CRISIS INTERVENTION AND PREVENTION SERVICES
2025 REQUEST FOR PROPOSAL (RFP) APPLICATION
Part 1 – Organization Narrative Form

Submit Application to: 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.

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 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 or Yolanda Shelton-Morris, Community Resources Manager 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.

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:	African Center for Community Development, Inc.	Total Amount Requested:	$ 150,000
All program(s) connected to your organization:	Program Name: African Immigrant Support Services Applicant Type: Single Agency Application Program Type: Community-Based Individual and Family Support Services List Program Partner(s) (if applicable):	Amount Requested: $ 100,000	
	Program Name: Bantaba Family Support Program Applicant Type: Single Agency Application Program Type: Building Community & Stabilization: ADULT & FAMILY List Program Partner(s) (if applicable):	Amount Requested: $ 25,000	
	Program Name: Bantaba Youth Empowerment Program Applicant Type: Single Agency Application	Amount Requested: $ 25,000	

	Program Type: Building Community & Stabilization: YOUTH
	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):	Esther Ama S. Ptak Email: ama@africancentermadison.org
Organization Address:	2238 S Park St, Rm 115, Madison, WI 53713 Telephone: (608) 960-2959
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).

As a trusted hub for African immigrants and refugees in Madison, the ACCD is committed to deliver on its mission and build a strong, resilient, and empowered African community. We are a grassroots, immigrant-led organization and we understand firsthand the cultural dynamics, barriers, and strengths that shape the lived experiences of African community members. Our staff, volunteers, and board members reflect the diverse communities we serve, allowing us to offer programs that are culturally competent, linguistically accessible, and trusted by our constituents.

We have chalked through our past SAFE-CARE initiative where we successfully completed three workshops for women, leaders and general members of the African community. Our community faith leaders positively shared knowledge and resources gained on violence prevention with their congregations. In addition, we have our ongoing Bantaba Support Circles program, where the first cohort of 15 community volunteers have already received training on reducing domestic and sexual violence, peer support and trauma-informed care.

2. **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.

   - In 2023 alone, through our immigrant support program, we connected over 110 immigrants to immigration legal support services where 100% of the program participants received their work authorization and assisted them to with employment search.

   - Since 2020, we have assisted 784 low-income families to find housing and emergency rental assistance. In addition, we have disbursed over $50,000 to help families move into stable housing and prevent evictions.

   - Through our ongoing partnership with the UW-African Studies Program, we have 12 community lectures bringing together academics and the public to engage on research and issues on the African diaspora.

   - This year 2025, we distributed 140 bikes to children in the African community to increase access to sustainable and green transportation among the youth.

   - We expanded our 2024 SAFE-CARE initiative to create current ongoing Bantaba Support Circles program, where the first cohort of 15 community volunteers have already received training on reducing domestic and sexual violence, peer support and trauma-informed care. This program is implemented in collaboration with DAIS, RCC Sexual Violence Center and Chrysalis, all nonprofit organizations in Madison.

3. **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."
   Positive change: The major change in our organization is the recruitment of the first executive director of the organization, an outcome of the three-tiered strategic planning process our organization carried out and facilitated by the UW Extension Community Development Division. This change continues the solid foundation for growth.
   Shift in funding landscape: From its inception, our major supporter has been the City of Madison,which has provided majority our funding through the Dane Core ERA program. This ARPA-funded program came to an end in August this year. Cessation of this funding couple with unfavorable federal immigration immigration policies poses a significant threat to our organization.

4. **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."
   No changes. We continue to look for diverse funding sources to sustain our operations and provide culturally relevant services to our community.

5. **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.).
   In January 2024, our staff underwent comprehensive training focused on domestic violence, particularly intimate partner violence (IPV). This training, led by RCC and DAIS, served three key objectives: educating staff

to effectively support community members facing domestic violence, equipping our internal team with communication tools to integrate empathy in service delivery, and providing knowledge for effective outreach on violence awareness in the African Community.

In addition, our staff participated in the Wisconsin Navigator training offered by the National Partnership for New Americans (NPNA) and the Wisconsin Department of Children & Families. This training equips our capacity to provide culturally-relevant and sustainable programs and services to support the stability of the African immigrant community.

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)

6. **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?

7. **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?

8. **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?

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

10. **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?

