

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
A. HOMELESSNESS PREVENTION

Instructions:

This Program Application form must be completed for each proposed **homelessness prevention** 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 **10 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). **Important Note:** All homelessness prevention programs funded by the City must comply with HUD ESG requirements, including eligible participants, activities, and use of CoC's Prevention Coordinated Entry, regardless of whether ESG funds are ultimately awarded.

Agency Name:	Urban Triage
Program Name:	Supporting Housing Stability
CDD Funding Request:	\$ 358,790

1. PROGRAM DESCRIPTION (30 POINTS)

Target population: Homelessness prevention services under this RFP, participants will: Meet one of the Following HUD-defined housing Risk Categories at Entry:

1. Category 2: Imminent Risk of Homelessness
 - Will lose housing within 14 days.
 - No subsequent residence has been identified.
 - Lacks the resources or support networks needed to obtain other housing.
2. Category 3: Homeless under Other Federal Statutes
 - Unaccompanied youth or families are defined as homeless under other federal programs (such as McKinney-Vento).
 - Demonstrating instability and a history of frequent moves or doubled-up living arrangements.
3. Category 4: Fleeing or Attempting to Flee Domestic Violence
 - Includes survivors of domestic violence, dating violence, sexual assault, stalking, or human trafficking.
 - Must also demonstrate a lack of resources and support networks to obtain other permanent housing.
4. At Risk of Homelessness (as defined by 24 CFR 91.5)
 - Households with income below 30% AMI and insufficient resources/support networks.
 - History of housing instability or risk factors such as overcrowding, rental arrears, or unsafe living conditions.

Additionally, the Target population will be:

- Currently housed (not homeless).
- Reside within the City of Madison.
- Household income must be at or below 30% of the County Median Income (CMI).
- Must be referred through the Dane County Coordinated Entry (CE) System.

Prevention Coordinated Entry and Intake Process

Urban Triage will fully participate in the **Dane County Continuum of Care's (CoC) Prevention Coordinated Entry (CE) system**, in alignment with City of Madison funding requirements. We will collaborate with the **Tenant Resource Center (TRC)**—the current CE hub—to ensure transparent communication of program availability, equitable referral processes, and trauma-informed intake experiences for participants.

Urban Triage will maintain open and consistent communication with the Tenant Resource Center by:

- **Providing real-time updates** to the CE hub on program availability, including the number of open case management slots and financial assistance resources.
- **Accepting referrals exclusively through the CoC Prevention Coordinated Entry system**, ensuring all participants meet HUD eligibility requirements and are prioritized based on vulnerability and need.
- Assigning a **designated CE liaison** on our team to monitor incoming referrals daily, verify eligibility documentation, and initiate participant contact within **48 hours** of referral receipt.

This approach ensures equity in access and maintains compliance with HUD and City expectations regarding coordinated homelessness prevention.

Our intake process is designed to be **trauma-informed, culturally relevant, and rooted in empowerment**, ensuring dignity and choice for all program participants.

From the participant's perspective, the process will look like this:

1. **Referral Acknowledgement and Initial Contact**

- After referral from TRC, the participant receives a **personalized phone call or text** within 1–2 business days from an Urban Triage Housing Stability Specialist.
- During this contact, the participant is warmly welcomed, and an initial **overview of services, rights, and expectations** is provided.

2. **Intake Scheduling and Support**

- Participants are offered **flexible intake appointments** (virtual, phone, or in-person) based on their availability and preferences.
- Transportation assistance, interpretation, or childcare support will be offered as needed to reduce participation barriers.

3. **Eligibility Review and Needs Assessment**

- During intake, staff will:
 - Verify HUD eligibility and documentation (residency, income, housing status, etc.)
 - Complete a **strengths-based needs and risk assessment (barrier assessment)**
 - Begin co-developing a **Housing Stability Plan** with the participant
 - Review and explain participant rights, confidentiality, and consent forms

4. **Service Matching and Immediate Stabilization**

- Based on the participant's situation, staff will rapidly:
 - **Coordinate financial assistance** for rent, arrears, or move-in costs
 - **Initiate landlord mediation** or connect with legal support if eviction is pending
 - Provide **budgeting support** and referrals to employment, benefits, or behavioral health services
 - Schedule regular follow-ups to monitor progress and adjust the Housing Stability Plan as needed.

