

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 | <u>24/7 Helpline</u> – | Community-Based Individual & Family Support - |
| Types | 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. | 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. | Building Community & Stabilization — Organizations who provide community-wide or group-based activities that increase protective factors and reduce the likelihood of crisis, especially for communities disproportionately impacted by poverty and systemic inequity. These services aim to create spaces, educate, inform, and connect individuals to their neighbors and the district they live in. |

Responses to this RFP should be complete but succinct. Materials submitted in addition to Part 1 - Organization Narrative, Part 2 - Program Narrative(s), and Part 3 - Budget Workbook will not be considered in the evaluation of this proposal.

Do not attempt to unlock/alter this form. The font should be no less than 11 pt.

If you need assistance related to the content of the application or are unclear about how to respond to any questions, please contact CDD staff: Nancy Saíz, Community Development Specialist nsaiz@cityofmadison.com or Yolanda Shelton-Morris, Community Resources Manager yshelton-morris@cityofmadison.com. We are committed to assisting interested organizations in understanding and working through this application and funding process.

If you have any questions or concerns that are related to <u>technical aspects</u> of this document, including difficulties with text boxes or auto fill functions, please contact Nancy Saíz, <u>nsaiz@cityofmadison.com</u>.

APPLICANT TYPES

Every organization applying for funding <u>must submit an organizational history narrative per program</u> 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: | Briarpatch Youth Services, Inc. | Total Amount Requested: | \$ 235,000 |
|--|--|--------------------------------|-----------------|
| All program(s) connected to your organization: | Program Name: Runaway & Homeless Youth Applicant Type: Single Agency Application Program Type: 24/7 Helpline List Program Partner(s) (if applicable): N/A Program Name: Briarpatch Youth Shelter Operations Applicant Type: Single Agency Application Program Type: Shelter Services List Program Partner(s) (if applicable): N/A Program Name: Parent Support Program | Amount Request Amount Request | red: \$ 115,000 |
| | Applicant Type: Single Agency Application | | |

| | Program Type: Community-Based Individual and Fa List Program Partner(s) (if applicable): N/A | amily Support Services | S | |
|---|--|------------------------|------------------------|--|
| | Program Name: YouthBridge 608 | Amoun | t Requested: \$ 50,000 | |
| | Applicant Type: Single Agency Application | | | |
| | Program Type: Building Community & Stabilization | : YOUTH | | |
| | List Program Partner(s) (if applicable): N/A | | | |
| | If you are applying for more than four programs, please contact Nancy Saíz nsaiz@cityofmadison.com | | | |
| Contact Person for application (Joint Applications - Lead Org): | Jill Pfeiffer, Executive Director | Email: jill.pfeiffer@l | briarpatch.org | |
| Organization Address: | 2720 Rimrock Road | Telephone: | 608.245.2550 x 1215 | |
| 501 (c) 3 Status: | ⊠ Yes □ No | Fiscal Agent (if no) | None | |

<u>Single and Lead Agency Qualifications:</u> Complete this section if you are applying as a SINGLE AGENCY or serving as the LEAD AGENCY in a joint/multi-agency application.

1. Briefly describe your organization's history, core mission, and experience providing services relevant to this proposal. If applicable, highlight any work related to crisis intervention, prevention, or serving the proposed population. Please keep your response concise (approximately 1–2 paragraphs).

Briarpatch Youth Services, Inc. is a private, 501©3 non-profit organization that was established in 1971. Each year, the agency serves approximately 2,000 youth who have runaway, are experiencing homelessness, have become involved in the justice system, or face other challenges. The agency's mission is "Strengthening the Lives of Youth and Families." The agency offers a broad array of services to youth and their families including:

- Youth Advocacy Services (Runaway & Homeless Youth Counseling & Help-Line)
- Youth Shelter
- Street Outreach Program
- Connections Advocacy Program
- Comprehensive Community Services (CCS)
- Youth Job Center
- Teens Like Us (LGBTQ+ youth group)

- Parent Support Program
- Youth Restitution Program
- Intensive Supervision Program
- Restorative Justice Program
- Youth Rapid Rehousing
- 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.

Briarpatch currently operates three CIP-funded programs: a Help-Line for youth established in 1971, a Youth Shelter for runaway and unhoused youth launched in 2015, and a Restorative Justice Program initiated in 1996.

Over the past 54 years, the Briarpatch Runaway & Homeless Youth Program has helped more than 12,000 youth in need. One of Briarpatch's core services, the program serves 150-250 youth and families each year. In fact, Briarpatch is the only agency in Dane County specializing in services to youth who have runaway, are experiencing homeless, or are otherwise at-risk. The program's services are confidential and voluntary.

The Runaway & Homeless Youth Program offers a 24-hour helpline, shelter, counseling, outreach, crisis intervention, and case management assistance. Family conflict, school problems, substance use/abuse, domestic violence, mental health concerns, and homelessness are just some of the concerns presented by youth and their families. The Briarpatch Youth Shelter is the first and only shelter of its kind for unaccompanied homeless youth in Dane County.

Service accessibility is a top priority for the Runaway & Homeless Youth Program. All services are provided at no cost to clients. The program is accessible 24 hours a day, 365 days a year though our help-line (1-800-798-1126). In Dane County, counseling services are available on a walk-in basis from 9am to 8pm, Monday through Friday.

Briarpatch's Parent Support Program (formerly called Project HUGS) provides culturally relevant, community-based case management services that assist and support concerned parents/caregivers to effectively intervene in their youth's substance use by providing them with information, education, skills, care coordination and referrals, advocacy, and personal support. Services provided include assessment, coaching, counseling, case management, advocacy, support, and opportunities for skill development.

Our YouthBridge Support Groups is an initiative designed by Briarpatch Youth Services to provide weekly, inclusive support groups for youth ages 13–17 who are formerly justice-involved and have completed their court obligations, or facing challenges due to social, economic, or familial challenges

These groups will be facilitated by staff members, many with lived experience, trained in Restorative Justice, mindfulness, group facilitation, and youth arts. The agency will offer a safe, welcoming environment for youth to connect, reflect, and grow. The program will be trauma-informed and culturally responsive, ensuring that all participants feel seen and supported.

Each session will include:

- Peer-led discussions on identity, accountability, and future planning
- Mentorship circles for one-on-one and small group guidance
- Skill-building workshops on mindfulness, communication, conflict resolution, and career readiness
- Creative and community engagement projects to foster purpose and belonging

Briarpatch has a long history of offering groups that connect youth with their communities in a positive way. These include the Teens Like Us queer youth group, I Am A Man, Girl FLY, Resortaive Justice Circles, and more.

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."

Briarpatch began a new Comprehensive Community Services (CCS) Program in 2024 with a new federal SAMHSA grant. This program provides counseling and case management to youth with a mental health diagnosis. It affords the agency the ability to provide more in-depth, clinical level services to our clients and youth in the broader community. In addition, Briarpatch joined the City of Madison's Youth Homelessness Demostration Project as a service provider in 2024. Briarpatch provides rapid-rehousing services to youth experiencing homelessness ages 18 to 24 including rent assistance, life-skills building and case management. This has allowed the agency to provide more comprehenisive, wrap-around services to program participants who age out of shelter or foster care services.

No other significant changes have occurred at Briarpatch in the last two years.