CRISIS INTERVENTION AND PREVENTION SERVICES
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Part 2 - Program Narrative Form

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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.**

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We are committed to assisting interested organizations understand and work through this application and funding process.

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Part 2 - Program Narrative Form

Program Name:	Bantaba Family Support Program	Total Amount Requested for this Program:	$ 25,000
Legal Name of Organization:	African Center for Community Development, Inc.	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	Esther Ama S. Ptak	Email:	ama@africancentermadison.org	Phone:	(608) 960-2959

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.

1. PROGRAM OVERVIEW

A. <u>Need</u>: 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.

The Bantaba Family Support program will reduce barriers that face the African community in accessing information on violence prevention and provide resources that contribute to building community resilience in a culturally grounded approach. This project directly supports ACCD's mission to empower African immigrants and refugees through culturally relevant programming, dialogue, and leadership development. It also builds upon our proven capacity to deliver impactful community programs that are linguistically and culturally accessible.

While many mainstream organizations offer crisis services, few are equipped to engage African immigrants and refugees in culturally respectful and linguistically accessible ways. By embedding peer support and culturally informed education into the community, the project builds trust, resilience, and long-term prevention capacity, while also complementing broader public health and safety efforts in the region. Our program is a strategic, mission-driven intervention that leverages ACCD's cultural expertise, strong partnerships, and community trust to address an urgent issue with long-term, sustainable impact for African immigrants and Dane County in Madison and Dane County.

B. <u>Goal Statement</u>: 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?

This program will empower African immigrant and refugees by organizing quarterly community panels focused on domestic violence education, leadership, gender-based violence, healthy masculinity and healing.

C. 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.

With grant funds, the Bantaba Family Support program is a community-led and culturally grounded initiative addressing the critical cultural gap in efforts to provide crisis prevention services to immigrant and refugee communities in Madison. We organize quarterly community panels increase dialogue on cultural knowledge, community strategies and resources around crisis prevention and trauma-informed care within the African community in Madison.

100% of African immigrant and families who participate in our program will report increased knowledge on violence prevention services and access to culturally-informed holistic support and local resources across Madison.

2. POPULATION SERVED

A. 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?

We propose to serve African immigrants and refugees in Madison. The design of this program is informed by feedback from participants in our SAFE-CARE initiative, funded by the Public Health Madison and Dane County and implemented in 2024.

B. 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):

C. <u>Language Access, Cultural Relevance</u>: 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.
We will reduce language barriers, increase access to information and address cultural relevance needs by connecting families to community volunteer interpreters and by translating informational materials into French, Swahili, Arabic, Somali and Amharic (major languages spoken in our community).

D. <u>Recruitment and Engagement Strategy</u>:

   a. **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.
   Our staff will be present at community outreach, social gatherings and religious activites to provide information about our programs and quarterly panels. There will be community surveys to access the effectiveness and reach of the our services.

   b. **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?
   Language barriers: connect families to community volunteer interpreters and by translate informational materials into French, Swahili, Arabic, Somali and Amharic (major languages spoken in our community).
   Transportation: provide bus passes to program participants experiencing transportation difficulties.
   Community trust-building: In addition, ACCD staff will connect program participants to existing community networks for inclusion and community integrations.

   c. **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).
   We will also connect program participants to leader of African ethnic groups and existing community networks for inclusion and community integrations. This will help with cultural support and provide a sustainable safety net for families.

3. PROGRAM LOCATION, DESCRIPTION, AND STRUCTURE

A. <u>Activities</u>: Describe your proposed program activities. Please be sure to specify your program type, i.e. shelter services, workshops, helplines, classes, etc.,).
Quarterly panels: We will organize quarterly community dialogues centered on different themes to provide safe spaces uniquely designed for and led by African immigrant and refugess to share experiences and receive support.
Resourse navigation: ACCD staff will provide one-on-one assistance to connect community members to appropriate resources.

B. <u>Use of Evidence-Based or Promising Practices</u>:
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.
Our community-led approach ensures that services and programs are culturally competent, linguistically accessible, and responsive to real needs of immigrants and refugees. With staff who have lived similar experiences as our community members, our work is carried out with knowledge of African cultural respect and trauma-informed care.