Urban Triage ensures intake processes are **accessible and equitable** by:

- Using **plain language and culturally resonant communication** throughout the process
- Offering **language access services** (interpretation and translated materials)
- Employing staff with lived experience or deep community ties, trained in **trauma-informed care, de-escalation, and culturally responsive service delivery**

By working in close coordination with the Dane CoC and Tenant Resource Center, Urban Triage ensures that our homelessness prevention program will be both **system-aligned and community-rooted**, offering timely, respectful, and effective support to Madison households at risk of homelessness.

Rent or Financial Assistance Provided

1. **Rent Arrears**

- One-time payment of back rent, covering up to **1-2 months** of rent owed, including late fees and court costs if applicable.

2. **Ongoing Rental Assistance (Short-Term)**

- Up to **3 months of future rent payments** to stabilize housing during a financial crisis.

3. **Utility Arrears and Utility Assistance**

- Payment for **past-due utilities** (electric, gas, water), or up to **3 months of utility payments** to prevent disconnection or support a successful housing placement.

4. **Security Deposits and Last Month's Rent**

- Security deposit and/or last month's rent for households relocating to safer or more sustainable housing.

5. **Rental Application Fees & Moving Costs**

- Support with **application fees, moving truck rentals, or storage**, particularly for those fleeing domestic violence or unstable housing.

Based on Urban Triage's program model and historical data from similar interventions:

- **Average financial assistance per household:**
\$2,500–\$3,000, depending on household size, arrears, and urgency of need.
 - Urban Triage will leverage 1915 support to supplement the housing needs of families transitioning into housing who meet the eligibility criteria based on HUD standards and Medicaid eligibility, which are similar to the categories outlined above by HUD.
 - Based on 85 households, we can support each household with an average of \$ 2,516.76.
- **Estimated frequency of assistance:**
 - Each household will generally receive a **one-time or short-term intervention**; however, limited follow-up assistance may be offered if housing remains unstable and funds permit. And they haven't reached their max.
- **Duration of support:**
 - Financial assistance typically spans **1–3 months**, aligning with HUD ESG program limits. For households facing eviction or utility shutoff, **urgent one-time payments** will be prioritized to prevent loss of housing.

Urban Triage uses a **progressive engagement model**, meaning:

- Households are provided with the **minimum amount of financial support necessary** to stabilize housing.
- Additional assistance may be layered in if the risk of homelessness persists or new barriers emerge.
 - Utilizing Medicaid 1915, where applicable, and unrestricted funds from Rooted and Wings as needed
- All financial support is paired with **housing stability case management, budget and finance education, landlord negotiation, and benefits navigation** to promote long-term success.

This method ensures that **funds are distributed equitably, resources are maximized, and households are not underserved**, allowing Urban Triage to reach the projected **85 unduplicated households annually**.

Services Provided

Urban Triage will deliver **holistic, equity-focused homelessness prevention services** that combine **short-term financial assistance** with **individualized housing stability planning, case management, and referrals to supportive services**. Our model is designed to be **trauma-informed, culturally relevant**, and grounded in **evidence-based best practices**, ensuring that households not only avoid eviction but also achieve long-term stability.

Locations & Accessibility

- Services will be offered from **Urban Triage's main office** located at 2312 S Park St, a centrally accessible area within the **City of Madison**.
- We also offer **mobile and virtual services**, allowing participants to meet in community spaces, at partner agency sites, libraries, or community centers. After the initial intake, we also offer remote visits via phone or Zoom, reducing transportation, childcare, and scheduling barriers.

Service Hours

- Standard hours: **Monday through Wednesday, drop-in hours 10:00 a.m. – 3:00 p.m., and Thursdays and Fridays by appointment.**
- **Evening and weekend appointments** are available by request, ensuring accessibility for households with inflexible work schedules or urgent needs.
- **Walk-in appointments** for urgent eviction or utility crises will be accommodated as capacity allows.

Participants will engage with services based on their unique needs and the severity of their housing crisis, following a **progressive engagement model**:

- **Initial intake and crisis resolution session:** 1–2 hours to complete eligibility verification, needs assessment, and develop a Housing Stability Plan.
- **Follow-up case management:** Biweekly or monthly for up to **3 months**, depending on participant need and progress.
- **Ongoing support** (e.g., resource navigation, budgeting support, or landlord mediation): As needed, for up to **90 days** after financial assistance is provided.

