

A. Organization & Contact Information

Case Id: 14715
Name: My Brother's Second Chance - 2022/23
Address: *No Address Assigned

Completed by mbscws@gmail.com on 12/23/2021 10:05 AM

A. Organization & Contact Information

The Request for Proposals and additional materials to assist with completing the application can be found on the City's webpage for [Community Agencies](#)

A.1. Organization Name

My Brothers Second Chance

A.2. Project/Program

Mentoring

A.3. FY 2022-23 Funding Request Amount

\$15,000.00

A.4. Agency's Total Operating Budget

\$30,000.00

A.5. Mailing Address

1315 Hill Lane Winston-Salem, NC 27107

A.6. Project/Program Location Address

1315 Hill Lane Winston-Salem, NC 27107

A.7. Organization Website

www.mybrotherssecondchance.com

A.8. Year 501(c)(3) status obtained

2011

A.9. Organization Fiscal Year

2022

A.10. Federal Tax ID Number

A.11. Federal DUNS Number

EXECUTIVE DIRECTOR/MANAGER

A.12. Name, Title

Antonio Stevenson

A.13. Email

antonio Stevenson@hotmail.com

A.14. Phone

(336) 324-3415

CONTACT

A.15. Name, Title

Antonio Stevenson

A.16. Email

antonio Stevenson@hotmail.com

A.17. Phone

(336) 324-3415

BOARD CHAIR

A.18. Name

John Haggler

A.19. Term Expiration

12/31/2023

A.20. Email

mbscws@gmail.com

A.21. Phone

(336) 757-0495

B. Project Overview

Completed by mbscws@gmail.com on 12/23/2021 10:09 AM

Case Id: 14715

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B. Project Overview

Please provide the following information.

APPROACH (7 POINTS)

B.1. Provide a concise description of the proposed project/program, indicating specifically how City funds will be used. Briefly, what are the goals/objectives of the project/program?

Mentoring: which focuses on youth development, employment/job readiness, violence/gang prevention, stay-in-school the program, and essential life skills training to improve the success of young men with a higher risk to drop out of school, criminal activity, sexual promiscuity, and/or poor life management skills. MBSC's mentoring programs utilize evidenced-based techniques including Motivation Interviewing and Cognitive Behavioral Therapy to work with identified youth.

Data is collected at intake and discharge to track youth success within the program. MBSC will also train qualified volunteers to work one-on-one with appropriately matched youth throughout their time with MBSC. Each individual will be assessed for appropriateness for entry into the program, resulting in admission or community-based referral to a more appropriate provider of service.

B.2. How will a participant access the proposed project/program, use the services, and derive a beneficial outcome from participation?

Participants will be engaged in daily meetings and weekly activities.

B.3. Describe the unmet need that the proposed project/program seeks to address. Include data supporting the need.

Many of our at-risk youth need extra attention in order to succeed not only in school but within the community. We seek to provide intervention through mentoring in hopes to assist with this unmet need. Therefore we have chosen to work directly with one school that is low-performing and has a high dropout rate with very little parental support. However, the need is growing and the request is demanding and we would like to expand our efforts

COLLABORATION (6 POINTS)

B.4. Describe any specific collaborative relationships with other organizations (public or private) and how they will impact the project/program. How will collaboration contribute to the planning, implementation, operation, oversight, and performance measurement of the proposed project/program?

MBSC has obtained a relationship with Carver High School administration in which we are able to hold tutoring sessions with our mentees, receive progress reports, etc. This allows the opportunity to stay at the forefront of what is needed with the mentees and to make sure they are adhering to the program's plan which includes grad and behavior improvement. MBSC also established a relationship with the Winston Lake YMCA in which participants from the community will be engaged in after-school tutoring that is safe and free for them to receive the assistance they need.

C. Strategy and Performance

Completed by mbscws@gmail.com on 12/23/2021 11:09 AM

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C. Strategy and Performance

Please provide the following information.

STRATEGY (5 POINTS)

C.1. The City of Winston-Salem's strategic priorities, adopted most recently in the [2017-2021 Strategic Plan \(2019 Update\)](#) and under review for adoption by City Council for FY 2022 - FY 2025 Strategic Plan, are used as guiding principles to establish community priorities based on the vision, mission, and values set forward by the Mayor and City Council.

