



Massachusetts Attorney General's Office LCAF Grant Application Cover Sheet

Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Organization Website: _____

Primary Contact Person: _____

Title: _____

Phone Number: _____

Email Address: _____

Secondary Contact Person: _____

Title: _____

Phone Number: _____

Email Address: _____

For Publication Purposes (If generic phone number and email address are available):

Contact Person(s): _____

Title: _____

Phone Number: _____

Email Address: _____

Total Grant Amount Requested for Fiscal Year 2015: \$ _____

If your organization is requesting an increase from amount awarded in FY14, please attach a separate statement specifying the reasons for and justifying why such an increase is warranted based upon your program's total performance.

Please select the type of program this proposal is for:

☐ Face to Face Mediation Program

FTF programs receive their cases from the Attorney General's Office and through referrals from the courts, community agencies, and LCPs. Mediation sessions are held at small claims courts, as well as at the FTF program's offices. Each program also recruits, trains, and supervises a pool of volunteer mediators.

☐ Local Consumer Program

The LCPs offer free voluntary phone and mail-based mediation services to consumers who have filed complaints concerning problems they may have encountered with businesses. In addition, they provide information to individuals concerning state and federal consumer protection laws.

☐ I hereby confirm the information contained within this application is correct and accurate. I have also read, I understand, and will adhere to the *Standards and Responsibilities* set forth for the program for which I am applying.

Give a brief description and history of the organization applying for the funding. Provide the organization's mission statement and evidence of the focus on consumer issues.

Describe the staffing pattern for the organization including the work schedules, duties, and qualifications of all staff members and volunteers.

- If a paid staff has responsibilities to other organizations, please briefly detail them.
- If the organization utilizes volunteers, interns, or students, please describe how the organization recruits, trains, and supervises these individuals.
- Include compensation to any staff or volunteers in your line-item funding proposal.

Please describe the selection and the key elements of your training process? How much time is involved for the mediator to be trained? If applicable, what is the certification process for new mediators?

Please note that length is limited to the visible area only.

Describe the mediation services to be provided, with proposed methodologies and practices for implementing the mediation. Give an outline of the mediation process from beginning to end, including all steps taken and records made.

On the following page, please include the requested statistics. If these statistics are not available, please explain why, and propose plans to begin keeping this type of record in the next fiscal year. Please note that length is limited to the visible area only.

Please fill in the statistics for the previous fiscal year, to date, that are directly attributed to AGO funding. If these statistics are not available, please explain why, and propose plans to begin keeping these types of records in the next fiscal year.

July 2013

Opened Cases _____ Closed Cases /Agreements Reached _____ Amount Recovered/Returned: _____

August 2013

Opened Cases _____ Closed Cases /Agreements Reached _____ Amount Recovered/Returned: _____

September 2013

Opened Cases _____ Closed Cases /Agreements Reached _____ Amount Recovered/Returned: _____

October 2013

Opened Cases _____ Closed Cases /Agreements Reached _____ Amount Recovered/Returned: _____

November 2013

Opened Cases _____ Closed Cases /Agreements Reached _____ Amount Recovered/Returned: _____

December 2013

Opened Cases _____ Closed Cases /Agreements Reached _____ Amount Recovered/Returned: _____

January 2014

Opened Cases _____ Closed Cases /Agreements Reached _____ Amount Recovered/Returned: _____

February 2014

Opened Cases _____ Closed Cases /Agreements Reached _____ Amount Recovered/Returned: _____

Fiscal Year Totals (to Date)

Opened Cases _____ Closed Cases /Agreements Reached _____ Amount Recovered/Returned: _____

Describe your relationship and referral process with other consumer organizations in your area. Please note that length is limited to the visible area only.

Number of referrals from AGO in FY14 _____

The top three (3) other agencies that refer cases to your organization are:

1) _____ 2) _____ 3) _____

Please describe consumer education activities and outreach which your organization undertook in the prior fiscal year. Include number of people engaged, types of outreach (i.e. info table, presentations, trainings), and amount of time spent in each activity.

Attendance in required AGO meetings does not count towards consumer education nor the required minimum of four (4) outreach activities.

Describe future outreach plans. Include specific SMART (Specific, Measurable, Attainable, Relevant, Time-Bound) goals you hope to accomplish, and steps you will take to accomplish them.

Please note that length is limited to the visible area only.

What consumer complaint trends did your program see over the past fiscal year? How did your program respond to such trends either via outreach or other means?

Please list all the municipalities that you will cover only for the purposes of this grant (not overall program coverage). Please describe any special accommodations this population requires. Describe why your outreach efforts are particularly suited to this population.

Use the space below to address all of the following questions:

1. Please describe how the organization will be highly responsive to consumer inquiries and complaints.
2. What is your average time in responding to a complaint, and do you have any data to support this claim?
3. Describe phone coverage and voicemail.
4. Describe any anticipated closures or reductions in service.
5. Are consumers able to contact the organization via email or as "walk-ins?"
6. Does your office make the mediation process accessible to persons with disabilities?
7. Does the organization have accommodations to support any special or vulnerable populations?

Please note that length is limited to the visible area only.

What achievements and/or accomplishments are you most proud of from the previous fiscal year?

How would you improve your organization? What are some areas that could be improved on?

Please detail your plan for ongoing evaluation of the organization's success in mediation and education. Describe how you will collect data to help support your evaluation.

Please note that length is limited to the visible area only.