



Proposal for RFP #8807
Community Development Division
Building Human Capital: Early Childhood Funding

Submit application to CDDapplications@cityofmadison.com

Deadline: 12:00 pm (noon) CST on Wednesday, March 13, 2019
PROPOSALS RECEIVED AFTER 12:00 NOON WILL NOT BE ACCEPTED.

Directions

Responses to this RFP should be complete and comprehensive but succinct. The responses to the questions within each of first three (3) sections below can be submitted in Word or a PDF. The total number of pages for the first three sections should not exceed ten (10). Any additional pages over ten will not be considered in the review. Disclosure pages, if needed, (see section 3 below) will not count toward the total page limit. Font should be no less than 11 pt. and margins should be no smaller than .5 in. Attachments or documents not specifically required should not be submitted.

NOTE: If you are proposing to include multiple methods of services or programs, for example, on-site child care programming and separately provide consultation services for other programs, two proposals (each with a separate budget) should be submitted separately. If you are proposing to do the same service at multiple locations, for example, child care at two different locations, one proposal may be submitted. The proposal should clearly delineate details for each location. Please contact Coral Manning (cmanning@cityofmadison.com) for any questions about clarifications regarding joint or singular proposals.

1. Applicant

Include the following information on the first page of the proposal:

Organization Name THE RAINBOW PROJECT, INC. CHILD & FAMILY COUNSELING & RESOURCE CLINIC
Contact Person SHARYL J. KATO, EXECUTIVE DIRECTOR
Address 831 E. WASHINGTON AVE. MADISON, WI 53703
Telephone Number 608 255-7356 EXT 321
Email Address skato@therainbowproject.net
Federal EIN #39-1422626
Legal Status private not-for-profit 501(c)3, Other (please list)
Will you present for 3-5 minutes at the March 14, 2:30-4:30 PM Early Childhood Care and Education Committee Meeting held in room 215 of the Madison Municipal Building, 215 Martin Luther King, Jr. Blvd., Madison, WI?
YES

2. Required Proposal Narrative

Please respond to each question individually and fully. There is no word count limit for each question. Applicants have discretion regarding the use of space within the ten pages. However, the entire proposal should not exceed ten (10) pages.

Organizational Capacity

1. Please describe your organization. Include any relevant information about the mission, vision, values and history of the organization as it relates to the services or programming you are proposing to provide.

The Rainbow Project (RP) staff members, Board of Directors, Professional Resource Network, Stewards of the Yellow Brick Road Faculty, volunteers, residents/ interns, are very proud, honored, excited & grateful for this opportunity to submit a proposal for RP C.O.R.E. Program services.

The Rainbow Project (RP) **VISION:** A Safe, Healthy and Nurturing World for Children & Families

The RP MISSION: The Rainbow Project staff provides restorative healing & hope for young children and their families who have experienced trauma, building a foundation for the mastery of life sustaining skills.

History of precipitating factors fueling the beginning of RP & Early Childhood Care & Education (ECCE)

Expertise & Support: The original grant to begin the RP agency itself, was initiated by an early childhood

program in Madison, Wi. in 1980. At that time, 4C (Coordinated Community Childcare Center) had completed a study of preschool programs in Dane Co. This study revealed that an estimated 15-20% of children in each preschool classroom presented with social emotional developmental/behavioral needs beyond the norm and requiring specialized attention. In addition, the local domestic violence shelter and Respite Childcare Center were serving the same families with young children repeatedly in crisis. The early childhood sponsoring program had a service agreement with DAIS shelter for victims of domestic violence. Many of the children were in need of specialized services beyond early childhood education curricula & resources. This was the impetus for writing a grant proposal to the Wisconsin Council on Criminal Justice to fund the RP organization, to help prevent future more severe problems from occurring in the future, by serving young children (infants – 6 years) and their families, whom have experienced or were at risk for trauma including child abuse, neglect, domestic violence, substance abuse, child sexual abuse, mental/physical illness, grief/loss, parent-child attachment challenges./

The start-up grant was awarded for 2 years and RP began August 15, 1980. The 1st day the RP agency opened, the agency was full to capacity and had 35 families on the waiting list, demonstrating the significant need for behavioral & mental health services for young children & their families. One of our primary community referral sources was ECCE centers including in- home family daycare programs. RP staff would receive 5, 10, 15 phone calls per day from child care staff, asking for help in dealing with challenging children/caregivers. **We have always worked with the early childhood care/education (ECCE) programs of the children already ENROLLED in the RP clinic.** But we were not able to readily respond to consultation calls we were receiving. This is the time when we submitted a proposal to the City of Madison for CORE funding (1989). We recently responded to a request from United Way of Dane Co. to provide CORE service in early childhood programs outside the City of Madison. We also recently, in response to requests, have sought and received time-limited grant funding for CORE services for 4K classrooms & MMSD elementary schools..