- **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."
 - Briarpatch anticipates losing a federal Street Outreach Program grant at the end of September 2025 because the current administration is no longer offering the funding opportunity. The agency will continue to operate its Street Outreach Program, with reduced staffing. No other significant changes are expected at this time. The agency anticipates no staffing changes that will affect proposed CIP services.
- 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.).
 - Briapatch staff has received training in trauma-informed care and harm-reduction and utilizes the principles of these evidenced-based approaches in their work with youth. Training and practice in trauma informed care is based on standards established by SAMHSA's National Center for Trauma-Informed Care. In addition, the agency is a member of the Wisconsin Association of Homeless and Runaway Services (WAHRS). Briarpatch staff has received training in trauma informed care by RHYTTAC and at a WAHRS training conference. Other evidenced based practices used by the agency and referenced herein include Motivational Interviewing, Family Systems Therapy, and the Search Institute's 40 Developmental Assets.

Briarpatch incorporates a Positive Youth Development (PYD) approach in all of its services and strives to strengthen families, prevent family dissolution, promote self-sufficiency, and assure permanent stable homes for youth. Strategies utilized in this approach include mentoring, youth leadership development, opportunities for volunteerism and service learning, and job skill development.

On-going training in core competencies include but are not be limited to: positive youth development; trauma-informed care; evidence-informed interventions; street outreach interventions; understanding the culture of life on the streets; personal safety; ethics and boundaries; community resources for well-being and self-sufficiency; safe and ethical practices; confidentiality; sexual exploitation; harm reduction; human trafficking; intersection of human trafficking, and race and gender inequalities; other forms of violence or victimization; screening and assessment; and case management. Our organization is also a member of YIPA: the Profession Youth Worker, which also additional training opporunities.

To further support our programming, Briarpatch maintains a State of Wisconsin Group Home License to provide temporary shelter to youth, and employs a Licensed Clinical Social Worker who is available for consultation. Briarpatch values the insight and relateability of its staff members with lived experience. Briarpatch values the insight and relateability of its staff members with shared lived experience of our program participants. This expertise, combined with professional and educational expertise, ensures a well rounded and thoughtful approach to our service delivery.

Joint/Multi-Agency Qualifications: Fill out if you are THE LEAD AGENCY in the Joint/Multi-Agency Application ONLY

Program name: N/A

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) N/A

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?

N/A

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? N/A

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?

N/A

 Outline any anticipated challenges or barriers related to the partnership and describe how you plan to address them collaboratively.
 N/A

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?
N/A



CRISIS INTERVENTION AND PREVENTION SERVICES 2025 REQUEST FOR PROPOSAL (RFP) APPLICATION

Part 2 - Program Narrative Form

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Program Narrative Form **MUST be completed for EACH PROGRAM** for which you are asking for funds.

JOINT/MULTI-AGENCY APPLICANTS

<u>Only</u> the designated <u>'LEAD AGENCY'</u> 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: | Parent Support Program | Total Amount I Program: | Total Amount Requested for this Program: | | | |
|---|--|-----------------------------|--|-------------|------------------|--|
| Legal Name of Organization: | Briarpatch Youth Services, Inc. | Total amount F Applicant | Total amount Requested for Lead/Single Applicant | | \$ 30,000 | |
| Legal Name of | | Total Amount I | Total Amount Requested for Partner 1: | | \$ | |
| Partner(s) (Joint/Multi- | | Total Amount I | Requested for F | Partner 2: | \$ | |
| Agency Applicants only): | | Total Amount I | Requested for F | Partner 3*: | \$ | |
| Program Contact: Lead Organization Contact | Jill Pfeiffer, Exec Director | Email: | jill.pfeiffer Email: @briarpatc Phone: h.org | | 608.245.2 550 | |
| Program Type: Select ON | E Program Type for this form. | | | | | |
| ☐ Crisis Intervention Sup | port Services: 24/7 Helpline | | | | | |
| ☐ Crisis Intervention Sup | ☐ Crisis Intervention Support Services: Shelter Services | | | | | |
| ☑ Prevention Services ar | nd Activities: Community-Based | Individual/Fam | ily Support | | | |
| ☐ Prevention Services ar | nd Activities: Building Communi | ty and Stabilizat | ion | | | |
| \square Adults and Famil | ies | | | | | |
| ☐ Youth ages 12-18 years old | | | | | | |
| <u>PLEASE NOTE:</u> Separate applications are required for each distinct/stand-alone program. Programs are considered distinct/stand-alone if the participants, staff and program schedule are separate from other programs, rather than an activity or pull-out group. | | | | | | |

1. PROGRAM OVERVIEW

A. <u>Need</u>: What specific need(s) in the City of Madison does this program aim to address? Please cite the data or community input used to support your response.

Key Statistics for Dane County:

Drug overdose deaths (total) 144 overdose deaths in 2023 (Madison and Dane County Public Health)

Opioid-involved overdose deaths 126 opioid overdose deaths in 2022 (madison.com)

In 2021, ~86% of overdose deaths in Dane County involved opiates (Danecounty.gov)

The opioid overdose death rate in Dane County was about 17.9 per 100,000 (Badger Institute)

From 2014 - 2016, the opioid overdose death rate among Black Dane County residents was 2 7.4 per 100,000 compared to 1 3.4 per 100,000 for white residents. (The Badger Herald)

22.9% of high school students reported drinking alcohol in the past 12 months. (danecounty.gov)

The Parent Support Program aims to address the following needs:

1)Many families in Dane County are experiencing stressors (developmental delays, lack of caregiving capacity, mental health issues, involvement with the child welfare or justice systems) that make parenting support not just helpful, but crucial.

- 2) Court, justice, and foster care systems are often responding reactively to family crises rather than proactively, which suggests the need to expand preventive / supportive parenting programs to reduce downstream harms.
 - B. <u>Goal Statement</u>: What is the overarching goal of your program in response to the identified need? How does this goal align with the scope, priorities, and desired outcomes described in the RFP guidelines? The overarching goal of the Parent Support Program is to help parents and guardians learn techniques and strategies to help them overcome parenting challenges and connect them to resources to help their families succeed. The proposal will expand the program to local neighborhoods.
 - C. <u>Program Summary</u> 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.

Briarpatch's Parent Support Program (formerly called Project HUGS) will provide culturally relevant, community-based case management services that assist and support concerned parents/caregivers to effectively intervene in their youth's substance use by providing them with information, education, skills, care coordination and referrals, advocacy, and personal support. The program will serve parents/families of alcohol/other drug involved youth ages 11-18 years old. Substance use involvement may range from early problematic use to dependency. This proposal will expand the program to community-based locations, in various neighborhoods across Madison.

Services provided will include assessment, coaching, counseling, case management, advocacy, support, and opportunities for skill development to parents/guardians of youth experiencing drug use. These clients may be referred by Dane County social workers, school districts, Dane County Behavioral Health Resource Center (BHRC), law enforcement, medical personnel, therapists and counselors, juvenile court, Joining Forces for Families, DCDHS staff, other service providers, other Briarpatch programs, or are self-referred. Parent support services will focus on increasing the ability of parents to effectively parent their children while also helping them access services for their children and for themselves as applicable. This will be accomplished by helping parents: 1) increase their knowledge of protective parenting practices; 2) increase their knowledge of effective communication skills; 3) increase their knowledge of normal adolescent development; 4) increase their knowledge of effective coping and problem-solving skills; 5) increase their awareness of community resources; and 6) learn and understand the various systems they may become involved with as they pursue appropriate interventions for their children and for themselves. These strategies will help parents address the following:

- Parent/child conflict
- Difficulty with interpersonal relationships
- Truancy and academic problems
- Runaway behaviors
- Mental health concerns

Services will be provided at the agency's offices in Madison, at the homes of program participants, and at other neighborhood locations in the community.

Parents participating in the aforementioned services will be invited to attend twice-monthly parent support groups which are provided/facilitated monthly by Parent Support Program staff.

Services will be provided based on a philosophy of family empowerment and sensitivity to the unique needs of each parent/family. Services may be provided one-on-one or as part of a family meeting.

