



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	<u>24/7 Helpline</u> – 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.	<u>Community-Based Individual & Family Support</u> - 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.
	<u>Shelter Services</u> - 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.	<u>Building Community & Stabilization</u> – 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:	Allied Wellness Center	Total Amount Requested:	\$ 214,925
All program(s) connected to your organization:	Program Name: CHWs: Partners in Health Amount Requested: \$ 109221 Applicant Type: Single Agency Application Program Type: Community-Based Individual and Family Support Services List Program Partner(s) (if applicable): ADMNA, Allied NRT, JFF, Project Respect, PHMDC community nurse		
	Program Name: Community Roots: Growing Allied Health Amount Requested: \$ 70,965 Applicant Type: Single Agency Application Program Type: Building Community & Stabilization: ADULT & FAMILY List Program Partner(s) (if applicable): ADMNA, Allied NRT, JFF, JustDane, Project Respect, PHMDC community nurse		

	Program Name: Teens Taking Charge			Amount Requested: \$ 34739
	Applicant Type: Single Agency Application			
	Program Type: Building Community & Stabilization: YOUTH			
	List Program Partner(s) (if applicable): ADMNA, JFF, Allied NRT			
	Program Name:			Amount Requested: \$
Applicant Type: Choose an item.				
Program Type: Choose an item.				
List Program Partner(s) (if applicable):				
<i>If you are applying for more than four programs, please contact Nancy Saíz nsaiz@cityofmadison.com</i>				
Contact Person for application (Joint Applications - Lead Org):	Leslie McAllister		Email: leslie_mcallister@hotmail.com	
Organization Address:	4689 Atticus Way, Madison, WI 53711		Telephone:	608-213-3009
501 (c) 3 Status:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Fiscal Agent (<i>if no</i>)	

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.

- 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).

For over 20 years, the Allied Wellness Center (AWC) has been a cornerstone of support for the Allied Belmar and Dunn's Marsh neighborhood in Madison. The AWC was established in 2004 with the mission of addressing health disparities in marginalized communities, focusing on fostering well-being, resilience, and empowerment. Services provided by Community Health Workers (CHWs) who reflect the diversity and lived experience of the neighborhood aim to reduce barriers to accessing needed health and social services, particularly for families that are economically disadvantaged, communities of color, and immigrant populations. Over two decades, the agency has built a strong network of partnerships with local health and social service providers within and outside of the neighborhood, public agencies, and grassroots organizations, enabling the AWC to serve as an anchor for comprehensive community support.

Grounded in the Strengthening Families Framework, the AWC's CHWs work upstream to support and promote individual, family and community well-being through:

- voluntary one-on-one support for individuals/families in their homes
- hosting or supporting family-friendly community building activities in the neighborhood
- organizing a variety of health and wellness education programs and
- creating opportunities for meaningful cross-cultural dialogue.

The CHW staff have also been part of advocacy efforts to promote programs and policies that address those social and structural determinants of health (SDOH) that get in the way of individual, family, and community wellness, like poor quality housing, limited/no access to healthy food, lack of transportation, services that are fragmented and difficult to access, and community violence. The CHW team regularly engages partner organizations for health education/wellness promotion education offerings – sometimes bringing in needed resources (e.g. financial coaching, ESL classes, immigration supports, and art therapy) that may be typically difficult for Allied residents to access to the neighborhood. For community building activities – parenting supports, community dinners, holiday-themed events, back-to-school events, learning garden and community dialogues – the AWC collaborates with individuals or organizations that also work in the neighborhood, like the ADMNA, the members of the Allied NRT, the JFF social worker, and PHMDC public health nurse assigned to Allied.

- 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 the early 2010s, the AWC board of directors – made up of a majority of Allied community members – developed a vision for the agency to train and hire residents to help improve the health and well-being of their families and neighbors. While that journey has taken a long time, the AWC has been realizing that vision through the hiring and training of CHWs since 2021. The AWC CHW Program is well-aligned with the goals of this RFP to provide needed and coordinated services that aim to increase stability and improve the overall well-being of children, youth, and families in the neighborhood.

AWC secured funding from the first round of City CIP grants in 2022 to develop and refine the neighborhood-based CHW program model, which includes one-on-one work with individuals/families and group-based community-building events and health and wellness education. Some of the highlights of the community building activities over the last two years include:

- **Healing Circles:** In August 2024, the AWC held a 4-day series of Community Healing Circles that was highly attended by neighborhood residents, and it included simultaneous interpretation in both English and Spanish giving neighborhood residents the space and the opportunity to build community across cultures and languages. Session topics included:
 - Forming and nurturing safe and healthy relationships in our homes and in our communities
 - Creating healthy expectations for our children and ourselves as parents/guardians
 - Promoting healthy relationships
 - Building an understanding about prevention and addressing violence and conflict in our schools and communities

The Circles served as a critical platform for bridging language and cultural divides and rebuilding neighborhood trust.

- **Parent Cafes:** Since late 2023, the AWC has hosted three 3-session series of Parent Cafes. The most recent series ran from November to December 2024 with the theme “Redefining Roles for Changing Times.” These Cafés offered caregivers a safe, brave space to share experiences, reflect on intergenerational trauma, and learn positive parenting strategies. Parents expressed that these sessions helped reduce feelings of isolation and empowered them to become more confident caregivers. Participants often described the sessions as healing and transformative, with moments of vulnerability, support, and deep connection.
- **Community Meals:** The ADMNA has a 10+ year tradition of hosting community meals to bring residents together and build a sense of community. For the last two years, the AWC has been partnering with the ADMNA on the community meals, with ADMNA coordinating logistics, and AWC taking on the responsibility of the family-friendly health promotion programming side of the meal.
- **Holiday-themed events:** CHWs have been highly involved in community events, such as organizing children’s activities at the ADMNA Pumpkin Carving event and supporting the December Posada planned by resident leaders that have participated in AWC services. These events not only build community connections and neighborhood leadership, but also they serve as entry points for residents to learn about and engage with AWC services.