2. Please describe in detail your organization's experience and abilities in successfully providing early childhood services or programming. Include current work that is the same or similar to the work you are proposing to provide and any outcomes that can be highlighted from this work. Include detailed information about the demographics of individuals currently being served (number of individuals, age, race and ethnicity, income levels, geographic area of the City, and any other relevant demographic information). **Since the agency began, in 1980, RP staff has provided specialized evidence based trauma focused services for young children (13,631) & (13,378 caregivers).** RP staff has consistently worked with the ECCE centers/programs & schools where the children we served, attended.. The comprehensive, holistic RP service model has always known the value & essential necessity of this partnership in helping children adjust in the classroom & to promote and maximize growth for children personally & socially as well as build support for their families. Building capacity for the ECCE community is also essential in supporting dedicated staff, strengthening staff retention & job satisfaction. **Through the RP CORE Program, both in the City of Madison & in Dane Co. (21) ECCE centers/schools were served totaling 123 children/252 adults, in 2018. Overall all, RP clinicians provided (31) community education presentations on trauma impact on young children/families, Rainbow services, Domestic Violence and Children, Immigration/attachment/trauma; Single Parenting; Reflective Supervision; Working with Latino Communities, Secondary Trauma, Immigration and Latino Identities for (967) audience participants. Average age in 2018: 8+ years with range: 18 mos.-12 yrs. Also 56% females & 43% males; 1% transgender/gender fluid.**
3. Please describe the staff with direct responsibilities for this programming or service including required qualifications, experience and training. Include if the staff are demographically representative of the population served. **RP CORE Program Coordinator: Cerissa Wills, Child & Family Therapist, plus (11) RP Child & Family Therapists plus teams of RP clinicians supervising Child Psychiatry Residents & Graduate & Doctoral interns.** Each RP clinician has an expectation of a specific # of hours of CORE services to provide in the year. Depending upon specific requests, if involving grief/loss, exposure to grief/loss, infancy, we match the RP therapist with the best fit. *Please see attached staff roster with specific credentials, experience & expertise. It is important to note that in 2018, RP therapists served 1,118 children & 1,502 adult caregivers. The non-white population represented was at 63% & RP staff diversity was at 60%. We have experienced consistent success in serving a wide and diverse population of children/families. The only community we have not had consistent connections are with the Hmong children/families. We have experienced a significant increase in # of Spanish

speaking children/families. **In 2005, RP staff served an estimated 35 children/adults Spanish speaking. In 2017, we served (205) & in 2018 (307) individuals served (17% of total). We currently have (3) full-time bilingual Spanish speaking therapists whom are doing amazing work, not only with individual children & families but also with children and adult groups as well as training/ outreach to families through LaMovida radio, LaSup & other community venues.**

Majority of RP staff are MS level, licensed psychotherapists with many years of experience. Many are also certified in evidence based modalities focusing on young children including with UW Capstone Infant Mental Health Institute, evidence based Trauma Focused Cognitive Behavioral Treatment, Psychological First Aid, and Child Parent Psychotherapy. Other approaches RP clinicians are trained in include Theraplay, an evidence based approach RP has utilized, since 1980. The majority of RP clinicians have a strong background in work directly as early childhood care/educators themselves, in addition to their clinical background.

