



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.

Legal Name of Organization:	African Center for Community Development, Inc.	Total Amount Requested:	\$ 25,000
All program(s) connected to your organization:	Program Name: Community ElderCare Applicant Type: Single Agency Application Program Type: Case Management Services List Program Partner(s) (if applicable): Choose an item., , Choose an item., , Choose an item.	Amount Requested: \$ 11,960	
	Program Name: Baobab Senior Circle Applicant Type: Single Agency Application Program Type: Culturally Relevant Services List Program Partner(s) (if applicable): , Choose an item., , Choose an item., , Choose an item.	Amount Requested: \$ 6520	
	Program Name: Community ElderConnect Applicant Type: Single Agency Application Program Type: Information, Outreach, and Referral Services List Program Partner(s) (if applicable): Choose an item., Choose an item., Choose an item., Choose an item.	Amount Requested: \$ 6,520	
	Program Name: Applicant Type: Choose an item. Program Type: Choose an item. List Program Partner(s) (if applicable): Choose an item., Choose an item., Choose an item.	Amount Requested: \$	
	➤ <i>If you are applying for more than four programs please contact Garrett Tusler gtusler@cityofmadison.com</i>		
Contact Person for application (Joint Applications - Lead Org):	Tunji Lesi	Email: tunji@africancentermadison.org	
Organization Address:	6314 Odana Road, Suite 14, Madison WI 53719	Telephone:	(608) 345-5002
501 (c) 3 Status:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fiscal Agent (if no)	

Organizational Qualifications – All Applicants:

1. Organization History and Mission Statement

Since the 1960s, Madison has become a home for African immigrants and refugees who have migrated here gradually for many reasons, including education, employment, immigration and family reunification. Many families settle in Madison seeking better opportunities for themselves and their children because of the robust resource

network, an established African community and a strong workforce. African immigrants are contributing significantly to Madison area's population growth and, currently, there are more than 10,000 African immigrant households in the Greater Madison Area alone. Since its operations in 2018, the ACCD has become the primary service provider for African immigrants and refugees in Madison, thanks to our caring and experienced staff, our board's strong connections within the African community, and organization's reputation in providing culturally competent services. Since its inception, the ACCD has built a lot of valuable partnerships in the community, including being a community partner to the City of Madison's Emergency Rental Assistance Program. As our community continues to expand, creating a tremendous need for our program and services, our organization remains strongly committed to its mission of "promoting the well-being of the African immigrant community of Madison and Dane County through education, service, entrepreneurship, empowerment, and dialogue".

2. 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.

ACCD has a significant experience in providing case management, information, referral and culturally relevant services. The vast majority of families we serve are from low-income households, many of whom are African-born immigrants and refugees with limited English proficiency (LEP). ACCD has established programs that also cater to the needs of older adults in our community:

Housing navigation and assistance: as the community partner of the City of Madison's Emergency Rental Assistance Program, ACCD provides in-person assistance with locating stable and affordable housing, completing apartment and financial application forms, and referral to community resources (food, affordable healthcare, clothing, health insurance, etc.).

Immigrant support: ACCD received a grant from the City of Madison in 2022 to start this program and a recent 2024 grant from the Rennebohm Foundation is helping to revamp support for community members and Madison residents. It provides wraparound assistance for immigrants, especially undocumented and new families, who desperately need assistance in meeting their basic needs and establishing their new lives. The program provides bus passes, financial assistance with immigration legal fees, grocery cards, connection to free/no-cost medical clinics and language support.

SAFE-CARE: established through a grant from Public Health Madison and Dane County (PHMDC), SAFE-CARE program works to increase awareness of domestic violence among immigrants and provide resources for intervention through sensitivity training for immigrant elders and faith leaders as well as distribution of informational materials in French, Arabic, Somali, Swahili and English to the public. The program also provides gas cards for victims of domestic violence who need to go to a shelter or find a safe place to stay.