Service locations will vary based on each family's comfort level and transportation capabilities.

The anticipated duration of services (intake to discharge) is expected to be 3-9 months depending on the needs of each parent/family served. All parents/families served will be asked to complete a satisfaction/outcome survey at the time of discharge.

Estimated Annual Program Output: 970 hours of service to an additional 20 parents/families in neighborhood locations.

2. POPULATION SERVED

A. <u>Proposed Participant Population</u>: 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 Parent Support Program will serve families with children in Madison. These families will have a member involved with substance use/abuse. According to recent program statistics, approximately 55% of clients will be BIPOC. No data is currently available on participant income levels. A small but growing number of PSP participants prefer a language other than English. As such, the agency has contracted translation services, has several Spanish speaking staff, and is considering an additional Spanish Speaking hire for 2026.

Briarpatch deeply values and prioritizes the participants with lived experience of homelessness, housing instability, AODA, or justice system involvement. Their perspectives are integral to the design, delivery, and ongoing development of our programs.

We reflect these perspectives in several ways:

- Staff with Lived Experience: We actively recruit and support staff who have firsthand experience with homelessness or youth services, ensuring their insights guide daily interactions and broader program development.
- Participant-Centered Planning: Our case management process is collaborative, emphasizing individual voice, choice, and autonomy in goal setting and service navigation.

To encourage ongoing feedback, we offer multiple channels that are accessible and youth-friendly:

- Anonymous Feedback Forms: Available on-site with regular prompts encouraging completion.
- Exit Surveys and Follow-Up Calls: We collect feedback when youth leave the program, and where possible, follow up to understand their longer-term outcomes and reflections.
- B. <u>2024 Participant Demographics</u>: 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 | 23 | 45 |
| Black/African American | 16 | 32 |
| Asian | 2 | 4 |
| American Indian/Alaskan Native | 0 | 0 |
| Native Hawaiian/Other Pacific Islander | 0 | 0 |
| Multi-Racial | 1 | 2 |
| Balance/Other | 8 | 17 |
| Total: | 50 | |
| Ethnicity | | |
| Hispanic or Latino | 8 | 17 |
| Not Hispanic or Latino | 42 | 83 |
| Total: | 50 | |

| Gender | | |
|------------------------|----|----|
| Man | 35 | 70 |
| Woman | 15 | 30 |
| Non-binary/GenderQueer | 0 | 0 |
| Prefer Not to Say | 0 | 0 |
| Total: | 50 | |

Comments (optional):

C. <u>Language Access, Cultural Relevance</u>: Please describe how the proposed program will serve non-English speaking youth, individuals, and families. Describe how the proposed program builds and sustains adequate access and cultural relevance needs.

Briarpatch has developed a team (the Humanility Committee) that reviewed our strategic plan and priorities through an equity lens and are working to ensure that our policies, practices and culture are aligned with our values. In response we have changed our hiring practices and have increased our hiring and internal promotions to reflect the race, ethnicity, and lived experience to better serve our diverse community. We hold regular training on belonging and support for BIPOC and queer youth communities.

Briarpatch employs several staff who are fluent in both English and Spanish. The agency offers all major documents in both English and Spanish. For clients who speak Hmong or other languages, the agency relies on translation/interpretation services.

In addition, Briarpatch uses ADA adaptive systems to provide services when needed, including ASL translation and other assistive technologies. Briarpatch's office is ADA compliant.

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. The Parent Support Program promotes its services through three main strategies: 1) participation in community events, conferences, trainings, and professional groups, 2) Briarpatch direct outreach efforts, 3) media distribution and social media presence. The program staff regularly attend local and regional training opportunities, participate in several local professional organizations, and attend conferences relative to the services provided. Parent Support Program services are also publicized through the agency's Street Outreach Program, Connections Advocacy Program (school-based case management), and Runaway & Homeless Youth Program. These agency sister programs are in regular contact with area schools and mental health systems and endeavor to promote potential referrals. The PSP also relies on traditional media sources like brochures and flyers, and is including in agency social media publicity efforts. Finally, the PSP participates in agency on-line outreach efforts including Facebook, Instagram, YouTube, and agency website.

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?

While Briarpatch services are currently adapted to serving participants of diverse racial, ethnic, cultural, and economic backgrounds, the agency continues to pursue a variety of strategies to improve service delivery because we know we can do more. Some of these strategies include: 1) client satisfaction and feedback surveys, 2) designating a Board of Directors seat for a youth with lived experience, 3) advisory committees composed of individuals from different backgrounds, 4) ongoing staff trainings and in-services, 5) the Humanility Committee. It is expected that PSP will offer Parent Support Groups and services within the communities of the parents served. In addition to groups, individual meetings will be scheduled at the request or need of the client.

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). An effective Parent Support Program must include an assessment process that identifies the needs and strengths of the parents/primary care-givers being served. Following referral, a Briarpatch Parent Support Program (PSP) staff member will attempt to contact the parent(s) within one week of receiving the referral. Ideally, referral information will include a home address, a current phone number, and a current email address for the parent(s). Once initial contact is made with a parent, a face-to-face meeting with the parent and a PSP staff will be scheduled as soon as possible.

The first few meetings between a parent and PSP staff will focus on building rapport and completing an assessment to identify the parent's needs, strengths, and goals. Specific areas to explore during the assessment process include: 1) parenting practices currently being utilized and the effectiveness of same; 2) alcohol/drug use by household members including the parents, other adults, and teens living in the home; 3) mental health concerns/problems among household members; 4) a discussion of any counseling/treatment/other interventions for mental health and/or substance abuse concerns that have been tried by household members along with the outcomes of these interventions; and 5) a discussion about traumatic events that may have affected household members including any domestic violence, physical abuse, and/or sexual abuse that may have occurred. The assessment may also include an individual meeting with the youth if they are involved in the Juvenile Justice System.

3. PROGRAM LOCATION, DESCRIPTION, AND STRUCTURE

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

Program Type: Prevention Services: Family Support. Our Parent Support Program provides assessment, brief counseling, advocacy, and information/referral services to parents of youth with substance use/abuse problems. Additionally, parents are provided with skill building opportunities and information about effective parenting practices, advocacy for their children, and normal adolescent development. The information and skill-building opportunities are provided in one-on-one meetings with parents as well as during twice monthly parent support groups that are facilitated by Parent Support Program staff.

After completion of the assessment process, parents will be asked to participate in the development of an individualized participant-directed service plan designed to meet their needs and to achieve the goals they have identified. These service plans will address those challenges and problems that parents are willing to discuss and may include: effective parenting practices; alcohol/drug use by parents and by other household members; mental health concerns about household members; housing needs; employment needs, and educational needs. When appropriate, youth are asked to participate in the development of this plan with the understanding that this may not occur in all cases.

After the service plan is completed, PSP staff will provide up to six (6) hours of case management service and support monthly to each parent/family with the understanding that this will be driven by need and some parents may prefer fewer than 6 hours of support monthly. These service hours will include face-to-face meetings and telephone contacts with parents, collateral contacts, and parent attendance at monthly parent support groups. The frequency, duration, and type of contacts is determined on a case-by-case basis based on the family's needs and the mutual agreement of both parties.

In totality, case management services provided shall include but not be limited to:

- Continuing assessment of issues impacting the youth and/or family; discuss option/resources/methods of intervention; assist in creation of consumer directed service plan; develop recommendations and referrals to appropriate treatment or other resources.
- Service Plan to establish goals and objectives for the course of the service with each family.
- Referrals to and coordination with services such as substance use and mental health treatment, schools, peer support services and self-help groups.