Each participant will be assigned a **Housing Stability Specialist** who remains their consistent point of contact throughout the service period.

1. **Housing Stability Case Management**

- Needs assessment, goal setting, and creation of a personalized Housing Stability Plan
- Ongoing coaching to identify risk factors and prevent future housing crises

2. **Financial Assistance Coordination**

- Distribution of emergency rent, arrears, utility, or move-in assistance
- Direct communication with landlords and utility providers

3. **Budgeting and Financial Counseling**

- Support with income planning, debt reduction strategies, and benefits enrollment
- Referrals to long-term financial literacy and workforce programs

4. **Crisis Intervention & Mediation**

- Landlord-tenant mediation and support in navigating lease disputes
- Legal services referrals for eviction defense or rights education

5. **Mainstream Benefits and Resource Navigation**

- Enrollment in services such as BadgerCare, FoodShare, SSI/SSDI, and child care subsidies
- Warm handoffs to mental health providers, employment services, or domestic violence advocates

Urban Triage incorporates nationally recognized best practices and models, including:

1. **Progressive Engagement**

- Tailors support based on household need, offering the least intrusive intervention first.
- Ensures cost-effectiveness and allows service expansion to more households.

2. **Housing First Principles**

- Non-punitive, participant-centered service delivery that prioritizes immediate housing stabilization.
- Proven to reduce the likelihood of returns to homelessness.

3. **Trauma-Informed Care**

- Staff are trained to recognize and respond to the effects of trauma, particularly in populations with historical and systemic marginalization.

4. **Culturally Responsive Practice**

- Services are delivered by staff who reflect the communities served and are trained in anti-racism, gender inclusivity, and intersectional equity.
- This approach improves engagement and outcomes among Black and brown households, who are disproportionately impacted by housing instability.

5. **Critical Time Intervention (CTI) Adaptation**

- While CTI is designed for transitions out of institutional settings, its principles (short-term, intensive support during crisis periods) are adapted to help prevent destabilization among participants facing eviction or crisis.

Urban Triage's model ensures that participants not only receive crisis intervention, but also develop the tools, connections, and confidence to **maintain long-term housing stability**—in complete alignment with the **City of Madison's Comprehensive Plan** and the **Dane Forward strategy to end homelessness**.

Staff Training

All new staff undergo a robust **onboarding and training curriculum** within their first 30 days of employment. This includes:

1. **Foundations of Urban Triage Training**

- History, mission, and values of Urban Triage
- Culturally responsive service delivery and anti-racism training

- Understanding the lived experiences of BIPOC and LGBTQ+ communities disproportionately impacted by housing instability
- 2. **Technical Program Training**
 - Overview of HUD homelessness definitions, ESG regulations, and Coordinated Entry system processes
 - Eligibility determination and documentation standards
 - Financial assistance policies, Housing Stability Plans, and case file documentation
 - Use of Homeless Management Information System (HMIS)
- 3. **Best Practices in Homelessness Prevention**
 - Trauma-informed care
 - Motivational interviewing
 - Progressive engagement and Housing First principles
 - Conflict de-escalation and landlord mediation strategies
- 4. **Compliance and Ethics**
 - Confidentiality, client rights, informed consent
 - Fraud prevention and proper handling of public funds
 - Mandated reporting

Urban Triage offers **regular, ongoing training opportunities** for all prevention program staff to stay current with policy changes, refine their skills, and reflect on their practice. This includes:

- **Monthly internal learning circles and peer coaching**, focused on case reviews, emerging trends, and reflective supervision.
- **Quarterly external training workshops** facilitated by subject matter experts in:
 - Housing stabilization strategies
 - Financial counseling
 - Tenant law and eviction prevention
 - Domestic violence-informed housing interventions
- **Annual DEI and anti-racism refresher trainings**
- **Continuous HMIS and data quality training**, per CoC requirements
- Participation in **City of Madison and Dane CoC capacity-building offerings**, ensuring alignment with system-wide goals

All staff receive **weekly one-on-one supervision**, during which they discuss their caseloads, receive support on challenging cases, and identify their professional development needs. Supervisors conduct **quarterly evaluations** of staff competency in service delivery, documentation, and client engagement, and offer targeted support as needed. We also hold a weekly all-staff meeting that includes case conferencing, a review of weekly goals, and an update on audit outcomes.