In addition to the family-friendly community-building events, the CHW team has also provided health and wellness promotion educational activities, including but not limited to:

- **Vaccine Clinics:** The CHW team continues to partner with Reach Dane, PHMDC, Allied Fresh and Fitchburg Family Pharmacy on vaccine clinics that started in the height of COVID-19. We held two vaccine clinics in 2024.
- **Sexual and reproductive health/healthy relationship workshops for teens:** AWC partnered with Public Health Madison Dane County (PHMDC) to offer a two-part reproductive health series for adolescents in July and August. These sessions focused on sexual health, as well as fostering healthy relationships and building self-advocacy skills among youth, an often-overlooked population in community-based health education efforts.
- **Men’s Health and Wellness Groups:** Starting in the spring of 2025, the AWC partnered with UNIDOS for the Latine men’s wellness group - UNIDOS provided facilitators for the 10 sessions, while AWC performed the necessary outreach to engage participants, provided food and childcare, and secured space at Reach Dane for the groups. AWC also partnered with JustDane for the Black men’s wellness group, and together they supported the men in the group to identify topics and activities for the group. AWC also provided food and secured space in the Derby for the sessions.
- **Allied Community Learning Garden:** The garden was launched in Spring 2025 to address food insecurity and promote community wellness, and provide gardening education in the Allied Dunn’s Marsh neighborhood. With support from volunteers, provider partners, and local organizations, this project transformed a community garden plot at Marlborough Garden into an inclusive, educational, and sustainable green space. Through a series of community meetings, planting days, workshops, and collaborative maintenance events, we engaged youth, families and individuals in growing food, learning sustainable practices, and building stronger social connections. While the harvest and community-building were successes, participants shared

that they would prefer a garden location that is closer to their homes. The AWC and partners are in the process of developing a long-term plan to expand multiple smaller garden sites in the neighborhood.

- **Educational sessions at the weekly Allied Food Pantry:** Starting in July 2024, the CHWs have provided educational presentations at the Allied Food Pantry every Wednesday. Some of the topics covered include managing and mitigating infestation of pests in the home, diabetes prevention and management, and nutrition education using the My Plate materials from the USDA. This Fall, the CHWs have begun offering a monthly blood pressure check accompanied by educational information and counselling about the meaning of blood pressure and potential lifestyle changes.
- **Physical Health:** The CHWs piloted a walking group in the fall of 2024. They had low numbers of participants due to resident schedules and weather concerns. Many local service providers participated. Our new Latino CHW recently launched an 8-week indoor strength training program for older adults at the Revival Ridge community room.
- **Skills Impacting Health:** In the winter of 2024, the AWC partnered with Madison College to offer ESL classes for beginners at the Derby classroom space. This is a first step to help participants be able to more meaningfully connect to and navigate health, education, legal, and social service systems to better support their families' health and well-being.

The AWC CHW team has actively participated in the provider workgroup of the first cohort of CIP grantees, and through those meetings, they have made connections with other providers that have become valuable resources for referrals for Allied residents and partners in joint projects. For example, the AWC launched a successful pilot Latine men's health and wellness group in the summer of 2025, collaborating with UNIDOS, an organization that supports survivors of domestic violence. It was so successful that the two organizations are hoping to continue this partnership in 2026.

- 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."

Starting in late 2021, the AWC was fortunate to secure local, state, and federal grants through American Rescue Plan (ARP) dollars, which allowed for program expansion; however, those grant dollars are no longer available. So far, AWC has been able to piecemeal together smaller grants and donations to maintain staffing levels, but that will continue to be a challenge.

Originally hired in May 2022, with support of the CIP grant and federal CHW funding through federal ARP dollars, the AWC's Program Manager left in April 2024 to pursue other opportunities. With declining funds, the AWC was able to hire a part-time CHW Program Coordinator, who has post-graduate training in health advocacy and deep ties to the Allied neighborhood. She provides direct supervision and on-going support to the CHW team about both their casework and community health and wellness promotion activities, ensuring a positive, productive and accountable work environment. She is also responsible for onboarding and orienting new staff, as well as helping build a healthy, strong team that can work effectively together. She maintains the agency systems for tracking and ensuring completion of all grant expectations. Given her more than five years of experience in the community, the CHW Program Coordinator also plays a vital role in building and maintaining strong collaborative relationships with service providers and other stakeholders in the neighborhood. She also takes the lead on maintaining the agency website: Home | Allied Wellness Center.

The AWC moved to a new office space in the fall of 2024 at the Derby Apartments, with support of the City's Community Facilities Loan (CFL) Program. The new office space is reasonably affordable, more accommodating for staff, and it is more accessible to residents, particularly new residents at the Derby that have filled the caseload of one of the AWC CHWs.

Recently, the AWC has been able to hire a new CHW to replace a staff member who had a baby and left the organization – at least for the near future. We were able to have a month of overlap with the new employee and the departing CHW, to allow for more successful onboarding and orientation to the work, including the group-based health education and community-building activities. This new CHW will not only be able to take on responsibilities related to the group-based activities, but also, he will assume some of her administrative and data collection/program reporting duties.

The AWC has also been able to hire a Community Health Intern from UW this summer, and she has been supporting the individual and programmatic work of the CHWs. She has also developed a monthly blood pressure check and health education program at the Allied Food Pantry, which she co-facilitates with the CHWs.

- 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

- 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.).

All the AWC CHWs are required to complete the 100-hour Milwaukee Area Health Education Center (AHEC) CHW Training Program where participants learn concepts and principles of basic public health care, including health promotion and maintenance, chronic disease prevention, and self-care management at the community level. The virtual training program consists of weekly online coursework with a textbook followed by 6 months of 1:1 coaching after training. After a final presentation, the CHW-in training becomes certified. Our newest CHW is currently enrolled in this course, and we anticipate that he will become a certified CHW by the spring 2026.

Through current and previous grants, CHWs had the opportunity to receive training in a variety of public health/health/mental health, individual/family/community violence prevention, trauma-informed care, and family support topics, including attending statewide and local conferences. With a current grant from the WI Child Abuse and Neglect Prevention Board, the CHW team will be trained in the Strengthening Families/Protective Factors, as well as be able to access training for family support professionals that is available through the UW-Milwaukee Professional Development System on topics like preventing child sexual abuse, child development/brain development, creating cultural connections, and parent leadership. This funding also supports the Program Coordinator with access to extensive supervision training. The CHWs are also supported with ongoing education through a partnership with the UW Department of Family Medicine and Community Health: they meet monthly with a family physician, Dr. Jonas Lee about health-topics and how to support their clients around those topics, and they are working with staff at the Osher Center of Integrative Medicine to adapt modules of the Whole Health Framework, a model of care that has demonstrated consistent success in improving health and wellness within the U.S. Veterans Affairs system and other health care settings, for individuals from historically marginalized groups.

The AWC staff are encouraged to discuss their individual professional development goals with the CHW Program Coordinator, and together they explore how to best meet those needs. While some of those needs might be met through training that is available through other grants or content covered through our regular meetings with the UW Family Medicine partners, others may require additional agency financial resources.