C. 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).
   a. 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
   b. 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
   c. If you are submitting a **JOINT/MULTI-AGENCY** application:
      i. Use **TABLE 1**, if the service operates at **multiple locations** with the **same hours** (Please list all locations)
      ii. 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	**11:00 AM**	**2:00 PM**
	We schedule quarterly community dialogues on Saturdays on dates convenient for community members.	
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

A. 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.
ACCD's programs are centered on the community engagement and building. There will be quarterly surveys after each community panel and we will request input from community leaders.

B. 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.
ACCD always works with all the cultural and national associations and religious groups within the African community. ACCD outreach officers will regularly engage community leaders on the program implementation and include their perspectives in the evaluation of our program's cultural responsiveness.

C. 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)?
African Association of Madison (AAM)	Provide platform for community outreach	Ray Kumapay	No (We are sister organiations)
African Women Association (AWA)	Provide platform for community outreach	Anasthasia Vasongi	No (We are sister organiations)
UW South Madison Partnership	Provide space from programming	Tanika Apaloo	No

Jewish Social Services	Refer African clients who need extra community intergation support to our agency	Zabi Sahibzada	Not yet (MOU in draft and not yet signed)

List any additional partners, their role & responsibilities, contract person and MOU information (if applicable):

How do these partnerships enhance this proposal?
With these partnerships, we are able to increase our community outreach and in crease participation in our community engaement events.

What are the decision-making agreements with each partner?
ACCD makes the decisions regarding our work.

D. 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?
We will provide housing navigation, job search assistance, workshops on violence prevention resources, and referrals to other local community resources.

5. PROGRAM QUALITY, OUTPUTS, OUTCOMES AND MEASUREMENT

A. 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
We will obtain data on demographics, country of origin, language spoken and number of community events and resource fairs our organization participates in.

B. Program Outcomes
Please describe the data and the data source used to choose your outcome objectives:
We will obtain data from surveys, interviews and feedback from community events.

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: 100% of participants will report an increase in culturally responsive support and education.

Performance Standard	Targeted Percent	100%	Targeted Number	60
	Actual Percent	90%	Actual Number	54

Measurement Tool(s) and Comments: Our program evaluates its success using post-event survey and interviews with community leaders.

Methodology: We will use surveys, interviews and feedback from community dialogues.

Outcome Objective #2: 100% of families will report reduced barriers to basic needs and resources

Performance Standard	Targeted Percent	100%	Targeted Number	60
	Actual Percent	85%	Actual Number	51

Measurement Tool(s) and Comments: Our program evaluates its success using various tools, including follow-up interviews, documentation (e.g., signed lease agreements, distribution of bus passes and gas cards), and qualitative surveys.

Methodology: We will use surveys, interviews and feedback from community dialogues.

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.

C. 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?
We will track program participation and our expenses using spreadsheets formatted to meet our program goals. In addition, we will document our community outreach activities either through social media, emails or resource fairs.

6. PROGRAM STAFFING AND RESOURCES:

A. 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)
Housing and Operations Coordinator		Holds a Masters degree, sits on the board of several community organizations and has experience providing case management support for African immigrants and refugees. 0.10 FTE per week	ACCD office
Community Programs Manager		Holds a Masters degree, sits on the board of several community organizations and has experience providing case management support for African immigrants and refugees. 0.25 FTE per week	ACCD Office
Community and Volunteer Engagement Officer		Holds a Masters degree, sits on the board of several community organizations and has experience providing case management support for African immigrants and refugees. 0.25 FTE per week	ACCD Office
Executive Director		Holds a Masters degree, sits on the board of several community organizations and has experience in culturally relevant program development and case management support for African immigrants and refugees. 0.10 FTE per week	ACCD Office

B. Volunteers: Describe your process for screening, training, and supervising volunteers who will have direct contact with program participants.
We will conduct background check for all volunteers.
We will provide cultural orientation and onboarding for volunteers and supervise their activities and participation in community events.

C. <u>Other Program Resources</u> 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.
We are a community to partner to the UW South Madison Partnership, where our office is located. We have access to the well-equipped conference rooms for one-on-one assistance or group programming.

7. BUDGET

A. 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
B. The Lead Applicant will be responsible for submitting the Budget Workbook and Budget Narrative(s) alongside all required materials.
  a. The budget template and budget narrative can be found on the [CDD Funding Opportunities Website](#).

