

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

Part 2 - Program Narrative Form

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

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

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

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

Program Narrative Form **MUST be completed for EACH PROGRAM** for which you are asking for funds.

**JOINT/MULTI-AGENCY APPLICANTS**

Only the designated 'LEAD AGENCY'is required to submit the Program Narrative form on behalf of each of the identified partners listed in the application.

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 front should be no less than 11 pt.

If you need assistance related to the **content of the application** or 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 understand and work 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)

**Part 2 - Program Narrative Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Program Name: |  | Total Amount Requested for this Program: | | | $ |
| Legal Name of Organization: |  | Total amount Requested for Lead/Single Applicant | | | $ |
| Legal Name of Partner(s) (Joint/Multi-Agency Applicants only): |  | Total Amount Requested for Partner 1: | | | $ |
|  |  | Total Amount Requested for Partner 2: | | | $ |
|  |  | Total Amount Requested for Partner 3\*: | | | $ |
| Program Contact: Lead Organization Contact |  | Email: |  | Phone: |  |
| Program Type**:** Select **ONE** Program Type for this form. | | | | | |
| **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**  **PLEASE NOTE:** Separate applications are required for each distinct/stand-alone program. Programs are considered distinct/stand-alone if the participants, staff and program schedule are separate from other programs, rather than an activity or pull-out group. | | | | | |

# **PROGRAM OVERVIEW**

1. Need: What specific need(s) in the City of Madison does this program aim to address? Please cite the data or community input used to support your response.

1. Goal Statement: What is the overarching goal of your program in response to the identified need? How does this goal align with the scope, priorities, and desired outcomes described in the RFP guidelines?

1. Program Summary Briefly summarize your proposed program, including the population served, core services or activities, where and how services will be delivered, and key expected outcomes. This should provide a high-level snapshot of the program.

# **POPULATION SERVED**

1. Proposed Participant Population: Describe the intended service population that will be impacted by this program (e.g., location, ages, race/ethnicities, income ranges, English language proficiency, if applicable etc.) AND how has your org/agency engaged members of this population in designing, informing, developing, implementing the proposed program?

1. 2024 Participant Demographics: If your organization has offered similar or related programming in 2024, please provide available demographic data for participants served. This can include data collected through formal programs, pilot efforts, or community-based work—even if it was not funded by the City. If exact numbers are not available, please provide your best estimates and briefly note how the data was gathered (e.g., intake forms, surveys, observations). If you are a new applicant and do not yet have demographic data, please indicate that below.

|  |  |  |
| --- | --- | --- |
| Race | # of Participants | % of Total Participants |
| White/Caucasian |  |  |
| Black/African American |  |  |
| Asian |  |  |
| American Indian/Alaskan Native |  |  |
| Native Hawaiian/Other Pacific Islander |  |  |
| Multi-Racial |  |  |
| Balance/Other |  |  |
| Total: |  |  |
| Ethnicity |  |  |
| Hispanic or Latino |  |  |
| Not Hispanic or Latino |  |  |
| Total: |  |  |
| Gender |  |  |
| Man |  |  |
| Woman |  |  |
| Non-binary/GenderQueer |  |  |
| Prefer Not to Say |  |  |
| Total: |  |  |

Comments (optional):

1. Language Access, Cultural Relevance: Please describe how the proposed program will serve non-English speaking youth, individuals, and families. Describe how the proposed program builds and sustains adequate access and cultural relevance needs.

1. Recruitment and Engagement Strategy:
   1. **Recruitment & Outreach:**  
      *How does your program plan to recruit and reach members of the identified service population? Please describe any community outreach strategies, partnerships, or referral pathways you will use.*
   2. **Addressing Barriers to Participation:**  
      *What specific barriers to participation (e.g., transportation, scheduling, language, trust) might the population face, and how does your program plan to address them?*

* 1. **Enrollment & Engagement Approach:**  
     *Describe how participants will be enrolled and engaged in the program. Include any tools, processes, or approaches you will use that are responsive to the needs and preferences of the population served (e.g., Individual Service Plan (ISP), intake forms, assessment tools, culturally responsive practices).*

# **PROGRAM LOCATION, DESCRIPTION, AND STRUCTURE**

1. Activities: Describe your proposed program activities. Please be sure to specify your program type, i.e. shelter services, workshops, helplines, classes, etc.,).