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 2025 REQUEST FOR PROPOSAL (RFP) APPLICATION

Part 2 - Program Narrative Form

Submit Application to: cddapplications@cityofmadison.com

Deadline: 4:30pm September 22, 2025

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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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Part 2 - Program Narrative Form

Program Name:	Community Roots: Growing Allied Health	Total Amount Requested for this Program:	\$ 34739		
Legal Name of Organization:	Allied Wellness Center	Total amount Requested for Lead/Single Applicant	\$ 214925		
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	Leslie McAllister	Email:	leslie_mcal lister@hotmail.com	Phone:	608-213-3009
Program Type: Select ONE Program Type for this form.					
<input type="checkbox"/> Crisis Intervention Support Services: 24/7 Helpline <input type="checkbox"/> Crisis Intervention Support Services: Shelter Services <input type="checkbox"/> Prevention Services and Activities: Community-Based Individual/Family Support <input checked="" type="checkbox"/> Prevention Services and Activities: Building Community and Stabilization <input checked="" type="checkbox"/> Adults and Families <input type="checkbox"/> Youth ages 12-18 years old					
<p>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.</p>					

1. PROGRAM OVERVIEW

- A. 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.

AWC has a long-standing mission to address racial and ethnic health disparities – with a broad and holistic definition of health - by empowering community residents to take charge of their well-being. It was the vision of resident members of the board in the early 2010s to train and employ residents to lead this work that has guided the agency over the last 10+ years and continues to guide the work today. The AWC mission and the vision of community elders is operationalized through the hiring of CHWs who are trusted members of or have been connected to the neighborhood with a deep understanding of the population they serve. The one-on-one CHW work, as well as health and wellness promotion programming offered, are informed by regular surveys and interviews conducted in the community and from interaction with and feedback from participants in our services.

At the AWC, we understand the important role social determinants of health (SDOH) – those conditions that affect health in the places we live, learn, work, pray and develop – play in our lives and in our health. This was made even clearer during the COVID-19 pandemic for low-income, BIPOC communities like Allied. In the initial phases of the pandemic, researchers looked at data from 10 major US cities, and they found that the COVID-19 infection and death rates were substantially higher in areas that were more racially and ethnically diverse and lower incomes. (Adhikari, S., Pantaleo, N.P., Feldman, J., et al, Assessment of Community-level Disparities in Coronavirus Disease 2019 Infections and Deaths in Large Metropolitan Areas, JAMA Network Open Letter, 2020, Volume 3 Number 7). This was not surprising to the AWC staff and board nor the Allied community, and the Allied experience with COVID-19 to date has reinforced the commitment of the CHWs to address SDOH in their work at the individual, family and community levels. From the one-on-one work, as well as through surveys conducted community-wide, the AWC found that the most common social and structural determinants of health for Allied residents include: poor quality housing/housing insecurity, food and

economic insecurity, parenting challenges, social isolation, limited transportation options, and interpersonal and community violence. While some of these issues may be addressed through one-on-one CHW support, AWC recognizes that others are best addressed through group-based health education and community -building activities, particularly those challenges related to social isolation, neighborhood safety, and community cohesion. This is why the community-based CHW model of the AWC includes both tailored individual/family supports and group-based community wellness activities that include opportunities to build neighborhood connections.

- B. 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?

The goal of the Community Roots: Growing Allied Health program is to bring Allied residents together through meaningful group activities where they can learn from each other, build trust, strengthen cross-cultural connections, and grow a sense of belonging and pride in their neighborhood. This program is well-aligned with the prevention focus of the RFP that aims to prioritize services upstream and center community-driven solutions that promote protective factors at the individual, family and community level.

- 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.

Participants in AWC services live in the Allied Dunn's Marsh community, which includes City of Madison and Fitchburg residents. The AWC proposes to continue offering or supporting the following community-building family stabilizing activities:

- Parent Cafes (two 3-session series Q2 2026)
- Community meals and holiday-themed events (e.g. Easter Egg Hunt, Pumpkin Carving, Christmas Posada, etc.) in partnership with ADMNA (5-6 times/year)
- Parks Alive (4 events Q3 2026)

In addition, driven by community interest, the AWC will partner with the Rainbow Project to offer a 10-week emotion coaching course starting in March 2026 for parents who would like more resources to better understand and support their child's social emotional development.

Recognizing that not all residents are comfortable with one-on-one CHW services, the CHW team will continue to lead or support the following health education/wellness promotion activities:

- educational sessions at Allied food pantry (weekly in 2026)
- Latine men's wellness groups (8-session series in 2nd Q 2026)
- Black men's wellness groups (2 8-session series - 1st and 3rd Q 2026)
- ESL class if Madison College has funding (2nd Q 2026)
- Strength training class for seniors (Q2 2026)
- vaccine clinics (2nd and 4th Q 2026)

Based on resident input, the AWC will pilot a Black women's wellness group (late fall 2026) that will be designed and facilitated by Black women leaders in the neighborhood in partnership with Project Respect. All activities will all take place in the neighborhood, either at the AWC office/classroom space or a larger indoor space as needed (e.g. Reach Dane or the Boys & Girls Club) or in one of the neighborhood parks.

Participants in community-building and health education/wellness promotion activities will feel an increased sense of connectedness to the community, awareness of available community resources and confidence in participating in community events.

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?

The AWC's service area uses the same boundaries as the Allied Dunn's Marsh Neighborhood Association (ADMNA): West Beltline Highway on the north, Seminole Highway on the east, Chicago Northwestern Railroad on the south, and Verona Road on the west. All residents that live in the service area are eligible for CHW support and other AWC programming.

Currently, the AWC has 1.5 FTE CHW that serve the primary Spanish-speaking residents in the neighborhood – 43% of the population in Allied (according to the 2020 census) and anecdotally that percentage has increased since the last census. The AWC and our partners have seen an increase in the number of recent immigrants in the neighborhood, and they speak a variety of languages. In an effort to better support newly arriving residents whose primary language is not English or Spanish, the AWC staff have access to a language line that is also used by the UW Health system.

The CHW team has completed surveys with residents to inform health and wellness education and community-building activities – those have been conducted door-to-door and at the weekly food pantry that serves more than 100 households. AWC also gathers feedback from participants in group-based activities through post-event evaluations to improve programming as well as inform new programming. The information and feedback gathered also informs CHW training.

The AWC is responsive to community resident identified needs for additional services/supports that fall outside of typical CHW work. In many cases, this has meant that AWC partners with other organizations that have expertise/experience addressing particular needs to bring their services to the neighborhood, reducing barriers to service access. Some examples include: bringing in Madison College ESL classes and financial coaching into the neighborhood through Dane County Extension, partnering with UNIDOS and JustDane to co-facilitate health and wellness groups focused on men in the neighborhood, and partnering with the Rainbow Project to pilot an emotion coaching group for parents who have requested additional supports to better understand and address their child's challenging behavior.