4. Please describe your organization's relationships to the community you serve and the broader early childhood community in Madison. Include in your answer how you solicit feedback and adapt your work to meet the needs of your community. Include any qualitative or quantitative data sources used to inform these decisions. **RP staff have served on a number of Early Childhood Councils, Born Learning Delegations, and other conferences (local, state, national & international) providing training, technical assistance & consultation for a broad spectrum of audiences, related to the population of young children and families we serve. RP clinicians provide a full spectrum of services including specialized prevention, early intervention, longer term trauma treatment & crisis emergency services. RP staff also participate both as leaders and as participants on City sponsored Community Conversations and Listening Sessions. RP staff also distributes yearly consumer participation surveys as well as feedback on ALL RP community education training presentations provided. We have also distributed stakeholder & consumer feedback surveys & colleague feedback from teachers, foster parents, consumers, social workers, guardian ad litem. In 2018, we provided presentations attended by 329 participants. An example includes (3) presentations for (75) detectives with the Madison Police Dept. in 2018, in order that they can better interview, observe & interact with younger trauma victims. RP clinicians also provide outreach through media, written, radio & television to provide information regarding young children/families & exposure to trauma experiences and other topics such as Infant Mental Health. Through our RP academic program we are supervising 5-6 graduate/doctoral interns &/residents at any given time. We are now including at least (28) UW Medical Students in 8 week periods to be exposed to trauma services and the impact trauma has on primary health care for children and families. RP staff also serves as members on the Children's Mental Health Collaborative with Dane Co. schools, since 2002. Our richest, most vital partnership is through the RP CORE Program ECCE centers, providing resources, education & consultation on all aspects of strengthening children & families.**

5. Please describe how your organization provides programming and services that have an impact on poverty, racial equity and social justice.

Overall, in providing appropriate, effective trauma informed services, for both children and adults and families, individuals will be more successful in areas of development, regulation of emotions, behaviors allowing for increased academic success, ability to sustain employment, housing, positive parenting, self-care, improved physical health and because our full spectrum of mental health services includes culturally relevant, proficient content, strong confidence and, self-concept and identity are developed as well as cultural history of trauma experiences learned and understand to help children and adults understand their own history of trauma.

Social justice and advocacy are another important part of the RP mission and purpose. We as an organization have been committed to providing services for those most disenfranchised. As a state licensed mental health clinic since 1984, we also provide more systems advocacy, case management services than most mental health agencies do, within the health care, housing, courts & education systems. At a community-wide level, RP staff has participated in the Building Economic Success Community Solutions Team with United Way of Dane Co.

RP staff working through the Early Childhood Zones and the Early Head Start REACH Dane community programs has also provided an opportunity for advocacy & collaboration with housing, health, employment & mental health teaming for families. The RP mental health service model is a combination of case management & social work that includes parent education if needed as well as referrals and support in areas of basic human needs.

Proposed Programs/Services

1. Which method(s) of programming/services are you proposing (see RFP for a description of each)?
 - a. Direct provision of care for children ages birth to five years old
NA although we do provide paid & volunteer childcare for the (3) parenting groups that we provide.
 - b. Consultative services for individuals or programs in the early childhood care and education community
 - c. Training for early childhood care and education professionals

* The RP is proposing programming as described in section **b) Consultative services** for individuals or programs in the early childhood care and education community and **c) Training presentations** for ECCE providers which we have provided, since 1990, through CORE City funded services. RP staff have also provided early childhood consultation/training for specific enrolled children in RP, separately, from 1980 to present. However, CORE consultation & training will indirectly build & grow capacity for direct child care access #1 #2. for ECCE programs to provide more direct care for access to quality care for children age's birth to 5 years.

2. Please describe the specific programming or services proposed. Include a detailed description of:

- a. The specific methods for contributing to one or more of the goals stated in the RFP section 1.4 RP CORE Program services proposed address All (4) Goals stated in section 1.4. particularly for goals 3. Reducing expulsion and suspension of children in care & 4. Increasing skills & capacity for individuals working in child care programs to served children with multiple barriers to success.

