HOMELESS SERVICES & HOUSING RESOURCES
RFP # 14026-2025

AGENCY APPLICATION

Instructions:

Each applicant agency (or group of collaborative partners) must submit one completed Agency Application. Program-specific information must be submitted separately in the appropriate Program Application(s).

Please limit the total length of your completed Agency Application – including the questions, tables and narrative responses – to no more than **7 pages**. Applications that exceed this limit may not be fully reviewed. This page limit does not include requirement attachments (e.g., financial audits or financial statements).

AGENCY INFORMATION

Applicant Organization:	African Center for Community Development, Inc.
Contact Person Name and Title:	Esther Ama S. Ptak, Executive Director
Address:	2238 S Park St, Rm 115, Madison WI 53713
E-Mail:	ama@africancentermadison.org
Phone:	(608) 960-2959
Website:	africancentermadison.org
Federal Tax ID or EIN:	47-3458123
Unique Entity ID (UEI) Number:	NYJTHMQCJ851
Legal Status**:**	☒ Corporation ☐ Limited Liability Company ☐ General Partnership ☐ Sole Proprietor☐ Unincorporated Association ☐ Other:_____
Tax Exempt Status:	☒ Non-profit: 501 (c)(3) since 2014 ☐ For-profit with a primary mission focused on housing and homelessness

AGENCY REQUEST SUMMARY

Program Type	Request Amount
Homeless Services	
A. Homelessness Prevention	$
B. Diversion	$
C. Emergency Shelter	$
D. Street Outreach	$
E. Extreme Weather Hotel for the Unsheltered	$
F. Rapid Rehousing (RRH)	$75,000

G. Permanent Supportive Housing (PSH)	$	
H. Other Permanent Housing (OPH)	$	
I. Other Programs that Promote Pathways to Stable Housing	$	
Housing Resources		
J. Tenant Support	$	
TOTAL REQUEST	$	

AUTHORIZATION TO SUBMIT PROPORSAL

This application is submitted with the knowledge and approval of the organization's governing body. To the best of the undersigned's knowledge, the information provided is accurate and complete. The undersigned also certifies that they have reviewed and accept the terms and conditions outlined in the Request for Proposals (RFP).

Esther Ama S. Ptak	**6/27/2025**
Signature	**Date**

AGENCY QUALIFICATION

1. **AGENCY MISSION AND RELEVANT EXPERIENCE (10 POINTS)**

   1) **Mission Statement:** Provide your agency's mission statement.
   Our mission is to "promote the well-being of the African immigrant community of Madison and Dane County through education, skills development, empowerment, housing support, entrepreneurship, and dialogue programs".

   2) **Relevant Experience:** Describe your agency's experience delivering the types of services proposed in this application.

   Our organization has been a community partner to the City of Madison, helping to reduce service gaps for underrepresented populations. With a culturally responsive and individualized approach, we work closely with individuals and families stable housing in the greater Madison area. Our staff work from several locations – public libraries and community centers – to reduce transportation barriers that face households with financial and mobility challenges.

   Since 2020, we have been assisting Madison residents to find stable housing and reduce homeless in several ways: (1) help access rental assistance resources through the Dane Core program and other organizations; (2) help navigate the different housing options and acquire stable and affordable housing; (3) coordinate with landlords and tenants to avoid evictions; (4) help tenants on the verge of evictions or already evicted to access services through the Tenant Resource Center's programs; (5) provide emergency rental assistance for low-income immigrant and non-immigrant families earning below 50% of Madison's area median income (AMI).

   Through our housing support, 784 unduplicated households have been assisted to find housing. Majority of households (78%) earn less than 30% AMI. 52% of these households are female-led and 13% have a person with a disability. 61% identify as Black or African American, 10% are Hispanic and 89% are non-Hispanic. So far, we have disbursed $50,250 in direct financial assistance to beneficiaries to prevent evictions, cover utility bills and provide transportation assistance.

