



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:	Mentoring Positives, Inc.	Total Amount Requested:	\$ 35,000
All program(s) connected to your organization:	Program Name: Green Zone Amount Requested: \$ 30,000 Applicant Type: Single Agency Application Program Type: Building Community & Stabilization: ADULTS & FAMILY List Program Partner(s) (if applicable):		
	Program Name: Amount Requested: \$ Applicant Type: Choose an item. Program Type: Choose an item. List Program Partner(s) (if applicable):		
	Program Name: Amount Requested: \$ Applicant Type: Choose an item.		

	Program Type: Choose an item.		
	List Program Partner(s) (if applicable):		
	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):	Will Green	Email: will.g@mentoringpositives.org	
Organization Address:	2844 E. Washington Avenue	Telephone:	608-602-3739
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).

Mentoring Positives (MP), founded in 2004, is a community-based nonprofit dedicated to building strong, trusting relationships with youth and families in Madison's Darbo-Worthington Park neighborhood. Our mission is to uplift youth through mentoring, athletics, and social entrepreneurship, guided by the belief that every young person deserves consistent support and opportunities to thrive. Over the past two decades, MP has become a trusted resource, known for its culturally responsive, strengths-based programming that provides safe, structured spaces for youth and families to connect with caring adults and peers.

Beyond youth mentoring, MP has played a leadership role in neighborhood engagement, helping residents shape their own community. Highlights include recruiting neighbors for the Worthington Park Neighborhood Association, supporting the City of Madison's Parks Alive events, and collaborating on the Darbo/Worthington Park Neighborhood Plan

- 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.

MP has initiated and led numerous community-building and prevention-focused efforts that align with crisis prevention and intervention goals. These include the Darbo Neighborhood Walk, Darbo Council, Darbo Dream Fest, Family Fun Nights, community meals, neighborhood walking groups, and Capital City Soldiers AAU basketball teams.

We have collaborated closely with the City of Madison's Darbo Neighborhood Resource Team, worked with the Darbo Neighborhood Police Officer, participated in Police Department Gang Unit meetings, and engaged in community planning efforts such as Parks Alive and the dedication of neighborhood public art. With partners like the Salvation Army and Just Dane, MP has co-hosted ice cream socials, bike parades, back-to-school events, education/resource fairs, and open gyms.

Through a partnership with Edgewood College's Sustainability Leadership Program, MP also facilitated the Darbo Leadership Institute and Darbo Dream Book project—examples of how we combine neighborhood voice with structured planning to prevent crises and build stronger communities.

- 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."

Over the past two years, MP has experienced staffing shifts, including the loss of two staff members. To adapt, we strengthened our long-standing partnership with the University of Wisconsin–Madison, engaging Master's and Bachelor's level interns who support programming, evaluation, and community engagement throughout the school year. MP has mentored UW social work interns for nearly 25 years.

We also expanded partnerships with professional service providers: Numbers for Nonprofits (budgeting/accounting), UpNext Marketing (marketing), and Tandem (HR/payroll). These partnerships allow staff to stay focused on impactful services for youth and families.

Because of our deep roots in the community, MP can also refer participants and families to trusted external resources. Our collaborations with the Darbo Neighborhood Police Officer and Darbo Neighborhood Resource Team remain strong, reflecting our shared commitment to improving the lives of residents.

Despite staffing shifts, MP's leadership is stable. The Executive Director and Assistant Director bring more than 30 years of combined youth development experience, supported by dedicated part-time staff who ensure program continuity.

- 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."

Over the next two years, MP will continue to strengthen our role as a trusted community partner by collaborating with organizations such as the Salvation Army Community Center and others to ensure sustained access to essential neighborhood-based services. Although the Salvation Army Community Center has formally closed, we are grateful for the opportunity to continue utilizing the space, allowing us to maintain a consistent presence in the community. This funding will directly support MP's continued focus on crisis intervention and prevention for neighborhood residents, helping families navigate immediate challenges while building long-term stability. By working in close partnership with local stakeholders, MP remains committed to fostering resilience, promoting resident well-being, and addressing the critical needs of an underserved community.

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.).

MP requires all staff to have at least three years of direct youth and family service experience. In addition, staff participate in ongoing training, including trauma-informed care and Adverse Childhood Experiences (ACEs), equipping them to respond effectively to challenges faced by participants.

