



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

Submit Application to: cddapplications@cityofmadison.com

Deadline: 4:30pm September 22, 2025

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

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.

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 front 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 understand and work 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

Part 2 - Program Narrative Form

Program Name:	Community Based Belonging Services	Total Amount Requested for this Program:		\$ 35000
Legal Name of Organization:	Embolden,WI (Fiscal Sponsor), Roots 4 Change Cooperative as the sponsored organization.	Total amount Requested for Lead/Single Applicant		\$ 35000
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 type="checkbox"/> Prevention Services and Activities: Community-Based Individual/Family Support <input checked="" type="checkbox"/> Prevention Services and Activities: Building Community and Stabilization <input checked="" type="checkbox"/> Adults and Families <input type="checkbox"/> Youth ages 12-18 years old				
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.				

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.

Local or state data on the civic and/or community participation of immigrant families is scarce, and when available is reduced to the number of people participating in public or private activities. In addition, spaces of immigrant families to share their culture, rituals, traditions are often organized by local organizations without a lot of input on the community itself. Despite the fact that Latinos/e/a people is more visible in the city, there are invisible walls of separations keeping people to fully participate in community events in ways that they feel fully comfortable and safe. In our community, parents carry heavy emotional burdens and multiple responsibilities, leaving little time for self-care. Fear, habit, and the lack of safe spaces often silence their thoughts and feelings.

These silences can deepen isolation and undermine mental health. Even though leisure and recreation are human rights, per Article 14 of the Universal Declaration of Human Rights, immigrant communities often have less access to these opportunities due to structural barriers. Additionally, community activities that address their spiritual, linguistic, and cultural needs remain limited. This project offers a model to break a cycle of exclusion, by providing a nurturing environment for women, parents and children to reconnect with themselves and share their stories through creative expression. Art in multiple forms will be both the medium and the catalyst for healing, empowerment, and the strengthening of mutual support networks. For the past 10 years, these communities have faced rising xenophobia and violence fueled by exclusionary, scapegoating, and racist policies that directly harm their well-being. This social violence is especially damaging during the perinatal stage, contributing to growing health disparities. It is important to note that harm to Latino/e families often affects most families in our community, as mixed-immigration-status households are common. For the past eight years, R4C has been sounding the alarm on these issues with our partners in public health, the state health department, and health care systems.

We have always understood that not “all Latinos are created equal,” and that immigration history directly shapes well-being and access to resources. Based on past experience, we know that lack of trust, fear, anxiety, and depression will intensify over time as acts of dehumanization increase. This leads people to disengage from social, health-related, educational, and civic activities, furthering invisibility and isolation. Today, being Latino is becoming a visible mark, making the creation of spaces where community members can decompress, express themselves freely, and feel collectively safe not optional, but essential. R4C’s expertise in crafting spaces of belonging is unmatched in the state. We do not see our community members merely as “immigrants,” but as whole individuals, shaped by histories across countries, languages, and cultures. This perspective, rooted in lived experience, training, and our strong U.S. and Latin America networks, fosters deep, healing connections.

- 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?

This project's goal is to create safe and welcoming spaces for Latina/e/Indigenous, immigrant, and/or Spanish-speaking people in Wisconsin. In-person and virtual spaces will be designed to allow the emergence of belonging, where people can express themselves and reconnect with their inner selves through art, storytelling, dance, cooking, or writing. Through carefully crafted workshops and talks, women/people will have the opportunity to explore their emotions, share experiences, strengthen their self-esteem, and collectively ignite their cultural pride.

- 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.

R4C targets immigrant, Latino/e, Indigenous families, and Spanish-speaking pregnant women and people navigating parenthood. Due to this population’s diversity, we rely on contractors and partners to effectively provide needed resources and support. Hence, our services are not just targeted but personalized. The proposed activities and spaces will not only provide artistic tools but also foster listening, mutual support, and the recognition that they have the right to enjoy their time, to heal, and to live fully.

This proposal features two modalities:

✓ Virtual spaces to reduce transportation barriers and support long-distance connections, and in-person events in at least four state cities. For the virtual modality, we have talks and partners lined up for bimonthly sessions from January to July 2026, plus two master classes on health practices from Andean cosmology (decentering Western-White-male views by centering Indigenous ways of being and relating). These talks and workshops aim to ignite cultural pride and reinforce collective learning spaces that honor our perspectives. Such spaces are deeply healing and highly valued by our community when authentically crafted, allowing people to express themselves rooted in their lived experiences. The Scope of Work outlines the list of partners.

