



Maryland

DEPARTMENT OF
JUVENILE SERVICES

Life Coaches for the Thrive Academy in Baltimore City and Baltimore County

APPLICATION FOR PARTICIPATION

Maryland Department of Juvenile Services

217 E. Redwood Street
Baltimore, Maryland 21202

Deadline

August 25, 2023
No later than 5:00 p.m. EST

MARYLAND DEPARTMENT OF JUVENILE SERVICES

Instructions2

Proposal Cover Page3

Program Details.....4

Program Narrative4

Key Staff and Personal5

Budget Narrative.....6

Data Reporting6

Appendix6

Instructions

Program applicants should complete the application electronically by typing directly into the fillable fields and charts. Do not alter or remove sections. When finished, save the application document as a PDF to your computer and obtain appropriate signatures. The completed application should be saved as a PDF and emailed to:

Lisa Garry, Life Coaches for the Thrive Academy in Baltimore City and Baltimore County
Community Services
Maryland Department of Juvenile Services
Phone: 410-230-3156
Email: djs.thriveacademy@maryland.gov

Proposal Cover Page

Program applicants must complete the Proposal Cover Page including all contact information and requested funding amount. The Cover Page must be signed by the Program's Authorized Official.

Life Coaches for the Thrive Academy in Baltimore City and Baltimore County Program Name: Click or tap here to enter text.

Project Director:

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Fiscal Officer:

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Authorized Official:

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

FY 2023 Funding Level: Enter amount.

Authorized Official Signature

Date

Program Details

Will your program serve Baltimore City, or Baltimore County, or both?

Type response here.

Total number of youth your program will serve at one time.

Type response here.

Program Narrative

Please describe your program's ability to provide Life Coaches who see/support youth daily.

Type response here.

Describe your program's experience delivering actual life coaching with credible messengers with lived experience. If your program has not, please explain why your program is well-positioned to do so?

Type response here.

Please describe your program's experience in administering and dispersing fiscal incentives for program participation and for achieving youths' milestones. If you have no experience, please describe your program's plan to administer fiscal incentives as part of your life coaching program.

Type response here.

The successful program(s) will need to assess youths' employment aspirations and, when appropriate, stipend their work with agreeable employers or service opportunities. Please describe your program's experience doing so. If your program has no experience providing stipend and supported work/service, please describe your program's plan to do so.

Type response here.

Describe your program's experience working directly in the community with young people or adults living in high concentrations of violent crime to include gun violence.

Type response here.

Describe the staffing plan for your program including all leadership, direct services and support roles.

Type response here.

What process and system does your program have in place to collect and report data for program evaluation, program quality, and fiscal accounting?

Type response here.

Key Staff and Personnel

Please provide a list of key program staff including Life Coaches.

Job Title	Responsibilities	Qualifications	FTE
Type response here			Part time or full time

Budget Narrative

Please provide a justification for participant stipends.

Type response here.

Please provide a justification for program supplies and equipment.

Type response here.

Please provide a justification for fiscal incentives.

Type response here.

Please provide a justification for Activity funds.

Type response here.

Please provide a justification staff cell phones.

Type response here.

Data Reporting

Each month, program grantees are required to submit a monthly data report (a data reporting template will be provided by DJS) to djs.thriveacademy@maryland.gov that includes the following information.

- Number and percent of newly referred Thrive Academy youth connected to a Life Coach within 24-48 hours
- Number and percent of Thrive Academy youth with active Youth Safety and Life Plan in place within 30 days of referral
- Number and percent of Thrive Academy youth served that received in-person contacts by Life Coach (e.g., face-to-face, phone or other contact, such as email or virtual platforms)
- Number and percent of Thrive Academy youth participating in workforce development training and/or education
- Number and percent of Thrive Academy youth served who received incentives for milestones, and other special achievements

Appendix

The following Appendices must be included in the proposal for funding:

- A signed C-1-25 DJS Budget Form
- A signed recipient assurances page
- SAM UEI Registration
- Audit Findings
- Proof of 501(c)(3) status (if applicable)