

CITY-COUNTY CONSOLIDATED APPLICATION FOR 2009 and 2010 CALENDAR YEAR FUNDS

This application contains five sections:

1. Application Summary
2. Program Description
3. Organizational Profile
4. Dane County Department of Human Services Program Budget Supplement (Appendix A)
5. Community Development Block Grant Supplement (Appendix B)

Funders, Applications, and Deadlines – An organization requesting calendar year 2009 and/or 2010 funds from the Dane County Department of Human Services, Dane County CDBG Program, City of Madison Office of Community Services, or City of Madison Community Development Office (CDBG), must submit the following sections no later than **12:00 NOON, FRIDAY, JUNE 6, 2008**.

Section	Page Color	Instructions
Application Summary (Pages A and B)	White	Submit pages A and B to each funding source from which funding is requested.
Program Description (Pages 1-6)	Buff	Submit pages 1-6 to each funding source from which funding is requested.
Organizational Profile (Pages 1-6)	Pink	Submit Organizational Profile pages 1-6 to each funding source.
Dane County Human Services Program Budget Supplement - Appendix A	Green	Submit Appendix A to Dane County Human Services only.
Community Development Block Grant Supplement - Appendix B	Yellow	Submit Appendix B to City of Madison CDBG and/or Dane County CDBG only.

Organizations applying to United Way of Dane County will need to submit an online application that will be available beginning the week of May 1, 2008, and due by noon on July 18, 2008.

Organizations applying to both United Way and at least one or more of the other funders will need to submit the **consolidated application** by June 6, 2008, and the **United Way online application** by July 18, 2008.

Application Workshops - Two workshops have been scheduled to review funder priorities, the proposal review process, and the application form. Plan to attend only one workshop.

May 1, 2008
2:00 PM to 3:15 PM
Warner Park Community Recreation Center
1625 Northport Drive

May 2, 2008
9:00 AM to 10:15 AM
Madison Senior Center
330 W. Mifflin Street

General Information – This proposal format provides your organization with enough space to describe the programs you propose to provide in 2009-2010 and to request funding for these programs. Use only the forms and space provided unless otherwise instructed. The forms are also available on line at www.cityofmadison.com/cdbg or at www.danecountyhumanservices.org or via email through the City CD Office (cdbg@cityofmadison.com), or you may type directly onto the form. As each funding source must review many proposals, precise and succinct descriptions are important. **All applications must be submitted in hard copy (paper), 8 ½” x 11” in size, collated, and three-hole punched.**

Delivery Addresses and Contact Information			
Funding Source	Delivery Address	Contact	Copies
Dane County			
Human Services: Children, Youth & Families Adult Community Services Economic Assistance and Work Services	Dane County Human Services Attn: RFP # 1202 Northport Drive, Madison, WI 53704	Contact information provided in the Human Services RFP at www.danecountyhumanservices.org/ application.htm For general information: Jean Kuehn, 242-6418 kuehn@co.dane.wi.us	5
Dane County CDBG	Dane County Human Services Attn: RFP # 1202 Northport Drive, Madison, WI 53704	Lori Bastean, 242-6420 Bastean@co.dane.wi.us	20
City of Madison			
Community Services (OCS)	Madison Municipal Building Room 225 Madison, WI 53703	Gray Williams, 266-6433 gwilliams@cityofmadison.com Laura Noel, 266-6563 lnoel@cityofmadison.com	15
Community Development Office (CDBG)	Madison Municipal Building Room 280 Madison, WI 53703	Mary Charnitz, 267-0742 mcharnitz@cityofmadison.com Barb Constans, 267-1983 bconstans@cityofmadison.com	20

Dane County Department of Human Services – The Department of Human Services will accept applications for identified programs only. A listing and description of the programs for which we will be accepting applications can be found on the Department’s web site at www.danecountyhumanservices.org/application.htm.

- For agencies that are applying only to the Dane County Department of Human Services for a program, complete only the "Short Form" available on the Department’s web site.

Dane County CDBG – Complete the Application Summary, the Program Description, the Organizational Profile, and the CDBG Supplement.

City of Madison CD Office – Complete the Application Summary, the Program Description, the Organizational Profile, and the CDBG Supplement.

City of Madison OCS – Complete the Application Summary, the Program Description, and the Organizational Profile.

APPLICATION SUMMARY

Page A – Program Name(s) - Use program names and letters consistently throughout the proposal. Use the same program name and letter as in past years, if applicable. For large organizations with more than 11 programs either attach supplemental pages or aggregate programs not requesting funding through this application process. Start with describing the programs you are requesting funds for through this application then list your programs you are not requesting funds for through this application.

