Employment and Career Development Services
2026 Request for Proposal (RFP)
Organization Narrative Form

Submit Application to: cddapplications@cityofmadison.com

Deadline: 4:30PM August 3rd, 2026

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 Employment and Career Development Service Area in the Community Resources Unit. There are four priority areas in the Employment RFP, one of which has 2 sub-areas:

- Youth Employment
  - Programs and Services
  - Wanda Fullmore Internship
- Young Adult Employment- Programs and Services
- Adult Employment- Programs and Services
- Southwest Madison Employment Center Operator

Organizations can apply for each program type. Please refer to the RFP guidelines for full program type descriptions.

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: Yolanda Shelton-Morris, Community Resources Manager yshelton-morris@cityofmadison.com or Community Development Specialist Dominic Davis ddavis2@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 Madeline Bohrod – mbohrod@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, 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**

<table>
<tr><td>Legal Name of Organization:</td><td>Mentoring Positives</td><td>Total Amount Requested:</td><td>$ 85,440</td></tr>
<tr><td rowspan="6">All program(s) connected to your organization:</td><td colspan="3">Program Name: Off The Block Enterprises
Applicant Type: Single Agency Application
Program Type: Youth Employment- Programs & Services
List Program Partner(s) (if applicable):
Amount Requested: $ 85,440</td></tr>
<tr><td colspan="3">Program Name:
Applicant Type: Choose an item.
Program Type: Choose an item.
List Program Partner(s) (if applicable):
Amount Requested: $</td></tr>
<tr><td colspan="3">Program Name:
Applicant Type: Choose an item.
Amount Requested: $</td></tr>
<tr><td colspan="3">Program Type: Choose an item.
List Program Partner(s) (if applicable):</td></tr>
<tr><td colspan="3">Program Name:
Applicant Type: Choose an item.
Program Type: Choose an item.
List Program Partner(s) (if applicable):
Amount Requested: $</td></tr>
<tr><td colspan="3">If you are applying for more than four programs, please contact Dominic Davis
Ddavis2@cityofmadison.com</td></tr>
<tr><td>Contact Person for application (Joint Applications - Lead Org):</td><td>Will Green</td><td colspan="2">Email: will.g@mentoringpositives.org</td></tr>
</table>

Organization Address:	2844 East Washington Ave	Telephone:	
501 (c) 3 Status:	☒ Yes ☐ No	Fiscal Agent *(if no)*	

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.

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

   Mentoring Positives was founded in 2004 by Will Green after the loss of his mother, Muriel Pipkins, to breast cancer at age 46. Will took her initials, M.P., and built Mentoring Positives to carry her legacy forward: an organization rooted in the belief that showing up for young people, consistently and with care, changes the direction of their lives. Mentoring Positives obtained 501(c)(3) nonprofit status in 2009. Today, the organization's mission is to build strong, trusting relationships, positive attitudes, and life skills in youth through mentoring, athletics, and social entrepreneurship.

   Mentoring Positives' employment and career development work is anchored by Off the Block Enterprises, a youth-led social enterprise launched in 2008 that combines paid employment with mentoring and leadership development. Participants produce and sell food products through the organization's own commercial kitchen and retail space, Muriel's Place, which opened in 2023. Beyond Off the Block, the organization has continued to build career-connected programming into its broader mentoring work, most recently adding a career exploration and employment readiness component within its MPU (Mentoring Positives University) programming in 2023.

2. **Describe your organization's experience implementing programming aligned with the Employment Services and Career Development RFP Guidelines.** Please include specific examples relevant to the programs proposed in this application. If applicable, list all the current Employment programs your organization operates, along with their inception dates.

   Mentoring Positives has directly operated paid youth employment programming for over 15 years through Off the Block Enterprises, giving participants hands-on experience in food production, sales, customer service, and small business operations, alongside mentoring, leadership development, and workforce-readiness coaching. Participants progress through a

structured pathway — mentoring and social-emotional readiness, paid pre-employment training, and paid employment — that mirrors the Employment RFP's emphasis on job readiness, employment training, and employment placement outcomes.

Current Employment programs operated by Mentoring Positives:

• Off the Block Enterprises — launched 2008. Paid youth employment and social entrepreneurship program.

• MPU (Mentoring Positives University) Red Zone — career exploration and employment readiness component launched 2023, within the organization's broader mentoring programming.

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."