1. Use of Evidence-Based or Promising Practices:  
   Please identify any evidence-based or evidence-informed models, practices, or curricula used, including sources or documentation of their effectiveness. If your program does not use a formal evidence-based model, describe the rationale for your approach and how it aligns with the goals of crisis intervention and prevention.

1. Program/Service Schedule and Location: Please fill out the charts below to describe the schedule for your proposed program or service, including days and hours that services, classes, workshops, or other activities will be operating (if your staff operates during varied hours, please give your best overview of when your staff are interacting with clients).
   1. If your program operates at **multiple locations** with the **same schedule**, please list all locations TOGETHER in **TABLE 1** and include the schedule of operation
   2. If your program operates at **multiple locations** with **different schedules**, use **TABLE 2 in addition** to table 1 to detail each location’s unique schedule
   3. If you are submitting a **JOINT/MULTI-AGENCY** application:
      1. Use **TABLE 1**, if the service operates at **multiple** **locations** with the **same** **hours** (Please list all locations)
      2. Use **TABLE 2,** in addition to table 1, if the service is operating at **multiple** **locations** with **different** **hours**

**Table 1:**

|  |  |  |
| --- | --- | --- |
| **PROGRAM LOCATION(s):** | | |
| **Day of the Week** | **Start Time** | **End Time** |
| Monday | Choose an item. | Choose an item. |
|  |  |
| Tuesday | Choose an item. | Choose an item. |
|  |  |
| Wednesday | Choose an item. | Choose an item. |
|  |  |
| Thursday | Choose an item. | Choose an item. |
|  |  |
| Friday | Choose an item. | Choose an item. |
|  |  |
| Saturday | Choose an item. | Choose an item. |
|  |  |
| Sunday | Choose an item. | Choose an item. |
|  |  |

***\*If hours are different than those listed, please use rows below drop-down list***

**Table 2:** (Optional/if needed)

|  |  |  |
| --- | --- | --- |
| **PROGRAM LOCATION(s):** | | |
| **Day of the Week** | **Start Time** | **End Time** |
| Monday | Choose an item. | Choose an item. |
|  |  |
| Tuesday | Choose an item. | Choose an item. |
|  |  |
| Wednesday | Choose an item. | Choose an item. |
|  |  |
| Thursday | Choose an item. | Choose an item. |
|  |  |
| Friday | Choose an item. | Choose an item. |
|  |  |
| Saturday | Choose an item. | Choose an item. |
|  |  |
| Sunday | Choose an item. | Choose an item. |
|  |  |

***\*If hours are different than those listed, please use rows below drop-down list***

If applicable, please list the third and any subsequent service locations. Include the specific program schedule(s) differences as compared to the programs included in the tables above:

# **4. ENGAGEMENT COORDINATION AND COLLABORATION**

1. Family Engagement: Describe how your program engaged youth, individuals, and families in the development of this proposal, and how they will be involved in the implementation and assessment of the program activities.

1. Neighborhood/Community Engagement: Describe how your program engaged neighborhood residents or other relevant community stakeholders in the development of this proposal, and how they will be involved in the implementation and assessment of the program activities.

1. Collaboration: Please complete the table below and respond to the narrative questions regarding program collaboration with community partners.

**Note**:

* Single applicants **MUST** list all partners/collaborators below and include a letter of commitment/support from the agency partner highlighting the ways in which the agency will support the program.
* Joint Lead applicants **MUST** include the program partners list, their role & responsibilities, contact person, and attach a Memorandum of Understanding MOU.

|  |  |  |  |
| --- | --- | --- | --- |
| **Partner Organization** | **Role & Responsibilities** | **Contact Person** | **Signed MOU (Yes/No)?** |
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List any additional partners, their role & responsibilities, contract person and MOU information (if applicable):

How do these partnerships enhance this proposal?

What are the decision-making agreements with each partner?

1. Resource Linkage and Coordination: What resources are provided to youth, individuals, and families participants by your proposed program/service? How does the program coordinate and link participants to these resources?

