CITY OF PHILADELPHIA MACARTHUR SAFETY AND JUSTICE CHALLENGE

— CRIMINAL JUSTICE MICROGRANT APPLICATION

APPLICATION DEADLINE: JANUARY 31, 2024

Collaborative Community Partnership Grants

Thank you for applying to the Criminal Justice Microgrant Fund. This fund provides resources to community-based organizations to develop new and creative approaches to justice reform while engaging communities and providing services to those directly impacted by the system.

You are applying for the Collaborative Community Partnership grant with a maximum award amount of \$60,000.

Organizations may only apply for an Individual Community-Based Organization Grant or a Collaborative Community Partnership Grant. If an organization submits applications for both grants, the applications will not be reviewed.

Please note that If your organization previously received Microgrants funds but did not complete the 6-month and/or 1-year evaluations, your application will not be considered. For this grant cycle, ½ of the funding will be allocated upfront and the remaining ½ will be allocated after the 6-month evaluation has been received and approved.

If applying under the collaborative community partnership grant, a lead organization must be designated in the Background & Mission section. The lead organization will be responsible for submitting the budget (including a budget narrative that identifies how much funding will be allocated to each organization under this grant) and completing the 6-month and 1-year evaluations to demonstrate collaboration and accountability.

All responses should be typed in 12-point font within the character limit. Please email your application and supplemental materials to MacArthurSJC@phila.gov by January 31, 2024 by 5 pm. Please complete all sections of the application unless otherwise specified.

Please note that video testimony can be submitted in lieu of a written response for the following sections:

- · Background and Mission
- · Executive Summary
- · Program Narrative
- · Capacity Building
- · Sustainability Beyond the Grant
- · Expected Results

Video submissions should be no more than 10 minutes total in length. Please introduce each corresponding section in the submission. Videos should be uploaded to YouTube with a link submitted with the other application materials.

CITY OF PHILADELPHIA MACARTHUR SAFETY AND JUSTICE CHALLENGE

— CRIMINAL JUSTICE MICROGRANT APPLICATION

1.	Capacity building helps an organization's ability to fulfill its mission by making improvements to its processes, administration, and operations. Up to 20% of the total grant amount (\$12,000) may be used for capacity building. Will one or more organizations be using any of the award for capacity building?
	Yes No
2.	Grant Request Amount
	\$60,000 with Capacity Building
	\$60,000 without Capacity Building
3.	How did the organizations come together for the Collaborative Community Partnership Grant?
4.	Name of organizations applying (maximum number of organizations that can apply is 3):
5.	Have any of the organizations applying received MacArthur microgrant before?
	Yes No
	Please list the organization:
	If yes, please respond to the following questions:
6.	Is this application to continue the previously funded project?
	Yes No Partially
7.	Did all previously funded organization complete the requested 6-month and 1-year evaluations?
	Yes No

APPLICANT INFORMATION

Please provide the following information for each organization applying:

Organiz	zation Name:						
I	Full Address :						
Prim	ary Contact:			Position	:		
Pho	one Number :			Email	:		
Altern	ate Contact:			Position	:		
Pho	one Number :			Email	:		
Phil	adelphia Neigl	hborhoods Serve	d:				
	Citywide or	The following					
1.	Is the organiz	ation a 501 (c) 3?	Yes	No			
*	★ Please submit documentation to support your 501 (c) 3 status and your Philadelphia address.						
2.	If not, does the organization have a sponsoring agency? Yes No Not applicable						
3.	Employer Ide	ntification Numb	er (EIN):				
4.	4. How many people, full-time and part-time, are employed by the organization?						
	1 - 5 employees						
	6 - 10 employ	ees					
	11 - 15 emplo	yees					
	16 - 24 employees						
	25+ employee	es .					
5.	What was you	ır annual budget	in 2022?				
	Under \$1 mill	ion					
	Between \$1 a	nd \$5 million					
	Over \$5 millio	on					

You are requested to submit your organization's IRS Form 990 for 2022. If your organization is newly established and does not have a Form 990, please specify that in the application.

APPLICANT INFORMATION

Please provide the following information for each organization applying:

Organiz	zation Name:			
ı	Full Address :			
Prim	nary Contact: Position:			
Pho	one Number : Email :			
Altern	nate Contact: Position:			
Pho	one Number : Email :			
Dh:I	ladalukia Niciakkaykaada Camuadu			
Phil	adelphia Neighborhoods Served:			
	Citywide or The following zip codes:			
1.	Is the organization a 501 (c) 3? Yes No			
*	★ Please submit documentation to support your 501 (c) 3 status and your Philadelphia address.			
2.	2. If not, does the organization have a sponsoring agency? Yes No Not applicable			
3.	B. Employer Identification Number (EIN):			
4.	How many people, full-time and part-time, are employed by the organization?			
	1 - 5 employees			
	6 - 10 employees			
	11 - 15 employees			
	16 - 24 employees			
	25+ employees			
5.	What was your annual budget in 2022?			
	Under \$1 million			
	Between \$1 and \$5 million			
	Over \$5 million			

You are requested to submit your organization's IRS Form 990 for 2022. If your organization is newly established and does not have a Form 990, please specify that in the application.