Components of the RP CORE Program Services Proposed:

- Experienced & skilled RP clinicians will provide onsite CORE orientation presentations to introduce CORE services & ensure maximizing utilization for NEW CORE programs. (6-10)
- Experienced & skilled RP clinicians will provide onsite classroom **observation & consultation services** upon request from eligible ECCE providers from at least 20 different centers/program. (24-36 observations). Each observation/s on a child or classroom will include a follow up meeting with child/rens caregivers as well as teachers to hear a summary of observations as well as recommendations
- Experienced & skilled RP clinicians will provide onsite **training presentations** on topics/issues identified & requested from childcare staff (at least 100 ECCE staff)
- Experienced & skilled RP clinicians will provide at least (3) ALL-CENTER training presentations on topics/issues identified by ECCE staff (36-60 ECCE staff)
- Experienced & skilled RP clinician will provide reflective supervision/support for ECCE staff from at least 3-6 programs/centers
- Experienced & skilled RP clinicians will provide onsite parent/staff training presentations if requested (3)
- Experienced & skilled RP clinicians will provide onsite children's groups/activities as a coaching/modelling activity, including co-leading with the center ECCE staff to address child/classroom needs (ex. Social skills, Self Esteem, Empathy themes)
- RP Program Coordinator (PC), RP Executive Director (ED) will meet at least quarterly to coordinate & problem solve to maximize CORE Program effectiveness.
- RP PC will work with CORE RP clinicians to complete evaluations/feedback surveys from participating programs

- b. A clear explanation of the evidence, research or documentation of promising practice that supports the programming or service proposed

At the base of early childhood development are the fundamental needs of attachment & trust. When those essential ingredients are missing we know from science that this can impact many areas of developmental growth and functioning. When CORE first began, we based our comprehensive service model upon the rich research from the NAEYC Natl. Assn for the Education of Young Children (article, Allies in the Classroom); as well as Stanley Greenspan (Emotional Milestones & Building Healthy Minds); Foley & Hochmann (Mental Health in Early Intervention.....) Bruce Perry Alicia Lieberman; Vincent Fontana (NY Parent Child Fondling Center); Henry Kempe Therapeutic Preschool, Univ. of Denver, Colorado; Rutland Center, Athens, GA; Virginia Frank Child Development Center, Chicago, Illinois & the Hawaii Family Stress Center, Honolulu, HI; Infant/Early Childhood Mental Health Consultation in Wisconsin-Best Practice Guidelines (Wis Alliance for Infant Mental Health).; Dr. Ann Jernberg (Theraplay Institute); Dr. Seth Pollak, on maltreatment & resiliency UW Madison School of Medicine & Dr. Ryan Herringa, research on Maltreatment (UW Madison School of Medicine, Dept. of Psychiatry); the RP ED is also Clinical Faculty with UW School of Medicine Dept. of Psychiatry. We are proud that the early research formulating the foundation of the RP comprehensive service model,

back in the 1980's, is now seen as proven best practice & evidence-based; RP staff continue to grow and learn & share their knowledge, skills & resources. In 2017, the RP ED presented the CORE Program model at the Wisconsin State Legislative briefing on best-practice for Trauma Prevention for Young Children.

3. Where will services be provided and to whom? Include detailed information about the demographics of individuals that will be served (number of individuals, age, race and ethnicity, income levels, geographic area of the City, and any other relevant demographic information). **LOCATIONS:** Primary RP CORE services (classroom observations, staff & parent consultations, as well as training presentations), will be provided on-site at each of the participating early childhood childcare or education programs, including In- Home Family Childcare sites. The ALL-Center CORE training presentations are often provided at the Water Utility Building, or at the Rainbow Project clinic, or a location that can accommodate larger audiences. **DEMOGRAPHICS:** All City of Madison accredited ECCE programs approved by City of Madison Childcare Unit Specialists are eligible. All young children and families residing in the City of Madison
4. Please describe how you will maintain a commitment to equity as demonstrated by the promotion of diversity (racial, socio-economic, ability, etc.) at all levels of programming or services. The agency has a strong history of **professional development** focusing on cultural & inclusive proficiency with regular internal/external training experiences. Ex. Include an 18 month commitment with Don Coleman, Cultural Diversity Trainer & practicing Therapist, to participate with RP staff in ongoing training/discussion sessions to learn about our own attunement of cultural awareness/identity as well as how to improve awareness, understanding & skills with consumers. We have also consulted with Dr. Pancho Sanchez, psychologist, who helped at RP clinical staff meetings in our work with Latino children/families, on an ongoing basis. Dr. Will Hutter has provided a number of training presentations on serving the gender spectrum. External to the agency are other training & learning events RP staff participate in, including Study Circles on Race. At the same time, RP staff has provided community-wide training presentations to others, in response to many requests by other mental health service providers, teachers, parent groups developing cultural proficiency to. Our weekly, Mujer a Mujer group for Latina moms is a great example of providing a culturally specific population. Throughout the content of providing mental health services each consumer in individual therapy is also provided care & attention to the full extent of pride & acceptance of their cultural identity. Such considerations are also given in children's group settings, adoptive families & all other settings.
5. Please describe your timeline for implementing services. If you are proposing direct provision of care, describe any relevant hours of service as well as a timeline for any assessment within the program. **Yes, we will begin** implementing services as soon as we are notified of proposal funding decisions. RP CORE Program services begin by meeting regularly in partnership with City Childcare staff to coordinate outreach, highlighting trends... RP CORE Orientation packets & protocol are ready to be distributed in person outlining scope of CORE activities with both New to CORE centers/programs as well as centers we have worked with in the past.

