



2020 Emerging Opportunities Program Application

Submit Application to: EOPapplications@cityofmadison.com

Deadline: 12:00 pm CST (noon) on XXXXXXXX

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:		Amount Requested:	\$
Title of Proposal:			
Project Type			
Project Description:			
Contact Person:		Email	
Address:		Telephone:	
Is this Group a 501 (C) (3)?	Yes or No	If no, applicant will need to secure a fiscal agent with 501 (C) (3) status	
Applicant Organization founded (Year):			
Name of Fiscal Agent (if Applicable):		Fiscal Agent Phone:	
Fiscal Agent Contact Person:		Fiscal Agent Email:	

- Project Goal: **a.** Please describe your proposal's goal, and the intended neighborhood or service population (e.g. age groups, marginalized populations, specific income ranges, etc.). **b.** Describe how your proposal meets an emerging need or unanticipated opportunity
- Timeline: Describe the anticipated timeline for your proposal, and include a sustainability plan if you anticipate program, project or activity will go beyond 2020.
- Alignment: Briefly describe how your proposal builds on City, neighborhood or community based planning processes, data, or reports. This includes proposals stemming from community building cohorts in the City of Madison.

4. **Community Engagement:** Briefly describe how residents and the community who may benefit have been involved in the development of this proposal.

5. **Collaboration:** Briefly describe any collaboration or coordination with other organizations or service providers in the development of this proposal. Include information about how you will partner with your fiscal agent, if applicable.

6. **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)				
Salaries/Wages (show detail below)				
Fringe Benefits and Payroll Taxes				
B. Program/Project Costs				
Program/Project supplies and equipment				
Office Supplies				
Transportation				
Insurance				
Other (explain)				
C. Space Costs				
Rent/Utilities/Telephone				
Other (explain):				
TOTAL (A + B + C)				

Applicant Organization or Group: 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.

Please list all paid staff that will be working on the project:

Title of Staff Position	Hours Per Week	Proposed Hourly Wage
		\$
		\$
		\$
		\$
		\$
TOTAL		