   Our organization has extensive experience in providing housing stability. We also continue to expand our partnership with community-based organizations, sharing resources and knowledge. We have a regular internal review of our programs and continue take advantage of training opportunities to enhance our services.

2. **ORGANIZATIONAL AND FISCAL MANAGEMENT (10 POINTS)**

   1) **Quality Improvement:** Describe your agency's internal quality improvement processes, including how you review program outcomes and incorporate feedback from program participants.
      - We have weekly staff meetings where our staff and volunteers come together to evaluate our services, discuss challenging cases, research additional supportive resources for participants and brainstorm on how we can enhance our service model to better serve our community using the .
      - We have quarterly program assessments where our staff review feedback from our program participants and discuss ways to efficiently incorporate the feedback into our service delivery.
      - In addition, we provide reports on our programs at board meetings ensure our board is sufficiently informed.

2) **Financial Management:** Describe how agency ensures sound financial accountability and sustainability.
   - Our board of directors provides oversight by reviewing and approving annual budgets, tracking expenditure by auditing financial statements and program outcomes.
   - Our organization has contracted an external accountant who also provides an additional layer of fiscal oversight and advises on the financial sustainability of our operations.
   - We conduct timely account reconciliation and ensure there is evidence for all expenditure.

3) **Financial Audit:**

Does your agency complete annual certified financial audits?   ☐ Yes   ☒ No

If yes, were there any significant deficiencies or material weaknesses identified in the most recent audit?

☐ Yes   ☐ No

If **yes**, summarize the findings and describe how they are being addressed.

4) **2025 Agency Operating Budget**

AGENCY REVENUE

Source	2025 Budget
City of Madison	$153,678.00
Dane County	$45,000.00
State of Wisconsin	$4,000.00
HUD	
Other Government	
United Way of Dane County	$19,484.00
Other Foundations	$104,500.00
Fundraising	$15,000.00
User Fee	
Other (Specify: Grants through our partnership with the University of Wisconsin)	$18,000.00
TOTAL REVENUE	**$359,662.00**

AGENCY EXPENSES

Category	2025 Projected Expenditure
Personnel	$285,460.00
Operating	$93,850.00
Space	$7,600.00
Special Cost	
TOTAL EXPENDITURE	

	2025 Projected
Surplus or (Deficit)	($27,248)

3. **SYSTEM COORDINATION (10 POINTS)**

1) **Collaboration with Other Providers:** Describe how your agency collaborates with other providers in the homeless services and housing systems. Include examples such as referrals, case conferencing, shared service planning and delivery.
   - Our organization has been present for several years at different community sites with the City of Madison to offer services: Hawthorne library, Lakeview library, Goodman South library, Vera Court Neighborhood Center, Neighborhood House Community Center, The Salvation Army

Community Center in Darbo, the Catholic Multicultural Center, Madison College and Tenant Resource Center.

- We receive referrals from our partners to support program participants and community members who come to seek services at the library.
- Our case management usually involves staying in communication with other providers who have additional resources to support program participants.
- For example, if a program participant is facing eviction, the person is referred to TRC for eviction diversion services. If the participant is evicted or decides to vacate, we continue to work with them to find a new apartment and rental assistance if needed. We also encourage them to enroll in TRC's housing counseling program. We conduct regular check-ins with them and assist them with job search if needed. Overall, we work with providers and program participants to ensure they find housing and work towards their financial security.

2) **Integration into the System of Care:** Describe strategies your agency uses to ensure alignment with the broader local system of care such as Homeless Services Consortium (HSC). Include strategies such as supporting staff or participants in system-level planning, participating in HSC committees or workgroups, providing staff training aligned with system priorities or best practices.
   - Our organization started participating in the HSC this year and it has been another valuable resource.
   - We have planned to take referrals from Dane CoC's Coordinated Entry system and have already contacted the Institute of Community Alliances to acquire the Homeless Management Information System (HMIS), if our funding request is approved. Our staff will receive training on using HMIS.

