



CRISIS INTERVENTION AND PREVENTION SERVICES

2025 REQUEST FOR PROPOSAL (RFP) APPLICATION

Part 1 – Organization Narrative Form

Submit Application to: cddapplications@cityofmadison.com

Deadline: 4:30pm September 22nd, 2025

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

The intent of this RFP application is for applicant organizations to have the opportunity to apply for funding towards programs/services under the umbrella of the Crisis Intervention and Prevention (CIP) Service Area in the Community Resources Unit. There are two priority areas in the CIP RFP: *Crisis Intervention Support Services & Prevention Services and Activities*, each of which has two program types. Program types include 24/7 Helpline, Shelter Services, Community-based Individual/Family Support, and Building Community & Stabilization. Organizations can apply for each program type. Please refer to the guidelines for full program type descriptions 1.1.

Priority Areas	Crisis Intervention Support Services	Prevention Services and Activities
Program Types	<u>24/7 Helpline</u> – Organizations who provide gender-based violence crisis assistance via phone, text, online, in person, etc. Programs need to focus on youth and adults experiencing domestic violence, sexual assault, intimate partner violence, and/or human trafficking. Organizations are expected to have established policies and protocols for shelter operations, provide ongoing staff training, and promote practices that support staff well-being and self-care.	<u>Community-Based Individual & Family Support</u> - Organizations who provide trauma-informed, coordinated support that assists individuals and families in meeting short-term basic needs and access services as they recover and work to improve overall personal and family well-being. These services aim to educate, inform, connect, and assist in system navigation.
	<u>Shelter Services</u> - Organizations must operate an existing shelter that serves individuals or households experiencing domestic violence or, in the case of youth, those without safe housing alternatives. Organizations are expected to have established policies and protocols for shelter operations, provide ongoing staff training, and promote practices that support staff well-being and self-care.	<u>Building Community & Stabilization</u> – Organizations who provide community-wide or group-based activities that increase protective factors and reduce the likelihood of crisis, especially for communities disproportionately impacted by poverty and systemic inequity. These services aim to create spaces, educate, inform, and connect individuals to their neighbors and the district they live in.

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 Workbook** will **not** be considered in the evaluation of this proposal.

Do not attempt to unlock/alter this form. The font should be no less than 11 pt.

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: Nancy Saíz, Community Development Specialist nsaiz@cityofmadison.com or Yolanda Shelton-Morris, Community Resources Manager yshelton-morris@cityofmadison.com. We are committed to assisting interested organizations in understanding and working 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 Nancy Saíz, nsaiz@cityofmadison.com.

APPLICANT TYPES

Every organization applying for funding must submit an organizational history narrative per program detailing their organization's background, mission, and vision (Questions 1-4 below).

Single Applicants

If your organization is applying for multiple programs, each program application must be submitted separately with all the required submission documents (See RFP Guidelines 1.1 Required Information and Content of Proposals).

Joint/Multi-agency Applicants

For those choosing to submit a joint/multi-agency proposal, **only** the designated '**LEAD Agency**' is required to:

- 1) Complete and submit responses to questions 5-9 below pertaining to organizational history and mission statement, partnership history, rationale for partner selection, division of roles and responsibilities, anticipated challenges, and any previous collaborations or partnerships.
- 2) Submit the organizations' history partnership narrative per priority area or program type.

Part 1 - Organization Narrative Form

***Note: Please use the grey text boxes when completing this form**

Legal Name of Organization:	Embolden WI. Fiscal Sponsor. Roots4Change Cooperative	Total Amount Requested:	\$ 95000
All program(s) connected to your organization:	Program Name: Roots4Change Cooperative Amount Requested: \$ 60000 Applicant Type: Single Agency Application Program Type: Community-Based Individual and Family Support Services List Program Partner(s) (if applicable):		
	Program Name: Roots4Change Cooperative Amount Requested: \$ 35000 Applicant Type: Joint Application - LEAD Program Type: Building Community & Stabilization: ADULT & FAMILY List Program Partner(s) (if applicable):		
	Program Name: Amount Requested: \$		
	Applicant Type: Choose an item.		

	Program Type: Choose an item.		
	List Program Partner(s) (if applicable):		
	Program Name:		Amount Requested: \$
	Applicant Type: Choose an item.		
	Program Type: Choose an item.		
	List Program Partner(s) (if applicable):		
	<i>If you are applying for more than four programs, please contact Nancy Saíz nsaiz@cityofmadison.com</i>		
Contact Person for application (Joint Applications - Lead Org):		Email:	
Organization Address:		Telephone:	
501 (c) 3 Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fiscal Agent <i>(if no)</i>	Embolden WI

Single and Lead Agency Qualifications: Complete this section if you are applying as a SINGLE AGENCY or serving as the LEAD AGENCY in a joint/multi-agency application.

- Briefly describe your organization's history, core mission, and experience providing services relevant to this proposal.** If applicable, highlight any work related to crisis intervention, prevention, or serving the proposed population. Please keep your response concise (approximately 1–2 paragraphs).

Before R4C became what it is today, we started as a program of Centro called Programa Bienestar. Our very first application for city funding was to support the community health worker program we were just beginning. Almost 10 years later, we are now applying for sustainable funding to strengthen maternal and child well-being as a collective of women. This journey is a testament to how early seed investments can grow into meaningful and lasting change within communities.

In 2018, Roots4Change (R4C) was established as the first cooperative of women and immigrant mothers and community-based doulas searching for space where our intersecting lived experiences could cohabitate safely. We created a horizontal governance structure - one person, one vote - to collectively dictate our own future. We walk with immigrant Spanish speaking women in their journeys of childbirth, motherhood, and womanhood entering their lives in a stage of great vulnerability to seize the opportunity to serve as agents of healing and hope. Important to note that before R4C was R4C, when we were a program of Centro, we were called Programa Bienestar. When we applied for city funding to support the community health worker program we were starting with Programa Bienestar. So, now almost 10 years later, we are applying for sustainable funding

to support maternal and child well-being in our community as a collective of women, is a testament of how seeding investments can generate real changes in communities.

Our team, members and contractors are composed of immigrant, Latina/e, and Indigenous women who work directly with families impacted by systemic violence. We carry the lived experiences of those we serve—parents, children, and entire communities navigating the realities of being an immigrant of color in the U.S. Our services and programs are born from decades of collective care, resistance, and deep cultural knowledge. We speak in the first person because this is not abstract for us, we are the communities we serve. Collectively, we bring 82 years of combined experience working with immigrant, Latina/e, and Indigenous birthing communities across Wisconsin. We are community-based doulas, community-researchers, traditional healers, lactation consultants, and grassroots organizer, and our services are grounded in ancestral wisdom, adult education of evidence-based approaches, and lived resistance.

- 2. Describe your organization's experience implementing programming aligned with the Crisis Intervention and Prevention RFP Guidelines.** Please include specific examples relevant to the programs proposed in this application. If applicable, list all the current Crisis Intervention and Prevention programs your organization operates, along with their inception dates.

Our work resides focus on the spectrum of direct services with community mobilization & belonging (aka-building community). Because of this our work centers on challenging the status quo of perinatal care while fostering community mobilization and economic growth on the individual and family levels. The result of this effort has positioned R4C as the go-to entity supporting immigrant Latina/Indigenous perinatal women in the city and county. R4C's work is supported by evidence-based and community-informed frameworks of care and carried out by women with similar lived experiences as the clients we serve.

When we began our journey as doulas, no existing training spoke to the realities of immigrant women or the layered histories of Latin America. We had to build our own curriculum, one rooted in lived experience and collective knowledge. From the start, we chose to invest in women who are often excluded from professional development because of cost, language, or belonging. This commitment has led to tangible change: we provide education, perinatal support, and financial empowerment while also building community power through advocacy, leadership development, and grassroots mobilization. The proposed activities for which we now seek funding build directly on this foundation, ensuring immigrant women continue not only to access services but to shape the systems that impact their lives.

Direct Services:

- 1) Since 2023, far R4C has trained support 33 Spanish speaking community-based doulas in WI and North Carolina, and provided more than 300 hours of extracurricular talks, in-person and virtual workshops, and group-mentoring. Of these 33 doulas, we have mentored and financially supported 40% of them.
- 2) Since 2023, as a social enterprise, we facilitated the professional development and financial growth of 29 women and mothers who are members or direct contactors of R4C.
- 3) Funds will support this activities: We supported more than 450 immigrant mom/baby dyads with our doula services, facilitated/invested in online mental health coaching to more than 100 families with certified mental health professionals in Latin America. In 2025 we have supported 51 dyads and triads families residing in Madison with perinatal care. In addition, we offer online and in-person spaces of learning for pregnant women and women within one-year postpartum.

4) In 2020, R4C created with the support of REAP Food Group, Farm to Families Program, aimed at locally source sustainable produce for families facing food insecurity while providing community-based wrap-around services. Since 2022, we have supported 342 households (931 children under the age of 18). Of these families, 14% have received doula support, and one third have participated in annual workshops and family events. In 2025, we have supported 84 Madisonian households (average 4 family members) with a total of 1,008 boxes of food.

