



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:	F.O.S.T.E.R. of Dane County	Total Amount Requested:	\$ 50,000
All program(s) connected to your organization:	Program Name: WE STILL MATTER 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: \$ 50,000
	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: \$
	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., Choose an item.		Amount Requested: \$
	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):	Jacquelyn Hunt, MA, CSAC	Email: FosterDaneCounty@gmail.com	
Organization Address:	700 Rayovac Dr., Ste #122, Madison, WI 53711	Telephone:	(608) 284-8716
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

F.O.S.T.E.R. (Families Overcoming Struggles To Encourage Resilience) of Dane County, was founded by Jacquelyn Hunt, MA, CSAC, 20 years ago. Ms. Hunt provides culturally relevant, strength based, and trauma informed care to the community most impacted by racial disparities. The vision of F.O.S.T.E.R. of Dane County is to ensure the stability/ability for strong, successful, and thriving Black families who are raising healthy and successful children, supporting their families, and who engage in their community in meaningful ways.

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.

Ms. Hunt already has been conducting outreach efforts to the senior community in the Burr Oaks Neighborhood, specifically at the Burr Oaks Senior Apartments. Her program has been providing small group gatherings, including social interaction time (cards and games), and health & wellness seminars (in conjunction with the UW “Get Moving” program).

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”.

"No changes".

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.

We have been serving this population for quite some time. The services were organically provided as a result of the COVID 19 Pandemic. We identified them as a more vulnerable population and began providing supportive services. Ms. Hunt is qualified to serve this population through her educational, professional, and personal experience. Ms. Hunt has also worked with multiple agencies in our community who target this population.

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

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:	We Still Matter Initiative	Total Amount Requested for this Program:		\$ 50,000
Legal Name of Organization:	F.O.S.T.E.R. of Dane County	Total amount Requested for Lead/Single Applicant		\$ 50,000
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:	Jacquelyn Hunt	Email:	FosterDaneCounty@gmail.com	Phone: 608-284-8716
Program Type: Select ONE Program Type for this form.				
<input type="checkbox"/> Case Management Services <input checked="" type="checkbox"/> Culturally Relevant Services <input type="checkbox"/> Independent Living Support Services <input type="checkbox"/> Outreach, Information, and Referral Services 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.				

*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.

Older adults are in need of communication and information, respect and social inclusion, and social participation, as identified by the AARP Livable Communities Eight Domains of Aging. Black residents in Dane County have higher rates of hospitalization for diabetes, high blood pressure, and heart failure. The increased burden from the chronic diseases is foundationally a result of an inequitable food system, economic inequality, and toxic stress caused by experiencing racism and discrimination. (10 year Update from Kids Forward). Community health workers are trusted community members or individuals with a close understanding of the community served who provide critical linkages between health/social services and the community in order to facilitate access (Minority Health Report). The Burr Oaks area has been identified as one of south Madison's Equity Areas.

- 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?

The goal of the We Still Matter program is to provide services and activities that can help older adults avoid disease and disability, maintain high physical and cognitive function and reduce social isolation. This program will implement activities to meet these needs. Older adults of color often face barriers to adequate health resources and this program will provide on-site access to meet some of those needs in this south Madison neighborhood. Ms. Hunt and her colleagues will develop relationships with the residents and will become someone they can trust.

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

The We Still Matter program will provide small group gatherings at the Burr Oaks Senior Apartments that will consist of social interactions (cards, games), and health and wellness seminars (health screenings, presentations by dietitians, nurses). A monthly outing to a movie theater will also be planned. These activities are aimed to improve the social well-being and reduce isolation of the residents, and to ensure equity in their health and wellness.

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.

The population of the Burr Oaks Senior Apartments is age 62 or older and low-income. There is a need in the older adult population, especially those of color, to have resources made available regarding avoiding and dealing with health challenges as well as improving social well-being/avoiding isolation. This population is mostly seniors of color

- 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.

We will allow non-English speaking individuals to participate at their level of comfort. We will not always have interpreters available but can use an App to translate. The initiative is geared to serving African American older adults meaning games being selected, staff providing services, and foods served, but all are welcome.

