

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:	Urban Triage
Contact Person Name and Title:	Brandi Grayson
Address:	2312 S Park St , Madison WI 53713
E-Mail:	Bgrayson@urbantriage.org
Phone:	608 520-3062
Website:	Urbantriage.org
Federal Tax ID or EIN:	843297905
Unique Entity ID (UEI) Number:	RLQ5SFJB8FN8
Legal Status:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Other: _____
Tax Exempt Status:	<input checked="" type="checkbox"/> Non-profit: 501 (c)(3) since MARCH 2020 <input type="checkbox"/> For-profit with a primary mission focused on housing and homelessness

AGENCY REQUEST SUMMARY

Program Type	Request Amount
Homeless Services	
A. Homelessness Prevention	\$ 358,790
B. Diversion	\$
C. Emergency Shelter	\$
D. Street Outreach	\$ 294,000
E. Extreme Weather Hotel for the Unsheltered	\$ 158,490
F. Rapid Rehousing (RRH)	\$
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	\$ 811,280

AUTHORIZATION TO SUBMIT PROPOSAL

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).



6/26/2025

Signature

Date

AGENCY QUALIFICATION

1. AGENCY MISSION AND RELEVANT EXPERIENCE (10 POINTS)

1) **Mission Statement:** Provide your agency's mission statement.

At Urban Triage, our mission is to **transform culture, institutions, and communities to ensure a humane future**—a vision that aligns seamlessly with the City of Madison's commitment to equity, housing justice, and person-centered approaches outlined in this RFP. By centering the lived experiences of unsheltered individuals and families—particularly those from BIPOC and LGBTQ+ communities disproportionately impacted by homelessness—we deploy culturally responsive, trauma-informed street outreach that is grounded in both dignity and data. Our services directly support RFP objectives: identifying and engaging individuals experiencing unsheltered homelessness, completing Tier 1 and Tier 2 Coordinated Entry assessments, and facilitating rapid connections to emergency shelter, permanent housing, and stabilization services. We apply **evidence-based models** such as **Housing First, Motivational Interviewing, and Progressive Engagement**, which have been proven effective in reducing the duration and recurrence of homelessness. Our integration of **Medicaid 1915(i)** services further enhances sustainability, allowing us to deliver long-term housing stabilization and behavioral health support while maximizing City investments. Through this work, we don't just meet the RFP's performance targets—we advance a broader systems transformation that embodies the City's goals and our mission: a humane, equitable future for all Madison residents.

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

Urban Triage brings a proven, community-rooted track record in delivering housing stabilization, street outreach, rental assistance, and empowerment-based education services to marginalized populations in Madison and Dane County. Our work is deeply informed by the lived experience of our staff, **over 80% of whom were formerly Urban Triage clients**. This transformative approach ensures that our services are **authentic, culturally relevant, and grounded in a deep understanding of the systems and barriers our participants face**. We currently or previously operated and have successfully managed a variety of programs that mirror and support the goals of the RFP:

- **CORE Rental Assistance Program:** Provided rental assistance and housing navigation support to households at imminent risk of homelessness. Urban Triage served as a key partner in the **Dane County CORE (COVID-19 Emergency Rental Assistance) Program**, a critical pandemic-era initiative aimed at **preventing homelessness and displacement** through rapid financial relief, case management, and housing navigation. Under CORE, Urban Triage provided over **\$20 million in rental and utility**

assistance to marginalized households across Dane County, focusing on those disproportionately impacted by structural racism, economic exclusion, and housing discrimination.

- In parallel, Urban Triage has developed a **dedicated street outreach infrastructure** that aligns with the values, goals, and methods outlined by the City of Madison. Our **Street Outreach team regularly engages individuals living in unsheltered conditions**—including parks, encampments, abandoned buildings, and vehicles—using trauma-informed, culturally affirming approaches that honor participant autonomy and dignity. Our street outreach program has been running successfully since 2021, utilizing minimal resources, and has consistently exceeded case management goals, successfully moving clients into permanent housing.

Our current street outreach operations include:

- **Mobile engagement teams** cover downtown Madison, Northport, South Side, and designated high-need areas.
- **Distribution of essentials** (hygiene kits, weather gear, food, emergency blankets) to meet immediate safety needs.
- **On-site case management** and completion of Tier 1 Coordinated Entry assessments during field contact.
- **Rapid referrals to shelter, medical/behavioral health services, and housing resources**, often in collaboration with CoC partners.
- **Active participation in outreach case conferencing and coordinated entry meetings**, ensuring continuity of care and system alignment.

This real-time field experience has shown us that successful street outreach requires:

- **Consistent presence and relationship-building** with individuals who have lost trust in traditional systems.
- **Navigation of complex eligibility processes** for housing and public assistance.
- **A deep understanding of the root causes of unsheltered homelessness**, including racialized poverty, criminal legal system involvement, domestic violence, and untreated trauma.

Other programs that relate to and connect to the goals under this RFP.

- **YHDP (Youth Homelessness Demonstration Project):** Our team served youth ages 18–24 experiencing or at risk of homelessness, including those exiting foster care, justice systems, or unsafe households. We delivered individualized, trauma-informed stabilization plans, helped secure safe housing, and offered comprehensive wraparound services that included mental health support, employment readiness assistance, and peer mentorship.
- **Emerging Adults House:** This initiative empowers young adults aged 18–26 through culturally rooted education, support circles, and housing stabilization. The program helps participants heal from trauma, develop life skills, and transition into independence and stable housing. Providing temporary housing for up to 2 years with onsite support 24/7.
- **Rapid Re-Housing (RRH):** Urban Triage has implemented RRH components, including financial assistance, move-in support, and long-term stabilization coaching, under multiple contracts. We integrate motivational interviewing, housing-first approaches, and coordinated care to reduce barriers and improve housing retention outcomes.
- **Education Groups and Community Engagement:** We provide community-centered education through our Supporting Healthy Black Families umbrella of workgroups, which educate individuals and families on housing rights, financial literacy, mental health, and systems navigation. Our community engagement strategies have mobilized over 5,000 individuals through public health, eviction prevention, and harm reduction campaigns.

Our deep roots in Madison’s Black and BIPOC communities, paired with evidence-based practices and firsthand understanding of housing instability, make us uniquely equipped to meet the RFP’s expectations. We don’t just provide services—we build **relationships, power, and sustainable pathways to housing stability**, contributing to Madison’s vision of a more humane and equitable future for all.

