**MA Community Mediation Center Grant Program**

**GRANT APPLICATION REQUEST (GAR)**

**Fiscal Years 2025-2027**

**FORM #4: Reentry Program Grant Application**

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

**Electronic Submission only:**

* Submit one (1) copy of the Reentry Program Grant Application **FORM #4** with attachments as a single PDF document.
* Email to CMCGrantProgram@umb.edu with the words “MOPC GAR” in the subject line.
1. **Reentry Program Narratives (3-page limit)**

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| **Center Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grant Amount Requested (choose one):** \_\_ **$20,000 - $25,000** Part-time Reentry Program/Case Coordinator (new center without mentor) \_\_ **$22,500 - $27,500** Part-time Reentry Program/Case Coordinator AND 1 mentor of mediators \_\_ **$25,000 - $30,000** Part-time Reentry Program/Case Coordinator AND 2 mentors of mediators |

1. **Center Capacity**
2. For centers currently participating in the Reentry Program, please provide the following information:
	1. The name of the center’s **reentry** **case coordinator** and describe required training this staff member has received:
	2. The names of the center’s **reentry program** **mediators** and describe the required training that these mediators have received:
	3. The name(s) of the center’s **reentry program** **mentor(s) of mediators assigned by MOPC** and describe the required training that these mediators have received:
	4. The names of the center’s **data management staff** responsible for re-entry program data entry and reporting:
3. For new centers who are not currently participating in the Reentry Program, please describe the center’s interest in Reentry Program and plans for building staff and mediator capacity in collaboration with MOPC as outlined in Question A above.
4. **Center Partnerships**
5. Please list below the correctional facility or facilities the center proposes to serve and whether services are in place for **pre-sentencing and pre-release** and describe the services to be delivered:
6. Please list and describe the organizations the center has worked with in the past, the organizations the center intends to work with during the upcoming grant period around the delivery of **post-release** reentry mediation services and describe the outreach and services to be delivered:
7. **Center Challenges**
8. Please describe any challenges that the center anticipates during the grant period, in performing the required Scope of Services for the Reentry Program.
9. Please describe how the center plans to handle these challenges, and what could MOPC do to support the center’s efforts.

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1. **Reentry Program Requirements & Scope of Services Form**

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

On behalf of my center, I commit to adhere to Reentry Mediation Program scope of services and requirements as follows:

1. Maintain a ***dedicated staff reentry program/case coordinator*** (at least **10-15** hours per week) to manage center operations for the Reentry Mediation Program during the award period. The staff member will actively serve as the main point of contact, conduct outreach, coordinate the delivery of mediation services, and evaluation activities. Case coordinators must have completed reentry mediation and case coordination training provided by MOPC.
2. Maintain at least **3-4 reentry program mediators** during the award periodwho have completed reentry mediation training in the Inclusive Listening Model provided by MOPC through MD trainers and have existing re-entry mediation experience or have been mentored by reentry program mentors before delivering any services. Of these mediators, maintain at least 1-2 as mentors of mediators, who will adhere to the mentorship program process provided to all centers by MOPC.
3. Participate in resource sharing between centers and allow trained re-entry mediators from other centers to join the center’s mediator roster for the purposes of mediating re-entry cases coordinated by the center; and in those circumstances, treat the mediator in accordance with the same general practices and procedures as their existing roster members including any liability insurance coverage.
4. Use the Inclusive Listening Model for all intakes and re-entry mediation services provided.
5. Participate in mediator and case coordinator trainings, mentoring, and continuing education activities organized by MOPC or others to maintain quality of reentry services and comply with minimum continuing education requirements (4 hours annually for mediators and 6 hours annually for mentors). The designated staff member will monitor compliance with reentry mediator training and mentoring requirements on behalf of the Center and report to MOPC at the end of each fiscal year.
6. Demonstrate activities and progress through quarterly program reports, MOPC check ins and by attending monthly coordinator meetings.
7. Deliver free re-entry mediation services in partnership with MOPC and at least one Department of Correction (DOC) or County Sheriff facility identified by MOPC and subject to MOPC Memoranda of Understanding, which lay out the duties and responsibilities of the facilities and MOPC-funded centers and/or an organization serving the post-release population.
8. Develop and maintain relationships with partner organizations and their staff and provide regular services to build a consistent presence and trust with the population served and raise any unresolved concerns with the MOPC Program Manager.
9. Complete any documentation/orientation to allow for clearance by correctional facilities.
10. Adhere to the ***MOPC re-entry case management process requirements and procedures*** for pre-release and post-release services which will be provided to all reentry program centers, and work with the MOPC Program Manager as needed to support successful performance on the grant.
11. Complete all required program documentation and submit it to MOPC in accordance with the protocols. All forms and data should be submitted to MOPC on a rolling basis but no later than within the relevant quarterly reporting deadline for the timeframe that the services were delivered.
12. Respond to MOPC surveys and data requests to collect feedback and data on the program for purposes of program evaluation.
13. Contribute to reentry mediation program statewide outreach, advocacy, and fundraising as needed.
14. Have a coverage plan in place in case of transition in reentry the case coordinator and mediators.

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

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

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