School-Age Child and Youth Development Services PART 1 – ORGANIZATION NARRATIVE FORM

Submit Application to: cddapplications@cityofmadison.com

Deadline: 4:30 pm CDT, MAY 15, 2023

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

The intent of this application and subsequent contract is for all organizations to present a set of opportunities within the umbrella of one contracted program for each age group, i.e. elementary, middle and high school. Only programs that involve different participants for that age group, separate staff, a different schedule and are not an activity occurring during or as part of another program should be considered a stand-alone program with a separate 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 Narrative will not be considered in the evaluation of this proposal. *Do not attempt to unlock/alter this form.* Font should be no less than 11 pt.

If you need assistance related to the <u>content of the application</u> or are unclear about how to respond to any questions, please contact CDD staff: Yolanda Shelton-Morris, Community Resources Manager <u>yshelton-morris@cityofmadison.com</u> or Mary O'Donnell, Community Development Specialist <u>modonnell@cityofmadison.com</u>. 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 <u>technical aspects</u> of this document, including difficulties with text boxes or auto fill functions, please contact Jen Stoiber <u>jstoiber@cityofmadison.com</u>

Legal Name of Organization:	Wil-Mar Neighborhood Center, Inc	Total Amount Requested: \$ 6	66,960		
	Program Name: Wil-Mar Neighborhood Center After School/Summer Camp Amount Requested: \$ 66		: \$ 66,960		
	Program Type: Elementary Year Round Multi-Focus				
	Program Name: Amount Requested: \$				
Program(s)	Program Type: Choose an item.				
included in this	Program Name:	Amount Requested: \$			
application:	Program Type: Choose an item.				
	Program Name:	Amount Requested:	:\$		
	Program Type: Choose an item.				
	please contact Jennifer Stoiber at	t			
Contact Person:	Gary Kallas	Email: garyk@wil-mar.org			
Contact reison.	ristina Ellis kristina@wil-mar.org				

Organization Address:	504 S. Brearly St. Madison Wi, 53703	Telephone:	(608) 257-4576
501 (c) 3 Status:		Fiscal Agent (if no)	

Organizational Qualifications:

1. Organization History and Mission Statement

We're an inclusive neighborhood center providing diverse and affordable quality programming for our community and all those in need since 1968. We offer stay and play, learning experiences for families with Preschool age children. Our year-round programming includes state licensed after-school, which is currenlty in the process of becoming accredited. Our Middle and Highschool programming leads to teen volunteer opportunites and employment with our Eastside Express Camp and Festival Internship Program. As well as full day and part day summer youth programs.

- 2. Describe your organization's experience implementing programming described in the School-Age Child and Youth Development Service Continuum and relevant to the programs you propose in this application. List all current schoolage child and youth programs with their inception date.
 - Wil-Mar Neiborhood Center is committed to and continues to provide year round multi focus Programs for children ages 5-13.
 - 1. Wil-Mar Licensed (soon to be accredited) Afterschool runs throughout the school year Early Sept- Mid June ages 5-13
 - 2. Full Day Licensed 9 week Summer Camp Mid June Mid Aug ages 5-13
 - 3 Part Day Low Cost Eastside Express Camp 7 week Summer Camp ages 7-12 At Eastside Express, there are opportunities for 13-year-olds to gain experience as junior counselors, as well as paid Camp Counselor roles available for teens aged 14 and above. The majority of counselors are either program participants or program alumni.
- 3. Describe any significant changes or shifts at your agency since 2019 or anticipated changes in the next two years. For example changes in leadership, turnover of management positions, strategic planning processes, expansion or loss of funding. What, if any affects have or will these changes make regarding the agency's ability to provide proposed services? If there are no changes, write "No changes".

In September of 2021 we hired a new Director Of Youth Programs - Kristina Ellis.

The Wil-Mar Neigborhood Center Welcomed 8 new board Memebrs in Fall/Winter 2022.

We anticipate change in leadershership with the possibility of Executive Director, Gary Kallas retiring.

The agency advances its mission through a 5 year plan, we recently contained a consultant to help us produce a post covid plan in 2023.

4. Describe your organization's experience, education and training requirements for management and school-age child and youth program staff. Include how you support these requirements and other professional development opportunities.

We prioritize the professional development of our staff by providing paid trainings and conducting regular staff meetings. To ensure compliance with state licensing standards, all management and staff members are required to obtain a minimum of 15 hours of ongoing continuing education per year, which is fully supported by our organization. Additionally, we offer student tuition reimbursement to eligible staff members.