By combining our CORE relief experience with our **direct street outreach work** and other housing programming, Urban Triage is uniquely positioned to implement a high-impact program under this RFP. We will continue leveraging our strengths in **culturally responsive engagement, evidence-based practices, and Medicaid 1915(i)** funding strategies to **connect unsheltered individuals to housing, healing, and long-term support**, fulfilling the City's vision for humane, equitable systems change.

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.

Urban Triage maintains a **robust internal quality improvement system** that is aligned with **HUD performance benchmarks** and national best practices for outcome-driven service delivery. Our approach to quality is grounded in **continuous learning, client voice, and real-time data review**, ensuring that our programs not only meet compliance standards but also produce lasting, equitable impact.

We implement the following strategies to drive ongoing program improvement:

- **Quarterly Outcome Reviews:** Program outcomes are reviewed quarterly by leadership and program staff, focusing on housing placements, retention rates, equity benchmarks, and alignment with HUD's System Performance Measures (SPMs). Disaggregated data is analyzed to track disparities and course-correct as needed.
- **Client Feedback Loops:** We incorporate the voices of participants through **regular feedback surveys, exit interviews, and peer-led focus groups**, ensuring our services remain culturally relevant, trauma-informed, and responsive to evolving community needs. Feedback directly informs curriculum revisions, service delivery adaptations, and staff training priorities.
- **Audit-Ready Documentation & HMIS Monitoring:** Our case files and HMIS data undergo monthly quality assurance checks to ensure accuracy, timeliness, and completeness—aligned with **CoC and HUD data quality standards**. These reviews not only ensure compliance but highlight service gaps and training needs.
- **Reflective Supervision & Learning Circles:** We host **monthly internal learning circles and weekly reflective case conferencing**, providing space for staff to troubleshoot barriers, explore emerging best practices, and uplift lived experience in decision-making.
- **Annual Program Evaluation:** Each year, Urban Triage conducts a comprehensive evaluation of all housing and outreach programs. This includes performance against HUD and City contract goals, participant retention, cost-effectiveness, and equity of outcomes.

Our quality improvement efforts ensure **not only compliance but also impact**, transforming systems and services to better meet the needs of Madison's most vulnerable communities.

- 2) **Financial Management:** Describe how the agency ensures sound financial accountability and sustainability.

Urban Triage has developed a **rigorous, HUD-compliant financial management infrastructure** that promotes **transparency, accountability, and long-term sustainability**. Our systems are designed to meet and exceed **Single Audit thresholds** and the **Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200)**.

Our financial accountability measures include:

- **Independent Annual Audit & Board Oversight:** We undergo an annual **Single Audit** conducted by a certified independent CPA firm. Audit results, management letters, and corrective action plans (if applicable) are reviewed and approved by our **Board of Directors**, ensuring a high standard of fiscal governance.

- **Segregation of Duties & Internal Controls:** Urban Triage enforces clear internal controls, including **segregation of financial duties**, multi-level approval for expenditures, and reconciliations of all accounts. This minimizes risk and safeguards public funds.
- **Fund-Specific Accounting & Cost Allocation:** We maintain **fund-specific general ledgers** to ensure accurate tracking and reporting of restricted, unrestricted, and government funds. All costs are allocated in accordance with federally approved **cost allocation plans** and City/ESG requirements.
- **Grants Management Compliance:** Our grant managers and finance staff ensure that all expenditures are:
 - **Reasonable, allowable, and allocable**, per 2 CFR 200.403.
 - **Supported by detailed documentation**, including time-and-effort logs, invoices, and receipts.
 - Tracked through **QuickBooks Nonprofit** and integrated with **HMIS outputs**, enabling precise fiscal-to-program reconciliation.
- **Cash Flow & Sustainability Planning:** Urban Triage maintains a **3-month operating reserve** and conducts monthly cash flow forecasting to proactively address funding gaps. We actively pursue **diverse revenue streams**—including Medicaid billing, private philanthropy, and earned income—reducing reliance on any single funding source.

Our finance team, led by a **Kollath CPA with deep experience in federal compliance**, works closely with program and compliance staff to ensure **real-time tracking, accurate reporting, and timely reimbursements**. Together, these practices affirm our commitment to **fiscal responsibility, systemic impact, and the ethical stewardship of public resources**.

3) Financial Audit:

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

We have a draft. The final copy, including the management letter, will be available next week. The draft copy is attached along with our 2023 audit.

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. *N/A*

4) 2025 Agency Operating Budget

AGENCY REVENUE

Source	2025 Budget
City of Madison	555,585
Dane County	1,111,000
State of Wisconsin	100,000
HUD	200,000
Other Government	132,666
United Way of Dane County	90,000
Other Foundations	250,000

AGENCY EXPENSES

Category	2025 Projected Expenditure
Personnel	1,403,000.00
Operating	736,370.00
Space	130,000
Special Cost	419,195.00
TOTAL EXPENDITURE	2,688,565

Fundraising	300,000
User Fee	
Other (Specify:)	
TOTAL REVENUE	2,739,251

	2025 Projected
Surplus or (Deficit)	50,686

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.

Urban Triage is a deeply collaborative agency that works in full alignment with the Dane County Written Standards, HUD policies, and the City of Madison's strategic plan for preventing and ending homelessness, including the goals laid out in Dane Forward. We understand that no single agency can address the complexities of homelessness alone, and we are committed to interdependent, equity-driven partnerships that strengthen the system of care.

Our collaboration with other providers includes:

- **Referrals and Warm Hand-Offs:** We maintain active referral relationships with providers such as The Beacon, Porchlight, Safe Haven, Legal Action, and Tellurian. Our outreach staff conduct warm hand-offs for shelter access, behavioral health care, substance use services, and permanent housing programs. We also accept referrals from the police, community members, churches, Dane Human Services, and ensure timely follow-up.
- **Case Conferencing & Coordinated Entry:** Urban Triage actively participates in weekly case conferencing meetings and Coordinated Entry workgroups. We provide client updates, coordinate housing plans, and work collaboratively to resolve service barriers, particularly for high-acuity clients residing in encampments or experiencing chronic unsheltered situations.
- **Shared Service Delivery & Housing Navigation:** We co-locate staff at The Beacon to support coordinated engagement, and we have integrated our Housing Case Manager into multi-agency navigation efforts to ensure smoother transitions to housing. This includes shared service planning with agencies like YWCA, Salvation Army, and Tiny Homes/Madison Street Outreach..
- **Cross-Training and Policy Alignment:** Our team regularly participates in cross-agency training on evolving standards, Coordinated Entry changes, and HMIS compliance. We apply these learnings to our service delivery model to ensure consistency with the Written Standards and City/County expectations.