By investing in comprehensive, ongoing training, Urban Triage ensures that all prevention program staff are **equipped to deliver high-impact. These equitable services** meet the needs of Madison's most vulnerable households while advancing the City's goals to prevent and end homelessness.

Staffing Structure

Staff Position Title	Hiring Plan (Current/ New/ Expanded)	Total Program FTE	City-Funded FTE	Proposed Hourly Wage	Responsibilities
Housing Case Manager (Stability Specialist)	Expanded	1.00	1.00	\$ 23.75	Providing intake, housing plan, and ongoing case management
Housing Case Manager	Expanded	0.50	0.50	23.75	Providing intake, housing plan, and ongoing case management
Housing Liason	Expanded	1.00	0.50	\$ 23.00	Supports the Case Manager with housing advocacy, coordinating housing, and reviewing referrals from TRC and assigning them to the appropriate person.

Operations Manager	Current	0.10	0.10	\$ 30	Reviews and enters financial assistance requests, classifies expenses for the program, and ensures expenses and financial assistance are compliant based on HUD/ESG standards
Program Director	Current	0.15	0.10	\$ 35	Does all HMIS reporting, case file audits, and quality assurance, and provides HMIS training and support
CEO	Current	0.10	0.00	\$ 106	Provides cultural relevance, motivational engagement, and LGBTQia training as well as time management and de-escalation training, and supervises audits, leads case conferencing meetings, and provides coaching and evaluations of the program—3rd reviewer on all financial assistant payments.

(New or Expanded Programs Only) **Implementation Plan**

Milestone	Target Date
Program staff hired	02/15/2026
Program staff onboarding/training completed	03/01/2026
First client served	03/21/2026
Full-service operation capacity reached	05/01/2026

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

C. New Program With No Past Outcome Data

Proposed Outcome

Performance Measure	CDD Target	Proposed Outcome
% of Leavers Exiting to Permanent Housing	95%	95%

Urban Triage proposes an ambitious yet achievable outcome that reflects our track record in housing stabilization and our comprehensive, equity-centered approach to homelessness prevention.

Urban Triage is confident in meeting the 95% target based on our **holistic case management, client-centered housing stability planning, and progressive engagement strategies**. Our model is

designed not only to resolve immediate crises but also to equip participants with the tools and supports necessary to remain stably housed after exiting the program.

Key strategies supporting this outcome include:

- Direct financial assistance to prevent eviction or secure safe housing

- Housing-focused case management and wraparound support
- Strong landlord engagement and mediation practices
- Connection to employment, benefits, and long-term stabilization resources

This outcome reflects both the **urgency of the need** and **our agency's capacity** to deliver meaningful, measurable results for households at imminent risk of homelessness in the City of Madison.

Anticipated Challenges and Mitigation Strategies

Urban Triage recognizes the complexity of preventing homelessness among highly vulnerable populations, particularly those impacted by systemic racism, economic inequality, and housing market pressures. Below are the key anticipated challenges and our proactive strategies to address them:

1. Challenge: Limited Affordable Housing Inventory

The City of Madison faces a persistent shortage of affordable housing, especially for households earning below 30% of the County Median Income. This makes it difficult to place or stabilize participants in sustainable units.

Mitigation Strategies:

- **Strengthen landlord partnerships** through consistent outreach, education, and mediation support.
- Offer **flexible financial assistance** (e.g., deposits, arrears, application fees) to make participants more competitive in the rental market.
- Collaborate with the **Tenant Resource Center, Community Development Authority, and City housing programs** to prioritize prevention clients for affordable units.
- Advocate for units through Urban Triage's reputation and established **community relationships**, especially with landlords open to working with BIPOC families.

2. Challenge: Participants with Complex, Compounding Needs

Many participants may also be coping with trauma, mental health issues, underemployment, or domestic violence, creating barriers to housing stability beyond financial need.

Mitigation Strategies:

- Employ a **trauma-informed, holistic case management model** that centers participant choice and dignity.
- Maintain strong partnerships with **mental health providers, domestic violence shelters, and workforce agencies** for warm hand-offs and co-navigation.
- Provide **intensive wraparound services** through Urban Triage's broader programming, including emotional wellness, financial literacy, and parenting support.

