



School-Age Child and Youth Development Services PART 1 – ORGANIZATION NARRATIVE FORM

Submit Application to: cddapplications@cityofmadison.com

Deadline: 4:30 pm CDT, MAY 15, 2023

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

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 age group, i.e. elementary, middle and high school. Only programs that involve different participants for that age group, 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 Mary O'Donnell, Community Development Specialist modonnell@cityofmadison.com. We are committed to assisting interested organizations understand and work through this application and funding process.

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

Legal Name of Organization:	Black Girl Magic Educational Services	Total Amount Requested:	\$
Program(s) included in this application:	Program Name:	Amount Requested: \$	
	Program Type: Choose an item.		
	Program Name:	Amount Requested: \$	
	Program Type: Choose an item.		
	Program Name:	Amount Requested: \$	
	Program Type: Choose an item.		
➤ <i>If you are applying for more than four programs please contact Jennifer Stoiber at jstoiber@cityofmadison.com</i>			
Contact Person:		Email:	
Organization Address:		Telephone:	
501 (c) 3 Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fiscal Agent (if no)	

Organizational Qualifications:

1. Organization History and Mission Statement

History: Black Girl Magic Services started out as a conference founded by Madison native, proud MMSD graduate and educator Rosa Thompson in 2017. Rosa and Maria Loy, co-conspirator, were classroom teachers running the affinity group, the Oya Sisters through a partnership with Natural Circles of Support for Black and Multiracial girls at Hawthorne Elementary School. They came up with the idea to have a space for Black girls across the school district to be celebrated and learn from one another. In 2018, the one day conference for MMSD 4th - 8th grade Black, African American and Multiracial girls consisted of inspirational guest speakers, dynamic breakout sessions, lively DJ, fitness classes and many more activities that affirm the girls' sense of pride in their culture and confidence in their intelligence, culture and abilities. Since the first Black Girl Magic Conference, the attendance has grown significantly from 80 girls to more than 1,000 girls. Recognizing the need for opportunities beyond a one day conference, Rosa founded Black Girl Magic Educational Services for more consistent ongoing experiences for Black Girls.

Mission Statement: Black Girl Magic Educational Services Inc. provides opportunities to celebrate young Black girls by creating enriching experiences led by Black women, surrounding the girls with other beautiful Black girls like themselves, and captivating the joy and magic that makes Black girls special. Our core values are Empowerment, Leadership, Community, and Authenticity.

- Empowerment- Provide opportunities for the girls to let their natural gifts shine, with whatever support is needed from committed adults.
- Leadership- Keeping youth voice and decision-making at the center of our organization.
- Community- Forming a safe and welcoming environment for Black girls to thrive and interact with other Black girls and women.
- Authenticity- Creating spaces where girls can authentically and unapologetically be themselves and see themselves for what they can be.

2. Describe your organization's experience implementing programming described in the School-Age Child and Youth Development Service Continuum and relevant to the programs you propose in this application. List all current school-age child and youth programs with their inception date.
3. Describe any significant changes or shifts at your agency since 2019 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".
4. Describe your organization's experience, education and training requirements for management and school-age child and youth program staff. Include how you support these requirements and other professional development opportunities.



School-Age Child and Youth Development 2023 Request for Proposals PART 2 - Program Narrative Form

Submit Application to: cddapplications@cityofmadison.com

Deadline: 4:30 p.m. (CDT) on **May 15, 2023**

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

Part 2 – Program Narrative Form MUST be completed for EACH PROGRAM for which you are asking for funds.

Responses to this RFP should be complete but succinct. Materials submitted in addition to Part 1 - Organization Narrative, Part 2 - Program Narrative(s) and Part 3 - Budget Narrative will not be considered in the evaluation of this proposal. *Do not attempt to unlock/alter this form.* Font should be no less than 11 pt.

If you need assistance related to the **content of the application** or are unclear about how to respond to any questions, please contact CDD staff: Yolanda Shelton-Morris, Community Resources Manager yshelton-morris@cityofmadison.com or Mary O’Donnell, Community Development Specialist modonnell@cityofmadison.com. We are committed to assisting interested organizations understand and work through this application and funding process.