Urban Triage's collaborative approach is grounded in a shared mission to end unsheltered homelessness, reduce system fragmentation, and empower participants through coordinated, trauma-informed, and culturally relevant care.

- 2) **Integration into the System of Care:** Describe strategies your agency uses to ensure alignment with the broader local system of care, such as the 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.

Urban Triage is a fully integrated partner in the Madison/Dane County Continuum of Care (CoC) and supports system-level planning, service alignment, and equity-based reforms through both agency leadership and staff participation.

Key strategies we use to ensure system integration include:

- Active Engagement with the Homeless Services Consortium (HSC): Urban Triage regularly attends HSC meetings and actively contributes to committees such as Coordinated Entry, Outreach & Engagement, Doubled up, and the HSC Youth Workgroup. Our Program staff currently serves on multiple working groups, ensuring our strategies reflect and inform system-level priorities.
- Staff Representation in System Planning: We elevate the voices of both staff and participants by encouraging our outreach and case management team to attend CoC policy forums and contribute to local planning processes, ensuring system solutions are rooted in lived experience.
- Alignment with System-Wide Best Practices: We implement evidence-based models endorsed by HUD and the CoC—such as Housing First, Trauma-Informed Care, Progressive Engagement, and Motivational Interviewing. These frameworks are reinforced through regular training, peer learning circles, and reflective supervision aligned with CoC and City priorities.
- Training to Advance System Goals: All Urban Triage staff receive orientation and ongoing training in Coordinated Entry, HMIS compliance, 1915(i) billing, and DEI practices. We also participate in City- and County-sponsored capacity-building initiatives and training to stay aligned with evolving performance and equity goals.
- Data Sharing and System Accountability: We ensure timely, high-quality HMIS data entry, participate in system evaluations, and use data to track progress toward community-wide goals such as those identified in Dane Forward and the City's Consolidated Plan.

Through these practices, Urban Triage functions not only as a service provider but also as a system-level change agent—committed to equity, accountability, and long-term solutions to end homelessness in Madison.

HOMELESS SERVICES & HOUSING RESOURCES
RFP #14026-2025
PROGRAM APPLICATION
D. STREET OUTREACH

Instructions:

This Program Application form must be completed for each proposed **street outreach** 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:	Urban Triage
Program Name:	Supporting Healthy Black Families-Outreach
CDD Funding Request:	\$ 294,000

1. PROGRAM DESCRIPTION (30 POINTS)

1) Target population

Urban Triage will serve individuals and families experiencing **unsheltered homelessness**, defined as residing in places not meant for human habitation, including vehicles, parks, abandoned buildings, encampments, and public spaces.

- Projected Annual Number of Unduplicated Outreach Contacts (Enrollment): 105
- Projected Annual Number of Unduplicated Participants with Agreed-Upon Service Plans (HMIS Date of Engagement): 59

Key Characteristics of Target Population:

Based on local data and our community engagement experience, we expect the majority of participants to:

- **Single adults and Families** predominantly between the ages of **25 and 54**
- Include a significant number of **Black, Indigenous, and people of color (BIPOC)**
- Have experienced **long-term or chronic homelessness**
- Have co-occurring conditions such as **mental health disorders, substance use, or physical disabilities**
- Be **disconnected from formal systems of care** and have minimal income or benefits
- Frequently cycle between unsheltered spaces, ERs, jails, and encampments
- Be survivors of trauma, violence, and/or systemic racism

2) Outreach Geography

Urban Triage will conduct outreach throughout the **City of Madison**, prioritizing areas with a high concentration of unsheltered individuals, including:

- **Reindahl Park**
- **Dairy Drive**
- **East Washington Avenue corridor**
- **Park St/St Vincent**
- **Downtown Library**
- **Beacon Day Shelter**
- **Capitol Square and State Street**
- **McPike Park**
- **Encampments along bike paths, waterways, and underpasses**

Our coverage areas are informed by:

- HMIS data and coordinated entry referrals
- SOS line requests
- Referrals from city departments and community members
- Direct observations from our outreach workers and partners

These areas are continuously reassessed in coordination with City agencies to ensure responsiveness to emerging encampments and needs.

3) Intake Process

From the perspective of a participant, the intake process is **low-barrier, compassionate, and respectful** of autonomy and trauma history:

1. **Initial Contact:** Outreach workers introduce themselves, offer basic needs items (food, hygiene, warmth), and engage in rapport-building.
2. **Consent and Engagement:** Once trust is established, participants are asked to provide consent to complete a Tier 1 Coordinated Entry assessment. This step is paced based on participant readiness and capacity.
3. **Service Plan Development:** For participants who agree, we develop a **participant-led service plan** that focuses on both immediate needs (health, safety, and shelter) and long-term goals (permanent housing, benefits, and healthcare).
4. **HMIS Entry:** All consented clients are entered into HMIS for coordinated tracking and follow-up.

Projected Weekly Intakes: Approximately **2–6 new intakes per week**, depending on weather conditions, encampment activity, and the success of rapport-building.

4) Services Provided

Urban Triage's outreach program integrates **evidence-based practices** to address the full spectrum of needs experienced by unsheltered individuals:

1. Meeting Basic Health and Safety Needs

- Distribute **survival gear** (blankets, hand warmers, clothes, socks, jackets, ponchos, etc.)
- Provide **on-site first aid** and connect to emergency and preventive care.
- Conduct regular **wellness checks** during extreme heat, cold, or public health crises.
- Refer to partners for **emergency mental health support** and provide direct access to mental health support through our partnership with Our Generational Behavioral Health. Paid for by Urban Triage or Medicaid if available.

Our work is grounded in **harm reduction** and **trauma-informed care**, ensuring dignity and safety without requiring sobriety or compliance with service requirements.

2. Connecting to Shelter and Immediate Housing

- Provide **real-time navigation** to shelter and safe respite options
- Coordinate with City shelters and the **CoC Coordinated Entry system**
- Offer **transportation assistance** to shelter, detox, or housing appointments
- Facilitate Tier 1 and Tier 2 assessments to secure housing prioritization
- Provide essentials
- Provide housing navigation services and systems navigation

We rely on the **Housing First** model, recognizing that housing is a critical first step—not a reward—for recovery.