8. If applicable, please complete the following:

A. <u>Disclosure of Conflict of Interest</u>
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. <u>Disclosure of Contract Failures, Litigations</u>
Disclose any alleged significant prior or ongoing contract failures, contract breaches, any civil or criminal litigation.

APPLICATION FOR 2025 CRISIS INTERVENTION AND PREVETNION SERVICES PROGRAMS

1. ORGANIZATION CONTACT INFORMATION

Legal Name of Organization	African Center for Community Development, Inc.
Mailing Address	2238 S Park St, Rm 115, Madison, WI 53713
Telephone	(608) 294-0066
FAX	
Director	Esther Ama S. Ptak
Email Address	ama@africancentermadison.org
Additional Contact	Henry Obeng
Email Address	henry@africancentermadison.org
Legal Status	Private: Non-Profit
Federal EIN:	47-3458123

2. PROPOSED PROGRAMS

		2026		If currently City funded	
Program Name:	Letter	Amount Requested		2025 Allocation	Joint/Multi Application - SELECT Y/N
African Immigrant Support Program	A	$100,000			No
Contact:	Esther Ama S. Ptak, ama@africancentermadison.org				
Bantaba Family Support Program	B	$25,000			No
Contact:	Esther Ama S. Ptak, ama@africancentermadison.org				
Bantaba Youth Empowerment Program	C				No
Contact:	Esther Ama S. Ptak, ama@africancentermadison.org				
	D				
Contact:					
	E				
Contact:					
TOTAL REQUEST		$125,000			

DEFINITION OF ACCOUNT CATEGORIES:

Personnel: Amount reported should include salary, taxes and benefits. Salary includes all permanent, hourly and seasonal staf
Taxes/benefits include all payroll taxes, unemployment compensation, health insurance, life insurance, retirement benefits, etc.

Operating: Amount reported for operating costs should include all of the following items: insurance, professional fees and audi
postage, office and program supplies, utilities, maintenance, equipment and furnishings depreciation, telephone,
training and conferences, food and household supplies, travel, vehicle costs and depreciation, and other operating related cost

Space: Amount reported for space costs should include all of the following items: Rent/Utilities/Maintenance: Rental costs for
office space; costs of utilities and maintenance for owned or rented space. Mortgage Principal/Interest/Depreciation/Taxes:
Costs with owning a building (excluding utilities and maintenance).

Special Costs: Assistance to Individuals - subsidies, allowances, vouchers, and other payments provided to clients.
Payment to Affiliate Organizations - required payments to a parent organization. Subcontracts - the organization subcontracts
for service being purchased by a funder to another agency or individual. Examples: agency subcontracts a specialized counseli
service to an individual practitioner; the agency is a fiscal agent for a collaborative project and provides payment to other agenc

3. SIGNATURE PAGE

AFFIRMATIVE ACTION

If funded, applicant hereby agrees to comply with City of Madison Ordinance 39.02 and file either

an exemption or an affirmative action plan with the Department of Civil Rights. A Model

Affirmative Action Plan and instructions are available at cityofmadison.com/civil-rights/contract-compliance.

CITY OF MADISON CONTRACTS

If funded, applicant agrees to comply with all applicable local, State and Federal provisions. A sample contract that

includes standard provisions may be obtained by contacting the Community Development Division at 266-6520.

If funded, the City of Madison reserves the right to negotiate the final terms of a contract with the selected agency.

INSURANCE

If funded, applicant agrees to secure insurance coverage in the following areas to the extent required by the City Office

of Risk Management: Commercial General Liability, Automobile Liability, Worker's Compensation, and Professional Liability.

The cost of this coverage can be considered in the request for funding.

4. SIGNATURE

Enter name: Esther Ama S. Ptak

By entering your initials in the box you are electronically signing your name and agreeing to the terms listed above.

DATE   9/22/2025   INITIALS: EASP

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5. BOARD-STAFF DEMOGRAPHICS

Indicate by number the following characteristics for your agency's current board and staff. Refer to application instructions

for definitions. You will receive an "ERROR" until you finish completing the demographic information.