We also support continued professional development through external trainings and conferences on mentoring, culturally responsive services, and social-emotional learning. This combination of experience, in-house training, and external learning ensures staff are skilled, culturally competent, and prepared to deliver effective programming.

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:	Mentoring Positives' "Green Zone"	Total Amount Requested for this Program:	\$ 35,000
Legal Name of Organization:	Mentoring Positives, Inc.	Total amount Requested for Lead/Single Applicant	\$
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	Will Green	Email:	will.g@mentoringpositives.org
		Phone:	608-602-3739
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.

The Darbo neighborhood faces deep structural inequities along lines of race, ethnicity, and income. A 2017 Health Impact Assessment identified weak social networks and limited support systems as major contributors to negative outcomes, including poor mental health, chronic disease, elevated youth mortality, and infant loss.

The need for the Green Zone program is urgent. With the Salvation Army Community Center closing in March 2025, Darbo has lost a critical local resource. Already, 33.2% of children in the neighborhood live below the poverty line—higher than 84.6% of U.S. neighborhoods. Violent crime in Worthington Park is 153% higher than the national average, and overall crime is 67% higher.

MP, with more than 21 years of trusted work in Darbo, is uniquely positioned to respond. The Green Zone will provide consistent supports for families and adults, build safe spaces for youth, strengthen community relationships, and intervene early to prevent crises, contributing to neighborhood safety and stability.

- 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?

- 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.

The overarching goal of the Green Zone is to reduce the likelihood of crises for Darbo residents by strengthening community-based supports and ensuring access to consistent resources for families and adults. By creating safe, reliable spaces and culturally responsive services, the Green Zone will empower residents to build resilience, stability, and stronger connections.

This aligns with the RFP priorities by promoting stability, family well-being, youth development, and safer neighborhoods. The program emphasizes proactive crisis prevention by equipping residents with networks and supports before crises escalate.

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 Green Zone will serve adults and families in Darbo, a neighborhood primarily composed of residents of color and low-income households. While most participants are English-speaking, MP has capacity to provide translation and cultural support for English Language Learners.

For over 21 years, MP has engaged residents in program design through surveys, interviews, and ongoing conversations. This input has shaped the Green Zone to be responsive, culturally relevant, and aligned with resident priorities.

- 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.

Though Mentoring Positives has facilitated and partnered on many community engagement efforts over 21 years, there is no formal data gathered from 2024. The Green Zone is a new program for the agency thus active attendance and participation numbers will be collected if funding is available.

Race	# of Participants	% of Total Participants
White/Caucasian		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
Multi-Racial		
Balance/Other		
Total:		
Ethnicity		
Hispanic or Latino		
Not Hispanic or Latino		
Total:		
Gender		
Man		
Woman		
Non-binary/GenderQueer		
Prefer Not to Say		
Total:		

Comments (optional):

- 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.
MP employs Spanish-speaking staff, engages volunteers for translation, and partners with the African Center for Community Development to support immigrant families. We also work with Latinx and African leaders to ensure cultural responsiveness and provide information on immigrant rights and resources.
- 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.
Recruitment builds on MP's 21 years of trust in Darbo. Families already know us as a safe, consistent resource. Outreach will also include collaboration with the Neighborhood Police Officer, community leaders, flyers in gathering spaces, and community events.
 - b. All programs are free, located within walking distance, and scheduled flexibly to reduce barriers. Food and snacks will often be provided.
 - c. **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?
MP removes barriers by offering services at no cost, providing food, eliminating transportation issues, and building trust through long-term relationships. Translation services and partnerships with immigrant-serving organizations address language barriers. Flexible scheduling accommodates families' needs.
 - d. **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).
Enrollment will be simple and direct, supported by referrals from residents, partners, and schools. Engagement will focus on consistency, responsiveness, and cultural relevance, with ongoing feedback from families shaping program design. Peer-to-peer invitations will further strengthen participation.

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.,).
Green Zone activities will include:
- Financial literacy, homeownership, and vocational workshops.
 - Health, wellness, and parenting classes.
 - Recreational, arts, and enrichment activities.
 - Family events such as movie nights and community meals.
 - Community projects to strengthen neighborhood pride.
- Programs will run multiple times per week year-round, ensuring consistent access and engagement.
- 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.