6. If the proposal is a collaboration of multiple agencies, please describe the following:

- a. Why does collaboration enhance this proposal?

The RP service model has always included a community-wide collaborative service delivery model. Philosophically this comprehensive model meshes in providing access to RP services in the least restrictive manner, to overcome transportation, scheduling, stigma, confidentiality, disability & financial barriers for young children & their families. Collaboration with schools, both private & public, enhances the unified environments that young children & families will need to navigate & will help to cross-share specialized knowledge with representatives from different systems, i.e., medical, funding sources, social service, teaching, law enforcement, community/neighborhood centers. **Another primary collaboration with the CORE program is between the RP CORE Program staff & the strong partnership between the City Childcare Specialists Unit staff and the staff from 10-30 different centers RP staff work with each year, providing a solid seamless foundation for timely, appropriate prevention/early intervention/trauma treatment & crisis services available when needed, in our community.** Also, on a larger scale, RP staff members serve in leadership capacities on task forces & consortia to work together with other community and statewide agencies serving mutual children and families, to impact policy, funding & systems change. Lastly, and most fundamental to collaboration, especially when working with young children and families, whom are at risk, or who have experienced chronic

stress/trauma, is the national ACE (Adverse Childhood Events) scores & research by Robert Anda et al. Science has shown that adverse events can impact us as children & as adults, including generationally, indicated in early childhood brain development and neurobiology. Recent research tells us that trauma victims, when exposed to positive, consistent, persistent nurturing, attuned & positively responsive environments, such as early childhood programs, children & families experience a restorative impact in trauma symptoms including on a physiological level. Young children are at highest risk for developing post-traumatic stress disorder, however, at the same time are also ripe for recovery in supportive & nurturing environments (NCTSN).

b. Are or will there be formal agreements in place between the agencies to support this proposal? Currently & in the past (CORE began to be funded by the City in 1990), in addition to our contract with the city, we do not have specific service agreements with the individual early childhood care & education centers/programs we work with. We automatically have releases and permission to observe that caregivers sign however, **we are more than open to discuss & consider**. We do utilize an initial CORE proposal request form that formally outlines in detail the requests that each of the ECCE centers we work with completes.

c. How will decisions about programming and services be made within the collaboration? We have a solid history of initiating mutual strong communication between center staff, City Childcare Specialists, or children's caregivers if appropriate & internally with RP staff assigned with CORE services, to reach consensus & problem solve. City Childcare Specialists have been clear in parameters of CORE services eligibility & scope of services.

d. Any other relevant information about the collaboration: RP is open to entering a service agreement with each center we work with. So far, strong direct communication with both the assigned City Childcare Specialists as well as the specific center staff, are critical. A conflict resolution agreement can be incorporated into a special service agreement if needed.