Indicate which of the City's strategic focus areas your program aligns with best (select one):

Safe and Secure Community

C.2. Select the service area(s) that your project/program relates to:

- Housing/Homelessness
- Economic Development
- Construction Rehabilitation
- Poverty Reduction
- Arts and Culture
- Youth
- Public Safety
- Transportation
- Other

PERFORMANCE (15 POINTS)

C.3. Describe the system to be used to track participant and program data. List any key reports and their frequency that will be used to capture project/program performance.

A spreadsheet will be kept that records grades, attendance, and suspension/expulsion throughout the school year for each participant. Also, another spreadsheet will track behavior changes/challenges in the home.

C.4. Explain the steps that will be taken if the stated program goals provided in C.3. are not achieved.

In order to monitor and evaluate the program, the Mentors and mentees will define the goals of each individual participant along with the primary goals set for the program. These goals will be reviewed in their weekly meetings to ensure progress is being made and/or to address any issues that arise. The steps that will be taken if goals are not achieved are as follows:

Step 1. Reiterate the desired goal (s) of the program and participant

Step 2. List objectives for not accomplishing the goal(s)

Step 3. Identify the source (s) of the issues

Step 4. Identify ways of overcoming the issue and list steps towards achieving the goal(s)

Step 5. Define steps/activities (interventions) that you believe are effective toward achieving the goals and objectives

Step 6. Record the results of the steps/activities/intervention

Attach participant/program data sample report

Participant/Program Data Sample Report *Required

Participant.Program Data Sample Report.docx

C.5. Use the chart below to show how your agency measures program effectiveness. List goals, activities, and performance measures you will use to evaluate services, facilities, and programs that will be funded by the City. Performance measures can be quantitative and/or narrative.

Applicants will be reimbursed funds based upon timely submissions of eligible invoices. These invoices should describe services rendered and should align with the goals and objectives cited here. Where outcomes do not align with goals, please be prepared to provide a written summary of shortcomings.

Stated Program Goals	Program Activities in Support of Goals	FY 20-21 Previous Year Results	FY 21-22 Current Year Projected Results	FY 22-23 Next Year Anticipated Results
Increase academic performance among participants	Provide tutoring and one on one development with any participant needing extra support	100% of all graduating seniors graduated.	Enrollment of new participants and 100% attendance in daily afterschool tutoring	100% passing to the next grade level of all participants
Decrease suspension and absence among individuals enrolled in the program.	Provide anger management and conflict resolution training. Make sure everyone is able to get to school and afterschool tutoring	100% with zero suspension.	Continue with 100% suspension and monitor number of unexcused days absence from school	95-100 % of all participants with zero suspensions
Equip enrolled individuals with the skills to get a career or enroll in higher education.	Provide life skills training for participants, to include attending different workshops and employment assistance	100% of all seniors graduated and/or enrolled in Tech school or working full time.	Work with participants on setting post graduate goals and develop of a plan of action	Work with participants on setting post graduate goals and develop of a plan of action

	Total Unduplicated Number Served	Total Number Served
FY 20-21 Previous Year Results	10	14
FY 21-22 Current Year Projected Results	10	20
FY 22-23 Next Year Anticipated Results	10	20

C.6. FY 20-21 Program Accomplishments

All previous participants graduated with some enrolled in post-secondary school and others working.

C.7. FY 22-23 Key Objectives

Enrollment of new participants and monitoring their progress by keeping them enrolled in school, decreasing their absence, and maintaining a passing GPA.

Attach participant/program data sample report

Documentation

Participant/Program Data Sample Report

Participant.Program Data Sample Report.docx

D. Organizational Capacity

Completed by mbscws@gmail.com on 12/23/2021 11:33 AM

Case Id: 14715

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D. Organizational Capacity

Please provide the following information.

MISSION (5 POINTS)

D.1. Provide an overview of the organization. Include the organization's mission statement and the major services, programs, and activities provided. How does the proposed project/program help advance the mission of your organization?

Mission: MBSC's mission is to educate, empower, and enhance the lives of our at-risk youth.

