SERVmo
AMERICORPS IN MISSOURI

MARTIN LUTHER KING JR. DAY OF SERVICE

MINI GRANT APPLICATION
Application Deadline: October 14, 2025

MLK Day Mini-grants offer eligible entities grant funding to recruit and engage volunteers in meaningful service activities AND/OR to deliver a service-learning activity that honors Dr. King's legacy. A service-learning activity is a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility and strengthen communities. Preference will be given to applicants that engage one other community partner in the planning, collaboration, or execution of the event. Service activities should engage a minimum of 10 volunteers and paid staff may not count as volunteers.

Eligibility Requirements:

1. Public or private nonprofit organizations, including faith-based and other community organizations, school districts, institutions of higher education; government entities within states or territories (e.g., cities, counties), labor organizations, partnerships and consortia, and Native American tribes.
2. Request for Taxpayer Identification Number and Certification (W-9)
3. Employer Identification Number (EIN)
4. Unique Entity Identification (UEI) Number AND must have an active registration in the System for Award Management (SAM) prior to applying.
5. Organizations must have an active vendor profile in the MOVERS system with the state of Missouri.

Contact Information:

For technical assistance and/or questions about this grant opportunity, please contact Ciara Cheatum at Ciara.Cheatum@ded.mo.gov or (573) 522-9477.

Resources:

- AmeriCorps Resources
- Points of Light Resources
- National Youth Leadership Council Service-Learning Resources

Please email your completed application and supporting documentation to ServMO@ded.mo.gov by close of business October 14, 2025.

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Legal Applicant Name: _____

Program Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Website or Social media: _____

Employer Identification Number: _____

Unique Entity Identification Number: _____

SAM Registration Expiration Date: _____

MOVERS Vender Number: _____

Contact Person:
For this Application _____

Title: _____

Phone Number: _____

Email Address: _____

Executive Director: _____

Phone Number: _____

Email Address: _____

Areas served by the applicant.
List all counties impacted. _____

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Community Need

Please describe the need for your proposed project in the space below by responding to all bullet points within the narrative.

- Describe the needs in your community that this project will help address.
- Describe the impact of the proposed project on your organization, volunteers, and or community.

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Day of Service Plan

Please describe the plan for the proposed project in the space below by responding to all bullet points within the narrative.

- **Provide a detailed description of proposed MLK Day of Service activities.**
  Proposed project must recruit and engage volunteers in meaningful service activities AND/OR deliver a service-learning activity that relates to Dr. King.
- **Provide a project timeline**
  If approved, all activities must fall between January 1, 2026 – January 31, 2026.
- **Describe the resources you need to make the proposed activities a success.**
  i.e.: money, staff, promotional materials
- **Describe the key organizers and collaborators who will implement the proposed activities.**
  i.e.: staff or existing volunteers

Measurable Goals

List one to four goals for the day of service. Each goal should be directly related to and impacted by the service provided.

- Example: 100 blankets will be donated to Angel's Saving Grace Homeless Shelter.
- Example: 25 buddy packs will be distributed to food insecure individuals in Clark Elementary.

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BUDGET

Please identify your proposed costs. This amount should not exceed $1,000.00. See MLK Day of Service Mini-Grant FAQ for more information.

Category of Expenditures	**Expenditure Calculation** Cost, Item, Quantity (Example: $5 shirts x 25 = $125)	**Toal Budgeted**
Personnel Expenses	***Not Allowable***	***Not Allowable***
Travel		
Supplies		
Equipment	***Not Allowable***	***Not Allowable***
Training		
Indirect Costs	***Not Allowable***	***Not Allowable***
Other *(Please Describe)*		
Other *(Please Describe)*		
	TOTAL	

I certify the above information is true and accurate to the best of my knowledge regarding the receipt and expenditure of the federal funds and in compliance with the grant conditions and program regulations.

Signature of Authorized Representative

Date

Typed or Printed Name of Authorized Representative

Title