Community Building:

1) In 2024, we hosted more than 150 virtual talks on topics of interest in the tour community. In addition, hosted more than 15 community events in different parts of the county.

2) In 2025 we have created community-based research efforts with community members, health care providers, and local health department to gain better understanding on the nuanced needs of Latino/Spanish speaking parents in the city and county.

3) Funds will support this activities: We have planned more than 12 community activities and have planned 4 more for the year.

4) We are cobuilding with an ethnically diversified team a BIPOC coalition focusing on issues from 0 to Three years of age, with the aim to have a united presence on the city and state MCH and early child development space.

3. Describe any significant changes or shifts at your agency in the past two years: This may include changes in leadership, turnover of management positions, strategic planning efforts, or expansion/loss of funding and/or staff. Please describe how these changes may impact your agency's ability to provide the proposed services. If there are no changes to the report, write "No Changes."

1) We went from 6 to 15 community-based doulas . The new 9 doulas are currently in-training to complete their birth doula certification. All of them are posed to become voting members of R4C.

2) We have the capacity to train people to become certified birth doulas with the Douling the Doula Certification. We are the only organization in the State with this capacity.

3) We have develop strong and funded partnernships with national and international movement of birth workers.

4) We have contracted with Quartz health insurance to be able to receive people with commercial insurance.

5) We entered a contract with Embolden WI to have their support as our fiscal sponsor. This partnership has open our capacity to interact with diverse funders in and outside the state.

6) We lost almost \$100k in funding for one of our local funders, due to the increase of needs in the county.

7) We are supporting women with increased social, finantial, and mental health needs, requiring extensive time commitment and follow-up.

Our current shifts bring many positives. With more community-based doulas, we have greater capacity to support families and advance our mission. We are also expanding our portfolio by training others, which builds influence and creates new revenue opportunities. In addition, contracts like the one with Quartz demonstrate how health systems can recognize and value doula care.

At the same time, our cooperative structure means the responsibility for generating revenue falls on the members. This creates pressure to fundraise and secure contracts, as 95% of our clients are Medicaid or low-income and cannot cover the full cost of services. Most families receive care at no cost, which requires

members to devote significant time to grant writing and peer-to-peer fundraising. Similarly, while training others increases visibility, it reduces the time trainers can spend directly with families.

As a cooperative, we must balance service, revenue, and member well-being. Achieving this homeostasis is our ongoing challenge and our central goal.

- 4. Describe any anticipated changes or shifts at your agency in the next two years.** Please describe how these changes may impact your agency's ability to provide the proposed services. If there are no changes to the report, write "No Changes."

In the current social environment we cannot predict the pressures and challenges we will face as members of a unjustly targeted community. However, historically, we had to adjust to unforeseeing events, such as COVID. Being part of the community we have learned to be flexible and adjust. For us the well-being of our members, trainees and contractors (all Latinos) has to be a priority, as their well-being directly affects the health of R4C. Our communication strategies and intentional creation of spaces to debrief, cry, share food, and just be human, allow us to catch emergent issues with compassion and strategy.

- 5. Describe your organization's required qualifications, education, and training for program staff.**

Include how your organization supports staff in meeting these requirements and any ongoing professional development opportunities offered (e.g., trauma-informed care, Adverse Childhood Experiences [ACEs], culturally responsive services, etc.).

All R4C members bring years of experience in creating, implementing, evaluating, and teaching adult education curriculum. Guided by our ethos to create opportunities where none exist and to foster strong, collaborative relationships rooted in synergy and mutual support, we consistently invest in the professional growth of both our members and doulas in training. Below is a curated list of the trainings, education and certifications of our team:

Members: Jennifer Valencia Serna: WI-AHEC Community Health Worker and holds multiple certifications in doula care, breastfeeding, childbirth education, postpartum health, and community leadership.

Maricela Martinez: WI-AHEC Community Health Worker, certified Birth Doula and Doula Trainer, and Mindfulness mentor. Her training includes certifications from DONA International, Leadership Training from UW–Madison, Community Health worker from UW–Milwaukee, the European Institute of Perinatal Mental Health.

Rosalba Montoya: Certified Birth and Postpartum Doula. She has extensive training in herbalism, lactation, nutrition, and reproductive health, and over 15 years of experience working with immigrant, Latina/o/e, and Indigenous families. Rosalba is also a trained WI-AHEC Community Health Worker.

Aida Inuca: holds a Bachelor's in Tourism and Hotel Management and an associate's in marketing and facilitates health and leadership workshops. Aída is a Birth Doula Trainer, breastfeeding peer support, certified herbalist, and prenatal yoga instructor, with training in Mindfulness-Based Childbirth and Parenting, trauma-informed care, and CPR.

Matilde Cachiguango: brings over a decade of experience supporting families through pregnancy, childbirth, and postpartum care with cultural sensitivity and holistic approaches. Certified Birth Doula with DONA International and Doulaing the Doula, WI-AHEC Community Health Worker, and trained in leadership development, reproductive education, lactation, herbalism, and traditional Indigenous healing practices.

Mariela Quesada Centeno: holds a Master of Public Health, a Certificate in Global Health, and a PhD in Human Development and Family Studies from UW–Madison. Breastfeeding consultant, postpartum doula, traditional midwife apprentice, prenatal yoga instructor, and mindfulness-based for childbirth and parenting instructor.

Birth Doulas in training:

Adriana Pérez: business owner, dancer, menstrual health trainee.

Nydia Acevedo: homevisitor with Children's WI.

Carmen Gutiérrez: dental registrar at Access Community Health Centers.

Aleida Sevilla: Master in Business Administration, food security advocate.

Marisol Martinez: early childhood educator at Head Start and 4K programs.

Leidy Pérez: bachelors in nutrition, diploma in Decolonial Menstrual Health, ECHHO alumni.

Nindik Figueredo: community organizer with Voces de la Frontera.

Joint/Multi-Agency Qualifications: *Fill out if you are **THE LEAD AGENCY** in the Joint/Multi-Agency Application **ONLY***

Program name:

Program type: Choose an item.

List all joint or partner applicants involved in this program and include their website links (for reference to their mission and vision statements)

6. Provide an overview of your organization's partnership history with the collaborating agency or agencies.

When and how did the partnership(s) begin, and what collaborative initiatives or projects have you worked on together in the past?

7. Explain the rationale for partnering with the agency or agencies identified in this application.

What unique strengths or resources does each organization contribute, and how do these assets complement one another in achieving the goals of the proposed program?

8. Describe how roles and responsibilities will be divided between your organization and the collaborating agency or agencies in the proposed program.

How will each partner contribute to program design, implementation, and evaluation?

9. Outline any anticipated challenges or barriers related to the partnership and describe how you plan to address them collaboratively.

10. If applicable, describe any past collaborations your organization has had with agencies providing crisis intervention or prevention services for youth, individuals, or families at risk of or experiencing crisis due to gender-based violence. What lessons or insights did you gain from those experiences and how will they inform you in your approach to the current partnership?



CRISIS INTERVENTION AND PREVENTION SERVICES 2025 REQUEST FOR PROPOSAL (RFP) APPLICATION Part 2 - Program Narrative Form

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Program Narrative Form **MUST be completed for EACH PROGRAM** for which you are asking for funds.

JOINT/MULTI-AGENCY APPLICANTS

Only the designated '**LEAD AGENCY**' is required to submit the Program Narrative form on behalf of each of the identified partners listed in the application.

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Part 2 - Program Narrative Form

Program Name:	Community Based Doulas Services	Total Amount Requested for this Program:	\$ 60000
Legal Name of Organization:	Embolden,WI (Fiscal Sponsor), Roots 4 Change Cooperative as the sponsored organization.	Total amount Requested for Lead/Single Applicant	\$ 60000
Legal Name of Partner(s) (Joint/Multi-Agency Applicants only):	n/a	Total Amount Requested for Partner 1:	\$ 0
		Total Amount Requested for Partner 2:	\$ 0
		Total Amount Requested for Partner 3*:	\$ 0
Program Contact: Lead Organization Contact	Sara Finger, Embolden Mariela Quesada Centeno, R4C	Email:	sara@emboldenwi.org Phone: 608.367-5222
Program Type: Select ONE Program Type for this form.			
<input type="checkbox"/> Crisis Intervention Support Services: 24/7 Helpline <input type="checkbox"/> Crisis Intervention Support Services: Shelter Services <input checked="" type="checkbox"/> Prevention Services and Activities: Community-Based Individual/Family Support <input type="checkbox"/> Prevention Services and Activities: Building Community and Stabilization <input type="checkbox"/> Adults and Families <input type="checkbox"/> Youth ages 12-18 years old			
<p>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.</p>			

1. PROGRAM OVERVIEW

- A. Need: What specific need(s) in the City of Madison does this program aim to address? Please cite the data or community input used to support your response.

