**MA Community Mediation Center Grant Program**

**GRANT APPLICATION REQUEST (GAR)**

**Fiscal Years 2025-2027**

**FORM #1: Center Operating Grant Application**

**Part 1: Application Cover Sheet**

|  |
| --- |
| **Full Name of Center Applicant (include name of parent organization if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Mailing Address of Center:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Geographical Service Area *(LIST BY NAME all cities & towns served - not by court/county) – use a separate page if necessary)****:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Executive Director:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **E-Mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Federal Tax ID/Employer Identification Number (EIN):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grant Check made payable to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Insert appropriate entity name if different from the name of center. This name must match the Federal Tax ID/EIN provided above.)***Note: For centers that do not have their own 501(c) (3) status and are using a Fiscal Sponsor organization, please submit a Fiscal Sponsor Memorandum of Understanding with the grant application.*** |

**Application Deadline and Delivery: no later than 5:00 PM on July 15, 2024**

**Electronic Submission only:**

1. Submit one (1) copy of Center Operating Grant Application **FORM #1** with attachments as a single PDF document
2. Submit FY 2024 MADtrac reports as 4 separate PDF documents
3. Email to CMCGrantProgram@umb.edu with the words “MOPC GAR” in the subject line

 **Center Representative who participated in the GAR briefing on June 14, 2024:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Date/Time for Mid-Grant Review meeting (if needed) – please specify 3 options (over at least 2 days, preferably across 2 weeks):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time range** | **Thursday 8/8** | **Friday 8/9** | **Monday 8/12** | **Tuesday 8/13** | **Wednesday 8/14** |
| **10am-12pm** |  |  |  |  |  |
| **12pm-2pm** |  |  |  |  |  |
| **2pm-4pm** |  |  |  |  |  |

**Part 1: Application Checklist**

**Center Operating Grant Application packet must contain all parts and sections as listed below and arranged in the following order:**

Part 1: Basic Information

☐ Application Cover Sheet

☐ Application Checklist

☐ Application Signature Page (*with Signatory Documentation* *if changed since FY 2022*)

Part 2: Confirmation of baseline performance level

☐ 12-point model adherence – Narratives and reference to FY 2024 MADtrac Reports

Part 3: Information for Criteria A Performance Level

☐Full-YearFY 2024 MADtrac Reports: center summary, case time by activity, demographics, case counts (July 1, 2023-June 30, 2024) appended as 4 separate PDFs

Part 4: Information on SMART Goals for Criteria B Performance Level

 ☐ FY 2023-2024 SMART Goals Self-Ratings for progress *(up to 8 further narrative pages in total)*

Part 5: Cash Match Information

☐ Center Operating Grant - Match Pledge Sheet

Part 6: Financial & Staffing Information

☐ Actual FY 2024 Budget and Projected FY 2025 Budget

☐ Completed Staffing Sheet for FY 2025, indicating MADtrac/RAM lead

Part 7: Supplemental Materials (**Index required**)

 ☐ Required Documents:

☐ List of Board of Directors with contact information

 ☐ List of active mediators and volunteers

☐ Fee schedules/policies and sliding scale rates

 ☐ \*By-laws or similar governing documents *(\*only if changed since FY 2023-2024 grant application)*

 ☐ Additional Documents (Optional)

**Part 1: Application Signature Page**

**Center Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of our center, we certify that the information contained in this grant application and any supporting documentation is true and complete to the best of our knowledge.

***We have read MOPC’s Community Mediation Center Grant Guidelines (GAR) and agree to abide by all the grant requirements, including both conditions and commitments specified within and acknowledge that failure to comply may result in loss of grant funding and/or disqualification from future grant awards.***

We certify that our center is managed in a fiscally responsible manner and is in good standing with its sponsors, funders, and referrals sources and in the community.

We agree to follow our own or the state’s written procurement policies when spending CMC Grant Program funds for the purchase of goods and services.

We agree to follow our own or the state’s written personnel and payroll policies when funding staff positions with CMC Grant Program funds.

We agree to cooperate with data-gathering, evaluations, research, and auditing conducted by MOPC/University of Massachusetts Boston related to the administration and oversight of the CMC Grant Program, which we understand will exclude the provision of identifying information about parties, conflicts and mediation communications protected by confidentiality provisions.

