

2025 VIOLENCE PREVENTION & INTERVENTION GRANT PROGRAM APPLICATION DRAFT DOCUMENT



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SECTION 1: GENERAL INFORMATION

Lead Name of Organization:	
Fiscal Agent (If Applicable):	
Unique Entity ID (UEI):	
US CAGE Code (If UEI cannot be provided):	
Organization Address:	
Contact Person:	
Contact Email:	
Contact Phone Number:	

Program Name:		
Program Area:	<input type="checkbox"/> Violence Prevention	<input type="checkbox"/> Violence Intervention
Violence Intervention Program Focus:	Programs that promote and support positive youth development frameworks	
Total Amount Requested:	\$	
Please Select Service Area:	<input type="checkbox"/> City of Madison <input type="checkbox"/> Dane County (Please note: Dane County refers to work outside the city of Madison)	

Estimated Percentage of Work time in Service Area:	City of Madison: Choose an item.% Dane County: Choose an item.%
Brief Summary of your Program (150 Words Limit):	

SECTION 2A: VIOLENCE PREVENTION - PROGRAM INFORMATION

A. PROGRAM DESCRIPTION

- a. Provide a detailed description of your proposed program this include:
- i. Scope of the programs services and activities
 - ii. Specific needs for services/activities this program addresses in the target community this program reaches
 - iii. An explanation of how your project provides an innovative approach to violence prevention
 - iv. How equity will be incorporated into the proposed initiative
 - v. Any relevant data, research, best practices and/or evidence-based practices that inform the programs design

B. SERVICE AREA AND TARGET POPULATION

- a. Provide an estimate of the populations to be served in the table below:

Program Area	Estimated Number of Residents Served
City of Madison	
Dane County	

- b. Provide details about the targeted geographic area and the population this program seeks to serve
- c. Describe how you will ensure that all the activities conducted are culturally relevant to the populations you serve
- d. Describe how you language access will be ensured for your program

C. IMPLEMENTATION

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

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

D. PROGRAM OBJECTIVES AND EVALUATION

Provide 3-4 objectives for your program that connect both to measuring the success of program activities, as well as to the progress towards addressing the selected Roadmap Objective

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)

E. PARTNERSHIPS AND COLLABORATION

- a. Describe how your organization plans to partner with the Madison Dane County Prevention Coalition to support program implementation when possible
- b. Provide information on how your organization will meaningfully collaborate with other organizations in Madison and Dane County.
- c. Please complete this table below regarding program collaboration with community partners:

Partner Organization	Role and Responsibility	Contact Person	Signed MOU (Yes/No)?

SECTION 2B: VIOLENCE INTERVENTION - PROGRAM INFORMATION

A. PROGRAM DESCRIPTION

- a. Provide a detailed description of how your program is able to provide support in the selected Violence Intervention Focus Area (Housing, Education, or Human Services):
 - i. Scope of the program's services and activities
 - ii. Describe your experience providing these services and activities in the community, as well as experience working in a similar partnership structure

B. SERVICE AREA AND TARGET POPULATION

- a. Provide an estimate of the populations to be served in the table below based on the funds requested:

Program Area	Estimated Number of Residents Served
City of Madison	
Dane County	

- b. Provide details any experience or capacity to provide culturally relevant services, including resources for addressing potential language access needs

C. IMPLEMENTATION

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

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

D. PARTNERSHIPS AND COLLABORATION

- a. Describe in detail how your agency will ensure consistent communication and partnership with Violence Intervention staff.

- b. Provide information on how your organization will meaningfully collaborate with other organizations in Madison and Dane County.
- c. Please complete this table below regarding program collaboration with community partners:

Partner Organization	Role and Responsibility	Contact Person	Signed MOU (Yes/No)?

SECTION 3: BUDGET PROPOSAL

A. BUDGET

Please complete the budget proposal in the required application document: Budget Template. Do not attach any other documents for the budget unless specifically asked to do so.

SECTION 4: REQUIRED ATTACHMENTS

Please submit as attachments with application form, the following documents:

Application Checklist		
A.	RFP Application Form	<input type="checkbox"/>
B.	2025 Budget Workbook	<input type="checkbox"/>
C.	Audit Requirement Survey	<input type="checkbox"/>
D.	IRS Determination Letter	<input type="checkbox"/>
E.	Organizational Budget	<input type="checkbox"/>
F.	Collaborative Agreements or MOUs (If applicable)	<input type="checkbox"/>
G.	Designation of Confidential and Proprietary Information (If applicable)	<input type="checkbox"/>
H.	Fiscal Agent Form (If applicable)	<input type="checkbox"/>