**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:  |       |
| Contact Person Name and Title: |       |
| Address: |       |
| E-Mail: |       |
| Phone:  |       |
| Website: |       |
| Federal Tax ID or EIN: |       |
| Unique Entity ID (UEI) Number: |       |
| Legal Status**:** | [ ]  Corporation [ ]  Limited Liability Company [ ]  General Partnership[ ]  Sole Proprietor [ ]  Unincorporated Association [ ]  Other:        |
| Tax Exempt Status: | [ ]  Non-profit: 501 (c)(3) since       [ ]  For-profit with a primary mission focused on housing and homelessness  |

# **AGENCY REQUEST SUMMARY**

|  |  |
| --- | --- |
| **Program Type** | **Request Amount** |
| **Homeless Services** |
| 1. Homelessness Prevention
 | $      |
| 1. Diversion
 | $      |
| 1. Emergency Shelter
 | $      |
| 1. Street Outreach
 | $      |
| 1. Extreme Weather Hotel for the Unsheltered
 | $      |
| 1. Rapid Rehousing (RRH)
 | $      |
| 1. Permanent Supportive Housing (PSH)
 | $      |
| 1. Other Permanent Housing (OPH)
 | $      |
| 1. Other Programs that Promote Pathways to Stable Housing
 | $      |
| **Housing Resources** |
| 1. Tenant Support
 | $      |
| **TOTAL REQUEST** | $      |

#

# **AUTHORIZATION TO SUBMIT PROPORSAL**

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).

|  |  |
| --- | --- |
|  |  |
| **Signature** | **Date** |

# **AGENCY QUALIFICATION**

1. **AGENCY MISSION AND RELEVANT EXPERIENCE (10 POINTS)**
2. **Mission Statement:** Provide your agency’s mission statement.
3. **Relevant Experience:** Describe your agency’s experience delivering the types of services proposed in this application.
4. **ORGANIZATIONAL AND FISCAL MANAGEMENT (10 POINTS)**
5. **Quality Improvement:** Describe your agency’s internal quality improvement processes, including how you review program outcomes and incorporate feedback from program participants.
6. **Financial Management:** Describe how agency ensures sound financial accountability and sustainability.
7. **Financial Audit:**

Does your agency complete annual certified financial audits? [ ]  Yes [ ]  No

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.

1. **2025 Agency Operating Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AGENCY REVENUE** |  |  | **AGENCY EXPENSES** |  |
| **Source** | **2025 Budget** |  | **Category** | **2025 Projected Expenditure**  |
| City of Madison |       |  | Personnel |        |
| Dane County  |       |  | Operating |        |
| State of Wisconsin |       |  | Space |        |
| HUD |       |  | Special Cost |        |
| Other Government |       |  | TOTAL EXPENDITURE |        |
| United Way of Dane County |       |  |  |  |
| Other Foundations |       |  |  |  |
| Fundraising |       |  |  |  |
| User Fee |       |  |  |  |
| Other (Specify:      ) |       |  |  | **2025 Projected** |
| **TOTAL REVENUE** |       |  | **Surplus or (Deficit)** |        |

1. **SYSTEM COORDINATION (10 POINTS)**
2. **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.
3. **Integration into the System of Care:** Describe strategies your agency uses to ensure alignment with the broader local system of care such as 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.