- 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.

We will have flyers posted in the building and request that tenants make sure their neighbors are informed. There will also be social media posts and people will also be notified by email and phone calls.

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.

There will be several components to this program: Social Interaction (card games, board games), Exercise/Movement/Falls Prevention (UW's Get Moving program), Health and Wellness Seminars (health screenings by UW School of Medicine and UW School of Nursing staff, nutritionist talks), Lunch Gatherings, and Monthly Outings (movie theater).

- 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	11am	3pm
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.

Caregivers, guardians, family members will be welcome to participate in these events. Their input regarding the program and activities will be encouraged. Also this will provide an opportunity for the aforementioned to take a break knowing their loved one is engaged in something meaningful and socially/emotionally beneficial.

- 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.

This initiative is intended for the residents of the Burr Oaks Senior Apartments. Their participation and feedback will be encouraged. Residents may have friends/relatives who could benefit from participation and they will be encouraged to participate. Other stakeholders may refer this initiative in an effort to support individuals who do not live in the complex. They will be free to complete the same surveys as the intended participants.

- 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)?
Perry Family Clinic	Interns will volunteer to provide health screenings	Aaron Perry	No

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

How do these partnerships enhance this proposal?

It will serve until we are able to establish this initiative and later request interns for it.

What are the decision-making agreements with each partner? N/A

- 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?

We will provide a healthy meal, household essentials, and gift cards. The resources will be available at each monthly gathering. Information will be provided via flyers and/or website resources. We will also provide information regarding other resources they may access. Flyers will be provided with contact information for the various 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: 25-50
 Total program/service hours annually: 100

- B. Program Outcomes

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

We will use surveys to gather data.

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: At least 75% of older adults served access Older Adult Activities programs that improve 1) their physical and mental health, 2) their ability to engage with their community, and/or 3) their ability to avoid disease and disability				
Performance Standard	Targeted Percent	75%	Targeted Number	25-50
Measurement Tool(s) and Comments: Survey				

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Outcome Objective #2: Choose an item.			
Performance Standard	Targeted Percent		Targeted Number
Measurement Tool(s) and Comments:			

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?

We will use an electronic database.

6. PROGRAM LOCATION

- A. Address(es) of the site where programs/services will occur:

Burr Oaks Senior Apartments, 2417 Cypress Way, 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.

The We Still Matter Initiative will take place at the Burr Oaks Senior Apartments, which is located in the Burr Oaks neighborhood, one of the identified Equity Priority Areas. A benefit of this program is that it will take place on-site, which will avoid any transportation challenges the residents may have.

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.

*Use one line per individual employee

Position Title	Qualifications or Required Training	Location(s)
Executive Director .25	MA, CSAC	FOSTER of Dane County
Administration Specialist .25	High School Graduate or Higher	Madison, WI

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

Volunteers will have served in other volunteer capacities with FOSTER and are familiar with our level of integrity as it relates to serving individuals in our other programs.

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

F.O.S.T.E.R. of Dane County will provide In-Kind contributions towards this program. Since the administrative functions of this program will be conducted in the F.O.S.T.E.R. office, these contributions will include office rent, utilities, and insurance. Also F.O.S.T.E.R.'s twice monthly food pantry will provide food, fresh fruits, and vegetables to participants as needed. We also have a Thanksgiving Food basket giveaway as well as Christmas Baskets and gifts that each participant may receive as well. And the most important thing that F.O.S.T.E.R. will make accessible to participants is that they will have access to a licensed counselor in the event that their life requires some supportive counseling. We are able to offer this support as well as make referrals to other community partners.

