

**Office of the Chief of Staff**

**Department of Business, Community & Family Partnerships**

5225 W. Vliet Street

Milwaukee, WI 53208

**(414) 475-8285 • mps.milwaukee.k12.wi.us**

November 9, 2015

Dear Partner in Education:

The Milwaukee Public Schools Office of Business, Community and Family Partnerships works collaboratively with federal and local governmental agencies, and community partners to develop community-wide approaches to create safe, respectful, drug-free schools and to promote pro-social skills and healthy childhood development.

The District has identified your organization as a partner in the education of Milwaukee’s youth. We seek to increase opportunities for healthier lifestyles for Milwaukee’s youth in the communities in which they live, at no cost to them. The activities that typically help in promoting positive mental and physical health in youth are sports, proper nutrition, mental health, violence/bully prevention, and financial literacy, just to name a few.

Milwaukee Public Schools is inviting you and/or your organization to submit a proposal for youth programming that will assist us in accomplishing the goal of helping youth and families to avoid and prevent violence through our MPS Violence Prevention Grant Program. Our goals are to:

* Reduce the levels of disruption and violence in schools
* Prevent or reduce substance abuse among youth
* Increase attendance, reduce suspensions and improve school climate
* Increase access to mental health services for students as needed

Proposals will be funded for up to $15,000. To qualify for funding, organizations must be a 501(c)3 community based organization and proposals must identify matching funds of 25% of the proposed costs. This can be monetary, in-kind, or a combination of both. Proposals should cover activities provided from January 1, 2016 through June 30, 2016. Applicants requesting funding for programs not conforming to the initiative’s purpose guidelines, not submitted on the current application form, or not fully completed will not be considered. Guidelines and instructions will be attached to the application.

The proposal will be measured on the following criteria:

1. Services offered to youth between the potentially high crime hours of 6-9pm
2. Degree to which the project enhances youth education and awareness of healthy lifestyles
3. Identified evaluation tools to measure overall youth development
4. Degree to which the project builds partnerships/community
5. Probability that the project can be sustained outside of initial proposal funding

A proposal submission workshop to cover the requirements for consideration and to answer any questions will be held on **Tuesday, November 17, 2015 from 3:00-4:30pm at MPS Central Office Room 206-208, 5225 W. Vliet St. Attendance at this meeting is NOT required to receive funding.**

**Completed proposals are due no later than 12:00 pm on Monday, November 23, 2015**. Please submit six hard copies and an electronic copy of your proposal to the Office of Business, Community, and Family Partnerships, Attention: Danielle Costello, 5225 W. Vliet Street, Room 131, Milwaukee, WI, 53208, [partners@milwaukee.k12.wi.us](mailto:partners@milwaukee.k12.wi.us)

Submit only the requested materials. Do not add addendums, attachments, letters of support, or any other materials not asked for. Proposals must be typed. **Faxed proposals or those received after the deadline will not be considered.**

Thank you for your interest in assisting the Office of Business, Community and Family Partnerships in assisting Milwaukee’s youth and families achieve a lifetime of health and wellness.

**MPS Violence Prevention Grant Program**

**Request for funding must be submitted on this form. Any proposal that does not use this form will be rejected.**

**\*\*\*\* IMPORTANT: You must have MSWORD 2000 or newer to use this document properly\*\*\*\***

**SECTION 1: PROJECT INFORMATION**

|  |
| --- |
| Name of Group/Organization:  Street Address:  City: State: Zip:  Phone: Fax:  E-mail: Website: |
| Contact Person Name:  Contact Person Title:  Work Phone:  E mail: |
| Amount Requested: $ Total Proposed Project Budget: $  Organization’s Total Annual Budget: $  What is the EIN Number for your group/organizations?  Is your organization a 501(c)(3) or other tax-exempt entity? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No  If yes, has this proposal been approved by your Board of Directors? \_\_\_\_ Yes \_\_\_\_ No  How long has your group/organization been in existence? |
| Project Name: Implementation Dates:  Number of people to be served: Percent by gender: Female: Male:  Percent by ethnicity: African American/Black: Asian American:  Arab American: European American/White: Latino/a:  Native American: Other:  Percent by age/grade level: K-5 grade: 6-8 grade: 9-12 grade: Adults:  Will your project serve English Language Learners? (yes or no): |

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**Signature and organizational title of person authorized to sign contracts Date Submitted**

**SECTION 2: PROGRAM NARRATIVE**

*Please provide detailed responses following the guidelines below. Note the word limits for each section. Be sure to provide all requested information.*