3. Supporting Housing Navigation and Stability

- Assist in gathering **vital documents** (ID, Social Security card, income verification)
- Connect clients with **long-term case managers** or Urban Triage housing navigators
- Refer to **Medicaid, SSI/SSDI, behavioral health, medical homes, and employment supports**
- Help participants identify housing options and develop **realistic, sustainable plans** that align with their resources.

- And support with setting goals, to address barriers and provide individualized housing plans and meeting with them to support them in accomplishing their goals. Decided and designed by them.

All services are **participant-centered**, guided by **Motivational Interviewing** and **Critical Time Intervention (CTI)** to support individuals in making informed decisions and navigating transitions.

5) Encampment Response

Urban Triage approaches encampment response as well as all outreach strategies, with a deep understanding that **unsheltered homelessness is not simply a housing issue—but a manifestation of trauma, systemic racism, and institutional exclusion**. Encampments often serve as the last refuge for individuals who have been repeatedly failed by formal systems of care. Our team responds to this reality with **compassion, trust-building, and cultural competence** rather than enforcement or coercion.

Our encampment response strategy draws on national best practices and research-supported frameworks:

- **Harm Reduction & Housing First:** Research shows that Housing First, coupled with low-barrier engagement, increases housing retention and reduces the use of emergency services and jails (Padgett et al., 2016; Tsemberis, 2010). Urban Triage does not require compliance with sobriety, treatment, or service plans before offering assistance.
- **Trauma-Informed Outreach:** According to SAMHSA, trauma-informed practices in homelessness response reduce retraumatization, build trust, and improve outcomes—especially for BIPOC communities and those with histories of violence, abuse, or institutional harm (SAMHSA TIP 57, 2014).
- **Critical Time Intervention (CTI):** CTI is an evidence-based model used to support people through transitions (e.g., from encampments to housing). It helps reduce homelessness recurrence by fostering community connections and continuity of care (Herman et al., 2000).
- **Encampment Engagement Toolkit:** The U.S. Interagency Council on Homelessness (USICH) recommends prioritizing **voluntary relocation**, ensuring **informed consent**, and avoiding punitive actions. Urban Triage aligns with these standards by leading with dignity, choice, and culturally responsive supports.

Urban Triage stands apart from traditional outreach providers in several critical ways:

1. **Culturally Rooted, Community-Led:** We are a Black-led, Black-centered organization grounded in the lived experiences of those most impacted by systemic inequity. Our staff reflect the communities we serve, and many bring direct experience with housing instability, incarceration, and trauma. This creates instant credibility, empathy, and trust.
2. **Radical Rapport & Relational Equity:** We focus not only on transactional service delivery, but on cultivating **authentic, sustained relationships** with participants. Our work is guided by “transformational relationships” that recognize each person's dignity and agency, and which center healing—not control—as the path to stability.
3. **System Disruption & Empowerment:** While many outreach models emphasize compliance with existing systems, Urban Triage helps participants **navigate and challenge** the systems that have marginalized them. We advocate within Coordinated Entry and housing systems to prioritize participants who often fall through the cracks—especially Black and Indigenous women, LGBTQ+ youth, and those with complex trauma.
4. **Encampment Engagement with Integrity:** We do not show up only when eviction or cleanup is imminent. We are present consistently—**before, during, and after** City involvement—building trust and developing housing plans that are **realistic, person-centered, and respectful of autonomy**.

Urban Triage will work closely with the City of Madison and the CoC to:

- Respond to **referrals from Community Development, Parks, Public Health, Streets, Police, and Engineering**;
- Engage early with residents of encampments to provide clear, timely communication about potential closures;

- **Mitigate enforcement escalation** by serving as mediators, advocates, and navigators during encampment interventions;
- Provide **on-site support**, document preparation, harm-reduction kits, and housing navigation services before displacement occurs;
- Participate in **case conferencing and encampment coordination meetings**, contributing real-time insights to ensure data-driven, trauma-informed decisions.

Many individuals in encampments are not “service-resistant,” but **system-fatigued**. Urban Triage acknowledges that some residents may view encampment living as their most viable current option due to:

- Negative past experiences with shelters;
- Concerns over safety, gender identity, pet ownership, or sobriety requirements;
- Institutional mistrust and racial trauma.

We meet individuals **where they are** by:

- Listening without judgment and honoring their experiences;
- Exploring alternatives together based on **self-determined goals**;
- Co-creating housing plans that respect individual timelines and readiness;
- Providing ongoing support to bridge the emotional, logistical, and psychological gaps between encampments and stability.

Our work is guided by the principle that **all people are the experts of their own lives**. We don’t force outcomes—we facilitate transformation.

6) Staff Training

Urban Triage invests in a **comprehensive, equity-driven training framework** that prepares staff to deliver **high-impact, culturally responsive, and trauma-informed services** aligned with national best practices in homelessness prevention and housing stabilization. Our training model is grounded in the understanding that the quality of support provided to people experiencing housing insecurity is directly correlated with the **knowledge, skill, and cultural competence** of frontline staff (National Alliance to End Homelessness, 2022).

All new employees participate in a robust, structured onboarding process designed to ensure immediate alignment with Urban Triage’s values, client-centered practices, and funder expectations. Training includes:

Foundations of Urban Triage

- History, mission, and values of Urban Triage
- Our core tenets of **liberatory education, transformational relationships, and equity in action**
- Culturally responsive and anti-racist service delivery grounded in the lived experiences of **Black, Indigenous, People of Color (BIPOC)** and **LGBTQ+ individuals**, who are overrepresented in unsheltered homelessness

Technical Training in Program Operations

- Overview of **HUD homelessness definitions**, ESG regulations, and the Dane County Coordinated Entry (CE) system
- Eligibility and documentation standards, including how to navigate complex situations using a housing-first and low-barrier lens
- Training in **Housing Stability Plans**, financial assistance protocols, and case documentation to ensure audit readiness
- Full onboarding in the **Homeless Management Information System (HMIS)**, with a focus on real-time data integrity and privacy compliance

Evidence-Based Practice Integration

- **Trauma-Informed Care** (SAMHSA TIP 57) to reduce retraumatization and foster trust
- **Motivational Interviewing** for engagement and goal-setting (Miller & Rollnick, 2013)
- **Progressive Engagement and Housing First** models that emphasize low-barrier pathways to stability (USICH, 2018)

- **Conflict de-escalation**, landlord mediation, and crisis navigation

Compliance & Ethics

- Client rights, informed consent, and confidentiality
- Public fund stewardship, fraud prevention, and mandated reporting

This onboarding structure ensures that all staff are **compliant with federal, state, and local requirements** while being equipped with the tools to center dignity and choice in service delivery.