Programming will be guided by evidence-based and community-driven practices. MP will use the NEMC CRM system to track attendance and outcomes, alongside surveys, focus groups, and participatory asset mapping to measure neighborhood resilience and cohesion. MP also commits to collaborating with other funded agencies and city staff to build innovative, evidence-based prevention practices.

- 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	12:30 PM	8:00 PM
	Salvation Army Community Center	
Tuesday	12:30 PM	8:00 PM
	Salvation Army Community Center	
Wednesday	Choose an item.	Choose an item.
Thursday	6:30 PM	8:30 PM
	Salvation Army Community Center	
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*

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. 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.

Residents will shape programming through surveys, focus groups, and informal feedback. Programs will align with the City's Darbo Neighborhood Plan and build on existing collaborations with residents, schools, libraries, and city partners

- 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.

MP will continue partnerships with the Darbo Neighborhood Officer, Resource Team, and Hawthorne Library, and expand to new agencies such as Project Babies, OWN It, CLIMB financial literacy, Play and Learn, and health/wellness providers. These partnerships will expand supports, reduce crises, and strengthen family stability.

- 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)?
City of Madison -Darbo Neighborhood Police Officer	Referrals to MP, collaboration of special events/activities, share resources, consultation	Neal Chowder	No

City of Madison - Hawthorne Library	Referrals to MP, collaboration on events/activities, share resources,	Jessi Havens	No

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

Additional partners may include: City of Madison- Darbo Neighborhood Resource Team-Shared resources, collaboration on events/activities. Meghan Blake-Horst & Steve Sundstrom (Leads). No formal MOU. Project Babies- Referrals to MP, shared resources, offering free baby clothes, diapers, and other supports. Jeanne Erickson. No formal MOU

How do these partnerships enhance this proposal?

These partnerships strengthen the Green Zone's ability to proactively intervene and prevent crises by connecting adults and families with trusted local resources and services that address essential needs, build skills, and support overall well-being. By leveraging the expertise of partner agencies and the neighborhood officer, the program can identify challenges early, provide timely support, and help families access practical tools and resources to maintain stability. Additionally, programming is designed to increase social cohesion and foster residents' commitment to improving their neighborhood, recognizing and building on the strengths and assets that individual residents already possess. This collaborative approach ensures that families are supported before situations escalate, creating resilient residents and a safer, more connected Darbo community.

What are the decision-making agreements with each partner?

Mentoring Positives partners strategically with key neighborhood and community stakeholders to maximize the impact and responsiveness of our programming. These are informal partnerships and no decision-making agreements are in place. However, below describes one of the key partnerships MP has been working with over the past two decades;

Darbo Neighborhood Officer: The Neighborhood Officer serves as a trusted point of contact within the community, helping us identify youth and families who may benefit from supportive programming. They provide referrals, share insights on neighborhood safety concerns, and collaborate with staff to address emerging challenges proactively. Their involvement ensures our programs are grounded in local context and positioned to prevent crises before they escalate.

- 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?

MP has worked in the Darbo neighborhood providing community engagement opportunities for over two decades. Families are connected to information, services, and community resources that support their well-being and involvement in programming. We partner with the Darbo Neighborhood Officer, Madison school staff, local libraries, and the Darbo Neighborhood Resource Team, as examples, to make direct referrals, facilitate introductions, and follow up, ensuring youth and families can access needed services. These combined resources and linkages prevent crises, build resilience, and strengthen stability within the Darbo neighborhood.

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
At least 50 adults and families served annually.

At least 25 workshops, classes, or events delivered annually.
Data will be collected by collecting records and attendance logs.

B. Program Outcomes

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

75% of participants will report stronger social cohesion, greater access to resources, and stronger neighborhood engagement.

Outcomes will be measured through pre/post surveys, focus groups, and participatory evaluation.

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: At least 50 adults and families served through workshops, events, or classes.				
Performance Standard	Targeted Percent	100	Targeted Number	50
	Actual Percent		Actual Number	
Measurement Tool(s) and Comments: NEMC- CRM system				
Methodology: Data will be collected from program logs and attendance records.				

Outcome Objective #2: At least 75% of participants will report stronger social cohesion, greater access to resources, and stronger neighborhood engagement.t				
Performance Standard	Targeted Percent	75	Targeted Number	37.5
	Actual Percent		Actual Number	
Measurement Tool(s) and Comments: Self-reports				
Methodology: pre/post surveys, participatory interviews, focus groups and possibly asset-based community mapping				

Outcome Objective #3:				
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Performance Standard	Targeted Percent		Targeted Number	
	Actual Percent		Actual Number	
Measurement Tool(s) and Comments:				
Methodology:				

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?