- Expanding participants' connections to family, friends and identifying informal supports.
- Advocacy to broker services from public and private systems including schools, and to assist parents/families and systems to respond appropriately and effectively to one another.
- Provision of both individual support and a Parent Support Group to provide information on substance use concerns/disorders and other issues affecting the youth and family, education with parents on the mechanics and legal limitations of the various systems involved, development of appropriate adjustments in parenting techniques and stress reduction/coping skills; alleviate parental issues of guilt, powerlessness, fear and isolation.

B. <u>Use of Evidence-Based or Promising Practices:</u>

Please identify any evidence-based or evidence-informed models, practices, or curricula used, including sources or documentation of their effectiveness. If your program does not use a formal evidence-based model, describe the rationale for your approach and how it aligns with the goals of crisis intervention and prevention.

Briarpatch uses the evidence-based principles of Positive Youth Development, Strengths-Based Approach, Harm Reduction, and Tramua-Informed care in the Parent Support Program and all of its services.

Positive Youth Development: Based on research conducted by the U.S. Department of Health and Human Services, and updated based on the literature published by the Interagency Working Group on Youth Programs, Briarpatch incorporates a Positive Youth Development (PYD) approach in all of its services and strives to strengthen families, prevent family dissolution, promote self-sufficiency, and assure permanent stable homes for youth. Strategies utilized in this approach include mentoring, youth leadership development, opportunities for volunteerism and service learning, and job skill development. The Positive Youth Development Approach (PYD) is an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is constructive and productive. PYD recognizes, utilizes, and enhances young people's strengths and promotes positive outcomes for youth by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths. Briarpatch involves teens and parents in many aspects of its programs including design, operation, and evaluation. Skill development in areas such as effective communication and decision-making are emphasized.

Youth are involved with providing services to Briarpatch in the following ways:

- Providing program feedback through evaluations
- Briarpatch has a board seat designated for a youth member, up to age 24.
- Aiding with essential items drives (drives to collect hygiene products, clothes, etc.)
- Providing services as work-study students, interns, and AmeriCorps members

These opportunities promote healthy lifestyles; encourage community engagement; and aid youth in developing the knowledge and skills necessary to make a successful transition to adulthood. Briarpatch utilizes the federal publications Understanding Youth; Promoting Positive Pathways of Growth; and Reconnecting Youth and Community to further aid staff in promoting positive youth development.

Strength-Based Approach: Much of the work done by PSP staff focuses on helping families build protective factors, reduce risk factors, and enhance individual strengths. Consistent with these objectives, staff is trained to provide positive messages to families concerning safety and self-care.

Trauma Informed Care: According to Shelter from the Storm, "Trauma informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma; that emphasizes physical, psychological, and emotional safety for both providers and survivors; and that creates opportunities for survivors to rebuild a sense of control and empowerment."

Briarpatch incorporates this philosophy into its PSP services by focusing on four trauma-informed principles:

1) Trauma Awareness, 2) Emphasis on Safety, 3) Opportunities to Regain Control, and 4) Strength-based Approach. The agency's Professional Development Committee arranges for the provision of trauma related trainings for all staff. These trainings include discussions of specific strategies and techniques to use when working with participants including: assuming that all participants are trauma survivors; working to identify and understand each participants's emotional triggers; and building supportive relationships with participants. As part of building trust and establishing supportive relationships with families, staff are taught to ask families and youth what they need to feel safe in their relationships and to provide families with as many opportunities to

make their own choices as possible. When PSP staff needs additional support or guidance for their most difficult cases, supervisory staff and other agency staff with clinical counseling/social work backgrounds are available to provide support. Emphasizing safety, Briarpatch has established safety protocols to address emotional and physical safety for both staff and participants. During consultation sessions, PSP staff encourage youth and families to identify opportunities to regain control of their lives by making safe and healthy choices that will promote their long-term well-being. PSP staff receives training on the principles of harm reduction and are taught intervention strategies that are consistent with this philosophy. Harm reduction strategies seek to reduce the negative consequences of unhealthy behaviors such as substance abuse by meeting participants "where they are at" to address both the consequences of their behavior and options for making healthier choices. When addressing alcohol/drug abuse, these strategies include: acknowledging the reality of alcohol/drug use; providing families with education about alcohol/drug abuse; teaching families how to identify alcohol/drug problems; and providing information about how to get help for these problems. By using these strategies, rather than a zero-tolerance approach, PSP staff are more likely to develop a trusting relationship with families which is often the first step to getting youth into safe housing. As indicated previously, youth in need of treatment for substance abuse or dependence will be referred to a communitybased agency that specializes in providing this service.

- C. <u>Program/Service Schedule and Location:</u> Please fill out the charts below to describe the schedule for your proposed program or service, including days and hours that services, classes, workshops, or other activities will be operating (if your staff operates during varied hours, please give your best overview of when your staff are interacting with clients).
 - a. If your program operates at **multiple locations** with the **same schedule**, please list all locations TOGETHER in **TABLE 1** and include the schedule of operation
 - b. If your program operates at **multiple locations** with **different schedules**, use **TABLE 2 in addition** to table 1 to detail each location's unique schedule
 - c. If you are submitting a **JOINT/MULTI-AGENCY** application:
 - i. Use **TABLE 1**, if the service operates at **multiple locations** with the **same hours** (Please list all locations)
 - ii. Use **TABLE 2**, in addition to table 1, if the service is operating at **multiple locations** with **different hours**

Table 1:

| PROGRAM LOCATION(s): | | |
|----------------------|------------------------|------------------------|
| Day of the Week | Start Time | End Time |
| Monday | 9:00 AM | 5:00 PM |
| | Primarily BYS Offices, | Primarily BYS Offices, |
| | sometimes other | sometimes other |
| | community partners. | community partners |
| Tuesday | 9:00 AM | 5:00 PM |
| | Primarily BYS Offices, | 2nd Tuesday of the |
| | sometimes other | month from 6-7pm for |
| | community partners | groups |
| Wednesday | 9:00 AM | 5:00 PM |
| | Primarily BYS Offices, | Primarily BYS Offices, |
| | sometimes other | sometimes other |
| | community partners | community partners |
| Thursday | 9:00 AM | 5:00 PM |
| | Primarily BYS Offices, | 1st Thursday of the |
| | sometimes other | month from 6-7pm for |
| | community partners | groups |
| Friday | 9:00 AM | 5:00 PM |

| | Primarily BYS Offices, | Primarily BYS Offices, |
|----------|------------------------|------------------------|
| | sometimes other | sometimes other |
| | community partners | community partners |
| Saturday | 5:00 PM | 7:00 PM |
| | As needed | As needed |
| Sunday | Choose an item. | Choose an item. |
| | | |

^{*}If hours are different than those listed, please use rows below drop-down list

Table 2: (Optional/if needed)

| PROGRAM LOCATION(s): | | | |
|----------------------|-----------------|-----------------|--|
| Day of the Week | Start Time | End Time | |
| Monday | Choose an item. | Choose an item. | |
| Tuesday | Choose an item. | Choose an item. | |
| Wednesday | Choose an item. | Choose an item. | |
| Thursday | Choose an item. | Choose an item. | |
| Friday | Choose an item. | Choose an item. | |
| Saturday | Choose an item. | Choose an item. | |
| | | | |
| Sunday | Choose an item. | Choose an item. | |

^{*}If hours are different than those listed, please use rows below drop-down list

If applicable, please list the third and any subsequent service locations. Include the specific program schedule(s) differences as compared to the programs included in the tables above:

4. ENGAGEMENT COORDINATION AND COLLABORATION

A. <u>Family Engagement</u>: 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.

Briarpatch places a high value on youth input and participant feedback. Participants admitted to the Parent Support Program receive exit interviews and follow up calls by staff. These interviews are critical in assessing program effectiveness and determining if client needs have been met. Participant satisfaction surveys are used to solicit feedback for program evaluation and planning purposes. A whole family approach involving youth in addition in counseling and case management is used whenever possible. Also, in parent support groups, parents are able to interact with peers who face similar situations making support and growth feel more personal and legitimate.

