

**CRISIS INTERVENTION AND PREVENTION SERVICES 2025 REQUEST FOR PROPOSAL (RFP)**

Letter of Intent Form

Submit Form to: [cddapplications@cityofmadison.com](mailto:cddapplications@cityofmadison.com)

**Deadline: 4:30pm August 25th, 2025**

*Official submission date and time will be based on the time stamp from*

*the CDD Applications’ inbox. Late submissions will not be accepted.*

**Instructions:** Organizations wishing to be considered for funding through the CIPs RFP process must submit a Letter of Intent form by **4:30pm on** **August 25, 2025 to** [**CDDapplications@cityofmadison.com**](mailto:CDDapplications@cityofmadison.com)

This form is for planning purposes only. The information provided will help CDD gauge interest and/or potential partnerships for the upcoming Request for Proposals (RFP) for CIP.

Submission of this form does not commit your organization to specific projects or partnerships, and there will be no penalty if your final application differs from the details submitted below. We welcome all applications, regardless of any changes from this preliminary letter of intent. If you are applying for more than one program type, please include all expected program types you are applying for in this form.

PROGRAM TYPES INCLUDED IN THIS RFP (Please select the program type(s) in which you intent to apply for in the list below):

Crisis Intervention Support Services: 24/7 Helpline

Crisis Intervention Support Services: Shelter Services

Prevention Services and Activities: Community-Based Individual/Family Support

Prevention Services and Activities: Building Community and Stabilization

Adults and Families

Youth ages 12-18 years old

1. **Applicant Organization Legal Name:**
   1. **Address**:
2. Executive Director:
   1. Email:
3. Using the table below please indicate the proposed Program Type for which your organization intends to apply. Agencies are allowed to apply for funding in more than one Program Type.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program Type | Anticipated Funding Request | Do you anticipate submitting a Joint/Multi-Agency Application? | |  |
| Yes\* | No | \*If yes, which organizations may be included in the application (optional) |
| Choose an item. | $ |  |  |  |
| Choose an item. | $ |  |  |  |
| Choose an item. | $ |  |  |  |
| Choose an item. | $ |  |  |  |