In Wisconsin, Dane County, and the city of Madison, the maternal and child health landscape for immigrant Latino/e families continues to erode due to structural barriers intersecting multiple social determinants (Public Health Madison and Dane County [PHMDC], 2024). Three institutionalized challenges are key in understanding the complexity of caring for immigrant women, particularly when the care-provider or educator is also a woman of color:

A. Access and quality of perinatal care. Latina/e women 19 years and older are 6 times less likely than White women to have access to health care and they are 1.8 times less likely to start prenatal care during the first trimester compared with their White counterparts (Wisconsin Interactive Health Statistics [WISH], 2024). Wisconsin has not yet adopted Medicaid Expansion,

which directly affects perinatal health access for low income and immigrant women (including undocumented women), as they lose their perinatal care 90 days postpartum. Furthermore, it is important to understand that preventive care prior pregnancy is a key social determinant of health, according with 2022 WI Department of Health Services, Latinos are 4 times more likely than Whites to go uninsured in an annual basis. This gap closes women's opportunities to seek contraceptive, lactation, and mental health support during a critical stage. PRAMS-WI (2022) shows that one third of Latina/e women did not attend their postpartum visit due to lack of insurance.

B. Racial and co-ethnic disparities on co-morbidities during their perinatal periods. Increases in Latino infant mortality have been observed in the city and the Southern region of the state, affecting particularly US born Latina women. In Dane County and Madison (areas with greater access in maternal and child health in the state), from 2020-2022 presented an infant mortality rate of 18.7, compared with a 5.6 rate of the state (DHS, 2024). Also, in the county for the same period, of all Latino births, 14% developed gestational diabetes, and of those cases 11% were women born in the U.S. vs. 16% born outside of the US. Latina/e women also presented higher rates of gestational diabetes when compared with White and Black women, 9% and 12%, respectively (WISH, 2024). In Madison, from 2021-2023, 61% of Latinas enter pregnancy overweight or obese (WISH, 2025). Latina women (19.9%) develop gestational diabetes at higher rates (vs. white: 12.2%), increasing risk of fetal death, congenital anomalies, and large for gestational age babies, which can increase delivery complication risk, including increased risk of Cesarean section, premature labor, gestational diabetes, and hypertension.

C. Widespread poverty in families with children 5 years and younger. According with 2021 Community Survey Data (ACS-five-year estimate), 31% of immigrant/Latino/e children live in households below poverty level, compared with 15% of Black children. When looking at concentration of poverty in households with children 5 years and under, and the rate of Latino births per region, the Southern/Southeastern is one of the most affected, with an average rate of 21% poverty and 26% rate of Latino births in the State. (WISH, 2024).

In 2024, 780 births of Latina women were reported in Dane County, of which 68% were from Foreign-born Latinas. R4C was able to support 7% of all Latino births in the county, and 78% of moms resided in Madison. Approximately 98% of our clients are covered by BadgerCare. Last year, we saw a surge in care for Nicaraguan women, representing 47% of all our perinatal services. Forty-eight percent of our clients ranged from 15 years to 25 years old, and 55% of all clients were first-time moms. Half of our clients developed preeclampsia and/or gestational diabetes and one third had a BMI of 25-29.9, hence considered overweight. In terms of living arrangements, women tend to live in rental apartments with one or more family members or cohabitating with acquaintances. Almost 80% of clients stay home or hold part time and low-paid jobs. In 2025, we have been able to support 51 Madison residents living in 53593, 53704, 53705, 53711, 53713, 53714, 53716, 53718, and 53719 zipcodes.

In sum, these disparities do not happen by accident, but result from systemic factors along four pathways: access to 1) social institutions, 2) health care, and 3) material impacts (e.g. driver's licenses), and 4) structural racism. These pathways can intersect in acculturation journeys because level of access to social or health care services and public benefits depends on immigration status and history. Poor health outcomes, such as obesity, depression, and decreasing breastfeeding rates can be explained by the convergence of these four pathways. Pervasive and persistent racism drives disparity; and ever busier life schedules, barriers to transportation, insurance and other inputs, and less than healthy food landscapes, can make it hard to keep up healthy behaviors.

- B. Goal Statement: What is the overarching goal of your program in response to the identified need? How does this goal align with the scope, priorities, and desired outcomes described in the RFP guidelines?

Our goal is to build a maternal and child health (MCH) ecosystem that truly reflects and supports the needs of immigrant, Latina/Indigenous, and Spanish-speaking birthing people and their families. In a system where women, particularly those who are brown, Indigenous, or from the Global South—have historically been mistreated or targeted, our work extends beyond perinatal education to include advocacy, empowerment, and collective resistance. As one funder noted, “R4C distinguishes itself in the ways that it demonstrates respect for and promotes clients’ cultures and traditions, and fosters a sense of belonging.”

We center each individual within their context, recognizing how social, economic, and structural factors impact their perinatal journey. Investing in reproductive health and early child development is a fundamental human right, and the way we give birth reflects population health, preventive care, social support, and long-term outcomes for families’ mental, physical, and financial well-being.

Before R4C, no doula organization in Dane County addressed MCH issues for Latina and immigrant families. Traditional measures, such as maternal mortality, low birth weight, and preterm birth, often overlooked disparities experienced by these communities. By collecting disaggregated and community-centered data, R4C

surfaces experiences of belonging, collective power, and postpartum trauma that are otherwise invisible in conventional statistics.

- C. Program Summary Briefly summarize your proposed program, including the population served, core services or activities, where and how services will be delivered, and key expected outcomes. This should provide a high-level snapshot of the program.

Our services are carried out by community-based doulas and are divided based on the perinatal or early parenting trajectory when clients enter our care. Below is a simple categorization of our services and a more detailed description of the services included in the next question. Note that each stage of care requires specific skills and resources, and that they overlap- as the care of perinatal families does not follow a recipe, but rather, it follows the flow of each person/family.

A. Birth Doula (perinatally-birth-1-month postpartum)

B. Early postpartum doula (range from arrival home from hospital to 3-months postpartum).

C. Postpartum social and educational support/Promotora services (3 months to 24 months postpartum).

The division of our work allows members to carry out specific responsibilities while maintaining a synchronized approach that ensures families receive comprehensive, wrap-around care. This cooperative model not only strengthens service delivery but also fosters accountability, teamwork, and shared responsibility among members. Each of our services is personalized, recognizing that each immigrant, heritate-Latina/Indigenous women and their families/support network often navigate multiple layers of vulnerability. All our services are in Spanish and/or English.

With our services we expect that:

1. Women and families will gain greater agency and knowledge throughout the perinatal journey.
2. Women will be better prepared to recognize their needs and know how and where to seek clinical or mental health care.
3. Women will demonstrate increased capacity to make their voices heard within health care systems.
4. Partners and support networks will show increased knowledge of how to provide meaningful support.
5. Women will be better equipped to manage daily life, including caring for older children and their newborn.

2. POPULATION SERVED

- A. 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 has your org/agency engaged members of this population in designing, informing, developing, implementing the proposed program?

We provide comprehensive perinatal care to immigrant and heritage Latina/Indigenous women and their families. Our work is fueled by collective sisterhood, the support of our families, and the inspiration of hundreds of women like us who continue to forge health and change. We also create pathways into the maternal and child health field, prioritizing women for whom other career opportunities may not currently be accessible. In addition, our work requires intentional partnerships with health care providers and administrators, which although not always easy, it has allowed us to create strong partnerships.

The voices, feedback, and support of our mothers and trainees are essential. Through their eyes, we identify emergent needs, shift our approaches, and uncover opportunities for growth. Reflection and learning are embedded in our practice through:

1. A HIPAA-compliant maternal and child health database designed to securely track outcomes and improve care coordination.
2. Weekly case reflection meetings with doulas.
3. Comprehensive intake assessments to establish baseline needs.
4. Post-service satisfaction surveys for mothers.
5. Observations and notes during one-on-one sessions, classes, and community events.
6. Weekly surveys and follow-ups for our families participating in our food security program. Close to 85% of these families have a pregnant member and/or have small children.

7. Referral surveys for providers.

8. Bi-monthly meetings with providers to strengthen coordination, share case updates, and address emerging needs.

Here is the voice of a doula in training: "Over the past two years, the R4C training has profoundly impacted both my personal and professional life. It has challenged me to look inward, to grow from vulnerability, and at the same time, to lead with more awareness and empathy. Nothing has been easy, in my DOULA training I have learned to sustain processes, there have been sleepless nights, I have cried, I have laughed but it has all been worth it because I have seen the change and I am enjoying it. R4C has helped me to reconnect with myself and to lead with more clarity and heart. It has been a process where I have grown and continue to learn." MH- a mom told us: "Just to say that the work that many doulas do is an incredible job, we will always be very grateful for the support you have given us, we will never forget how much you supported us, when my son grows up I will tell you about this beautiful experience and who was the first one to carry him in her arms, God bless you all. You are very much appreciated and again thank you very much. The work you do is a great act of love and kindness!"

- B. 2024 Participant Demographics: If your organization has offered similar or related programming in 2024, please provide available demographic data for participants served. This can include data collected through formal programs, pilot efforts, or community-based work—even if it was not funded by the City. If exact numbers are not available, please provide your best estimates and briefly note how the data was gathered (e.g., intake forms, surveys, observations). If you are a new applicant and do not yet have demographic data, please indicate that below.