Last year, we participated in the MOST conference as a group and plan to make this an annual tradition. We also organized a CPR training session and an online training focused on supporting LGBTQ+ youth . As part of our

commitment to staying up-to-date with the latest industry practices, we will continue to seek out relevant
ongoing training opportunities for both management and staff throughout the year.



School-Age Child and Youth Development 2023 Request for Proposals PART 2 - Program Narrative Form

Submit Application to: cddapplications@cityofmadison.com

Deadline: 4:30 p.m. (CDT) on May 15, 2023

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

Part 2 – Program Narrative Form MUST be completed for EACH PROGRAM for which you are asking for funds.

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 Narrative will not be considered in the evaluation of this proposal. *Do not attempt to unlock/alter this form.* 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: Yolanda Shelton-Morris, Community Resources Manager <u>yshelton-morris@cityofmadison.com</u> or Mary O'Donnell, Community Development Specialist <u>modonnell@cityofmadison.com</u>. We are committed to assisting interested organizations understand and work through this application and funding process.

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Legal Name of Organization:	Wil-Mar Neighborhood Center, Inc		Total Amount Requested for this Program:		\$ 66,960	
Program Name:	Wil-Mar Neighborhood Center		Total Pr	Total Program Budget:		\$ 203,306
Program Contact:	Gary Kallas		Email:	garyk@wil-mar.org	Phone:	622-5741
AGE Group and Progra	am TYPE: Select <u>ONE Progra</u>	m Ty	pe under	ONE Age Group for this fo	orm.	
Elementary						
☐ Multi-focu	is School Year Only	⊒ Mι	ulti-focus Summer Only			
⊠ Multi-focused Year Round □ To □ To □ To		□ Tc	opical/ Skill/Population			
Middle School						
☐ Multi-focus School Year Only ☐ M		⊒ Мі	ulti-focus	Summer Only		
☐ Multi-focu	sed Year Round	□ Tc	pical/ Sł	kill/Population		
High School						
		⊒ Мі	lulti-focus Summer Only			
☐ Multi-focused Year Round ☐ To		□ Tc	opical/ Skill/Population			
<u>PLEASE NOTE:</u> Separate applications are required for each age group and 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. <u>Need</u>: Briefly describe the need in the City of Madison for the programs included in this application, including the source of the data used in your response.

Many students are facing difficulties when it comes to developing their social and emotional abilities both in school and in their communities. Furthermore, their academic progress is being hampered, particularly in the areas of reading and comprehension. To further their academic growth, self-regulation, self-esteem ,self-efficacy and support families in need of care and other services having access to quality after-school and summer programs such as ours are essential.

According to the America After 3PM report published in 2021 by the Afterschool Alliance, there is a significant demand for afterschool programs across the United States. Here are some key findings from the report:

- 1 in 4 children in the United States are alone and unsupervised after school
- 18.6 million children would participate in an afterschool program if one were available to them
- For every child in an afterschool program, 3 are waiting to enroll
- 3 in 4 parents support public funding for afterschool programs
- The COVID-19 pandemic has made the need for afterschool programs even more urgent, with 87% of parents saying that these programs are now more important than ever.
- Afterschool programs can provide a safe and supportive environment where children can build positive relationships with adults and peers.

Children who participate in high-quality afterschool programs have better social skills, higher self-esteem, and more positive attitudes towards school.

Source: https://www.afterschoolalliance.org/AA3PM/I.

B. <u>Goal Statement</u>: What is the goal of your program and how does it align with the scope of work described in the RFP guidelines?

The objective of Wil-Mar youth programs is to facilitate the constructive growth of young individuals as a whole, with an emphasis on their social and emotional skill development, while also creating a secure, welcoming and affordable environment for families and children from all backgrounds.

C. <u>Program Summary</u> (3-5 sentences):

Our after school and summer camp programs provides daily nurturing, emotionally supportive, inclusive environments for youth ages 5-13yrs old. We provide meaningful experiences and expose our youth to opportunities through intentional lesson plans, field trips and by working with community partners. We place a strong emphasis on building relationships with the youth and their families. We take pride in providing unwavering support to families by offering emotional support and assisting them in finding the necessary resources. We collaborate closely with the schools to ensure that our support is tailored to meet their unique needs.

2. POPULATION SERVED

A. <u>Proposed Participant Population</u>: 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 this population was involved in the development of this program proposal.