PROGRAM APPLICATION
F. RAPID REHOUSING

Instructions:

This Program Application form must be completed for each proposed **Rapid Rehousing** program. Applicants may submit multiple program applications if applying for more than one program area under the RFP.

Please limit the total length of your completed Program Application – including the questions, tables and narrative responses, to no more than **12 pages**. Applications that exceed this limit may not be fully reviewed. This page limit does not include requirement attachments (e.g., HMIS reports, agency outcome reports).

Agency Name:	African Center for Community Development, Inc.
Program Name:	Housing Stability Program
CDD Funding Request:	$75,000

1. PROGRAM DESCRIPTION (30 POINTS)

1) **Target population**
   Describe the population you expect to serve, including:
   - Projected annual number of unduplicated households without children (singles): 15
   - Projected annual number of unduplicated households with children (families): 20
   - Key characteristics of the target population: We will serve individuals and families who are homeless or at risk of homelessness and who earn 80% or below the Madison area median income (AMI).

2) **Coordinated Entry and Intake Process**
   City-funded Rapid Rehousing programs providing rent or financial assistance must utilize Dane CoC's Coordinated Entry system. This means informing the Coordinated Entry Manager (currently the Institute for Community Alliances) when there are program openings and accepting referrals from the Coordinated Entry list. Describe how your agency will receive and respond to Coordinated Entry referrals, and what the intake process will look like from the participant's perspective.
   - Our organization already partners with the Tenant Resource Center (TRC) and we have a staff member working from their office on Mondays to provide housing navigation and application assistance.
   - Our housing coordinator will make initial contact with participants by email and/or by phone and assess the needs of participants – housing, mental health, language support, etc.

- Following the initial call, our housing coordinator will set up an appointment for the participant to meet with a support staff at one or our service locations: Hawthorne, Lakeview, Goodman South, Vera Court, Neighborhood House, Madison College, Catholic Multicultural Center or our office. We want to reduce transportation challenges that may be facing participants.
- Our staff will an individual care plan and continue with a 12-month tailored case management based on several scenarios:
    - Scenario 1: If participants don't have housing, our staff will assist with housing search and applications and conduct regular check-in with participants to assess progress on the housing search.
    - Scenario 2: If participants need assistance with security deposit and first month rent, our staff will assist participants to complete our rent assistance application and request a W9 from landlord. Funds will be disbursed within 21 business days. We will maintain communication with landlord until participants move in.
    - Scenario 3: If participants need funding to cover rent arrears or future rent, our staff will assist participants to complete our rent assistance application and request a W9 from landlord. Funds will be disbursed within 21 business days. We conduct regular check-ins with participants to ensure they have found a stable income source through jobs or other assistance programs.

3) **Rent or Financial Assistance Provided**

If rental or financial assistance will be provided, describe:
- The types of assistance (e.g., security deposit, first month rent, monthly rental assistance, monthly utility assistance, rental arears, utility arrears)
    - We will offer security deposits and one-month rental assistance for those moving into a new place
    - We will provide one-month rental assistance to cover rental arrears or future rent.
- Maximum length of financial assistance
    - Once per quarter. Participants will be eligible to receive financial assistance 4 times a year.
- Expected average length of financial assistance
    - Twice per year
- Maximum amount of financial assistance, if any
    - $1,500 for households without children or persons with disability
    - $2,500 for households with children or persons with disability
- How assistance amounts will be determined using progressive engagement model described in the Dane CoC Written Standards; any proposed payment schedule, including participant and agency portion of rent
    - Our housing coordinator and support staff will create an individual care plan for participants to avoid any future homelessness.
    - Payment schedule for our rental assistance: funds disbursed to landlords with 21 business days.
    - Our housing coordinator will contact participants in the second or third week of the month to ensure participants are able to pay their rent and find

additional supportive services that will alleviate financial burdens on participants.

- Method used to adjust the payment schedule if needed
  - o Our housing coordinator will inform our executive director and justify with appropriate documentation the need to expedite any payment based on the individual situation of the household.

