

Call for Fellowship Providers Application

**Southern California Association of Governments**

**2023 – 2027 Call for Fellowship Providers  
APPLICATION**

Issued: April 19, 2023

Submit completed applications to: [carvajal@scag.ca.gov](mailto:carvajal@scag.ca.gov)

Responses due by 5:00 p.m. on Friday, May 19, 2023. SCAG will review applications as they are submitted.

***The Southern California Association of Governments (SCAG) is seeking to provide grants to Fellowship Providers, through this Call for Applications, to leverage and support its efforts and those of its partners in the SCAG region. Through this Call, SCAG seeks to create opportunities for early-career and mid-career fellows to gain experience and proficiency in public service and to make meaningful positive impact in the SCAG region.***

Submit questions or request additional information by email with “Call for Fellowship Providers” in the subject line to:

Elizabeth Carvajal, Deputy Director Planning, Land Use, [carvajal@scag.ca.gov](mailto:carvajal@scag.ca.gov)

Anikka Van Eyl, Associate Regional Planner, [vaneyl@scag.ca.gov](mailto:vaneyl@scag.ca.gov)

*Note: Successful submittal of an application for this Call for Fellowship Providers and being placed on the list of approved Fellowship Providers does not guarantee grant funds or any other funding sources. Funding sources and objectives are subject to change depending on the availability of funds.*

**APPLICATION INSTRUCTIONS**

To be considered for the list of approved Fellowship Providers and potential grant funding, the fellowship provider must be eligible and file a completed application with all required attachments before the close of the call for applications.

**SCORING RUBRIC**

<b>Scoring Criteria</b>		<b>Points</b>
General Information and Fellowship Program Overview		Not scored
<b>1</b>	<b>Fellowship Provider Experience</b>	<b>5</b>
<b>2</b>	<b>Fellowship Alignment with Program Objectives</b>	<b>5</b>
<b>3</b>	<b>Fellowship Administration</b>	<b>10</b>
3.1	Experience working with government agencies	
3.2	Experience working with federal and state funding	
<b>Total Points</b>		<b>20</b>

***Required but not scored***

**GENERAL INFORMATION**

*Organization Information*

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_

Service Area: \_\_\_\_\_

*Contact Information*

Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Brief Description of Organization or Mission Statement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Services provided: \_\_\_\_\_

Areas of specialty: \_\_\_\_\_

*Fellowship Details*

This Call for Fellowship Providers is seeking applications from organizations that coordinate an existing, established fellowship program. In the following section, please describe your organization's existing fellowship program in more detail.

Fellowship Program Overview

1. Please provide a brief overview of the fellowship program and its history. Please describe the types of organizations that have received fellows in the past and provide examples.

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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- 2. Please describe the process for identifying, selecting, and matching the program and fellow recipients.

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- 3. Please describe the timeline for each fellowship cycle, including the schedule for fellow and site recruitment and selection, fellow and site matching, and evaluation.

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- 4. Please describe how the program considers justice, equity, diversity, and inclusion throughout the matching program and fellow selection process.

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Fellowship Structure

- 5. Average number of fellows placed annually: \_\_\_\_\_
- 6. Term length and total number of hours required of each fellow to successfully complete the program: \_\_\_\_\_
- 7. Please describe the deliverables required from the fellow and fellowship recipient throughout the program and at the conclusion of the fellowship.

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- 8. Estimated stipend for each fellow: \_\_\_\_\_

Budget and Cost Estimates

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9. Please describe the administrative costs associated with each fellow and any other costs associated with the program.

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10. Please describe the cost of participating in your fellowship program and any matching costs from your organization or other partners.

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11. Please list and describe any other requirements associated with the fellowship and restricted activities.

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