Urban Triage recognizes that **homelessness response is dynamic**, requiring continuous learning and adaptation. We offer a layered training infrastructure to promote **ongoing excellence and reflective practice**, including:

- **Monthly Internal Learning Circles and Peer Coaching**
Focused on case review, emerging issues (e.g., encampment dynamics, disability navigation), and co-learning among frontline staff
- **Quarterly Workshops Led by Subject Matter Experts**, covering:
 - Housing stabilization strategies and landlord negotiation
 - Eviction defense and tenant rights (aligned with Wisconsin tenant law)
 - Trauma-informed support for survivors of domestic violence and trafficking
 - Financial empowerment and benefits enrollment support
- **Annual Refresher Trainings in DEI and Anti-Racism**
Centered on intersectional equity frameworks and systemic root cause analysis of homelessness
- **HMIS & Data Quality Trainings (Quarterly or as needed)**
Ensuring alignment with **Wisconsin Balance of State CoC** data entry standards and CE performance metrics
- **Participation in City of Madison and Dane CoC Capacity-Building Offerings**
Staff attend City-sponsored and CoC-led technical assistance sessions, system coordination meetings, and pilot program design efforts

Urban Triage embeds **accountability and professional growth** into our supervision model:

- **Weekly One-on-One Supervision** for every staff member, offering real-time coaching, support for complex cases, and well-being check-ins
- **Quarterly Performance Reviews**, assessing documentation quality, client engagement, CE navigation, and outcomes
- **Weekly All-Staff Meetings** featuring case conferencing, policy updates, HMIS performance snapshots, and cross-program learning

Our training approach reflects evidence from the **U.S. Interagency Council on Homelessness (USICH)** and **National Health Care for the Homeless Council**, which emphasize that effective outreach requires:

1. **Cultural responsiveness**,
2. **Clinical competence**, and
3. **Systems navigation expertise**.

A 2020 HUD evaluation found that outreach teams trained in trauma-informed care and housing-first principles were significantly more effective in building participant trust and reducing returns to homelessness (HUD, 2020).

By fostering **skilled, reflective, and deeply grounded staff**, Urban Triage ensures that participants receive the highest quality support—while advancing the City of Madison’s vision for a just, coordinated, and equitable homelessness response system.

7) 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
Program Coordinator	new	1	1	\$ 25	Program oversight, staff supervision, community coordination, and compliance management , all grounded in trauma-informed, equity-centered practices. And doing outreach task and providing processes for the tasks.
Outreach Specialist	current with expanded hrs	1	.25	\$ 22	Their role is to engage, empower, and connect participants with housing, healthcare, and long-term supports while embodying our values of dignity, autonomy, and cultural responsiveness. Providing assessments, essentials, building rapport.
Outreach Specialist	new	1	1	\$ 22	Their role is to engage, empower, and connect participants with housing, healthcare, and long-term supports while embodying our values of dignity, autonomy, and cultural responsiveness. Providing assessments, essentials, building rapport.
Program Director	current	.10	.10	\$ 35	Provides training as outline above and provides supervision of coordinator to ensure compliance and quality assurance.
Housing Case Manager	Current	1	1	\$ 23	The Case Manager is a critical member of the Urban Triage Street Outreach Program team, responsible for providing housing-focused, trauma-informed case management that helps unsheltered individuals and families navigate the path from street homelessness to permanent housing. This role is deeply rooted in equity, empowerment, and system navigation , supporting participants in overcoming structural and personal barriers to stability.

8) Outreach Schedule

Urban Triage's Street Outreach Program is intentionally designed to **meet people where they are—physically, emotionally, and culturally**. Our summer outreach schedule is tailored to:

- Address the **daily rhythms** of people living unsheltered,
- Cover **high-priority geographic areas** identified through HMIS, City referrals, and real-time observations, and
- Ensure a **comprehensive, coordinated system of care** from street-based engagement to housing navigation and stabilization.

While we remain flexible to emergent needs (e.g., encampment closures, health crises, new referrals), the schedule below reflects our **typical weekly operations** during summer months. Each staff member funded by the City will play a unique and vital role. Schedule would be daily. Monday Through Friday. City FTE information is above. Locations may vary depending on the outreach schedule of other agencies and needs of other agencies/facilities. Locations may increase to include Salvation Army shelter during evening hours or other locations depending on the directions from the City of Madison or based on Outreach case conferencing. [The schedule below is an expansion of our current Outreach](#)

which only allows us to fund .75 FTE--no other positions are funded. Which only allows 8 hrs of week of Community Outreach, 3 hrs of landlord engagement and 10 hrs of case management. Other time is spent in meetings, development, auditing of files. The schedule below will be adjusted for coaching, staff meetings, trainings, committee meetings, emails, returning calls and making calls, etc.

Time	Staff	Location	Activity Type
9:00–11:00 AM	Outreach Specialists (2)	The Beacon	In-Reach and Early Contact with participants accessing basic services; engage in Tier 1 assessments, offer transportation, shelter linkage
9-10:00 AM	Case Manager	Office	Emails/Landlord Engagement
9:00–11:00 AM	Program Coordinator	Urban Triage Office	Admin & Supervision: Review HMIS data, check-ins with staff, triage SOS referrals
11:30–2:00 PM	Outreach Specialists (2)	Reindahl Park, McPike, East Washington, Libraries on East Ares/Encampments	Encampment Outreach: Provide food, hygiene supplies, housing navigation, and medical referrals. Build trust with long-term unsheltered residents.
10:00–2:00 PM	Case Manager	Urban Triage Office / Mobile	Housing Navigation Support: Document gathering, housing applications, landlord mediation, Coordinated Entry Tier 2 completion
12:30–1:00 PM	All Staff	N/A	Lunch
1:00–2:00 PM	Program Coordinator	Urban Triage Office / Field	Field Check-ins with Outreach Team, follow-up on complex cases, city partner coordination
2:00–5:00 PM	Outreach Specialists (2)	Downtown/State Street, Capitol Square, John Nolen Bike Paths	Downtown Outreach: Engage participants less likely to use shelter, distribute harm-reduction supplies, complete Coordinated Entry assessments
2:00–5:00 PM	Case Manager	Urban Triage Office / Virtual	Tele-case management, update HMIS records, coordination with shelter providers and CoC partners
2:00–5:00 PM	Program Coordinator	Virtual / Office	Compliance & Reporting: HMIS quality assurance, city/funder report drafting, documentation audits

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

Milestone	Target Date
Program staff hired	Feb 2026
Program staff onboarding/training completed	March 15,2026
First client served	March 21, 2026
Full-service operation capacity reached	April 15, 2026

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. [Our exit percentage for individuals who returned to homelessness in less than 6 months is 2.33%](#)

1) **Data Standards**

The Wisconsin HMIS data quality standards for street outreach require: 90% for data completeness and 6 calendar days for data entry for participants with date of engagement.