MBSC's purpose is to provide hard-core mentoring, linking, monitoring, and coordination of care to at-risk male youth residing in Forsyth County, NC. This is done in collaboration with community partnerships that allow us to provide mentoring/coaching through the following activities: personal development skills, educational support, supplemental life skills learning, decision and problem-solving skills, gang affiliation solutions, and vocational training. Individual and group support is offered to all participants. Our goal is to empower the youth of today and tomorrow in order to strengthen young men that are on a path of self-destruction. During the past four years, MBSC has conducted over 200 workshops and seminars totaling over 700 instructional hours for over 350 youth. Additionally, we have performed over 250 hours of mentoring training sessions for more than 500 youth.

FUNCTION (5 POINTS)

D.2. How long has your organization been in operation?

Organization has been in operation since 2005 with its 501 C3 obtained in 2009

D.3. How does your organization benefit and serve the City of Winston-Salem and its citizens?

MBSC strives to better our youth by allowing them opportunities to set dreams and goals which prevents them from pillaging the communities we live in and in turn they become focused on enhancing the community by giving back, etc.

STRUCTURE (5 POINTS)

D.4. In the chart below, list key personnel and executive staff involved in the proposed project/program.

Position Title	Activities/Inputs	Total Work Hours Per Week	% of hours proposed to be funded
there are no working paid staff at this time	there are no working paid staff at this time	0	0.00 %

D.5. List all executive staff and their compensation (other than per diem).

Executive Staff Name	Title/Role	Compensation	% of Hours Proposed to be Funded
there are no working paid staff at this time	there are no working paid staff at this time	\$0.00	0.00 %

D.6. Attach an organizational chart

Organizational Chart *Required

MBSC Organizational Chart.pdf

D.7. Please complete the Diversity of Employment and the Employment Profile below. See the [Request for Proposals \(RFP\)](#) for definitions of position types used in the Employment Profile.

Describe the hiring process and how it is structured to provide the most diverse candidate pool. Best practices for accessing a diverse hiring process and candidate pool include:

MBSC currently does not hire.

Please enter the total number of Full-Time Positions and Employees you have in the table below, as well as the employee's appropriate race/ethnicity and gender identity.

	Male - White	Male - Black	Male - Other	Female - White	Female - Black	Female - Other
Executives/Managers						
Professionals						
Technicians						
Office/Clerical						
Laborers/Service Workers						
Total Full-Time						

Please enter the total number of Temporary/Part-Time Positions (FTE) and Employees you have in the table below, as well as the employee's appropriate race/ethnicity and gender identity.

	Male - White	Male - Black	Male - Other	Female - White	Female - Black	Female - Other
Executives/Managers						
Professionals						
Technicians						
Office/Clerical						
Laborers/Service Workers						
Total Part-Time/Temp						

D.8.

Attach a list of all Board Members AND compensation (other than per diem) *Required

MBSC 2021 Board Members.pdf

D.9. Number of full Board meetings held during the last twelve months

11

D.10. Number of Board's Executive Committee meetings held during the last twelve months

ABILITY (5 POINTS)

D.11. If this is an application for new funding, please describe the steps your organization will take to establish an action plan for successful program launch, including appropriate stakeholder training and coordination. Articulate a clear methodology for service delivery within the context of established goals and include a timeline of key action items and approximate dates for delivery.

n/a

D.12. Describe your organizations' past success with flexibly responding to unforeseen events, which had the potential to negatively impact deliverables. What were best practices learned, if any? How would you successfully use these practices with the proposed program, if necessary?

During this pandemic, there have been many obstacles that not only our organization had to face but the world. And since we are established to serve we made sure we served our participants in the capacity the world was in. For example, weekly calls were made to ensure they were signing into computers to complete online school. Food boxes were dropped off at their doorsteps to ensure they were eating, etc.

D.13. How does your program's policies/procedures ensure fair treatment, equitable access, and utilization of benefits for all persons, particularly marginalized and underserved groups and communities (i.e., marketing, outreach, eligibility determination and appeals)?

In order to ensure fairness and equal access, we work with the school administration to see whom they would like to refer and are considering high risk.

E. Cost Effectiveness

Case Id: 14715

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Completed by mbscws@gmail.com on 12/23/2021 11:49 AM

Address: *No Address Assigned

E. Cost Effectiveness

Please provide the following information.

BUDGET AND FUNDING (10 POINTS)

E.1. Please complete the table to show the organization's operating budget.