Africa Talks Community lectures: Through partnership with the UW African Studies Program, this community lecture series brings together academic, community members and the public to discuss research relating to Africa and African and celebrate the rich cultural diversity in our community.

Annual Free Community Health Fair: Collaborating with the UW Swallowing and Salivary Bioscience Lab, the UW School of Nursing and other organizations, the ACCD recently organized its first free community health fair, that connected participants from Black and immigrant communities to 21 organizations for resources and public health studies. The provided memory, swallowing and blood pressure screenings for older adults.

3. 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".

ACCD works to meet the increasing needs of our expanding community. Over the next six months, our organization will be moving to a new space on the southside of Madison to increase accessibility to our services. In addition, our board of directors and key staff will be engaging in a 3-month strategic planning process with Dane County Extension

to increase our organizational capacity and position ACCD to be the anchor for family stability, empowerment and youth development among the African immigrants in Madison and Dane County.

4. 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.

ACCD staff are from different generations, have diverse cultural and language backgrounds and process unique immigrant experiences. Thanks to funding from WEDC Ally capacity building grant, ACCD's operational budget provides for continuous staff training in case management and program development to build their capacity to provide excellence customer service and mindful responses to the needs our diverse clients. Our older adult services will be led by a staff member who is a senior and can relate to older African immigrant seniors in our community.

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

Program name:

Program type: Choose an item.

List All Joint/Partner Applicants for this Program:

5. 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?
6. 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?
7. 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?
8. Outline any challenges or barriers you anticipate encountering as a result of the partnership, and how you plan to address these collaboratively.
9. 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?



Older Adult Services 2024 Request for Proposals PART 2 - Program Narrative Form

Submit Application to: cddapplications@cityofmadison.com

Deadline: 4:30 p.m. (CDT) on July 1st

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.

Joint/Multi-Agency Applicants

Only the designated 'lead agency' is required to submit the Program Narrative form on behalf of all identified partners listed in the application for applicants choosing to apply through a joint application.

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

Program Name:	Community ElderCare	Total Amount Requested for this Program:	\$ 11,960
---------------	---------------------	------------------------------------------	-----------

Legal Name of Organization:	African Center for Community Development, Inc.	Total amount Requested for Lead/Single Applicant	\$ 25,000
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:	Tunji Lesi	Email:	tunji@africancentermadison.org
		Phone:	(608) 345-5002
Program Type: Select ONE Program Type for this form.			
<input checked="" type="checkbox"/> Case Management Services <input type="checkbox"/> Culturally Relevant Services <input type="checkbox"/> Independent Living Support Services <input type="checkbox"/> Outreach, Information, and Referral Services			
<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>			

*Click or tap here to enter text.

1. PROGRAM OVERVIEW

- A. **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.

A lot of older adults were highly negatively impacted during the COVID-19 pandemic due to isolation and lack of connection to affordable community resources and wraparound care. With a mission to promote the wellbeing of African immigrants, the ACCD has identified the need to create a Community ElderCare program to provide quality personalized case management service to African immigrant seniors with little or no income and experiencing difficulty in accessing transportation, affordable senior housing, ethnically diverse foods, and affordable medical care and health insurance. Our team works hand-in-hand with older African immigrant adults to help them navigate resources to meet their primary needs.

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

This program aims to empower and provide wraparound care for low-income African seniors, who are mostly underserved, as they navigate community resources needed for their sustainability

- C. **Program Summary** (3-5 sentences):

Community ElderCare care program will be an empowerment and advocacy tool to support older African immigrant adults. ACCD staff will be assigned to program participants to provide regular check-ins, followups language and cultural support. ACCD staff will help participants connect with a range of services for older adults – housing, disability services, accessible transportation, healthcare, mental health, exercises, housing

support, affordable food, ethnic grocery stores, language assistance etc. The program will help prevent homelessness, reduce isolation and elder abuse among vulnerable immigrant seniors.

