

**Older Adult Services**

**PART 1 – ORGANIZATION NARRATIVE FORM**

Submit Application to: cddapplications@cityofmadison.com

 **Deadline: 4pm July 1st, 2024**

*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 application and subsequent contract is for all organizations to present a set of opportunities within the umbrella of one contracted program for each service area, i.e. Case Management services, Culturally Relevant services, Information, Outreach and Referral services and Independent Living Support services. Only programs that involve different participants for that service area, 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 **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 or Garrett Tusler, Community Development Specialist gtusler@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 Garrett Tusler, gtusler@cityofmadison.com

**A NOTE REGARDING APPLICANT TYPE**

Every agency applying for funding must submit an organizational history narrative per program detailing their agency's background, mission, and vision. If your agency is applying for multiple programs, each program application must be submitted separately with all the required submission documents (See RFP Guidelines 1.2 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 complete and submit responses to questions 5-9 pertaining to partnership history, rationale for partner selection, division of roles and responsibilities, anticipated challenges, and any previous collaborations or partnerships. All other agencies participating in the joint application, listed in application as ‘joint/partner agency’, are still required to submit their organizational history narrative, as stated above.

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| --- | --- | --- | --- |
| Legal Name of Organization: |       | Total Amount Requested:  | $       |
| All program(s) connected to your organization:  | Program Name:      Applicant Type: Choose an item. | Amount Requested: $       |
|  | Program Type: Choose an item.List Program Partner(s) (if applicable):       Choose an item.,      , Choose an item.,      , Choose an item. |
|  | Program Name:      Applicant Type: Choose an item. | Amount Requested: $       |
|  | Program Type: Choose an item.List Program Partner(s) (if applicable):      , Choose an item.,      , Choose an item.,      , Choose an item. |
|  | Program Name:      Applicant Type: Choose an item. | Amount Requested: $       |
|  | Program Type: Choose an item.List Program Partner(s) (if applicable):       Choose an item.,       Choose an item.,       Choose an item.,       Choose an item. |
|  | Program Name:      Applicant Type: Choose an item. | Amount Requested: $       |
|  | Program Type: Choose an item.List Program Partner(s) (if applicable):       Choose an item.,       Choose an item.,       Choose an item. |
|  | * *If you are applying for more than four programs please contact Garrett Tusler gtusler@cityofmadison.com*
 |
| Contact Person for application (Joint Applications -Lead Org): |       | Email:       |
| Organization Address: |       | Telephone: |       |
| 501 (c) 3 Status: | [ ]  Yes [ ]  No | Fiscal Agent *(if no)* |       |

**Organizational Qualifications – All Applicants:**

1. Organization History and Mission Statement

1. Describe your organization’s experience implementing programming described in the Older Adult Services Policy Paper and Older Adult RFP Guidelines relevant to the programs you propose in this application. List all current older adult programs with their inception date.

1. Describe any significant changes or shifts at your agency since 2022 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”.

1. Describe your organization’s experience, education and training requirements for management and older adult services program staff. Include how you support these requirements and other professional development opportunities.

**JOINT/MULTI-AGENCY APPLICATIONS ONLY – Lead Agency Applicant responses**

**Program name:**

**Program type:** Choose an item.

**List All Joint/Partner Applicants for this Program:**

1. Provide a brief overview of your partnership history with the collaborating agency/agencies. When and how did this partnership begin, and what collaborative initiatives have you undertaken together in the past?

1. Explain the rationale behind choosing to partner with the specific agency/agencies identified in this application. What unique strengths or resources does each organization bring to the partnership, and how do these complement one another?

1. Describe the division of roles and responsibilities between your organization and the collaborating agency within the proposed program. How will each partner contribute to program design, implementation, and evaluation?

1. Outline any challenges or barriers you anticipate encountering as a result of the partnership, and how you plan to address these collaboratively.

1. Detail any previous collaborations or partnerships with other organizations serving older adults, if applicable. What lessons or insights have you gained from these experiences that will inform your approach to this partnership?