- 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	83	73
Black/African American	31	27
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
Multi-Racial		
Balance/Other		
Total:	114	
Ethnicity		
Hispanic or Latino	83	73
Not Hispanic or Latino	31	27
Total:	114	
Gender		
Man	6	5
Woman	107	94
Non-binary/GenderQueer	1	1
Prefer Not to Say		
Total:	114	

Comments (optional): This demographic information was gathered from 4 different health education and community-building events in 2024: the 4-part Healing Circles series, 2 series of Parent Cafés, the Neighborhood Walking Group, and Community Resource Fair.

- C. 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.

AWC prioritizes inclusivity and cultural relevance, and employs CHWs that reflect the diversity of the neighborhood. Bilingual staff and interpreter services at educational sessions and community events ensure accessibility for immigrant families that are primary Spanish speakers. Program materials are adapted to reflect diverse cultural practices, and events welcome LGBTQIA+ families. Recently, the AWC added the use of a language line – the same one used at UW hospitals and clinics – to more effectively communicate with residents who speak languages other than English or Spanish. Efforts like these foster trust and create a welcoming, supportive environment for all families.

D. Recruitment and Engagement Strategy:

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.

AWC utilizes a multi-faceted outreach strategy to engage families in our services, including door-to-door outreach, connecting with residents during community events, and promotion of activities/events through partner organizations such as the neighborhood association, the Allied NRT, JFF, and PHMDC and referrals from program participants. AWC partners with the weekly Allied Food Pantry; CHWs have a presence at the weekly pantry that allows them to share relevant health and wellness information, as well as information about AWC services and community events while residents are waiting for their turn at the pantry. Presence at the weekly pantry provides a pathway for residents to provide input into group-based programming, as well as the opportunity to learn about upcoming events. In addition to the pantry, the Allied Fresh mobile pantry has distributed flyers advertising AWC services and activities to the 240 households they serve. Additionally, being in the Derby Apartments has meant that AWC staff and services are more visible to the new residents – and many Derby residents have been participating in both the health education and community-building activities.

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?

Ensuring that services are linguistically and culturally relevant: Over the last decade, the Allied neighborhood has experienced a significant shift in demographics, with primary Spanish-speakers from different parts of Central and South America now making up the largest racial/ethnic group in the neighborhood. As AWC has expanded its staff since 2022, the agency has prioritized having bi-lingual, bi-cultural CHWs on the team, which has continued with our most recent hire. In effort to have the most current information about community resources/services that support primary Spanish-speakers, the CHWs participate in LaSup meetings, regularly connect with the DCDHS Office of Immigration Affairs, and have attended conferences/workshops that support their on-going learning about how to best engage Latine individuals/families in the neighborhood. We have also used simultaneous interpretation for Spanish-speakers at community-building events as funding allows.

Building Trust and Belonging Across Communities: As the AWC has expanded its capacity to serve our diverse community—particularly through the addition of bilingual CHWs—we’ve seen an increase in visibility and utilization of services by our Spanish-speaking residents. While this is a positive development, we also recognize that some African American residents have shared concerns or misconceptions that certain services may not be intended for them. We take this feedback seriously and see it as an important opportunity to strengthen trust and inclusion across all segments of our community. AWC remains fully committed to serving all residents of the Allied Dunn’s Marsh neighborhood. In addition to our bilingual CHWs, we proudly have an African American CHW who plays a vital role in outreach, relationship-building, and culturally resonant programming. She provides personalized invitations to her majority Black caseload, encouraging participation in AWC’s full range of services and wellness activities. As part of our intentional efforts to increase representation and engagement, she recently co-launched a Black Men’s Health and Wellness Group, creating a dedicated space for community connection and health promotion. She is also helping to pilot a Black Women’s Group launching in fall 2026. In her ongoing work at the food pantry and local events, she continues to connect personally with African American residents to share information about available one-on-one supports, health programs, and community events. We view this work as essential to our mission: building a wellness-centered community where everyone feels seen, supported, and included.

Transportation is a significant barrier for many residents in Allied. Even when families have a car, it is often being used by the parent/caregiver who is working. The AWC addresses this challenge by offering all group-based community-building and health education activities in the neighborhood at a central walkable location (e.g. Derby classroom or community room space, Reach Dane, Boys & Girls Club, neighborhood parks, etc.). Moving to an office more centrally located in Allied has also helped improve resident access to our services.

Concerns about community violence: Some neighbors are reluctant to come to community-building events due to fear of violence. This was exacerbated by a shooting that happened in Belmar Park while a

community meal was held at the nearby Boys & Girls Club last year. The AWC and our partners (NRT, JFF, JustDane, Project Respect, and the ADMNA) schedule community events/activities and health education sessions during daytime and early evening hours and on weekends, rather than later in the evenings when the risk of violence is higher. By hosting events that are designed to promote social cohesion, decrease isolation, and build trust among neighbors, the AWC is contributing to community stabilization that we believe can realize a reduction in violence over time. We are also engaged with our partners to try to address neighborhood safety in other ways, like improving lighting, advocating for additional resources and regularly connecting with the Madison and Fitchburg police to monitor hot spots in the neighborhood.

Poor quality housing and housing instability: The neighborhood has seen an increase in rents and diminishing quality of housing in Allied. Dealing with housing crises often gets in the way of residents being able to meet other needs or participate in community-building or health education activities. Recognizing housing challenges facing Allied residents – being able to afford increasing rents, frequently having to move/high mobility, living in overcrowded conditions, concerns about retaliation if one raises concerns about safety issues about their apartments with their landlord (e.g. non-renewal of monthly leases, eviction, etc.), and feeling unsafe with neighbors/guests of neighbors – the CHWs focus a lot of their attention on this issue. They maintain working relationships with agencies that can offer rental assistance or legal help, they are in regular contact with City Building Inspection, and they regularly call attention to these issues with the Allied NRT when seeking solutions to seemingly intractable issues. The information gathered from CHWs in late 2023, helped inform the City Building Inspection Unit's plan to start systematic inspections in Allied that started in late 2024 and continue to the present day.

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).

For events like community meals, holiday-themed events and educational sessions at the weekly pantry the agency does not have a formal enrollment process. For health education activities (ESL classes, wellness groups, strength training, and parenting support programming) the AWC uses registration forms (in both English and Spanish) generated through the JotForm online-platform to collect demographic and other participant information that also helps us better gauge what we will need in terms of staffing support and supplies. CHW team members may help residents register or they provide a QR code that links directly to the JotForm registration form that they can access with cell phones. We also use JotForm for gathering feedback from participants on their experiences, suggestions for how programming could be improved, and ideas they may have for future programming, as well as gather data to be able to report program outcomes. All of this information is used by the AWC to inform decisions about group-based programming and applications for potential grant funding to support programming.