B. <u>Neighborhood/Community Engagement:</u> 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.

We see neighborhood organizations as playing a key role in expanding access for families who face transportation challenges or have young children. Partnering with them would allow us to meet families directly within their communities—for intake meetings, individual skill-building, family sessions, and parent support groups. This community-based approach could greatly reduce family stress, enhance home dynamics, and potentially lower the number of police calls, all while strengthening our local support network. In addition, many neighborhoods have a social bond and share similar socio-economic situations. By providing neighborhood-based services, the PSP can better tailor messages and services provide to the needs of the local community.

C. <u>Collaboration</u>: Please complete the table below and respond to the narrative questions regarding program collaboration with community partners.

Note:

- <u>Single applicants</u> 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.
- <u>Joint Lead applicants</u> **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)? |
|---------------------------------|---|----------------|-------------------------|
| Journey Mental Health Center | Referral provider; mental health services | Robin Kickel | Letter of Support |
| TBD | TBD | TBD | TBD |
| | | | |

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

The Briarpatch Parent Support Program has begun discussing potential community partners. We've brainstormed locations including the Boys and Girls Club of Madison, Goodman Community Center, Lussier Community Center, Vera Court Community Center, Bridge-Lake Point-Waunona Neighborhood Center, and possibly Door Creek Church.

How do these partnerships enhance this proposal?

We envision these organizations would be instrumental in increasing access for families facing transportation barriers or those with young children. These partnerships would allow me to meet with families in their own communities—for intake meetings, individual skill-building sessions, family sessions, and parent support groups. This hyper-local approach could significantly reduce family stress, improve home dynamics, and potentially decrease police calls, all while strengthening our community network.

What are the decision-making agreements with each partner?

Not applicable at this time. Briarpatch will work to develop space usage agreements, referral guidelines, and service provision agreements as we implement the program.

D. <u>Resource Linkage and Coordination</u>: 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?

The Parent Support Program currently works closely with the following Briarpatch Programs:

Comprehenisve Community Services (CCS): Provides clinical counseling and case management services to qualifying participants with substance abuse or mental health diagnoses. Services for youth can be provided inhouse, services for parents are referred to CCS partners

Youth Job Center: Provides life-skills development and job skills and placement to youth of parents involved in the program

Briarpatch Youth Groups: Provides support and education to queer youth, boys, and girls, with Teens like Us, I am a Man, and Girl FLY, respectively.

Outside of Briarpatch, the program works with UWADAIP (addiction services for youth), Anesis Therapy, Journey Mental Health, and Access Community Health Centers, we periodically meet with service providers to offer information on our services.

Furthermore, the program works closely with Dane County Human Services social workers to coordinate needed services. The program also accepts referrals from school districts, Dane County Behavioral Health Resource Center (BHRC), law enforcement, medical personnel, therapists and counselors, juvenile court, Joining Forces for Families.

If funded, the program will reach out the City of Madison Neighborhood Resource Teams to tailor services to indiviaul localities.

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

 Briarpatch will report on the following outputs:
 - Number of client intakes completed.
 - Number of individualized service plans developed.
 - Number of cross-system referrals made to external providers or resources.
 - Percentage of individuals demonstrating progress on two or more goals in their service plan.
 - Number of individuals reporting the use of at least two new resources aligned with their individual needs

Estimated Annual Program Output: 970 hours of service to an additional 20 parents/families.

B. <u>Program Outcomes</u>

Please describe the data and the data source used to choose your outcome objectives: Case Management Files and Exit Interviews.

Briarpatch has specific program service expectations for PSP including standards for family contact, school contact, documentation of services provided, and reporting. The PSP Manager client compliance with these standards on an ongoing basis, through regular one-on-one meetings with each client, as well as monthly reviews of client case records. Weekly team meetings are utilized to review difficult cases and to provide suggestions for helping their clients achieve case plan objectives.

As part of the agency's current, continuous quality improvement efforts, process evaluation of PSP is conducted at least annually, or more frequently, if there are indications of a need for increased oversight. Process evaluation activities are led by the Program Director with assistance from PSP Manager.

The agency's process evaluation activities are designed to do the following:

- Determine if services are being delivered in accordance with program design. Are services provided by the program achieving intended outcome objectives? We also want to confirm whether services were implemented as designed, and if clients were satisfied with the services they received. Finally, we want to analyze data gathered to evaluate the effectiveness of services, and to provide direction for modification of services as appropriate.
- Determine if necessary resources are being provided to the program. Evaluate the relationship between the needs of the clients served and the services being provided on a continuous basis. This will include both process and outcome evaluation.
- Determine if the program's staffing pattern is adequate. Ensure that the program provides services to meet annual outcome objectives.
- Identify program strengths and areas for improvement. Ensure, through consistent review and supervision that the program achieved its intended outcome objectives. If services were implemented as designed, and if clients were satisfied with the services they received. Use evaluation data to determine service effectiveness and to provide direction for modification of services as appropriate.
- Assess the programs effectiveness at delivering services through a cultural competency lens including the types of activities being offered, communication methods employed, and rewards/consequences offered.
- Provide an opportunity to make adjustments to program services as indicated. Using the program's Parent/Primary Care Giver Satisfaction Survey, utilize feedback regarding program effectiveness and support provided by program staff. The importance of parent and other family member input and involvement is emphasized during the initial intake meeting, and remains crucial throughout their involvement in the program. Youth and their parents/caregivers play an important role in helping staff develop a plan for success Feedback received from these surveys is used to make changes in service delivery as applicable.

Briarpatch will report on the following measurable outcomes:

- Parents/Caregivers will report increased confidence in navigating systems to meet health, legal, educational, or other personal needs.
- Parents/Caregivers will report increased ability to manage stress, trauma, or crisis situations.
- Percentage of parents/caregivers who report improved functioning in one or more life domains (e.g., housing stability, access to health and legal services, education, employment, or family wellbeing).
- Parents/Caregivers report greater understanding of trauma, prevention, stress management, and coping strategies.
- Parents/Caregivers report increased confidence in managing their own health and overall well-being.
- Percentage of parents/caregivers who report that the services received met their cultural, linguistic, psychological, and physical needs.
- Parents/Caregivers report that services were accessible, inclusive, and responsive to their individual identities and lived experiences.
- Parents/Caregivers report positive experiences with staff, citing culturally responsive, trauma-informed, and empathetic service delivery.

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: 75% of parents/caregivers will report increased confidence in navigating systems to meet health, legal, educational, or other personal needs.

| Performance Standard | Targeted Percent | 75% | Targeted Number | 15 participants out of 20 |
|----------------------|---------------------|-----|-----------------|---------------------------------|
| | Actual Percent | | Actual Number | |

Measurement Tool(s) and Comments: Pre-and Post-Surevys and Exit Interviews

Methodology: Each family completes a survey and assessment upon admission to the program, and repsonses are compared with exit interviews upon departure from the program.

Outcome Objective #2: 60% of parents/caregivers will report increased ability to manage stress, trauma, or crisis situations.

| Performance Standard | Targeted Percent | 60% | Targeted Number | 12 participants out of 20 |
|----------------------|-----------------------|-----|-----------------|---------------------------------|
| | Actual Percent | | Actual Number | |

Measurement Tool(s) and Comments: Pre-and Post-Surevys and Exit Interviews

Methodology: Each family completes a survey and assessment upon admission to the program, and repsonses are compared with exit interviews upon departure from the program.