Please complete the following:

- 2024 data completeness score: 99.56%
- 2024 average days to data entry for new entries: 1.8 days
- 2024 average days to data entry for exits: 54 days

Describe your agency's current practices to meet these standards and any planned improvements. Urban Triage consistently exceeds Wisconsin HMIS data quality standards through the following best practices: **Daily Data Entry Protocols:** Staff are required to enter participant data into HMIS **within 24–48 hours** of engagement or service provision. This ensures compliance with the **CoC requirement of 6 calendar days** and maintains real-time visibility into client needs and program outcomes. **Weekly Internal HMIS Audits** Our Program Administrator reviews all entries weekly to confirm completeness, accuracy, and timeliness. Data discrepancies are promptly flagged and resolved by the outreach staff. **Ongoing Staff Training** All staff are trained on **HUD's HMIS Data Standards Manual** and **Wisconsin's HMIS Policies & Procedures**. Refresher training occurs **quarterly**, with a focus on timely data entry, data accuracy, and proper exit documentation. **Built-in Clarity Alerts** We leverage the **Clarity HMIS system's real-time alerts** to notify staff of missing or incomplete data fields, significantly contributing to our **2024 data completeness score of 99.56%**. Planned Improvements and Commitments: **Reducing Days to Exit Entry (Current: 54 days → Goal: ≤15 days)**. We recognize the need to **reduce the average time for data entry of exits significantly**. Planned improvements include implementing a **15-day closure protocol**, which requires exit documentation to be completed within two weeks of the last contact. **Supervisors review** all open cases past 30 days with no contact to determine if an exit should be entered. Integrating **exit checklists** into weekly supervision meetings to prompt timely follow-up. **Real-Time Mobile Entry** Outreach specialists will begin using **mobile HMIS tools (via tablet or secured phone)** during fieldwork to capture engagement, service, and exit data in real-time.

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.

At Urban Triage, we integrate data-driven decision-making into every level of program delivery to ensure accountability, compliance, and continuous improvement in outcomes for individuals experiencing homelessness. Our **Program Manager** and **Program Director** routinely review and analyze the following HUD-required or recommended reports from **Clarity HMIS** to assess progress and identify areas for improvement: **[HUD] CoC Annual Performance Report (APR)**, which tracks housing stability, income growth, and utilization rates—used to assess alignment with HUD performance metrics. **[HUD] System Performance Measures (SPM)** evaluate broader system goals, such as the length of time spent homeless, exits to permanent housing, and returns to homelessness. **[HUD] Data Quality Report (DQR)**. Tracks completeness and accuracy of data (e.g., missing client elements, timeliness of entry). Ensures compliance with **2 CFR Part 200** and CoC data standards. **Program-Level Entry/Exit Report**: Used monthly to verify timely data entry and identify participants not yet exited or engaged in housing pathways. **Client Services and Contact Frequency Reports** ensure each client is receiving meaningful, consistent contact and housing-focused services. **Custom Performance Dashboard** (Built in Clarity). Used to monitor internal KPIs, including % of clients with housing plans, referrals made, and time to housing connection. **Monthly Data Review Meetings**: The Program Manager conducts **monthly reviews** of HMIS reports with the Outreach Specialist and Program Administrator. Findings are documented in meeting notes and tracked for follow-up. **Quarterly Executive Review**:

The Program Director reviews APR, SPM, and agency-wide trends quarterly to assess alignment with strategic goals and contract deliverables. **Feedback and Action Plans**: Following report review, Staff receive **individual performance feedback** based on their caseload data. **Action plans** are developed when data shows underperformance (e.g., delays in data entry, low connection rates to housing). Training is provided when gaps are attributed to documentation or assessment quality. **Service Gaps Identification**: If reports show low exits to permanent housing, we analyze contributing factors (e.g., delays in landlord engagement or insufficient follow-up post-hotel stay) and modify service delivery accordingly. **Data-Informed Strategy Adjustments**: For example, lower rates of exits to housing led us to increase coordination with Coordinated Entry and prioritize high-VI-SPDAT scoring participants for intensive navigation. **Real-Time Course Correction**: Timeliness of exits or missed data elements trigger immediate supervisor follow-up and system alerts, reducing reporting errors and audit risks. **Contract Compliance and Audit Preparedness**: Consistent review of HMIS reports ensures readiness for **HUD monitoring**, **CoC compliance reviews**, and the **City of Madison's CAPER** and Single Audit requirements.