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Legal Name of Organization:	Black Girl Magic Educational Services	Total Amount Requested for this Program:		\$ 20,000
Program Name:	Black Girl Magic Sister Circles	Total Program Budget:		\$ 138,000
Program Contact:	Rosa Thompson	Email:	rosathompson@bgmesinc.com	Phone: 608-622-6845

AGE Group and Program TYPE: Select ONE Program Type under ONE Age Group for this form.

Elementary

- | | |
|---|---|
| <input type="checkbox"/> Multi-focus School Year Only | <input type="checkbox"/> Multi-focus Summer Only |
| <input type="checkbox"/> Multi-focused Year Round | <input checked="" type="checkbox"/> Topical/ Skill/Population |

Middle School

- | | |
|---|--|
| <input type="checkbox"/> Multi-focus School Year Only | <input type="checkbox"/> Multi-focus Summer Only |
| <input type="checkbox"/> Multi-focused Year Round | <input type="checkbox"/> Topical/ Skill/Population |

High School

- | | |
|---|--|
| <input type="checkbox"/> Multi-focus School Year Only | <input type="checkbox"/> Multi-focus Summer Only |
| <input type="checkbox"/> Multi-focused Year Round | <input type="checkbox"/> Topical/ Skill/Population |

PLEASE NOTE: Separate applications are required for each age group and distinct/stand-alone program. Programs are considered distinct/stand-alone if the participants, staff and program schedule are separate from other programs, rather than an activity or pull-out group.

1. PROGRAM OVERVIEW

- 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.

Black girls are too often over-disciplined compared to their white peers, disengaged from school, and misunderstood by teachers and administrators. Behavioral and academic data from MMSD shows that the current systems are not meeting the needs of Black girls. Black Girl Magic Educational Services acts as an early intervention program to support Black Girls in their school and community context. We approach this data with a growth mindset, and not a deficit lens. The girls and their families have everything they need inside of them, they just haven't been given the support and external resources they need to thrive.

- 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 theory of change is if BGMES provides additional social-emotional, academic, and community support to Black and Multiracial girls in the form of girls' groups and the culminating conference, then we will see an increase in attendance and engagement in school and within other community-based programs and set them up to be successful in middle and high school and beyond.

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

Black Girl Magic Educational Services provides free academic and enrichment programs while removing all barriers for participation for elementary age Black Girls. The Black Girl Magic Sister Circle Girls Groups provide a space for Black girls to create positive relationships between school and community adult facilitators and students, while strengthening the natural circles of support that the girls already possess and providing additional resources to nurture success in the school and the community. The groups will meet weekly and focus on positive identity development, leadership skills, mental health, cultural representation, the arts, and STEM. There will also be quarterly opportunities for the girls and their parents/guardians to support each other, learn together, and voice

questions and concerns. This project will allow Black Girl Magic Educational Services to provide support to increase the capacity of school and community staff to facilitate group meetings.

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.

Black Girl Magic Educational Services will provide programming for 4th - 5th grade girls who identify as Black, African, or Multiracial. As an expansion of our current programming, we have targeted programming within the Leopold neighborhood. The Leopold neighborhood has concentrated housing for residents with low income. The neighborhood elementary school is a community school, so this site provides the ability to work within established systems to provide additional support for Black girls and their families.

- B. 2022 Participant Demographics (if applicable):

Race	# of Participants	% of Total Participants
White/Caucasian		
Black/African American	171	85.5
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
Multi-Racial	29	14.5
Balance/Other		
Total:	200	
Ethnicity		
Hispanic or Latino		
Not Hispanic or Latino		
Total:		
Gender		
Boy/Man		
Girl/Woman	200	100
Non-binary/GenderQueer		
Prefer Not to Say		
Total:	200	

- C. Language Access and Cultural Relevance: Please describe how the proposed program will serve non-English speaking youth and/or their families. Describe how the proposed program will be culturally relevant to the population served.