APPLICANT INFORMATION

Please provide the following information for each organization applying:

Organiz	zation Name:			
ı	Full Address :			
Prim	nary Contact: Position:			
Pho	one Number : Email :			
Altern	nate Contact: Position:			
Pho	one Number : Email :			
Db::	ladaluhia Naishhauhaada Camada			
Phil	adelphia Neighborhoods Served:			
	Citywide or The following zip codes:			
1.	Is the organization a 501 (c) 3? Yes No			
*	★ Please submit documentation to support your 501 (c) 3 status and your Philadelphia address.			
2.	2. If not, does the organization have a sponsoring agency? Yes No Not applicable			
3.	Employer Identification Number (EIN):			
4.	How many people, full-time and part-time, are employed by the organization?			
	1 - 5 employees			
	6 - 10 employees			
	11 - 15 employees			
	16 - 24 employees			
	25+ employees			
5.	What was your annual budget in 2022?			
	Under \$1 million			
	Between \$1 and \$5 million			
	Over \$5 million			

You are requested to submit your organization's IRS Form 990 for 2022. If your organization is newly established and does not have a Form 990, please specify that in the application.

BACKGROUND AND MISSION

Describe the background and mission of your organization. (1,000 characters max)

Name of organization:	Lead organization:

BACKGROUND AND MISSION

Describe the background and mission of your organization. (1,000 characters max)

BACKGROUND AND MISSION

Describe the background and mission of your organization. (1,000 characters max)

Name of organization:	

EXECUTIVE SUMMARY

Briefly describe your project and the issue it will address. Discuss how the project is related to your mission, and what specifically you hope the project will achieve. (3,000 characters max)

PROGRAM NARRATIVE

A program narrative describes the project you are seeking funding for in detail. This section should discuss the activities of your program, who will do them, and how they relate to the overarching goal. Your response should address all of the questions below.

- 1. What is unique about your approach?
- 2. Who will benefit from your project and how many people do you expect to serve?
- 3. How do you plan to engage the community and recruit members to participate in and further the goals of your project?
- 4. Who is on your project's team, what are their role, and their qualifications and/or skills?

(4,000 characters max)

CAPACITY BUILDING

*Capacity Building Only *

If you are applying for a grant with funding for capacity building, please explain how you plan to utilize grant monies for capacity building. How will these funds support the long-term sustainability of your organization?

(2,000 characters max)

COLLABORATION

- 1. Do the organizations have demonstrated success in working together? If yes, please explain.
- 2. How will the partnership be beneficial to moving their mission forward?
- 3. Explain the roles of the organizations in the partnership and describe how the collaboration will strengthen each organization to achieve its goals.

 (3,000 characters max)

SUSTAINABILITY BEYOND THE GRANT

- 1. Describe how the project will continue beyond the grant term.
- 2. How will this microgrant help you leverage additional funding or expand your partnerships?
- 3. How has the community been engaged previously? What are your plans to further engage the community moving forward?
- 4. What are current challenges your organizations face and challenges you anticipate? How will the funds help you to overcome them?
- 5. How will collaboration continue after the grant? (2,000 characters max)

ORGANIZATIONAL INFRASTRUCTURE, PARTNERSHIPS & BUDGET

Provide all estimated budget expenses that the Microgrant Funds will be used to support.

The total grant amount is \$60,000.

Туре о	of Expense	De	escription	D	esignated M Amou	
		stimated revenue			Statu	
Amoun	t	Reve	enue Source	(1	Confirmed o	r Pending)
Total Estimate	ed Project Budget:					
		Please list the all	ocation of the gra	int		
	Amount	Orga	nization			

ORGANIZATIONAL INFRASTRUCTURE, PARTNERSHIPS & BUDGET

I	Explain how your organization manages finances, including but not limited to employee roles, financial management software and accountability standards. (1,000 characters max)

PROJECT ACTIVITIES, MILESTONES & TIMELINE

Indicate the primary or major types of activities that will occur to carry out the project and their anticipated start and end dates. Even if your project is ongoing, it must still have a start date and end date. If it is a new project, the start date should give enough time to get your project up and running.

Grant recipients should be notified of the award by the end of February 2024.

Organization	Activity Description	Start Date	End Date

Start Date - End Date:

List any additional partners, their organization, and their role in the project.

Helpful hint: Community Partnerships, working relationships with city agencies, and volunteers show community support and collaboration. Make sure to include them here.

Name	Agency	Role

EXPECTED RESULTS

Briefly describe the expected outcomes, benefits, or results from the project and how they will be measured. If funded, you will be asked to complete 6-month and 1-year evaluations. These evaluations will ask about progress toward your goals and expected outcomes. Refer to the SMART goal framework (Specific, Measurable, Actionable, Realistic, Time-Bound) to ensure your expected outcomes are clear.

(3,000 character max)

APPLICATION DECLARATION

	ust confirm that you understand and agree owing statements:					
The organizations have a valid 501 (c) 3 non-profit status or will partner with a non-profit organization that can serve as a fiscal sponsor						
Programming is based in Philadelphia						
Application is for funds that will be spent in one calendar year						
-	The organization agrees to complete a six-month evaluation, including any requested financial verification, upon request six months after the awarding of the funds					
•	ete an end-of-year report, including an end-of-year wrap up meeting to share ommittee and other grantees					
in the application – recipients mu	orate and carry out the project as proposed st notify the community engagement ages to the project activities and/or use of					
I confirm that the representation knowledge true and accurate	s in the application are to the best of my					
Name of Authorized Representative	Position					
Signature of Authorized Representative	Date					
Name of Authorized Representative	Position					
Signature of Authorized Representative	Date					
Name of Authorized Representative	Position					
Signature of Authorized Representative	Date					

Please email your application and supplemental materials (including the IRS Form 990, if applicable) to MacArthurSJC@phila.gov by 5 pm on January 31, 2024. Video submissions can be uploaded to YouTube with a link included via email along with other application materials submitted to MacArthurSJC@phila.gov