

COMMUNITY EMPOWERMENT AND REINVESTMENT GRANT PROGRAM

This template is provided as a guide for reference purposes only. All proposals and applications must be submitted electronically through the program's Submittable page.

FY23 Application Template

COVER PAGE

Project City/Town:

(This is the city or town where the project will take place. If this is an application for a region, please list the primary location. Specify district or neighborhood, if applicable.)

Regional Applications:

Adjacent Cities/Towns:

These are the secondary, adjacent cities and towns where regional projects will take place. EOHED encourages applications to focus on a single municipality but understand that, under certain circumstances, projects may span a larger area if each adjacent municipality has its own community-led partners.

Lead Applicant Information (Authorized Signatory) – for award notification and contract execution

Applicant Organization Name: _____

Applicant Organization Legal Address: _____

City/Town: _____ State: MA Zip Code: _____

CEO Name: _____ CEO Title: _____

CEO Tel.: _____ CEO Email: _____

Project Contact Name (if different):

Project Contact Title (if different):

Contact Tel: _____ Contact Email: _____

Lead Organization Information

Organization Description – Outline the lead organization's mission, history, and goals. _____

Indicate any applicable certifications and/or classifications for this organization:

- | | |
|---|--|
| <input type="checkbox"/> Women-Owned Business Enterprise | <input type="checkbox"/> LGBTQ-Owned Business Enterprise |
| <input type="checkbox"/> Minority-Owned Business Enterprise | <input type="checkbox"/> Disability Business Enterprise |
| <input type="checkbox"/> Disadvantaged Business Enterprise | |
| <input type="checkbox"/> Veteran-Owned Business Enterprise | |

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Grant Proposal Summary Information

Project/Program Name:

Grant Amount Requested:

Total Project Budget:

Project Abstract – Provide a brief description of the proposed project.

Project Category (*Check the category that best describes the primary focus of the project*).

- ☐ Workforce Development: (Job Training, Job Creation/Placement, Transitional Employment, Pre-Apprenticeship, etc.)
- ☐ Small Business Development: (Cooperatives, Small Business Support, Social Enterprise, etc.)
- ☐ Housing: (Housing Stabilization Services, etc.)
- ☐ Community Health: (Addiction Treatment, Trauma Informed Mental Health Care, etc.)
- ☐ High School Dropout Prevention: (School or Community Based Prevention/Reengagement.)

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PROPOSAL NARRATIVE

Provide responses to each of the questions below. Full responses under each section will be reviewed and scored based on the criteria in the RFP/Guidelines. However, all questions must be addressed. The completed proposal narrative should not exceed 6 pages.

Community Profile and Project Goals (10 Points)

1. Describe the neighborhood, economic, and social context in which this project operates. What issue and/or circumstances led to the project?
2. What does the project strive to achieve for the whole community it takes place in?

Community Collaboration and Partnerships (10 Points)

3. List the people and/or organizations in the community partnership or coalition. (Note if any live in the community.) What makes this community group innovative or effective in executing this project?
4. List partners that are providing financial, coordination, and/or staff support. Use a bulleted list.

Target Population (30 Points) – If the project is not city-wide, define/describe the target neighborhood, and answer the questions in relation to that defined area.

5. Describe the population of the target community (or neighborhood), and the extent to which there are large groups that have been socially and economically disadvantaged and/or historically underrepresented. Identify the group(s) and provide data about the number of members of the group(s) and what makes them disadvantaged and/or underrepresented.
6. Describe the poverty levels in the target project community (or neighborhood), and the extent to which they fall below 250% of the federal poverty level. What is the community's median household income according to the most recent US Census data, and how does this compare to the federal poverty level for a family of 3?
7. Describe the extent to which the target community is disproportionately impacted by the criminal justice system. Provide relevant statistics.

Anticipated Impact – Project Plan (30 Points)

8. What specific outcomes does this project hope to achieve for the target population? Please focus the outcomes related to prevention of justice system involvement, successful re-entry, and/or other activities relevant to the program's objectives.
9. What role did members of the target population play in identifying these opportunities? Describe how residents and other stakeholders worked together to develop this project.

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10. List specific services and outcomes of the project. (May upload chart or program plan.) Include description of participants (formerly incarcerated adults, youth, etc.), intervention/service type (training, workshops, counseling, etc.), and expected results (certificate attained, job placement, sessions completed, etc.)

Target Participants	Interventions / Service Description	Expected Outcomes

Track Record (10 Points)

11. Describe the applicant's experience with implementing similar projects and in leading coalitions.
12. Describe the partnership's history, experience and past successes in the community. Include any relevant history of working with and/or supporting formerly incarcerated people.