3) Performance Outcomes

Performance Measure	CDD Target	2022 Outcome	2023 Outcome	2024 Outcome	Proposed Outcome
% of Leavers Exiting to Permanent Destinations	30%	17%	17%	45%	40%
% of Leavers Exiting to Positive Destinations (including shelter and temporary destinations)	60%	19,20%	30%	47.98%	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? **Substantial Improvement (2022–2024):** Our data shows that between 2022 and 2024, exits to permanent destinations nearly **tripled** (from 17% to 45%), and positive exits overall more than **doubled**. This dramatic shift demonstrates our agency's growing capacity, strategic adaptation, and effectiveness in responding to the needs of highly vulnerable populations. **Initial Challenges (2022–2023):** In the earlier years, lower outcomes were influenced by several systemic and programmatic challenges: A lack of immediate access to housing options and landlords willing to rent to participants with complex histories. Limited internal capacity due to underfunded outreach infrastructure. Barriers in Coordinated Entry navigation, especially for individuals not prioritized by the VI-SPDAT system. **Expanded Outreach and Follow-Up Capacity:** We increased staff time dedicated to case management and resource coordination. Our outreach team now provides **ongoing engagement** beyond initial contact, increasing participant trust and stability. **Improved Referral Partnerships:** Enhanced collaboration with housing providers, shelter systems, and the Beacon has improved warm handoffs and reduced referral drop-off rates. **Enhanced Data Monitoring:** By tracking housing plan progress and referral effectiveness in HMIS, we could intervene earlier when clients were at risk of disengagement or housing loss. To maintain and exceed CDD targets in the proposed contract period, we will: **Implement Rapid Housing Navigation:** Assign dedicated housing navigation support for all hotel participants to fast-track entry into transitional or permanent placements. **Leverage Medicaid 1915(i) & Other Flexible Funding:** Expand post-placement stabilization services, so clients receive ongoing support after exiting the hotel. **Tailor Services to Participant Readiness:** Apply **progressive engagement** and **housing-first principles** to match services and resources to each participant's level of need. **Strengthen Case Conferencing:** Formalize bi-weekly case conferencing with Coordinated Entry partners and internal teams to align on exit strategies and ensure no one falls through the cracks. **Focus on Equity:** Continue hiring from the communities we serve (currently 80% of staff are former clients), which fosters trust, accountability, and better long-term engagement. Urban Triage is not only catching up to CDD performance benchmarks—we are poised to **lead the field** by translating lived experience, data, and equity-centered strategy into transformational outcomes for Madison's most vulnerable residents.

5) Additional Outcome Measures

List any additional outcomes your agency tracks or proposes to measure. We track race and other demographics. We also track how well staff are performing and meeting monthly goals, and audit their performance in addition to the staff number of hours of landlord engagement, use of resources, and the progressive engagement aligned with the housing stability plan and actions/goals taken.

B. Existing Program without HMIS Data **N/A**

C. New Program With No Past Outcome Data **N/A**

3. PROGRAM BUDGET (20 POINTS)

*Urban Triage is fully prepared to leverage **Medicaid 1915(i)** to enhance the depth, sustainability, and impact of our street outreach services. We will use 1915(i) not only to meet the RFP requirement for eligible billing, but to significantly **amplify our reach and responsiveness** to individuals experiencing unsheltered homelessness in Madison.*

*Urban Triage will seek 1915(i) reimbursement for the following **Medicaid-eligible, street-based and housing-focused services**:*

- **Housing Consultation Services**
Supporting participants in identifying housing preferences, navigating Coordinated Entry, and completing applications
- **Individualized Housing Stabilization Planning**
Co-developing plans with participants to support long-term housing success, tailored to their needs, strengths, and barriers
- **Transition and Move-In Services**
Covering critical items not reimbursable by ESG/GPR (e.g., furniture, linens, household goods) to ensure successful and dignified transitions
- **Ongoing Housing Stabilization Support**
Providing up to 3+ months of post-placement case management, landlord mediation, skill-building, and connection to behavioral health or employment services

Based on our current caseload projections and historical service utilization, Urban Triage expects to generate **\$60,000–\$100,000 annually** through 1915(i) billing. This is based on 50–80 eligible participants engaged in weekly or bi-weekly services reimbursable under the Medicaid framework. These funds will be used to: Expand services beyond ESG limits, extend participant support timeframes Sustain the outreach team’s capacity during periods of high demand. Urban Triage has **already secured enrollment and readiness** to bill for Medicaid 1915(i), including: **ForwardHealth enrollment** is complete; Urban Triage is a certified provider. A dedicated **Medicaid Eligibility & Billing Coordinator** has been hired and trained. Our **HMIS integration with HIPAA-compliant case management systems** is live as of June 2025. We have conducted a comprehensive program alignment review with the **WI DHS team** to ensure a match between billable services and workflow integrity. Urban Triage has proactively built a **robust compliance infrastructure**, including: A secure, integrated **case management system** aligned with HMIS and Medicaid billing protocols, Internal **quality assurance controls** to support audit readiness, eligibility tracking, and documentation accuracy. Required **DHS trainings and recertifications** for all staff involved in 1915(i) services. Updated **financial systems** for compliant claim submission and reimbursement tracking. Updates of financial review was suggest by HUDs TA CFacts 3rd party CPA. Leading to improved financial management polices and processes that ensure HUD compliance and Medicaid. We are fully prepared to begin billing upon contract execution and will continue to refine our Medicaid workflows through ongoing partnership with DHS and CoC agencies.

By integrating **Medicaid 1915(i)** funding into our street outreach program, Urban Triage will: **Meet and exceed** City expectations for service scope and sustainability. Deliver **equity-driven, housing-focused supports** for Madison’s most vulnerable residents. Ensure a **scalable, financially responsible model** aligned with HUD, DHS, and local housing goals. Urban Triage stands out not only for our outreach model, but for our readiness to fund it with the strategic, responsible use of Medicaid.

1) 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): **In-kind, cash, other housing programs, Roots and Wings, United Way**
- Maximum estimated annual match your agency can provide: \$ 100,000

2) Program Budget Form

[DONE](#)

3) Budget Narrative and Clarifications

Urban Triage’s proposed budget of **\$294,000** in City funds is designed to deliver a high-impact, equity-centered street outreach program that aligns with the City’s Consolidated Plan, ESG guidelines, and Dane Forward strategic priorities. Our approach integrates **Medicaid 1915(i)** funding, private match,

and in-kind contributions to meet and exceed service targets while sustaining long-term housing outcomes.

A. Personnel – \$225,000

This category includes salaries and fringe benefits for the full outreach team, which is responsible for engaging individuals experiencing unsheltered homelessness and facilitating housing-focused services. Each position is directly aligned with allowable outreach activities:

- **Program Coordinator:** Provides day-to-day program oversight, compliance, and coordination with City departments. Acts as backup to Outreach Specialists and ensures documentation meets HMIS, ESG, and Medicaid 1915(i) standards.
- **Two Outreach Specialists:** Conduct daily field-based engagement, build trust with unsheltered individuals, provide essential items, and connect participants to housing, behavioral health, and other stabilizing services.
- **Case Manager:** Delivers trauma-informed housing navigation and stabilization support, including Tier 1 and Tier 2 assessments, referrals to Coordinated Entry, and post-placement case management.
- **Program Director (0.1 FTE):** Oversees program compliance, staff supervision, and quality assurance through structured support, training, and case conferencing.

Assumptions: Salaries are based on current staffing models and reflect competitive wages for qualified, culturally responsive professionals. Benefits are calculated at standard nonprofit rates for health, dental, and other fringe components.