   Following the passing of longtime Mentoring Positives leader Becky Green, the organization has made a deliberate, ongoing commitment to building organizational capacity and sustainable staffing and leadership structures, rather than concentrating institutional knowledge in any single person. This has included investing in additional program staff capacity within Off the Block Enterprises and working to fill vacant seats on the organization's Board of Directors, which currently has 5 of up to 9 seats open.

   Off the Block Enterprises also transitioned production fully in-house during this period, ending a prior subcontracted production arrangement with FEED Kitchens and moving all pizza and salsa production to the organization's own commercial kitchen at Muriel's Place. Alongside this, Off the Block's retail footprint expanded significantly, with products now sold at Muriel's Place, Metcalfe's Market (Hilldale and West Towne), and Willy Street Co-op (East, North, and West), in addition to city festivals and the City of Madison's Parks Alive events. These changes have strengthened the organization's operational capacity and revenue diversification, positioning Off the Block to serve more youth going forward.

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."

   Off the Block Enterprises anticipates growing from 15 to 20 unduplicated youth participants, supported by the addition of one new part-time program staff position alongside the program's existing Kitchen Manager role. The organization is also in early discussions on two partnerships that would expand its reach: a potential partnership with Merchant restaurant for youth-produced empanada production and future employment referrals, and a ServSafe certification pathway being explored with Madison College.

   More broadly, Mentoring Positives is in the early stages of formalizing a more intentional, coordinated partnership with JustDane and the African Center for Community Development, building toward a two-generation workforce development model that connects youth programming (mentoring, leadership development, and employment through Mentoring

Positives) with adult-focused employment training, career coaching, and case management (through JustDane). This partnership, which has informally existed through referrals and shared community initiatives for several years, is still being formalized, and is expected to expand coordinated outreach and employment resource access in the Darbo-Worthington neighborhood and beyond over the next two years.

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, culturally responsive services, etc.).

Kitchen staff supporting Off the Block Enterprises are required to hold or obtain ServSafe food safety certification, and provide hands-on food safety and culinary training to youth participants as part of their role. Any volunteer with direct contact with program participants completes Mentoring Positives' volunteer screening process, including a background check and orientation, before working with youth.

Mentoring staff receive ongoing professional development in trauma-informed care and culturally responsive practices through Mentoring Positives' HR services partner, Vensure (formerly Tandem), ensuring staff are equipped to support youth and families with the sensitivity these roles require.

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 Employment Services**. What lessons or insights did you gain from those experiences and how will they inform you in your approach to the current partnership?

Employment and Career Development Services
2026 Request for Proposal (RFP)
Program Narrative Form

Submit Application to: cddapplications@cityofmadison.com

Deadline: 4:30PM August 3rd, 2026

Official submission date and time will be based on the time stamp from the CDD Applications' inbox. Late applications will not be accepted.

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.**

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: Yolanda Shelton-Morris, Community Resources Manager yshelton-morris@cityofmadison.com or Community Development Specialist Dominic Davis ddavis2@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 Madeline Bohrod – mbohrod@cityofmadison.com.

Part 2 - Program Narrative Form

Program Name:		Total Amount Requested for this Program:			$
Legal Name of Organization:		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		Email:		Phone:	

Program Type**:** Select **ONE** Program Type for this form.

☐ Youth Employment- Programs and Services

☐ Youth Employment- Wanda Fullmore Internship

☐ Young Adult Employment- Programs and Services

☐ Adult Employment- Programs and Services

☐ Southwest Madison Employment Center Operator

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.

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.

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.

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?

B. 2024 Participant Demographics: If your organization has offered similar or related programming in 2024, please provide available demographic data for participants served. This can include data collected through formal programs, pilot efforts, or community-based work—even if it was not funded by the City. If exact numbers are not available, please provide your best estimates and briefly note how the data was gathered (e.g., intake forms, surveys, observations). If you are a new applicant and do not yet have demographic data, please indicate that below.

Race	# of Participants	% of Total Participants
White/Caucasian		
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.

D. Recruitment and Engagement Strategy:

i. **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.

ii. **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?

iii. **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).

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.,).

B. Employment and Career Development Equity Areas: Describe your agency's ability to serve one or more of the equity areas highlighted in **Appendix A: Employment and Career Development Equity Area Map**. Your agency does NOT need to be located within an equity priority area however you should address and how you will serve individuals in the areas. Please include the general location (use a nearby landmark like a school, streets, neighborhood name, etc.). How will residents in these areas access transportation if needed?