Expenditures by Program	Budgeted FY 21-22	Projected Actuals FY 21-22	Proposed Budget FY 22-23
Program Services	\$15,000.00	\$15,000.00	\$20,000.00
Fundraising	\$2,000.00	\$2,000.00	\$3,000.00
Management and General	\$3,000.00	\$3,000.00	\$3,000.00
Total Expenditures by Program	\$20,000.00	\$20,000.00	\$26,000.00

Expenditures by Category	Budgeted FY 21-22	Projected Actuals FY 21-22	Proposed Budget FY 22-23
Employee Salaries and Wages	\$0.00	\$0.00	\$0.00
Employee Benefits	\$0.00	\$0.00	\$0.00
Facility Rent and Utilities	\$2,000.00	\$2,000.00	\$2,000.00
Training and Conference Registration	\$1,000.00	\$1,000.00	\$1,000.00
Membership and Dues	\$0.00	\$0.00	\$0.00
Travel and Transportation	\$2,000.00	\$2,000.00	\$3,000.00
Grants to Individuals and Organizations	\$0.00	\$0.00	\$0.00
Contracted Fundraising Services	\$0.00	\$0.00	\$0.00
Goods Purchased for Resale	\$0.00	\$0.00	\$0.00
Other Contracted Services	\$0.00	\$0.00	\$0.00
Other Operating Expenditures	\$15,000.00	\$15,000.00	\$20,000.00
Capital Outlay	\$0.00	\$0.00	\$0.00
Total Expenditures by Category	\$20,000.00	\$20,000.00	\$26,000.00

Revenues by Category	Budgeted FY 21-22	Projected Actuals FY 21-22	Proposed Budget FY 22-23
City of Winston-Salem	\$5,000.00	\$5,000.00	\$10,000.00
Forsyth County	\$0.00	\$0.00	\$0.00
State of North Carolina	\$0.00	\$0.00	\$0.00
Federal Government	\$0.00	\$0.00	\$0.00
Admissions/Program Revenues/Sales	\$0.00	\$0.00	\$0.00

Memberships	\$0.00	\$0.00	\$0.00
Donations	\$5,000.00	\$5,000.00	\$10,000.00
Foundation Grants	\$10,000.00	\$10,000.00	\$10,000.00
Interest and Investment Income	\$0.00	\$0.00	\$0.00
Parent Organization	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total Revenues by Category	\$20,000.00	\$20,000.00	\$30,000.00

Describe any amounts listed under "Other Operating Expenditures" or "Other Revenues." Provide details on any specific federal government revenue sources.

Participants will get the necessary tools needed in order to be productive (electronics to include laptop/computer, clothes, etc.. Also, includes activities and food.

E.2. Has the City of Winston-Salem provided funding in the past? If so, provide a funding history of the most recent five years of City contributions in the table below.

Year	Funding Source	Funding Amount
2020	SOAR	\$5,000.00
2019	SOAR	\$5,000.00
2018	SOAR	\$5,000.00
2017	SOAR	\$5,000.00

E.3. Complete the table below to show specific details of proposed City funding and other leveraged funding for the proposed project/program. List each additional funding source for the program.

Activity	Funding Requested from City	Funds from Other Sources	Other Funds Source
MENTORING	\$15,000.00	\$5,000.00	
	\$15,000.00	\$5,000.00	

E.4. For each activity and line item above, please provide a short but detailed description of how City resources will be used to carry out proposed programming.

Mentoring in order to provide a more quality and productive community participant to those whom some thought to have been lost or burden to society.

E.5. Where another stakeholder or agency is providing non-monetary assistance with a particular aspect of your programming, please provide a short description of those activities and how they will supplement the use of City funds.

none at this time

E.6. If this year's request is different in any way (amount, activities, etc.) from a prior year's request, explain how and why. If you are a new applicant, please describe how you would adjust your project/program if your funding request is not funded at the full amount.

No difference

SUSTAINABILITY (7 POINTS)

E.7. Describe the plan to sustain the project/program funding in future years. Include information about other funding sources to leverage City funds requested.

Donations, fundraisers, and apply for any other grants that may come available.