3. PROGRAM LOCATION, DESCRIPTION, AND STRUCTURE

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

Community-building family stabilizing activities:

- Parent Cafes: two series of 3 sessions that will be connected by an overarching theme will be offered in the spring of 2026; CHWs will host the series and arrange for food/beverages and child care; parent leaders who have been engaged in previous Parent Cafe series will be recruited to serve as table hosts who will help identify a theme for the series, develop discussion questions that are relevant to the theme, and facilitate conversations at the tables; parent leaders may also help with outreach activities
- Community meals and holiday-themed events will be done in partnership with ADMNA on a bi-monthly schedule; ADMNA will arrange for the space and food and develop flyers and other outreach materials; the CHW team will take responsibility for programming at the events that could include health/wellness education, family-friendly art or physical activities, or special holiday-related activities (e.g. pumpkin carving for Halloween or an easter egg hunt for children)
- Parks Alive: AWC will participate with City Parks Department staff, the ADMNA and other Allied NRT members to plan family-friendly activities for 4 events in Allied Park in the summer of 2026.
- Emotion Coaching pilot: AWC will partner with the Rainbow Project to offer a 10-week emotion coaching course for parents interested in learning about how to best support their child's social emotional development. Sessions start in March 2026.

Health education/wellness promotion activities:

- Educational sessions at the Allied Food Pantry: CHWs have a table at the pantry with educational displays and materials (in English and Spanish) for pantry users to take home with them; they engage interested residents in conversations about specific health issues highlighted that day, such as diabetes prevention and management, blood pressure checks, making healthy food choices, etc.
- Latine men's wellness group: Based on a successful pilot in spring/summer 2025, the AWC hopes to revitalize a partnership with UNIDOS to host another series in the neighborhood. The sessions explored with participants their identities, experiences with living in a new country, physical and mental health, relationships with money, and their roles as fathers and partners/husbands. UNIDOS is offering a similar series at an eastside location in 2026, which may include men from the Allied. After they complete that series, UNIDOS will be able to consider the feasibility of a second series in Allied later in 2026.
- Black men's wellness group: Based on a successful pilot in the spring/summer 2025, the AWC will continue to partner with JustDane to host two 8-session series of wellness groups with Black men in the neighborhood. JustDane staff will continue to co-facilitate the group with an Allied resident leader/co-facilitator who is supported by one of the AWC CHWs. With support of the facilitators and AWC staff, the men in the group identify discussion topics and the activities of the group. The AWC will continue to arrange for refreshments and space, as well as recruit members to the group.
- ESL class: Based on a successful class in early 2025, the AWC aims to continue to partner with Madison College to bring their ESL class to the neighborhood. They are currently offering a second class, and, if they are able to secure funding, they hope to be able to offer it again in 2026.
- Senior strength training: One of the AWC CHWs who is a certified trainer will offer a series of strength training classes for seniors in the spring of 2026. The number of sessions and types of exercises will be determined based on feedback from participants currently in the class.
- Vaccine clinics: AWC will partner with PHMDC and the Fitchburg Family Pharmacy to host vaccine clinics in 2026 - one in the spring and likely a second one in the fall. Decisions about which vaccines will be offered and locations for the clinics are to be determined. Bilingual CHW staff will be on site to address language needs of primary Spanish-speakers.
- Black women's wellness: Based on resident input, the AWC will pilot a Black women's wellness group in the fall of 2026. Black women leaders in the neighborhood will be encouraged to facilitate or co-facilitate the group. Members of the group will help design the activities of the group and determine the meeting frequency. In addition to AWC CHW staff, this group will be supported by Project Respect staff with extensive experience facilitating wellness groups for Black women.

B. 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.

Community health workers are a proven health equity strategy, as they often come to the work from communities they serve and have similar experiences as their neighbors. (Landers S, Levinson M. Mounting Evidence of the Effectiveness and Versatility of Community Health Workers. American Journal of Public Health, April 2016) With training and on-going support, CHWs are well-positioned to help others navigate health, education and social service systems; offer social support to neighbors who may be isolated; breakdown complex information and recommendations from health-care- providers in terms those they serve understand; provide health and wellness education and connection to needed resources; collect valuable information about the needs and assets of the community; and advocate for more culturally relevant services and supports from all types of providers. While the AWC continues to refine our community-based model, all AWC CHWs have performed these functions, with the goal to improve access to services, advance the quality of services, and promote health and wellness in a BIPOC and low-income community that has been historically marginalized and oppressed by inequitable systems.

At the Allied Wellness Center (AWC), the CHWs have been recruited from the community -as residents or people who have a history of supporting the neighborhood - or have lived experience in communities like Allied. All the AWC CHWs identify as BIPOC, and two of the CHWs are also able to provide services in both English and Spanish, which is especially important as the neighborhood has a growing population of primary Spanish-speakers. The AWC strives to center the voice of the community in our programming as well as in our governance structure. The work of the CHWs is guided by a health equity approach that addresses the needs and strengths of individuals and communities to help them be healthy, rather than providing everyone with "equal" or the "same" services regardless of their level of need. It also includes acknowledging and addressing historical and structural barriers to good health that have affected some people more than others. The CHWs are actively engaged in community outreach to gather information directly from the community about its needs and strengths and regularly seek community feedback about acceptability and feasibility of proposed programming. The community-building and health education/wellness promotion work of the CHWs

is informed by general resident feedback through surveys and discussion at community events, as well as by themes that they are seeing among the residents they support through one-on-one service. The AWC group-based work is well-aligned with the RFP goals to foster community connection and resilience, through services that are grounded in culturally responsive practices and community-identified needs/priorities.

- 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).
- 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
 - 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
 - If you are submitting a **JOINT/MULTI-AGENCY** application:
 - Use **TABLE 1**, if the service operates at **multiple locations** with the **same hours** (Please list all locations)
 - 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	9:00 AM	5:30 PM
Tuesday	9:00 AM	5:30 PM
Wednesday	9:00 AM	5:30 PM
Thursday	9:00 AM	5:30 PM
Friday	9:00 AM	5:30 PM
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:

The CHW team's typical schedule is 9am-5:30pm, Monday-Friday, though they flex their hours to accommodate the group-based activities that may happen after hours or on the weekends, generally between 5-8pm or on Saturdays. The timing and locations for the different group-based offerings varies; community meals, holiday-themed events, and the Parks Alive events will take place after typical work hours and on weekends; the sessions at the pantry will be on Wednesday mornings and the ESL and senior strength training classes will be held during typical work hours at the Derby. The parenting support activities (Parent Cafes and Emotion Coaching sessions), the three wellness groups, and vaccine clinics are not yet scheduled.

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.

As reported earlier, the JotForm platform we use for referral, intake, and on-going casework, also allows the organization to create easily accessible registration forms for group-based activities (as needed) and to gather feedback from participants about their experiences in AWC programs. All information gathered is used to support CHW professional development, as well as inform group-based programming and efforts to engage partners to bring their services to the neighborhood when possible, to limit traditional barriers to service. In addition to information gathering of participants through JotForm, the CHW team has regularly engaged neighborhood residents through paper and on-line surveys to get a better sense of what they would like the AWC to prioritize – both for one-on-one supports as well as community-building events and health/wellness promotion activities. The feedback from participants was used to inform health education/wellness promotion activities/event and community-building family stabilizing activities included in this proposal. Participants in 2026 programming will continue to be asked for feedback about their experiences, informing the AWC process for assessing how well programs met identified needs and where improvements can be made for the next year.

- 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.

Much of the AWC programming, like the men's health and wellness groups, supports to help residents to secure their learners' permit and work toward getting their driver's license, ESL classes, and our upcoming emotion coaching series to support parents to better understand their child's behavior and support their children's social emotional development, reflect resident needs, interests and priorities. The decision for what activities to include in this proposal was based on participant input and feedback and information gathered in community-wide surveys. The AWC remains committed to continue this practice of engaging the community in shaping services offered. This fall the AWC is aiming to create a resident health and wellness advisory board – that reflects the age and racial/ethnic diversity of the neighborhood – to help staff assess how current programming is meeting intended goals and to guide future health/wellness education and community-building events/activities. As part of the work of the Community Advisory Committee, the AWC intends to host an event

for residents to (1) learn about services/activities of the agency and (2) gather their feedback about how to shape one-on-one CHW services and group-based programming for 2027.

In addition to gathering input from current participants in our programs, the AWC is actively engaged with members of the Allied NRT who also help guide what types of events/activities we offer to the community. As mentioned previously, the AWC partners with the ADMNA leaders on community-building events like community meals and holiday-themed celebrations. The AWC also collaborates with several NRT members to put on family-friendly events in the park like Madison Parks-sponsored Parks Alive events and movies in the park, as well as advocate for bringing in needed resources or making recommendations for implementing community-building family stabilizing strategies to improve neighborhood safety. The Allied NRT meetings create an opportunity for the agency to get input/ideas for group-based programming, receive feedback about how to improve services/programs, and identify potential partners to do shared programming when possible.

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)?
ADMNA	collaborate with the AWC on community meals and holiday-themed events; promote AWC group-based programming	Katy Farrens	Yes
Allied NRT	collaborate with the AWC on community-building events like Parks Alive; promote AWC group-based programming; collaborate with the AWC to address neighborhood safety issues	Abigail Ryan and Jeremy Nash	Yes
JFF	collaborate with the AWC on community-building events; promote AWC group-based programming	Maureen Murphy	Yes
JustDane	collaborate with AWC on the Black men's wellness group by providing staff to co-facilitate	Linda Ketcham	Yes
Project Respect	collaborate with the AWC on the Black women's wellness group with staff expertise in wellness group facilitation	Jan Miyasaki	Yes
PHMDS public health nurse	collaborate with the AWC on vaccine clinics and other health education offerings as needed	Rose Frederickson	No

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

The Rainbow Project is a partner on the emotion coaching course for neighborhood parents. Rainbow will provide course facilitators, support AWC staff to learn about emotion coaching content and strategies, and work with AWC staff to plan sessions. AWC will provide food and supplies, secure the space and child care providers, arrange for interpretation services, and will take the lead on adapting/translating materials for Latine parent participants. This activity is funded by a WI Child Abuse and Neglect Prevention Board grant with Rainbow as a subcontractor; we have an MOU on file that outlines the terms and responsibilities as a part of that grant. Ashianti Collier-Slaton is our primary contact and the MOU was signed by Sharyl Kato. UNIDOS was a partner in the pilot Latine men's group and we had an MOU that outlined roles, responsibilities, and expectations. Virginia Gittens Escudero is our primary contact and MOU signer. If UNIDOS has the capacity to do another group in the spring 2026, the partner organizations will enter into another MOU that can be shared with the CIP grant manager at that time.

How do these partnerships enhance this proposal?

Partner organizations bring expertise, established relationships with community members, and volunteer (ADMNA) or staff capacity to the collective work with the AWC to bring health education/wellness promotion and community-building family stabilizing activities to the neighborhood. As partners, they also support the work to assess how well programs/activities meet the identified community need and where improvements can be made.

What are the decision-making agreements with each partner?

We have letters of agreement or MOAs with each of the listed partners - with the exception of PHMDC.

- 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?

Resource linkage is central to CHW work, and participants in health education/wellness promotion and community-building neighborhood stabilizing group-based activities may need their support to connect to needed resources. Some of the most likely referrals and connections could include:

- JFF social worker and the Allied Essentials Pantry
- PHMDC public health nurse
- Madison and Fitchburg Senior Centers
- Madison and Verona school social workers
- Hospitals/Health systems (e.g. UW Health, Meriter, GHC) and Health care clinics (e.g. Perry Family Clinic, Planned Parenthood, and Our Lady of Hope Clinic)
- financial assistance for medical costs/charity care at each of the hospitals
- Dane County Extension financial education staff
- housing resources (e.g. Tenant Resource Center, Urban Triage, Legal Action)
- Employment Services (e.g. Commonwealth Development Job Shop, Dane County Job Center)
- Food resources (e.g. Allied Food Pantry and Allied Fresh mobile pantry)
- domestic violence providers (e.g. UNIDOS, DAIS)
- ESL resources (e.g. Madison College, Literacy Network, Catholic Multicultural Center)
- Immigration resources (e.g. DCDHS Office of Immigration Affairs, legal services, Voces de la Frontera)
- clothing and furniture resources (e.g. St. Vincent DePaul)

CHWs have developed relationships with staff at these organizations, so they are often able to do a warm-handoff. The CHWs may make the connection to the referral agency or they may support residents to make the connection themselves. By participating in the CIP cohort and the Dane County CHW collaborative, as well as participation in NRT, JFF, and LaSup meetings, CHWs continue to expand their knowledge of resources and network of contacts at those organizations.

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

AWC will track the following outputs:

- Number of events and brief description of activities
- Number of residents that attend each event/activity
- Demographics of participants in the three wellness groups, parenting support programs, and the ESL class
- Number of relevant training opportunities that CHWs complete and a brief description of topics covered

- B. Program Outcomes

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

AWC will use Jotform feedback forms to collect information from participants about their experiences with group-based programming.

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: 80% of participants in wellness groups will report improvement in well-being and stability				
Performance Standard	Targeted Percent	80%	Targeted Number	32 of 40
	Actual Percent		Actual Number	
Measurement Tool(s) and Comments: post-program feedback form				
Methodology: Participants in the 3 AWC wellness groups will be surveyed using a post-series feedback form to gather information about their experiences, including questions about their health, well-being, and stability				

Outcome Objective #2: 70% of participants in community-building and family stabilization activities will report willingness to engage in other community-building activities				
Performance Standard	Targeted Percent	80	Targeted Number	56 of 80
	Actual Percent		Actual Number	
Measurement Tool(s) and Comments: post-event feedback form				

Methodology: Participants in community-building and family stabilization activities will be surveyed using a post-activity feedback form to gather information about their experiences, including questions about their comfort level with and likelihood that they would participate in other community-building activities

Outcome Objective #3: 80% of participants in AWC group-based activities will report increased feelings of connectedness to their community

Performance Standard	Targeted Percent	80	Targeted Number	80 of 100
	Actual Percent		Actual Number	

Measurement Tool(s) and Comments: post-event/post-activity feedback form

Methodology: Participants in AWC group-based wellness and community-building activities will be surveyed using post-activity feedback forms to gather information about their experiences, including questions about social connectedness

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?

AWC will capture demographic information about participants in the three wellness groups, the ESL class, and parenting support activities; we will track the number of sessions, track training events of the staff, and content/activities/attendance at the community wellness events on spreadsheets or forms on our shared Google drive. Feedback forms and surveys of the participants at the health and wellness promoting and community-building events will be captured in JotForm. AWC tracks grant expenditures using an online version of quickbooks, receipts for all expenses are tracked using google docs; invoices are based on actual expenses.

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)
CHW Program Coordinator		CHW Certification; CHW supervisor training	AWC Office - or other space in the community
Community Health Worker - 1.0FTE		CHW Certification; training sessions on health topics with Dr. Lee	AWC Office - or ofther space in the community
Community Health Worker - 1.0 FTE		CHW Certification; training sessions on health topics with Dr. Lee	AWC Office - or other space in the community
Community Health Worker - .5 FTE		CHW Certification; training sessions on health topics with Dr. Lee	AWC Office - or other space in the community
Community Health Worker - .5FTE		CHW Certification; training sessions on health topics with Dr. Lee	AWC Office - or other space in the community

AWC Community Health Intern		college coursework in health-related field	AWC Office - or other space in the community

- B. Volunteers: Describe your process for screening, training, and supervising volunteers who will have direct contact with program participants.

The majority of the volunteers with the AWC are connected with the Allied Partner Churches, and they participate in some of the group-based activities, like the Learning Garden and community events, as well as the Learning to Drive initiative. We also have volunteers from the UW Grow Program that supports the Allied Fresh Mobile pantry that also help with community events. The CHW Program Coordinator screens and supports volunteers for the AWC. She meets with potential volunteers to better understand their skills and interests and will assign them tasks that are well-aligned with those skills and interests. Volunteers are screened using the Wisconsin Circuit Court Access (formerly CCAP) website.

- C. 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.

We have sufficient space at the new AWC office at the Derby to accommodate the current staffing, that also includes a more comfortable meeting space for CHWs and their clients and we have access to a classroom for smaller group gatherings. All of the CHWs have agency-issued cell phones and laptops that they use for work purposes, and they use their own transportation for home visits and any group-based activities.

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.
- The budget template and budget narrative can be found on the [CDD Funding Opportunities Website](#).

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.

APPLICATION FOR 2025 CRISIS INTERVENTION AND PREVENTION SERVICES PROGRAMS

1. ORGANIZATION CONTACT INFORMATION

Legal Name of Organization	Allied Wellness Center
Mailing Address	4689 Atticus Way, Madison, WI 53711
Telephone	608-213-3009
FAX	
Director	Leslie McAllister, Board President
Email Address	leslie_mcallister@hotmail.com
Additional Contact	Janice Ferguson
Email Address	jferguson@alliedwellnesscenter.org
Legal Status	Private: Non-Profit
Federal EIN:	52-2454644

2. PROPOSED PROGRAMS

	2026		If currently City funded	
Program Name:	Letter	Amount Requested	2025 Allocation	Joint/Multi Application - SELECT Y/N
CHWs: Partners in Health	A	\$109,221	\$70,000	
Contact:	Leslie McAllister			
Community Roots: Growing Allied	B	\$70,965		
Contact:	Leslie McAllister			
Teens Taking Charge	C	\$34,739		
Contact:	Leslie McAllister			
	D			
Contact:				
	E			
Contact:				
TOTAL REQUEST		\$214,925		

DEFINITION OF ACCOUNT CATEGORIES:

Personnel: Amount reported should include salary, taxes and benefits. Salary includes all permanent, hourly and seasonal staff. 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 audit 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 counseling service to an individual practitioner; the agency is a fiscal agent for a collaborative project and provides payment to other agency

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:

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

DATE

INITIALS:

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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*		
	Number	Percent	Number	Percent	GENERAL Percent	POVERTY Percent	R/POV** Percent
TOTAL	5	100%	4	100%			
GENDER							
MAN		0%	1	25%			
WOMAN	5	100%	3	75%			
NON-BINARY/GENDERQUEER		0%		0%			
PREFER NOT TO SAY		0%		0%			
TOTAL GENDER	5	100%	4	100%			
AGE							
LESS THAN 18 YRS		0%		0%			
18-59 YRS	2	40%	4	100%			
60 AND OLDER	3	60%		0%			
TOTAL AGE	5	100%	4	100%			
RACE							
WHITE/CAUCASIAN	3	60%	1	25%	80%	67%	16%
BLACK/AFRICAN AMERICAN	2	40%	1	25%	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%	2	50%	1%	2%	28%
TOTAL RACE	5	100%	4	100%			
ETHNICITY							
HISPANIC OR LATINO		0%	2	50%	7%	9%	26%
NOT HISPANIC OR LATINO	5	100%	2	50%	93%	81%	74%
TOTAL ETHNICITY	5	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)

At this point we do not have a Latine representative on the board, nor do we have any gender representation besides female. Our newest board member, a Latina trained nurse and mother of an adult child with disabilities, was unable to continue serving after only a year on the board due to family and job demands. We have created an ad hoc committee of the existing board to work on board recruitment; we are prioritizing identifying some potential Latine candidates of any gender for both resident and non-residents board positions.

7. AGENCY GOVERNING BODY

How many Board meetings were held in 2024

7

How many Board meetings has your governing body or Board of Directors scheduled for 2024?

6

How many Board seats are indicated in your agency by-laws?

11-May

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

Name	Leslie McAllister			
Home Address	23 Mondale Court, Madison, WI 53705			
Occupation	social worker			
Representing	non-resident board member			
Term of Office		From:	mm/yyyy	To: mm/yyyy
Name	Molly Plunkett			
Home Address	4413 Crescent Road, Fitchburg, WI 53711			
Occupation	retired Corporation Counsel for DCDHS			
Representing	resident member, Allied Partners representative			
Term of Office		From:	mm/yyyy	To: mm/yyyy
Name	Carmella Harris			
Home Address	2001 Traceway Drive #328, Fitchburg, WI 53711			
Occupation	crisis intervention specialist			
Representing	non-resident member/neighborhood service provider			
Term of Office		From:	mm/yyyy	To: mm/yyyy
Name	Katy Farrens			
Home Address	4605 Crescent Road, Madison, WI 53711			
Occupation	MMSD school aide			
Representing	resident member, ADMNA representative			
Term of Office		From:	mm/yyyy	To: mm/yyyy
Name	Betty Banks			
Home Address	1331 South Street, Madison, WI 53715			
Occupation	retired non-profit manager			
Representing	non-resident member/family support services expert			
Term of Office		From:	mm/yyyy	To: mm/yyyy
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
Name				
Home Address				
Occupation				
Representing				
Term of Office		From:	mm/yyyy	To: mm/yyyy

AGENCY GOVERNING BODY cont.

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

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Occupation

Representing

Term of Office

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mm/yyyy

To:

mm/yyyy

****Instructions: Complete this workbook in tab order, so the numbers will autofill correctly. Only fill in the yellow cells.**
Only use whole numbers, if using formulas or amounts with cents, convert to whole number before submitting to CDD.

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	30,000	15,000	10,000	5,000			
CITY CDD (This Application)	214,925	109,221	70,965	34,739			
City CDD (Not this Application)	0						
OTHER GOVT*	47,500	22,500	25,000				
FUNDRAISING DONATIONS**	42,790	13,004	24,745	5,041			
USER FEES	0						
TOTAL REVENUE	335,215	159,725	130,710	44,780	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	240,760	162,760	116,896	83,200	87,672	52,520	36,192	27,040					
Taxes/Benefits	25,673	17,416	12,509	8,903	9,381	5,619	3,783	2,894					
Subtotal A.	266,433	180,176	129,405	92,103	97,053	58,139	39,975	29,934	0	0	0	0	0
B. OTHER OPERATING													
Insurance	3,000	1,918	3,000	1,918									
Professional Fees/Audit	3,000	1,600	3,000	1,600									
Postage/Office & Program	0	0											
Supplies/Printing/Photocopy	21,453	11,734	3,000	2,500	15,848	6,629	2,605	2,605					
Equipment/Furnishings/Depr.	0	0											
Telephone	7,320	4,500	4,620	1,800	1,000	1,000	1,700	1,700					
Training/Conferences	5,000	2,000	4,000	1,000	500	500	500	500					
Food/Household Supplies	0	0											
Travel	0	0											
Vehicle Costs/Depreciation	0	0											
Other	0	0											
Subtotal B.	39,773	21,752	17,620	8,818	17,348	8,129	4,805	4,805	0	0	0	0	0
C. SPACE													
Rent/Utilities/Maintenance	9,600	6,000	7,200	4,800	2,400	1,200							
Mortgage Principal/Interest	0	0											
Depreciation/Taxes	0	0											
Subtotal C.	9,600	6,000	7,200	4,800	2,400	1,200	0	0	0	0	0	0	0
D. SPECIAL COSTS													
Assistance to Individuals	5,000	3,000	5,000	3,000									
Partner/Joint Agency/Agencies	0	0											
Contractors/Subcontractors	12,612	2,200	500	500	12,112	1,700							
Pymt to Affiliate Orgs	0	0											
Other	1,797	1,797					1,797	1,797					
Subtotal D.	19,409	6,997	5,500	3,500	12,112	1,700	1,797	1,797	0	0	0	0	0
TOTAL (A.-D.)	335,215	214,925	159,725	109,221	128,913	69,168	46,577	36,536	0	0	0	0	0

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

	2026	2026	2026	2026	2026	2026	2026	2026	2026	2026	2026
Title of Staff Position*	Program A FTE**	Program B FTE**	Program C FTE**	Program D FTE**	Program E FTE**	Total FTE	Annualized Salary	Payroll Taxes and Fringe Benefits	Total Amount	Hourly Wage***	2026 Amount Requested from the City of Madison
CHW Program Coordinator	0.30	0.20				0.50	36,400	3,895	40,295	35.00	36,265
Community Health Worker	0.70	0.15	0.15			1.00	54,080	5,787	59,867	26.00	59,867
Community Health Worker	0.50	0.30	0.20			1.00	58,240	6,232	64,472	28.00	44,900
Community Health Worker	0.10	0.30	0.10			0.50	27,040	2,893	29,933	26.00	14,968
Community Health Worker	0.20	0.30				0.50	29,120	3,116	32,236	28.00	0
AWC Bookkeeper	0.20	0.15				0.35	25,480	2,726	28,206	35.00	24,176
AWC Community Health Intern		0.25				0.25	10,400	1,113	11,513	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	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	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
SUBTOTAL/TOTAL:	2.00	1.65	0.45	0.00	0.00	4.10	240760.00	25762.00	266522.00	178.00	180176.00

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 requesting funding in this application, and the amount of time they will spend in each program.**

	2025	2025	2025	2025	2025	2025	2025	2025 Payroll Taxes and Fringe Benefits	2025	2025	2025 Amount Requested from the City of Madison
Title of Staff Position*	Program A FTE**	Program B FTE**	Program C FTE**	Program D FTE**	Program E FTE**	Total FTE	Annualized Salary		Total Amount	Hourly Wage***	
						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:	2.00	1.65	0.45	0.00	0.00	4.10	240760.00	25762.00	266522.00	178.00	180176.00

*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	CHWs: Partners in Health	PERSONNEL	92,103
		OTHER OPERATING	8,818
		SPACE	4,800
		SPECIAL COSTS	3,500
		TOTAL	109,221
B	Community Roots: Growing Allied Health Together	PERSONNEL	58,139
		OTHER OPERATING	8,129
		SPACE	1,200
		SPECIAL COSTS	1,700
		TOTAL	69,168
C	Teens Taking Charge	PERSONNEL	29,934
		OTHER OPERATING	4,805
		SPACE	0
		SPECIAL COSTS	1,797
		TOTAL	36,536
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			214,925