**MY BROTHER KEEPER INITIATIVE**

**Exhibit 1**

**Use the TAB key to move through this form.**

|  |  |
| --- | --- |
| Grant/Contract Title (MBK Contract Coordinator to fill-in)My Brother’s Keeper Initiative | Contract Period Date (MBK Contract Coordinator to fill-in)From: 1/1/2022 Through: 9/30/2022 |
| Contractor’s Name -Applicant OrganizationClick or tap here to enter text. | Tax Identification Number (TIN)Tax ID. |
| Street AddressClick or tap here to enter text. | CityClick or tap here to enter text. | StateClick or tap here to enter text. | Zip CodeEnter Zip Code |
| Organization’s Contact Person Click or tap here to enter text. | Phone NumberClick or tap here to enter text. | Email Click or tap here to enter text. |
| Mailing AddressClick or tap here to enter text. | CityClick or tap here to enter text. | StateClick or tap here to enter text. | Zip CodeClick or tap here to enter text. |
| Districts/ Areas to be served Click or tap here to enter text. |
| Number of Youth Served (How many youth will receive services during THIS period, enter N/A if not applicable)Click or tap here to enter text. | Total Budget Amount RequestedClick or tap here to enter text. |
| Name/Title – Official Authorized to Commit Applicant Organization to this Contractual AgreementClick or tap here to enter text. | DateClick or tap to enter a date. |
| Email Address of Authorized OfficialClick or tap here to enter text. | Phone Number Click or tap here to enter text. |

[ ]  This application has been approved by the official authorized to commit applicant agency to this contractual agreement

**EXHIBIT 1.1**

**DESCRIPTION OF DELIVERABLES / DEMONSTRATION OF NEED / CONTRACT PURPOSE / SERVICES TO BE PROVIDED**

**Abstract**

|  |
| --- |
| Program Description (Please enter brief one paragraph description of purpose of the grant/contract) |
| 1. Provide an overview of the services to be provided and the outcomes or products that will be achieved. (Please limit response to one paragraph)
 |
| 1. Provide identifying needs and purpose in the communities being served. Justify how this contract funding will address those needs. (Please limit response to one to two paragraphs)
 |

**EXHIBIT 1.2**

**DESCRIPTION OF DELIVERABLES / SERVICES TO BE PROVIDED**

**Work Plan**

In the table that follows each goal, identify the objectives to help you reach the goal, the related activities needed to achieve the objective, the timeline when each of the related activities will be met, how success will be measured to determine whether you meet your goal and objective(s), and the person/role responsible for the activity.

**Goal 1: Year-over-year decrease the percentage of suspensions and expulsions for youth participating in our program**

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective 1** | **Related Activities** | **Timeline** | **How Success will be Measured** |
|  | 1.
 | 1.
 |  |
| **Person/Role Responsible:** Click or tap here to enter text. |
| **Objective 2** | **Related Activities** | **Timeline** | **How Success will be Measured** |
|  | 1.
 | 1.
 |  |
| **Person/Role Responsible:** Click or tap here to enter text. |
| **Objective 3** | **Related Activities** | **Timeline** | **How Success will be Measured** |
|  | 1.
 | 1.
 |  |
| **Person/Role Responsible:** Click or tap here to enter text. |
| **Objective 4** | **Related Activities** | **Timeline** | **How Success will be Measured** |
|  |  |  |  |
| **Person/Role Responsible:** Click or tap here to enter text. |

**EXHIBIT 1.3**

**DESCRIPTION OF DELIVERABLES / SERVICES TO BE PROVIDED**

**Work Plan**

**Goal 2: Year-over-year decrease the amount of juvenile justice involvement for youth in our program.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective 1** | **Related Activities** | **Timeline** | **How Success will be Measured** |
| 1.
 | 1.
 | 1.
 |  |
| **Person/Role Responsible:** Click or tap here to enter text. |
| **Objective 2** | **Related Activities** | **Timeline** | **How Success will be Measured** |
|  |  |  |  |
| **Person/Role Responsible:** Click or tap here to enter text. |
| **Objective 3** | **Related Activities** | **Timeline** | **How Success will be Measured** |
|  | 1.
 |  |  |
| **Person/Role Responsible:** Click or tap here to enter text. |
| **Objective 4** | **Related Activities** | **Timeline** | **How Success will be Measured** |
|  |  |  |  |
| **Person/Role Responsible:** Click or tap here to enter text. |

**EXHIBIT 1.4**

**DESCRIPTION OF DELIVERABLES / SERVICES TO BE PROVIDED**

**Work Plan**

**Goal 3: Year-over-year increase graduation rates for youth enrolled in our program.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective 1** | **Related Activities** | **Timeline** | **How Success will be Measured** |
|  |  |  |  |
| **Person/Role Responsible:** Click or tap here to enter text. |
| **Objective 2** | **Related Activities** | **Timeline** | **How Success will be Measured** |
|  |  |  |  |
| **Person/Role Responsible:** Click or tap here to enter text. |
| **Objective 3** | **Related Activities** | **Timeline** | **How Success will be Measured** |
|  | 1.
 |  |  |
| **Person/Role Responsible:** Click or tap here to enter text. |
| **Objective 4** | **Related Activities** | **Timeline** | **How Success will be Measured** |
|  |  |  |  |
| **Person/Role Responsible:** Click or tap here to enter text. |

**EXHIBIT 1.5**

**DESCRIPTION OF DELIVERABLES / SERVICES TO BE PROVIDED**

**Work Plan**

**Goal 4:** Determined by contractor.

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective 1** | **Related Activities** | **Timeline** | **How Success will be Measured** |
| 1.
 | 1.
 | 1.
 |  |
| **Person/Role Responsible**: Click or tap here to enter text. |
| **Objective 2** | **Related Activities** | **Timeline** | **How Success will be Measured** |
|  |  | 1.
 |  |
| **Person/Role Responsible:** Click or tap here to enter text. |
| **Objective 3** | **Related Activities** | **Timeline** | **How Success will be Measured** |
|  | 1.
 | 1.
 |  |
| **Role Responsible:** Click or tap here to enter text. |
| **Objective 4** | **Related Activities** | **Timeline** | **How Success will be Measured** |
|  |  |  |  |
| **Role Responsible:** Click or tap here to enter text. |

**EXHIBIT 1.2**

**DSCRIPTION OF DELIVERABLES / SERVICES TO BE PROVIDED**

**Collaboration**

Describe any collaborative arrangements that are or will be developed in order to achieve the goals of the program. Provide the names of collaborative organizations and/or individuals and what contribution or commitment has been made between this program and collaborators.