3. Challenge: Difficulty in Maintaining Engagement Post-Crisis

Once immediate housing threats are resolved, some participants may disengage before fully stabilizing or securing long-term support.

Mitigation Strategies:

- Build strong, trusting relationships through **culturally responsive and peer-informed engagement**.
- Offer **incentives**, flexible meeting options, and follow-up coaching to promote continued participation.
- Use **Motivational Interviewing** and **critical time intervention principles** to help participants envision long-term stability and remain engaged in planning.

4. Challenge: Compliance with Coordinated Entry and Documentation Requirements

HUD and City ESG funding come with strict eligibility and documentation rules that can delay service delivery or discourage participation.

Mitigation Strategies:

- Ensure all staff are **fully trained** in HUD/ESG and Dane CoC documentation standards.
- Maintain open communication with the **Prevention Coordinated Entry Hub (Tenant Resource Center)** to streamline referrals and ensure a timely response.
- Develop **easy-to-understand client-facing materials** that demystify documentation and eligibility, reducing participant frustration.

5. Challenge: Limited Program Resources Relative to Demand

Urban Triage anticipates a **high volume of referrals**, given the community's needs, which may exceed available funding and staff capacity.

Mitigation Strategies:

- Utilize a **progressive engagement approach** to serve more households by providing the least amount of assistance needed to resolve the crisis.
- Prioritize **high-need, high-impact cases** using Coordinated Entry screening tools.
- Actively seek **additional funding partnerships and leverage in-kind supports** (e.g., volunteer mediators, community navigator support) to expand capacity.

Urban Triage is uniquely positioned to anticipate and navigate these challenges through its **community-rooted approach**, history of adaptive leadership, and commitment to serving those most at risk of being left behind. In addition to our current programs, we run, making us shovel-ready. We're trained in HMIS reporting, CoC written standards, and we currently receive CoC funding. We have spent the past 4 months learning and training our staff on HUD systems, policies, and procedures. Ensuring we have a clear understanding and providing staff with a clear understanding to ensure compliance.

Additional Outcome Measures

In addition to the required outcome of 95% of program leavers exiting to permanent housing, Urban Triage will track and report the following additional outcome measures to assess the full impact of our homelessness prevention efforts:

1. Housing Retention at 3-Month Follow-Up

- **Target:** 85% of participants maintain housing stability 3 months after financial assistance ends.
- **Purpose:** Evaluates the long-term effectiveness of Housing Stability Plans and wraparound supports.

2. Connection to Mainstream Benefits

- **Target:** 75% of eligible households are successfully connected to benefits (e.g., FoodShare, BadgerCare, SSI/SSDI, child care subsidies).
- **Purpose:** Demonstrates successful linkages that reduce financial vulnerability and support ongoing stability.

3. Increased Financial Capability

- **Target:** 70% of participants will complete at least one financial coaching or budgeting session.
- **Purpose:** Promotes long-term housing sustainability through financial literacy and planning.

4. Participant Satisfaction and Empowerment

- **Target:** 90% of participants report that services were accessible, respectful, and helpful in maintaining housing.
- **Purpose:** Ensures services are client-centered, culturally responsive, and empowering.

5. Racial Equity in Service Outcomes

- **Target:** Comparable or better outcomes across race/ethnicity, especially for Black and Latinx households.
- **Purpose:** Reflects Urban Triage's commitment to racial equity and disruption of disparities in homelessness prevention outcomes.

6. Resolution of Legal or Landlord Conflicts

- **Target:** 80% of participants facing legal or landlord-related eviction risk have the issue resolved through mediation, legal support, or payment.
- **Purpose:** Demonstrates proactive eviction prevention and systems navigation success.

These additional measures enable Urban Triage to demonstrate not only immediate crisis resolution but also real **progress toward housing security, financial resilience, and systems equity**—in alignment with the goals of the **City of Madison's Comprehensive Plan** and **Dane Forward's Five-Year Plan to Prevent and End Homelessness**.