1. **Needs Assessment** (200 words or less): Please describe the need for the project. Identify the target neighborhood/school for this project and address specific needs of the partner(s), neighborhood and/or population(s) to be served by the project. Who is your project designed to reach? Why is your project needed in the targeted neighborhood/school area?
2. **Project Description** (800 words or less): Please describe your proposed project, including a brief overview of the activities that will be carried out. What are the primary goals of this project? Explain how your project addresses at least one of the grant program goals.
3. **Time Frame** (100 words or less): When will your program be conducted? Over what period of time? How frequent will the activities be? How many hours do you anticipate each participant be involved?
4. **Location/Facilities** (50 words or less): Where will this project be conducted? What is the location? What is the facility like? How is the location accessible to your target population? What types of facilitates will be used for the program?
5. **Recruitment and Retention** (100 words or less): How will you recruit participants? What strategies will you use to retain those participants?
6. **Staffing** (100 words or less)**:** Describe the roles of the project staff. How will you recruit and train these staff? Describe how the staff are screened and the background check process your organization uses.
7. **Experience** (100 words or less): Briefly, what is the past experience of your community organization in providing this type of programming/project?
8. **Materials** (50 words or less): Please describe the materials and equipment that will be made available at the project site to implement the project.
9. **Evaluation** (300 words or less): Describe how you will evaluate the success of this project. What evaluation tools will you use to measure overall youth development?
10. **Impact** (300 words or less): What educational value does your program provide? Describe at least two benefits the participants will gain. How does this project build partnerships/community?

**Project Budget**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Revenue** | |  | **Total Project Budget** |  | **MPS Grant Program Funding Budget** |  |
|  |  |  |  |  |  |  |
| MPS Grant Program Funding Requested | | |  |  |  |  |
| Contributions | |  |  |  |  |  |
| Sponsorships | |  |  |  |  |  |
| Fund-raising Event | |  |  |  |  |  |
| Government Grants | |  |  |  |  |  |
| Private Grants | |  |  |  |  |  |
| Concessions or other sales | | |  |  |  |  |
|  | |  |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
| Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | **TOTAL REVENUE** |  |  |  |  |
|  |  |  |  |  |  |  |
| **Expense** | |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Program Registration Fees | | |  |  |  |  |
| Uniforms **(youth participants only)** | | |  |  |  |  |
| Transportation | |  |  |  |  |  |
| Program Leaders | |  |  |  |  |  |
| Equipment | |  |  |  |  |  |
| Nutritious food **(maximum $3,000)** | | |  |  |  |  |
| Health Checkups for Youth Participants **(max $30 each)** | | |  |  |  |  |
| Training participants and program staff **(max $2500)** | | |  |  |  |  |
| Stipends for program leads that are youth **(max $3,000)** | | |  |  |  |  |
| Stipends for program leads that are adults **(max $5,000)** | | |  |  |  |  |
|  | | |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | **TOTAL EXPENSE** |  |  |  |  |
|  |  |  |  |  |  |  |
| **NOTE: TOTAL EXPENSES MUST EQUAL TOTAL REVENUE** | | | | |  |  |  |

**ATTACHMENT A**

**Project Revenue – Description of Details**

**You may attach additional pages if necessary**

Contributions (list donors and approximate amounts):

Sponsorships (list donors and approximate amounts):

Fund-Raising Event (list and describe events and approximate amounts to be raised):

Government Grants (list grant sources and approximate amounts):

Private Grants (list grant sources and approximate amounts):

Concessions or other sales (list sales and approximate amounts to be raised):

Other (Be very specific):

**Please describe in detail any In-kind Revenue noted/referenced on the Project Budget**

**ATTACHMENT B**

**Project Expenses – Description of Details**

**Be very specific; include full descriptions and prices**

Program Implementation Fees: (list events with costs for each)

Uniforms: (youth participants only) (Describe uniforms and list prices)

Transportation: (list destinations and associated costs)

Equipment: (specify equipment and prices)

Nutritious food (maximum $3000): Describe food to be purchased

Health Checkups for Youth Participants (maximum $30 each)

Training for adult staff (maximum $2500)

(Describe describe training, purpose and cost)

Stipends for peer educators and youth leaders (maximum $3,000): (List proposed youth leaders and peer educator rates. Youth leaders must be age 14-18, verified by copy of student ID, photo ID, birth certificate, or letter from current school

Stipends for program staff (maximum $5,000)

Other: (Be very specific)

**Please describe in detail any In-kind Revenue noted/referenced on the Project Budget**

**Checklist for Proposal Submission**

A completed proposal should include the following in this order:

Cover Letter (letter of interest)

Completed application form with proper signature and date on page 1

A copy of your IRS 501(c)(3) determination letter.

**\*If there is an initial assessment or participant registration form, please include it with this application.**

To submit:

Provide six (6) hard copies of completed proposal to the Office of

Business, Community, and Family Partnerships, Attention: Danielle

Costello, 5225 W. Vliet Street, Room 131, Milwaukee, WI, 53208.

Submit a copy of completed proposal (PDF) electronically to:

[partners@milwaukee.k12.wi.us](mailto:partners@milwaukee.k12.wi.us)