We are a new applicant, but do collect demographic data.

Race	# of Participants	% of Total Participants
White/Caucasian	35	3
Black/African American	6	0.5
Asian	0	
American Indian/Alaskan Native	0	
Native Hawaiian/Other Pacific Islander	0	
Multi-Racial	1159	96.5
Balance/Other		
Total:	1200	
Ethnicity		
Hispanic or Latino	1135	94.5
Not Hispanic or Latino	65	5.5
Total:	1200	
Gender		
Man	324	27
Woman	876	73
Non-binary/GenderQueer		
Prefer Not to Say		
Total:	1200	

Comments (optional): This data reflects all our clients, not just people residing in Madison. However, close to 67% of all our services are provided to people living in Madison. Also, this data does not reflect people interacting with our virtual educational programs. For example in 2024, +1,500 people engaged with our webinars, courses, and talks.

- C. Language Access, Cultural Relevance: Please describe how the proposed program will serve non-English speaking youth, individuals, and families. Describe how the proposed program builds and sustains adequate access and cultural relevance needs.

Based on our responses above, it is clear that we hold the cultural, linguistic, and lived-experience knowledge to support women and families whose realities, while not identical, mirror our own in

meaningful ways. All our members speak Spanish, 85% are fully bilingual, and 13% are trilingual (Spanish, English, Kichwa).

Storytelling is one of our most powerful tools. Through intentional and respectful practices that make invisible stories visible, we have surfaced issues such as postpartum depression among Latinas, isolation during the perinatal journey, obstetric violence experienced by our clients, and the lack of resources for Spanish-speaking women. Back in 2010, when we first shared our experiences of maternal and child health (MCH) trauma and disparities as women and doulas, providers often dismissed us, because the data did not exist.

Fifteen years later, much has changed. By collecting and disaggregating data—examining outcomes by nativity, years in the U.S., or type of immigrant journey—we have brought buried realities to light and shifted narratives around immigrant women and maternal disparities. As one epidemiologist partner told us: "It's HIGHLY relevant to our (my) work as an applied epi because maternal nativity is an effect modifier - just meaning that per best practices in epi, birth outcomes SHOULD be stratified by that variable. A tangible example of that is the infant health data report we put out annually, which shows Latina births stratified by maternal nativity. That was directly informed by conversations with Roots and identified as a community need."

Over time, we have gathered more voices, facilitated focus groups and interviews, conducted research, and invested in training community-based doulas, key elements for program sustainability, system accountability, and community awareness.

Being an immigrant woman in the U.S. has always carried challenges, but the current political climate is bringing new devastation to immigrant women and their families. Our urgency lies in calling on allies and families to learn, resist, and create new pathways of mutual support.

D. Recruitment and Engagement Strategy:

a. **Recruitment & Outreach:**

How does your program plan to recruit and reach members of the identified service population? Please describe any community outreach strategies, partnerships, or referral pathways you will use.

These activities are performed by all members and trainees, with the collaboration of close partners. Services offered utilize cultural and linguistically competent services. The community-based doulas "on-the-ground" frontline experts supporting perinatal health care literacy and advocacy for families. They act as liaisons and cultural brokers between families and formal health care providers. In addition, R4C continuously participate in broader outreach events, such as tabling at parent-teacher conferences, online sessions, family events, radio programs, and social media to increase our reach. We have a list-serv with +1,500 contacts from across the state and rely on word-of-word referrals as a strong way to build our reputation in our community.

b. **Addressing Barriers to Participation:**

What specific barriers to participation (e.g., transportation, scheduling, language, trust) might the population face, and how does your program plan to address them?

Any community-driven program working with low-income families will face barriers due to their multiple social constraints and lack of support. In addition, R4C's members and doulas-in-training are part of the community and are also expected to face structural and institutional barriers that will at times hinder their capacity to provide services to client families. This proposal is to build on the community-based doulas knowledge of family dynamics and local resources to provide the necessary support to families and our members as well, to overcome some of the most salient challenges (e.g., transportation, childcare support during in-person sessions, linguistic access, and access to community resources).

Systematically, our families face challenges accessing health care, as almost 95% of our clients are Medicaid recipients. Consequently, their postpartum care often ends by 90 days postpartum, increasing the likelihood that they will not be able to access preconception or mental health care. In addition, many of our

clients use the majority of their income to pay rent, leaving insufficient funds to cover high-quality food. We support their care by connecting them with mental health providers (covering up to five sessions with the clinic psychologist), providing reproductive health and contraceptive information during pregnancy and postpartum, and counseling them on how to request contraceptive care through the health care system while insured. Food security is addressed through our Farm to Families program, and housing stability is supported by connecting clients with local resources, such as TRC.

c. Enrollment & Engagement Approach:

Describe how participants will be enrolled and engaged in the program. Include any tools, processes, or approaches you will use that are responsive to the needs and preferences of the population served (e.g., Individual Service Plan (ISP), intake forms, assessment tools, culturally responsive practices).

Referrals to R4C come from a wide network of partners across Dane County, including the local public health department, ACCESS Clinics, DEAN/SSM, RISE, healthcare providers, nonprofits, and self-referrals. For each partner, we co-create referral forms that comply with HIPAA and operational requirements.

Once a referral is received, our team contacts the family within 48 hours, making up to three attempts through all available communication methods. If contact cannot be established, we notify the referral source when possible and archive the case until further notice. When a family accepts services, an initial intake is completed, a primary and secondary doula are assigned, and a service contract is signed. Families who decline doula support are often still connected to promotoras services or other community resources.

3. PROGRAM LOCATION, DESCRIPTION, AND STRUCTURE

A. Activities: Describe your proposed program activities. Please be sure to specify your program type, i.e. shelter services, workshops, helplines, classes, etc.,).

Our model of care is unique: every mother receiving birth doula support is paired with two doulas. This team-based approach provides families with a broader range of expertise, emotional support, and continuity of care. Postpartum services extend beyond immediate recovery, offering sessions on mindful parenting, breastfeeding, stress management, navigating healthcare billing and resources, rebozo practices, infant sleep, and maternal nutrition.

Organizationally, R4C maintains a disciplined rhythm of collaboration and reflection. Weekly meetings allow the team to review cases, manage data, and share resources, with two members overseeing data analysis and reporting. Two doulas lead social media and online engagement, while all team members contribute to in-person outreach. Monthly, members and doulas-in-training debrief collectively, fostering reflection, mutual learning, and shared self-care.

This structured yet flexible approach ensures R4C can efficiently meet diverse family needs while sustaining a culture of collaboration, cultural humility, and holistic care. Services are provided in the community, clients' homes, our office, and healthcare facilities during births.

B. Use of Evidence-Based or Promising Practices:

Please identify any evidence-based or evidence-informed models, practices, or curricula used, including sources or documentation of their effectiveness. If your program does not use a formal evidence-based model, describe the rationale for your approach and how it aligns with the goals of crisis intervention and prevention.

R4C offers evidence-based preconception, prenatal, birth, postpartum, breastfeeding, and parenting support in community centers and home-based settings.

All our community-based doulas are trained and experienced in one or more evidence-based curricula:

*1. Birth Doula Support: DONA International, Mamasol, and Doulaing the Doula (Train the Trainer).

*2. Postpartum Doula Support: DONA International, in-house training with veteran midwife Marina Algurazay, and INNATE.

*3. Community Health Worker Training: WI-AHEC and UW-Milwaukee.

*R4C implements the Community-Based Doula Model, a fusion of community health worker and birth/postpartum doula roles. This enhanced CHW model is based on Health Connect One's Community-Based Doula approach, recognized by the Association for Maternal and Child Health Programs as evidence-based. A meta-analysis of 11 clinical trials demonstrates that continuous labor support is associated with shorter labors, reduced need for analgesia, fewer labor interventions, and lower cesarean rates. Doula support also improves postpartum outcomes, including newborn health and breastfeeding exclusivity and duration. Community-based doulas foster co-learning spaces for multicultural, multigenerational families, modeling regulation, agency, and parenting skills rather than simply "teaching" parenting. This individualized approach allows families to co-discover compassion, empathy, self-awareness, and healing across cultures, ages, and genders.

4. Trauma-Informed Care and Motivational Interviewing (Natural Wisdom Counseling): Using a trauma-informed approach, doulas leverage the critical window of pregnancy to support lifestyle changes, preventive measures, early intervention, and protective factors for healthy parent-child attachment. They educate partners on historical and intergenerational trauma impacts on reproductive health for women of color and promote trauma-informed care systems.

5. Mindfulness-Based Childbirth and Parenting (MBCP): Through the Mindful Birthing and Parenting Foundation, pregnant individuals and their partners learn mindfulness skills for coping with stress, anxiety, and the challenges of childbirth and parenting, fostering positive emotion and mindful parenting (Duncan, 2009).

6. Lactation and Peer-to-Peer Counseling: Academy of Lactation Policy and Practice (2020). This evidence-based approach supports maternal and child health protection across the life course.

