11

**Youth Violence Prevention 2023**

**APPLICATION FORM**

Submit Application to: [cddapplications@cityofmadison.com](mailto:cddapplications@cityofmadison.com)

Deadline: 4:30 pm CST on **April 3rd 2023**

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

Please limit proposal and responses to spaces provided in this form. Responses should be complete and comprehensive but succinct. Materials submitted in addition to this application form will not be considered in the evaluation of the proposal. ***Do not attempt to unlock or alter this form.*** Font should be no less than 11 pt.

Please limit your proposal and responses to spaces provided in this form. Responses to this funding opportunity should be complete and comprehensive but succinct. Materials submitted in addition to this application form (unless otherwise asked for) will not be considered in the evaluation of the proposal. ***Do not attempt to unlock or alter this form.*** Font should be no less than 11 pt.

Complete and submit the application and other required documentation **BEFORE** the deadline. No late applications will be accepted.

If you have any questions **related to the content of the application**, please contact: Dominic Davis – [ddavis2@cityofmadison.com](mailto:ddavis2@cityofmadison.com) or Yolanda Shelton-Morris – [yshelton-morris@cityofmadison.com](mailto:yshelton-morris@cityofmadison.com)

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)

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| --- | --- | --- | --- |
| Legal Name of Organization: |  | Total Amount Requested: | $ |
| Program Name: |  | | |
| Brief Program Description: |  | | |
| Type of Program | New Program  Program Expansion | | |
| Contact Person: |  | Email: |  |
| EIN and DUNS # |  | | |
| Full Address: |  | Telephone: |  |
| 501 (c) 3 Status: | Yes  No | Fiscal Agent  (if applicable) |  |

**Target Population:** The target population for this funding opportunity is youth and young adults ages 14-26 who previously have been, currently are, or at-risk of being involved with the juvenile justice system.

Responses provided below should elaborate on the organization's experience working with this target population.

**Organizational Qualifications:**

1. Briefly describe your organization’s experience implementing services relevant to youth at risk of engaging in violence and/or youth violence prevention programming.

1. Describe how your agency will build relationships and authentically engage with individuals and households served. Specifically include information on previous strategies used to authentically engage with youth who are previously, currently, or at-risk of juvenile justice involvement, BIPOC, and/or low-income households and individuals.

**Program Design and Strategies:**

* 1. Describe your organization’s program and proposed service delivery plan including recruitment and selection of participants, individual assessment process, anticipated number to be served, who will be served, duration, location, and goals.

* 1. Describe the outreach/marketing and/or referral methods your organization intends to employ to generate participation in the program to reach the target population.

* 1. Describe how the program will facilitate the engagement of participants’ families in the program. How will the program work with families to improve outcomes for the youth?

* 1. Describe activities that will be provided to help build youth skill development and community connectedness for youth and their families.

* 1. Proposed Timeline for Implementation (please use an additional sheet if you need more room)

| **Activity** | **Estimated Start and Completion Dates** |
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**Staffing and Scale:**

1. Proposed service numbers: Please complete the table below. Include number of unduplicated participants to be served, adult to youth/young adult ratios, number of service hours to be provided and frequency of activities or meetings. If you are proposing to provide a summer 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.

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| --- | --- | --- | --- | --- | --- |
| **Youth & Young Adult Violence Prevention Programming** | **Frequency\* of Activities/Meetings** | **# of Service Hours**  **Per Program**  **Day** | **Annual Duration\*\*** | **Adult to Youth/Young Adult Ratio** | **Unduplicated Participants** |
| **Location(s):** | | | | | |
| Summer |  |  |  |  |  |
| **Location #2:** | | | | | |
| 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 with differences in the program structure as compared to the summer programs included in the table above.

1. Personnel: List all staff that will be working on the proposed program/project, including volunteers. (please use an additional sheet if you need more room)

| **Staff Title** | **FTE** | **Duties** |
| --- | --- | --- |
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1. Outcomes: Funded programs will be required to collect data and report on three outcome measures. Programs are encouraged to identify an additional outcome measure of interest. In the box below, describe the outcome measure and measurement tools and data collection process you might use to document and report the impact of your program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome Objective #1** |  | | | |
| **Performance Standard** | **Targeted Percent** |  | **Targeted Number** |  |
| **Actual Percent of Actual Total Enrollees** |  | **Actual Number** |  |
| **Measurement Tool(s) and Comments:** | | | | |
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| --- | --- | --- | --- | --- |
| **Outcome Objective #2** |  | | | |
| **Performance Standard** | **Targeted Percent** |  | **Targeted Number** |  |
| **Actual Percent of Actual Total Enrollees** |  | **Actual Number** |  |
| **Measurement Tool(s) and Comments:** | | | | |
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| --- | --- | --- | --- | --- |
| **Outcome Objective #3** |  | | | |
| **Performance Standard** | **Targeted Percent** |  | **Targeted Number** |  |
| **Actual Percent of Actual Total Enrollees** |  | **Actual Number** |  |
| **Measurement Tool(s) and Comments:** | | | | |
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**Cultural Relevance and Language Access**

1. Capacity and Strategies: Describe your organization’s capacity and strategies to ensure language access and cultural relevance for your target population.

1. Staff Demographics: Does the staffing of the program reflect the racial and cultural diversity of program participants? If not, what plans do you have to address this?

**Budget and Funding:**

*You may be asked to submit additional information on agency finances and/or your most recent audit statement.*

1. Project Budget:

| **BUDGET EXPENDITURES** | **TOTAL PROJECT COSTS** | **AMOUNT OF CITY $ REQUESTED** |
| --- | --- | --- |
| **A. Personnel Costs (Complete Personnel chart below)** |  |  |
| 1. Salaries/Wages (show detail above) |  |  |
| 2. Fringe Benefits and Payroll Taxes |  |  |
| **B. Program/Project Costs** |  |  |
| 1. Program/Project supplies and equipment |  |  |
| 2. Office Supplies |  |  |
| 3. Transportation |  |  |
| 4. Food |  |  |
| 5. Other (explain) |  |  |
| **C. Space Costs** |  |  |
| 1. Rent/Utilities/Telephone |  |  |
| 2. Other (explain) |  |  |
| **D. Special Costs** |  |  |
| 1. Other (explain): |  |  |
| 2. Other (explain): |  |  |
| **D. TOTAL (A + B + C +D)** |  |  |

1. Additional Information on Budget (if needed):

1. What percentage of total Agency Budget is this project?

1. Other Funding: What other funding do you anticipate pursuing if the project is expected to continue?