3. PROGRAM BUDGET (20 POINTS)

Leveraging Medicaid Resources

Urban Triage will strategically leverage **Medicaid 1915(i)** funding to significantly expand the scope, depth, and sustainability of our homelessness prevention services, complementing the \$325,000 requested in this proposal. These additional resources will enable us not only to meet but also to **exceed the minimum service expectations and client impact** outlined by ESG/HUD funding guidelines.

Urban Triage will use 1915(i) funds for the following critical, Medicaid-reimbursable services and costs:

- **Housing Consultation Services**

Helping participants identify housing preferences, secure units, and navigate application processes.

- **Individualized Housing Stabilization Planning**

Co-created with each participant to support long-term housing stability and integration with other community resources.

- **Transition and Move-In Services**

Covering expenses such as furniture, household goods, and other items necessary for participants to successfully move in—**items not covered by ESG program funds.**

- **Ongoing Housing Stabilization Support**

Providing continued coaching, problem-solving, resource navigation, and skill-building for up to three months and beyond.

Expanded Financial Impact and Support Duration

Medicaid 1915(i) funding will be used **in addition to the \$358,790 in requested ESG/City funding**, enabling Urban Triage to:

- **Extend support to households beyond the \$2,500 cap per family** under ESG regulations, ensuring families with deeper needs still receive services.
- Provide **up to three months and beyond of intensive stabilization and transition services**, instead of one-time or extremely short-term interventions.
- Offer **move-in supports** and flexible stabilization services not covered by ESG/HUD rules.

Support for Overhead and Administrative Costs

Unlike ESG and HUD funds, which **do not cover most administrative infrastructure**, 1915(i) revenue will also help us:

- Offset the cost of **program oversight, compliance, and data reporting**
- Maintain **qualified billing and eligibility staff**
- Strengthen systems for documentation, monitoring, and client follow-up.

This ensures that we meet both **HUD compliance standards** and our internal benchmarks for delivering culturally responsive, high-quality services.

Estimated Medicaid Revenue

Urban Triage projects that through 1915(i), we can generate approximately **\$70,000–\$100,000 annually** in billable services for eligible clients enrolled in our homelessness prevention program.

- This estimate is based on the expected volume of approximately 50 to 60 eligible participants who meet the eligibility requirements, as well as the reimbursable services delivered on a weekly or bi-weekly basis.
- This revenue will **supplement ESG and City GPR funding**, enabling us to extend support beyond the immediate financial crisis and increase long-term housing stability outcomes.

Match Funding Alignment

In addition to leveraging 1915(i), Urban Triage will meet the grant's required **match** through:

- **In-kind contributions** such as volunteer time, and unrestricted funds
- **Outreach and engagement activities** will also be used as match-funded through housing navigation, including activities specifically targeting communities that traditional housing programs have historically underserved.

Steps Already Taken

Urban Triage has taken significant steps to ensure we are ready to implement and bill for 1915(i) services:

- **ForwardHealth Enrollment:** We have completed enrollment and are an approved provider in ForwardHealth.
- **HMIS Integration:** Our HMIS project will be active and live as of **June 16, 2025**, ensuring compliance with data and documentation standards required for Medicaid billing and City reporting.
- **Eligibility Processing:** We have appointed a **dedicated eligibility worker** trained to complete initial eligibility screenings, enrollments, and ongoing compliance documentation.
- **State Coordination:** We have met with **Amy from the Department of Health Services (DHS)** to review our workflow, eligibility determination process, and service alignment.

Infrastructure & Compliance Readiness

Urban Triage has invested in the infrastructure necessary to ensure **Medicaid billing accuracy, compliance, and sustainability:**

- We have adopted **HIPAA-compliant case management systems** that integrate with HMIS, supporting secure documentation and reporting.

- We will ensure all staff involved in 1915(i) services complete the **required DHS trainings** and participate in **annual recertification**.
- Internal financial controls and procedures have been adapted to align with **Medicaid billing standards**, including claim submission, audit readiness, and service authorization processes.

Together, our Medicaid strategy and match plan ensure a **well-rounded and sustainable program model** capable of meeting the complex needs of households at imminent risk of homelessness in Madison. By integrating Medicaid 1915(i) with ESG funds, Urban Triage offers a **comprehensive, equity-driven, and fiscally sound approach** to prevention that advances both client stability and systems transformation, aligned with the City of Madison's strategic housing goals.

