



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:	The Rainbow Project, Inc.	Total Amount Requested:	\$ 50,000
All program(s) connected to your organization:	Program Name: Rainbow Project Rapide Response Team Amount Requested: \$ 50 Applicant Type: Single Agency Application Program Type: 24/7 Helpline List Program Partner(s) (if applicable):		
	Program Name: Rainbow's Community-Based Individual & Family Support Amount Requested: \$ 10000 Applicant Type: Single Agency Application Program Type: Community-Based Individual and Family Support Services 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 Saiz nsaiz@cityofmadison.com</i>		
Contact Person for application (Joint Applications - Lead Org):	Sharyl Kato	Email: skato@therainbowproject.net	
Organization Address:	831 E. Washington Ave Madison, WI 53703	Telephone:	608.255.7356
501 (c) 3 Status:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fiscal Agent (if no)	

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).

The Rainbow Project Child & Family Counseling & Community Resource Clinic (RP), a State Licensed Outpatient Clinic, has a rich history spanning 45 years, dedicated to providing restorative healing and hope for young children and their families who have experienced trauma. Since its inception in 1980, RP has supported over 27,000 children (from infants to middle school age) and their families in the Madison community, helping them recover from one or more trauma incidents. We appreciate and are enthusiastic about this opportunity to showcase the quality of services we provide, as well as our successful experience serving young children and families.

Our vision is a Safe, Healthy & Nurturing World for Children & Families, with a mission to build a foundation for mastering essential life skills through trauma recovery and healing. Our core values include Respect, Growth, Compassion, Collaboration, and Excellence, guiding us in every interaction within the organization and with the community. Our services are tailored to youth, adults, & families exposed to various traumas, including gender-

based and domestic violence, child abuse, sexual abuse, human trafficking, and more, primarily serving families in the Madison area.

Our approach emphasizes trauma-informed, strength-based, family-centered, and culturally relevant practices, aligning closely with the City's goals of supporting youth, adults, & families in crisis, preventing abuse, and promoting resilience. We provide rapid response, counseling, prevention, and early intervention efforts, backed by active case management and ongoing advocacy to ensure families receive the support they need. Committed to collaboration and delivering high-quality services, RP aims to foster healing, resilience, and stability for vulnerable children and families in our community.

- 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.

The Rainbow Project Child & Family Counseling & Community Resource Clinic (RP) has extensive experience implementing programming aligned with the Crisis Intervention and Prevention RFP Guidelines over its 45-year history. Our organization has developed and operated multiple crisis intervention and prevention programs, utilizing a comprehensive, trauma-informed approach tailored to the needs of children and families affected by community violence and trauma.

Our key programs include:

- The Rainbow Rapid Response Team (RRRT) (Inception: 1985)
 - o Provides 24/7 immediate crisis response and trauma support for children and families involved in community violence and trauma situations.
 - o Services include trauma screening, psychoeducation, safety planning, and trauma-focused support, with response services delivered in multiple languages.
 - o Trainees and community partners work collaboratively through trauma-focused training sessions to build capacity.
 - o Coordinates referrals and outreach with local hospitals, law enforcement, courts, and victim assistance agencies.
- Integrated Health Team (IHT) (Inception: 2020)
 - o Serves approximately [X] families annually, focusing on early intervention and mental health services for children experiencing trauma.
 - o Provides wraparound care coordination, mental health treatment, and resource navigation.
 - o Offers psychiatric services to address complex mental health needs.
 - o Facilitates service planning and coordination to ensure seamless access to care.
 - o Prioritizes BIPOC children (ages 0-11) at risk of instability due to complex trauma, with a focus on strengthening family attachment and stability.

- Clinical Intervention Services (Inception: 1980)
 - o Offers immediate access to stabilization, crisis therapy, and trauma treatment utilizing evidence-based modalities such as TF-CBT, play therapy, and mindfulness practices.
 - o Services are delivered across diverse settings—clinics, homes, schools, and community locations—to ensure accessibility and early intervention.
- Parent Psychoeducation and Skill Building (Inception: 1980)
 - o Provides trauma-informed parenting education and practical tools to promote healthy parenting, attachment, and family reintegration, especially for children who have been in out-of-home placements.
 - o This includes supporting caregiver stress reduction, strengthening family bonds, and fostering positive parent-child relationships.
- Services for Families Experiencing Significant and Complex Intergenerational Trauma (Inception: 1980)
 - o Facilitates group therapy, dyad therapy, family therapy, and TI-CPP interventions aimed at addressing multi-generational trauma, improving family dynamics, and building resilience within families.
- Support for Families Facing Intergenerational Trauma (Inception: 1980)
 - o Implements targeted interventions designed to support healing and reinforce family bonds across generations through culturally responsive, trauma-informed practices.
- Prevention and Early Intervention (Inception: 1980)
 - o Offers psychoeducation and support aimed at preventing initial or recurrent foster care placements, emphasizing early trauma detection and family strengthening.
- Additional Resources and Community Support (1980)
 - o Collaborates with Rainbow Project Service Facilitators and clinicians to connect families with vital community resources such as housing, childcare, summer programming, and other supports, ensuring comprehensive, wrap-around care.

All of these programs emphasize culturally responsive, trauma-informed, strengths-based approaches. Our organization continuously enhances capacity through staff training, multilingual services, and participation in community networks, ensuring rapid, effective, and holistic responses to trauma that promote resilience, stability, and healing for children, individuals, and families in our community.

- 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.”

No Changes

- 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.”

No Changes

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.).

The Rainbow Project is guided by Executive Director Sharyl Kato, a highly experienced child and family therapist who has led the organization since 1980. Our staff members are culturally diverse (50% non-white) and reflect the backgrounds of the clients and communities we serve, ensuring culturally responsive and inclusive care. The team comprises a diverse roster of essential staff, in addition to clinical staff, a Referral Coordinator, Service Facilitator, Community Service Facilitator, Registered Nurse, Psychiatrist and key support roles such as Administrative Support, Finance/Human Resources, Volunteer Coordinator, Group Facilitators, and a Marketing and Fund Development Coordinator. This diverse team ensures comprehensive service delivery and effective organizational management.

Since its establishment as a state-licensed outpatient mental health clinic in 1984, RP has maintained a strong reputation for excellence in outpatient psychotherapy. The clinical staff at RP includes professionals with a wide range of qualifications: Advanced Practice Social Workers (APSW), Licensed Professional Counselors (LPC), Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), Child and Adolescent Psychiatrists, qualified mental health professionals, bilingual clinicians, psychologists, and registered nurses. The staff's collective experience exceeds 200 years, with expertise in and extensive training across various therapeutic modalities, including Bounce Back, Cognitive Behavioral Interventions for Trauma and School, coping and support training, Eye Movement Desensitization & Reprocessing (EMDR), Motivational Interviewing, Psychological First Aid (PFA), Skills for Psychological Recovery (SPR), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), family system therapy, Fortalezas Familiares, interpersonal process therapy, Trauma-Informed Child Parent Psychotherapy (TI-CPP), Play therapy, and Theraplay. Additionally, staff have education and training in the following areas: Capstone Infant Mental Health certification, trauma-informed care, conscious discipline, early childhood education, child development, family systems, reflective practice, community education and more. RP clinical staff also provide consultation in childcare settings and schools, ensuring culturally competent, responsive services for diverse populations impacted by substance use, domestic violence, child protective services, and foster care placements to ensure children are successful in all environments. Training in these areas is continuously provided to staff.

Rainbow Project has three full-time bilingual/bicultural clinicians fluent in English and Spanish and RP also utilizes interpreters as needed to facilitate communication with non-English-speaking clients.

RP actively collaborates with community organizations to enhance service delivery for underserved populations, including partnerships with the YWCA, Early Childhood Zones, Focused Interruption, and the Latinx Mental Health Coalition. These collaborations help the agency effectively engage with diverse communities and address varied needs, reinforcing its commitment to inclusive and responsive care.

Rainbow Project recognizes that the most important quality in successful outcome of therapy is the quality of relationship between the therapist and client. This can be a high-stress profession which involves continual exposure to trauma, compassion is a vital qualification essential to helping children, individuals and families heal and recover. Compassion can lead to compassion fatigue or secondary trauma. To retain outstanding clinicians, the agency incorporates several key strategies:

A rigorous hiring process to ensure clinicians possess strong stress management skills, experience, professionalism, and maturity.

A team-based model where Child and Family Therapists, as well as Adult Family Therapists, are assigned to work collaboratively with families.

Weekly clinical staffing sessions to provide ongoing consultation and supervision, supported by research indicating that shared responsibility reduces clinician stress and enhances problem-solving.

Outside consultation with experts such as RP's psychiatrists Dr. Ryan Herringa, Dr. Jenny Tumba, and Dr. Tanner Bommersbach; Michael Spierer, PhD (specializing in clinical and forensic psychology with adults); Constance Clune, PhD (specializing in young children and families); and Pancho Sanchez, PhD (working with Latino communities), to maximize clinical strengths and perspectives.

Beyond these measures, ongoing professional development, including certifications and training on evidence-based practices tailored to characteristics and needs of the client population RP serves, are prioritized. The agency also recognizes that competitive salaries & benefits, outstanding administrative support, clear protocols, staff input in decision-making, and a positive work environment are essential for retention. There are two foundational components that support staff retention: first, monthly staff process meetings facilitated by an outside therapist, which help clinicians process personal reactions related to their trauma exposure; second, a monthly Reflective Supervision cohort based on research, trauma-informed best practices, and the Child Parent Psychotherapy model, further supporting clinician well-being and professional growth.

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

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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.

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.**

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Part 2 - Program Narrative Form

Program Name:	Rainbow Rapid Response Team	Total Amount Requested for this Program:		\$ 50,000
Legal Name of Organization:	The Rainbow Project, Inc.	Total amount Requested for Lead/Single Applicant		\$ 50,000
Legal Name of Partner(s) (Joint/Multi-Agency Applicants only):		Total Amount Requested for Partner 1:		\$
		Total Amount Requested for Partner 2:		\$
		Total Amount Requested for Partner 3*:		\$
Program Contact: Lead Organization Contact	Sharyl Kato	Email:	skato@the rainbowproject.net	Phone: 608.255.7356
Program Type: Select ONE Program Type for this form.				
<input checked="" 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 type="checkbox"/> Prevention Services and Activities: Building Community and Stabilization <div style="margin-left: 20px;"> <input type="checkbox"/> Adults and Families <input type="checkbox"/> Youth ages 12-18 years old </div>				
<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.

- The City of Madison faces a significant and growing need for immediate, trauma-informed intervention and support for children and families exposed to acute crises, including gender-based violence such as sexual assault, domestic violence, and human trafficking. Data indicates an increase in requests for crisis response in Madison, with children, individuals and their family's experiencing trauma from homicide, suicide, child abuse, sexual abuse, serious accidents, and community violence. Community input from law enforcement, hospitals, early childhood programs, shelters, and other agencies highlights gaps in crisis response—particularly the lack of trauma expertise tailored to young children and culturally responsive care during emergency situations. The Dane County District Attorney's Critical Incident Unit frequently refers cases involving children that require specialized trauma intervention, underscoring the need for a dedicated, community-based crisis response system. Research further supports that early intervention within the first four weeks post-trauma reduces the risk of PTSD and developmental delays, especially in children under six. These data and community insights confirm the need for a culturally responsive, trauma-informed rapid response program tailored to Madison's diverse population.

- In Wisconsin, 3,608 children were substantiated as victims of maltreatment in 2023, with 204 substantiated cases and 1,280 CPS reports in Dane County alone (WI DCF, 2024). Nationally, over 546,000 children were reported as victims of abuse and neglect in 2023, with children under five being the most vulnerable (HHS ACF, 2025). Research demonstrates that trauma exposure increases risks of PTSD, depression, anxiety, and attachment issues, and interferes with brain development, resulting in long-term mental health problems, emotional dysregulation, substance abuse, relationship challenges, and physical health issues. CDC's 2022 ACEs report underscores that 64% of children have experienced at least one adverse childhood experience, with higher

prevalence among low-income and minority populations. Delays in access to trauma-specific intervention exacerbate symptoms, contributing to lifelong disparities and more severe behavioral issues. Despite this urgent need, service providers face capacity limitations, long wait times, and shortages of culturally competent clinicians. As of 2025, The Rainbow Project continues to experience a waiting list, emphasizing the sustained demand for timely, trauma-informed care, particularly during critical early developmental periods when intervention can prevent more severe and chronic trauma outcomes. This program aims to address these gaps by providing culturally responsive, trauma-informed interventions promptly, supporting recovery, resilience, and long-term well-being for Madison's most vulnerable children, individuals and families. The overarching goal of the Rainbow Project's Rapid Response Program (RRR) is to disrupt the cycle of trauma and promote healing by providing immediate, culturally responsive, trauma-informed support to children, individuals and their families during acute crises. This goal aligns with the RFP scope by prioritizing 24/7 crisis response, early stabilization, and ongoing referral and treatment services that prevent long-term trauma complications such as PTSD. The program aims to enhance child, individuals, and family's safety, foster resilience, and improve overall well-being, aligning with the RFP's desired outcomes of immediate stabilization, trauma reduction, and strengthening family capacity. RRR's trauma-specific, culturally competent approach ensures equitable access and effective intervention for Madison's diverse communities, addressing systemic disparities and fostering community trust.

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?

The goal of RRR is to interrupt the cycle of trauma caused by gender-based violence by ensuring that young children, individuals and caregivers/families have immediate access to trauma-informed support in times of acute crisis. Through rapid response, crisis stabilization, and ongoing referral and treatment, the program aims to prevent PTSD, strengthen caregiver capacity, and promote restorative healing and lasting resilience. By addressing the urgent need for safety and the longer-term need for stabilization, RRR helps families recover more quickly and build a foundation for healthy development and hope. While focused on individuals and families impacted by gender-based violence, the program also provides essential support to families experiencing other forms of trauma.

The RRR goal directly aligns with the RFP guidelines by ensuring 24/7 trauma-informed response, culturally responsive care, strong community collaboration, and measurable outcomes.

- **24/7 Response Access:** The RRR provides immediate in-person, phone, text, and online crisis response support to individuals in immediate crisis, ensuring families experiencing gender-based violence can access timely, informed care at any time.
- **Crisis Stabilization & PTSD Prevention:** RP has well defined and established crisis response policies and protocols that define rapid response, safety, ethics, and ongoing processes, providing our trauma-informed approach to minimize the long-term impact of these experiences. Our policies and protocols reflect feedback and insights from reflecting collaboration with key partners including District Attorney's Crime Response Program, DAIS, Briarpatch, Focused Interruption, and others.
- **Fiscal Reporting:** The RP is organized and prepared to comply with all fiscal reporting requirements as demonstrated by our strong reputation and history in the greater Madison area and our partnerships, and our Gold Seal of Transparency with Candid.
- **Cultural & Linguistic Responsiveness:** All services are trauma informed and culturally and linguistically responsive. Our assessments and interventions are available in Spanish and other languages, as needed. Our services are ADA-compliant, and we are continually enhancing accessibility.
- **Community Collaboration:** The RRR operates using established protocols and formal and informal partnerships with community organizations to provide coordinated care and wraparound support.
- **Caregiver & Family Capacity Building:** The RRR strengthens caregiver self-determination and trust in the system by equipping families with tools, referrals, and follow-up resources that address psychological, cultural, and physical needs.

Measurable Outcomes & Accountability: Using the Rainbow Evaluation & Assessment Package (REAP), RRR collects culturally sensitive, developmentally appropriate data to demonstrate stabilization rates, follow-up engagement, and resilience outcomes. These metrics align with the RFP's key performance indicators such as improved stabilization, timely access, increased confidence in resources, and overall quality of life.

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.

The Rainbow Project Rapid Response Program (RRR)

The RRR provides immediate as well as on-going services for young children, individuals, and their caregivers/families in acute crisis situations where they have been exposed to gender-based violence, including sexual assault, domestic violence, and human trafficking, and other forms of trauma. Referrals come from law

enforcement, hospitals, early childhood programs, family members, homeless shelters, physicians, District Attorney's Victim Witness & Critical Incident Units & other community service agencies.

RRR focuses on supporting individuals and households who face an active crisis situation or imminent threat to their safety or well-being that is connected to a specific episode of violent or criminal behavior or other traumatizing experience for young children. Services are available 24/7 and RRR staff are specially trained to respond immediately to emergency crisis situations that involve young children.

RRR addresses immediate threats to physical safety and has intake procedures and a service plan, as well as progress and discharge tracking system that shows participants' progress. RRR provides connections to appropriate referral services as needed.

Where & how it works

The RRR takes place in multiple settings to ensure timely and accessible support for children and families in crisis. Services are provided at the RP's clinic downtown Madison, as well as in community settings such as homes, schools, childcare centers, hospitals, and other safe environments. RRR also operates a 24/7 crisis response infrastructure offering phone, text, and online platforms that allow families to access trauma informed support at any time. This comprehensive and flexible model ensures children and caregivers can receive stabilization and follow-up care in the environment that best meets their immediate situation and needs.

RRR Team members are permanent staff clinicians of the Rainbow Project. Any one of our 10 licensed clinicians are eligible to be selected for a response team based on the needs determined by the critical incident requiring response and the unique qualifications of an individual clinician.

The RRR program has protocols in place to ensure immediate response (24/7) to critical incidents involving young children who experience or are exposed to serious trauma. All the Rainbow Project's services and activities are culturally proficient, trauma informed and trauma-based, to advance healing equitably for populations historically and currently underserved, marginalized, and adversely affected by persistent poverty. The RRR Team Coordinator is notified by the referring party (e.g., DA's office, law enforcement, hospital, etc.) and assembles a RRR Team of experts, selected from among our 12 permanent RP clinicians who are -highly qualified and trained in evidenced based approaches in trauma treatment- assigned to a crisis response team based upon the best fit for a specific situation, including culturally and linguistically. The RRR Team Coordinator mobilizes responses within RP and connects with the initial requesting party. The RRR staff are specially trained to respond immediately to emergency crisis situations that involve young children.

Intake Assessments, Treatment Plans & Goals, Evaluation

RRR clinicians provide comprehensive, developmentally appropriate/trauma & mental health behavioral assessment of child/ren/adult caregivers, and family. All assessment tools within the Rainbow Evaluation & Assessment Package (REAP) are culturally sensitive and provided & offered in Spanish or other language as needed. Assessments provide the baseline for ongoing evaluation and shared with consumers at each stage of treatment planning.

REAP is distributed and completed by consumers upon first enrolling in services then after 6 months involvement and then annually. Treatment plans are reviewed/revised every 3 months. Clinicians obtain input from consumers (or adult caregivers of minor children) regarding progress on treatment goals, and areas for future focus. Results are shared with the consumers in discussion with clinicians and changes to treatment plans are discussed. Annually, surveys are provided to parents of enrolled children, foster/kinship parents and others involved in early education to measure satisfaction. Results are compiled and reviewed, and action plans are developed to address identified needs. All RP progress and results are monitored by the RP Clinical Manager & Executive Director & members of the RP Strategic Solutions Team & reported to the RP Board of Directors.

Coordination and Resource Linkage

The RRR is a comprehensive system of support for young children and their caregivers/ families experiencing gender-based violence crises. RP has existing collaborations with key stakeholders such as to address crisis needs of young children and their families (e.g., District Attorney's Crime Response Program, DAIS, Briarpatch, Focused Interruption, and others).

Expected Outcomes

Outcomes: Evidence-based, specialized and age appropriate, culturally proficient services to address trauma have immediate, short-term, and long-term positive impact and outcomes for both children and adults. Indicators of these outcomes include reduced trauma symptoms, for both children/caregivers; improved parenting; strengthened positive conflict resolution/problem solving skills for children; reducing violent behavior in children; improved social skills; emotional/behavioral regulation; improved academic performance; building

resiliency. We monitor and document progress toward achieving these outcomes through our evaluation process.

Sustainable Impacts: Our work is specifically designed to focus on and produce lasting and sustainable impacts for the children and families we serve, our partners and our community. Trauma has devastating and life-changing effects, but it is also possible to ameliorate the impact from trauma if treatment occurs soon after a traumatic experience AND if the treatment is appropriate for the individual.

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?

The target population is young children (infants through middle school), individuals and their caregivers/families in the Madison community who are survivors of gender-based violence, including sexual assault, domestic violence, and human trafficking, as well as runaway and homeless youth. This population includes:

- Location: City of Madison and the surrounding area
- Ages: Serve families with children, Individuals, & Families
- Race/ethnicities: All races and ethnicities, with a focus on serving populations and cultural communities historically and currently underserved, marginalized, and adversely affected by persistent poverty.
- Income ranges: All with a focus on median to below poverty level income ranges
- Other: Serving uninsured children who are not court-involved but still require critical mental health support.
- English language proficiency: Serving all spoken languages and English and Spanish with the most ease.

Engagement informed program:

The RRR clinicians provide comprehensive, developmentally appropriate/trauma & mental health behavioral assessment of child/ren/adult caregivers, and family. All assessment tools within the Rainbow Evaluation & Assessment Package (REAP) are culturally sensitive and provided & offered in Spanish or other language as needed. Assessments provide the baseline for ongoing evaluation and shared with consumers at each stage of treatment planning. REAP is distributed and completed by consumers upon first enrolling in services then after 6 months involvement and then annually. Treatment plans are reviewed/revised every 3 months. Clinicians obtain input from consumers (or adult caregivers of minor children) regarding progress on treatment goals, and areas for future focus. Results are shared with the consumers in discussion with clinicians and changes to treatment plans are discussed. Annually, surveys are provided to parents of enrolled children, foster/kinship parents and others early education to measure satisfaction. Results are compiled and reviewed, and action plans are developed to address identified needs. All RP progress and results are monitored by the RP Clinical Manager & Executive Director & members of the RP Strategic Solutions Team & reported to the RP Board of Directors.

The RP has engaged members of the populations we serve as well as organizations we collaborate with in all phases of the RRR development and implementation, ensuring the program reflects their needs, preferences, and lived experiences. Some key ways we have done this include:

- Intake Assessment: During our intake process and follow up services, children and caregivers/families are asked what kinds of support, modalities, timing, and approaches feel most helpful to them in addition to being asked about their immediate trauma. This feedback most directly influences program improvements.
- Post-Services Feedback: As part of our follow-up and evaluation process, we seek feedback about the support they received and what could be improved. This feedback helps us adapt our procedures, modify tools, and improve our programs.
- Outreach: We have been successful in our outreach to and work with consumers from diverse communities, continuing to establish dedicated programming, in consultation with cultural community partners, to address the unmet needs of [survivors of gender-based violence].
- Community & Cultural Representation in Staff and Partnerships: Many of our RRR staff and partners have lived experience or come from communities similar to those we serve. We also partner with community organizations (e.g., XYZ) to ensure the voices of historically underserved populations are integrated into program design and outreach.
- Training Incorporates Population Voice: Our trauma informed training with community partners are informed by stories, case examples, and challenges raised by families served by RRR, enabling a process where those we collectively serve help shape the content of the intervention and how we talk about trauma, crisis, stabilization.

Through these approaches, RRR is built for children and their families as well as continuously informed by them. We believe that by centering the lived experience of those we serve, we achieve better trust, engagement, and more culturally appropriate support, and ultimately better outcomes.

- 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.

Race	# of Participants	% of Total Participants
White/Caucasian	8	24%
Black/African American	8	24%
Asian	0	0
American Indian/Alaskan Native	0	0
Native Hawaiian/Other Pacific Islander	0	0
Multi-Racial	3	9%
Balance/Other	14	42%
Total:	33	
Ethnicity		
Hispanic or Latino	14	42%
Not Hispanic or Latino	19	58%
Total:	33	
Gender		
Man	11	33%
Woman	22	67%
Non-binary/GenderQueer	0	0
Prefer Not to Say	0	0
Total:	33	

Comments (optional):

- 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.

The Rainbow Rapid Response (RRR) program is committed to serving non-English speaking youth, individuals, and families by providing culturally and linguistically responsive services. We employ bilingual, bicultural clinicians fluent in English and Spanish, with additional interpretation services available for other languages as needed. All assessment and intervention tools, including intake questionnaires and crisis support materials, are available in multiple languages and tailored to meet cultural needs. Our staff receive ongoing training in cultural competence, trauma-informed care, and intersectionality, ensuring respectful and effective engagement with diverse populations. We actively collaborate with community organizations that serve underrepresented groups to sustain cultural relevance and accessibility. Our infrastructure includes ADA-compliant facilities, assistive technologies, and flexible service delivery modalities (e.g., telehealth, mobile crisis supports) to reduce barriers, thereby ensuring equitable access to trauma-informed crisis support for all families, regardless of language or cultural background.

- 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.

To reach Madison's diverse communities, the Rainbow RRR program partners with trusted community organizations—including local faith-based organizations, cultural centers, schools, shelters, and health clinics—that serve underrepresented and vulnerable populations. We participate in community events, health fairs, and outreach sessions to build awareness about our 24/7 crisis support services. Our referral pathways extend to law enforcement, hospitals, CPS, and partner organizations, which actively connect families in need with our services. The program also disseminates culturally tailored informational materials through community networks and digital platforms to promote awareness and facilitate engagement.

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?

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

Recognizing barriers such as transportation, scheduling conflicts, language differences, and mistrust of systems, our program offers flexible, low-barrier access points—including mobile crisis supports, telehealth options, and after-hours services. We ensure service locations are accessible and welcoming, with interpreter and cultural liaisons available to facilitate communication. Outreach efforts include community-led events and collaboration with trusted community leaders to build rapport and trust. We also provide text, online, and phone-based support to accommodate families' preferences and needs, reducing logistical barriers and fostering ongoing engagement.

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).

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).

Participants are enrolled through a streamlined referral process that includes an intake discussion, culturally responsive assessment, and shared goal setting with families. We use personalized tools such as culturally adapted intake forms and narrative-based assessments to understand individual preferences and cultural contexts. Families are engaged using trauma-informed practices that emphasize trust, choice, and collaboration, such as motivational interviewing and family-centered planning. Ongoing engagement is supported through regular check-ins, feedback sessions, and flexible service delivery options assuring each family's unique needs and culture are central to their care pathway. This approach promotes sustained involvement, fostered by our commitment to respectful, accessible, and culturally attuned services.

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.,).

The Rainbow Rapid Response (RRR) program provides 24/7 crisis intervention services as a helpline and mobile response system. Activities include immediate crisis support via phone, text, online platforms, and in-person response for individuals and families experiencing trauma related to gender-based violence or other severe incidents. The program conducts trauma assessments, develops safety and crisis stabilization plans, provides brief therapeutic support, and facilitates referrals to ongoing mental health and community resources. Additional activities involve trauma-informed training for community partners, law enforcement, hospitals, and first responders to enhance culturally responsive crisis intervention.

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.

The RRR program utilizes several evidence-based and evidence-informed models, including Psychological First Aid (PFA), Skills for Psychological Recovery (SPR), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Trauma-Informed Child/Parent Psychotherapy (TI-CPP). These practices are supported by extensive research indicating their effectiveness in reducing trauma symptoms, promoting emotional regulation, and preventing long-term PTSD, particularly in children and vulnerable populations (as documented by the National Child Traumatic Stress Network, SAMHSA, and the CDC). The program's protocols and training incorporate these models to ensure interventions are grounded in proven approaches, aligning with best practices for crisis intervention and trauma prevention. When formal models are not applicable, the program adopts trauma-informed, culturally responsive strategies that prioritize safety, engagement, and empowerment, which are essential for effective crisis response.

- 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	8:00 AM	6:00 PM
	24/7 on-call	
Tuesday	8:00 AM	6:00 PM
	24/7 on-call	
Wednesday	8:00 AM	6:00 PM
	24/7 on-call	
Thursday	8:00 AM	6:00 PM
	24/7 on-call	
Friday	8:00 AM	6:00 PM
	24/7 on-call	
Saturday	Choose an item.	Choose an item.
	24/7 on-call	
Sunday	Choose an item.	Choose an item.
	24/7 on-call	

**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.

Families and youth are engaged in the program through collaborative intake processes that incorporate their perspectives, cultural background, and individual preferences. Families are involved in developing safety and stabilization plans during crisis response, with follow-up consultations to assess ongoing needs. Input from families is gathered through culturally sensitive feedback tools, and their participation is prioritized in evaluating the effectiveness of services. Families are provided with education on trauma responses and connected to resources to support recovery and resilience, ensuring ongoing involvement in their healing journey.

- 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.

The program partners with local community organizations, faith-based groups, schools, and neighborhood coalitions to develop outreach strategies and awareness campaigns about crisis services. Community advisory councils and stakeholder meetings are held regularly to gather input on program effectiveness, cultural relevance, and accessibility. This engagement ensures the program aligns with community priorities, addresses specific neighborhood needs, and builds trust with diverse populations. Community members and leaders are involved in co-developing training and outreach activities to foster collaboration and shared ownership of the program.

- 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)?
UW Health	Referrals/Psychiatry	Mary Lauby	NA

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

Existing Partnerships and Their Impact:

Domestic Abuse Coordination:

- Partnership: Domestic Abuse Intervention Services (D.A.I.S) 44 years
- Role: RP collaborates with DAIS to provide a comprehensive network of services for domestic abuse survivors in Dane County.
- Example: Rainbow Project was founded on the relationship with DIAS, teachers at an early childhood preschool on Madison's eastside, located just a few blocks from the shelter residence now known as DAIS, where victims of domestic violence and their children stayed for up to a month, realized that their usual classroom activities were not working for these children. The preschool had a service agreement with the shelter to enroll young children residing there. Advocates from the shelter observed troubling behaviors among the children. For instance, young boys, while playing in the toy housekeeping corner, would express, "I'm the dad, so I get to hit you," or a 3-year-old might try to strangle another child, mimicking a domestic violence incident witnessed at home. 10-15% of children in each preschool classroom had special needs in behavior and social/emotional development. The partnership with DAIS highlighted the need for trauma-informed care for young children exposed to domestic violence, leading to the development of The Rainbow Project and tailored programs to address their unique needs.

First Responders Collaboration through Rainbow Rapid Response (RRR):

- Partnership: First responders (police, fire departments) and RP Speakers Bureau (SB)
- Role: RP works closely with first responders to support children during emergency situations and provide essential training.
- Example: A recent incident involved a drive-by shooting where a wrong car was targeted, and a mother and her three children were inside. The children escaped the car and sought shelter at a neighbor's house. The mother and all the children in the car, as well as the children and adults in the house, were traumatized by the event. The RRR team provided immediate support, with RP clinical staff conducting individual and group sessions to stabilize the victims and offering ongoing support. The RP Speakers Bureau trains first responders on trauma response in children, enabling them to make effective referrals to RP and partner agencies.

Additional Examples of RP Partnerships:

- Bounce Back: This partnership between RP, other service organizations, and Madison Metropolitan School District is a 10-week small group program for elementary school children recovering from stressful or traumatic experiences.
- CBITS (Cognitive Behavioral Intervention for Trauma in Schools): This school-based group for middle schoolers focuses on reduction in PTSD symptoms & depression and improving functioning, academic success, school attendance, and coping skills. The 10-week group is provided in partnership with Journey Mental Health Center.
- CORE (Consultation, Observation, Resources & Education): RP therapists' partner with early childhood educators, childcare providers, neighborhood centers, and schools to provide in-depth training, support, observation, and consultation to address behavioral challenges in the classroom.
- Early Childhood Zones: This program is a collaborative effort between various Dane County home visiting programs and RP to address the social and emotional needs of parents with children under the age

of 5. RP therapists provide culturally proficient, in-home, early childhood mental health services to families living within a defined geographical location. Consultation and training are also provided to home visitors.

- **FACE (Five Agency Collaborative Effort):** This multi-agency collaboration provides groups for children and youth in Dane County, WI. Groups are held in community centers, schools, childcare settings, and RP's office. Groups focus on building positive social skills, self-esteem, anger & stress management, problem solving and healthy development.
- **Dane County Commission on Sensitive Crimes:** Community representatives from first responders as well as law enforcement, policy makers, UW campus and community service providers involved in Elder Abuse, Child Abuse, Sexual Assault, Human Trafficking, Domestic Violence, Sensitive Crimes against individuals with Developmental Disabilities
- **Children's Mental Health Collaborative:** Facilitated by Madison Metropolitan School District & other Dane County Schools with members of the community representing mental health and support services

How do these partnerships enhance this proposal?

See above

What are the decision-making agreements with each partner?

NA

- 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?

The Rainbow Rapid Response (RRR) program provides comprehensive resource linkage and coordination to support youth, individuals, and families during and after crisis intervention. Resources offered include connections to ongoing mental health services, trauma-informed counseling, medical care, housing assistance, legal support, child and family services, substance use treatment, and community-based programs such as food security, childcare, and educational supports.

Our program coordinates these resources through established partnerships with community organizations, healthcare providers, law enforcement, and social service agencies. During crisis response, clinicians assess immediate needs and collaborate with families to develop personalized safety and recovery plans, making warm handoffs whenever possible to ensure seamless transitions. The Service Facilitator plays a key role in helping families navigate complex systems, providing them with tailored referral information, appointment scheduling, and follow-up support to promote adherence and engagement.

Furthermore, our trauma-informed approach emphasizes empowering families through education about their options, addressing barriers such as language, transportation, and distrust. We maintain ongoing communication with resource providers to monitor progress and adapt the service plan as needed, ensuring that families receive continuous, culturally responsive support that promotes resiliency and long-term stability. This integrated, strengths-based coordination enhances the quality and sustainability of care, helping families recover more quickly and confidently from traumatic incidents.

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**

The Rainbow Rapid Response (RRR) program measures its output data through multiple systems to ensure comprehensive tracking of service delivery. Key metrics include:

- **Unduplicated Youth, Individuals, and Families Served:** Data is collected via Osnum EMR and Sigmund EMR systems, which track client demographics, service encounters, and case identifiers, allowing us to count unique recipients of services each year.
- **Community Engagement and Events:** Number of trauma-informed training sessions, community outreach events, and stakeholder meetings conducted, documented through event logs and partnership reports.

- **Program Hours:** Total clinical and crisis response hours are recorded per clinician and staff via EMR documentation, including direct service time, consultation hours, and capacity-building activities.
 - **Referrals and Resource Linkages:** The number of families referred to external services and resources are tracked through referral logs and case notes documented within our EMR systems.
- These metrics are consolidated quarterly for reporting, ensuring transparency and accountability in service delivery.

B. Program Outcomes

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

Outcomes are measured using a combination of standardized assessment tools, routine data collection, and client feedback. Data sources include the Rainbow Evaluation & Assessment Packet (REAP), EMR clinical documentation, follow-up surveys, and progress reports. The data informs whether the program is meeting its objectives, aligned with the RFP's measurable outcomes.

Outcome Objectives: Reduce trauma symptoms among youth and families. Data Source: REAP trauma screener. Measurement Method: Pre- and post-intervention trauma symptom scores. Frequency: Every 6 months.

Outcome Objectives: Increase timely access to crisis support. Data Source: EMR referral and service logs. Measurement Method: Time from crisis report to initial contact/service. Frequency: Monthly/Quarterly.

Outcome Objectives: Improved stabilization and safety. Data Source: Case notes, safety plan documentation. Measurement Method: Number of crisis stabilization plans developed and followed up. Frequency: Quarterly.

Outcome Objectives: Reported increased knowledge of community resources. Data Source: Client feedback surveys and follow-up interviews. Measurement Method: Survey responses regarding resource awareness. Frequency: Annually.

Outcome Objectives: Higher family engagement and follow-through. Data Source: EMR activity logs, follow-up attendance records. Measurement Method: Attendance rates, follow-up engagement rates. Frequency: Quarterly.

Outcome Objectives: Increased self-efficacy and resilience. Data Source: Client satisfaction surveys, resilience questionnaires. Measurement Method: Self-report measures collected pre- and post-service. Frequency: Every 6 months.

These data points are used to evaluate progress towards the program's objectives, inform continuous quality improvement, and demonstrate success in meeting the program's goals of timely intervention, stabilization, and long-term resiliency among youth and families impacted by trauma.

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:

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

Outcome Objective #2:

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

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?
 We utilize the Osnium database to systematically track participant demographics, program activities, and system interactions, ensuring accurate and comprehensive documentation. To measure outcomes and monitor progress, we employ pre- and post-surveys tailored to assess trauma symptoms, family functioning, and service satisfaction. Additionally, case files and case plan goals and objectives are regularly reviewed and updated to document individual progress, service delivery, and achievement of targeted outcomes. This integrated approach allows us to effectively capture the necessary data to monitor program effectiveness, demographics, activities, and expenses.

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)
Executive Director		LPC	Rainbow Clinic
Clinical Manager		LCSW	Rainbow Clinic
Service Facilitator		MSW, APSW	Rainbow Clinic
Referral Coordinator		MSW, APSW	Rainbow Clinic
Registered Nurse		RN, BSN, MSN	Rainbow Clinic
Child, Adult, & Family Therapist		LPC, LCSW, MS LPC, APSW,	Rainbow Clinic
Psychiatrist		MD, PHD	Rainbow Clinic

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

Our process for screening, training, and supervising volunteers who will have direct contact with program participants includes the following steps:

1. Screening:

All volunteers undergo a comprehensive background check, which includes criminal history verification, reference checks, and review of prior volunteer experience related to trauma-informed care and working with children and families.

2. Training:

Volunteers receive specialized training focusing on trauma-informed practices, confidentiality, cultural responsiveness, and agency policies. Training includes orientation sessions on child safety, effective communication, and understanding the unique needs of the populations served.

3. Supervision:

Supervision is provided through regular ongoing oversight by trained staff. Volunteers are supported through clear role definitions, ongoing education, and guidance to ensure adherence to trauma-informed, culturally responsive practices.

This comprehensive approach ensures volunteers are prepared to provide safe, respectful, and effective support to program participants while maintaining high standards of service quality and participant safety.

- 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.

All the necessary program resources for the successful implementation of our Community-Based Individual & Family Support program are currently in place. This includes program space at our community centers and clinics, transportation options as needed, equipment such as computers, phones, and telehealth technology, and supplies for staff and participants. We also have established partnerships with local organizations and providers to support resource linkage and outreach efforts. These resources are fully operational and ready to support program activities from day one, ensuring seamless delivery of services and optimal support for program participants.

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.
NA

B. Disclosure of Contract Failures, Litigations

Disclose any alleged significant prior or ongoing contract failures, contract breaches, any civil or criminal litigation.
NA

APPLICATION FOR 2025 CRISIS INTERVENTION AND PREVENTION SERVICES PROGRAMS

1. ORGANIZATION CONTACT INFORMATION

Legal Name of Organization	The Rainbow Project, Inc.
Mailing Address	831 E. Washington Ave. Madison, WI 53703
Telephone	608.255.7356
FAX	608.255.0457
Director	Sharyl Kato
Email Address	skato@therainbowproject.net
Additional Contact	Sara Flynn
Email Address	sflynn@therainbowproject.net
Legal Status	Private: Non-Profit
Federal EIN:	39-1422626

2. PROPOSED PROGRAMS

Program Name:	2025		If currently City funded	
	Letter	Amount Requested	2024 Allocation	Joint/Multi Application - SELECT Y/N
Community-Based Individual & Family	A	\$100,000	\$100,000	
Contact:	Sharyl Kato			
Rapid Response	B	\$50,000	\$50,000	
Contact:	Sharyl Kato			
	C			
Contact:				
	D			
Contact:				
	E			
Contact:				
TOTAL REQUEST		\$150,000		

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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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	BOARD		STAFF		MADISON*		
	Number	Percent	Number	Percent	GENERAL Percent	POVERTY Percent	R/POV** Percent
TOTAL	9	100%	ERROR	0%			
GENDER							
MAN	0	0%	5	26%			
WOMAN	9	100%	14	74%			
NON-BINARY/GENDERQUEER		0%	0	0%			
PREFER NOT TO SAY		0%	0	0%			
TOTAL GENDER	9	100%	19	100%			
AGE							
LESS THAN 18 YRS	0	0%	0	0%			
18-59 YRS	6	67%	18	90%			
60 AND OLDER	3	33%	2	10%			
TOTAL AGE	9	100%	20	100%			
RACE							
WHITE/CAUCASIAN	4	44%	10	53%	80%	67%	16%
BLACK/AFRICAN AMERICAN	3	33%	4	21%	7%	15%	39%
ASIAN	2	22%	1	5%	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	0	0%	4	21%	3%	4%	26%
BALANCE/OTHER	0	0%	0	0%	1%	2%	28%
TOTAL RACE	9	100%	19	100%			
ETHNICITY							
HISPANIC OR LATINO	0	0%	4	21%	7%	9%	26%
NOT HISPANIC OR LATINO	9	100%	15	79%	93%	81%	74%
TOTAL ETHNICITY	9	100%	19	100%			
PERSONS WITH DISABILITIES	0	0%	1	5%			

*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)

Yes

7. AGENCY GOVERNING BODY

How many Board meetings were held in 2023	12
How many Board meetings has your governing body or Board of Directors scheduled for 2024?	12
How many Board seats are indicated in your agency by-laws?	13

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

Name	Carola Gaines			
Home Address	5705 Claredon Drive Fitchburg, WI 53711			
Occupation	Community Liason Manager Quartz Bardgercare			
Representing	President			
Term of Office		From:	06/2019	To: 06/2026
Name	Treater Prestine			
Home Address	1047 Melvin court Madison, WI 53704			
Occupation	American Family Insurance Claims Adjuster			
Representing	Vice - Preseident			
Term of Office		From:	06/2019	To: 06/2026
Name	Sharyl Kato			
Home Address	206 Winnequah Road Madison, WI 53716			
Occupation	Executive Director, Child, Adult, & Family Therapist The Rainbow Project, Inc.			
Representing	Member			
Term of Office		From:	08/1980	To: 08/2026
Name	Dr. Laura Houser			
Home Address	210 South Segoe Road Madison, WI 53705			
Occupation	Pediatrician-UW Health East Clinic			
Representing	Member			
Term of Office		From:	08/2021	To: 08/2026
Name	Mee Soon Langohr			
Home Address	1024 Galway Avenue Waunakee, WI 53597			
Occupation	Assistant General Counel Progressive Insurance			
Representing	Member			
Term of Office		From:	03/2023	To: 03/2026
Name	Alyssa Coriell Schultz			
Home Address	121 Richland Lane Madison, WI 53705			
Occupation	Kindergarten Dual Lanaguage Immersive Teacher MMSD			
Representing	Secretary			
Term of Office		From:	03/2023	To: 03/2026
Name	Elena Poznakhirina			
Home Address	5013 Bayfield Terrace Madison, WI 53705			
Occupation	Finance Business Partner UW Health			
Representing	Member			
Term of Office		From:	03/2025	To: 06/2028
Name	Dr. Travell F.F. Elllis			
Home Address	8519 Greenbush Street, Houston TX 77025			
Occupation	Senior Medical Officer Exact Sciences			
Representing	Member			
Term of Office		From:	03/2025	To: 03/2028

AGENCY GOVERNING BODY cont.

Name	Michelle Vassallo				
Home Address	3203 Topping Road Madison, WI 53705				
Occupation	Early Childhood Teacher Retired				
Representing	Treasurer				
Term of Office		From:	06/2022	To:	06/2026
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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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 2025	PROGRAM A	PROGRAM B	PROGRAM C	PROGRAM D	PROGRAM E	NON APP PGMS
DANE CO HUMAN SVCS	251,547	87,875					163,672
UNITED WAY DANE CO	145,000						145,000
CITY CDD (This Application)	150,000	100,000	50,000				
City CDD (Not this Application)	0						
OTHER GOVT*	117,839	88,021	4,704				25,114
FUNDRAISING DONATIONS**	276,332	118,989	10,296				147,047
USER FEES	65,000	45,000	5,000				15,000
TOTAL REVENUE	1,005,718	439,885	70,000	0	0	0	495,833

*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 2025	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	584,367	88,939	262,751	59,293	41,813	29,646							279,803
Taxes/Benefits	188,123	48,461	87,584	32,307	13,938	16,154							86,601
Subtotal A.	772,490	137,400	350,335	91,600	55,751	45,800	0	0	0	0	0	0	366,404
B. OTHER OPERATING													
Insurance	19,795	0	7,600		1,209								10,986
Professional Fees/Audit	15,036	12,600	5,775	8,400	918	4,200							8,343
Postage/Office & Program	35,824	0	13,754		2,189								19,881
Supplies/Printing/Photocopy	18,822	0	7,226		1,150								10,446
Equipment/Furnishings/Depr.	15,682	0	6,021		958								8,703
Telephone	34,885	0	13,391		2,132								19,362
Training/Conferences	19,904	0	7,642		1,216								11,046
Food/Household Supplies	26,497	0	10,173		1,619								14,705
Travel	11,845	0	4,554		723								6,568
Vehicle Costs/Depreciation	0	0											
Other	0	0											
Subtotal B.	198,290	12,600	76,136	8,400	12,114	4,200	0	0	0	0	0	0	110,040
C. SPACE													
Rent/Utilities/Maintenance	17,740	0	6,811		1,084								9,845
Mortgage Principal/Interest	17,198	0	6,603		1,051								9,544
Depreciation/Taxes	0	0											
Subtotal C.	34,938	0	13,414	0	2,135	0	0	0	0	0	0	0	19,389
D. SPECIAL COSTS													
Assistance to Individuals	0	0											
Partner/Joint Agency/Agencies	0	0											
Contractors/Subcontractors	0	0											
Pymt to Affiliate Orgs	0	0											
Other	0	0											
Subtotal D.	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL (A.-D.)	1,005,718	150,000	439,885	100,000	70,000	50,000	0	0	0	0	0	0	495,833

****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*	2025 Program A FTE**	2025 Program B FTE**	2025 Program C FTE**	2025 Program D FTE**	2025 Program E FTE**	2025 Total FTE	2025 Annualized Salary	2025 Payroll Taxes and Fringe Benefits	2025 Total Amount	2025 Hourly Wage***	2025 Amount Requested from the City of Madison
Executive Director	0.02	0.01				0.03	124,961	40,379	165,340	60.08	3,749
Clinical Manager	0.02	0.01				0.03	100,852	43,643	144,495	48.49	3,026
Finance/HR Manager	0.05	0.03				0.08	84,028	45,307	129,335	40.40	6,722
Administrative Manager	0.05	0.02				0.07	72,487	29,220	101,707	34.85	5,074
Adminstrative Assistant	0.06	0.02				0.08	53,373	19,478	72,851	25.66	4,270
Service Facilatator	0.20	0.05				0.25	62,800	28,552	91,352	30.19	15,700
Referral Coordinator	0.20	0.10				0.30	62,550	25,288	87,838	30.07	18,765
Registered Nurse	0.40	0.00				0.40	44,992	12,854	57,846	43.26	17,997
Child, Adult, & Family Therapist	0.40	0.40				0.80	77,623	28,316	105,939	37.32	62,098
						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
SUBTOTAL/TOTAL:	1.40	0.64	0.00	0.00	0.00	2.04	683666.00	273037.00	956703.00	350.32	137400.76

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
						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:	1.40	0.64	0.00	0.00	0.00	2.04	683666.00	273037.00	956703.00	350.32	137400.76

*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	2025 City Request
A	Community-Based Individual & Family Support	PERSONNEL	91,600
		OTHER OPERATING	8,400
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	100,000
B	Rapid Response	PERSONNEL	45,800
		OTHER OPERATING	4,200
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	50,000
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			150,000