Outcome Objective #3: 75% of parents/caregivers will report greater understanding of trauma, prevention stress management, and coping strategies

| Performance Standard | Targeted Percent | 75% | Targeted Number | 15 participants out of 20 |
|----------------------|---------------------|-----|-----------------|---------------------------------|
| | Actual Percent | | Actual Number | |

Measurement Tool(s) and Comments: Pre-and Post-Surevys and Exit Interviews

Methodology: Each family completes a survey and assessment upon admission to the program, and repsonses are compared with exit interviews upon departure from the program.

To add additional outcome objectives, please copy and paste the table below as needed.

C. <u>Data Tracking</u>: 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?
Each participant has detailed case files including service statistics and demographics recorded in the agency's propietary database. Briarpatch confirms that all data required to be submitted using the Madison Out-of-School Time (MOST) MIS will be submitted.

6. PROGRAM STAFFING AND RESOURCES:

A. <u>Program Staffing</u>: Full-Time Equivalent (FTE) – Include employees, with <u>direct program implementation</u> <u>responsibilities</u>. **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) |
|-----------------|-----|--|-------------------|
| Program Manager | | .9 FTE BA or BS or equivalent life experience. | 2720 Rimrock Road |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | _ | · |
| | | | |

- B. <u>Volunteers</u>: Describe your process for screening, training, and supervising volunteers who will have direct contact with program participants.
 - Volunteers are currently not used in this program.
- 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. Briarpatch's facilities include counseling rooms, meeting rooms, art spaces, kitchens, and recreation facilities that may be used by Parent Support Program participants. The agency also has five vehicles that can be used to transport participants. The agency also houses a youth shelter, 24/7 help-line call center, and other youth-centered facilities.

7. BUDGET

A. The budget workbook should be submitted with the proposal using the template provided in an Excel document or as a PDF. There are six tabs within the Excel spreadsheet: Cover Page, Board & Staff Demographics, Revenue, Expenses, Personnel, and Program Summary. The Cover Page, Program Summary, and relevant Program Budgets must be submitted with this document for a proposal to be complete.

Joint/Multi-Agency Applications

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

8. If applicable, please complete the following:

A. <u>Disclosure of Conflict of Interest</u>

Disclose any potential conflict of interest due to any other clients, contracts, or property interests, e.g. direct connections to other funders, City funders, or potentially funded organizations, or with the City of Madison. N/A

B. <u>Disclosure of Contract Failures</u>, <u>Litigations</u>

Disclose any alleged significant prior or ongoing contract failures, contract breaches, any civil or criminal litigation.

N/A

APPLICATION FOR 2025 CRISIS INTERVENTION AND PREVETNION SERVICES PROGRAMS

1. ORGANIZATION CONTACT INFORMATION

| Legal Name of Organization | Briarpatch Youth Services, Inc. |
|----------------------------|--------------------------------------|
| Mailing Address | 2720 Rimrock Rd, Fitchburg, WI 53713 |
| Telephone | 608-245-2550 |
| FAX | 608-245-2551 |
| Director | Jill Pfeiffer |
| Email Address | jill.pfeiffer@briarpatch.org |
| Additional Contact | Joseph Bednarowski |
| Email Address | joseph.bednarowski@briarpatch.org |
| Legal Status | Private: Non-Profit |
| Federal EIN: | 391391737 |

| 2. PROPOSED PROGRAMS | | 2026 | If currently City funded | |
|--------------------------|--------|------------------|--------------------------|---|
| Program Name: | Letter | Amount Requested | 2025 Allocation | Joint/Multi Application - SELECT Y/N |
| Runaway & Homeless Youth | Α | \$40,000 | \$40,000 | No |
| Contact: | | | | |
| Youth Shelter | В | \$115,000 | \$115,000 | No |
| Contact: | | | | |
| Parent Support Program | С | \$30,000 | | No |
| Contact: | | | | |
| YouthBridge 608 | D | \$50,000 | | No |
| Contact: | • • | | • | · · · · · · · · · · · · · · · · · · · |
| | Е | - | | |
| Contact: | | | | |

DEFINITION OF ACCOUNT CATEGORIES:

TOTAL REQUEST

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

\$235,000

<u>Operating</u>: 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 counseli service to an individual practitioner; the agency is a fiscal agent for a collaborative project and provides payment to other agence.

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. SIGNA | ATURE | | | | |
|-----------|------------|--------------------------------|---------------------|--------------------|-----------------------------------|
| Enter nar | me: Jill | Pfeiffer | | |] |
| By enteri | ing your i | initials in the box you are el | ectronically signin | g your name and ag | reeing to the terms listed above. |
| D | DATE | 9/18/2025 | INITIALS: | JWP |] |

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ies.

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.

| | | | | | | MADISON* | |
|--|--------|---------|--------|---------|---------|----------|---------|
| DESCRIPTOR | ВО | ARD | STA | AFF | GENERAL | POVERTY | R/POV** |
| DESCRIPTOR | Number | Percent | Number | Percent | Percent | Percent | Percent |
| TOTAL | 13 | 100% | 52 | 100% | | | |
| GENDER | | | | | | | |
| MAN | 5 | 38% | 18 | 35% | | | |
| WOMAN | 8 | 62% | 34 | 65% | | | |
| NON-BINARY/GENDERQUEER | 0 | 0% | 0 | 0% | | | |
| PREFER NOT TO SAY | | 0% | 0 | 0% | | | |
| TOTAL GENDER | 13 | 100% | 52 | 100% | | | |
| AGE | | | | | | | |
| LESS THAN 18 YRS | 0 | 0% | 0 | 0% | | | |
| 18-59 YRS | 10 | 77% | 48 | 92% | | | |
| 60 AND OLDER | 3 | 23% | 4 | 8% | | | |
| TOTAL AGE | 13 | 100% | 52 | 100% | | | |
| RACE | | | | | | | |
| WHITE/CAUCASIAN | 11 | 85% | 21 | 40% | 80% | 67% | 16% |
| BLACK/AFRICAN AMERICAN | 2 | 15% | 12 | 23% | 7% | 15% | 39% |
| ASIAN | 0 | 0% | 1 | 2% | 8% | 11% | 28% |
| AMERICAN INDIAN/ALASKAN NATIVE | 0 | 0% | 1 | 2% | <1% | <1% | 32% |
| NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER | 0 | 0% | 0 | 0% | 0% | 0% | 0% |
| MULTI-RACIAL | 0 | 0% | 3 | 6% | 3% | 4% | 26% |
| BALANCE/OTHER | 0 | 0% | 14 | 27% | 1% | 2% | 28% |
| TOTAL RACE | 13 | 100% | 52 | 100% | | | |
| ETHNICITY | | | | | | | |
| HISPANIC OR LATINO | | 0% | 3 | 6% | 7% | 9% | 26% |
| NOT HISPANIC OR LATINO | 13 | 100% | 49 | 94% | 93% | 81% | 74% |
| TOTAL ETHNICITY | 13 | 100% | 52 | 100% | | | |
| PERSONS WITH DISABILITIES | | 0% | 4 | 8% | | | |

*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)

Briarpatch Staff is more diverse than the Madison area population at-large and is similarly diverse as its client population. Approximately 60% of Briarpatch staff are people of color and 6% identify as Hispanic/Latinx. Our staff includes many members who identify as part of the queer community. Briarpatch's 13-member Board of Directors includes 2 people of color (we acknowledge the need for growth here), and 2 people who identify as queer. We are working to recruit additional representation from the BIPOC communities in the next board recruitment cycles.

