**MA Community Mediation Center Grant Program**

**GRANT APPLICATION REQUEST (GAR)**

**Fiscal Years 2025-2027**

**FORM #2B: DEI Expansion Grant Application**

**Application Deadline and Delivery: July 15, 2024**

**Electronic Submission only:**

* Submit one (1) copy of the DEI Expansion Grant Application **FORM #2B** with attachments as a single PDF document.
* Email to [CMCGrantProgram@umb.edu](mailto:CMCGrantProgram@umb.edu) with the words “MOPC GAR” in the subject line.

1. **Narratives (7-page limit)**

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| Center Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grant Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_ ($25,000 to $35,000 per year)  Grant Lead: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Project Description/Design (70 points for internal rating purposes)**
2. Describe the center’s commitment to promoting diversity, equity, and inclusion in its community mediation mission.
3. Project Proposal: Describe the goals, objectives, activities of the center’s project to expand its community mediation services in accordance with the criteria in the GAR Guidelines and Appendix VI, making sure to cover the following elements:

* The census tract(s) selected for the expansion project and why the census tract was selected.
* The population within the selected tract(s) to be served, the reason for selecting this population, and a description of the population’s needs that will be served.
* The community outreach activities to be carried out, the community partners to be engaged, the direct services to be delivered, and the community involvement in the center.
* Describe the center staff, board members, practitioners, and volunteers, who will be involved in planning and implementing the expansion project and their roles.

1. **Budget and Resources (15 points for internal rating purposes)**
2. Project Budget: Using the attached budget form, provide a breakdown of the center’s anticipated DEI expansion grant project expenses, funding, and resources to cover those expenses for the first grant year. Note: while this application will award a three-year grant, the budget should be completed for year 1 (FY 2025) only.
3. Budget Narrative: Describe each expense and funding source listed in the budget for first grant year on a separate sheet of paper and attach it to the grant application. Also, provide a general narrative description of resources and spending for the second and third grant years.
4. **Evaluation and Sustainability (15 points for internal rating purposes)**
5. Evaluation: Describe how the center will assess the project’s effectiveness and outcomes, making sure to address the following elements:

* Performance measures on outputs and outcomes (ex: level of outreach and engagement with targeted population; type and number of services provided to targeted population)
* Seeking of ongoing community input and adjustments/refinements
* Commitment to continuous learning

1. Sustainability: Describe how the center will sustain its proposed DEI expansion in services and community engagement beyond this grant period.

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**FORM #2B: DEI Expansion Grant Application**

**B. Budget Sheet**

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

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|  |  |  |  |  |
| **Expense Categories** | **DEI Expansion Grant Funds Requested** | **Other Funding Sources** | **In-kind Contributions** | **Total Budget** |
| 1. |  |  |  | $0 |
| 2. |  |  |  | $0 |
| 3. |  |  |  | $0 |
| 4. |  |  |  | $0 |
| 5. |  |  |  | $0 |
| 6. |  |  |  | $0 |
| 7. |  |  |  | $0 |
| 8. |  |  |  | $0 |
| 9. |  |  |  | $0 |
| 10. |  |  |  | $0 |
|  |  |  |  |  |
| **TOTAL** | **$0** | **$0** | **$0** | **$0** |
|  |  |  |  |  |

**BUDGET NARRATIVE:** Describe each expense and identify the funding sources on a separate sheet of paper and attach it to the grant application. The budget should be completed for the first year (FY 2025) only.

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

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

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