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): **Housing navigation, Roots & Wings, United Way, and in-kind**
- Maximum estimated annual match your agency can provide: **\$ 50,000 match**

Program Budget Form Attached Budget Narrative and Clarifications

Urban Triage's budget is strategically designed to align with the program's goal of preventing homelessness for households at or below 30% of the Area Median Income (AMI) who are at imminent risk of eviction or displacement. Below are the key assumptions and clarifications for each section of the budget to aid in interpretation and transparency:

Personnel (Section A)

- Salaries include full-time staff: Program Director, Housing Case Managers, Housing Liason, and a part-time Data & Eligibility Specialist. These roles are essential to meet programmatic and compliance requirements under ESG and Coordinated Entry expectations.
- Personnel costs assume a competitive wage structure in line with Urban Triage's equity-focused compensation standards to ensure recruitment and retention of culturally competent, trauma-informed staff.
- Fringe benefits (including health, dental, life, and payroll taxes) are estimated to be approximately 11% of total salaries, reflecting current agency benefit structures.

Operating Costs (Section B)

- **Insurance, professional fees, and audits** are based on our prorated annual costs. For example, Urban Triage pays \$120,000 annually in CPA fees and \$45,000 for a full single audit. This program is allocated a proportional share of those expenses based on staff and budget size.
- **Training costs** reflect planned investment in ongoing staff development aligned with evidence-based models (e.g., Housing First, progressive engagement, trauma-informed care, harm reduction).
- **Postage and supplies** include printing, documentation materials, PPE, HMIS software tools, and client-facing resource guides used during housing stabilization planning.

Space Costs (Section C)

- Urban Triage leases approximately 6,000 square feet of space in total for direct services and administration. The full lease is \$108,000/year; this program is allocated a fair share based on staff time and client usage.
- Utility expenses are shared across programs and include electricity, internet, and water/sewer. Allocations are based on prior 12-month averages.

Special Costs: Financial Assistance to Households (Section D)

- The budget includes **\$187,750 in direct financial assistance** from ESG/City funds. Based on our per-household cap of \$2,500, this allows for support to approximately **75 unduplicated households**.

- Financial assistance will be used for rent payments, rent arrears, and eviction prevention, in line with HUD-eligible costs. **Utility arrears, security deposits, and application fees** will be covered via **leveraged Medicaid 1915(i)** funds, projected to contribute an additional **\$70,000 annually** for eligible households.
- This supplemental funding enables Urban Triage to exceed ESG limitations by providing move-in support, transportation, and longer-term stabilization for eligible clients.
- Urban Triage's matching contribution includes:
 - **\$50,000** in combined match from other unrestricted funds and in-kind support, including space, admin, outreach, and training.
 - **\$75,000–\$90,000** projected annually in Medicaid 1915(i) revenue to supplement rental and stabilization services.
- These resources are in addition to the \$358,790 request and support program, ensuring sustainability, compliance, and extended services for clients who require more than the \$2,500 cap allows.

Staffing and Caseload Assumptions

- Staffing is designed to maintain a reasonable caseload of **20–25 households per staff** at any one time, ensuring individualized attention and support.
- Staff time also includes engagement with Coordinated Entry, landlord relationship management, housing search, financial counseling, and follow-up support post-stabilization.

This budget reflects a balanced and scalable model that combines City ESG funding, Medicaid reimbursement, and Urban Triage's internal resources. It is designed to deliver high-quality, equity-based homelessness prevention services while ensuring fiscal accountability, staff capacity, and long-term program effectiveness.

(New Programs Only) Minimum Viable Funding

Urban Triage's homelessness prevention program is designed to provide holistic, client-centered services that go beyond crisis intervention to promote long-term housing stability. While we are requesting **\$358,790** to implement this model with fidelity, the **minimum viable level of City funding** required to launch and sustain the program is **\$250,000**.

At this reduced funding level:

1. Program Capacity

- We would need to **reduce our target number of unduplicated households** served from **85 to approximately 45–60 annually**.
- Assistance per household would likely be capped closer to the ESG limits (\$2,500), with less flexibility to provide tailored support based on individual needs.

2. Scope of Services

- Services such as **housing search support, financial coaching, and extended case management** beyond initial rent assistance would be scaled back.
- **Stabilization services beyond 30 days** would be limited unless reimbursed through Medicaid 1915(i).
- **Access to flexible stabilization resources** (e.g., transportation, household goods, mediation) would be constrained.