4) Services Provided

Describe how the program will support participants in identifying and addressing specific barriers to obtaining and maintaining permanent housing, including housing navigation, connections to healthcare, behavioral health services, long-term case management, and other benefits. Include frequency and duration of services and how services will incorporate best or evidence-based practices.

- Our staff will work with participants to create a tailored plan of care with the goal of helping participants find stable income sources and/or increase their income.
- Our housing coordinator will conduct monthly check-ins with participants to assess their needs and connect them with local resources. Our coordinator will make direct referrals to other local organizations that provide other resources to enhance the wellbeing of participants.
- Participants will also be matched with private landlords that have vacancies.

5) Staff Training

Describe your agency's plan for staff training. Include both new staff and ongoing training plans.

- Our organization seeks to provide opportunities for professional development to our staff. We will reach out to the City of Madison and the Homeless Services Consortium about new training programs for housing support staff.
- Our existing staff will undertake training on how to use HMIS and how to conduct efficient case management.

6) Staffing Structure

Describe the proposed staffing plan. Fill out the table below.

Staff Position Title	Hiring Plan (Current/ New/ Expanded)	Total Program FTE	City-Funded FTE	Proposed Hourly Wage	Responsibilities
Housing and Operations Coordinator	Current	0.75	0.75	$28.50	- Start intake process - Conduct needs assessment and housing navigation - Assign participants to support staff for assistance in complete housing and rental assistance applications - Review and approve rental assistance applications - Ensure funds are disbursed to landlord

					• Conduct a 12-month case management for program participants
Youth Programs and Outreach Officer	Current	0.50	0.50	$27.00	• Conduct needs assessment and housing navigation • Help with rental assistance applications • Conduct a 12-month case management for program participants
				$	
				$	
				$	
				$	
				$	
				$	

7) **Implementation Plan** *(for new or expanded programs only)*

Milestone	Target Date
Program staff hired	
Program staff onboarding/training completed	
First client served	
Full-service operation capacity reached	

2. OUTCOME AND PERFORMANCE (20 POINTS)

Select one and complete the appropriate section below:

☐ A. Existing Program with HMIS Data
☒ B. Existing Program without HMIS Data
☐ C. New Program With No Past Outcome Data

A. **Existing Program with HMIS Data**
Use HMIS-reported data for past outcome fields. Refer to RFP **Appendix C** for instructions on generating the required reports. The HMIS report must be submitted with your application.

1) **Data Standards**
The Wisconsin HMIS data quality standards for Rapid Rehousing require: 98% for data completeness and 6 calendar days for data entry.

Please complete the following:
• 2024 data completeness score: %
• 2024 average days to data entry for new entries: days
• 2024 average days to data entry for exits: days

Describe your agency's current practices to meet these standards and any planned improvements.

2) **Use of Data for Performance Improvement**
Describe how your agency uses data to evaluate and improve outcomes. Include the key data points or reports that are reviewed, who reviews them, and how the data are used to inform program changes.

3) **Performance Outcomes**

Performance Measure	CDD Target	2022 Outcome	2023 Outcome	2024 Outcome	Proposed Outcome
% of Leavers Exiting to Permanent Destinations	90%				
% of Leavers Who Exited to PH Returning to Homelessness in Less than 6 Month	≤ 5%				
% of Participants (Stayers and Leavers) Increasing Total Income	60%				

4) **Outcome Analysis**
Compare your agency's past performance to CDD targets. Discuss trends and what you think explains your successes or challenges. What changes/strategies do you think could help improve outcomes?

5) **Additional Outcome Measures**
List any additional outcomes your agency tracks or proposes to measure.

B. **Existing Program without HMIS Data**
Use non-HMIS agency data for past outcome fields. The agency reports must be submitted with your application.