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 this population was involved in the development of this program proposal.

Community ElderCare will serve African immigrant seniors, age 55 and older, at or below 50% of Madison's Area Median Income, residing in the greater Madison area, have a limited understanding of the public/private resources available to them, and have limited English language skills.

- B. 2023 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		
Man		
Woman		
Non-binary/GenderQueer		
Prefer Not to Say		
Total:		

Comments (optional):

- C. Language Access and Cultural Relevance: Please describe how the proposed program will serve non-English speaking older adults. Describe how the proposed program will be culturally relevant to the population served.

Our program will provide African language interpretation and cultural support. In addition, ACCD staff will connect program participants to existing community networks for inclusion and community integrations.

- D. 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/or assessment procedure you will use for this program.

ACCD will recruit participants from the African immigrant community. Our staff will be present at community outreach, social gatherings and religious activities to provide information about the Baobab Senior Circle Program and register participants. There will be a pre- and post-participation surveys, weekly evaluation of Individual Service Plans and weekly followup call to participants and their caregivers and/or families.

3. PROGRAM DESCRIPTION AND STRUCTURE

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

ACCD staff will conduct in person intake and check-in meeting with participants and their caregivers. Staff will conduct weekly needs assessments and connect participants with appropriate resources.

- B. Program/Service 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

Day of the Week	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Table 2 (optional)

Day of the Week	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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.

4. ENGAGEMENT COORDINATION AND COLLABORATION

A. Family Engagement: Describe how your program will engage caregivers, guardians, and/or family of participants in the development of this proposal, and how they will be involved in the implementation and assessment of the program activities.

ACCD's programs are centered on the community engagement and building. There will be regular surveys and interviews for participants' care network and family to provide input and feedback on our services.

B. 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.

ACCD always works with all the cultural and national associations and religious groups within the African community. ACCD outreach officers will regularly engage community leaders on the program implementation and include their perspectives in the evaluation of our program's cultural responsiveness.

C. Collaboration: Please complete the table below and respond to the narrative questions regarding program collaboration with community partners.

Note: Agencies listing a partner/collaborator below in addition to any 'joint/partner applicant' (if applicable) for their program should include a letter of commitment/support from the agency partner highlighting the ways in which the agency will support the program.

Partner Organization	Role & Responsibilities	Contact Person	Signed MOU (Yes/No)?

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?

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

5. PROGRAM QUALITY, OUTPUTS, OUTCOMES AND MEASUREMENT

A. Program Outputs - Unduplicated Older Adults and/or Program Hours

Total Annual Unduplicated Older Adults served through proposed program/service: 75

Total program/service hours annually: 896

B. Program Outcomes

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

Participants will experience increased social inclusion and maintain a deep knowledge and appreciation of their cultures of origin.

Using the drop-down menu, please select the Program Outcome #2 for your proposed program(s), listed under each respective funding priority found in RFP Guidelines 1.6 Measurements of Success, that you will track and measure. Complete the table(s) below.

Outcome Objective #1: 75% of clients/participants report that the services/assistance they receive help them achieve the quality of life that they desire.				
Performance Standard	Targeted Percent	75%	Targeted Number	57
Measurement Tool(s) and Comments: Our program will evaluate its success using participation and caregiver pre- and post- meeting surveys, documentation and follow-up interviews. The ACCD case management database will be used to successfully capture and analyze participant outcomes, further helping us to understand our impact.				

Outcome Objective #2: Case Management Services Outcome - At least 75% of clients receiving case management services will access two or more of the resources identified in their Individual Service Plan (ISP).				
Performance Standard	Targeted Percent	75%	Targeted Number	57
Measurement Tool(s) and Comments: Our program will evaluate its success using participation and caregiver pre- and post- meeting surveys, documentation and follow-up interviews. The ACCD case management database will be used to successfully capture and analyze participant outcomes, further helping us to understand our impact.				

Outcome Objective #3 (optional):				
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:

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?

