**HOMELESS SERVICES & HOUSING RESOURCES**

**RFP #14026-2025**

**PROGRAM APPLICATION**

**D. STREET OUTREACH**

**Instructions:**

This Program Application form must be completed for each proposed **street outreach** program. Applicants may submit multiple program applications if applying for more than one program area under the RFP.

Please limit the total length of your completed Program Application – including the questions, tables and narrative responses, to no more than **12 pages**. Applications that exceed this limit may not be fully reviewed. This page limit does not include requirement attachments (e.g., HMIS reports, agency outcome reports).

|  |  |
| --- | --- |
| **Agency Name:** |  |
| **Program Name:** |  |
| **CDD Funding Request:** | $ |

## PROGRAM DESCRIPTION (30 POINTS)

1. **Target population**

Describe the population you expect to serve, including:

* Projected annual number of unduplicated participants with outreach contacts (enrollment)
* Projected annual number of unduplicated participants with agreed-upon service plans (HMIS date of engagement)
* Key characteristics of the target population (e.g., age, household type, length of homelessness, special needs, shelter use)

1. **Outreach Geography**

Describe the geographical areas where outreach will occur, including high-priority locations. Discuss your rationale for choosing, or modifying, these areas.

1. **Intake Process**

From the perspective of a participant, describe the intake process that will be used. What is the number of new intakes you expect on a weekly basis?

1. **Services Provided**

Describe how you will incorporate best or evidence-based practices in delivering the following services:

1. Meeting basic health and safety needs of individual participants, especially during periods when individuals experiencing unsheltered homelessness are particularly vulnerable (e.g., extreme weather, public health emergencies)
2. Connecting participants to shelter or other immediate housing options
3. Supporting participants in identifying and addressing specific barriers to housing, including housing navigation, connections to healthcare, behavioral health services, long-term case management, and other benefits
4. **Encampment Response**

City-supported street outreach teams will be expected to collaborate with various City agencies, including Community Development, Public Health, Engineering, Parks, Streets and Police, in addressing issues related to encampments. This includes:

* Responding to referrals from City agencies for street outreach support;
* Engaging with individuals and providing timely information before encampment closures or cleanups;
* Mediating situations to reduce the need for law enforcement involvement and prevent involuntary displacement

Describe your agency’s approach to encampment response, including:

* How your team will coordinate with the City to reduce harm, while connecting individuals to services and housing options.
* How your team will engage with individuals who view camping in unauthorized/prohibited areas as a medium- to long-term solution, including strategies for understanding their experiences and challenges and how you will support their transition to stable housing.

1. **Staff Training**

Describe your agency’s plan for staff training. Include both new staff and ongoing training plans.

1. **Staffing Structure**

Describe the proposed staffing plan. Fill out the table below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff Position Title** | **Hiring Plan (Current/ New/ Expanded)** | **Total Program FTE** | **City-Funded FTE** | **Proposed Hourly Wage** | **Responsibilities** |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |

1. **Outreach Schedule**

Provided a detailed schedule of the proposed outreach activities, specifying the location and activities for each staff member proposed to be funded by the City grant. Include all planned activity types (e.g., 4-8pm downtown outreach, 10-2pm encampment outreach, 9am-11am in-reach at the Beacon, 2-5pm outreach follow-up work in the office, 10am-2pm admin work in the office). While it is understood that outreach schedule may change daily based on emerging needs, please provide the envisioned typical schedule for summer months.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Staff 1  City FTE: | Staff 2  City FTE: | Staff 3  City FTE: | Staff 4  City FTE: |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |

1. **Implementation Plan** *(for new or expanded programs only)*

|  |  |
| --- | --- |
| **Milestone** | **Target Date** |
| Program staff hired |  |
| Program staff onboarding/training completed |  |
| First client served |  |
| Full-service operation capacity reached |  |

## OUTCOME AND PERFORMANCE (20 POINTS)

Select one and complete the appropriate section below:

A. Existing Program with HMIS Data

B. Existing Program without HMIS Data

C. New Program With No Past Outcome Data

1. **Existing Program with HMIS Data**

Use HMIS-reported data for past outcome fields. Refer to RFP **Appendix C** for instructions on generating the required reports. The HMIS report must be submitted with your application.