MP will use:

- NEMC CRM to track demographics, attendance, and communications.
- QuickBooks/Numbers for Nonprofits for expense tracking.
- Surveys and participatory tools for qualitative impact.

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)
Program Administrator		Trained in data collection/analysis, grant reporting, etc.	.15 (2844 E. Washinton Ave.)
Program Coordinator		Trained in data entry/NEMC CRM system, Event planning and program development/facilitation.	.50 (Salvation Army Community Center)
Mentor		Experience with lesson planning/program & event execution, collaborating with other agencies	.50 (Salvation Army Community Center)
Mentor		Experience with resource development/event and program planning and collaboration with other agencies.	.50 (Salvation Army Community Center)

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

Volunteers are screened and trained in trauma-informed practices and supervised by staff. Also, in partnership with the University of Wisconsin–Madison Social Work program, dedicated student interns will provide capacity to assist in implementing programming safely and effectively.

- 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.
.Programming delivered in neighborhood spaces with support from grants, partnerships, and donations.

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. 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.

NA

APPLICATION FOR 2025 CRISIS INTERVENTION AND PREVENTION SERVICES PROGRAMS

1. ORGANIZATION CONTACT INFORMATION

Legal Name of Organization	Mentoring Positives, Inc.
Mailing Address	2844 E. Washington Avenue
Telephone	608-602-3739
FAX	x
Director	Will Green
Email Address	will.g@mentoringpositives.org
Additional Contact	Becky Green
Email Address	becky.g@mentoringpositives.org
Legal Status	Private: Non-Profit
Federal EIN:	27-2347080

2. PROPOSED PROGRAMS

		2026	If currently City funded	
Program Name:	Letter	Amount Requested	2025 Allocation	Joint/Multi Application - SELECT Y/N
Positive Path	A	\$30,000	\$0	No
Contact:	Will Green			
Green Zone	B	\$35,000	\$0	No
Contact:	Will Green			
	C			
Contact:				
	D			
Contact:				
	E			
Contact:				
TOTAL REQUEST		\$65,000		

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	4	100%	3	100%			
GENDER							
MAN	3	75%	1	33%			
WOMAN	1	25%	2	67%			
NON-BINARY/GENDERQUEER	0	0%	0	0%			
PREFER NOT TO SAY	0	0%	0	0%			
TOTAL GENDER	4	100%	3	100%			
AGE							
LESS THAN 18 YRS	0	0%	0	0%			
18-59 YRS	3	75%	3	100%			
60 AND OLDER	1	25%	0	0%			
TOTAL AGE	4	100%	3	100%			
RACE							
WHITE/CAUCASIAN	2	50%	1	33%	80%	67%	16%
BLACK/AFRICAN AMERICAN	2	50%	1	33%	7%	15%	39%
ASIAN	0	0%	0	0%	8%	11%	28%
AMERICAN INDIAN/ALASKAN NATIVE	0	0%	0	0%	<1%	<1%	32%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0%	0	0%	0%	0%	0%
MULTI-RACIAL	0	0%	1	33%	3%	4%	26%
BALANCE/OTHER	0	0%	0	0%	1%	2%	28%
TOTAL RACE	4	100%	3	100%			
ETHNICITY							
HISPANIC OR LATINO	0	0%	0	0%	7%	9%	26%
NOT HISPANIC OR LATINO	4	100%	3	100%	93%	81%	74%
TOTAL ETHNICITY	4	100%	3	100%			
PERSONS WITH DISABILITIES	0	0%	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)

We are currently recruiting new board members and staff. MP is dedicated to have a diverse staff and board that reflects the population we serve. We plan to seek out community leaders of color and other diverse backgrounds to recruit new staff and board members.