Pre- and post-participant surveys

Check-in documentation

Evaluation of Individual Service Plans

Caregiver and family interviews

Engagement sessions with community leaders to get their perspectives

6. PROGRAM LOCATION

- A. Address(es) of the site where programs/services will occur:
UW South Madison Partnership, 2238 S Park St, Madison WI 53713
- B. Drawing upon the insights outlined in RFP Guidelines 1.5 Equity Priority Areas, please elaborate on your agency's strategies for integrating this information into the development of your proposed program/service. Furthermore, please explain on how your program/service will effectively reach and support individuals residing within or in close proximity to Equity Priority Areas. If applicable, please list any collaborations with existing agencies dedicated to serving and/or operating within the identified areas.

There are a lot of African immigrants living on the northside, eastside and southside of Madison. The Darbo-Worthington neighborhood is nicknamed "Little Africa" because of the large number of Gambian and other African immigrants in the neighborhood.

The ACCD outreach team regularly joins community-wide events to connect with potential program participants and other service providers. In addition, email and WhatsApp have proven to be effective platforms for spreading information among immigrant populations and our communication reaches about 500 community members. We also conduct personal outreach to community leaders, local organizations, and other stakeholders to engage them in the community navigation process and encourage their participation.

7. PROGRAM STAFFING AND RESOURCES:

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

Position Title	Qualifications or Required Training	Location(s)
Program Manager	Holds a Masters degree, retired public servant and sits on the board of several community organizations 0.125 FTE per week	
Community Outreach Coordinator	Holds a Masters degree, sits on the board of a community organization, community organizer 0.1 FTE per week	
Community Outreach Officer	Holds Masters degree, graphic artist and sits on a board of a community organization 0.25 FTE per week	
Community Outreach Officer	Holds a CNA certification and an associate degree in Paralegal studies, is a community resource navigator 0.25 FTE per week	
Outreach & Communication Intern	Studies in community development 0.125 FTE per week	

--	--	--

*Use one line per individual employee

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

- B. Other program Resources/Inputs (such as program space, transportation or other resources necessary for the success of your program):
Provision of senior and disable bus pass to facilitate transportation for services.

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 program. The Cover Page, Organizations Overview and relevant Program Budgets must be submitted with this document for a proposal to be complete.

Joint/Multi-Agency Applications

- B. All Joint/Partner Agencies listed on page 2 of this Program Narrative form must also complete a Budget Narrative form to be submitted alongside all required materials.

The budget template and budget narrative 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.

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

APPLICATION FOR 2024 OLDER ADULT SERVICES PROGRAMS

1. ORGANIZATION CONTACT INFORMATION

Legal Name of Organization	African Center for Community Development, Inc.
Mailing Address	6314 Odana Road, Suite 14, Madison WI 53719
Telephone	(608) 294-0066
FAX	
Director	Tunji Lesi
Email Address	tunji@africancentermadison.org
Additional Contact	Esther Ama S. Ptak
Email Address	ama@africancentermadison.org
Legal Status	Private: Non-Profit
Federal EIN:	47-3458123

2. PROPOSED PROGRAMS

	2025		If currently City funded	
Program Name:	Letter	Amount Requested	2024 Allocation	Joint/Multi Application - SELECT Y/N
Community EderCare	A	\$11,960		
Contact:	Tunji Lesi, President, tunji@africancentermadison.org			
Community EderConnect	B	\$6,520		
Contact:	Tunji Lesi, President, tunji@africancentermadison.org			
Baobab Senior Circle	C	\$6,520		
Contact:	Tunji Lesi, President, tunji@africancentermadison.org			
	D			
Contact:				
	E			
Contact:				
TOTAL REQUEST		\$25,000		

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:

f costs.

t,

s.