DESCRIPTOR	BOARD		STAFF		MADISON*		
					GENERAL	POVERTY	R/POV**
	Number	Percent	Number	Percent	Percent	Percent	Percent
TOTAL	15	**100%**	4	**100%**			
GENDER							
MAN	10	67%	2	50%			
WOMAN	5	33%	2	50%			
NON-BINARY/GENDERQUEER		0%		0%			
PREFER NOT TO SAY		0%		0%			
TOTAL GENDER	15	100%	4	100%			
AGE							
LESS THAN 18 YRS		0%		0%			
18-59 YRS	11	73%	4	100%			
60 AND OLDER	4	27%		0%			
TOTAL AGE	15	100%	4	100%			
RACE							
WHITE/CAUCASIAN		0%		0%	80%	67%	16%
BLACK/AFRICAN AMERICAN	15	100%	4	100%	7%	15%	39%
ASIAN		0%		0%	8%	11%	28%
AMERICAN INDIAN/ALASKAN NATIVE		0%		0%	<1%	<1%	32%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		0%		0%	0%	0%	0%
MULTI-RACIAL		0%		0%	3%	4%	26%
BALANCE/OTHER		0%		0%	1%	2%	28%
TOTAL RACE	15	100%	4	100%			
ETHNICITY							
HISPANIC OR LATINO		0%		0%	7%	9%	26%
NOT HISPANIC OR LATINO	15	100%	4	100%	93%	81%	74%
TOTAL ETHNICITY	15	100%	4	100%			
PERSONS WITH DISABILITIES		0%		0%			

*REPORTED MADISON RACE AND ETHNICITY PERCENTAGES ARE BASED ON 2009-2013 AMERICAN COMMUNITY SURVEY FIGURES.

AS SUCH, PERCENTAGES REPORTED ARE ESTIMATES. See Instructions for explanations of these categories.

**R/POV=Percent of racial group living below the poverty line.

6. Does the board composition and staff of your agency represent the racial and cultural diversity of the residents

 you serve? If not, what is your plan to address this? (to start a new paragraph, hit ALT+ENTER)
Firstly, our 15-member board of directors is culturally diverse, representing 11 African countries and over 20 languages. Our directors are originally from the following countries – Nigeria, Kenya, Eritrea, Rwanda, Somalia, Congo, Cameroon, Ghana, Côte D'Ivoire, The Gambia, and Liberia. Our directors have extensive experience in different industries and are recognized leaders in their ethnic and communities. Similarly, our 4 full-time staff are originally from 3 different African countries and speak seven different languages including English and French. Both our board and staff have diverse immigration statuses, and some are naturalized US citizens. The rich diversity within our board and staff is reflective of the 21 African countries represented across Madison. This diversity informs the development and implementation of culturally sensitive programs that reduce service gaps and barriers for underserved populations and foster inclusion of marginalized backgrounds and identities. We reduce language barriers and increase access to information through readily accessible community volunteer interpreters.

7. AGENCY GOVERNING BODY

How many Board meetings were held in 2024	9
How many Board meetings has your governing body or Board of Directors scheduled for 2024?	12
How many Board seats are indicated in your agency by-laws?	15

List your current Board of Directors or your agency's governing body.

Name	Adetunji Lesi				
Home Address	4409 Wakefield Street, Madison, WI 53711				
Occupation	CPA				
Representing	Black/African American				
Term of Office	2 years	From:	01/2024	To:	12/2026
Name	Abdulraman Abdi				
Home Address	1487 Thoreau Drive, Sun Prairie, WI 53590				
Occupation	Engineer				
Representing	Black/African American				
Term of Office	2 years	From:	01/2024	To:	12/2026
Name	Aaron Abraha				
Home Address	2844 Marledge Street, Madison, WI 53711				
Occupation	Transportation Services Administrator				
Representing	Black/African American				
Term of Office	2 years	From:	01/2024	To:	12/2026
Name	Vanessa Ineza				
Home Address	376 Crescendo Drive, Sun Prairie WI 53590				
Occupation	Bisiness Development Manager				
Representing	Black/African American				
Term of Office	2 years	From:	01/2024	To:	12/2026
Name	Dr. Evelyn Hammond				
Home Address	922 E Eagle Heights, Madison, WI 53705				
Occupation	Evaluations Specialist				
Representing	Black/African American				
Term of Office	2 years	From:	01/2024	To:	12/2026
Name	Ray Kumapayi				
Home Address	1096 Duncannon Way, Sun Prairie WI 53590				
Occupation	Engineer				
Representing	Black/African American				
Term of Office	2 years	From:	01/2024	To:	12/2026
Name	Godwin Amegashie				
Home Address	2519 Richardson Street, Fitchburg, WI 53711				
Occupation	Business Consultant				
Representing	Black/African American				
Term of Office	2 years	From:	01/2024	To:	12/2026
Name	Dr. John Tembei				
Home Address	2648 Quartz Road, Fitchburg, WI 53711				
Occupation	Professor				
Representing	Black/African American				
Term of Office	2 years	From:	01/2024	To:	12/2026

AGENCY GOVERNING BODY cont.