- C. Program/Service Schedule and Location: Please fill out the charts below to describe the schedule for your proposed program or service, including days and hours that services, classes, workshops, or other activities will be operating (if your staff operates during varied hours, please give your best overview of when your staff are interacting with clients).
- If your program operates at **multiple locations** with the **same schedule**, please list all locations TOGETHER in **TABLE 1** and include the schedule of operation
 - If your program operates at **multiple locations** with **different schedules**, use **TABLE 2** in addition to table 1 to detail each location's unique schedule
 - If you are submitting a **JOINT/MULTI-AGENCY** application:
 - Use **TABLE 1**, if the service operates at **multiple locations** with the **same hours** (Please list all locations)
 - Use **TABLE 2**, in addition to table 1, if the service is operating at **multiple locations** with **different hours**

Table 1:

PROGRAM LOCATION(s):		
Day of the Week	Start Time	End Time
Monday	Choose an item.	Choose an item.
	Note- our services take place where families are located: their households, clinic, hospital, libraries, etc. Our office hours vary	Note: We do not have a 8-5 schedule, as we work with pregnant people and we are in the community. Doulas create their

	based on the activities we hold and when we have appointments with families. Our address is 2802 Coho St, Suite 201. Madison, WI. 53713.	schedule based on their workload.
Tuesday	Choose an item.	Choose an item.
Wednesday	Choose an item.	Choose an item.
Thursday	9:00 AM	3:30 PM
	Thursday is the day all doulas are in the office for case review and weekly meeting.	
Friday	Choose an item.	Choose an item.
Saturday	Choose an item.	Choose an item.
Sunday	Choose an item.	Choose an item.

****If hours are different than those listed, please use rows below drop-down list***

Table 2: (Optional/if needed)

PROGRAM LOCATION(s):		
Day of the Week	Start Time	End Time
Monday	Choose an item.	Choose an item.
Tuesday	Choose an item.	Choose an item.
Wednesday	Choose an item.	Choose an item.
Thursday	Choose an item.	Choose an item.
Friday	Choose an item.	Choose an item.
Saturday	Choose an item.	Choose an item.
Sunday	Choose an item.	Choose an item.

****If hours are different than those listed, please use rows below drop-down list***

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

4. ENGAGEMENT COORDINATION AND COLLABORATION

- A. Family Engagement: Describe how your program engaged youth, individuals, and families in the development of this proposal, and how they will be involved in the implementation and assessment of the program activities.

A unique aspect of R4C is that we are immersed in our community- we do not reside inside the 4-walls of an building, not "come to work" in the morning and leave at 4:30 pm. All team members directly work with immigrant/Latina/e/Indigenous women, parents, and children. We also embody the intersectional experiences of the families we serve. Together, we represent the hundreds of families we've cared for over decades. Their voices, beauty, and struggles guide this work. Together, we are literally standing next to families being unfairly persecuted, traumatized, and deported across the country. For us, this work represents the elevation of the lives of our people, our babies, our future. For years we have been perfecting the art and the science of centering immigrant voices and stories, in ways that add to their reality. We do not claim to speak for all Latina mothers and families; rather, our practice is to invite them to share and celebrate our diversity, our struggles, and our desire to grow. Walking alongside women, parents, and babies in moments of life and death is one of the greatest honors of our craft. We are entrusted with access to their most vulnerable and powerful moments, and we honor these through post-service feedback, in-person conversations, and invitations to join planning committees or research. We also engage in outreach events statewide, both in person and virtually. This proposal has been created with time, and seasoned with the experiences of our members and families we serve.

- B. Neighborhood/Community Engagement: Describe how your program engaged 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.

Our work builds bridges of understanding and fosters challenging yet necessary conversations with people from different systems, ethnic groups, and languages. We forge partnerships rooted in care, transparency, and shared responsibility. This work is slow, moving away from the one-size-fits-all approach. It is sometimes messy and always demands patience and persistence.

We intentionally form coalitions with communities of color to counter narratives of division. R4C maintains ongoing dialogue with health care partners to assess needs, refine referral protocols, and seize opportunities. We engage in local and state groups, meet monthly, and stay connected through annual surveys and one-on-one conversations. One partner in our local health department commented on our work: "R4C is uniquely positioned to ignite systems change in the Dane County community and beyond. They see emerging trends in birth outcomes before the data appears in statistical reports because their pulse on their community is so strong. Because R4C members are from the Latinx and Indigenous-Latinx communities, the cultural congruence and lived experience that their doulas and promotoras offer is a critically important element of care that Public Health's mostly white workforce cannot effectively provide in the same way."

Due to our partnership approach, we are unafraid to break down silos of knowledge and bias. We model vulnerability with our partners and foster new ways of building relationships that advance mutual missions. Our community work demands constant connection with diverse services and providers, so we are always seeking to build bridges. Sometimes this is feasible, sometimes not—but in our field we have found people are often open to being challenged to see from another perspective.

As part of our evaluation process, we gather annual feedback from partners on our work, growth areas, and opportunities. When possible, we extend this practice to funders as well. Their perspectives are integral to our internal auditing and help shape our strategies.

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

Note:

- Single applicants **MUST** list all partners/collaborators below and include a letter of commitment/support from the agency partner highlighting the ways in which the agency will support the program.
- Joint Lead applicants **MUST** include the program partners list, their role & responsibilities, contact person, and attach a Memorandum of Understanding MOU.

Partner Organization	Role & Responsibilities	Contact Person	Signed MOU (Yes/No)?
Public Health Madison & Dane County	Partner in research and health care access	Sarah Hughes	Y. Research project and IRB application.
DEAN-Medica	Health care referring partner	Stefanie Schulz	Y
Access Health Clinic	Health care referring partner	Cecilia Oliveria	X- needs to be updated
Quartz Health Insurance	Referral entity for commercial clients	Robin Perry	On-boarding in process
REAP Food Group	Food security partner	Yolibeth Rangel	Y
Kaleisdoscope	BIPOC Zero to Three Coalition of partners. Together we are aiming to build capacity and increase visibility about MCH and early child development issues in communities of color in the state.	Peng Her	Y- R4C is a funder member

List any additional partners, their role & responsibilities, contract person and MOU information (if applicable):

Centro - Karen Menendez Coller. Referral and system partner
 UNIDOS- Virginia Escudero. Event partner
 Dr. Andrea Buher, Dr. Diana Carvajal. UW-Madison. Research partners
 UnitedWay of Dane County. Uchenna Jones. Funder and strategic partner
 Mis Cuidades. Jess Ruiz. Support in social media and marketing. Contract- yes
 Covering WI- Lourdes Godinez. Expert support on health insurance access.
 PHMDC- Nicole Morales. Epidemiologist.
 Psychologist working with us providing virtual support. MOU- yes
 Farah Diaz-Tello. If/When/How. Legal advocacy agency working in cases of obstetric violence. Contract for services- yes.
 Sara Finger. Embolden WI. Fiscal Agent. MOU-yes.

How do these partnerships enhance this proposal?

Our doula-based program thrives because of the strong network of partners who walk alongside us. Centro, provides important referrals and system connections that ensure immigrant and Latina families can access

our care. UNIDOS, led by Virginia Escudero and her staff, collaborates with us on events, creating opportunities to amplify community awareness and collective advocacy.

Our research partnerships with Dr. Andrea Buher and Dr. Diana Carvajal at UW–Madison allow us to evaluate outcomes rigorously and strengthen the evidence base for community-based doula models. As a funder and strategic ally, United Way of Dane County, through Uchenna Jones, supports our work financially and helps align our goals with broader county maternal and child health initiatives. To expand our reach, Mis Ciudades, led by Jess Ruiz and Christo Snyman, manage social media and community marketing under a formal MOU.

Covering WI, through the support of Lourdes Godinez, support our work by informing families about their health insurance options and when feasible gain access to coverage. Public health collaboration is anchored by Nicole Morales at PHMDC, whose applied epidemiological expertise strengthens our ability to monitor maternal health outcomes and advocate for systemic change. Mental health is another cornerstone, and our partnership with psychologists offering virtual support provides families culturally relevant, accessible care. Legal advocacy is covered by Farah Diaz-Tello of If/When/How, with whom we contract to address cases of obstetric violence and doula education. For financial compliance and stewardship, Sara Finger and Embolden WI serve as our fiscal agent under a formal MOU. Finally, our partnership with Maternity Neighborhood provides a HIPAA-compliant data system that safeguards client privacy while enabling us to track outcomes, analyze trends, and strengthen system-change advocacy.

Together, these partnerships reflect the multi-layered ecosystem that sustains our work, spanning direct services, research, mental health, legal advocacy, public health, data systems, and financial stewardship.

What are the decision-making agreements with each partner?

We approach every partnership with care, honesty, and a commitment to the families we serve. The type of agreement we enter with a partner depends on the kind of work we are doing together. No matter the arrangement, our guiding principles remain the same: we always center the privacy, dignity, and well-being of immigrant and Latina/Indigenous families, and we work to build relationships that are fair, respectful, and accountable on all sides. With our partners we work with consensus when feasible.