We agree to permit MOPC to publicize the center’s successes, in consultation with the center’s Executive Director.

**Signature of Executive Director/Authorized Agent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-Mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Finance Officer of Center:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Must be Board Treasurer, Board Member, or official Finance Staff – cannot be same as Executive Director)

**Name (printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-Mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2: Twelve-Point Model Adherence**

**(Baseline Criteria Data)**

**Instructions:**

1. Full instructions can be found in Section II.A.3 of the GAR Guidelines.
2. By completing Part 2, applicants confirm the center’s continued adherence with the Twelve-Point Model of Massachusetts Community Mediation.
3. In the first section, check boxes corresponding to specific points of the Twelve-Point Model for which data in center FY 2024 MADtrac reports demonstrates continued adherence.
4. In the second section, provide a brief narrative answer or fill in a chart to show continued adherence. No other supporting documentation is required.
5. **Confirmation of Continued Adherence through MADtrac Data:**

The center applicant’s continued adherence with the following points of the Twelve-Point Model is demonstrated by data in the center’s FY 2024 MADtrac Reports submitted with this grant application:

☐ #1 **Provide mediation and conflict resolution services for a range of community needs.**

☐ #5 **Provide mediation and conflict resolution services at no cost or on a sliding scale.**

☐ #6 **Deliver mediation and other conflict resolution services in settings convenient to participants including accessible venues and remote options.**

☐ #7 **Schedule mediation and conflict resolution services at a time convenient to the participants.**

☐ #8 **Provide mediation and conflict resolution services at any stage in a dispute - including the early use of such services for conflict prevention and collaborative problem-solving.**

☐ #12 **Deliver mediation and conflict resolution services for community-based disputes that come from a wide variety of referral sources.**

1. **Confirmation of Continued Adherence through Narratives/Charts:**

The center applicant’s continued adherence with the following points of the Twelve-Point Model is demonstrated by narrative responses to the questions listed below:

**#2 Establish collaborative community relationships with other service providers to meet the needs of communities.**

List any new collaborative community relationships the center has developed this past year to meet community needs, indicating the working relationship to benefit both organizations.

**#3 Offer outreach and learning opportunities about mediation and conflict resolution to communities.**

List specific groups/organizations and their geographic locations served through the center’s community level outreach and education this past year. For each please describe the impact of the center’s training and outreach on, e.g., volunteerism, staffing, service users, fundraising or other. If the center provided training subsidies, how were they funded?

**#9** **Maintain high quality mediation and conflict resolution services by providing comprehensive skills-based training, apprenticeships, continuing education, and ongoing evaluation of volunteer mediators and other practitioners.**

Describe the mediator evaluation and compliance processes used by the center and the training the center has provided to its mediators to reflect different processes and conflict at different levels. How many have taken part? Describe what systems are in place at the center for managing and supporting other types of practitioners and volunteers?

**#4 Involve community members in center governance and center development (including fundraising) as staff, volunteers, board members, and partners.**

**#10 Build the capacity of community members, who reflect the diversity of the community, to serve as center mediators and other conflict resolution practitioners.**

**#11 Provide mediation, education, and conflict resolution services to all segments of the community and strive to increase their inclusion in conflict resolution services.**

To cover points #4, #10, and #11, fill in the chart below with the center’s data for the past year.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | County demographics | Community members served | Mediators | Staff | Board |
| Age |  |  |  |  |  |
| Race |  |  |  |  |  |
| Gender |  |  |  |  |  |
| Ethnicity |  |  |  |  |  |
| Income |  |  |  |  |  |
| Education |  |  |  |  |  |
| Community segments represented e.g., municipal, police, voluntary sector etc. |  |  |  |  |  |

1. **(Optional) Open Narrative:**

In no more than half a page, (a) provide additional clarifying information about the overall status and circumstances of the center this past year, (b) explain any element of the center’s MADtrac data, or (c) reference any of the center’s SMART goals to show context around adherence to points of the Twelve-Point Model.

**Part 3: Caseload Information**

**(Criteria A Performance Data)**

**Instructions:**

1. Full instructions can be found in Section II.A.3 of the GAR Guidelines.
2. Please submit with the center’s grant application ***separate PDF copies*** ***(4 in total)*** of full-year center summary, case time by activity, demographics, and case counts MADtrac reports for FY 2024 (July 1, 2023 – June 30, 2024). Points will be awarded based on the data contained in those reports.

*NOTE: Center applicants do not need to calculate these scores.*

1. MOPC will make these calculations based on the center’s MADtrac full-year data submissions according to the following criteria:

• New cases opened during reporting period (formerly intakes) – 1 point each

• Closed cases mediated (formerly mediations) – 3 points each

• Mediation sessions – 2 points for each additional full session after the first session in multi-session cases (will not include day of trial sessions)

**Part 4: SMART Goals Progress & Self-Ratings**

**(Criteria B Performance Data)**

**Instructions:**

1. Full instructions can be found in Section II.A.3 of the GAR Guidelines.
2. To report the center applicant’s progress on each of the four SMART Goals set for FY 2023-2024:
* **Answer all narrative questions below separately for each SMART Goal** using no more than two full narrative pages for each goal (8 additional pages in total) describing in detail the effort and activities undertaken and results achieved on the SMART goal.
* Be prepared to provide supporting documentation to illustrate and supplement the narrative if requested by the Grant Review Committee for the mid-review meeting.
1. **Commit to submit to MOPC (4) four 3-year SMART Goals for FY 2025-2027 by October 15, 2024.** The four new goals may be chosen under any of the SMART Goal categories and tied to any of the points under each.

**SMART Goal Narratives (Required for each SMART Goal separately)**

1. Cut and paste the center’s FY 2023-2024 SMART goal **exactly as it appears in the final SMART goal submission to MOPC** and specify to which point(s) of the 12-point model it relates.
2. What activities has the center applicant carried out to achieve this goal?
3. What results has the center applicant achieved through this work? If the center has faced problems, explain what happened and how the center has responded.
4. What have been the benefits to the center/community of achieving this goal? What has the center learned or hopes to achieve in future if it has been unable to fully meet the goal?
5. Using the rating rubric and worksheet in Appendix IV of the GAR Guidelines, rate the extent of ***progress*** achieved on the SMART goal on a scale of 0 to 5 AND **briefly explain** why this rating has been chosen.

0 1 2 3 4 5

None Nominal Moderate Satisfactory (>50%) Substantial Fully Achieved

1. ☐ The center commits to submit four 3-year SMART goals for FY 2025-2027 by October 15, 2024. (check box)

**Part 5: Center Operating Grant – Match Pledge Sheet**

**Center Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of my center, I pledge to raise an annual cash match by June 30 of each grant year amounting to the designated percentage of any community mediation center operating grant that is awarded to my center for FY 2025-2027 by MOPC through the CMC Grant Program. I also pledge to submit documentation of the amount raised for the match to MOPC by April 15 of each grant year (and June 30 if supplemental information is needed) or as otherwise directed by MOPC.

**Signature of Executive Director/Authorized Agent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ￼**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Part 6: Budget Summary Sheet**

**Instructions:**

1. Full instructions can be found in Section II.A.3 of the GAR Guidelines.
2. Use this form (or Excel spreadsheet replica) to submit actual FY 2024 and projected FY 2025 income and expenditures.
3. *Include details related to CMC Grant funds in the designated columns.*

