

**Older Adult Services**

**2024 Request for Proposals**

**PART 2 - Program Narrative Form**

Submit Application to: [cddapplications@cityofmadison.com](mailto:cddapplications@cityofmadison.com)

**Deadline: 4:30 p.m. (CDT) on July 1st**

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

Part 2 – Program Narrative Form MUST be completed for EACH PROGRAM for which you are asking for funds.

Responses to this RFP should be complete but succinct. Materials submitted in addition to Part 1 - Organization Narrative, Part 2 - Program Narrative(s) and Part 3 - Budget Narrative will not be considered in the evaluation of this proposal. *Do not attempt to unlock/alter this form.* Font should be no less than 11 pt.

**Joint/Multi-Agency Applicants**

Only the designated 'lead agency' is required to submit the Program Narrative form on behalf of all identified partners listed in the application for applicants choosing to apply through a joint application.

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](mailto:yshelton-morris@cityofmadison.com) or Garrett Tusler, Community Development Specialist [gtusler@cityofmadison.com](mailto:gtusler@cityofmadison.com). We are committed to assisting interested organizations understand and work through this application and funding process.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: |  | Email: |  | Phone: |  |
| Program Type**:** Select **ONE** Program Type for this form. | | | | | |
| **Case Management Services**    **Culturally Relevant Services**    **Independent Living Support Services**    **Outreach**, **Information, and Referral Services**  **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. | | | | | |

**\***Click or tap here to enter text.

# **PROGRAM OVERVIEW**

1. Need: Briefly describe the need in the City of Madison for the programs included in this application, including the source of the data used in your response.

1. Goal Statement: What is the goal of your program and how does it align with the scope of work described in the RFP guidelines?

1. Program Summary (3-5 sentences):

# **POPULATION SERVED**

1. 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 this population was involved in the development of this program proposal.

1. 2023 Participant Demographics (if applicable):

|  |  |  |
| --- | --- | --- |
| 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):

1. Language Access and Cultural Relevance: Please describe how the proposed program will serve non-English speaking older adults. Describe how the proposed program will be culturally relevant to the population served.

1. Recruitment, Engagement, Intake and Assessment: Describe your plan to recruit, engage and address barriers to participation for the identified service population. Explain the intake and/or assessment procedure you will use for this program.

# **3. PROGRAM DESCRIPTION AND STRUCTURE**

1. Activities: Describe your proposed program activities. If applicable, describe any evidence, research, proven curriculum, standards, or documentation of promising practice that supports the programming or service proposed.

1. Program/Service Schedule: If you are proposing to provide a program at more than one location and the program schedule is the same for all locations, please list all of the locations in the “Location(s)” cell in Table 1 below. If the program schedules vary amongst locations, please complete Table 2 and the question following the tables.

Table 1

|  |  |  |
| --- | --- | --- |
| **Day of the Week** | **Start Time** | **End Time** |
| Monday |  |  |
|  |  |
| Tuesday |  |  |
|  |  |
| Wednesday |  |  |
|  |  |
| Thursday |  |  |
|  |  |
| Friday |  |  |
|  |  |
| Saturday |  |  |
|  |  |
| Sunday |  |  |
|  |  |

Table 2 (optional)

|  |  |  |
| --- | --- | --- |
| **Day of the Week** | **Start Time** | **End Time** |
| Monday |  |  |
|  |  |
| Tuesday |  |  |
|  |  |
| Wednesday |  |  |
|  |  |
| Thursday |  |  |
|  |  |
| Friday |  |  |
|  |  |
| Saturday |  |  |
|  |  |
| Sunday |  |  |
|  |  |

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

# **4. ENGAGEMENT COORDINATION AND COLLABORATION**

1. Family Engagement: Describe how your program will engage caregivers, guardians, and/or family of participants in the development of this proposal, and how they will be involved in the implementation and assessment of the program activities.

1. Neighborhood/Community Engagement: Describe how your program will engage 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.

1. Collaboration: Please complete the table below and respond to the narrative questions regarding program collaboration with community partners.

**Note**: Agencies listing a partner/collaborator below in addition to any ‘joint/partner applicant’ (if applicable) for their program should include a letter of commitment/support from the agency partner highlighting the ways in which the agency will support the program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Partner Organization** | **Role & Responsibilities** | **Contact Person** | **Signed MOU (Yes/No)?** |
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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?

1. Resource Linkage and Coordination: What resources are provided to participants and their families/loved ones by your proposed program/service? How does the program coordinate and link participants to these resources?

# **5. PROGRAM QUALITY, OUTPUTS, OUTCOMES AND MEASUREMENT**

1. Program Outputs - Unduplicated Older Adults and/or Program Hours

Total Annual Unduplicated Older Adults served through proposed program/service**:**

Total program/service hours annually:

1. Program Outcomes

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

Using the drop-down menu, please select the Program Outcome #2 for your proposed program(s), listed under each respective funding priority found in RFP Guidelines 1.6 Measurements of Success, that you will track and measure. Complete the table(s) below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Objective #1:**  75% of clients/participants report that the services/assistance they receive help them achieve the quality of life that they desire. | | | | |
| **Performance Standard** | **Targeted Percent** | 75% | **Targeted Number** |  |
| **Measurement Tool(s) and Comments:** | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Objective #2:** Choose an item. | | | | |
| **Performance Standard** | **Targeted Percent** | 75% | **Targeted Number** |  |
| **Measurement Tool(s) and Comments:** | | | | |
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| --- | --- | --- | --- | --- |
| **Outcome Objective #3** (optional): | | | | |
| **Performance Standard** | **Targeted Percent** |  | **Targeted Number** |  |
| **Measurement Tool(s) and Comments:** | | | | |
|  | | | | |

If necessary, add additional outcome objectives, performance standards, targeted percent, targeted number, and measurement tools:

1. 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 LOCATION**

1. Address(es) of the site where programs/services will occur:

1. Drawing upon the insights outlined in RFP Guidelines 1.5 Equity Priority Areas, please elaborate on your agency's strategies for integrating this information into the development of your proposed program/service. Furthermore, please explain on how your program/service will effectively reach and support individuals residing within or in close proximity to Equity Priority Areas. If applicable, please list any collaborations with existing agencies dedicated to serving and/or operating within the identified areas.

# **7. PROGRAM STAFFING AND RESOURCES:**

1. Program Staffing: Full-Time Equivalent (FTE) – Include employees, AmeriCorps Senior members and Interns with direct program implementation responsibilities. FTE = % of 40 hours per week.

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| --- | --- | --- |
| **Position Title** | **Qualifications or Required Training** | **Location(s)** |
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\*Use one line per individual employee

Volunteers: If volunteers will have direct contact with program participants, how are they vetted, trained and supervised?

1. Other program Resources/Inputs (such as program space, transportation or other resources necessary for the success of your program:

# **8. BUDGET**

1. The budget should be submitted with the proposal using the template provided in an Excel document or a PDF. There are five tabs within the Excel spreadsheet: Cover Page, Organization Overview and one sheet for the Program Budget for each program. The Cover Page, Organizations Overview and relevant Program Budgets must be submitted with this document for a proposal to be complete.

Joint/Multi-Agency Applications

1. All Joint/Partner Agencies listed on page 2 of this Program Narrative form must also complete a Budget Narrative form to be submitted alongside all required materials.

The budget template and budget narrative can be found on the [CDD Funding Opportunities website](https://www.cityofmadison.com/dpced/community-development/contracts-funding/funding-opportunities).

# **9. 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.