

A. Organization & Contact Information

Case Id: 11166
Name: My Brothers Second Chance - 2021/22
Address: *No Address Assigned

Completed by mbscws@gmail.com on 11/20/2020 1:06 PM

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 2021-22 Funding Request Amount

\$15,000.00

A.4. Agency's Total Operating Budget

\$20,000.00

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

2021

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) 324-3215

CONTACT

A.15. Name, Title

Antonio Stevenson

A.16. Email

antonio Stevenson@hotmail.com

A.17. Phone

(336) 324-3215

BOARD CHAIR

A.18. Name

Darnell Middleton

A.19. Term Expiration

12/31/2022

A.20. Email

mbscws@gmail.com

A.21. Phone

(336) 345-4735

B. Project Overview

Completed by mbscws@gmail.com on 11/20/2020 1:08 PM

Case Id: 11166

Name: My Brothers Second Chance - 2021/22

Address: *No Address Assigned

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 an 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 weekly meetings and monthly activities.

B.3. Below, please provide anticipated service metrics into the appropriate fields.

Where applicable, 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. If applicable and serving individual clients over a period of time.

Average Number of Participants Served at a Single Time

10

Maximum Number of Participants to Be Served at a Single Time

25

Unduplicated Total Number of Participants to Be Served During the Program Year

12

NEED (7 POINTS)

B.4. Describe the population(s) to be served. Describe the key demographic and economic characteristics of the clients to be served.

The population we serve started out with first-year 9th-grade males who have low school performance, behavioral

Printed By: Rene Williams on 12/12/2020

2 of 21

challenges, and attendance issues. By starting with them in the 9th grade we are then able to follow their progress through high school in order to see the effectiveness of our program there success

B.5. Describe the unmet need that the proposed project/program seeks to address. Why does the population described above need the proposed assistance? 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.6. 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.

IDIS Setup

No data saved

Case Id: 11166

Name: My Brothers Second Chance - 2021/22

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

C. Strategy and Performance

Completed by mbscws@gmail.com on 11/20/2020 11:06 AM

Case Id: 11166

Name: My Brothers Second Chance - 2021/22

Address: *No Address Assigned

C. Strategy and Performance

Please provide the following information

STRATEGY (5 POINTS)

C.1. The City of Winston-Salem adopted the [2017-2021 Strategic Plan \(2019 Update\)](#) as a guiding document 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. Explain the plan for monitoring and evaluating the project/program. Also include the steps that will be taken if the stated program goals provided in C.5. are not achieved.

In order to monitor and evaluate the program, the board 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

Printed By: Rene Williams on 12/12/2020

5 of 21

C.4. 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.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 19-20 Previous Year Results	FY 20-21 Current Year Projected Results	FY 21-22 Next Year Anticipated Results
Decrease suspension rates among individuals enrolled in the program.	Provide anger management and conflict resolution training	Worked with 12 youth and 100% with zero suspension.	90-95% of all participants with zero suspension	95-100 % of all participants with zero suspensions
Increase academic performance among participants	Provide tutoring and one on one development with any participant needing extra support	Worked with 12 youth; 100 % of seniors graduated and 100% passed to the next grade	100% of rising juniors will be seniors	100% graduation and rising to the next grad level
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 our seniors graduated and they have jobs and some are enrolled in technical school.	Work with participants and 80% will have jobs and/or begin the post graduation plans	Work with participants and 90% will have jobs and/or post graduation plans

	Total Unduplicated Number Served	Total Number Served
FY 19-20 Previous Year Results	5	10
FY 20-21 Current Year Projected Results	10	15
FY 21-22 Next Year Anticipated Results	10	20

C.6. FY 19-20 Program Accomplishments

Printed By: Rene Williams on 12/12/2020

All program participants from Carver High School passed with C or above average and 4 participants graduated.

C.7. FY 21-22 Key Objectives

Continue to follow the participants for the previous year and keep them enrolled in school. Also to attain high GPAs and keep their attendance up while giving them incentives.

D. Organizational Capacity

Completed by mbscws@gmail.com on 11/20/2020 11:42 AM

Case Id: 11166

Name: My Brothers Second Chance - 2021/22

Address: *No Address Assigned

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 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 is 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 is 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.

MBSC currently does not hire.

Please enter the total number of Full-Time Positions and Employees you have in the table below

	Male - White	Male - Black	Male - Other	Female - White	Female - Black	Female - Other
Executives/Managers	0	0	0	0	0	0
Professionals	0	0	0	0	0	0
Technicians	0	0	0	0	0	0
Office/Clerical	0	0	0	0	0	0
Laborers/Service Workers	0	0	0	0	0	0
Total Full-Time						

Please enter the total number of Temporary/Part-Time Positions (FTE) and Employees you have in the table below

	Male - White	Male - Black	Male - Other	Female - White	Female - Black	Female - Other
Executives/Managers	0	0	0	0	0	0
Professionals	0	0	0	0	0	0
Technicians	0	0	0	0	0	0
Office/Clerical	0	0	0	0	0	0
Laborers/Service Workers	0	0	0	0	0	0
Total Part-Time/Temp						

D.8.