7. AGENCY GOVERNING BODY

| How many Board | meetings were held in 2024 | | | | | 6 |
|---------------------|------------------------------------|---------------------|-----------------|-----------|---------|---|
| How many Board | meetings has your governing bod | y or Board of Dire | ctors scheduled | for 2024? | | 6 |
| How many Board | seats are indicated in your agenc | y by-laws? | | | 20 max | |
| List your current E | Board of Directors or your agency' | s governing body. | | | | |
| Name | MIKE NELL, Chair | | | | | |
| Home Address | 704 Cricket Lane Madison, WI | 53562 | | | | |
| Occupation | Retired - TASC | | | | | |
| Representing | Business Community Represer | ntative | | | | |
| Term of Office | | From: | 01/2025 | To: | 12/2026 | |
| Name | BERNIE HOES, Vice Chair | | | | | |
| Home Address | 3502 Dennett Dr #305 Madison | , WI 53714 | | | | |
| Occupation | Occupation: Instructor - English | n Dept | | | | |
| Representing | Education Representative | | | | | |
| Term of Office | | From: | 01/2025 | To: | 12/2026 | |
| Name | PENNY SIMMONS, Secretary | | | | | |
| Home Address | 2683 Bruce Parkway McFarlan | id, WI 53558 | | | | |
| Occupation | Occupation: Madison Metro Sci | hool District Educa | itor | | | |
| Representing | Education Representative | | | | | |
| Term of Office | | From: | 01/2025 | To: | 12/2026 | |
| Name | MISTY ARMSTRONG, Treasu | rer | | | | |
| Home Address | 16962 W Lilac Ln. Evansville, V | VI 53536 | | | | |
| Occupation | Occupation: Nonprofit CFO | | | | | |
| Representing | Community Representative | | | | | |
| Term of Office | | From: | 03/2025 | To: | 12/2026 | |
| Name | ELIZABETH ERICKSON | | | | | |
| Home Address | 821 S Shore Dr Madison, WI 5 | 3715 | | | | |
| Occupation | Occupation: Attorney | | | | | |
| Representing | Community Representative | | | | | |
| Term of Office | | From: | 01/2025 | To: | 12/2026 | |
| Name | JESSICA GILLETTE | | | | | |
| Home Address | 5010 Black Walnut Dr. McFarla | ınd, WI 53558 | | | | |
| Occupation | Occupation: Deferred Prosecut | ion Case Manager | | | | |
| Representing | Community Representative | | | | | |
| Term of Office | | From: | 01/2024 | To: | 12/2025 | |
| Name | BEN GONRING | _ | | _ | | |
| Home Address | 7018 Rockstream Drive Madiso | on, WI 53719 | | | | |
| Occupation | State of Wisconsin Public Defe | nder | | | | |
| Representing | Youth Justice Representative | | | | | |
| Term of Office | | From: | 01/2025 | To: | 12/2026 | |
| Name | SARAH MILESTONE | | | | | |
| Home Address | 333 West Mifflin St #1058 Mac | lison, WI. 53703 | | | | |
| Occupation | Occupation: Development Direct | | | | | |
| Representing | Community Representative | | | | | |
| Term of Office | | From: | 01/2024 | To: | 12/2025 | |
| | | | | = | | |

AGENCY GOVERNING BODY cont.

| Name | JEAN PAPALIA | | | | | | | | | | |
|----------------|---|--|--|--|--|--|--|--|--|--|--|
| Home Address | 6308 Hidden Farm Rd McFarland, WI 53558 | | | | | | | | | | |
| Occupation | Retired Police Officer | | | | | | | | | | |
| Representing | Community Representative | | | | | | | | | | |
| Term of Office | From: 01/2025 To: 12/2026 | | | | | | | | | | |
| Name | JILL PFEIFFER | | | | | | | | | | |
| Home Address | 927 Osheridan St Madison, WI 53715 | | | | | | | | | | |
| Occupation | Executive Director, Briarpatch Youth Services | | | | | | | | | | |
| Representing | Briarpatch Youth Services | | | | | | | | | | |
| Term of Office | From: mm/yyyy To: mm/yyyy | | | | | | | | | | |
| Name | LUCIAN "LU" SENATUS | | | | | | | | | | |
| Home Address | 601 Delladonna Way Madison WI 53704 | | | | | | | | | | |
| Occupation | Occupation: Police Officer | | | | | | | | | | |
| Representing | Law Enforcement Representative | | | | | | | | | | |
| Term of Office | From: 01/2025 To: 12/2026 | | | | | | | | | | |
| Name | VICKI SHAFFER | | | | | | | | | | |
| Home Address | 1834 Jenifer Street Madison, WI 53704 | | | | | | | | | | |
| Occupation | Occupation: Retired Educator | | | | | | | | | | |
| Representing | Community Representative | | | | | | | | | | |
| Term of Office | From: 01/2024 To: 12/2025 | | | | | | | | | | |
| Name | TOM WARD | | | | | | | | | | |
| Home Address | 749 Baltzell Street Madison, WI 53711 | | | | | | | | | | |
| Occupation | Occupation: VP & Chief of HR | | | | | | | | | | |
| Representing | Local Business Representative | | | | | | | | | | |
| Term of Office | From: 01/2024 To: 12/2025 | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Name | | | | | | | | | | | |
| Home Address | | | | | | | | | | | |
| Occupation | | | | | | | | | | | |
| Representing | | | | | | | | | | | |
| Term of Office | From: 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 | PROGRAM | PROGRAM | PROGRAM | PROGRAM | PROGRAM | NON APP |
|---------------------------------|-----------|---------|---------|---------|---------|---------|-----------|
| | 2026 | Α | В | С | D | E | PGMS |
| DANE CO HUMAN SVCS | 1,487,579 | 43,195 | 139,220 | 64,303 | 84,000 | | 1,156,861 |
| UNITED WAY DANE CO | 65,724 | 65,724 | | | | | |
| CITY CDD (This Application) | 235,000 | 40,000 | 115,000 | 30,000 | 50,000 | | |
| City CDD (Not this Application) | 70,000 | | | | | | 70,000 |
| OTHER GOVT* | 1,024,156 | 169,231 | 171,768 | | | | 683,157 |
| FUNDRAISING DONATIONS** | 1,099,024 | 240,353 | 183,532 | | 162,813 | | 512,326 |
| USER FEES | 350,045 | | | | | | 350,045 |
| TOTAL REVENUE | 4,331,528 | 558,503 | 609,520 | 94,303 | 296,813 | 0 | 2,772,389 |