# **5. PROGRAM QUALITY, OUTPUTS, OUTCOMES AND MEASUREMENT**

1. Program Outputs – Please tell us how you are measuring your output data such as: Unduplicated Youth, Individuals, Families, Community Events, Program Hours, etc. Please see Guidelines 1.1

1. Program Outcomes

Please describe the data and the data source used to choose your outcome objectives:

Please complete the table(s) with your selected outcome objectives. Applicants must choose from the measurable outcomes listed in the RFP that correspond to the priority area for which they are applying. Youth-specific programs are **required** to report on the youth outcomes identified in the RFP. In addition to these required outcomes, applicants may propose additional program-specific outcomes they plan to track and evaluate. **Note:** **Outcome EXAMPLE Objective is not required and is ONLY meant to serve as an example outcome to reference as you complete the other tables**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome EXAMPLE Objective:** 75% of clients report services were accessible, inclusive, and responsive to their individual identities and experiences ( this is an EXAMPLE ONLY and is NOT REQUIRED). | | | | |
| **Performance Standard** | **Targeted Percent** | 75% | **Targeted Number** | 90 of 120 clients |
| **Actual Percent** | 78% | **Actual Number** | 94 out of 120 clients |
| **Measurement Tool(s) and Comments:** Client exit survey and open-ended feedback forms | | | | |
| Methodology: The primary measurement tool was an exit survey that used open-ended and multiple-choice prompts to allow participants to elaborate on their experiences. Surveys were distributed to all program participants at time of exit from services/at the point of program completion, surveys are voluntary and anonymous. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Objective #1:** | | | | |
| **Performance Standard** | **Targeted Percent** |  | **Targeted Number** |  |
| **Actual Percent** |  | **Actual Number** |  |
| **Measurement Tool(s) and Comments:** | | | | |
| **Methodology:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Objective #2:** | | | | |
| **Performance Standard** | **Targeted Percent** |  | **Targeted Number** |  |
| **Actual Percent** |  | **Actual Number** |  |
| **Measurement Tool(s) and Comments:** | | | | |
| **Methodology:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Objective #3:** | | | | |
| **Performance Standard** | **Targeted Percent** |  | **Targeted Number** |  |
| **Actual Percent** |  | **Actual Number** |  |
| **Measurement Tool(s) and Comments:** | | | | |
| **Methodology:** | | | | |

*To add additional outcome objectives, please copy and paste the table below as needed.*

1. Data Tracking: What data tracking systems are in place or will be in place to capture the information needed to document demographics, program activities, outcome measures, and expenses?

# **6. PROGRAM STAFFING AND RESOURCES:**

1. Program Staffing: Full-Time Equivalent (FTE) – Include employees, with direct program implementation responsibilities. **Please be sure to list all required certifications and training.** FTE = % of 40 hours per week. Use chart below and use one line per individual employee.

|  |  |  |  |
| --- | --- | --- | --- |
| **Position Title** | **FTE** | **Required Certifications and Training** | **Location(s)** |
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1. Volunteers: Describe your process for screening, training, and supervising volunteers who will have direct contact with program participants.

1. Other Program Resources Please list any other program resources or inputs (e.g., program space, transportation, equipment, or other supports) that are necessary for the success of your program. Are these resources currently in place? If not, describe your plan and timeline for securing them.

# **7. BUDGET**

1. The budget workbook should be submitted with the proposal using the template provided in an Excel document or as a PDF. There are six tabs within the Excel spreadsheet: Cover Page, Board & Staff Demographics, Revenue, Expenses, Personnel, and Program Summary. **The Cover Page, Program Summary, and relevant Program Budgets must be submitted with this document for a proposal to be complete.**

*Joint/Multi-Agency Applications*

1. The Lead Applicant will be responsible for submitting the Budget Workbook and Budget Narrative(s) alongside all required materials.
   1. The budget template and budget narrative can be found on the [CDD Funding Opportunities Website](https://www.cityofmadison.com/dpced/community-development/contracts-funding/funding-opportunities).

# **8. If applicable, please complete the following:**

A. Disclosure of Conflict of Interest

Disclose any potential conflict of interest due to any other clients, contracts, or property interests, e.g. direct connections to other funders, City funders, or potentially funded organizations, or with the City of Madison.

B. Disclosure of Contract Failures, Litigations

Disclose any alleged significant prior or ongoing contract failures, contract breaches, any civil or criminal litigation.