BGMES Inc. creates consistent spaces to validate and affirm Black, African-American and Multiracial girls in the Madison area. Within those spaces, our goal is to create academic and enrichment programming that is relevant and engaging and builds on and expands the knowledge that they already possess. Our programs promote Black girl empowerment and self-love, encourage academic and social-emotional success and to introduce positive role models from within our own community to school aged black girls. The Black Diaspora is rich and diverse. BGMES Inc. values the diversity with the community and inclusiveness of Black immigrant (Gambian/ Senegalese) families and English as a second language speaking families. Many - African families.

- 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 assessment procedure you will use for this program.

We will deploy a multi pronged engagement strategy- social media, word of mouth, and our signature conference. We will also work with local groups for nominations by teachers/paraprofessionals who gauge the interest of Black girls at their school/community center. BGMES Inc. then provides a

presentation of the mission, core values and programming at a sponsored family engagement event which includes food & transportation for families. The goal is to host most events in the neighborhoods they serve.

3. PROGRAM DESCRIPTION AND STRUCTURE

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

The Black Girl Magic Educational Services Sister Circle groups will meet weekly during the week day and focus on positive identity development, leadership skills, mental health, cultural representation, and more. There will also be quarterly opportunities for the girls and their parents/guardians to support each other, learn together, and voice questions and concerns. These opportunities include BGM Saturdays which is a monthly enrichment opportunities with a different focus such as STEM, Art, Black History, Goal setting, community building. These Saturdays allow for girls from other sites from around the Madison area to come together to learn, grow, and create new friendships.

- B. **Program Schedule:** If you are proposing to provide a program at more than one location and the program schedule is the same for all locations, please list all of the locations in the “Location(s)” cell in Table 1 below. If the program schedules vary amongst locations, please complete Table 2 and the question following the tables.

Table 1

Location(s):			
Day of the Week	Time of Year	Start Time	End Time
Monday	School Year		
	Summer		
Tuesday	School Year		
	Summer		
Wednesday	School Year	After school	2 hours after start
	Summer		
Thursday	School Year		
	Summer		
Friday	School Year		
	Summer		
Saturday	School Year		
	Summer		
Sunday	School Year		
	Summer		

Table 2

Location(s):			
Day of the Week	Time of Year	Start Time	End Time
Monday	School Year		
	Summer		
Tuesday	School Year		
	Summer		
Wednesday	School Year		
	Summer		

Thursday	School Year		
	Summer		
Friday	School Year		
	Summer		
Saturday	School Year		
	Summer		
Sunday	School Year		
	Summer		

If applicable, please list the third location and any subsequent locations. Include the specific program schedule(s) differences as compared to the programs included in the tables above.

- C. Frequency, Duration and Anticipated Attendance: Please complete the table below. If you are proposing to provide a program at more than one location and the program structure is the same for all locations, please list all of the locations in the “Location(s)” cell in the table below. If the program structure varies amongst locations, please complete the rows for “Location #2” and the question following the table for any additional program locations.

	Frequency*	# of Program Hours Per Program Day	Annual Duration**	Adult to Youth Ratio	Anticipated Average Attendance per Program Day
Location #1: Leopold Elementary School					
School Year	Once a week	min 2		1 to 10	20
Summer					
Location #2 (if applicable):					
School Year					
Summer					

*Frequency=number of times per week, month, year (i.e. 5 days per week, 2x per month, 4x per year)

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

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

4. ENGAGEMENT, COORDINATION AND COLLABORATION

- A. Family Engagement: Describe how your program will engage parents/guardians and families in the development of this proposal, and how they will be involved in the implementation and assessment of the program activities.

Community and empowerment are two of our core values. We draw upon the strengths of families in the intentional design of our programming. Our two generational model includes youth and their families in the strategic planning, intentional design, and program implementation to foster a belonging and ownership. As a result of consistent family engagement, we began hosting family fun nights to support and strengthen relationships with families, schools, and community stakeholders. These nights provide opportunities for families to engage with stakeholders in an unstructured informant to cultivate cross-cultural relationships and collaboration. Our board of directors includes at least one parent member to facilitate consistent engagement.