^{*}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 <u>all</u> 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 | TTL CITY | PGM | CITY | PGM | CITY | PGM | CITY | PGM | CITY | PGM | CITY | NON APP |
|-------------------------------|-----------|----------|---------|--------|---------|---------|--------|--------|---------|--------|-----|-------|-----------|
| | 2026 | REQUEST | Α | SHARE | В | SHARE | С | SHARE | D | SHARE | E | SHARE | PGMS |
| A. PERSONNEL | | | | | | | | | | | | | |
| Salary | 2,852,140 | 170,717 | 401,109 | 28,727 | 447,381 | 84,409 | 67,357 | 21,428 | 214,613 | 36,153 | | | 1,721,680 |
| Taxes/Benefits | 664,919 | 31,795 | 84,603 | 6,059 | 71,082 | 13,411 | 16,894 | 5,375 | 41,260 | 6,950 | | | 451,080 |
| Subtotal A. | 3,517,059 | 202,512 | 485,712 | 34,786 | 518,463 | 97,820 | 84,251 | 26,803 | 255,873 | 43,103 | 0 | 0 | 2,172,760 |
| B. OTHER OPERATING | | | | | | | | | | | | | |
| Insurance | 66,958 | 5,304 | 12,137 | 869 | 13,755 | 2,595 | 2,103 | 669 | 6,954 | 1,171 | | | 32,009 |
| Professional Fees/Audit | 127,609 | 6,000 | 19,969 | 1,430 | 9,525 | 1,797 | 1,257 | 400 | 14,089 | 2,373 | | | 82,769 |
| Postage/Office & Program | 16,359 | 546 | 1,467 | 105 | 1,375 | 260 | 206 | 66 | 681 | 115 | | | 12,630 |
| Supplies/Printing/Photocopy | 36,930 | 1,622 | 2,670 | 191 | 5,973 | 1,127 | 662 | 211 | 552 | 93 | | | 27,073 |
| Equipment/Furnishings/Depr. | 83,220 | 5,515 | 12,620 | 904 | 14,301 | 2,698 | 2,186 | 695 | 7,231 | 1,218 | | | 46,882 |
| Telephone | 41,100 | 3,043 | 6,961 | 499 | 7,888 | 1,488 | 1,207 | 384 | 3,988 | 672 | | | 21,056 |
| Training/Conferences | 19,550 | 1,438 | 3,875 | 278 | 4,499 | 850 | 353 | 112 | 1,168 | 198 | | | 9,655 |
| Food/Household Supplies | 20,000 | 3,773 | | | 20,000 | 3,773 | | | | | | | |
| Travel | 13,730 | 158 | 556 | 40 | 57 | 11 | 221 | 70 | 221 | 37 | | | 12,675 |
| Vehicle Costs/Depreciation | 6,646 | 499 | 445 | 32 | 2,046 | 386 | 110 | 35 | 276 | 46 | | | 3,769 |
| Other | 293,591 | 149 | 341 | 24 | 387 | 73 | 59 | 19 | 195 | 33 | | | 292,609 |
| Subtotal B. | 725,693 | 28,047 | 61,041 | 4,372 | 79,806 | 15,058 | 8,364 | 2,661 | 35,355 | 5,956 | 0 | 0 | 541,127 |
| C. SPACE | | | | | | | | | | | | | |
| Rent/Utilities/Maintenance | 44,983 | 3,563 | 8,154 | 584 | 9,240 | 1,743 | 1,412 | 449 | 4,672 | 787 | | | 21,505 |
| Mortgage Principal/Interest | 0 | 0 | | | | | | | | | | | |
| Depreciation/Taxes | 0 | 0 | | | | | | | | | | | |
| Subtotal C. | 44,983 | 3,563 | 8,154 | 584 | 9,240 | 1,743 | 1,412 | 449 | 4,672 | 787 | 0 | 0 | 21,505 |
| D. SPECIAL COSTS | | | | | | | | | | | | | |
| Assistance to Individuals | 0 | 0 | | | | | | | | | | | |
| Partner/Joint Agency/Agencies | 0 | 0 | | | | | | | | | | | |
| Contractors/Subcontractors | 0 | 0 | | | | | | | | | | | |
| Pymt to Affiliate Orgs | 0 | 0 | | | | | | | | | | | |
| Other | 43,793 | 878 | 3,596 | 258 | 2,011 | 379 | 276 | 87 | 913 | 154 | | | 36,997 |
| Subtotal D. | 43,793 | 878 | 3,596 | 258 | 2,011 | 379 | 276 | 87 | 913 | 154 | 0 | 0 | 36,997 |
| TOTAL (AD.) | 4,331,528 | 235,000 | 558,503 | 40,000 | 609,520 | 115,000 | 94,303 | 30,000 | 296,813 | 50,000 | 0 | 0 | 2,772,389 |

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

| | 2026 | 2026 | 2026 | 2026 | 2026 | 2026 | 2026 | 2026 Payroll Taxes and | 2026 | 2026 | 2026 Amount |
|---------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|-----------|----------------------|------------------------------|-----------------|-------------------|--|
| Title of Staff Position* | Program A FTE** | Program B FTE** | Program C FTE** | Program D FTE** | Program E FTE** | Total FTE | Annualized Salary | Fringe Benefits | Total Amount | Hourly Wage*** | Requested from the City of Madison |
| Executive Director | 0.10 | 0.10 | 0.05 | 0.05 | | 0.30 | 121,920 | 37,929 | 159,849 | 58.62 | 2,602 |
| Program Director | 0.35 | 0.35 | 0.05 | 0.35 | | 1.10 | 93,912 | 30,292 | 124,204 | 45.15 | 7,412 |
| Development & IT Director | 0.05 | 0.05 | 0.05 | 0.05 | | 0.20 | 86,486 | 16,963 | 103,449 | 41.58 | 1,122 |
| Director of Finance | 0.05 | 0.05 | 0.05 | 0.05 | | 0.20 | 83,470 | 24,311 | 107,781 | 40.13 | 1,169 |
| Program Manager | 2.00 | 1.00 | 0.90 | 1.00 | | 4.90 | 303,068 | 54,920 | 357,988 | 29.74 | 68,074 |
| Youth Advocates | 3.50 | 5.25 | | 2.00 | | 10.75 | 535,882 | 90,079 | 625,961 | 23.97 | 119,031 |
| Maintenance & Cleaning | 0.13 | 0.13 | 0.04 | 0.04 | | 0.34 | 65,312 | 31,047 | 96,359 | 31.40 | 1,777 |
| Late Night On Call Worker | 0.38 | | | | | 0.38 | 17,000 | 1,500 | 18,500 | 21.51 | 1,325 |
| | | | | | | 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: | 6.56 | 6.93 | 1.14 | 3.54 | 0.00 | 18.17 | 1307050.00 | 287041.00 | 1594091.00 | 292.10 | 202512.00 |

CONTINUE BELOW IF YOU NEED MORE ROOM FOR STAFF POSITIONS

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

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

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

| | 2025 | 2025 | 2025 | 2025 | 2025 | 2025 | 2025 | 2025 | 2025 | 2025 | 2025 |
|--------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|-----------|----------------------|--|-----------------|-------------------|--|
| 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*** | Amount Requested from the City of Madison |
| | | | | | | 0.00 | J | | 0 | | 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 |
| | | | | | | 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 |
| TOTAL: | 6.56 | 6.93 | 1.14 | 3.54 | 0.00 | 18.17 | 1307050.00 | 287041.00 | 1594091.00 | 292.10 | 202512.00 |

^{*}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 |
|------------|--------------------------|---------------------|-------------------|
| Α | Runaway & Homeless Youth | PERSONNEL | 34,786 |
| | | OTHER OPERATING | 4,372 |
| | | SPACE | 584 |
| | | SPECIAL COSTS | 258 |
| | | TOTAL | 40,000 |
| В | Youth Shelter | PERSONNEL | 97,820 |
| | | OTHER OPERATING | 15,058 |
| | | SPACE | 1,743 |
| | | SPECIAL COSTS | 379 |
| | | TOTAL | 115,000 |
| С | Parent Support Program | PERSONNEL | 26,803 |
| | | OTHER OPERATING | 2,661 |
| | | SPACE | 449 |
| | | SPECIAL COSTS | 87 |
| | | TOTAL | 30,000 |
| D | YouthBridge 608 | PERSONNEL | 43,103 |
| | | OTHER OPERATING | 5,956 |
| | | SPACE | 787 |
| | | SPECIAL COSTS | 154 |
| | | TOTAL | 50,000 |
| E | 0 | PERSONNEL | 0 |
| | | OTHER OPERATING | 0 |
| | | SPACE | 0 |
| | | SPECIAL COSTS | 0 |
| | | TOTAL | 0 |
| | TOT | AL FOR ALL PROGRAMS | 235,000 |