



2019 Emerging Opportunities Program Application

Submit Application to: EOPapplications@cityofmadison.com

Deadline: 12:00 pm CST (noon) on October 16, 2018

Late applications will not be accepted

Please limit your proposal and responses spaces provided in this form. Any materials submitted in addition to this application form will not be considered in the evaluation of the proposal. *Do not attempt to unlock or alter this form.*

If you need assistance with this proposal or are unclear about how to respond to any questions listed below, please contact CDD staff at 266-6520.

Agency or Group:	GROCC	Amount Requested:	\$8,0000
Title of Proposal:	GRANDPARENTS RAISING OUR CHILDREN'S -CHILDREN		
Project Type	Access to Services for Seniors and Families		
Project Description:	SUPPORT GROUP ,OUTREACH AND RESOURCES TO GRANDPARENTS RAISING THEIR GRANDCHILDREN		
Contact Person:	CARMELLA HARRIS	Email	CDHARRIS2@WISC.EDU
Address:	2229 ROSENBERY RD. APT. 9	Telephone:	(608) 213-4948
Is this Group a 501 (C) (3)?	Yes or No NO	If no, applicant will need to secure a fiscal agent with 501 (C) (3) status	
Applicant Organization founded (Year):	2018		
Name of Fiscal Agent (if Applicable):	ALLIED WELLNESS CENTER	Fiscal Agent Phone:	608-274-7006
Fiscal Agent Contact Person:	LESLIE MCALLISTER	Fiscal Agent Email:	leslie_mcallister@hotmail.com

1. Project Description

a. What is the goal of your project? (500 characters)

To offer practical solutions for real-life problems that families face when traditional parenting and grandparenting roles and relationships are redefined. Increase outreach and awareness of support for grandparents helping to raise grandchildren, focusing on the importance of close relationships to promote healthy relationships(e.g. open communication and role clarity) . Provide peer-led workshops, promote self care,and regular activities for grandparents and grandchildren.

Contact Us! CDD staff are committed and willing to help interested groups understand and work through program requirements. Call Nancy Saiz at 266-6520 or check out the staff directory on our website for a list of staff, their focal areas, and contact information.

- b. Intended Service Population: (500 characters) Describe the intended service population that will be impacted by this project (e.g., location, ages, ethnicities, income ranges, English language proficiency etc.). This project will target grandparents in the Allied neighborhood involved in helping raise their grandchildren. Residents in Allied, particularly older adults, are underserved and struggle with housing and food security. Support will be provided to any Allied resident, regardless of racial and/or ethnic backgrounds. Some services may be offered in Spanish, given the growing number of Spanish-speaking families in the neighborhood. I will look for volunteer interpreters.
- c. Project Design: (5000 characters) Describe your proposed project activities. How will these activities help you accomplish your stated goals? Include information about key parts of your project that help us understand how you will accomplish your goals and how these funds would be used.

G'ROCC will work with neighborhood grandparents with one-to-one support, host workshops on topics relevant to grandparents raising their grandchildren, and host community-building activities for grandparents and their families to bridge the generation gap. Some of the workshop topics for grandparents will include: practicing good self care, knowing your rights as a grandparent, understanding technology used in the schools, parenting and co-parenting strategies, and connecting with community resources. Some of the multi-generational activities could include: cooking classes, grocery shopping on a limited budget, arts and crafts, and free family-friendly community events. We will provide childcare and food to encourage meaningful engagement of participants. During our final celebratory event, we will take a field trip out of the neighborhood to an event suitable for both grandchildren and their grandparents. Project coordination will be provided by Carmella Harris. Carmella will be responsible for coordinating all projects activities, arranging locations for classes, project recruitment, and project reporting.

d. Proposed Timeline for Implementation

Activity	Estimated Start and Completion Dates
Session 1 (weeks 1-4). Self care	3/04/2019-4/01/2019
Session 2 (weeks 5-8): Technology and the generation gap	5/07/2019-6/04/2019
Session 3 (weeks 9-12). Parenting and co-parenting	8/06/2019-9/02/2019
Session 4 (weeks 13-16). Open forum/community event	9/23/1019-10/14/2019
End of the program celebration with grandparents and grandchildren	10/31/2019
Each session is 3 hours long twice per week	

2. Applicant Organization or Group: (2500 characters) Briefly describe the structure of your organization. Include information about your board and/or volunteers. Please describe any successes you have had that relate to the proposed project. (10 Pts)

This is a new Allied-resident led organization. We are in the process of developing an Advisory Board, primarily made up of grandparents in Allied and the greater Madison community, and including representatives from organizations that support Allied, such as Allied Partners, the Allied Wellness Center, and Allied Coop. Resident leaders in this developing organization have experience leading community health education activities, doing extensive outreach to neighbors to encourage participation in community events and meetings, gathering information about needs and interest among neighborhood, and connecting to a variety of county-wide organizations to bring valuable resources and information to our neighborhood.