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.

Our intentional program development and design centers youth and family voice. These voices include cohorts of members who live and work in neighborhoods. Our model includes school based professionals to ensure two way communication about needs, design, and implementation. This also provides stability and continuity in the development of relationships with youth and their families. We intentionally include para- professionals in our staffing model to leverage additional economic resources and mitigate high turnover rates and burn out in implementation of programming.

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

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

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

Over the years Black Girl Magic Educational Services has developed and maintained strong collaborative relationships with other community based organizations, schools, post-secondary educational institutions and private business. As resources are limited and needs are expansive, partnering with other CBOs such as Maydm, CEOs of Tomorrow, and Seeing is Believing allows us (3 Black Women Lead organizations) to leverage financial and community resources. In addition to partnering with each other, the organizations work with each other to schedule events on different days in order to provide youth and families with more robust experiences. Other community partnerships include Black sororities, civic, and professional groups such as the Madison Links Inc, Mocha Moms, and Urban League Young Professionals network; we are able to recruit and sustain active volunteers. For example, Mocha Mom’s has a national partnership with LPGA that we were able to leverage at the local level with First Tee Wisconsin to provide a family fun night that exposes youth to the sport of golf. Other fun exposure activities include paddle boats at Brittingham park, Boulders climbing gym, and Madison Children’s Museum. Partnerships with schools and institutions of higher education have provided free facilities use, and high quality evaluation of our model.

How do these partnerships enhance this proposal?

Strong community and family partnerships are the crux of our sustainability model. We believe that mitigation of competing and duplicative programming will allow us to provide robust offerings of structured and unstructured opportunities for youth. Additionally, partnerships allow us to extend our capacity to decrease the burn out rate.

What are the decision-making agreements with each partner?

Our decision making agreements are on a case by case basis. Some are with formal MOUs and others emerge through mutual beneficial event planning. This flexibility allows us to provide activities for Black Youth as they emerge.

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

Part of our standard operating procedure for programming includes transportation (taxis) and a meal for each programming event. Depending upon the situation of each family, Black Girl Magic often provides problem solving and advocacy around needs and resources. This may include finding a tutor to

help with summer slide, or in some cases reaching out to partners for a soft hand off with organizations such as Joining forces for Families and the Road Home.

5. PROGRAM QUALITY, OUTPUTS, OUTCOMES AND MEASUREMENT

A. Madison Out-of-School Time (MOST) Effective Practices: Please describe how each of the seven basic elements are addressed by your proposed program design. How will you monitor the program during implementation to assess continued alignment with the MOST Effective Practices? Are there any other program quality standards, tools or measurements that you use with this program? If yes, please list and describe.

1. Intentional Program Design- We offer a variety of activities that foster the development of knowledge and skills that link to program goals. We Set clear, focused goals that are aligned with our mission and are responsive to family/ community needs. Through our strength based youth advisory board, take initiative, explore and be creative

2. Supportive Relationships with Youth- as an affinity space, we believe in and focus on the development of the full potential. Authenticity is a core value in which we enact through reliable, ongoing interactions built on trust. We also empower youth through employment -- A small group of girls who work for BGMES at the events to gain leadership and build their resume.

3. Youth Voice and Leadership: Our Youth advisory board empowers youth to co-create our intentional program design. Youth also complete a survey at each programming event for ongoing feedback and reflection.

4. Racial & Cultural Inclusion: Black Girl Magic is dedicated to the rich diversity with the Black Diaspora. We value cultural diversity at all levels of the organization.

5. Community & Family Engagement- we ensure that families have meaningful opportunities to influence program development and program continuous improvement. We facilitate ongoing meaningful partnerships with family, school, and community.

6. Organizational Management and Staff Support- as a small yet mighty team of highly motivated staff, board members, and volunteers, the mission is understood by all. A key feature of our success includes implementing ongoing collection of data and evaluation for programs' growth and improvement so that we have sufficient and appropriate materials to support program activities.