When we enter a collaborative grant, we make sure that the goals, activities, and outcomes are guided by the lived realities of the families most affected, not just by what institutions or funders think is important. This ensures that the work stays grounded, relevant, and impactful.

When we enter a contractual agreement, we take time to explain the social and cultural context of our work so that contractors and outside partners understand the challenges families face. This helps avoid false assumptions, biased expectations, or approaches that may not align with the community's needs.

We also believe in having open and sometimes vulnerable conversations with funders. Just as we hold ourselves accountable, we encourage funders to reflect on their own systems, biases, and role in maintaining the status quo. These conversations are not always easy, but they are necessary if we are to transform maternal and child health systems in ways that truly support immigrant and Latina/Indigenous families.

- D. Resource Linkage and Coordination: What resources are provided to youth, individuals, and families participants by your proposed program/service? How does the program coordinate and link participants to these resources?

At the heart of community-based doula work is resource linking and sharing. When a resource is not available locally, we search beyond the city, county, state, and even across countries—as we have done with mental health support. Because of our close connections with families, we can either provide resources directly or make referrals in ways that are both linguistically and culturally accessible.

We use every communication tool available: face-to-face conversations, social media, email, phone calls, flyers, videos, video calls, classroom sessions, and community events, to ensure families receive information in ways that meet them where they are.

5. PROGRAM QUALITY, OUTPUTS, OUTCOMES AND MEASUREMENT

A. Program Outputs – Please tell us how you are measuring your output data such as: Unduplicated Youth, Individuals, Families, Community Events, Program Hours, etc. Please see Guidelines 1.1

We maintain detailed records of all our programs and events:

1. Outreach events: Location, partner, and people contacted (via sign-up sheets), later entered into our internal Google outreach database.

2. Direct services: Number of women served and detailed family information collected through intake and referral forms and our HIPAA-compliant doula database (Maternity Neighborhood). We also track service hours (average we provide service for 45 hours per client when starting care during the second trimester of pregnancy), referrals, and health/mental health outcomes.

3. Food security program (Farm to Families): Families complete a baseline intake and bi-monthly surveys to assess changes in circumstances and identify emerging needs.

4. Mental health services: Number of families served, session hours with clinical psychologists, ACEs scores, and results from our in-house mental health assessment survey.

5. Social media impact: Tracked using analytics tools.

6. Satisfaction surveys: Nearly 88% response rate from women served.

7. Partner feedback: Annual survey assessing collaboration and impact.

B. Program Outcomes

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

We use our own data system, which includes intakes, weekly case review meetings, and detailed questionnaires to assess perinatal care, maternal health, mental health, and overall quality of services. In addition, we use Maternity Neighborhood as our HIPAA-compliant electronic record, alongside outreach data and local reports from PHMDC and PRAMS. Together, these tools give us a full picture of maternal and child health, allow us to track outcomes for families, identify gaps, and adapt our programs to meet community needs.

Please complete the table(s) with your selected outcome objectives. Applicants must choose from the measurable outcomes listed in the RFP that correspond to the priority area for which they are applying. Youth-specific programs are **required** to report on the youth outcomes identified in the RFP. In addition to these required outcomes, applicants may propose additional program-specific outcomes they plan to track and evaluate. **Note: Outcome EXAMPLE Objective is not required and is ONLY meant to serve as an example outcome to reference as you complete the other tables**

Outcome EXAMPLE Objective: 75% of clients report services were accessible, inclusive, and responsive to their individual identities and experiences (this is an EXAMPLE ONLY and is NOT REQUIRED).				
Performance Standard	Targeted Percent	75%	Targeted Number	90 of 120 clients
	Actual Percent	78%	Actual Number	94 out of 120 clients
Measurement Tool(s) and Comments: Client exit survey and open-ended feedback forms				

Methodology: The primary measurement tool was an exit survey that used open-ended and multiple-choice prompts to allow participants to elaborate on their experiences. Surveys were distributed to all program participants at time of exit from services/at the point of program completion, surveys are voluntary and anonymous.

Outcome Objective #1: Accessing self-efficacy and agency. By the end of the program year, at least 80% of participating pregnant women will demonstrate an increased capacity to advocate for themselves within the health care system, as measured by pre- and post-program surveys and qualitative feedback.

Performance Standard	Targeted Percent	80%	Targeted Number	32 of 40 clients
	Actual Percent		Actual Number	

Measurement Tool(s) and Comments: Pre and post surveys and qualitative feedback.

Methodology: Each participant will complete a pre-program survey and qualitative interview to assess baseline knowledge, confidence, and advocacy skills within healthcare systems. The program will provide culturally relevant workshops focused on self-advocacy, patient rights, and navigating prenatal and postpartum care. Participants will also be connected to additional resources, including doulas, mental health providers, and community services. Post-program surveys and interviews will measure changes in advocacy skills and confidence.

Outcome Objective #2: Accessing social networks and support. By the end of the project year, mothers receiving perinatal support (including doula and community health worker services) engaged in in-person and online educational opportunities will report increased access to culturally relevant resources, stronger connections with peers, and meaningful opportunities for reflection and mutual support, resulting in greater confidence and well-being throughout the perinatal journey.

Performance Standard	Targeted Percent	84%	Targeted Number	63 out of 75 moms
	Actual Percent		Actual Number	

Measurement Tool(s) and Comments:

- Team observations: Monitor engagement, participation, and interactions during sessions and activities, rating engagement on a 1–5 scale.
- 1:1 conversations with doulas: Gather qualitative insights on mothers’ experiences, needs, and progress.
- Attendance records: Track the number of participants in each session or activity.
- Short participant surveys: Use a 5-point Likert scale to measure satisfaction, perceived usefulness, and overall experience.

Methodology: We will create a bilingual and educationally accessible both in-person and online opportunities to offer culturally relevant resources, peer support, and guided reflection to empower mothers throughout the perinatal journey. The program will include workshops on self-advocacy, healthcare navigation, and well-being, facilitated by trained peer leaders, while connecting participants to existing R4C programs and partner services. Participation, resource access, and satisfaction will be continuously tracked across both formats to evaluate impact, guide improvements, and ensure the program meets mothers’ evolving needs.

Outcome Objective #3:

Performance Standard	Targeted Percent		Targeted Number	
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	Actual Percent		Actual Number	
Measurement Tool(s) and Comments:				
Methodology:				

To add additional outcome objectives, please copy and paste the table below as needed.

- C. 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?

R4C utilizes the online Maternity Neighborhood (MN) database system to collect enrollment and intake data and will use resources and templates available in the HS Epic system. MN metrics are designed to track and promote the use of women's clinical preventive services, including prenatal and preconception care, family planning, and Well Woman visits. MN tracks 1st Trimester Prenatal Visits, 6-Week Postpartum Visits, and Family Planning. CB-D will use MN-data to assess care provision, emergent issues, and referral needs. Embedded within MN, which includes 200+ metrics and has a confidential and HIPAA-compliant infrastructure that facilitates culturally situated intake and care coordination processes. In addition, with MN, R4C has created rigorous data collection protocols to assess more nuanced needs and/or opportunities to support the women, dyad and family. For example: each doula completes a comprehensive report on the history and clinical outcomes of each birth and/or postpartum services; mothers are encouraged to fill out a satisfaction survey to provide continuum feedback on the work performed, providers and partners are surveyed once a year to assess R4C impact in the community. Demographic data of the client, their partner or support person is always collected.

6. PROGRAM STAFFING AND RESOURCES:

- A. Program Staffing: Full-Time Equivalent (FTE) – Include employees, with direct program implementation responsibilities. **Please be sure to list all required certifications and training.** FTE = % of 40 hours per week. Use chart below and use one line per individual employee.

Position Title	FTE	Required Certifications and Training	Location(s)
Co-President (member-owner) 0.8 FTE		1. Birth, postpartum doula training and community-health worker experience is a minimum requirement. 2. Spanish is a requirement and cultural understanding and/or embodied knowledge on the immigrant experience is a must. 3. Any other specialization, profession and/or experience profession related with social services, health care, health care	In-Person and Virtual Support: Services are offered virtually or in-person at R4C's Madison office, client-selected locations, or community sites across the city and county.

		policy, mental health, and traditional healing practices-are a plus. **All requirements are the same for R4C-member-owners.	
Co-President (member-owner) 0.6 FTE		Same as above.	Same as above.
Secretary (member-owner) 0.6 FTE		Same as above.	Same as above.
Treasurer (member-owner) 0.5 FTE		Same as above.	Same as above.
Outreach Lead (member-owner) 0.5 FTE		Same as above.	Same as above.
Outreach Lead (member-owner) 0.7 FTE		Same as above.	Same as above.
Doulas in training (0.2-0.3 FTE)		1. Birth, postpartum doula training and community-health worker experience is a minimum requirement. 2. Spanish is a requirement and cultural understanding and/or embodied knowledge on the immigrant experience is a must. 3. Encouragement to continue to train in other areas.	Same as above.

- B. Volunteers: Describe your process for screening, training, and supervising volunteers who will have direct contact with program participants.