3. Staffing

- Staffing would be reduced by at least one full-time position, which would limit our ability to provide timely, high-touch case management and housing navigation.
- Reduced staffing would also affect administrative support for data reporting, billing, and compliance, increasing the risk of service bottlenecks or delays.

4. Outreach & Equity

- Our outreach efforts, particularly to **historically underserved and high-barrier populations**, would be scaled back due to reduced funding for engagement and community partnerships.

Despite these limitations, Urban Triage would still **accept Coordinated Entry referrals, ensure compliance with ESG and City requirements, and deliver high-quality services** to the extent possible within the reduced budget. We would leverage **Medicaid 1915(i)** and **in-kind match resources** to preserve critical components of the program and maintain our commitment to racial equity, trauma-informed care, and housing justice. However, full funding of \$358,790 is necessary to implement the program at scale, serve the full proposed number of households, and deliver the **comprehensive wraparound support model** that differentiates Urban Triage's prevention work.

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	111,540	50,160	161,700	Staff as described in the table to the right
Taxes/Benefits	13,000	5,600	18,600	health, life, dental, vision and taxes
Subtotal A.	124,540	55,760	180,300	Total
B. OTHER OPERATING				
Insurance	3,000	2,000	5,000	general liability insurance, auto and auto insurance is about \$5,000 a year
Professional Fees	16,000	5,000	21,000	CPA fees are about 120,000 a year / Accounting/Reporting
Audit	7,000	2,000	9,000	Single audit is about 45K a year
Postage/Office and Program Supplies		3,000	3,000	Supplies including paper, printing, folders, database, file boxes, markers, labels, pencils, printer ink, other office equipment
Equipment/Furnishings/Depreciation				
Telephone	1,000	1,000	2,000	Zendesk phone line and cell phone
Training/Conferences		6,000	6,000	Group training for staff
Food			0	
Household Supplies			0	
Auto Allowance/Travel			0	
Vehicle Costs/Depreciation			0	
Other (Specify):			0	
Subtotal B.	27,000	19,000	46,000	
C. SPACE				
Office or Facility Rent	16,000	5,000	20,000	We pay 108,000 a year to lease our offices
Utilities	4,500	4,500	9,000	We pay about 3000 a month in utilities
Maintenance			0	
Mortgage Principal/Interest/Depreciation			0	
Property Taxes			0	
Subtotal C.	19,500	9,500	29,000	
D. SPECIAL COSTS				
Assistance to Individuals - Rent (monthly rent and rent arrears)	187,750		187,750	Rental assistance
Assistance to Individuals - Other Financial Assistance (security deposit, application fee, bus passes, etc.)		70,000		Security deposits from Medicaid
Program Subcontracts (Specify):			0	
Other (Specify):			0	
Subtotal D.	187,750	70,000	187,750	
TOTAL (A-D)	338,790	154,260	493,050	

NOTES:

STAFFING: Include ALL staff working for the program			
Staff Position Title	City Funded FTE	Total FTE, including Non-City	Roles and Responsibilities
Housing Case Manager	1.00	1.00	Providing intake, housing plan, and ongoing case management
Housing Case Manager	0.50	0.50	Providing intake, housing plan, and ongoing case management
Housing Case Manager	0.50	1.00	Supports the Case Manager with housing advocacy, coordinating housing, and providing referrals from 100% and assisting them in the appropriate service.
Housing Liason			Reviews and enters financial assistance requests, classifies expenses for the program, and ensures expenses and financial assistance are compliant based on HUD/USDA requirements.
Operations Manager	0.10	0.10	
Program Director	0.10	0.10	Does all HRIS reporting, case file audits, and quality assurance, and provides HRIS training and support.
CEO	0.00	0.10	Provides cultural relevance, motivational engagement, and LGBTQ+ training as well as time management and de-escalation training, and supervises audits, leads case conferencing meetings, and provides coaching and evaluations of the program--3rd mediator on all financial assistance case work.

City

46,400	49,400	49,400
46,400	24,700	24,700
47,940	23,600	47,940
62,400	62,400	62,400
72,800	72,800	10,000
226,000	0	226,000
11,1940	181,700	90,160