policies and procedures governing this funding.

Name

Title

Telephone Number

Email Address

Street Address

City

State

Zip Code

APPLICANT'S SIGNATURE *(Signed by the authorized signatory with a digital signature OR a wet signature in blue ink.)*

DATE