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).

i. 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

ii. 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

iii. If you are submitting a **JOINT/MULTI-AGENCY** application:

a) Use **TABLE 1**, if the service operates at **multiple locations** with the **same hours** (Please list all locations)

b) 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	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

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.

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.

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)?

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

How do these partnerships enhance this proposal?

What are the decision-making agreements with each partner?

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?

5. PROGRAM QUALITY, OUTPUTS, OUTCOMES AND MEASUREMENT

A. Program Outputs – Please tell us how you are measuring your output data such as: unduplicated participants, program hours, program completion etc. Please see Guidelines for more examples.

B. Program Outcomes

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

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. Please see the "Measures of Success" section of the RFP guidelines for a list. 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 program participants obtained an industry recognized certificate by end of program.				
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				
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:				
Performance Standard	**Targeted Percent**		**Targeted Number**	
	Actual Percent		**Actual Number**	
Measurement Tool(s) and Comments:				
Methodology:				

Outcome Objective #2:				
Performance Standard	**Targeted Percent**		**Targeted Number**	
	Actual Percent		**Actual Number**	
Measurement Tool(s) and Comments:				
Methodology:				

Outcome Objective #3:				
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?

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)

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

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.

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.

COMMUNITY DEVELOPMENT DIVISION **COVER PAGE** **CITY OF MADISON**

APPLICATION FOR 2026 EMPLOYMENT AND CAREER DEVELOPMENT SERVICES PROGRAMS

1. ORGANIZATION CONTACT INFORMATION

Legal Name o	Mentoring Positives, Inc.
Mailing Addre	P.O. Box 14567, Madison,
Telephone	608-345-1064
FAX	
Director	Will Green
Email Address	will.g@mentoringpositives
Additional Contact	
Email Address	
Legal Status	Private: Non-Profit
Federal EIN:	27-2347080

2. PROPOSED PROGRAMS

		2027	If currently City funded	
Program Name:	Letter	Amount Requested	2026 Allocation	Joint/Multi Application - SELECT Y/N
Off the Block Enterprises	A	$85,440	$55,000	N
Contact:	Will Green			
	B			
Contact:				
	C			
Contact:				
	D			
Contact:				
	E			
Contact:				
TOTAL REQUEST		$85,440		

DEFINITION OF ACCOUNT CATEGORIES:

Personnel: Amount reported should include salary, taxes and benefits. Salary includes all permanent, hourly and seas
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
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 c
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 agenc

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:

onal staff costs.

and audit,

s.

osts for

ng
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.

DESCRIPTOR	BOARD		STAFF		MADISON*		
	Number	Percent	Number	Percent	GENERAL Percent	POVERTY Percent	R/POV** Percent
TOTAL		**100%**		**100%**			
GENDER							
MAN	4	80%	2	40%			
WOMAN	1	20%	3	60%			
NON-BINARY/GENDERQUEER	0	0%	0	0%			
PREFER NOT TO SAY	0	0%	0	0%			
TOTAL GENDER	5	100%	5	100%			
AGE							
LESS THAN 18 YRS	0	0%	0	0%			
18-59 YRS	4	80%	5	100%			
60 AND OLDER	1	20%	0	0%			
TOTAL AGE	5	100%	5	100%			
RACE							
WHITE/CAUCASIAN	0	0%	1	20%	**80%**	**67%**	**16%**
BLACK/AFRICAN AMERICAN	5	100%	3	60%	**7%**	**15%**	**39%**
ASIAN	0	0%	1	20%	**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%	0	0%	**3%**	**4%**	**26%**
BALANCE/OTHER	0	0%	0	0%	**1%**	**2%**	**28%**
TOTAL RACE	5	100%	5	100%			
ETHNICITY							
HISPANIC OR LATINO	0	0%	0	0%	**7%**	**9%**	**26%**
NOT HISPANIC OR LATINO	5	100%	5	100%	**93%**	**81%**	**74%**
TOTAL ETHNICITY	5	100%	5	100%			
PERSONS WITH DISABILITIES		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)

Yes. Our current Board is entirely Black/African American, reflecting the racial composition of the youth and families served by our programs, including Off the Block Enterprises. However, our Board currently has 5 of up to 9 seats vacant, and lacks gender diversity (4 men, 1 woman). We are actively working to recruit additional Board members to fill vacant seats, with particular attention to increasing gender diversity going forward.