**Center Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **I. INCOME**
 | **FY 2024** **Actual** **Year-End** | **FY 2024** **Actual** **Year-End**  | **FY 2025** **Projected****Full Year** | **FY 2025****Projected****Full Year**  |
| CATEGORIES & SOURCES/FUNDERS | ALL AMOUNTS | AMOUNTS FROM **CMC-GP** **ONLY** | ALL AMOUNTS | AMOUNTS FROM **CMC-GP** **ONLY** |
| **Revenue** |  |  |  |  |
| **Federal government grants & contracts** (indicate agencies) |  |  |  |  |
|  |  |  |  |  |
| **State government grants & contracts** (indicate agencies) |  |  |  |  |
| MOPC CMC-GP Operating |  |  |  |  |
| MOPC CMC-GP Youth |  |  |  |  |
| MOPC CMC-GP Reentry |  |  |  |  |
| MOPC CMC-GP Housing |  |  |  |  |
| MOPC CMC-GP DEI |  |  |  |  |
| MOPC AgMed |  |  |  |  |
| MOPC PMP |  |  |  |  |
| Trial Court |  |  |  |  |
| AGO-FTFMP |  |  |  |  |
|  |  |  |  |  |
| **Local government grants & contracts** (indicate agencies) |  |  |  |  |
|  |  |  |  |  |
| **Private foundations grants** (by name) |  |  |  |  |
| MBF – IOLTA Grant |  |  |  |  |
|  |  |  |  |  |
| **Earned Income**  |  |  |  |  |
|  |  |  |  |  |
| **Fundraising** |  |  |  |  |
|  |  |  |  |  |
| **Donations** |  |  |  |  |
|  |  |  |  |  |
| **Other Income (specify)** |  |  |  |  |
|  |  |  |  |  |
| **Operational in-kind only (omit in-kind human resources)** |  |  |  |  |
|  |  |  |  |  |
| **I. TOTAL INCOME** |  |  |  |  |
| **II. EXPENSES** | **FY 2024** **Actual** **Year-End** | **FY 2024** **Actual** **Year-End**  | **FY 2025 Projected****Full Year** |
| USES | TOTAL EXPENSES | EXPENSES PAID BY **CMC-GP ONLY** | TOTAL EXPENSES | EXPENSES PAID BY **CMC-GP ONLY** |
|  |  |  |  |  |
| ***Employee Salaries by employee*** |  |  |  |  |
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| **Fringe Benefits** |  |  |  |  |
|  |  |  |  |  |
| **Insurance**  |  |  |  |  |
| **Insurance & taxes** |  |  |  |  |
|  |  |  |  |  |
| **Consultants & professional fees (legal, audit)** |  |  |  |  |
|  |  |  |  |  |
| **Equipment** |  |  |  |  |
| **Supplies** |  |  |  |  |
|  |  |  |  |  |
| **Printing & copying** |  |  |  |  |
| **Telephone & fax** |  |  |  |  |
| **Postage & delivery** |  |  |  |  |
|  |  |  |  |  |
| **Rent/Mortgage** |  |  |  |  |
| **Utilities** |  |  |  |  |
|  |  |  |  |  |
| **Travel/Parking** |  |  |  |  |
|  |  |  |  |  |
| **Advertising** |  |  |  |  |
|  |  |  |  |  |
| **Dues/Fees** |  |  |  |  |
| **Professional Development**  |  |  |  |  |
| **Publications** |  |  |  |  |
|  |  |  |  |  |
| **Other Expenses (specify)** |  |  |  |  |
|  |  |  |  |  |
| **II. TOTAL EXPENSES** |  |  |  |  |
| NET INCOME (income less expense) |  |  |  |  |

**Part 6: Staff Summary Sheet**

**Instructions:**

1. Full instructions can be found in Section II.A.3 of the GAR Guidelines.
2. Use this form to submit the staffing at your center for FY 2025 who are doing community mediation work. Include positions that are vacant but are expected to be filled in the near future.
3. **Name of your center’s MADtrac/RAM lead (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Center Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For each paid employee of the community mediation center please provide the following information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1) Employee Name** | **2) Title and specify area(s) of job duties** | **3) Hours per week** | **4) Salary/ rate** | **5) % by funding Source(s)** | **6) Permanent or Temporary** | **7) Any changes for FY 2025** |
| *e.g., Jane Doe* | *Case Coordinator**Intakes, mediation scheduling, follow-up* | *15*  | *$12/hour* | *MOPC CMC 80%**AGO 10%**MBF 10%* | *Permanent* | *Yes- leaving for graduate school in Sept. 2024* |
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**Part 7: Supplemental Materials**

**(Index Required)**

**Instructions:**

1. Full instructions can be found in Section II.A.3 of the GAR Guidelines.
2. Please list and attach all **required** documents:

Board of directors with contact information; fee schedules/policies and sliding scale rates; active mediators (those who have mediated since the last grant application and who continue to be available); volunteers (administrative/non-mediator), by-laws or similar governing documents *(\*required only if changes since prior grant application).*

1. Please list and attach any **optional** document provided in support of the center’s grant application.