Printed By: Rene Williams on 1/28/2022

BARRIERS (3 POINTS)

E.8. Describe any potential programmatic barriers to project implementation (e.g. recruitment or outreach challenges, etc.) and your plans for overcoming them.

no foreseeable ones at this time

E.9. Describe any institutional barriers to project implementation (e.g. staff vacancies, pending departures, etc.) and your plans for overcoming them.

no foreseeable ones at this time

AVERAGE COST (5 POINTS)

E.10. Use the table below to show the average amount of City funds requested per beneficiary to be served during the year and the average total cost of the service per beneficiary to be served during the year (including all funding sources)

Proposed funds from the City for this project:	15,000
Number proposed to be served for the year:	15-20
Average City funds per beneficiary:	600
Proposed funds from all sources:	
Number proposed to be served for the year:	
Average total funds per beneficiary:	

F. Required Documents

Completed by mbscws@gmail.com on 12/23/2021 12:00 PM

Case Id: 14715

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F. Required Documents

Please provide the following information.

Documentation

Code of Conduct/Conflict of Interest Policy *Required

MBSC Code of Conduct and Conflict of Interest Policy.pdf

Submit a copy of the agency's latest 990 Form as submitted to the Internal Revenue Service. *Required

MBSC 2019 Form 990-PF.pdf

Organization By-Laws *Required

MBSC Filed Articles.pdf

Articles of Incorporation *Required

MBSC Filed Articles.pdf

Organization Policies (including personnel, formal non-discrimination, procurement, accounting, etc) *Required

Organizational Polices.pdf

IRS 501(c)3 Designation Letter *Required

MBSC 501 Letter.pdf

Audited Financial statements or third-party review from 2019 and 2020. *Required

Audited Financial Statement.docx

North Carolina Secretary of State - Current and Active Status (<https://www.sosnc.gov/search/index/corp>)

***Required**

NCSOS Current and Active Status 12.2021.docx

Participant/Program Data Sample Report *Required

Participant.Program Data Sample Report.docx

Other

***No files uploaded*

G. Income Based Projects/Services Only

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Address: *No Address Assigned

Completed by mbscws@gmail.com on 12/23/2021 12:00 PM

G. Income Based Projects/Services Only

** Complete this section only if you are requesting funds for a Community Development project (for CDBG, HOME and/or ESG funding).**

If the section is not applicable to your project, please leave the questions blank and mark the step "Complete."

G.1. In the right-hand column below, indicate the number of participants to be served by the proposed project/program within each income category during the year. Click [here](#) to see Winston-Salem income limits by household size.

Income Range	# to be served
0 to 30% of median	0
31% to 50% of median	0
51% to 80% of median	0
Greater than 80% of median	0

G.2. Describe policies, procedures, and criteria for determining who is eligible. Describe the procedures for screening, eligibility determination, intake, assessment and orientation of participants

H. Construction/Rehab Only

Completed by mbscws@gmail.com on 12/23/2021 12:01 PM

Case Id: 14715

Name: My Brother's Second Chance - 2022/23

Address: *No Address Assigned

H. Construction/Rehab Only

** Complete this section only if you are requesting funds for a Housing Construction or Rehabilitation project.**
If the section is not applicable to your project, please leave the questions blank and mark the step "Complete."

H.1. Describe the proposed project and provide plans. If the project is approved, we will need a detailed work write-up.

H.2. Provide a projected timeline for the proposed work.

H.3. Describe how the project will be managed, including the contractor procurement process.

H.4. Describe the target market, including any special populations to be served.

H.5. Describe the services or program you plan to provide.

H.6. Describe the property management plan.

H.7. List the development team members.

H.8. Describe the financial capability of the sponsor/owner organization.

H.9. Listing of projects undertaken by principals over the past ten years, identifying project name and address, type of project, and number of units; please note any projects for which local government funding was received.

Project Name	Address	Type of Project	No. Units	Govt Funding
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Documentation

Development budget that include a detailed sources and uses statement of all funds, including the requested loan from the City, in electronic format, preferably a spreadsheet. ***Required**

We are not applying for this type of funding.pdf

Participant/program data sample report *Required

We are not applying for this type of funding.pdf

Market study or other analysis to verify the need for the project. *Required

We are not applying for this type of funding.pdf

Operating pro forma that includes rent and operating cost assumptions and all estimated loan payments, in electronic format. *Required

We are not applying for this type of funding.pdf

I. Emergency Shelter Only

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Case Id: 14715

Name: My Brother's Second Chance - 2022/23

Address: *No Address Assigned

I. Emergency Shelter Only

** Complete this section only if you are requesting funds for an Emergency Shelter project.**

If the section is not applicable to your project, please leave the questions blank and mark the step "Complete."