7. AGENCY GOVERNING BODY

How many Board meetings were held in 2024

12

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

12

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

9-May

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

Name	Jeff Burkhart				
Home Address	109 N. 6th Street Madison, WI				
Occupation	Consultant				
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy
Name	Alan Chancellor				
Home Address	2401 Dahle Street Madison, WI				
Occupation	Dane County Department of Human Services				
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy
Name	Barbara Franks				
Home Address	5578 Huntingwood Way Waunakee, WI				
Occupation	Dane County District Attorney Office				
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy
Name	Chad Letterman				
Home Address	533 Orion Trail Madison, WI				
Occupation	Director of Finance and Operations, Madison Community Montessori School				
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy
Name	Vacant				
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

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

Name

Home Address

Occupation

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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 2026	PROGRAM A	PROGRAM B	PROGRAM C	PROGRAM D	PROGRAM E	NON APP PGMS
DANE CO HUMAN SVCS	61,400	20,000					41,400
UNITED WAY DANE CO	0	0	0				0
CITY CDD (This Application)	65,000	30,000	35,000				0
City CDD (Not this Application)	85,000	0	0				85,000
OTHER GOVT*	0	0	0				0
FUNDRAISING DONATIONS**	321,607	42,000	69,000				210,607
USER FEES	0						0
TOTAL REVENUE	533,007	92,000	104,000	0	0	0	337,007

*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	209,141	46,518	70,000	21,055	68,626	25,463							70,515
Taxes/Benefits	64,082	4,560	6,750	2,106	9,160	2,454							48,172
Subtotal A.	273,223	51,078	76,750	23,161	77,786	27,917	0	0	0	0	0	0	118,687
B. OTHER OPERATING													
Insurance	9,471	0	0	0	0	0							9,471
Professional Fees/Audit	38,000	5,490	9,000	4,000	10,714	1,490							18,286
Postage/Office & Program	24,700	0	700	0	3,000	0							21,000
Supplies/Printing/Photocopy	14,480	3,051	1,500	1,000	5,000	2,051							7,980
Equipment/Furnishings/Depr.	4,100	0	1,100	0	0	0							3,000
Telephone	1,200	0	0	0	0	0							1,200
Training/Conferences	7,000	500	500	500	2,500								4,000
Food/Household Supplies	19,700	4,881	2,450	1,339	5,000	3,542							12,250
Travel	5,500	0	0	0	0	0							5,500
Vehicle Costs/Depreciation	6,000	0	0	0	0	0							6,000
Other	0	0	0	0	0	0							0
Subtotal B.	130,151	13,922	15,250	6,839	26,214	7,083	0	0	0	0	0	0	88,687
C. SPACE													
Rent/Utilities/Maintenance	62,419	0	0	0									62,419
Mortgage Principal/Interest	0	0	0	0									0
Depreciation/Taxes	0	0	0	0									0
Subtotal C.	62,419	0	0	0	0	0	0	0	0	0	0	0	62,419
D. SPECIAL COSTS													
Assistance to Individuals	27,942	0	0	0									27,942
Partner/Joint Agency/Agencies	0	0	0	0									0
Contractors/Subcontractors	25,000	0	0	0									25,000
Pymt to Affiliate Orgs	0	0	0	0									0
Other	14,272	0	0	0									14,272
Subtotal D.	67,214	0	0	0	0	0	0	0	0	0	0	0	67,214
TOTAL (A.-D.)	533,007	65,000	92,000	30,000	104,000	35,000	0	0	0	0	0	0	337,007

****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
Program Administrator	0.15	0.15				0.30	46,592	4,659	51,251	23.00	5,000
Program Coordinator	1.00					1.00	45,000	4,500	49,500	20.00	15,161
Program Coordinator		0.50				0.50	22,500	2,250	24,750	20.00	12,001
Mentor	0.37					0.37	14,040	1,404	15,444	18.00	2,750
Mentor	0.37					0.37	14,040	1,404	15,444	18.00	2,750
Mentor		0.50				0.50	20,800	2,080	22,880	18.00	6,708
Mentor		0.50				0.50	20,800	2,080	22,880	18.00	6,708
						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:	1.89	1.65	0.00	0.00	0.00	3.54	183772.00	18377.00	202149.00	135.00	51078.00

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
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						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
						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:	1.89	1.65	0.00	0.00	0.00	3.54	183772.00	18377.00	202149.00	135.00	51078.00

*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	Positive Path	PERSONNEL	23,161
		OTHER OPERATING	6,839
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	30,000
B	Green Zone	PERSONNEL	27,917
		OTHER OPERATING	7,083
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	35,000
C	0	PERSONNEL	0
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	0
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			65,000