Name	**Hade Xaashi**				
Home Address	3022 Edensway Road, Madison, WI 53719				
Occupation	Business Owner				
Representing	Black/African American				
Term of Office	2 years	From:	01/2024	To:	12/2026
Name	**Oumar Keita**				
Home Address	4121 Carberry Street, Madison, WI 53704				
Occupation	IT Professional				
Representing	Black/African American				
Term of Office	2 years	From:	01/2024	To:	12/2026
Name	**Nyima Sannyang**				
Home Address	5010 Esker Drive, Madison, WI 53704				
Occupation	Business Owner				
Representing	Black/African American				
Term of Office	2 years	From:	01/2024	To:	12/2026
Name	**Jean-René Watchou**				
Home Address	22 Camino Del Sol, Madison, WI 53704				
Occupation	International Outreach Director				
Representing	Black/African American				
Term of Office	2 years	From:	01/2024	To:	12/2026
Name	**Aliko Songolo**				
Home Address	310 Oldfield Road, Madison, WI 53717				
Occupation	Professor Emeritus				
Representing	Black/African American				
Term of Office	2 years	From:	01/2024	To:	12/2026
Name	**Patricia Titti-Garfoot**				
Home Address	2161 Springdale Center Road, Verona WI 53593				
Occupation	Cybersecurity Consultant				
Representing	Black/African American				
Term of Office	2 years	From:	01/2024	To:	12/2026
Name	**Nimo Mohamed**				
Home Address	5121 E Cheryl Parkway, Fitchburg, WI 53711				
Occupation	Business Owner				
Representing	Black/African American				
Term of Office	2 years	From:	01/2024	To:	12/2026
Name					
Home Address					
Occupation					
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy
Name					
Home Address					
Occupation					
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy

Please fill out all expected revenues for the programs you are requesting funding for in this application.

All programs not requesting funding in this application, should be combined and entered under NON APP PGMS (last column)

REVENUE SOURCE	AGENCY 2026	PROGRAM A	PROGRAM B	PROGRAM C	PROGRAM D	PROGRAM E	NON APP PGMS
DANE CO HUMAN SVCS	0						
UNITED WAY DANE CO	0						
CITY CDD (This Application)	150,000	100,000	25,000	25,000			
City CDD (Not this Application)	0						
OTHER GOVT*	0						
FUNDRAISING DONATIONS**	75,327	34,029	20,649	20,649			
USER FEES	0						
TOTAL REVENUE	225,327	134,029	45,649	45,649	0	0	0

*OTHER GOVERNMENT: Includes all Federal and State funds, as well as funds from other counties, other Dane County Departments, and all other Dane County cities, villages, and townships.

**FUNDRAISING: Includes funds received from foundations, corporations, churches, and individuals, as well as those raised from fundraising events.

Enter all expenses for the programs in this application under the PGM A-E columns. Enter the amount you would like the City to pay for with this funding under the CITY SHARE

Use whole numbers only, please.