We use a volunteer form to assess the experience and cultural competency of prospective volunteers, particularly for events and data collection. However, most of our volunteers are the same mothers we work with, so their information has already been collected.

- C. Other Program Resources Please list any other program resources or inputs (e.g., program space, transportation, equipment, or other supports) that are necessary for the success of your program. Are these resources currently in place? If not, describe your plan and timeline for securing them.

Childcare for moms when they are in the hospital and their other children need care: we are often able to a. coordinate in the logistics of seeking child care support with volunteers, b. help mom

strategize and think about possibilities within her control and networks, c.and seek support among our doulas.

Baby needs: cribs, diapers, car seats: We have a strong network of moms so we tend to send messages requesting support and many time our we are able to filfull neds internally. When needed we reach out to local organizations like Baby and Beyond and Saint Vicent de Paul.

7. BUDGET

- A. The budget workbook should be submitted with the proposal using the template provided in an Excel document or as a PDF. There are six tabs within the Excel spreadsheet: Cover Page, Board & Staff Demographics, Revenue, Expenses, Personnel, and Program Summary. **The Cover Page, Program Summary, and relevant Program Budgets must be submitted with this document for a proposal to be complete.**

Joint/Multi-Agency Applications

- B. The Lead Applicant will be responsible for submitting the Budget Workbook and Budget Narrative(s) alongside all required materials.
- a. The budget template and budget narrative can be found on the [CDD Funding Opportunities Website](#).

8. 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.
Not apply.

B. Disclosure of Contract Failures, Litigations

Disclose any alleged significant prior or ongoing contract failures, contract breaches, any civil or criminal litigation.
No.

APPLICATION FOR 2025 CRISIS INTERVENTION AND PREVENTION SERVICES PROGRAMS

1. ORGANIZATION CONTACT INFORMATION

Legal Name of Organization	Embolden WI
Mailing Address	147 S. Butler Street Madison, WI 53703
Telephone	608-251-0139
FAX	n/a
Director	Sara Finger
Email Address	sara@emboldenwi.org
Additional Contact	Mariela Quesada Centeno
Email Address	soporte@roots4change.coop
Legal Status	Private: Non-Profit
Federal EIN:	80-0287566

2. PROPOSED PROGRAMS

	2026		If currently City funded	
Program Name:	Letter	Amount Requested	2025 Allocation	Joint/Multi Application - SELECT Y/N
Community-based Individual & Family	A	\$60,000		
Contact:	Sara Finger			
Building Community & Stabilization -	B	\$35,000		
Contact:	Sara Finger			
	C			
Contact:				
	D			
Contact:				
	E			
Contact:				
TOTAL REQUEST		\$95,000		

DEFINITION OF ACCOUNT CATEGORIES:

Personnel: Amount reported should include salary, taxes and benefits. Salary includes all permanent, hourly and seasonal staff. Taxes/benefits include all payroll taxes, unemployment compensation, health insurance, life insurance, retirement benefits, etc.

Operating: Amount reported for operating costs should include all of the following items: insurance, professional fees and audit, postage, office and program supplies, utilities, maintenance, equipment and furnishings depreciation, telephone, training and conferences, food and household supplies, travel, vehicle costs and depreciation, and other operating related cost.

Space: Amount reported for space costs should include all of the following items: Rent/Utilities/Maintenance: Rental costs for office space; costs of utilities and maintenance for owned or rented space. Mortgage Principal/Interest/Depreciation/Taxes: Costs with owning a building (excluding utilities and maintenance).

Special Costs: Assistance to Individuals - subsidies, allowances, vouchers, and other payments provided to clients. Payment to Affiliate Organizations - required payments to a parent organization. Subcontracts - the organization subcontracts for service being purchased by a funder to another agency or individual. Examples: agency subcontracts a specialized counseling service to an individual practitioner; the agency is a fiscal agent for a collaborative project and provides payment to other agency.

3. SIGNATURE PAGE

AFFIRMATIVE ACTION

If funded, applicant hereby agrees to comply with City of Madison Ordinance 39.02 and file either an exemption or an affirmative action plan with the Department of Civil Rights. A Model Affirmative Action Plan and instructions are available at cityofmadison.com/civil-rights/contract-compliance.

CITY OF MADISON CONTRACTS

If funded, applicant agrees to comply with all applicable local, State and Federal provisions. A sample contract that includes standard provisions may be obtained by contacting the Community Development Division at 266-6520. If funded, the City of Madison reserves the right to negotiate the final terms of a contract with the selected agency.

INSURANCE

If funded, applicant agrees to secure insurance coverage in the following areas to the extent required by the City Office of Risk Management: Commercial General Liability, Automobile Liability, Worker's Compensation, and Professional Liability. The cost of this coverage can be considered in the request for funding.

4. SIGNATURE

Enter name:

By entering your initials in the box you are electronically signing your name and agreeing to the terms listed above.

DATE INITIALS:

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5. BOARD-STAFF DEMOGRAPHICS

Indicate by number the following characteristics for your agency's current board and staff. Refer to application instructions for definitions. You will receive an "ERROR" until you finish completing the demographic information.

DESCRIPTOR					MADISON*		
	BOARD		STAFF		GENERAL	POVERTY	R/POV**
	Number	Percent	Number	Percent	Percent	Percent	Percent
TOTAL	8	100%	78	100%			
GENDER							
MAN	0	0%	9	12%			
WOMAN	8	100%	63	81%			
NON-BINARY/GENDERQUEER	0	0%	6	8%			
PREFER NOT TO SAY	0	0%	0	0%			
TOTAL GENDER	8	100%	78	100%			
AGE							
LESS THAN 18 YRS	0	0%	40	51%			
18-59 YRS	8	100%	37	47%			
60 AND OLDER	0	0%	1	1%			
TOTAL AGE	8	100%	78	100%			
RACE							
WHITE/CAUCASIAN	2	25%	18	23%	80%	67%	16%
BLACK/AFRICAN AMERICAN	3	38%	31	40%	7%	15%	39%
ASIAN	0	0%	6	8%	8%	11%	28%
AMERICAN INDIAN/ALASKAN NATIVE	0	0%	0	0%	<1%	<1%	32%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0%	0	0%	0%	0%	0%
MULTI-RACIAL	1	13%	9	12%	3%	4%	26%
BALANCE/OTHER	2	25%	14	18%	1%	2%	28%
TOTAL RACE	8	100%	78	100%			
ETHNICITY							
HISPANIC OR LATINO	2	25%	9	12%	7%	9%	26%
NOT HISPANIC OR LATINO	6	75%	69	88%	93%	81%	74%
TOTAL ETHNICITY	8	100%	78	100%			
PERSONS WITH DISABILITIES	2	25%		0%			

*REPORTED MADISON RACE AND ETHNICITY PERCENTAGES ARE BASED ON 2009-2013 AMERICAN COMMUNITY SURVEY FIGURES.

AS SUCH, PERCENTAGES REPORTED ARE ESTIMATES. See Instructions for explanations of these categories.

**R/POV=Percent of racial group living below the poverty line.

6. Does the board composition and staff of your agency represent the racial and cultural diversity of the residents

you serve? If not, what is your plan to address this? (to start a new paragraph, hit ALT+ENTER)

Our organization is committed to building a board and staff that better reflect the demographic diversity of the community we serve. We recognize that diverse leadership strengthens decision-making, fosters innovation, and builds trust with the people we aim to support.

To move toward this goal, we are focusing on expanding our outreach and recruitment networks, strengthening relationships with community partners, and creating pathways for leadership development that encourage participation from individuals of underrepresented backgrounds.

While we do not make decisions based on race or other protected characteristics, we are intentionally examining barriers that may limit access and are working to ensure our processes are welcoming, equitable, and inclusive. Our aim is to cultivate an environment where people of varied lived experiences, perspectives, and identities feel supported to engage and lead.

7. AGENCY GOVERNING BODY

How many Board meetings were held in 2024	7
How many Board meetings has your governing body or Board of Directors scheduled for 2024?	7
How many Board seats are indicated in your agency by-laws?	3 to 11

List your current Board of Directors or your agency's governing body.

Name	Gabby Aranda Bernstein			
Home Address	807 Lady Bug Ln Verona, WI 53593			
Occupation	Sexual & Reproductive Health Program Supervisor			
Representing	Public Health Madison & Dane County			
Term of Office		From:	02/2025	To: 12/2026
Name	Tarakee Jackson			
Home Address	4462 N 69th Street Milwaukee, WI 53218			
Occupation	Faculty			
Representing	Medical College of WI			
Term of Office		From:	02/2025	To: 12/2025
Name	Ceri Jenkins			
Home Address	4909 Woodburn Drive Madison, WI 53711			
Occupation	Research Program Manager			
Representing	UW Center for Health Disparities Research			
Term of Office		From:	04/2024	To: 12/2025
Name	Amber Joshway			
Home Address	202 N. Midvale Blvd Madison, WI 53705			
Occupation	DEI Manager			
Representing	Associated Physicians, LLP			
Term of Office		From:	04/2024	To: 12/2025
Name	Natalie Mendez Ponce			
Home Address	6747 Pinelake Drive Apt 206 Madison, WI 53719			
Occupation	Consumer Lending Operations Assistant Manager			
Representing	UW Credit Union			
Term of Office		From:	02/2025	To: 12/2026
Name	Shaunna Newton			
Home Address	15389 W. Garfield St Goodyear, AZ 85338			
Occupation	Senior Manager, Research and Strategy			
Representing	CMRignite			
Term of Office		From:	04/2024	To: 12/2025
Name	Shonita Roach			
Home Address	2825 Perry Street Madison, WI 53711			
Occupation	Executive Director			
Representing	Shades of You, Shades of Me			
Term of Office		From:	04/2024	To: 12/2025
Name	Kathy Waligora			
Home Address	9588 4th Ave Pleasant Prairie, WI 53158			
Occupation	Deputy Director of External Affairs			
Representing	EverThrive Illinois			
Term of Office		From:	01/2024	To: 12/2025

AGENCY GOVERNING BODY cont.

