**CITY OF ORLANDO**

**MY BROTHER’S KEEPER (MBK) INITIATIVE GRANT**

This application is intended to be used by all applicants applying for the My Brother’s Keeper (MBK) Initiative Grant funded by the City of Orlando, Department of Families, Parks, and Recreation (FPR). The funds awarded under this grant agreement between the City of Orlando and the Contractor are to be used to support boys and young men of color between the ages of 10 – 26, who reside or go to a school within the City of Orlando. The grant is allotted for nonprofit organizations with an annual operating budget of $350,000 or less. The City of Orlando intends to use the results of this process to award five (5) or more grant agreements.

The due date for this application along with supporting documents is **December 10th, 2021 by 5:00pm.** Completed application and supporting documents must be emailed to the MBK Manager, Abraham Morris at Abraham.Morris@cityoforlando.net by the due date. **All documents must be included in one email to be considered**. If any technical assistance is needed contact Michael Scott, at 407-427-4591 or Michael.Scott@cityoforlando.net.

The grant agreement shall be effective on the date indicated in the grant agreement (expected to be 01/01/2022) and shall run for 9 months from that date (expected to be 09/30/2022) with an option by the mutual agreement of the City of Orlando and the contractor to renew for two additional one-year periods. Renewal of the grant agreement will be based upon the proposer’s satisfactory performance, contractual findings, and availability of funds.

**NOTE:** The total amount of funds available through this grant is $500,000. The amount per grant will be determined by the City of Orlando.

|  |  |
| --- | --- |
| Name of Organization (Required)  Click or tap here to enter text. | |
| If any, list other funds being utilized to support the programming you are provided.  Click or tap here to enter text. | Indicate effective date organization intends to provide services  Click or tap here to enter text. |

**Complete the Following Questions by Providing a Narrative Response**

1. **Indicate the Type of Grant You are Applying for (check all that apply)**

Intensive Youth Mentoring

Academic and Educational Programs for Youth

Neighborhood Crime Prevention and Safety Programs

1. **History, Physical Location, and Primary Services Provided**
   * What year was the organization established?

Click or tap here to enter text.

* + Provide a description of the proposed location where services will be provided, include address if known.

Click or tap here to enter text.

* + If any, describe other related services within the geographical area.

Click or tap here to enter text.

* List the organizations collaborating on this program (minimum 2), and their major roles in this project?

Click or tap here to enter text.

* + What are the organization’s primary services and programs in the community?

Click or tap here to enter text.

* + Provide a detailed description of the proposed program. Include a description of the identified need that the program will address.

Click or tap here to enter text.

* + What is the organization’s history and experience providing this type of program / service?

Click or tap here to enter text.

1. **Program Design**
   * Describe the organization’s plan for recruiting and onboarding program participants.

Click or tap here to enter text.

* + How many youth between the ages of 10 – 26 will participant in the proposed program?

Click or tap here to enter text.

* + Describe the demographics and the geographical zip codes of where the youth being served reside.

Click or tap here to enter text.

* + Describe the proposed schedule of the program. Include total hours of individual and/ or group interaction each day.

Click or tap here to enter text.

* + Describe the staffing plan for this program. Provide a brief description of primary staff and their qualifications.

Click or tap here to enter text.

* + Will the organization’s proposed program address any of the following:

Decrease the number of suspension and expulsions for youth enrolled in programming.

Decrease the number of juvenile justice involvement for youth enrolled in programming.

Increase the graduation rate and enrollment into post-secondary education (Ex. Technical college, apprenticeship, four-year degree, etc.).

The Introduction of new career, educational, professional development opportunities for youth enrolled in programming.

* + If any of the above boxes were checked, please describe the methodology to achieving the proposed goal?

Click or tap here to enter text.

* + Does your organization receive any city or county grant funds? If so, what is the name of the grant and the amount?

Click or tap here to enter text.

* + Provide a proposed workplan (please use template provided, see attached)

1. **Fiscal Monitoring / Budget** 
   * Do families pay a fee to participate?

Choose an item.

* + If yes, what is the fee?

Click or tap here to enter text.

* + Will any part of the grant being requested be used to assist families unable to pay?

Choose an item.

* + Grant request may be approved for full or partial funding. If the organization receives partial funding, can the program still be implemented?

Choose an item.

* + Is a funding request advance required?

Choose an item.

* + If yes, how much is the organization requesting (up to 25% of total grant requested)

Click or tap here to enter text.

* + Provide a proposed budget (Please use template provided, see attached)

1. **Additional Documents** 
   * Completed W-9
   * A copy of currently valid IRS tax exemption certificate
   * One letter of support from partner

**By checking this box, applicant verifies that all supporting documents are true and correct.**

*Disclaimer: All supporting documents (Workplan Template, Budget Template, W-9, Currently Valid Tax Exemption certificate, and One Letter of Support from Partner) must be included to be considered for this grant.*