**HOMELESS SERVICES & HOUSING RESOURCES**

**RFP #14026-2025**

**PROGRAM APPLICATION**

**I. OTHER PROGRAMS THAT PROMOTE PATHWAYS TO STABLE HOUSING**

**Instructions:**

This Program Application form must be completed for each proposed **Other Programs that Promote Pathways to Stable Housing** 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 **10 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 households without children (singles):
* Projected annual number of unduplicated households with children (families):
* Projected annual number of unduplicated households with only children (unaccompanied youth age under 18):
* Key characteristics of the target population
1. **Community Need**

Explain the need for this program within the local context. Discuss how it addresses identified gaps or challenges in Madison’s homeless services system. Specifically, describe how your program will respond to the strategic funding priorities outlined in the RFP, including addressing emergency shelter capacity challenges and leverage Medicaid and other funding sources.

1. **Intake Process**

Describe the program’s intake process from the perspective of a participant, including how they will access the program and what steps they will go through.

1. **Services Provided**

Describe the services your program will deliver. Include service location and hours, frequency and duration of services, and how services will incorporate best or evidence-based practices.

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** |
|        |          |          |          | $           |            |
|        |           |           |           | $         |           |
|        |            |            |            | $         |           |
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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 Supportive Services Only program require: 98% for data completeness and 6 calendar days for data entry.

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** |
|       | N/A |        |        |        |        |
|       | N/A |        |        |        |        |
|       | N/A |        |        |        |        |

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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Performance Measure** | **CDD Target** | **2022 Outcome** | **2023 Outcome** | **2024 Outcome** | **Proposed Outcome** |
|       | N/A |        |        |        |        |
|       | N/A |        |        |        |        |
|       | N/A |        |        |        |        |

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. **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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| --- | --- | --- |
| **Performance Measure** | **CDD Target** | **Proposed Outcome** |
|       | N/A |        |
|       | N/A |        |
|       | 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. **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. **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.