ng
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	14	100%	7	100%		
GENDER							
MAN	10	71%	3	43%			
WOMAN	4	29%	4	57%			
NON-BINARY/GENDERQUEER		0%		0%			
PREFER NOT TO SAY		0%		0%			
TOTAL GENDER	14	100%	7	100%			
AGE							
LESS THAN 18 YRS		0%		0%			
18-59 YRS	10	71%	6	86%			
60 AND OLDER	4	29%	1	14%			
TOTAL AGE	14	100%	7	100%			
RACE							
WHITE/CAUCASIAN		0%	1	#REF!	80%	67%	16%
BLACK/AFRICAN AMERICAN	14	100%	6	14%	7%	15%	39%
ASIAN		0%		0%	8%	11%	28%
AMERICAN INDIAN/ALASKAN NATIVE		0%		0%	<1%	<1%	32%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		0%		0%	0%	0%	0%
MULTI-RACIAL		0%		0%	3%	4%	26%
BALANCE/OTHER		0%		0%	1%	2%	28%
TOTAL RACE	14	100%	7	100%			
ETHNICITY							
HISPANIC OR LATINO	0	0%	1	14%	7%	9%	26%
NOT HISPANIC OR LATINO	14	100%	6	86%	93%	81%	74%
TOTAL ETHNICITY	14	100%	7	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.

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)

7. AGENCY GOVERNING BODY

How many Board meetings were held in 2023	9
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?	15

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

Name	Adetunji Lesi			
Home Address	4409 Wakefield Street, Madison, WI 53711			
Occupation	CPA			
Representing	Black/African American			
Term of Office	2 years	From:	01/2024	To: 12/2026
Name	Abdulraman Abdi			
Home Address	1487 Thoreau Drive, Sun Prairie, WI 53590			
Occupation	Engineer			
Representing	Black/African American			
Term of Office	2 years	From:	01/2024	To: 12/2026
Name	Aaron Abraha			
Home Address	2844 Marledge Street, Madison, WI 53711			
Occupation	Transportation Services Administrator			
Representing	Black/African American			
Term of Office	2 years	From:	01/2024	To: 12/2026
Name	Vanessa Ineza			
Home Address	376 Crescendo Drive, Sun Prairie WI 53590			
Occupation	Business Development Manager			
Representing	Black/African American			
Term of Office	2 years	From:	01/2024	To: 12/2026
Name	Dr. Evelyn Hammond			
Home Address	922 E Eagle Heights, Madison, WI 53705			
Occupation	Evaluations Specialist			
Representing	Black/African American			
Term of Office	2 years	From:	01/2024	To: 12/2026
Name	Ray Kumapayi			
Home Address	1096 Duncannon Way, Sun Prairie WI 53590			
Occupation	Engineer			
Representing	Black/African American			
Term of Office	2 years	From:	01/2024	To: 12/2026
Name	Godwin Amegashie			
Home Address	2519 Richardson Street, Fitchburg, WI 53711			
Occupation	Business Consultant			
Representing	Black/African American			
Term of Office	2 years	From:	01/2024	To: 12/2026
Name	John Tembei			
Home Address	2648 Quartz Road, Fitchburg, WI 53711			
Occupation	Professor			
Representing	Black/African American			
Term of Office	2 years	From:	01/2024	To: 12/2026

AGENCY GOVERNING BODY cont.