ACCOUNT CATEGORY	AGENCY 2026	TTL CITY REQUEST	PGM A	CITY SHARE	PGM B	CITY SHARE	PGM C	CITY SHARE	PGM D	CITY SHARE	PGM E	CITY SHARE	NON APP PGMS
A. PERSONNEL													
Salary	142,780	106,527	68,460	66,173	37,160	20,177	37,160	20,177					
Taxes/Benefits	30,697	22,873	14,719	14,227	7,989	4,323	7,989	4,323					
Subtotal A.	173,477	129,400	83,179	80,400	45,149	24,500	45,149	24,500	0	0	0	0	0
B. OTHER OPERATING													
Insurance	3,000	3,000	3,000	3,000									
Professional Fees/Audit	0	0											
Postage/Office & Program	1,500	1,500	1,500	1,500									
Supplies/Printing/Photocopy	1,250	1,250	750	750	250	250	250	250					
Equipment/Furnishings/Depr.	0	0											
Telephone	2,000	750	1,500	250	250	250	250	250					
Training/Conferences	3,500	0	3,500										
Food/Household Supplies	0	0											
Travel	4,500	4,500	4,500	4,500									
Vehicle Costs/Depreciation	0	0											
Other	0	0											
Subtotal B.	15,750	11,000	14,750	10,000	500	500	500	500	0	0	0	0	0
C. SPACE													
Rent/Utilities/Maintenance	9,600	9,600	9,600	9,600									
Mortgage Principal/Interest	0	0											
Depreciation/Taxes	0	0											
Subtotal C.	9,600	9,600	9,600	9,600	0	0	0	0	0	0	0	0	0
D. SPECIAL COSTS													
Assistance to Individuals	25,000	0	25,000										
Partner/Joint Agency/Agencies	0	0											
Contractors/Subcontractors	1,500	0	1,500										
Pymt to Affiliate Orgs	0	0											
Other	0	0											
Subtotal D.	26,500	0	26,500	0	0	0	0	0	0	0	0	0	0
TOTAL (A.-D.)	225,327	150,000	134,029	100,000	45,649	25,000	45,649	25,000	0	0	0	0	0

**List all staff positions related to programs requestiong funding in this application, and the amount of time they will spend in each program.*

Title of Staff Position*	2026 Program A FTE**	2026 Program B FTE**	2026 Program C FTE**	2026 Program D FTE**	2026 Program E FTE**	2026 Total FTE	2026 Annualized Salary	2026 Payroll Taxes and Fringe Benefits	2026 Total Amount	2026 Hourly Wage***	2026 Amount Requested from the City of Madison
Executive Director	0.25	0.10	0.10			0.45	70,000	15,050	85,050	0.00	21,000
Housing and Operations Coordir	0.50	0.10	0.10			0.70	52,000	11,180	63,180	25.00	38,000
Community Programs Manager	0.25	0.25	0.25			0.75	49,920	10,733	60,653	24.00	35,200
Community and Volunteer Engag	0.25	0.25	0.25			0.75	49,920	10,733	60,653	24.00	35,200
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
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						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
SUBTOTAL/TOTAL:	1.25	0.70	0.70	0.00	0.00	2.65	221840.00	47695.60	269535.60	73.00	129400.00

CONTINUE BELOW IF YOU NEED MORE ROOM FOR STAFF POSITIONS

*List each staff position separately. Indicate number of weeks to be employed if less than full year in parentheses after their title.

**Full Time Equivalent (1.00, .75, .60, .25, etc.) 2,080 hours = 1.00 FTE

__List all staff positions related to programs requestiong funding in this application, and the amount of time they will spend in each program.__

Title of Staff Position*	2025 Program A FTE**	2025 Program B FTE**	2025 Program C FTE**	2025 Program D FTE**	2025 Program E FTE**	2025 Total FTE	2025 Annualized Salary	2025 Payroll Taxes and Fringe Benefits	2025 Total Amount	2025 Hourly Wage***	2025 Amount Requested from the City of Madison
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
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						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
TOTAL:	1.25	0.70	0.70	0.00	0.00	2.65	221840.00	47695.60	269535.60	73.00	129400.00

*List each staff position separately. Indicate number of weeks to be employed if less than full year in parentheses after their title.

**Full Time Equivalent (1.00, .75, .60, .25, etc.) 2,080 hours = 1.00 FTE

Program Summary

This tab should be completely filled in by your previous answers.

Pgm Letter	Program Name	Program Expenses	2026 City Request
A	African Immigrant Support Program	PERSONNEL	80,400
		OTHER OPERATING	10,000
		SPACE	9,600
		SPECIAL COSTS	0
		TOTAL	**100,000**
B	Bantaba Family Support Program	PERSONNEL	24,500
		OTHER OPERATING	500
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	**25,000**
C	Bantaba Youth Empowerment Program	PERSONNEL	24,500
		OTHER OPERATING	500
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	**25,000**
D	0	PERSONNEL	0
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	**0**
E	0	PERSONNEL	0
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	**0**
		TOTAL FOR ALL PROGRAMS	**150,000**