7. Environment and Safety: Community is a core value of BGMES Inc. This means forming a safe and welcoming environment for Black girls to thrive and interact with other Black girls and women. We provide an engaging and developmentally appropriate environment to enhance the emotional and physical well-being of the participants.

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

Total Annual Unduplicated Children or Youth participating in proposed program: At least 30 Leopold neighborhood 4th and 5th grade Black girls.

Total program hours annually: Total program hours annually: min 75 hours (2 meetings twice a month for for 9 months) our projected total program hours is around 150 including weekly meetings and quarterly enrichment opportunities.

C. Program Outcomes

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

Please identify at least one Program Outcome for your proposed program(s), from the RFP Guidelines 1.4, that you will track and measure. Complete the table(s) below.

Outcome Objective #1: Increase in value, belonging, and representation				
Performance Standard	Targeted Percent	40	Targeted Number	8
Measurement Tool(s) and Comments: student culture and climate survey administered before beginning groups and at the start of the program year and conclusion of the program year.				

Outcome Objective #2: Increase in student engagement: School attendance and group				
Performance Standard	Targeted Percent	90	Targeted Number	18
Measurement Tool(s) and Comments: Trends and patterns of attendance before, during, and after participating in the groups. Consistent attendance on group days.				

Outcome Objective #3: Increase of community relationships				
Performance Standard	Targeted Percent	75	Targeted Number	15
Measurement Tool(s) and Comments: 75% increase of community stakeholders connectedness with black girls and their families. Survey to community stakeholders administered at the start of the program year and conclusion of the program year.				

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

- D. **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 currently collect data through electric surveys of each activity. To assess the participation of the girls, we will keep records of all attendees and keep track of who is returning and if we are increasing the number of participants with each event. We use National Equity Projects’s Co-Pilot data collection as a way to survey girls and have data points that elevate student voice. Our goals are to increase participation and engagement, strengthen community amongst the girls, strengthen social skills, provide free enrichment opportunities, foster interests in diverse activities. We are in talks with various groups for evaluation support to strengthen our methods and analysis of data.

6. PROGRAM LOCATION

- A. Address(es) of the site where programs will occur:
Proposed address: Leopold Elementary School 2602 Post Rd, Madison, WI 53713

7. PROGRAM STAFFING AND RESOURCES:

- A. **Program Staffing:** Full-Time Equivalent (FTE) – Include employees, AmeriCorps members and Adult 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)	Indicate School Year (SY), Summer (SU) or Year-Round (YR)	SY or YR FTE	Summer Only FTE
Facilitator			<input checked="" type="checkbox"/> SY, <input type="checkbox"/> SU or YR <input type="checkbox"/>	.5	
Facilitator			<input checked="" type="checkbox"/> SY, <input type="checkbox"/> SU or YR <input type="checkbox"/>	.5	
Program Manager			<input type="checkbox"/> SY, <input type="checkbox"/> SU or YR <input checked="" type="checkbox"/>	.2	
			<input type="checkbox"/> SY, <input type="checkbox"/> SU or YR <input type="checkbox"/>		
			<input type="checkbox"/> SY, <input type="checkbox"/> SU or YR <input type="checkbox"/>		
			<input type="checkbox"/> SY, <input type="checkbox"/> SU or YR <input type="checkbox"/>		
			<input type="checkbox"/> SY, <input type="checkbox"/> SU or YR <input type="checkbox"/>		
			<input type="checkbox"/> SY, <input type="checkbox"/> SU or YR <input type="checkbox"/>		
Please complete the total FTE for the applicable time period	School Year:			1	
	Year-Round			.2	
	Summer				

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

Volunteers are Preferably Black women who have a connection to the school and/or community, be visible in the school building to make connections with students and teachers, have skills in community building, restorative justice, or circles, or be willing to learn, and have a passion for working with Black girls. They are usually a trusted individual with a school or another CBO or referred by a partner. Everyone must complete the mandatory reporter training in addition to our onboarding process. . Each volunteer must pass a background check. They then trained on our core curriculum with quarterly professional development. BGMEs usually has a staff member on site for direct programming.

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

Program space will be with in kind facilities. We will provide taxi transportation, and food for each meeting.

8. BUDGET

- A. The budget should be submitted with the proposal using the template provided in an Excel document or a PDF. There are five tabs within the Excel spreadsheet: Cover Page, Organization Overview and one sheet for the Program Budget for each age group. The Cover Page, Organizations Overview and relevant Program Budgets must be submitted with this document for a proposal to be complete.

The budget template can be found on the [CDD Funding Opportunities website](#).

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 2023 SCHOOL-AGE CHILD AND YOUTH PROGRAMS

1. ORGANIZATION CONTACT INFORMATION

Legal Name of Organization	Black Girl Magic Educational Services		
Mailing Address	5309 Golden Leaf Trl Madison, Wisconsin 53704		
Telephone	608-622-6845		
FAX	NA		
Director	Rosa Thompson		
Email Address	rosathompson@bgmesinc.com		
Additional Contact			
Email Address			
Legal Status	Private: Non-Profit		
Federal EIN:	86-2578506		

2. PROPOSED PROGRAMS

Program Name:	2024		If currently City funded
	Letter	Amount Requested	2023 Allocation
Black Girl Magic Elementary Sister Contact: Rosa Thomopson	A	\$20,000	
Black Girl Magic Middle School Sister Contact:	B	\$20,000	
Contact:	C		
Contact:	D		
Contact:	E		
Contact:			
TOTAL REQUEST		\$40,000	

DEFINITION OF ACCOUNT CATEGORIES:

Personnel: Amount reported should include salary, taxes and benefits. Salary includes all permanent, hourly and seasonal staff costs. 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 costs.

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 agencies.

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:

6. 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	8	100%	8	100%		
GENDER							
MAN	0	0%	0	0%			
WOMAN	8	100%	8	100%			
NON-BINARY/GENDERQUEER	0	0%	0	0%			
PREFER NOT TO SAY	0	0%	0	0%			
TOTAL GENDER	8	100%	8	100%			
AGE							
LESS THAN 18 YRS	0	0%		0%			
18-59 YRS	8	100%	8	100%			
60 AND OLDER	0	0%	0	0%			
TOTAL AGE	8	100%	8	100%			
RACE							
WHITE/CAUCASIAN	2	25%	2	25%	80%	67%	16%
BLACK/AFRICAN AMERICAN	5	63%	5	63%	7%	15%	39%
ASIAN	0	0%	0	0%	8%	11%	28%
AMERICAN INDIAN/ALASKAN NATIVE	0	0%	0	0%	<1%	<1%	32%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0%	0	0%	0%	0%	0%
MULTI-RACIAL	1	13%	1	13%	3%	4%	26%
BALANCE/OTHER	0	0%	0	0%	1%	2%	28%
TOTAL RACE	8	100%	8	100%			
ETHNICITY							
HISPANIC OR LATINO	0	0%	0	0%	7%	9%	26%
NOT HISPANIC OR LATINO	8	100%	8	100%	93%	81%	74%
TOTAL ETHNICITY	8	100%	8	100%			
PERSONS WITH DISABILITIES	1	13%	1	13%			

*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.

7. 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)

8. AGENCY GOVERNING BODY

How many Board meetings were held in 2022	12
How many Board meetings has your governing body or Board of Directors scheduled for 2023?	
How many Board seats are indicated in your agency by-laws?	8