Name	Hade Xaashi			
Home Address	3022 Edensway Road, Madison, WI 53719			
Occupation	Business Owner			
Representing	Black/African American			
Term of Office	2 years	From:	01/2024	To: 12/2026
Name	Oumar Keita			
Home Address	4121 Carberry Street, Madison, WI 53704			
Occupation	IT Professional			
Representing	Black/African American			
Term of Office	2 years	From:	01/2024	To: 12/2026
Name	Nyima Sannyang			
Home Address	5010 Esker Drive, Madison, WI 53704			
Occupation	Business Owner			
Representing	Black/African American			
Term of Office	2 years	From:	01/2024	To: 12/2026
Name	Jean-Rene Watchou			
Home Address	22 Camino Del Sol, Madison, WI 53704			
Occupation	International Outreach Director			
Representing	Black/African American			
Term of Office	2 years	From:	01/2024	To: 12/2026
Name	Aliko Songolo			
Home Address	310 Oldfield Road, Madison, WI 53717			
Occupation	Professor Emeritus			
Representing	Black/African American			
Term of Office	2 years	From:	01/2024	To: 12/2026
Name	Patricia Titti-Garfoot			
Home Address	2161 Springdale Center Road, Verona WI 53593			
Occupation	Cybersecurity Consultant			
Representing	Black/African American			
Term of Office	2 years	From:	01/2024	To: 12/2026
Name				
Home Address				
Occupation				
Representing				
Term of Office		From:		To:
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

****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	0						
UNITED WAY DANE CO	0						
CITY CDD (This Application)	25,000	11,960	6,520	6,520			
City CDD (Not this Application)	0						
OTHER GOVT*	0						
FUNDRAISING DONATIONS**	8,000	5,000	500	2,500			
USER FEES	0						
TOTAL REVENUE	33,000	16,960	7,020	9,020	0	0	0

*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 column

****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	51,614	25,000	25,807	11,960	12,904	6,520	12,903	6,520					
Taxes/Benefits	0	0											
Subtotal A.	51,614	25,000	25,807	11,960	12,904	6,520	12,903	6,520	0	0	0	0	0
B. OTHER OPERATING													
Insurance	0	0											
Professional Fees/Audit	0	0											
Postage/Office & Program	0	0											
Supplies/Printing/Photocopy	0	0											
Equipment/Furnishings/Depr.	0	0											
Telephone	0	0											
Training/Conferences	0	0											
Food/Household Supplies	0	0											
Travel	0	0											
Vehicle Costs/Depreciation	0	0											
Other	0	0											
Subtotal B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C. SPACE													
Rent/Utilities/Maintenance	0	0											
Mortgage Principal/Interest	0	0											
Depreciation/Taxes	0	0											
Subtotal C.	0	0	0	0	0	0	0	0	0	0	0	0	0
D. SPECIAL COSTS													
Assistance to Individuals	12,500	0	7,500	0	2,500	0	2,500	0					
Partner/Joint Agency/Agencies	0	0											
Contractors/Subcontractors	0	0											
Pymt to Affiliate Orgs	0	0											
Other	0	0											
Subtotal D.	12,500	0	7,500	0	2,500	0	2,500	0	0	0	0	0	0
TOTAL (A.-D.)	64,114	25,000	33,307	11,960	15,404	6,520	15,403	6,520	0	0	0	0	0

****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	2025	2025	2025
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
Community Program Manager	0.13	0.13	0.13			0.38	37,055	10,285	47,340	23.00	9,500
Community Outreach Coordinator	0.10	0.10	0.10			0.30	44,085	12,075	56,160	25.00	2,500
Community Outreach Officer	0.25	0.25	0.13			0.63	32,970	9,030	42,000	21.00	5,500
Community Outreach Officer	0.25	0.25	0.13			0.63	32,970	9,030	42,000	21.00	5,000
Communications and Outreach	0.13	0.25	0.13			0.50	15,600	3,354	18,954	15.00	2,500
						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
SUBTOTAL/TOTAL:	0.85	0.98	0.60	0.00	0.00	2.43	162680.00	43774.00	206454.00	105.00	25000.00

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

Title of Staff Position*	2025	2025	2025	2025	2025	2025	2025	2025	2025	2025	2025
	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
						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:	0.85	0.98	0.60	0.00	0.00	2.43	162680.00	43774.00	206454.00	105.00	25000.00

*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	2025 City Request
A	Community EderCare	PERSONNEL	11,960
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	11,960
B	Community EderConnect	PERSONNEL	6,520
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	6,520
C	Baobab Senior Circle	PERSONNEL	6,520
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	6,520
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			25,000