

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

Part 1 – Organization Narrative Form

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

**Deadline: 4:30pm September 22nd, 2025**

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

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

The intent of this RFP application is for applicant organizations to have the opportunity to apply for funding towards programs/services under the umbrella of the Crisis Intervention and Prevention (CIP) Service Area in the Community Resources Unit. There are two priority areas in the CIP RFP: *Crisis Intervention Support Services* & *Prevention Services and Activities,* each of which has two program types. Program types include 24/7 Helpline, Shelter Services, Community-based Individual/Family Support, and Building Community & Stabilization. Organizations can apply for each program type. Please refer to the guidelines for full program type descriptions 1.1.

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| --- | --- | --- |
| **Priority Areas** | **Crisis Intervention Support Services** | **Prevention Services and Activities** |
| **Program Types** | *24/7 Helpline –*  Organizations who provide gender-based violence crisis assistance via phone, text, online, in person, etc. Programs need to focus on youth and adults experiencing domestic violence, sexual assault, intimate partner violence, and/or human trafficking. Organizations are expected to have established policies and protocols for shelter operations, provide ongoing staff training, and promote practices that support staff well-being and self-care. | *Community-Based Individual & Family Support -* Organizations who provide trauma-informed, coordinated support that assists individuals and families in meeting short-term basic needs and access services as they recover and work to improve overall personal and family well-being. These services aim to educate, inform, connect, and assist in system navigation. |
| *Shelter Services -* Organizations must operate an existing shelter that serves individuals or households experiencing domestic violence or, in the case of youth, those without safe housing alternatives. Organizations are expected to have established policies and protocols for shelter operations, provide ongoing staff training, and promote practices that support staff well-being and self-care. | *Building Community & Stabilization –*  Organizations who provide community-wide or group-based activities that increase protective factors and reduce the likelihood of crisis, especially for communities disproportionately impacted by poverty and systemic inequity. These services aim to create spaces, educate, inform, and connect individuals to their neighbors and the district they live in. |

Responses to this RFP should be complete but succinct. Materials submitted in addition to **Part 1 - Organization Narrative**, **Part 2 - Program Narrative(s)**, and **Part 3 - Budget Workbook** *will* ***not*** *be considered in the evaluation of this proposal*.

*Do not attempt to unlock/alter this form.* The font should be no less than 11 pt.

If you need assistance related to thecontent of the applicationor are unclear about how to respond to any questions, please contact CDD staff: Nancy Saíz, Community Development Specialist [nsaiz@cityofmadison.com](mailto:nsaiz@cityofmadison.com) or Yolanda Shelton-Morris, Community Resources Manager [yshelton-morris@cityofmadison.com](mailto:yshelton-morris@cityofmadison.com). We are committed to assisting interested organizations in understanding and working through this application and funding process.

If you have any questions or concerns that are related to **technical aspects** of this document, including difficulties with text boxes or auto fill functions, please contact Nancy Saíz, [nsaiz@cityofmadison.com](mailto:nsaiz@cityofmadison.com).

**APPLICANT TYPES**

Every organization applying for funding *must submit an organizational history narrative per program* detailing their organization’s background, mission, and vision (Questions 1-4 below*).*

**Single Applicants**

*If your organization is applying for multiple programs, each program application must be submitted separately with all the required submission documents* (See RFP Guidelines 1.1 Required Information and Content of Proposals).

**Joint/Multi-agency Applicants**

For those choosing to submit a joint/multi-agency proposal, ***only*** the designated ***'LEAD Agency'*** is required to:

1) Complete and submit responses to questions 5-9 below pertaining to organizational history and mission statement, partnership history, rationale for partner selection, division of roles and responsibilities, anticipated challenges, and any previous collaborations or partnerships.

2) Submit the organizations’ history partnership narrative per priority area or program type.

**Part 1 - Organization Narrative Form**

**\*Note: Please use the grey text boxes when completing this form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legal Name of Organization: |  | | Total Amount Requested: | | $ |
| All program(s) connected to your organization: | Program Name:  Applicant Type: Choose an item. | | Amount Requested: $ | | |
|  | Program Type: Choose an item.  List Program Partner(s) (if applicable): | | | | |
|  | Program Name:  Applicant Type: Choose an item. | | Amount Requested: $ | | |
|  | Program Type: Choose an item.  List Program Partner(s) (if applicable): | | | | |
|  | Program Name:  Applicant Type: Choose an item. | | Amount Requested: $ | | |
|  | Program Type: Choose an item.  List Program Partner(s) (if applicable): | | | | |
|  | Program Name:  Applicant Type: Choose an item. | | Amount Requested: $ | | |
|  | Program Type: Choose an item.  List Program Partner(s) (if applicable): | | | | |
|  | ***If you are applying for more than four programs, please contact* Nancy Saíz *nsaiz@cityofmadison.com*** | | | | |
| Contact Person for application (Joint Applications -**Lead** Org): |  | Email: | | | |
| Organization Address: |  | Telephone: | |  | |
| 501 (c) 3 Status: | Yes  No | Fiscal Agent *(if no)* | |  | |

**Single and Lead Agency Qualifications:** Complete this section if you are applying as a SINGLE AGENCY or serving as the LEAD AGENCY in a joint/multi-agency application.

1. **Briefly describe your organization’s history, core mission, and experience providing services relevant to this proposal.** If applicable, highlight any work related to crisis intervention, prevention, or serving the proposed population. Please keep your response concise (approximately 1–2 paragraphs).

1. **Describe your organization’s experience implementing programming aligned with the Crisis Intervention and Prevention RFP Guidelines.** Please include specific examples relevant to the programs proposed in this application. If applicable, list all the current Crisis Intervention and Prevention programs your organization operates, along with their inception dates.

1. **Describe any significant changes or shifts at your agency in the past two years:** This may include changes in leadership, turnover of management positions, strategic planning efforts, or expansion/loss of funding and/or staff. Please describe how these changes may impact your agency’s ability to provide the proposed services. If there are no changes to the report, write “No Changes.”

1. **Describe any anticipated changes or shifts at your agency in the next two years**. Please describe how these changes may impact your agency’s ability to provide the proposed services. If there are no changes to the report, write “No Changes.”

1. **Describe your organization’s required qualifications, education, and training for program staff.**  
   Include how your organization supports staff in meeting these requirements and any ongoing professional development opportunities offered (e.g., trauma-informed care, Adverse Childhood Experiences [ACEs], culturally responsive services, etc.).

**Joint/Multi-Agency Qualifications:** *Fill out if you are* ***THE LEAD AGENCY*** *in the Joint/Multi-Agency Application* ***ONLY***

**Program name:**

**Program type:** Choose an item.

**List all joint or partner applicants involved in this program and include their website links (for reference to their mission and vision statements)**

1. **Provide an overview of your organization’s partnership history with the collaborating agency or agencies.**When and how did the partnership(s) begin, and what collaborative initiatives or projects have you worked on together in the past?

1. **Explain the rationale for partnering with the agency or agencies identified in this application.**  
   What unique strengths or resources does each organization contribute, and how do these assets complement one another in achieving the goals of the proposed program?

1. **Describe how roles and responsibilities will be divided between your organization and the collaborating agency or agencies in the proposed program.** How will each partner contribute to program design, implementation, and evaluation?

1. **Outline any anticipated challenges or barriers related to the partnership and describe how you plan to address them collaboratively.**

1. **If applicable, describe any past collaborations your organization has had with agencies providing crisis intervention or prevention services for youth, individuals, or families at risk of or experiencing crisis due to gender-based violence**. What lessons or insights did you gain from those experiences and how will they inform you in your approach to the current partnership?