1. **Data Standards**

The Wisconsin HMIS data quality standards for street outreach require: 90% for data completeness and 6 calendar days for data entry for participants with date of engagement.

Please complete the following:

* 2024 data completeness score:      %
* 2024 average days to data entry for new entries:       days
* 2024 average days to data entry for exits:       days

Describe your agency’s current practices to meet these standards and any planned improvements.

1. **Use of Data for Performance Improvement**

Describe how your agency uses data to evaluate and improve outcomes. Include the key data points or reports that are reviewed, who reviews them, and how the data are used to inform program changes.

1. **Performance Outcomes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Performance Measure** | **CDD Target** | **2022 Outcome** | **2023 Outcome** | **2024 Outcome** | **Proposed Outcome** |
| **% of Leavers Exiting to Permanent Destinations** | 30% |  |  |  |  |
| **% of Leavers Exiting to Positive Destinations** (including shelter and temporary destinations) | 60% |  |  |  |  |

1. **Outcome Analysis**

Compare your agency’s past performance to CDD targets. Discuss trends and what you think explains your successes or challenges. What changes/strategies do you think could help improve outcomes?

1. **Additional Outcome Measures**

List any additional outcomes your agency tracks or proposes to measure.

1. **Existing Program without HMIS Data**

Use non-HMIS agency data for past outcome fields. The agency reports must be submitted with your application.

1. **Use of Data for Performance Improvement**

Describe how your agency uses data to evaluate and improve outcomes. Include the key data points or reports that are reviewed, who reviews them, and how the data are used to inform program changes.

1. **Performance Outcomes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
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1. **New Program With No Past Outcome Data**

Complete this section if the proposed program is new and does not have historical performance data.

1. **Proposed Outcome**

Proposed outcomes should be ambitious but realistic based on population, service model, and timeline.

|  |  |  |
| --- | --- | --- |
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1. **Anticipated Challenges and Mitigation Strategies**

Describe any anticipated challenges in implementing the program or achieving the proposed outcomes. Include how your agency plans to address or mitigate these challenges.

1. **Additional Outcome Measures**

List any additional outcomes your agency tracks or proposes to measure.

## PROGRAM BUDGET (20 POINTS)

1. **Leveraging Medicaid Resources**

Describe how your agency will utilize Medicaid 1915(i) and/or Comprehensive Community Services (CCS) to support the proposed program. Include:

* Specific services or costs for which you expect to seek Medicaid 1915(i) or CCS funding
* A realistic estimate of revenue you expect these sources to generate
* Steps, if any, your agency has already taken to access these funding sources and/or a timeline for securing necessary certifications and training
* Any preparation or infrastructure you think your agency will need to support billing and compliance

*Note: City-funded emergency shelters and outreach programs selected through this RFP will be required to utilize Medicaid 1915(i) to support eligible services and/or move-in cost assistance. Other program types are not required, but are strongly encouraged to incorporate Medicaid funding strategies where feasible.*

1. **Use of Emergency Solutions Grant (ESG) Funds**

Can your agency accept federal ESG funding for this program, either in full or in part? ESG-funded programs must comply with all applicable federal regulations.

Yes  No

If yes, identify:

* Source(s) of required 100% matching funds (cash or in-kind):
* Maximum estimated annual match your agency can provide: $

1. **Program Budget Form**

Complete the **Program Budget Form (Excel)** for a full program year. Only expenses listed as eligible in Appendix B of the RFP may be included in the funding request to the City of Madison.

1. **Budget Narrative and Clarifications**

Use this section to explain any assumptions, nuances or clarifications needed to fully understand your budget proposal as presented in the Program Budget Form (Excel).

1. ***(New Programs Only)* Minimum Viable Funding**

It may not be possible for the City to provide the requested amount of funding. What is the smallest amount of City support that would allow your program to proceed? How would a reduced level of City funding affect operations (e.g., reduced capacity, scope of services, staffing). Be as specific as possible, that is, to what extent would program capacity or staffing levels be affected by lower funding.