✓ In-person sessions where we will create a planning team with artists, healers, and storytellers and self-selected community members to plan, implement, and evaluate the selected activities. The specifics of these events are to be determined, as the team will have to account for community safety and accessibility.

Summary of Activities

Over the project cycle, participants will engage in:

- Art workshops (painting, embroidery, crafts)
- Dance and movement sessions to reconnect with the body and release emotions
- Poetry and writing circles for sharing experiences and aspirations
- Music and singing to foster collective joy and connection

Each workshop will include facilitated group dialogue and reflection to cultivate active listening, respect, and a sense of belonging.

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 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.

Our vision is to recognize and celebrate the knowledge every person holds, regardless of social or educational status. We address challenging conversation and issues through active listening to the communities and partners we serve and collaborate with. We utilize feedback tools as: on-going evaluations, one: one feedback session, group reflective spaces, and satisfaction surveys.

We thrive to ensure projects are grounded in real needs and informed by diverse expertise and lived experiences. This approach helps us identify and address root causes of barriers within the context we reside in, while paying attention to current socio-political forces affecting, informing, and shaping people's lives.

We like to think of feedback as an open door. We maintain constant communication with our families and foster partnerships built on bidirectional trust (which is not always easy and requires ongoing evolution). We are often able to address emergent issues, programmatic challenges, and service needs quickly. This expedited response is largely due to our horizontal leadership model and emic relationship with the families with work with.

- 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, however, we do record data from outreach, engagement, and educational activities.

Race	# of Participants	% of Total Participants
White/Caucasian	10	1.5
Black/African American	4	0.5
Asian	0	0
American Indian/Alaskan Native	0	0
Native Hawaiian/Other Pacific Islander	0	0
Multi-Racial	696	98
Balance/Other	0	100
Total:	710	
Ethnicity		
Hispanic or Latino	660	93
Not Hispanic or Latino	50	7

Total:	710	
Gender		
Man	120	17
Woman	590	83
Non-binary/GenderQueer	0	0
Prefer Not to Say	0	0
Total:	710	

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.

This program will promote the construction of a more humane and dignified maternal and child health environment, centered on the bond and care of the mother-baby, and father/parent-baby dyad, and the community that supports it. Community-wide investment on perinatal and early child interactions are by far one of the best ways societies can support their population in the present- with direct benefits for the future of the whole.

- 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, drivers (support the delivery of food boxes to families) are the “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 people who 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 building 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).

In addition, current policies and social environments are making our families fearful of been seemed, which risk the possibility of making them less socially connected.

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).

Over the past year, R4C has actively participated in dozens of community events and resource fairs across the city and county (approximately 4 each month as for September), strengthening our visibility and deepening trust with families. These included school-based resource fairs at Leopold, Sandburg, Aldo Leopold, Black Hawk, Badger Ridge, Verona Area High School, and Sun Prairie West; family-centered gatherings such as Noche Familiar with Pueblo de Dane, Babies and Beyond, and annual picnics and baby showers hosted by local partners; and broader community events like Centro Hispano's Mercadito, the Sun Prairie Elote Parade, Fiesta de Lunas at Lunas Grocery, and Rock County's Community Baby Shower. We also joined health-focused events, including the Community Health Fair at the East Madison Community Center, car seat safety clinics in Fitchburg, and multiple "Know Your Rights" and reentry service fairs with Reach Dane and partner organizations.

During each event and/or classes we use a sign-in sheet where we collect contact information, and we do follow-up with people for upcoming events and/or identified interests or needs mentioned during our face-to-face conversations. These events have been a great opportunity to connect with pregnant people or moms with babies, who might not want a doula but are interested in participating in our monthly virtual or in-person perinatal talks or our educational events.

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.,).

All our activities are anchored to our core believe in the importance of not only building community but strengthening our relationship through critical conversations, sharing ideas, exchanging our own stories and experiences as well as learning from one another while we strive to maintain a healthy lifestyle for our children and families. Below are key of the planned virtual and in-person activities:

1. Somos Raíces: 365 Days for Change: we will host monthly 2-hour long workshops virtually where we will cover topics ranging from historical, cultural, and familial trauma, and its impact on the emotional health of mothers, fathers, and children will be addressed. We will also cover less-visible aspects such as motherhood in neurodivergent women, the impact of sexual abuse on mental health, gestational grief, life after tubal ligation or uterine removal, and art as a vehicle for self-recognition. All the speakers are community leaders representing Latin American countries and bring extensive knowledge in psychology, ancestral midwifery, conscious nutrition, holistic pediatrics, visual arts, and anthropology from a feminine perspective.

2. Plan in-person workshops and classes centering the importance of ritual as way of finding one's voice and centering rituals as a healing practice rooted on people's culture and history. The immigrant experience inflicts harm to the cultural roots of people and the process of acculturation represents an emotional and symbolic cost. These activities aim at honoring the person and their culture, while opening spaces to embrace new spaces and ways of being. Arts, dance, cooking, and other somatic activities will guide the workshops.

3. Community gatherings around music and food at city parks, R4C office. These gatherings will serve as spaces just to be, laugh, dream, and resist. For R4C these spaces come naturally due to our type of work.

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.

As part of our intellectual inquiry of how our work impact our families, we have centered the sense of belonging our North Star. Belonging does not just happen, it requires an active effort from the person, and their environment. In addition, it is not static or constant as it is informed by a wide range of variables, some under the control of the person, but the majority are not. Although belonging is not a social determinant of health, social cohesive which is directly related with sense of community. So, for the past 3 years we have been working with partners in public health to try to understand how the sense of community behaves within our community. This is especially critical for families who must rebuild their social networks and create new webs of healthy, supportive relationships. As our theoretical frame, we used the theory Sense of Community to guide our inquiry created by McMillan & Chavis (1986). Since then we have been dissecting the anatomy of social cohesion, which represents an extension of social connectedness and group solidarity. We were able to take four main components informing the sense of community and operationalize how they can be implemented on the ground, among community members. Needless to say, this type of efforts are rare and we believe that have the capacity to be groundbreaking in our social ecosystem.

R4C's intentional work to uncover the root mechanisms of a true sense of belonging is invaluable to the creation, design, implementation, and evaluation of initiatives that foster both individual and community development, as well as lasting social cohesion. The table below summarizes our findings after multiple community and health care partner conversations:

1. Construct: Membership.

1b. Anatomy of Membership: Sense of belonging, spaces of emotional safety, personal investment, a common symbol system (e.g., language), development of boundaries.

1b. Components Findings from community: provider conversations:

- Development of a common language (strategically & metaphorically).
- Practice self-care and collective healing activities.
- Exercise a different way of partnership leading to trust & accountability.
- Work on development of live-experience data collection frameworks

2. Construct: Influence

2a. Anatomy of Influence: Cohesiveness, conformity, individual and community influence.

2b. Components Findings from community: provider conversations:

- Think more as a collective versus separate partnerships.

- Collectively generate knowledge
- Meet more regularly.
- Self-reflection of one's capacity to influence systems.
- Generate collective agenda or activities.

3. Construct: Integration and fulfillment of needs

3a. Anatomy of Integration and fulfillment of needs:

3. Shared values, reinforcement, need of fulfillment, meeting each other's needs.

3b. Components Findings from community: provider conversations:

- Develop systems for shared resources and knowledge.
- Co-lead efforts for collective action
- Practice reciprocity= mutual and equitable exchange of resources.

4. Construct: Shared emotional connection

4a. Anatomy of Shared emotional connection: Contact with others, quality of interactions, clear path forward, events of shared value, spiritual bond, and role of honor and loss of trust.

4b. Components Findings from community: provider conversations:

- Shared commitment to co-create spaces to learn from each other in ways that are meaningful, effective, and mutually beneficial.
- Create ways to evaluate or assess these spaces.
- Invest in the co-creation of what happens.
- Humanization of the "other."

Community health workers and doulas as evidence-based models for care and community well-being aligns with the theoretical knowledge we are uncovering. Furthermore, the information gathered so far has allowed us to strategically curate activities and spaces of connection informed by theory and practice, hence allowing us to dive deeper into the root causes of social isolation, lack of connection, and social apathy—often marking the experience of immigrant families when they encounter the host culture. That said, it is important to note that people's lack of sense of belonging is mediated by social acceptability, prejudice, and systems of oppression, while it is modulated by positive and negative experiences as perceived by the person, families, and/or communities.

- 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-: all community events happen all over the city. For educational activities and perinatal talks they tend to happen in our office at 2802 Coho St, Suite 201. Madison, WI. 53713.	Note: We do not have a 8-5 schedule, as we work with community members. We often work after 5 pm or weekends.
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:

n/a

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 a 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 persecuted, traumatized, kidnapped and deported. 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.
Leopold Elementary School	Invitation to family events and talks to teachers	Different Community Schools Resource Coordinator	N
Madison Public Library	Referral partner, support with literacy materials and materials for children activities	Tracy Moore	N
The Northside Early Childhood Zone	Invitation to community events	Victoria Collier	N
REAP Food Group	Collaboration on community activities and outreach efforts	Yolibeth Rangel	Y
Voces de La Frontera	Immigration updates, news, referral of clients/families.	Nindik Figueredo	N

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

Centro (El Mercadito: tabling) - Karen Menendez Collier. Referral and system partner

UNIDOS- Virginia Escudero. Event partner

Babies and Beyond: outreach events with our community

School of Medicine and Public Health- invitations to talk with MD students on the role of community-based doulas and community health

Sara Finger. Embolden WI. Fiscal Agent. MOU=yes

Bagder Rock Middle School. Collaboration in community events

SSM. REACH Dane: Tabling in events

LaSUP mailing list: dissemination of current activities to organizations working with Latino/e families, and social service providers

WI Community-Health Worker Network: updates on community events, and support to elevate the work of CHWs.

School of Human Ecology- academic partner to increase R4C visibility within their community engagement and family development courses.

La Movida: contract- yes

Mis Cuidades: Social media platforms. Contract: yes

How do these partnerships enhance this proposal?

Our work at R4C is deeply rooted in the lived experiences of the families we serve, and partnerships have been essential to our growth and impact. Over time, we have cultivated strong, trust-based relationships with a diverse network of collaborators who share our commitment to advancing the well-being of immigrant, Latino, and BIPOC families. These relationships span community-based organizations, local businesses, health care systems, academic institutions, government agencies, funders, and media outlets. Together, they form an ecosystem of support that strengthens our capacity to respond to the evolving needs of our community.

Through this and other networks, we leverage our 1,200+ member listserv, social media presence, grassroots outreach, and one-on-one relationships to connect families with resources, information, and opportunities for engagement.

In the last three years, we have intentionally expanded our partnerships to include traditional healers, community mobilizers, social justice artists, and somatic practitioners such as dancers, singers, and visual artists. These collaborations bridge cultural and geographic boundaries, allowing us to integrate diverse talents and perspectives into our work. Many of these partners are also active on social media, which extends our reach and amplifies our collective voice in powerful ways.

Some of our key partners include: Centro (El Mercadito), where we table regularly alongside Karen Menendez Collier; UNIDOS, with whom we coordinate events in partnership with Virginia Escudero; and Babies and Beyond, which connects us to families through community outreach. Academic institutions, such as the School of Medicine and Public Health, invite us to share the role of community-based doulas with future physicians, while the School of Human Ecology integrates our work into courses on family development and community engagement. We also collaborate with Badger Rock Middle School and REACH Dane for community events, and with SSM Health and ACCESS Clinics to connect families to medical systems of care.

Our infrastructure is further supported through trust-based partnerships, including our fiscal sponsorship with Embolden WI, led by Sara Finger. We also rely on networks such as LaSUP, which disseminates our activities across organizations serving Latino/e families, and the WI Community Health Worker Network, which elevates the contributions of CHWs across the state.

Together, these partnerships expand our visibility, enhance our credibility, and most importantly, create more entry points for families to access culturally relevant, community-driven care.

What are the decision-making agreements with each partner?

These partnerships are based on aligned missions and the understanding that community well-being requires mutual collaboration among organizations and individuals working on diverse projects and services. Support in community events often becomes a two-way experience of camaraderie, strengthening trust and relationships.

Decision-making in these settings varies. Sometimes, one organization leads a community event while others are invited to participate. In larger collaborative efforts, such as conferences, we use participatory decision-making and asset mapping to identify our collective resources and work together to address gaps.

- 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, by contracting with mental health providers with cultural and linguistic resonance for our families. 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. We collect/report data from unduplicated individuals and families.
2. Food security program (Farm to Families) – weekly delivery of food boxes to families homes. During these encounters, drivers are able to assess families environments. Families connect with drivers in a really organic manner and we are able to follow-up when/if a need is identified.
3. Social media impact – Tracked using analytics tools.
4. Partner feedback – Annual survey assessing collaboration and impact.
5. Contact person/organization and description of each outreach and engagement activities.

- B. Program Outcomes

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

1. Our own event sign-in sheets (moved to an electronic file).
2. Conversations with partners on emergent needs and/or interests.
3. Our more than 12 years of experience working with the community.
4. Zip codes mapping for areas with higher concentrations of Latino families for our outreach efforts.

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: By the end of the program year, R4C will plan and implement at least three workshops that center ritual and ceremony as essential practices for self and collective awareness, helping participants find their voice and engage in healing practices rooted in their culture and history.				
Performance Standard	Targeted Percent	80%	Targeted Number	32 of 40 clients
	Actual Percent		Actual Number	
Measurement Tool(s) and Comments: 1. Participant Experience Reports: Document insights on how participants form new connections. 2. Community Workshops: Host workshops in multiple neighborhoods to increase familiarity with the city. 3. Connection Facilitation: Opportunities for participants to share information and resources in an open and culturally responsive way.				
Methodology: We will track the number of activities, participants, and repeat attendees, as well as referrals made by participants. Feedback will be gathered through short surveys, and when feasible, photos and artifacts will be collected to capture the workshops' impact on community and healing using as template our 'sense of community' constructs.				

Outcome Objective #2: By the end of the program year, R4C will create at least 20 healing spaces (4 in-person and 16 virtual) where Latino community members can access art and somatic activities designed to foster healing, connection, and conversations about well-being.				
Performance Standard	Targeted Percent	80%	Targeted Number	80 of 100 clients
	Actual Percent		Actual Number	
Measurement Tool(s) and Comments: 1. Participant Experience Reports: Document insights on how participants form new connections. 2. Community Workshops: Host workshops in multiple neighborhoods to increase familiarity with the city. 3. Connection Facilitation: Opportunities for participants to share information and resources in an open and culturally responsive way.				
Methodology: The team will track the number of participants, the speakers/artists involved, and the locations where events are held (including virtually). To assess impact, feedback will be collected from participants, projects or creative work produced during the activities will be reviewed, and input will be gathered from the artists and presenters. This information will guide improvements and help ensure the events meet community needs.				

Outcome Objective #3:				
Performance Standard	Targeted Percent		Targeted Number	

	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?
 Encrypted Google forms, shared Google documents, photo release forms, photos/videos. For accounting expenses: treasurer will handle all payments and/or reservations, send invoices (via Quickbooks), and save receipts in private electronic folders.

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. Note: R4C is operated by members who have the sovereignty to set their own hours based on family needs and life circumstances. This flexible structure allows doulas to respond directly to clients' schedules and provide personalized, culturally centered care. None of the members work full-time with R4C, and their schedules are intentionally nontraditional, prioritizing client needs over office hours. This approach supports work-life		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 policy, mental health, and traditional healing practices- are a plus. **All requirements are the same for R4C-member-owners.	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.

balance for our team while ensuring continuous, responsive, and high-quality support for families throughout the perinatal journey. By empowering members to manage their own time, R4C fosters a sustainable, family-centered model that honors both the well-being of our staff and the communities we serve.			
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 (n=8). (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.

Food, child care, sometimes interpretations, materials for activities. We do have the resources to cover these needs.

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:

If costs.

t,

s.

ng
ies.

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

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

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

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

Name

Home Address

Occupation

Representing

Term of Office

From:

mm/yyyy

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 Guitierrez-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	2025	2025	2025
Title of Staff Position*	Program A FTE**	Program B FTE**	Program C FTE**	Program D FTE**	Program E FTE**	Total FTE	Annualized Salary	2025 Payroll Taxes and Fringe Benefits	Total Amount	Hourly Wage***	2025 Amount Requested from the City of Madison
						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
						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
						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