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

Name	Rosa Thompson				
Home Address	Madison Wisonsin				
Occupation	Educator				
Representing	GBMES				
Term of Office		From:	01/2021	To:	01/2025
Name	Rachelle Stone				
Home Address	prefer not to say				
Occupation	Program Manager BGMES				
Representing	GBMES				
Term of Office		From:	01/2021	To:	01/2025
Name	Arpril Kumapayi				
Home Address	prefer not to say				
Occupation	Accounting Operations Manganer Girl Scouts of Wisconsin				
Representing					
Term of Office		From:	01/2021	To:	01/2025
Name	Semaj Sconiers				
Home Address	prefer not to say				
Occupation	MMSD Universal Support Coach				
Representing					
Term of Office		From:	01/2021	To:	01/2025
Name	Ellie Feitlinger				
Home Address	prefer not to say				
Occupation	Manger of Events at Wrapbook				
Representing					
Term of Office		From:	01/2021	To:	01/2025
Name	Maria Loy				
Home Address	prefer not to say				
Occupation	MMSD Positive Behavior Support Coach				
Representing					
Term of Office		From:	01/2021	To:	01/2025
Name	Kimila Daniels				
Home Address	prefer not to say				
Occupation	Chief Administrative Officer at Quartz Benefits				
Representing					
Term of Office		From:	01/2021	To:	01/2025
Name	Sonia Spenser, Volunetter and Operations Coordinator				
Home Address	prefer not to say				
Occupation	Voluneteer and Operations Coordinator at Rondal McDonald House				
Representing					
Term of Office		From:	01/2021	To:	01/2025

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

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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 2023	PROGRAM A	PROGRAM B	PROGRAM C	PROGRAM D	PROGRAM E	NON APP PGMS
DANE CO HUMAN SVCS	0	0	0				
UNITED WAY DANE CO	0	0	0				
CITY CDD (This Application)	0	0	0				
City CDD (Not this Application)	0	0	0				
OTHER GOV'T*	0	0	0				
FUNDRAISING DONATIONS**	136,000	68,000	68,000				
USER FEES	0						
TOTAL REVENUE	136,000	68,000	68,000	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.

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 2023	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	100,000	20,000	50,000	10,000	50,000	10,000							
Taxes/Benefits	0	0											
Subtotal A.	100,000	20,000	50,000	10,000	50,000	10,000	0	0	0	0	0	0	0
B. OTHER OPERATING													
Insurance	0	0											
Professional Fees/Audit	10,000	0	5,000	0	5,000	0							
Postage/Office & Program	4,000	4,000	2,000	2,000	2,000	2,000							
Supplies/Printing/Photocopy	40,000	10,000	20,000	5,000	20,000	5,000							
Equipment/Furnishings/Depr.	0	0											
Telephone	0	0											
Training/Conferences	0	0											
Food/Household Supplies	5,000	1,000	5,000	1,000									
Travel	10,000	5,000	5,000	2,500	5,000	2,500							
Vehicle Costs/Depreciation	0	0											
Other	0	0											
Subtotal B.	69,000	20,000	37,000	10,500	32,000	9,500	0	0	0	0	0	0	0
C. SPACE													
Rent/Utilities/Maintenance	0	0	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	0	0											
Contractors/Subcontractors	0	0											
Pymt to Affiliate Orgs	0	0											
Other	0	0											
Subtotal D.	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL (A.-D.)	169,000	40,000	87,000	20,500	82,000	19,500	0	0	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.**

Title of Staff Position*	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023
	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
Programs Manager	0.20	0.20				0.40			0	25.00	0
Elementary Facilitator	0.50					0.50			0	20.00	0
Elementary Facilitator	0.50					0.50			0	20.00	0
Middle School Faciliator		0.50				0.50			0	20.00	0
Middle School Faciliator		0.50				0.50			0	20.00	0
Family Engagement Coordinator	0.20					0.20			0	0.00	0
Family Engagement Coordinator		0.20				0.20			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:	1.40	1.40	0.00	0.00	0.00	2.80	0.00	0.00	0.00	105.00	0.00

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

Title of Staff Position*	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023
	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
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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
TOTAL:	1.40	1.40	0.00	0.00	0.00	2.80	0.00	0.00	0.00	105.00	0.00

*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	2023 City Request
A	Black Girl Magic Elementary Sister Circles	PERSONNEL	0
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	0
B	Black Girl Magic Middle School Sister Circles	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			0