B. Other Operating – \$81,000

These expenses support the tools, technology, training, and outreach resources needed for direct engagement and effective operations:

- **Insurance, Audit & Professional Fees:** Required for program and fiscal compliance, including CPA services and a single audit.
- **Postage/Supplies/Tech:** Includes printed materials, iPads/hotspots for mobile HMIS entry, and a secure digital filing system.
- **Telephone:** Zendesk, staff mobile plans, and office phones to maintain continuous communication.
- **Training:** Required for trauma recovery, harm reduction, de-escalation, HIPAA, and Medicaid billing. Includes participation in City and CoC-sponsored capacity-building events.
- **Household Supplies:** Basic furnishings and move-in items when Medicaid 1915(i) or other funds are unavailable.
- **Transportation (Auto/Travel):** Bus passes, mileage reimbursements, and fuel for outreach-related activities, including client transportation to shelter, housing viewings, and services.

Essentials: Direct client support in the field (blankets, hygiene kits, weather gear), critical to building trust and addressing urgent physical needs.

Assumptions: Supplies and equipment costs reflect actual use patterns from prior outreach programming and are aligned with HUD and ESG fundability. Training is required for staff credentialing and service quality.

C. Space – \$31,000 Rent and Utilities: Reflect shared space costs for outreach staging, administrative work, and supervision meetings. The space is used for team planning, data entry, housing plan development, and safe client meeting areas. Assumptions: Rent includes facility costs for both field-based and administrative operations; utility estimates are based on prior fiscal year averages.

D. Special Costs – \$152,000

- **Direct Financial Assistance (\$144,000):** Includes **security deposits, application fees, transportation support**, and urgent expenses related to securing housing. These expenses are only requested from City funds **when Medicaid or other funding (e.g., 1915(i)) is unavailable.**

- **Mental Health Subcontract (\$8,000):** Funding for licensed mental health professionals through Our Generations, providing emergency mental health engagement and stabilization services in the field.

Assumptions: All financial assistance is administered according to ESG/HUD documentation standards. Our Generations will provide trauma-informed support, an ESG-eligible emergency mental health service, under contract.

Clarifications & Sustainability

- **Medicaid 1915(i) Leveraging:** Urban Triage will leverage approximately **\$70,000–\$100,000 annually** from 1915(i) to offset staffing, move-in costs, and housing stabilization services. This ensures ESG/City dollars are prioritized for non-reimbursable expenses.
- **Match Funding:** Urban Triage will meet required match through a combination of in-kind staffing, private unrestricted donations, and eligible Medicaid-covered outreach and stabilization services.
- **Compliance Infrastructure:** Our program is fully integrated with HMIS and Medicaid billing platforms, ensuring all services billed to the City are distinct, auditable, and compliant.

Urban Triage's budget proposal is grounded in fiscal responsibility, best practice outreach design, and long-term systems alignment. Every line item supports **direct participant impact, housing-focused engagement, and equitable, trauma-informed service delivery**—ensuring Madison's unsheltered residents are met with dignity, resources, and a real path to stability.

Agency & 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	210,000	5,000	215,000	Case manager, 2 outreach Specialists, Program Coordinator, and Program director
Taxes/Benefits	0	10,000	10,000	Health insurance, life, dental, vision, and other Fringe
Subtotal A.	210,000	15,000	225,000	
B. OTHER OPERATING				
Insurance	3,000	0	3,000	Liability Insurance
Professional Fees	15,000	5,000	20,000	CPA fees/Expense reporting
Audit	5,000		5,000	Single audit
Postage/Office and Program Supplies	2,000	5,000	7,000	Office supplies, printing, fees for database for file retention,
Equipment/Furnishings/Depreciation		5,000	5,000	2 ipads/hotspot
Telephone	7,000		7,000	cell phone and zendesk / office phone system
Training/Conferences		8,000	8,000	For compliance, trauma recovery, desclation, etc.
Food				
Household Supplies		10,000	10,000	Items needed for move in basic furniture
Auto Allowance/Travel	6,000	3,000	9,000	bus passes, gas for HUD purchase vehicle, gas reimbursement for staff
Vehicle Costs/Depreciation			0	
Other (Specify): Essentials/	7,000		7,000	essential items for outreach
Subtotal B.	45,000	36,000	81,000	
C. SPACE				
Office or Facility Rent	20,000		20,000	Office rent
Utilities	11,000		11,000	spectrum, electricity, etc.
Maintenance			0	
Mortgage Principal/Interest/Depreciation			0	
Property Taxes			0	
Subtotal C.	31,000	0	31,000	
D. SPECIAL COSTS				
Assistance to Individuals - Rent (monthly rent and rent arrears)			0	rental support
Assistance to Individuals - Other Financial Assistance (security deposit, application fee, bus passes, etc.)		144,000		Security support, application fees
Program Subcontracts (Specify):	8,000		8,000	Mental health professionals –Our Generations
Other (Specify):			0	
Other (Specify):			0	
Subtotal D.	8,000	144,000	8,000	
TOTAL (A-D.)	294,000	195,000	345,000	

NOTES:

STAFFING: Include ALL staff working for the program			
Staff Position Title	City-Funded FTE	Total FTE, including Non City Sources	Roles and Responsibilities
Program Coordinator	1	0	Program oversight, staff supervision, community coordination, and compliance management, all grounded in trauma-informed, equity-centered practices. Program reporting. <u>Risk up to Outreach Specialists</u>
Outreach Specialist	25	1	Their role is to engage, empower, and connect participants with housing, healthcare, and long-term supports while embodying our values of dignity, autonomy, and cultural responsiveness. Providing assessments, essentials, <u>building report</u>
Outreach Specialist	1	0	Their role is to engage, empower, and connect participants with housing, healthcare, and long-term supports while embodying our values of dignity, autonomy, and cultural responsiveness. Providing assessments, essentials, <u>building report</u>
Program Director	0.1	0.1	Provides training as outline above and provides supervision of coordinator to ensure <u>compliance and quality assurance</u>
Housing Case Manager	1	1	The Case Manager is a critical member of the Urban Triage Street Outreach Program team, responsible for providing housing-focused, trauma-informed case management that helps unsheltered individuals and families navigate the path from street homelessness to permanent housing. This role is deeply rooted in equity, empowerment, and system navigation, supporting participants in overcoming <u>structural and personal barriers to stability</u>