

# FUNDING FOR COMMUNITY RESPONSE AND PREPAREDNESS

## 2024 APPLICATION



### SECTION 1: GENERAL INFORMATION

Lead Name of Organization:	
Fiscal Agent (If Applicable):	
Organization Address:	
Contact Person:	
Contact Email:	
Contact Phone Number:	

### SECTION 2: APPLICATION DETAILS

Program Name:	
Total Amount Requested:	\$
Project Start Date:	
Project End Date:	
Brief Summary of your Program (100 Words Limit):	

1. Please provide a full description of your project including the activities, with a specific focus on how it is responsive to the priorities of the RFP and addresses one or more of the HVA priorities.
2. Please describe what information, research, and/or best practices are being utilized to inform the design of your program.
3. Please describe the target population of your program, including how your program is designed to address the specific needs of the communities you're attempting to impact with the program.

4. Using the table below, describe the implementation plan and timeline for the program:

Estimated Benchmark Date (Month, Year)	Key Staff (Name and Title)	Milestone (Program development phase completed)

5. Provide 1-2 objectives for your program that connect to measuring the success of program activities.

Objectives should use the SMART approach:

- **Specific:** includes the “who”, “what”, and “where”.
- **Measurable:** focuses on “how much” change is expected.
- **Achievable:** realistic given program resources and planned implementation.
- **Relevant:** relates directly to program/activity goals.
- **Time-bound:** focuses on “when” the objective will be achieved.

Objective	Evaluation Tool (i.e. client surveys, program hours or number of individuals reached)	Outcome (i.e. # of individuals reached, % of positive feedback from surveys)

6. Provide information on any integration of collaboration with other organizations in Madison and Dane County.

### SECTION 3: BUDGET

#### BUDGET

Please complete and attach proposed budget using the following template: budget template

### SECTION 4: REQUIRED ATTACHMENTS

**Please submit the following documents as attachments to your application:**

<b>Application Checklist</b>		
<b>A.</b>	IRS Determination Letter (Document confirming your agency's non-profit status)	<input type="checkbox"/>
<b>B.</b>	Organizational Budget (Your agency budget for the most recent year)	<input type="checkbox"/>
<b>C.</b>	Budget Template (Budget for the proposed program)	<input type="checkbox"/>
<b>D.</b>	Collaborative Agreements or MOUs (If applicable)	<input type="checkbox"/>
<b>E.</b>	Fiscal Agent Form (If applicable)	<input type="checkbox"/>