**HOMELESS SERVICES & HOUSING RESOURCES**

**RFP # 14026-2025**

**PROGRAM APPLICATION**

**E. EXTREME WEATHER RESPITE HOTEL FOR THE UNSHELTERED**

**Instructions:**

This Program Application form must be completed for each proposed **extreme weather respite hotel** **for the unsheltered 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 **8 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).

**Important Note:** **Only agencies that currently operate a street outreach program are eligible to apply for this funding.** One program will be selected through this RFP process. The selected provider will be expected to accept referrals from other street outreach agencies via outreach case conferencing.

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

## PROGRAM DESCRIPTION (30 POINTS)

1. **Target population**

 Describe the population you intend to serve, including:

* Projected annual number of unduplicated participants
* Key characteristics of the target population
1. **Referral and Intake Process**

This program will be expected to receive referrals from other street outreach teams during periods of extreme weather. Describe the following:

* How your agency will receive and track referrals
* How staff will make contact with the individuals in need of assistance
* How you will make reservation for the hotel rooms
* How you will facilitate transportation of individuals into the hotel setting
1. **Services Provided**

Describe how the program will meet basic health and safety needs of the participants, including the average expected length of stay, and any supports (e.g., meals, case management) that will be provided during the stay.

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, if any funds are requested for staffing. Fill out the table below.

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

1. *(New or Expanded Programs Only)* **Implementation Plan**

|  |  |
| --- | --- |
| **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 emergency shelters require: 95% for data completeness and 6 calendar days for data entry. (This project will be considered an overflow emergency shelter.)

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. **Performance Outcomes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Performance Measure** | **CDD Target** | **2022 Outcome** | **2023 Outcome** | **2024 Outcome** | **Proposed Outcome** |
| **Number of Households Served** | N/A |        |        |        |        |
| **Average Length of Stay in the Respite Hotel** | N/A |        |        |        |        |

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. **Performance Outcomes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Performance Measure** | **CDD Target** | **2022 Outcome** | **2023 Outcome** | **2024 Outcome** | **Proposed Outcome** |
| **Number of Households Served** | N/A |        |        |        |        |
| **Average Length of Stay in the Respite Hotel**  | N/A |        |        |        |        |

1. **Additional Outcome Measures**

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

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.

|  |  |  |
| --- | --- | --- |
| **Performance Measure** | **CDD Target** | **Proposed Outcome** |
| **Number of Households Served** | N/A |        |
| **Average Length of Stay in the Respite Hotel** | N/A |        |

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. **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.