7. AGENCY GOVERNING BODY

How many Board meetings were held in 2025	
How many Board meetings has your governing body or Board of Directors scheduled for 2025?	
How many Board s 5-9	

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

Name	**Alan Chancellor**				
Home Address	Dahle Street, Madison, WI				
Occupation	Dane County Dept of Human Services				
Representing	President/Chair				
Term of Office		From:	mm/yyyy	To:	mm/yyyy
Name	**Barbara Franks**				
Home Address	5578 Huntingwood Way, Waunakee, WI 53597				
Occupation	Dane Co. District Attorney's Office				
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy
Name	**Terrence Jackson**				
Home Address	1051 Virdon Drive, Sun Prairie, WI 53590				
Occupation	UpNext Marketing				
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy
Name	**Dwight Hayes**				
Home Address	2005 Anvil Lane, Madison, WI 53716				
Occupation	Hayes' Place Owner				
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
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					
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
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 2027	PROGRAM A	PROGRAM B	PROGRAM C	PROGRAM D	PROGRAM E	NON APP PGMS
DANE CO HUMAN SVCS	61,000						61,000
UNITED WAY DANE CO	0						
CITY CDD (This Application)	85,440	85,440					
City CDD (Not this Application)	55,000						55,000
OTHER GOVT*	0						
FUNDRAISING DONATIONS**	324,565	241,966					82,599
USER FEES	0						
TOTAL REVENUE	526,005	327,406	0	0	0	0	198,599

*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 column next to the PGM column. Enter all other programs in your agency under NON APP PGMS (last column).
****Use whole numbers only, please.**

ACCOUNT CATEGORY	AGENCY 2025	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	312,374	47,572	182,273	47,572									130,101
Taxes/Benefits	13,946	3,639	13,946	3,639									
Subtotal A.	326,320	51,211	196,219	51,211	0	0	0	0	0	0	0	0	130,101
B. OTHER OPERATING													
Insurance	0	0											
Professional Fees/Audit	76,076	1,977	7,578	1,977									68,498
Postage/Office & Program	22,995	6,000	22,995	6,000									
Supplies/Printing/Photocopy	0	0											
Equipment/Furnishings/Depr.	19,162	5,000	19,162	5,000									
Telephone	0	0											
Training/Conferences	0	0											
Food/Household Supplies	0	0											
Travel	0	0											
Vehicle Costs/Depreciation	0	0											
Other	0	0											
Subtotal B.	118,233	12,977	49,735	12,977	0	0	0	0	0	0	0	0	68,498
C. SPACE													
Rent/Utilities/Maintenance	81,452	21,252	81,452	21,252									
Mortgage Principal/Interest	0	0											
Depreciation/Taxes	0	0											
Subtotal C.	81,452	21,252	81,452	21,252	0	0	0	0	0	0	0	0	0
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	0	0											
Subtotal D.	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL (A.-D.)	526,005	85,440	327,406	85,440	0	0	0	0	0	0	0	0	198,599

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

Title of Staff Position*	2027 Program A FTE**	2027 Program B FTE**	2027 Program C FTE**	2027 Program D FTE**	2027 Program E FTE**	2027 Total FTE	2027 Annualized Salary	2027 Payroll Taxes and Fringe Benefits	2027 Total Amount	2027 Hourly Wage***	2027 Amount Requested from the City of Madison
Kitchen Manager (existing role, r	0.50					0.50	18,672	1,428	20,100	17.95	20,100
Program Staff 2 (new part-time p	0.20					0.20	8,000	612	8,612	19.05	8,612
						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
SUBTOTAL/TOTAL:	0.70	0.00	0.00	0.00	0.00	0.70	26672.00	2040.00	28712.00	37.00	28712.00

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.**

Title of Staff Position*	2026 Program A FTE**	2026 Program B FTE**	2026 Program C FTE**	2026 Program D FTE**	2026 Program E FTE**	2026 Total FTE	2026 Annualized Salary	2026 Payroll Taxes and Fringe Benefits	2026 Total Amount	2026 Hourly Wage***	2026 Amount Requested from the City of Madison
						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
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
TOTAL:	0.70	0.00	0.00	0.00	0.00	0.70	26672.00	2040.00	28712.00	37.00	28712.00

*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	Off the Block Enterprises	PERSONNEL	51,211
		OTHER OPERATING	12,977
		SPACE	21,252
		SPECIAL COSTS	0
		TOTAL	**85,440**
B	0	PERSONNEL	0
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	**0**
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	**85,440**