**HOMELESS SERVICES & HOUSING RESOURCES**

**RFP #14026-2025**

**PROGRAM APPLICATION**

**J. TENANT SUPPORT | K. EVICTION PREVENTION**

**Instructions:**

This Program Application form must be completed for each proposed **Tenant Support and/or Eviction Prevention** program. Applicants may submit multiple program applications if applying for more than one program area under the RFP. If applying for both tenant support and eviction prevention funding under separate programs, two applications should be submitted.

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:** |  |
| **Program Strategy:** | J. Tenant Support  K. Eviction Prevention (HOME-ARP) |
| **CDD Funding Request:** | $ |
| **Housing Counseling Agency Certified by HUD** | Yes  Application In Progress  No |

## PROGRAM DESCRIPTION (30 POINTS)

1. **Describe the eligible population for services, and any target/priority populations you expect to serve:**

1. **Explain why this program is needed in the community. Describe how it will fill gaps or address challenges in Madison’s housing market.**

1. **Describe the outreach, referral and intake process. Are there any specific activities to ensure access to hard-to-reach populations?**

1. **Describe the services provided by the program, including types of services, locations and hours of services, expected frequency and duration of services:**

1. **Describe how you will incorporate evidence-based, evidence-informed, or community-informed best practices into outreach, intake, and service delivery:**

1. **Describe your agency’s plan for initial and ongoing staff training:**

1. **Describe how your agency uses data to evaluate and improve outcomes. Include key data points and reports reviewed, who reviews them, and how the data is used to inform program design and outcomes:**

1. **Staffing structure**

Identify and describe the role of key staff positions and affiliate partners who would become directly responsible for the various aspects of the contract, if awarded.

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

1. **Implementation timeline** *(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)

1. **Proposed number of households to serve**

|  |  |
| --- | --- |
| **Household Type** | **# of households expected to serve annually** |
| Persons |  |
| Households |  |

1. **Past performance and proposed outcomes of the program**

CDD does not have established performance measures for this program type. Check one of the boxes and complete the chart below. In the chart, list at least one performance measure your agency proposes to track, past performance data (if available), and proposed performance target.

Existing program: Use agency reports used to evaluate program performance for the past outcome column in the table below. Please note that you must submit the reports you used as a part of the application packet.

New program without past outcome data: Enter estimates into table below for proposed outcomes, and answer Question 4 below.

|  |  |  |
| --- | --- | --- |
| **Proposed Performance Measure** | **Past Outcome (1/1/24-12/31/24)** | **Proposed Outcome** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Additional outcomes measured and to propose to measure, if any:**

1. **If the past outcomes were low, explain the reasons and describe plans to improve the outcomes.**

1. ***(New programs without past outcome data only)*** **Describe any challenges you anticipate in implementing the proposed program and delivering the proposed outcomes and how you would address those challenges.**

## PROGRAM BUDGET (20 POINTS)

1. **Complete and submit the Program Budget Form (Excel) for a full program year.** Only expenses listed as eligible in Appendix B and D of the RFP may be included in the funding request to the City of Madison.
2. **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.