Page B – Revenues - Describe revenues for a calendar year. Agencies that do not operate on a January 1 - December 31 fiscal year should use adjusted figures to match the calendar year. If a row title is not applicable to your organization, you may change it; for example, "Other Government" to "Income from Operations".

Page B – Certification - The City of Madison now requires an agency to agree to comply with Madison General Ordinance 3.72 at the time of application. If you are not applying to the City of Madison, you may omit this certification.

Photocopy pages A-B for each funder from which funding is requested. Remember to submit the appropriate number of copies to each funder as indicated in the directions.

All applications must be submitted in hard copy (paper), 8 ½” x 11” in size, collated, and three-hole punched.

PROGRAM DESCRIPTION

Pages 1-6 - These pages are specific to each program for which you are requesting funding and must be completed separately for each program being proposed.

Page 1

A. **Program Overview** - Limit your response to 150 words. Do not provide any additional information or materials.

B. **Participant Demographics** - Follow the directions on the form.

1. Definitions for racial categories:

White includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black includes persons who consider themselves to be Black, Negro, African-American, West Indian, and people from other countries, such as Jamaica, Cuba, Panama, Haiti, Nigeria, etc., who consider themselves Black.

Native American includes persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian/Pacific Islander includes persons who consider themselves to be Chinese, Filipino, Hawaiian, Korean, Vietnamese, Japanese, Cambodian, Laotian, Hmong, Thai, Pakistani, Asian Indian, Samoan, Tongan, etc.

Multi-racial includes persons who consider themselves to be a mixture of two or more races, e.g., Black/White, White/Asian, Native American/Black, etc.

2. Definitions for Hispanic Ethnicity:

Hispanic includes persons who consider themselves to be Mexican, Mexican-American, Chicano, Puerto Rican or trace their heritage to a Central American or South American country.

3. The Federal definition of a "*handicapped person*" is a person who:

- a. Has a physical or mental impairment which substantially limits one or more major life activities;
- b. Has a record of such an impairment; or
- c. Is regarded as having such an impairment. (Section 504 of the Rehabilitation Act of 1973) and (Chapter 111.32(8) Wisconsin Statutes).

Many groups in Wisconsin use the term "person with disability".

Page 2

C. **Participants to be Served** - Describe the participants of the program. Include information on the location(s) where the services will be provided.

D. **Program Outcomes**

1. *Outcome Objectives* - Specific, attainable, and measurable statements of a program's intended effects on the participant's knowledge, skills, attitudes, behavior, or condition. This is to reflect the benefit, impact, or change to participants during or after participating in the program. Outcomes may be short-term, intermediate, or long-term. Examples of outcomes include: unemployed adults demonstrate job readiness skills, parents' understanding of children's development improves, older adults maintain independent living. Programs are directed to look at those outcomes where they can have a direct, measurable impact. It is generally expected that programs will retain the same outcome

objectives from one year to the next. Up to two outcome objectives per program will be reviewed.

2. *Performance Indicators* - The desired level of achievement of a program on its outcome indicators based on the expected outcome, the length of service, characteristics of the consumer population, and other factors. These are expressed in numerical terms. For example, 75% of parents will report an increase in how often they read to their preschoolers.
3. *Measurement Tools* – An instrument to aid in the evaluation of your outcome objectives. Measurement tools might include standardized assessment tools, follow-up surveys or interviews, client self reports, court records, future client behavior, etc.

Page 3

- E. **Program Activities** - Describe what strategies and activities will be used to achieve program outcomes. These usually include a description of who (e.g. staff or volunteers) provides what number of services (e.g. job readiness skills, home delivered meals) to whom (e.g. 40 children in daycare, 60 youth in after school activities).

Page 4

- F. **2008 Program Budget** - Describe the estimated program budget, by funding source and account categories. For United Way funds, distinguish between designated and allocated revenues. **2009 Proposed Budget** - Describe the program budget by funding source and account categories.
- G. **2009 Cost Explanation** - Explain by revenue source and/or account category any noteworthy change in the proposed 2009 budget. For example, annual cost increase (beyond CPI-U, which for the 12-month period ended in February, 2008, was 4%), program expansion, or loss of revenue.

Page 5 and 6

- H. **Participant Cost** - Follow the instructions provided.
 - ✓ Enter total program cost in column 2.
 - ✓ Enter total unduplicated clients in column 3.
 - ✓ For column 4, enter column 2 divided by column 3.
 - ✓ Enter number of units provided in column 5.
 - ✓ For column 6, divide column 2 by column 5.
- I. **Service Units** - Clearly define the unit of service, i.e., staff hours, client/participant hours, client/participant days, hours of counseling, meals provided, number of trips, number of widgets produced, etc. Explain any unusual circumstances that a funding source should consider in examining the trends.
- J. **Unduplicated Participants**
Please describe how you define who you count to determine the number of unduplicated participants, and any implications the method may suggest in terms of a funding review.

2010 Second Year Funding Supplement: Complete only if applying to Dane County CDBG, City of Madison OCS, or City of Madison CDBG. If you are proposing only a cost of living increase, check the box and skip the next question.

- K. **Program Update** - Describe any significant changes being proposed for the second year of funding (2010). If staffing, level of services, geographic area, target population, or other areas are planned for change, please explain how and why.
- L. **2010 Proposed Budget**

- M. **2010 Cost Explanation** - Explain by revenue source any noteworthy charge in the proposed 2010 budget. For example, annual cost increase (beyond CPI-U), program expansion, or loss of revenue.

ORGANIZATIONAL PROFILE

Provide appropriate number of copies to each funding source from which funding is requested.

Page 1

- 1 – Mission:** Describe your agency’s mission in the space provided.
2 – Service improvements: Briefly describe any initiatives to improve the delivery of services.
3 – Experience: Describe the experience and qualifications of your agency related to the proposed program.

Page 2

- 4 – Agency Governing Body:** Indicate in the blank the number of Board meetings scheduled for 2008 and provide the information requested about your Agency Board members.

Page 3

- 5 – Staff/Board/Volunteers:** On the first line enter the total number of permanent paid staff, board members and other volunteers. Complete the table and calculate the percentage for each category.

Page 4

- 6 – Budget:** This chart describes the total agency budget for three separate calendar years.

Definition of Account Categories

- A. *Personnel* - Salary includes all permanent, hourly and seasonal staff costs. Benefits include all health insurance, life insurance, retirement benefits, etc.

- B. *Operating*

One row for operating costs should include all of the following items: insurance, professional fees and audit, postage, office and program supplies, equipment and furnishings depreciation, telephone, training and conferences, food and household supplies, travel, vehicle costs and depreciation, and other operating related costs.

- C. *Space*

- 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).

- D. *Special Costs*

- Assistance to Individuals - subsidies, allowances, vouchers, and other payments provided to clients.
- 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.
- Payment to Affiliate Organizations - required payments to a parent organization (usually state or national).

E. *Total Capital Expenditures* - Fill in this line only if your organization is applying for 2009 City of Madison or Dane County Community Development Block Grant office funds.

7 – Staff Turnover for 2007: Compute the total percentage of paid staff (full and part time) who terminated their employment at your organization during the calendar year 2007. If the number exceeds 20% for one or more job categories, please explain any noteworthy issues. You may wish to reference industry standards or trends or agency policies to reduce staff turnovers.

Page 5 and 6

8 – Personnel Schedule: In column (1) list each individual staff position by title. If your organization employs more than one staff person under the same job title, list the job title only once.

1. In columns (2) and (4) indicate the number of FTE's (full-time equivalents) in each staff position (e.g., 1.00 Executive Director; 5.50 Outreach Workers, etc.). As a general rule, an FTE is someone who works 35-40 hours/week on average.
2. In columns (3) and (5) indicate the total salaries for all staff FTE's in that staff position. Do not include payroll taxes or benefits in this column.
3. In columns A-K, distribute the number of FTE's from column (4) across all appropriate programs. (Note that columns A-K are number of FTE's, not dollar amounts.) Use Page 6 if your organization has more than five (E) programs. Copy page 6 if your organization has more than eleven (K) programs.

APPENDIX A

Dane County Human Services Supplement (PAGES 1-4)

THIS SUPPLEMENT FOR HUMAN SERVICES INCLUDES ONLY ONE QUESTION ABOUT A MORE DETAILED PROGRAM BUDGET.

Use **only** if Dane County Human Services is the single funding source and it is a continuing program. Submit **only** to Dane County Human Services.

APPENDIX B

CDBG Supplement (Pages 1-10)

See special requirements at beginning of CDBG Supplement. Use **only** if applying to City of Madison Community Development Block Grant or Dane County Community Development Block Grant.

Complete Pages 7, 8, 9, and 10 only if applying to the City of Madison CD Office and are seeking funds for operation of a neighborhood center.