1) **Use of Data for Performance Improvement**
Describe how your agency uses data to evaluate and improve outcomes. Include the key data points or reports that are reviewed, who reviews them, and how the data are used to inform program changes.
- Our organization collects data in compliance with the requirements of the Dane Core ERA program. The data tracks the following:
  - Household income level: We report on the number of participants earning greater than 80% AMI, 51% - 80% AMI, 30% - 50% AMI, less than 30% AMI

- o Demographics: We provide report on participants' race, disability, Latino/Hispanic ethnicity and number of female-led households
  - o Number of new/repeated participants (duplicated and unduplicated households)
  - o Describe our monthly outreach efforts.
- Our leadership reviews that data collected and tracks program participation in the different locations. We compare our quarterly and annual data to make funding decisions. For instance, we realized that the Dane Core program was highly successful and there were a good number of unduplicated households. This meant that not all households relied on the assistance regularly. Therefore, we sought funding to provide emergency rent assistance to households and that has been helpful for people to avoid evictions or move into a stable place.

2) Performance Outcomes

Performance Measure	CDD Target	2022 Outcome	2023 Outcome	2024 Outcome	Proposed Outcome
% of Leavers Exiting to Permanent Destinations	90%	99%	85%	85%	90%
% of Leavers Who Exited to PH Returning to Homelessness in Less than 6 Month	≤ 5%	≤ 1%	≤ 1%	≤ 3%	≤ 3%
% of Participants (Stayers and Leavers) Increasing Total Income	60%	99%	99%	85%	60%

3) Outcome Analysis
Compare your agency's past performance to CDD targets. Discuss trends and what you think explains your successes or challenges. What changes/strategies do you think could help improve outcomes?

- Our success: We were successful in helping to reduce homelessness through the Dane Core program. We assisted participants in housing navigation, completing funding request on the Neighborly portal and connected with landlords for them to complete their section of the applications. 90% of landlords willingly participate in the program to help their tenants to be stably housed.
- Challenges: There were reports of landlords increasing their rent because of the Dane Core program. After the program closed in 2023, a lot of landlords filed eviction against their tenants, increasing the rate of homelessness post-Covid. Fewer organizations had financial assistance resources to support most of the program participants.

4) Additional Outcome Measures
List any additional outcomes your agency tracks or proposes to measure.

- 90% of participants with limited English proficiency (LEP) will start ESL classes at Literacy Network, Madison College or other organizations that offer English classes

C. **New Program With No Past Outcome Data**
Complete this section if the proposed program is new and does not have historical performance data.

1) **Proposed Outcome**
Proposed outcomes should be ambitious but realistic based on population, service model, and timeline.

Performance Measure	CDD Target	Proposed Outcome
% of Leavers Exiting to Permanent Destinations	90%	
% of Leavers Who Exited to PH Returning to Homelessness in Less than 6 Month	≤ 5%	
% of Participants (Stayers and Leavers) Increasing Total Income	60%	

2) **Anticipated Challenges and Mitigation Strategies**
Describe any anticipated challenges in implementing the program or achieving the proposed outcomes. Include how your agency plans to address or mitigate these challenges.

3) **Additional Outcome Measures**
List any additional outcomes your agency tracks or proposes to measure.

3. **PROGRAM BUDGET (20 POINTS)**

1) **Leveraging Medicaid Resources**
Describe how your agency will utilize Medicaid 1915(i) and/or Comprehensive Community Services (CCS) to support the proposed program. Include:
- Specific services or costs for which you expect to seek Medicaid 1915(i) or CCS funding
- A realistic estimate of revenue you expect these sources to generate
- Steps, if any, your agency has already taken to access these funding sources and/or a timeline for securing necessary certifications and training
- Any preparation or infrastructure you think your agency will need to support billing and compliance

Note: City-funded emergency shelters and outreach programs selected through this RFP will be required to utilize Medicaid 1915(i) to support eligible services and/or move-in cost assistance. Other program types are not required but are strongly encouraged to incorporate Medicaid funding strategies where feasible.

- Our organization does not currently receive funds from Medicaid 1915(i) and/or Comprehensive Community Services. Nevertheless, we are actively learning how our agency could qualify for such funds to add to existing or future grants to serve our program participants.
- We have signed up for an information session on Medicaid 1915(i) as part of HSC training.