Our services are aimed primarily at families in the Williamson St./Marquette neighborhood and East Madison, while we are committed to welcoming families from diverse socioeconomic and ethnic backgrounds, We collaborate with school social workers to identify and prioritize our support for vulnerable youth and families in need within these communities. During our enrollment process, we have an intake system in place that enables us to assess and address the unique needs of these individuals.

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B. 2022 Participant Demographics (if applicable):

Race	# of Participants	% of Total Participants
White/Caucasian	12	50%
Black/African American	5	20%
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
Multi-Racial	7	29%
Balance/Other		
Total:	24	
Ethnicity		
Hispanic or Latino	4	
Not Hispanic or Latino	20	
Total:		
Gender		
Boy/Man	12	
Girl/Woman	10	
Non-binary/GenderQueer	2	
Prefer Not to Say		
Total:	24	

C. <u>Language Access and Cultural Relevance</u>: Please describe how the proposed program will serve non-English speaking youth and/or their families. Describe how the proposed program will be culturally relevant to the population served.

We will provide materials, such as newsletters, emails, and other resources, that are accessible to families in languages that they understand. We will also work closely with community partners to ensure that translation support is available when needed.

Furthermore, our classrooms environment will reflect a diverse range of cultural backgrounds by incorporating images and materials that represent families from various cultural heritages.

D. <u>Recruitment, Engagement, Intake and Assessment</u>: Describe your plan to recruit, engage and address barriers to participation for the identified service population. Explain the intake and assessment procedure you will use for this program.

We will continue to work with area schools to identify at-risk youth and recruit into our program. A generous sliding fee scale as well as provididing schlorships as needed will continue to be in place ensuring all children regardless of household income can attend. Intake of these needs are assessed during the enrollment process.

3. PROGRAM DESCRIPTION AND STRUCTURE

A. <u>Activities</u>: Describe your proposed program activities. If applicable, describe any evidence, research, proven curriculum or documentation of promising practice that supports the programming or service proposed.

We offer a variety of play based activities that help support the development of the whole child. Our lesson plans our designed to cover key component development areas which includes SEL, Physical (large and fine motor skills), Language/Literacy, S.T.E.M, creative Exploration, and Sensory.

Social emotional learning (SEL) according to the Collaborative for Academic, Social Emotional Learning (CASEL, 2013) "involves the processes through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions" (p.4). CASEL (2013) identified 5 points of curricular focus for SEL: self-management, self-awareness, social awareness, relationship skills and responsible decision-making. Our Afterschool program and Summer Camp will provide opportunities for growth in all of these areas.

B. <u>Program Schedule:</u> If you are proposing to provide a program at more than one location and the program schedule is the same for all locations, please list all of the locations in the "Location(s)" cell in Table 1 below. If the program schedules vary amongst locations, please complete Table 2 and the question following the tables.

Table 1

Location(s):	Location(s):				
Day of the Week	Time of Year	Start Time	End Time		
Monday	School Year	12:55	5:30		
	Summer	7:45	5:00		
Tuesday	School Year	2:25	5:30		
	Summer	7:45	5:00		
Wednesday	School Year	2:25	5:30		
	Summer	7:45	5:00		
Thursday	School Year	2:25	5:30		
	Summer	7:45	5:00		
Friday	School Year	2:25	5:30		
	Summer	7:45	5:00		
Saturday	School Year				
	Summer				
Sunday	School Year				
	Summer				

Table 2

Location(s):	Location(s):				
Day of the Week	Time of Year	Start Time	End Time		
Monday	School Year				
	Summer				
Tuesday	School Year				
	Summer				
Wednesday	School Year				
	Summer				
Thursday	School Year				
	Summer				
Friday	School Year				
	Summer				
Saturday	School Year				
	Summer				
Sunday	School Year				
	Summer				

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

C. <u>Frequency, Duration and Anticipated Attendance:</u> Please complete the table below. If you are proposing to provide a program at more than one location and the program structure is the same for all locations, please list all of the locations in the "Location(s)" cell in the table below. If the program structure varies amongst locations, please complete the rows for "Location #2" and the question following the table for any additional program locations.

	Frequency*	# of Program Hours Per Program Day	Annual Duration**	Adult to Youth Ratio	Anticipated Average Attendance per Program Day
Location #1:					
School Year	M-F	3.5-4.5	9 Months	1 to 8	24
Summer	M-F	9.15	9 Weeks	1 to 8	24
Location #2 ((if applicable):				
School Year					
Summer					

^{*}Frequency=number of times per week, month, year (i.e. 5 days per week, 2x per month, 4x per year)

If applicable, please list any other locations and note any differences in the program structure as compared programs included in the table above.

NA

4. ENGAGEMENT, COORDINATION AND COLLABORATION

A. <u>Family Engagement</u>: Describe how your program will engage parents/guardians and families in the development of this proposal, and how they will be involved in the implementation and assessment of the program activities.

As an organization, we are committed to continuously improving and enhancing our programs and activities, and we highly value the input of our families. We actively involve our families in the implementation and evaluation of our program activities by seeking their feedback annually through parent surveys and maintaining open communication channels. Our goal is to ensure that we are providing the best possible support to our families and meeting their evolving needs.

B. <u>Neighborhood/Community Engagement:</u> Describe how your program will engage 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.

For nearly five decades, Wil-Mar has provided afterschool child care. In an effort to continuously improve the program, we consulted outside city accredidation specialists, WI state licensing, and local educators to review our program over the past year. Their findings confirmed that our current program is special, providing enjoyable, educational and socially beneficial activities, as well as strong relationships with our families. We are constantly making adjustments and improvements based on the constructive feedback we receive

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^{**}Annual Duration=number of weeks or months annually (i.e. 10 weeks, 6 months)

C. <u>Collaboration</u>: Please complete the table below and respond to the narrative questions regarding

program collaboration with community partners.

Partner Organization	Role & Responsibilities	Contact Person	Signed MOU (Yes/No)?
Madion City Accredidation	Program Evaluation/Ehancement	Terri Strong	
Madison Reading Project	Reading/Literacy/Craft Activities	Natalie Holdahl	
WI State Licensing	Licensing Compliance	Jenny Capener	
ARMS/SWYIS	STEM	Paige Kinsley	
MMSD(Neighborhood)	Collaborative Partner (academic, suggested enrollment, family/student issues that may arise	Principal/Social Worker	
Rena Kornblum	Movemnt Therapy (Violence Prevention/Social Skills	Rena Kornblum	Yes

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

NA

How do these partnerships enhance this proposal?

Collaborating with the partnerships listed above, enhaces this proposal in a variety of ways. For example, students can receive increased social emotional supports, and improved academic performance and a higher quality program overall. This can help to foster a better learning environment and lead to better outcomes for students.

What are the decision-making agreements with each partner? All partners works within their expertise and share constructive feedback/suggestions to help ehnace programming/outcomes.

D. <u>Resource Linkage and Coordination</u>: What resources are provided to participants and their families by your proposed program? How does the program coordinate and link families and participants to these resources?

Wil-Mar offers a variety of services to families on an individual basis. Families can request a conference and discuss their current needs. Within the Wil-Mar program, there are resources such as a swap sale, food pantry, community garden, and a 40 and over exercise group. Additionally, Wil-Mar connects families to outside resources through the distribution of flyers, the parent board, newsletters, and one-on-one meetings.

5. PROGRAM QUALITY, OUTPUTS, OUTCOMES AND MEASUREMENT

A. <u>Madison Out-of-School Time (MOST) Effective Practices</u>: Please describe how each of the seven basic elements are addressed by your proposed program design. How will you monitor the program during implementation to assess continued alignment with the <u>MOST Effective Practices</u>? Are there any other program quality standards, tools or measurements that you use with this program? If yes, please list and describe.

We are looking forward to engaging in all seven MOST practices with the purpose of providing the best possible services for our children. Our plans include:

1) Intentional Design: Our program design and activities reflect an internal review conducted by outside experts and educators on arts and SEL integration and our future planning will be driven by regular staff reflection on outcomes and feedback from participants and families. We will use surveys and interviews to provide data for analysis informing our planning. We will also provide regular staff planning time for continued program development.

- 2) Supportive Relationships with Youth: Staff develops relationships with children by engaging with them daily in a positive manner. We take an intrest in their likes and dislikes and engage with them in a meaningful way. Upon arrival, staff members check in with students, asking about their day, we observe the children moods and behaviors and use our observations to meet them where they are emotionally. We also conduct weekly Wil-Mar huddles that focuses on SEL skills through community team building activities. We Encourage acts of kindness agmonst participant, children are awarded Wil-Mar bucks that can be used to purchase small incentives within the center.
- 3) Youth Voice/Leadership: Will be one of the program pillars both as explicit dependence on participants for decision-making on curricular directions/activities. Students are encourage to speak open and honestly, their voices are heard and valued.
- 4) Racial & Cultural Inclusion: Although this has been a strength, Staff will attend training on engaging students with different learning styles and needs as well as training on creating a safe space for LGBTQ and gender non-conforming youth.
- 5) Community & Family Engagement: We will continue to strenthen are relationships/partnership with oue families through on-going open communication. Family Engament events, news letters, parent boards, open house, and confercences as needed.
- 6) Organizational Management & Staff Support: Staff will complete a self- elvauation along with supervisory annual eval. Staff will also have on going yearly professional development/ training as required per state licensing to ensure quality programming is maintained. Wil-Mar will offer group trainings as well as individual training to help meet program goals and individual professional goals.
- 7) Environment & Safety: We will hold regular staff meetings to discuss plans to meet the needs of the students we have based on enrollment once a month. We will also have shorter daily meetings prior to program each day consisting of thirty-minute check-ins to manage the day to day needs of our youth and families. All participants will practice SEL by discussing, practicing, shaping and adhering to program-wide core values that build community, encourage leadership and facilitate discipline (using one's energy for positive outcomes). Wil-Mar provides a safe environment, serve nutritonal snacks/meals, and implement developmental activities. Children are encourage to use self help skills such as hand washing, and other forms of hygeine care.

B. <u>Program Outputs - Unduplicated School-Age Children or Youth and Program Hours</u>

Total Annual Unduplicated Children or Youth participating in proposed program: 35-40

Total program hours annually: 1,137

C. Program Outcomes

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

There are several evidence-based practices that have been shown to be effective in improving SEL skills in afterschool programs. Here are some examples:

- 1. Positive youth development (PYD): PYD is an approach that focuses on building youths' strengths and assets through supportive relationships, skill-building, and opportunities for meaningful participation. PYD programs have been shown to improve youths' social competence, emotional regulation, and problem-solving skills.
- 2. Restorative practices: Restorative practices emphasize repairing harm, building relationships, and developing a sense of community in school settings. Restorative practices can be adapted for afterschool settings and have been shown to improve students' social-emotional competence and reduce disciplinary incidents.
- 3. Social and emotional learning (SEL) curricula: SEL curricula provide structured instruction and practice in a range of social and emotional competencies, such as self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. SEL curricula have been shown to improve students' social-emotional competencies, academic performance, and overall well-being.

Please identify at least one <u>Program Outcome</u> for your proposed program(s), from the RFP Guidelines 1.4, that you will track and measure. Complete the table(s) below.

Outcome Objective #1: Improve individualize SEL				
Performance Standard	Targeted Percent	100%	Targeted Number	24
	1.0			

Measurement Tool(s) and Comments:

We currently partner with Rena Kornblum who teaches an anti-violence curriculum. Children conduct SEL self assesments three time per year. Staff observe and document changes in each child's SEL skill development by completing SEL Evaluations for each child three time per year, This allows us to track growth and areas of improvement as well as inform decision making..

Outcome Objective #2:		
Performance Standard	Targeted Percent	Targeted Number
Measurement Tool(s) an	d Comments:	

Outcome Objective #3:		
Performance Standard	Targeted Percent	Targeted Number
Measurement Tool(s) ar	d Comments:	

If necessary, add additional outcome objectives, performance standards, targeted percent, targeted number, and measurement tools:

D. <u>Data Tracking</u>: 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?

To effectively manage program plans, information and data, two systems will be established and maintained: Program Implementation and Program Assessment/Evaluation. For Program Implementation:

- 1) Registration forms containing demographic information, contact details, pickup authorizations, medical info etc. will be kept in a secure location.
- 2) Program plans for the week will be posted and filed by the Director.
- 3) The Director will create an itemized operating budget based on the total budget amount provided by the Executive Director each year to monitor expenditures.

For Program Assessment/Evaluation:

- 1) Parents/guardians will receive an overview survey twice a year (once during the school year and once during summer camp) to assess the quality of the program, their child's SEL growth, program offerings, areas for improvement/program strengths, physical environment, staffing, communication and other areas.
- 2) Participants will also fill out SEL surveys three times a year.

6. PROGRAM LOCATION

A. Address(es) of the site where programs will occur: 504 S BEARLY ST Madison WI 53703

7. PROGRAM STAFFING AND RESOURCES:

A. <u>Program Staffing</u>: Full-Time Equivalent (FTE) – Include employees, AmeriCorps members and Adult Interns with <u>direct program implementation responsibilities</u>. FTE = % of 40 hours per week. *Use one line per individual employee

Position Title	Qualifications or Required Training	Location(s)	Indicate School Year (SY)), Summer (SU) or Year-Round (YR)	SY or YR FTE	Summer Only FTE
Director of	YES	Wil-Mar	\square SY, \square SU or YR \boxtimes		
Youth				FTE	FTE
Programs					
Lead Teacher	Yes	Wil-Mar	\square SY, \square SU or YR \boxtimes	PT	FTE
Lead Teacher	Yes	Wil-Mar	\square SY, \square SU or YR \boxtimes	PT	FTE
Arts	Yes	Wil-Mar	\square SY, \square SU or YR \boxtimes	PT	FTE
Coordinator				ГІ	1 1 -
Summer			\square SY, \boxtimes SU or YR \square		PT
Support					1 1
			\square SY, \square SU or YR \square		
			\square SY, \square SU or YR \square		
			☐ SY, ☐ SU or YR ☐		
	Please complete the total FTE for the			2.5	
applicable time period		Year-Round		2.5-5.0	
		Summer			5.0

<u>Volunteers</u>: If volunteers will have direct contact with program participants, how are they vetted, trained and supervised?

Volunteers receives a background check, and site orientation before interacting with children.

Note: Volunteers are not counted in ratio or left alone with children.

B. Other program Resources/Inputs (such as program space, transportation or other resources necessary for the success of your program:

Van: Transporting children to and from school as well as field trip

8. BUDGET

A. The budget should be submitted with the proposal using the template provided in an Excel document or a PDF. There are five tabs within the Excel spreadsheet: Cover Page, Organization Overview and one sheet for the Program Budget for each age group. The Cover Page, Organizations Overview and relevant Program Budgets must be submitted with this document for a proposal to be complete.

The budget template can be found on the CDD Funding Opportunities website.

9. 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.

s.NA

B. <u>Disclosure of Contract Failures, Litigations</u>
Disclose any alleged significant prior or ongoing contract failures, contract breaches, any civil or criminal litigation.

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	PROGRAM	PROGRAM	PROGRAM	PROGRAM	PROGRAM	NON APP
	2024	Α	В	С	D	E	PGMS
DANE CO HUMAN SVCS	0						
UNITED WAY DANE CO	1,600	1,600					
CITY CDD (This Application)	66,960	66,960					
City CDD (Not this Application)	107,250						107,250
OTHER GOVT*	0						
FUNDRAISING DONATIONS**	760,207	104,200					656,007
USER FEES	83,754	42,355					41,399
TOTAL REVENUE	1,019,771	215,115	0	0	0	0	804,656

^{*}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 <u>all</u> 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 column **Use whole numbers only, please.

ACCOUNT CATEGORY	AGENCY	TTL CITY	PGM	CITY	PGM	CITY	PGM	CITY	PGM	CITY	PGM	CITY	NON APP
	2024	REQUEST	Α	SHARE	В	SHARE	С	SHARE	D	SHARE	E	SHARE	PGMS
A. PERSONNEL													
Salary	529,336	34,763	111,670	34,763									417,666
Taxes/Benefits	83,627	5,492	17,642	5,492									65,985
Subtotal A.	612,964	40,255	129,313	40,255	0	0	0	0	0	0	0	0	483,651
B. OTHER OPERATING													
Insurance	51,178	3,361	10,797	3,361									40,381
Professional Fees/Audit	76,013	4,992	16,036	4,992									59,977
Postage/Office & Program	129,796	8,518	27,363	8,518									102,433
Supplies/Printing/Photocopy	0	0		0									
Equipment/Furnishings/Depr.	0	0		0									0
Telephone	12,790	840	2,698	840									10,092
Training/Conferences	9,669	635	2,040	635									7,629
Food/Household Supplies	0	0	0	0									
Travel	9,669	635	2,040	635									7,629
Vehicle Costs/Depreciation	0	0		0									
Other	0	0											
Subtotal B.	289,114	18,981	60,973	18,981	0	0	0	0	0	0	0	0	228,141
C. SPACE													
Rent/Utilities/Maintenance	83,022	5,447	17,515	5,447									65,507
Mortgage Principal/Interest	34,671	2,277	7,314	2,277									27,357
Depreciation/Taxes	0	0											
Subtotal C.	117,693	7,724	24,829	7,724	0	0	0	0	0	0	0	0	92,864
D. SPECIAL COSTS													
Assistance to Individuals	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 (AD.)	1,019,771	66,960	215,115	66,960	0	0	0	0	0	0	0	0	804,656

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

	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024
Title of Staff Position*	Program A FTE**	Program B FTE**	Program C FTE**	Program D FTE**	Program E FTE**	Total FTE	Annualized Salary	Payroll Taxes and Fringe Benefits	Total Amount	Hourly Wage***	Amount Requested from the City of Madison
Executive Director						0.00	83,119	19,705	102,824	39.96	0
Youth Programming Director	0.70					0.70	54,161	18,541	72,702	26.04	15,842
Facility Use Manager						0.00	46,847	14,164	61,011	22.52	0
Development/Outreach Director						0.00	14,054	1,124	15,178	22.52	0
Lead Childcare Teacher	0.50					0.50	20,635	1,651	22,286	19.84	6,938
Arts Childcare Teacher	0.50					0.50	19,520	1,562	21,082	18.77	6,563
Childcare Teacher	0.50					0.50	18,962	1,517	20,479	18.23	6,375
Summer Childcare.Assistant	0.35					0.35	13,496	1,080	14,576	18.54	4,537
E-Express Camp Director						0.00	3,904	312	4,216	18.77	0
EE Lead Counselor						0.00	2,136	171	2,307	12.84	0
EE Junior Counselors						0.00	11,154	892	12,046	10.73	0
Custodian/Weekend Manager						0.00	35,247	2,820	38,067	15.41	0
Summer Teen Worker						0.00	7,139	571	7,710	17.16	0
Summer Teen Worker						0.00	5,800	464	6,264	13.94	0
Summer Teen Worker						0.00	4,908	393	5,301	11.80	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:	2.55	0.00	0.00	0.00	0.00	2.55	341082.00	64966.91	406048.91	287.06	40255.00

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 requestiong funding in this application, and the amount of time they will spend in each program.

	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024
Title of Staff Position*	Program A FTE**	Program B FTE**	Program C FTE**	Program D FTE**	Program E FTE**	Total FTE	Annualized Salary	Payroll Taxes and Fringe Benefits	Total Amount	Hourly Wage***	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
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						0.00			0	0.00	0
						0.00			0	0.00	0
_						0.00			0	0.00	0
						0.00			0	0.00	0
						0.00			0	0.00	. 0
						0.00			0	0.00	0
TOTAL:	2.55	0.00	0.00	0.00	0.00	2.55	341082.00	64966.91	406048.91	287.06	40255.00

^{*}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	2024 City Request
A	#REF!	PERSONNEL	40,255
		OTHER OPERATING	18,981
		SPACE	7,724
		SPECIAL COSTS	C
		TOTAL	66,960
В	#REF!	PERSONNEL	C
		OTHER OPERATING	C
		SPACE	C
		SPECIAL COSTS	(
		TOTAL	C
С	#REF!	PERSONNEL	(
		OTHER OPERATING	(
		SPACE	(
		SPECIAL COSTS	(
		TOTAL	(
D	#REF!	PERSONNEL	(
		OTHER OPERATING	(
		SPACE	(
		SPECIAL COSTS	(
		TOTAL	C
E	#REF!	PERSONNEL	(
		OTHER OPERATING	C
		SPACE	C
		SPECIAL COSTS	C
		TOTAL	O
	Т	OTAL FOR ALL PROGRAMS	66,960

APPLICATION FOR 2023 SCHOOL-AGE CHILD AND YOUTH PROGRAMS

1. ORGANIZATION CONTACT INFORMATION

Legal Name of Organization Wil-Mar Neighborhood Center, Inc. Mailing Address 504 S. Brearly Street (608) 257-4576 Telephone (608) 257-1052 FAX Director Gary Kallas, Executive Director Kristina Ellis, Youth Director garyk@wil-mar.org and kristina@wil-mar.org **Email Address Additional Contact** Nataschia Hanger **Email Address** stahcee@wil-mar.org Legal Status Private: Non-Profit

Federal EIN: 39-1796793

2. PROPOSED PROGRAMS		2024	If currently City funded
Program Name:	Letter	Amount Requested	2023 Allocation
After School/Summer Camp	Α	\$66,960	\$62,430
Contact: Kristina Ellis	•		
Festival Intern ProgramTeens	В	\$0	\$0
Contact: Gary Kallas	•		
Summer Camp EmploymentTeens	С	\$0	\$0
Contact: Gary Kallas	•		
	D		
Contact:	•		
	Е		
Contact:	-		

TOTAL REQUEST \$66,960

DEFINITION OF ACCOUNT CATEGORIES:

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

<u>Operating</u>: 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 costs.

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 agencies.

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. SIGNATUR	E			
Enter name:	Gary Kallas			
By entering yo	ur initials in the box you are elec	ctronically signing	your name and ag	reeing to the terms listed above.
DATE	5/11/2023	INITIALS:	GK	

6. 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.

						MADISON*	
DESCRIPTOR	ВО	ARD	STA	AFF	GENERAL	POVERTY	R/POV**
DESCRIPTOR	Number	Percent	Number	Percent	Percent	Percent	Percent
TOTAL	12	100%	24	100%			
GENDER							
MAN	4	33%	12	50%			
WOMAN	8	67%	12	50%			
NON-BINARY/GENDERQUEER	0	0%	0	0%			
PREFER NOT TO SAY	0	0%	0	0%			
TOTAL GENDER	12	100%	24	100%			
AGE							
LESS THAN 18 YRS	0	0%	7	29%			
18-59 YRS	10	83%	15	63%			
60 AND OLDER	2	17%	2	8%			
TOTAL AGE	12	100%	24	100%			
RACE							
WHITE/CAUCASIAN	10	83%	10	42%	80%	67%	16%
BLACK/AFRICAN AMERICAN	1	8%	12	50%	7%	15%	39%
ASIAN	0	0%	0	0%	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%	0	0%	3%	4%	26%
BALANCE/OTHER	1	8%	2	8%	1%	2%	28%
TOTAL RACE	12	100%	24	100%			
ETHNICITY							
HISPANIC OR LATINO	1	8%	2	8%	7%	9%	26%
NOT HISPANIC OR LATINO	11	92%	22	92%	93%	81%	74%
TOTAL ETHNICITY	12	100%	24	100%			
PERSONS WITH DISABILITIES	0	0%	0	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.

^{7.} 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.

8. AGENCY GOVERNING BODY

How many Board meetings were held in 2022

How many Board meetings has your governing body or Board of Directors scheduled for 2023?

How many Board seats are indicated in your agency by-laws?

9 11 7 to 15

List your current Board of Directors or your agency's governing body. Sarah Deadman Name Home Address 1846 Rutledge Street Vice President of Business Development Occupation Representing Chocolate Shoppe Ice Cream Term of Office From: 01/2023 To: 12/2023 Name Quinn Heneghan Home Address 701 Gilmore Street Non-Profit Consultant Occupation Urban Assests Representing Term of Office From: 01/2023 To: 12/2023 **David Hecht** Name Home Address 503 S. Dickinson Street Occupation Artist Representing Various Bands in Madison Term of Office From: 01/2023 To: 12/2023 Name **Bradley Tabor** Home Address 2717 Myrtle Street Occupation Branch Manager Heartland Crtedit Union Representing Term of Office From: 01/2023 To: 12/2023 Steve Silverberg Name Home Address 1147 Rutledge Street Occupation Developer Representing Own Term of Office From: 01/2023 To: 12/2023 Name **Tierney Chamberlain** 1009 E. Johnson Street apt 1 Home Address Occupation Hair Stylist Representing Own Term of Office From: 01/2023 To: 12/2023 Earl Madden Name Home Address 1209 Rutledge Street Retired Graphic Artist Occupation UW-Madison Representing Term of Office From: To: mm/yyyy mm/yyyy Name Home Address Occupation Representing Term of Office From: To: mm/yyyy mm/yyyy AGENCY GOVERNING BODY cont.

Name	Suzanna Valtierra
Home Address	3550 Anderson Street
Occupation	Youth Activities Coordinatot
Representing	MATC
Term of Office	From: 01/2023 To: 12/2023
Name	Sarah Catalano
Home Address	1047 Spaight Street
Occupation	Attorney
Representing	Own
Term of Office	From: 01/2023 To: 12/2023
Name	Colleen Hayes
Home Address	1242 Spaight Street
Occupation	Bike Coordinator
Representing	City of Madison
Term of Office	From: 01/2023 To: 12/2023
Name	Samantha Rae
Home Address	2302 Oakridge Avenue #1
Occupation	Teacher
Representing	City of Madison
Term of Office	From: 01/2023 To: 12/2023
Name	Drena Elfrink Hetzel
Home Address	610 Hudson Street
Occupation	Substitute teacher
Representing	City of Madison
Term of Office	From: 01/2023 To: 12/2023
Name	
Home Address	
Occupation	
Representing	
Term of Office	From: 01/2023 To: 12/2023
Name	
Home Address	
Occupation	
Representing	
Term of Office	From: mm/yyyy To: 12/2023
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