Measurement of Success

1. Which *System Level Indicator* (see RFP section 1.4) will your proposal address and how? The proposed RP CORE Program services will address all (4) of the Systems Level Indicators described. All aspects of the RP CORE Program services should impact these indicators on a shorter term period. Historically, RP CORE observation and consultation services have helped to stabilize children/families whom are at risk for suspension or expulsion from a center/program when RP CORE clinicians are called in.
2. Which *Population Level Indicator* (see RFP section 1.4) will your proposal address and how? Proposed CORE services will address all (3) indicators but on a longer term projection to measure.
3. How will success be assessed and evaluated? Include a description of the tools, screeners or assessments that will be used.
 - Demographic objectives proposed i.e. number of consumers served, ages, ethnicity, income
 - Quantitative & Qualitative measures outlined for each CORE Service component outlined in Section 2.c.
 - Individual consumer evaluations completed for all CORE training presentations by ECCE providers & at times parent participants
 - Involved ECCE providers, caregivers will complete evaluations/feedback upon completion of a specific observation/consultation service by provided by assigned RP clinician measuring goals & objectives outlined in CORE Program purpose
 - Quarterly reports of service narrative as well as financial reports for CORE Program services involving CORE Program Coordinator, RP Exec. Director, RP Financial Coordinator. RP Referral Coordinator & all RP CORE assigned clinicians review internally and with City Childcare Specialists
 - CORE Program Coordinator, RP Exec. Director, RP Financial Coordinator. Report quarterly to RP Board of Directors
 - Year-end evaluations distributed and completed by CORE Program Coordinator with assistance of Referral Coordinator to gather feedback on overall components of CORE Program efficacy. Results will be shared with City ECCE staff, Internally with RP CORE Coordinator, RP Exec Director & Financial Coordinator as well as the RP Board of Directors, RP CORE Program Coordinator. & RP Exec. Director responsible for implementing changes to improve overall CORE services based upon feedback.
 - Quality of feedback samples from 2018:

Example 1: “The center’s involvement with the Rainbow Project CORE Program has increased staff’s ability to serve children (infants through school age) who exhibit challenging behaviors or indicators of trauma or abuse”

Example 2: “We had a wonderful presentation on the Zones of Regulation, and this is a tool and language that our Teachers have found very powerful in using with children. They have used a number of the visuals given to us and the colors are very helpful in talking through the concept of emotions, especially with the Lower Elementary age groups. One teacher met for lunch weekly with a small group of students who struggled to manage their emotions and they had discussions together, made bracelets with beads representing the 4 colors of emotions and the teacher reported it was very helpful.

Example 3: “We had a couple of presentations for parents/staff. One was on Bullying and the other on Anxiety. These were two VERY relevant topics that were among the best attended presentations we have shared. RP presenters provided us mainly with ways of viewing these topics and language to use in speaking with parents primarily. “

Example 4: “The RP counselor we have worked with has a wonderful grasp of Montessori and a very common sense, down-to-earth way of speaking to children and adults alike. Nothing seems to fluster her and she makes herself available to us for support when needed. It’s been amazing to have someone with this background and experience that can help put things in perspective when we’re worried or out of ideas as to next steps.”

Example 5: “Teachers have changed the way they look at their students, their students’ families & connections to home life. Teachers are working on increasing bonds and positive experiences in their classroom.”

3. Disclosures

If applicable, please include the following:

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 or City funded or potentially funded organizations, or with the City of Madison.

Disclosure of Contract Failures, Litigations

Disclose any alleged significant prior or ongoing contract failures, contract breaches, any civil or criminal litigation or investigation pending within the last three (3) years which involves your firm. List any contracts in which your firm and any subcontractor that has been found guilty or liable, or which may affect the performance of service to be rendered.

4. Budget

The budget should be submitted with the proposal using the template provided in an Excel document or a PDF. There are three tabs within this Excel spreadsheet: Total Budget, Program Budget Breakouts and Staffing. All three must be submitted in order for a proposal to be complete. Instructions for each tab are included at the top of the tabs in the template.

The budget template can be found on the CDD Other Funding Opportunities webpage:

<https://www.cityofmadison.com/dpced/communitydevelopment/funding/other-funding-opportunities/477/>

Definition of Account Categories: In the budget, we are asking for costs in these four categories broken out by program.

- **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.
- **Program:** Amount reported for program 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 operating 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 associated with owning a building (excluding utilities and maintenance).
- Special Costs: Amount reported for operating costs should include all of the following items:
 - Assistance to Individuals - subsidies, allowances, vouchers, and other payments provided to clients.
 - Payment to Affiliate Organizations - required payments to a parent organization (usually state or national).
 - Service/Program Subcontracts - the organization subcontracts for service being purchased by a funder to another agency or individual. Examples: the agency subcontracts a specialized counseling service to an individual practitioner; the agency acts as a fiscal agent for a multi-agency collaborative project and provides payment to those agencies under subcontract agreements.