Capacity to Succeed (10 Points)

13. Provide a project timeline for what the project partners will undertake/accomplish each month from January to June 2023.
14. Complete the budget form attached. Show breakdown of requested grant funds and indicate below what matching funds, if any have been committed to this project.

BONUS: Advancement of Equitable Opportunities (10 Points)

15. If applicable, describe how the project seeks to advance opportunities for community members who have been historically underrepresented, including if/how the project aligns with one or more of the recommendations from the Black and/or Latino Advisory Commissions' reports.

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GRANT BUDGET FORM

Complete the worksheet below with details of your project budget. Enter the breakdown for the requested grant. For projects that utilize matching funds, please detail below.

[illegible]

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Total Consultants/Professional Fees	\$
Partner Subcontracts:	
<i>Sample: Busytown Career Coaches</i>	\$ 20,000.00
Total Partner Subcontracts	\$
Events / Meeting Expenses:	
Total Events/Meeting Expenses	\$ -
Project Supplies/Materials:	
Total Project Supplies/Materials	\$ -
Equipment (non-Capital):	

This field will automatically sum the rows in this section.

Please write over sample line items to clear data.

This field will automatically sum the rows in this section.

Group expenses by type; for example, "food for community meetings," "flyers" etc

This field will automatically sum the rows in this section.

Group supplies and materials by type; for example, "art supplies" rather than listing paintbrushes, paint, canvas etc on separate lines.

This field will automatically sum the rows in this section.

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Total Equipment	\$ -	This field will automatically sum the rows in this section.
Other/Miscellaneous (specify):		
		These lines should only be used to list proposed expenses not covered by the categories above. If using these lines, name expense in the left hand column and provide more information in the budget detail box below. Miscellaneous expenses not detailed below will not be funded.
Total Other/Misc	\$ -	This field will automatically sum the rows in this section. Provide the formula used to calculate overhead in the budget detail box below this table.
General Admin. / Overhead:		
Grand Total:	\$	

BUDGET DETAIL: Provide line item explanations, information about stipend quantities and rates, formulas for calculating overhead, detail for additional expenses, etc.

Match Funds:

Does this project utilize additional secured funds from other sources? If so, please describe the funding source, the amount, and what the funding will be utilized for. Other funds are not required. However, proposals that include any funding support from other sources (federal or municipal government, foundations, private donors, etc.), will be given additional consideration.

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Verifications for Applications Exceeding \$500,000

This section is only for grant applications seeking \$500,000 or more. All sections are required for the application to be considered for funding.

1. Upload the lead applicant organization's most recent audited financial statement or independent certified public accountant's review report or equivalent document.
2. Complete the table below detailing the lead applicant organization's anticipated fund drawdown schedule.

Month	Amount Expended
January 2023	
February 2023	
March 2023	
April 2023	
May 2023	
June 2023	
Total	

3. Describe the lead applicant organization's experience managing grants over \$500,000, as well as the source of those grants.
4. List the names, titles, and FTEs of staff who will be responsible for grant management, finance and reporting at the lead applicant organization. If the applicant organization utilizes a fiscal agent and/or outside consultants or professionals who will assist with this, list those organizations and their roles here as well.

CERTIFICATION OF APPLICATION SUBMISSION AUTHORIZATION

I hereby certify that I am duly authorized to submit this application on behalf of the organization below. By writing my name in the space below, I further certify, under the pains and penalties of perjury, that the responses to the questions provided in this application, and the attached documentation, are true, accurate, and complete. I understand that the Executive Office of Housing and Economic Development (EOHED) will rely on this information to make decisions about whether to award a grant from this funding source. I also understand that the Commonwealth reserves the right to take action against me, the applicant organization, and/or any other beneficiary of a grant, if any of the information provided is determined to be false, inaccurate, or misleading. Finally, I affirm that, if awarded, this applicant organization has the capacity to carry out the project in accordance with all applicable laws and regulations.

Applicant Organization Name:

Submitter Name:

Submitter Title:

Date:

OTHER/OPTIONAL ATTACHMENTS

Applicants may submit other attachments to support the application. However, please note that these items will generally not be scored or assessed as part of the formal evaluation of the proposal.

- ☐ Letters from any other partner organizations that are collaborating on the project. Letters should outline the organization's specific role and/or contribution to the project.
- ☐ Municipal support letters from the community's municipal leadership, such as a Mayor or Select Board Chair.
- ☐ General support letters.