Name

Home Address

Occupation

Representing

Term of Office

From:

mm/yyyy

To:

mm/yyyy

Name

Home Address

Occupation

Representing

Term of Office

From:

mm/yyyy

To:

mm/yyyy

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Name

Home Address

Occupation

Representing

Term of Office

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To:

mm/yyyy

****Instructions: Complete this workbook in tab order, so the numbers will autofill correctly. Only fill in the yellow cells.**
Only use whole numbers, if using formulas or amounts with cents, convert to whole number before submitting to CDD.

Please fill out all expected revenues for the programs you are requesting funding for in this application.
 All programs not requesting funding in this application, should be combined and entered under NON APP PGMS
 (last column)

REVENUE SOURCE	AGENCY 2026	PROGRAM A	PROGRAM B	PROGRAM C	PROGRAM D	PROGRAM E	NON APP PGMS
DANE CO HUMAN SVCS	90,000	90,000					
UNITED WAY DANE CO	100,000	70,000	30,000				
CITY CDD (This Application)	95,000	60,000	35,000				
City CDD (Not this Application)	0	0	0				
OTHER GOVT*	0	0	0				
FUNDRAISING DONATIONS**	197,000	25,000	20,000				152,000
USER FEES	20,000	20,000					
TOTAL REVENUE	502,000	265,000	85,000	0	0	0	152,000

*OTHER GOVERNMENT: Includes all Federal and State funds, as well as funds from other counties, other Dane County Departments, and all other Dane County cities, villages, and townships.

**FUNDRAISING: Includes funds received from foundations, corporations, churches, and individuals, as well as those raised from fundraising events.

Enter all expenses for the programs in this application under the PGM A-E columns. Enter the amount you would like the City to pay for with this funding under the CITY SHARE

****Use whole numbers only, please.**

ACCOUNT CATEGORY	AGENCY 2026	TTL CITY REQUEST	PGM A	CITY SHARE	PGM B	CITY SHARE	PGM C	CITY SHARE	PGM D	CITY SHARE	PGM E	CITY SHARE	NON APP PGMS
A. PERSONNEL													
Salary	0	0	0	0	0								0
Taxes/Benefits	0	0	0	0	0								0
Subtotal A.	0	0	0	0	0	0	0	0	0	0	0	0	0
B. OTHER OPERATING													
Insurance	458	200	229	200	0	0							229
Professional Fees/Audit	7,200	560	3,600	560	1,600	0							2,000
Postage/Office & Program	10,000	1,200	4,480	600	2,240	600							3,280
Supplies/Printing/Photocopy	5,300	700	2,000	200	2,000	500							1,300
Equipment/Furnishings/Depr.	1,200	0	600	0	0	0							600
Telephone	220	0	100	0	100	0							20
Training/Conferences	3,000	250	1,000	0	1,500	250							500
Food/Household Supplies	600	550	300	250	300	300							0
Travel	3,500	850	500	250	1,500	600							1,500
Vehicle Costs/Depreciation	0	0	0	0	0	0							0
Other	0	0	0	0	0	0							0
Subtotal B.	31,478	4,310	12,809	2,060	9,240	2,250	0	0	0	0	0	0	9,429
C. SPACE													
Rent/Utilities/Maintenance	33,000	2,600	20,000	1,600	6,000	1,000							7,000
Mortgage Principal/Interest	0	0	0	0	0	0							0
Depreciation/Taxes	0	0	0	0	0	0							0
Subtotal C.	33,000	2,600	20,000	1,600	6,000	1,000	0	0	0	0	0	0	7,000
D. SPECIAL COSTS													
Assistance to Individuals	0	0	0	0	0	0							
Partner/Joint Agency/Agencies	0	0	0	0	0	0							
Contractors/Subcontractors	390,707	73,840	256,065	47,340	47,773	26,500							86,869
Pymt to Affiliate Orgs	23,610	14,250	9,000	9,000	5,250	5,250							9,360
Other	0	0	0	0									
Subtotal D.	414,317	88,090	265,065	56,340	53,023	31,750	0	0	0	0	0	0	96,229
TOTAL (A.-D.)	478,795	95,000	297,874	60,000	68,263	35,000	0	0	0	0	0	0	112,658

****List all staff positions related to programs requesting funding in this application, and the amount of time they will spend in each program.**

Title of Staff Position*	2026 Program A FTE**	2026 Program B FTE**	2026 Program C FTE**	2026 Program D FTE**	2026 Program E FTE**	2026 Total FTE	2026 Annualized Salary	2026 Payroll Taxes and Fringe Benefits	2026 Total Amount	2026 Hourly Wage***	2026 Amount Requested from the City of Madison
Aida Inuca- Member Owner, Doula	0.10	0.04				0.14	38,000	0	38,000	0.00	0
Maricela Martinez-Owner, Doula	0.13	0.04				0.17	39,000	0	39,000	0.00	0
Rosalba Montoya-Owner, Doula	0.15	0.04				0.19	32,175	0	32,175	0.00	0
Matilde Cachiguango-Owner, Doula	0.15	0.04				0.19	31,333	0	31,333	0.00	0
Jennifer Valencia- Owner, Doula	0.10	0.07				0.17	20,000	0	20,000	0.00	0
Mariela Quesada Centeno-Owner, Doula	0.05	0.05				0.10	60,000	0	60,000	0.00	0
Aleida Sevilla-Doula in training, C	0.33	0.20				0.53	15,000	0	15,000	0.00	0
Emelia Valero-Doula in training, C	0.33	0.20				0.53	15,000	0	15,000	0.00	0
Nydia Perez-Doula in training, H	0.26	0.20				0.46	15,000	0	15,000	0.00	0
Adriana Perez-Doula in training, H	0.13	0.13				0.26	15,000	0	15,000	0.00	0
Marisol Martinez-Doula in training, H	0.20	0.10				0.30	15,000	0	15,000	0.00	0
Nindik Figueredo-Doula in training, H	0.00	0.20				0.20	10,000	0	10,000	0.00	0
Carmen Gutierrez-Doula in training, H	0.30	0.15				0.45	10,000	0	10,000	0.00	0
Leidy Perez, Data support, doula	0.20	0.08				0.28	20,000	0	20,000	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
SUBTOTAL/TOTAL:	2.43	1.54	0.00	0.00	0.00	3.97	335508.00	0.00	335508.00	0.00	0.00

CONTINUE BELOW IF YOU NEED MORE ROOM FOR STAFF POSITIONS

*List each staff position separately. Indicate number of weeks to be employed if less than full year in parentheses after their title.

**Full Time Equivalent (1.00, .75, .60, .25, etc.) 2,080 hours = 1.00 FTE

****List all staff positions related to programs requesting funding in this application, and the amount of time they will spend in each program.**

	2025	2025	2025	2025	2025	2025	2025	2025 Payroll Taxes and Fringe Benefits	2025	2025	2025 Amount Requested from the City of Madison
Title of Staff Position*	Program A FTE**	Program B FTE**	Program C FTE**	Program D FTE**	Program E FTE**	Total FTE	Annualized Salary		Total Amount	Hourly Wage***	
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
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						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	0
TOTAL:	2.43	1.54	0.00	0.00	0.00	3.97	335508.00	0.00	335508.00	0.00	0.00

*List each staff position separately. Indicate number of weeks to be employed if less than full year in parentheses after their title.

****Full Time Equivalent (1.00, .75, .60, .25, etc.) 2,080 hours = 1.00 FTE**

Program Summary

This tab should be completely filled in by your previous answers.

Pgm Letter	Program Name	Program Expenses	2026 City Request
A	Community-based Individual & Family Support	PERSONNEL	0
		OTHER OPERATING	2,060
		SPACE	1,600
		SPECIAL COSTS	56,340
		TOTAL	60,000
B	Building Community & Stabilization - Adults and Families	PERSONNEL	0
		OTHER OPERATING	2,250
		SPACE	1,000
		SPECIAL COSTS	31,750
		TOTAL	35,000
C	0	PERSONNEL	0
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	0
D	0	PERSONNEL	0
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	0
E	0	PERSONNEL	0
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	0
TOTAL FOR ALL PROGRAMS			95,000