Prior to the beginning of any funding year, any ESG-funded program must participate in the local Homeless Management Information System (HMIS) designated by the Winston-Salem/Forsyth County Continuum of Care, or for domestic violence programs, a comparable database in accordance with HUD's standards.

Emergency Shelter: Essential Services

Activity	Total Budget (\$)
Case Management	\$0.00
Child Care	\$0.00
Education Services	\$0.00
Employment Assistance	\$0.00
Job Training	\$0.00
Outpatient Health Services	\$0.00
Transportation	\$0.00
Legal Services	\$0.00
Services to Special Population	\$0.00
Overhead Costs (limited to 15% of total activity request)	\$0.00
	\$0.00

Emergency Shelter: Operating Costs

Activity	Total Budget (\$)
Rent	\$0.00
Shelter Security	\$0.00
Fuel	\$0.00
Equipment	\$0.00
Insurance	\$0.00
Utilities	\$0.00
Food	\$0.00
Furnishings (limited to less than \$500 per item)	\$0.00
Supplies	\$0.00
Maintenance or Minor Repairs	\$0.00
Overhead Costs (limited to 15% of total activity request)	\$0.00
	\$0.00

J. Rapid Rehousing and HMIS Only

Completed by mbscws@gmail.com on 12/23/2021 12:01 PM

Case Id: 14715

Name: My Brother's Second Chance - 2022/23

Address: *No Address Assigned

J. Rapid Rehousing and HMIS Only

** Complete this section only if you are requesting funds for a Rapid Rehousing project.**

If the section is not applicable to your project, please leave the questions blank and mark the step "Complete."

Prior to the beginning of any funding year, any ESG-funded program must participate in the local Homeless Management Information System (HMIS) designated by the Winston-Salem/Forsyth County Continuum of Care, or for domestic violence programs, a comparable database in accordance with HUD's standards.

Rapid Rehousing Financial Assistance

Activity	Total Budget (\$)
Rent Assistance	\$0.00
Rental Application Fees	\$0.00
Security Deposits	\$0.00
Last Month's Rent	\$0.00
Utility Deposits	\$0.00
Utility Payments	\$0.00
Moving Cost Assistance	\$0.00
Overhead Costs (limited to 15% of total activity request)	\$0.00

Rapid Rehousing Services

Activity	Total Budget (\$)
Case Management	\$0.00
Housing Search and Placement	\$0.00
Mediation	\$0.00
Legal Services	\$0.00
Credit Repair	\$0.00
Counseling	\$0.00
Information and Referral	\$0.00
Monitoring/Evaluation of Progress	\$0.00
Overhead Costs (limited to 15% of total activity request)	\$0.00

HMIS/Data Collection Budget

HMIS Activity	City ESG Request	State ESG Request
Staff Costs	\$0.00	\$0.00
Equipment	\$0.00	\$0.00
User Fees	\$0.00	\$0.00
	\$0.00	\$0.00

K. HOPWA

Completed by mbscws@gmail.com on 12/23/2021 12:01 PM

Case Id: 14715

Name: My Brother's Second Chance - 2022/23

Address: *No Address Assigned

K. HOPWA

Please provide the following information.

Are requesting funds for a HOPWA project?

No

Submit

Completed by mbscws@gmail.com on 12/23/2021 12:01 PM

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Address: *No Address Assigned

Submit

I certify that the applicant meets the conditions specified in the application instructions and will be able to carry out the proposed services in concert with these conditions. I also certify that the organization is a certified IRS 501(c)(3) non-profit organization.

Antonio L Stevenson

Electronically signed by mbscws@gmail.com on 12/23/2021 12:01 PM

IDIS Setup

No data saved

Case Id: 14715

Name: My Brother's Second Chance - 2022/23

Address: *No Address Assigned

IDIS Setup

Please provide the following information.

Project Name

National Objective

Activity Number ID

HUD Activity Code

Project Description

Accomplishment Type

Initial Application Date

Service Area

Ward

Census Tract(s)

Block/Group

MWBE