2) **Use of Emergency Solutions Grant (ESG) Funds**

Can your agency accept federal ESG funding for this program, either in full or in part? ESG-funded programs must comply with all applicable federal regulations.

☒ Yes   ☐ No

If yes, identify:
- Source(s) of required 100% matching funds (cash or in-kind): $25,000 from private foundations and 3 volunteers to provide housing navigation and outreach, increase our capacity for our housing stability program.
- Maximum estimated annual match your agency can provide: $35,000 (including estimated hours of services from our volunteers)

3) **Program Budget Form**

Complete the **Program Budget Form (Excel)** for a full program year. Only expenses listed as eligible in Appendix B of the RFP may be included in the funding request to the City of Madison.

4) **Budget Narrative and Clarifications**

Use this section to explain any assumptions, nuances or clarifications needed to fully understand your budget proposal as presented in the Program Budget Form (Excel).
- We continue to actively seek other funding sources for our housing support services. Total program cost is $156,250.
- For this grant, we are seeking $75,000 to cover part of the personnel and program costs for this rapid rehousing program. 2 staff will be dedicated to implementing this program, providing data reporting and track outcomes.

5) *(New Programs Only)* **Minimum Viable Funding**

It may not be possible for the City to provide the requested amount of funding. What is the smallest amount of City support that would allow your program to proceed? How would a reduced level of City funding affect operations (e.g., reduced capacity, scope of services, staffing). Be as specific as possible, that is, to what extent would program capacity or staffing levels be affected by lower funding.

AGENCY, PROGRAM AND CITY SHARE EXPENSES

Agency & Program: African Center for Community Development, Inc.   Housing Stability Program

ACCOUNT CATEGORY	City of Madison Request Amount	Non-City Sources	Total Program Budget	Budget Details (e.g., Case manager and supervisor wages; $1,000 for application fee; $3,000 for bus passes)
A. PERSONNEL				
Salary	25,000	45,000	70,000	Housing and operations coordinator wages; youth program
Taxes/Benefits	5,375	9,675	15,050	Fringe benefits
Subtotal A.	30,375	54,675	85,050	
B. OTHER OPERATING				
Insurance	3,000		3,000	Workers compensation and business libility insurance
Professional Fees			0	
Audit			0	
Postage/Office and Program Supplies	1,500		1,500	Outreach materials and mailing cost for checks for rental
Equipment/Furnishings/Depreciation			0	
Telephone	325	1,775	2,100	Communication costs
Training/Conferences			0	
Food				
Household Supplies			0	
Auto Allowance/Travel	4,500		4,500	Staff mileage costs for traveling to the different service
Vehicle Costs/Depreciation			0	
Other (Specify):			0	
Subtotal B.	9,325	1,775	11,100	
C. SPACE				
Office or Facility Rent	4,800	4,800	9,600	Office cost
Utilities			0	
Maintenance			0	
Mortgage Principal/Interest/Depreciation			0	
Property Taxes			0	
Subtotal C.	4,800	4,800	9,600	
D. SPECIAL COSTS				
Assistance to Individuals - Rent (monthly rent and rent arrears)	15,500	10,000	25,500	
Assistance to Individuals - Other Financial Assistance (security deposit, application fee, bus passes, etc.)	15,000	10,000	25,000	
Program Subcontracts (Specify):			0	
Other (Specify):				
Other (Specify):			0	
Subtotal D.	30,500	20,000	50,500	
TOTAL (A.-D.)	75,000	81,250	156,250	

STAFFING: Include ALL staff working for the program			
Staff Position Title	City-Funded FTE	Total FTE, including Non-City	Roles and Responsibilities
Housing and operations coo	0.75	1.00	Housing navigation, case management, rent assistance application review, financial
Youth program and outreach	0.50	0.75	Housing navigation, case management, rent assistance application

NOTES: