

**School-Age Child and Youth Development**

**2023 Request for Proposals**

**PART 2 - Program Narrative Form**

Submit Application to: [cddapplications@cityofmadison.com](mailto: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. Late applications will not be accepted*

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 [yshelton-morris@cityofmadison.com](mailto:yshelton-morris@cityofmadison.com) or Mary O’Donnell, Community Development Specialist [modonnell@cityofmadison.com](mailto:modonnell@cityofmadison.com). We are committed to assisting interested organizations understand and work through this application and funding process.

If you have any questions or concerns that are related to **technical aspects** of this document, including difficulties with text boxes or auto fill functions, please contact Jen Stoiber – [jstoiber@cityofmadison.com](mailto:jstoiber@cityofmadison.com)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legal Name of Organization: |  | Total Amount Requested for this Program: | | | $ |
| Program Name: |  | Total Program Budget: | | | $ |
| Program Contact: |  | Email: |  | Phone: |  |
| AGE Group and Program TYPE**:** Select ONE Program Type under ONE Age Group for this form. | | | | | |
| **Elementary**  Multi-focus School Year Only  Multi-focus Summer Only  Multi-focused Year Round  Topical/ Skill/Population  **Middle School**  Multi-focus School Year Only  Multi-focus Summer Only  Multi-focused Year Round  Topical/ Skill/Population  **High School**  Multi-focus School Year Only  Multi-focus Summer Only  Multi-focused Year Round  Topical/ Skill/Population  **PLEASE NOTE:** 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**
2. Need: 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.

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

1. Program Summary (3-5 sentences):

1. **POPULATION SERVED**
2. 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 this population was involved in the development of this program proposal.

1. 2022 Participant Demographics (if applicable):

|  |  |  |
| --- | --- | --- |
| Race | # of Participants | % of Total Participants |
| White/Caucasian |  |  |
| Black/African American |  |  |
| Asian |  |  |
| American Indian/Alaskan Native |  |  |
| Native Hawaiian/Other Pacific Islander |  |  |
| Multi-Racial |  |  |
| Balance/Other |  |  |
| Total: |  |  |
| Ethnicity |  |  |
| Hispanic or Latino |  |  |
| Not Hispanic or Latino |  |  |
| Total: |  |  |
| Gender |  |  |
| Boy/Man |  |  |
| Girl/Woman |  |  |
| Non-binary/GenderQueer |  |  |
| Prefer Not to Say |  |  |
| Total: |  |  |

1. Language Access and Cultural Relevance: 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.

1. Recruitment, Engagement, Intake and Assessment: 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.

**3. PROGRAM DESCRIPTION AND STRUCTURE**

1. Activities: 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.

1. Program Schedule: 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):** | | | |
| **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 |  |  |

Table 2

|  |  |  |  |
| --- | --- | --- | --- |
| **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.

1. Frequency, Duration and Anticipated Attendance: 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 |  |  |  |  |  |
| Summer |  |  |  |  |  |
| **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)

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

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

**4. Engagement, Coordination and Collaboration**

1. Family Engagement: 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.

1. Neighborhood/Community Engagement: 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.

1. Collaboration: 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)?** |
|  |  |  |  |
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List any additional partners, their role & responsibilities, contract person and MOU information (if applicable):

How do these partnerships enhance this proposal?

What are the decision-making agreements with each partner?

1. Resource Linkage and Coordination: 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?

**5. Program Quality, Outputs, Outcomes and measurement**

1. Madison Out-of-School Time (MOST) Effective Practices: 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 [MOST Effective Practices](https://mostmadison.org/sites/default/files/most/documents/MOSTEffectivePractices.pdf)? Are there any other program quality standards, tools or measurements that you use with this program? If yes, please list and describe.

1. Program Outputs - Unduplicated School-Age Children or Youth and Program Hours

Total Annual Unduplicated Children or Youth participating in proposed program**:**

Total program hours annually:

1. Program Outcomes

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

Please identify at least one Program Outcome 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:** | | | | |
| **Performance Standard** | **Targeted Percent** |  | **Targeted Number** |  |
| **Measurement Tool(s) and Comments:** | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Objective #2:** | | | | |
| **Performance Standard** | **Targeted Percent** |  | **Targeted Number** |  |
| **Measurement Tool(s) and Comments:** | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Objective #3:** | | | | |
| **Performance Standard** | **Targeted Percent** |  | **Targeted Number** |  |
| **Measurement Tool(s) and Comments:** | | | | |
|  | | | | |

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

1. 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?

**6. PROGRAM LOCATION**

A**.** Address(es) of the site where programs will occur:

**7. Program STAFFING AND RESOURCES:**

1. Program Staffing: Full-Time Equivalent (FTE) – Include employees, AmeriCorps members and Adult Interns with direct program implementation responsibilities. FTE = % of 40 hours per week.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  | SY,  SU or YR |  |  |
|  |  |  | SY,  SU or YR |  |  |
|  |  |  | SY,  SU or YR |  |  |
|  |  |  | SY,  SU or YR |  |  |
|  |  |  | SY,  SU or YR |  |  |
|  |  |  | SY,  SU or YR |  |  |
|  |  |  | SY,  SU or YR |  |  |
|  |  |  | SY,  SU or YR |  |  |
| **Please complete the total FTE for the applicable time period** | | **School Year:** |  |  |  |
| **Year-Round** |  |  |
| **Summer** |  |  |

\*Use one line per individual employee

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

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

**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](https://www.cityofmadison.com/dpced/community-development/contracts-funding/funding-opportunities).

**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.

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