

 **Applicant Checklist**

Submit Application to: cddapplications@cityofmadison.com

 **Deadline: 4pm July 1st, 2024**

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

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

**This checklist is to help you ensure your application is complete prior to submission. Please do not submit this form with your application.**

If you need assistance related to the **content of your application** or are unclear about how to respond to any questions, please contact CDD staff: Yolanda Shelton-Morris, Community Resources Manager yshelton-morris@cityofmadison.com or Garrett Tusler, Community Development Specialist gtusler@cityofmadison.com. We are committed to assisting interested organizations understand and work through this application and funding process.

If you have any questions or concerns that are related to **technical aspects** of any document, including difficulties with text boxes or auto fill functions, please contact Garrett Tusler, gtusler@cityofmadison.com

**All Applicants**

1. Read the RFP Guidelines
2. Read the Application Instructions
3. Attend workshop: 11am-1pm Wednesday, June 5th [[REGISTER FOR ZOOM](https://cityofmadison.zoom.us/meeting/register/tZ0rcemgqTktGNJvvHZusYZ2HjgKAHMs7evX)]

**Single Applicant**

1. Letter of Intent
2. Organization Narrative
3. Program Narrative
4. Budget Workbook
5. Submit all materials

**Joint/Multi Agency Applicant (LEAD)**

1. Letter of Intent
2. Organization Narrative
3. Organization Narrative – Partner Narrative section
4. Budget Workbook
5. Submit all materials (Lead and Partner)

**Joint/Multi Agency Application (Partner)**

1. Letter of Intent
2. Organization Narrative
3. Budget Narrative
4. Share 1-3 with Lead Applicant

**Format for File Names**

**Instructions:** Click on the first box entitled “choose an item” and select the appropriate program type. Using the ‘tab’ key, you can use the dropdown menus and text boxes provided to name your documents to be submitted.

**Example**

Age Out Loud \_OlderAdult Agency Inc.\_Culturally Relevant services\_Organization Narrative\_ JOINT/MULTI PARTNER

**[Program Name]\_[Your Agency’s name]\_[Program Type]\_[Document Type]\_[Applicant Type]**

* Click or tap here to enter text. **\_**Click or tap here to enter text.**\_** Choose an item. **\_\_**Choose an item.**\_** Choose an item.
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