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

MBSC Board Members.pdf

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

12

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

6

ABILITY (5 POINTS)

Printed By: Rene Williams on 12/12/2020

D.11. Describe the implementation or operational plan to get the proposed project/program up and running in a timely manner. Describe any key contingencies on which the startup depends. Please upload any maps, milestones, etc. to "F. Required Documents."

MBSC offers a team of experienced and competent trainers and mentors in the field of youth development. Aligned with comprehensive youth development practice, we develop programming for youth to achieve their full potential as they are allowed to develop attitudes, skills, and behaviors that are physical health, socially positive, vocationally productive, and constructive within their communities.

D.12. How do your policies and procedures (including marketing, outreach, eligibility determination and appeals) ensure fair and equal access to the benefits of the program to all persons who seek to participate?

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: 11166

Name: My Brothers Second Chance - 2021/22

Completed by mbscws@gmail.com on 11/20/2020 12:37 PM

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 20-21	Projected Actuals FY 20-21	Proposed Budget FY 21-22
Program Services	\$10,000.00	\$10,000.00	\$15,000.00
Fundraising	\$1,000.00	\$1,000.00	\$2,000.00
Management and General	\$2,000.00	\$2,000.00	\$3,000.00
Total Expenditures by Program	\$13,000.00	\$13,000.00	\$20,000.00

Expenditures by Category	Budgeted FY 20-21	Projected Actuals FY 20-21	Proposed Budget FY 21-22
Employee Salaries and Wages	\$0.00	\$0.00	\$0.00
Employee Benefits	\$0.00	\$0.00	\$0.00
Facility Rent and Utilities	\$1,500.00	\$1,500.00	\$2,000.00
Training and Conference Registration	\$2,000.00	\$2,000.00	\$3,000.00
Membership and Dues	\$0.00	\$0.00	\$0.00
Travel and Transportation	\$1,500.00	\$1,500.00	\$5,000.00
Grants to Individuals and Organizations	\$0.00	\$0.00	\$0.00
Contracted Fundraising Services	\$4,000.00	\$4,000.00	\$5,000.00
Goods Purchased for Resale	\$0.00	\$0.00	\$0.00
Other Contracted Services	\$0.00	\$0.00	\$0.00
Other Operating Expenditures	\$4,000.00	\$4,000.00	\$5,000.00
Capital Outlay	\$0.00	\$0.00	\$0.00
Total Expenditures by Category	\$13,000.00	\$13,000.00	\$20,000.00

Revenues by Category	Budgeted FY 20-21	Projected Actuals FY 20-21	Proposed Budget FY 21-22
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	\$5,000.00
Foundation Grants	\$3,000.00	\$3,000.00	\$5,000.00
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	\$13,000.00	\$13,000.00	\$20,000.00

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. .

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
2019	SOAR	\$5,000.00
2018	SOAR	\$5,000.00
2017	SOAR	\$5,000.00

E.3. Please complete the table below to show specific details of proposed City funding and other leveraged funding for the proposed project/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.

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 11/20/2020 1:03 PM

Case Id: 11166

Name: My Brothers Second Chance - 2021/22

Address: *No Address Assigned

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 a third-party review ***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 11.20.2020.docx

Other

***No files uploaded*

G. Income Based Projects/Services Only

Case Id: 11166

Name: My Brothers Second Chance - 2021/22

Address: *No Address Assigned

Completed by mbscws@gmail.com on 11/20/2020 1:04 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 11/20/2020 1:04 PM

Case Id: 11166

Name: My Brothers Second Chance - 2021/22

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, including any 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, including submission of the organization's operating budgets, agency audits, and Form 990s for the prior three years, unless already submitted to the City.

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	Govmt Funding
--------------	---------	-----------------	-----------	---------------

Documentation

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

***No files uploaded*

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

***No files uploaded*

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

***No files uploaded*

Operating Budget

***No files uploaded*

Form 990

***No files uploaded*

I. Emergency Shelter Only

Completed by mbscws@gmail.com on 11/20/2020 1:04 PM

Case Id: 11166

Name: My Brothers Second Chance - 2021/22

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 11/20/2020 1:04 PM

Case Id: 11166

Name: My Brothers Second Chance - 2021/22

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

Submit

Completed by mbscws@gmail.com on 11/20/2020 1:09 PM

Case Id: 11166

Name: My Brothers Second Chance - 2021/22

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 11/20/2020 1:09 PM