

**School-Age Child and Youth Development Services**

**PART 1 – ORGANIZATION NARRATIVE FORM**

Submit Application to: cddapplications@cityofmadison.com

 **Deadline: 4:30 pm CDT, MAY 15, 2023**

*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 application and subsequent contract is for all organizations to present a set of opportunities within the umbrella of one contracted program for each age group, i.e. elementary, middle and high school. Only programs that involve different participants for that age group, separate staff, a different schedule and are not an activity occurring during or as part of another program should be considered a stand-alone program with a separate 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 Narrative will not be considered in the evaluation of this proposal. *Do not attempt to unlock/alter this form.* 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: Yolanda Shelton-Morris, Community Resources Manager yshelton-morris@cityofmadison.com or Mary O’Donnell, Community Development Specialist modonnell@cityofmadison.com. We are committed to assisting interested organizations understand and work through this application and funding process.

If you have any questions or concerns that are related to **technical aspects** of this document, including difficulties with text boxes or auto fill functions, please contact Jen Stoiber – jstoiber@cityofmadison.com

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Name of Organization: |        | Total Amount Requested:  | $       |
| Program(s) included in this application:  | Program Name:       | Amount Requested: $       |
| Program Type: Choose an item. |
| Program Name:       | Amount Requested: $       |
| Program Type: Choose an item. |
| Program Name:       | Amount Requested: $       |
| Program Type: Choose an item. |
| Program Name:       | Amount Requested: $       |
| Program Type: Choose an item. |
| * *If you are applying for more than four programs please contact Jennifer Stoiber at* *jstoiber@cityofmadison.com*
 |
| Contact Person: |       | Email:       |
| Organization Address: |       | Telephone: |       |
| 501 (c) 3 Status: | [ ]  Yes [ ]  No | Fiscal Agent *(if no)* |       |

**Organizational Qualifications:**

1. Organization History and Mission Statement

1. Describe your organization’s experience implementing programming described in the School-Age Child and Youth Development Service Continuum and relevant to the programs you propose in this application. List all current school-age child and youth programs with their inception date.

1. Describe any significant changes or shifts at your agency since 2019 or anticipated changes in the next two years. For example changes in leadership, turnover of management positions, strategic planning processes, expansion or loss of funding. What, if any affects have or will these changes make regarding the agency’s ability to provide proposed services? If there are no changes, write “No changes”.

1. Describe your organization’s experience, education and training requirements for management and school-age child and youth program staff. Include how you support these requirements and other professional development opportunities.