3. Alignment: (2500 characters) Briefly describe how your proposed project aligns with City, neighborhood or community based planning processes, data, or reports. (10 Pts)

Through this project we aim to address the ongoing challenges of grandparents raising grandchildren. According to a 2014 UW-Extension study, roughly 70,000 Wisconsin households are headed by grandparents. Most of these households consist of grandparents, grandchildren, and often the parents who are unable or unwilling to properly care for their children. Often these parents are unable to provide adequate care to their children due to issues related to chronic homelessness, incarceration, drug/alcohol addiction or divorce. In Allied, we are experiencing the same trends, given the issues we struggle with, including, poverty, lack of opportunity, and limited resources.

4. Community Engagement: (2500 characters) Briefly describe how residents and the community who may benefit from this project have been involved in the development of this proposal. (10 Pts)

Resident leaders spearheading this project have been surveying the community to gauge interest in the project and to begin to develop the workshop content and other program activities. We have done this going door-to-door, at the Joining Forces for Families office, and at community events sponsored by community groups and organizations. The resident's and the community (Joining Forces for Families) have encouraged the need to have support for grand parents raising their children kids. They have attended Community meals and neighborhood meetings.

5. Collaboration: (2500 characters) Briefly describe any collaboration or coordination with other organizations or service providers in the development of this proposal. (5 Pts)

For this project, we will collaborate with the other Allied-focused organizations, including Joining Forces for Families, the Allied Wellness Center, Mothers in the Neighborhood, the Allied Co-op, and the Allied Dunn's Marsh Neighborhood Association for further development of the workshops and activities during each of the 4-week sessions and to encourage resident involvement in the project activities. I have also reached out to Christine Beatty, Adult Senior Services and Serena Breining, the facilitator for Grandparents Raising Grandchildren support group at Rainbow Project.

6. Funding: (5 points)

- a) Has your organization received funding from the City of Madison Community Development Division, City of Madison CDBG office, Community Resources, or the Emerging Opportunities Program in the last 5 years? (Please note: Amount and frequency of funding will be considered in scoring this criteria)

Yes No

- b) What other funding do you anticipate pursuing if the project is expected to continue? (500 characters)

Will opt to incorporate private donor, research other grants and fundraising

7. Budget (5 points):

a. Summarize your project budget by estimated costs, revenue, and fund sources.

BUDGET EXPENDITURES	TOTAL PROJECT COSTS	AMOUNT OF CITY \$ REQUESTED	AMOUNT OF NON-CITY REVENUES	SOURCE OF NON-City FUNDED PORTION
A. Personnel Costs (Complete Personnel chart below)				
1. Salaries/Wages (show detail below)	2720	2720		
2. Fringe Benefits and Payroll Taxes				
B. Program/Project Costs				
1. Program/Project supplies and equipment	2000	2000		
2. Office Supplies	250	250		
3. Transportation	520	520		
4. Insurance	500	500		
5. Other (explain)				
C. Space Costs				
6. Rent/Utilities/Telephone	510	510		
7. Other (explain):				
D. TOTAL (A + B + C)	6500	6500		

Explanation of "Other" expenses: (500 characters)

B. (5) \$1,500 for child care Total Budet \$8,000

b. Personnel Chart: List all paid staff that will be working on the proposed program/project.

Title of Staff Position	F.T.E.*	Proposed Hourly Wage*
Carmella Harris	.20	\$20.00
		\$
		\$
		\$
		\$
TOTAL		

*FTE = Full Time Equivalent (1.00, .75, .50, etc.) 2080 hours = 1.00 FTE Please identify FTE that will be spent in this project.

-SIGNATURE PAGE-

City of Madison Contracts:

The following information is provided in order to outline city requirements that will apply if your proposal is funded. All allocated funds will be administered through contracts with the City of Madison, Community Development Division. If funded, the City of Madison reserves the right to negotiate the final terms of a contract with the selected organization. If funded, applicants will be required to attend a **mandatory meeting** on contracting requirements. City purchase of service contracts include requirements regarding non-discrimination, consideration of vulnerable populations along with specific requirements in the following three areas:

1. Affirmative Action:

If funded, applicant hereby agrees to comply with City of Madison Ordinance 39.02, an Affirmative Action Plan with the City Department of Civil Rights (DCR) or an exemption if allowed by City DCR. For more information on these requirements, please visit the Department of Civil Rights website: <http://www.cityofmadison.com/dcr/programsCCP.cfm>.

2. 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 Comp
- Professional Liability

The cost of this coverage can be considered in the request for funding. The Certificate of Insurance that will be required at the time of contracting is available on the City of [Madison Risk Management website](#).

A sample contract that includes standard provisions may be obtained by contacting the Community Development Division at (608) 266-6520.

3. Signature:

(Any applications submitted without a signature will be considered incomplete and will not be considered for funding.)

Applicant Signature:

Enter Name: Carmella D. Harris

Date: 10/16/21018

By entering your initials in the box,

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You are electronically signing your name and agreeing to the terms above.