Early Childhood Funding RFP Total Budget

Name of Agency:

Name of Proposal:

Instructions

Complete the table below by filling in the yellow cells. Formulas within this spreadsheet will autofill into the white Total Revenue cells.

Proposals for a Single Program/Service: If you are proposing one program, for example, direct child care programming at a single location, you will only need to fill in columns B and C.

Proposals for Multiple Programs/Services: If you are proposing to include multiple methods of services or programs, for example, on-site child care programming and separately provide consultation services for other programs, two proposals (each with a separate budget) should be submitted separately. If you are proposing to do the same service at multiple locations, for example, child care at two different locations, one proposal and budget may be submitted. In this case, use columns C, D and E below to delineate the budget for each program within your proposal. You may insert more columns, if needed.

Please contact Coral Manning (cmanning@cityofmadison.com) for any questions about clarifications regarding joint or singular proposals.

Revenue Source	Agency 2020 Total	Program A	Program B	Program C
Dane County	\$ 173,008	\$ -	\$ -	\$ -
United Way of Dane County	\$	\$ 16,000	\$ -	\$ -
City of Madison-This program	\$ 245,000	\$ 25,000	\$ -	\$ -
City of Madison-Other Funding	\$ -	\$ -	\$ -	\$ -
Other Government*	\$ -	\$ -	\$ -	\$ -
Fundraising/Donations**	\$ 363,541	\$ -	\$ -	\$ -
User Fee	\$ 232,097	\$ -	\$ -	\$ -
Total Revenue	\$ 1,116,721	\$ 41,000	\$ 0	\$ 0

*Other Government: includes all federal and state funds, as well as funds from other counties (outside Dane County), other cities, villages or townships

**Fundraising: includes funds received from foundations, corporations, churches and individuals, as well as those raised from fundraising events

Early Childhood Funding RFP Program Budget Breakout

Name of Agency:

Instructions

Complete the table below by filling in the yellow cells. Formulas within this spreadsheet will autofill into the white Total Revenue cells.

Proposals for a Single Program/Service: If you are proposing one program, for example, direct child care programming at a single location, you will only need to fill in columns B, C and D.

Proposals for Multiple Programs/Services: If you are proposing to include multiple methods of services or programs, for example, on-site child care programming and separately provide consultation services for other programs, two proposals (each with a separate budget) should be submitted separately. If you are proposing to do the same service at multiple locations, for example, child care at two different locations, one proposal and budget may be submitted. In this case, use columns C, D and E below to delineate the budget for each program within your proposal. You may insert more columns, if needed.

Please contact Coral Manning (cmanning@cityofmadison.com) for any questions about clarifications regarding joint or singular proposals.

Account Category	Agency 2020	Program A Budget	Program A City Request	Program B Budget	Program B City Request	Program C Budget	Program C City Request	Total City Request
A. Personnel								
Salary	\$ 731,575.91	\$ 13,738.00						
Taxes/Benefits	\$ 154,563.30	\$ 3,652.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal	\$ 886,139.21	\$ 17,390.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Other Operating								
Insurance	\$ 18,252.45	\$ 578.75	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Fees/Audit	\$ 45,036.75	\$ 1,428.03	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage/Office & Program	\$ 9,538.43	\$ 302.45	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies/Printing/Photocopy	\$ 6,695.00	\$ 212.29	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment/Furnishings/Depr.	\$ 43,490.26	\$ 1,378.99	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telecommunications	\$ 2,781.00	\$ 88.18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Conferences	\$ 2,832.50	\$ 89.81	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Food/Household Supplies	\$ 5,258.43	\$ 166.73	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 10,451.41	\$ 938.07	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Costs/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other*	\$ 35,290.42	\$ 811.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal	\$ 179,626.65	\$ 5,994.30	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Space								
Rent/Utilities/Maintenance	\$ 14,553.90	\$ 461.48	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mortgage Principal/Interest	\$ 21,595.63	\$ 386.07	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Depreciation/Taxes	\$ 24,225.00	\$ 768.15	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal	\$ 60,374.53	\$ 1,615.70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
D. Special Costs								
Assistance to Individuals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Payment to Affiliate Orgs.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service/Program Subcontrs.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 1,126,140.39	\$ 25,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

*If costs are included in Other rows, please provide an explanation of those costs below:

Other Operating:
Other Special Costs: