**MA Community Mediation Center Grant Program**

**GRANT APPLICATION REQUEST (GAR)**

**Fiscal Years 2025-2027**

**FORM #3: Youth Program Grant Application**

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

**Electronic Submission only:**

* Submit one (1) copy of the Youth Program Grant Application **FORM #3** with attachments as a single PDF document.
* Email to CMCGrantProgram@umb.edu with the words “MOPC GAR” in the subject line.
1. **Youth Program Narratives (10-page limit)**

|  |
| --- |
| **Center Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grant Amount Requested:** $\_\_\_\_\_\_\_\_\_\_\_\_\_ ($20,000 to $50,000 per year) **Youth Program Lead:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Program Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Program Partner(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Program Design (30 points for internal rating purposes)**
2. Center-Based Youth Program Description and Overview:

Provide a description of your center’s youth program. Provide an overview of the youth work to be funded by this grant over the next three years and how it fits within that program framework. Outline the center’s expertise/capacity, partners, the youth audience targeted, how the program addresses identified need(s) of the youth and benefits the youth, partner(s), the center, and the community. Explain how the center’s youth program aims to include youth from marginalized or underserved communities and how it relates to *two or more* of the Youth Program Principles outlined in **Appendix VII** of the GAR.

1. Design Elements: Describe each of the following elements for your center’s youth program during the three-year grant period:
* Goals – What are you hoping to achieve overall (broad, general intentions)?
* Objectives – What measurable, tangible benchmarks do you plan to achieve?
* Activities/Timeline – What do you plan to do, and when?
* Outputs – What will be the products resulting from the program activities?
* Outcomes – What are your anticipated results of the program in the grant period (e.g., number served)?
* Means of Verification – how will you know if the program is succeeding?
1. Challenges: What are the challenges that your center could face in implementing the proposed youth program? How will you address these challenges?
2. **Center and Partner Capacity (30 points for internal rating purposes)**
3. Center and Partner Roles: Provide a description of the roles and responsibilities of each partner, including your center and other partner(s).
4. Center Experience and Capacity: For new applicants, outline your center’s prior experience in this focus area, including any accomplishments your center has achieved so far. Indicate the center’s record of successful implementation of similar types of programs or projects. For new applicants AND current grantees, outline the expertise and capacity of the center to implement this program and indicate your plan for staffing the program for the grant period.
5. Partner Commitment and Capacity: Describe the history/extent of your relationship with partner(s), prior/current initiatives together, and their level of commitment to this program. Note partner expertise and capacity to implement any aspects of the program to which they have committed.
6. **Budget and Match (20 points for internal rating purposes)**
7. Budget and Narrative (please also complete the separate Budget Form): Provide a breakdown and a narrative description of each line item of the center’s program budget on a separate sheet of paper. Include sufficient detail for understanding all sources of actual and projected revenue/funding and projections for anticipated expenses. Note: while this application will award a three-year grant, the budget should be completed for Year 1 (FY 2025) only.
8. Plan for Raising Match: Outline your fundraising plan to raise the required annual 50% match for this grant if awarded and funding to cover other costs not covered by the grant. The required match can come in the form of cash and resources, but at least half of the match must be in new cash funds raised specifically for the program.
9. **Evaluation and Sustainability (20 points for internal rating purposes)**
10. Evaluation: Describe how you plan to evaluate your center-based youth program and work with MOPC on data collection and reporting to inform research into the area covered by the youth grant.
11. Sustainability: Describe your plans for continuing and funding the center-based youth program following the three-year grant period. Specifically, indicate your plans for fundraising, and potential expansion.

**MA Community Mediation Center Grant Program**

**GRANT APPLICATION REQUEST (GAR)**

**Fiscal Years 2025-2027**

**FORM #3: Youth Program Grant Application**

**B. Youth Program Budget Sheet with Match Pledge**

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **Expense Categories** |  **Program 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 and identify the funding sources for each expense on a separate sheet of paper and attach it to this form with your grant application.** The budget should be completed for the first grant year (FY 2025) only.

**MATCH PLEDGE:** On behalf of my center, I pledge to annually raise by June 30 a match of **50%** of any FY 2025-2027 Youth Program Grant that is awarded by MOPC. I understand that the match must be new funding raised in during the grant period specifically for this program and that the match may be raised as a combination of cash, in-kind and other resources, provided that at least half of the match consists of new cash funds. I also pledge to submit documentation of the amount raised for the match annually to MOPC by April 15 (and by June 30, if supplemental information is needed) or as otherwise directed by MOPC.

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

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

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

**MA Community Mediation Center Grant Program**

**GRANT APPLICATION REQUEST (GAR)**

**Fiscal Years 2025-2027**

**FORM #3: Youth Program Grant Application**

1. **Youth Program Partner Commitment Form**

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

**Center Grant Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of my organization, I have reviewed the FY 2025-2027 Youth Program Grant application of the above-named community mediation center applicant for a program involving my organization and hereby commit to play the role, undertake the responsibilities, and contribute to the program as outlined therein. My organization agrees to work in partnership with the center applicant (and other designated partners) on the implementation of the proposed program and agrees to work with the center to provide or seek matching funds and resources to help the center meet the 50% match required for this grant. My organization agrees to share program related data, analysis, and recommendations with MOPC and to cooperate with the required evaluation that MOPC and the center applicant will undertake for the program. My organization agrees to share with MOPC any program-related reports, forms, documents, and materials and to include the following acknowledgment on published materials, reports or products created as part of the grant funded program: “Produced with support from the Massachusetts Office of Public Collaboration – Youth Conflict Resolution & Restorative Practices Program” and agree to permit MOPC to publicize the project successes, in consultation with the above-named center.

**Signature of Partner Authorized Agent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_