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	F.O.S.T.E.R. of Dane County
Mailing Address	700 Rayovac Dr., Suite #122, Madison, WI 53711
Telephone	(608) 284-8716
FAX	
Director	Jacquelyn Hunt, MA, CSAC
Email Address	fosterdanecounty@gmail.com
Additional Contact	Johnetta Walters
Email Address	jwalters@fosterofdanecounty.org
Legal Status	Private: Non-Profit
Federal EIN:	825380849

2. PROPOSED PROGRAMS

	2025		If currently City funded	
Program Name:	Letter	Amount Requested	2024 Allocation	Joint/Multi Application - SELECT Y/N
We Still Matter	A	\$50,000		No
Contact:	Jacquelyn Hunt			
	B			
Contact:				
	C			
Contact:				
	D			
Contact:				
	E			
Contact:				
TOTAL REQUEST		\$50,000		

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	POVERTY	R/POV**
					Percent	Percent	Percent
TOTAL	4	100%	1	100%			
GENDER							
MAN	1	25%		0%			
WOMAN	3	75%	1	100%			
NON-BINARY/GENDERQUEER		0%		0%			
PREFER NOT TO SAY		0%		0%			
TOTAL GENDER	4	100%	1	100%			
AGE							
LESS THAN 18 YRS	0	0%	0	0%			
18-59 YRS	3	75%		0%			
60 AND OLDER	1	25%	1	100%			
TOTAL AGE	4	100%	1	100%			
RACE							
WHITE/CAUCASIAN	1	25%		0%	80%	67%	16%
BLACK/AFRICAN AMERICAN	3	75%	1	100%	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	4	100%	1	100%			
ETHNICITY							
HISPANIC OR LATINO	0	0%		0%	7%	9%	26%
NOT HISPANIC OR LATINO	4	100%	1	100%	93%	81%	74%
TOTAL ETHNICITY	4	100%	1	100%			
PERSONS WITH DISABILITIES	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)

Yes

7. AGENCY GOVERNING BODY

How many Board meetings were held in 2023

None

How many Board meetings has your governing body or Board of Directors scheduled for 2024?

Two

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

--

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

Name	Carlotta Calmese			
Home Address	3109 Todd Dr., Madison, WI 53711			
Occupation	Retired			
Representing				
Term of Office		From: 06/2022	To: Present	
Name	Tracy Russell			
Home Address	5640 Kinsale Dr., Fitchburg, WI 53711			
Occupation	Doula			
Representing				
Term of Office		From: 06/2022	To: Present	
Name	Brandon Spencer			
Home Address	3815 Tribeca Dr., #402, Middleton, WI 53592			
Occupation	Youth Program Director			
Representing				
Term of Office		From: 06/2022	To: Present	
Name	Nancy Wrenn Bauch			
Home Address	414 Shepherd Terrace, Madison, WI 53704			
Occupation	Retired			
Representing				
Term of Office		From: 06/2022	To: Present	
Name	Jacquelyn Hunt			
Home Address	3910 Dallas Dr., Madison, WI 53719			
Occupation	Founder/CEO of F.O.S.T.E.R. of Dane County			
Representing				
Term of Office		From: 06/2022	To: Present	
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	
Name				
Home Address				
Occupation				
Representing				
Term of Office		From: mm/yyyy	To: mm/yyyy	

AGENCY GOVERNING BODY cont.

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

Name

Home Address

Occupation

Representing

Term of Office

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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)	50,000	50,000					
City CDD (Not this Application)	0						
OTHER GOVT*	0						
FUNDRAISING DONATIONS**	0						
USER FEES	0						
TOTAL REVENUE	50,000	50,000	0	0	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.

****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
Executive Director	0.25					0.25	16,250	8,207	24,457	31.25	24,457
Administrative Assistant	0.25					0.25	10,400		10,400	20.00	10,400
						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
SUBTOTAL/TOTAL:	0.50	0.00	0.00	0.00	0.00	0.50	26650.00	8207.00	34857.00	51.25	34857.00

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.**

	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
						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
						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:	0.50	0.00	0.00	0.00	0.00	0.50	26650.00	8207.00	34857.00	51.25	34857.00

*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	We Still Matter	PERSONNEL	34,857
		OTHER OPERATING	12,000
		SPACE	0
		SPECIAL COSTS	3,143
		TOTAL	50,000
B	0	PERSONNEL	0
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	0
C	0	PERSONNEL	0
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	0
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			50,000