

# COUNTY SHORT FORM APPLICATION FOR 2009 FUNDS

## CITY-COUNTY-UNITED WAY CONSOLIDATED APPLICATION

### APPLICATION SUMMARY

<b>ORGANIZATION NAME</b>			
<b>MAILING ADDRESS</b> <small>If P.O. Box, include Street Address on second line</small>			
<b>TELEPHONE</b>		<b>LEGAL STATUS</b>	
<b>FAX NUMBER</b>		<input type="checkbox"/> Private, Non-Profit	
<b>NAME CHIEF ADMIN/ CONTACT</b>		<input type="checkbox"/> Private, For Profit	
<b>INTERNET WEBSITE (if applicable)</b>		<input type="checkbox"/> Other: LLC, LLP, Sole Proprietor	
<b>E-MAIL ADDRESS</b>		Federal EIN: _____ State CN: _____	

**PROGRAM NAME** Please list the program for which you are applying.

PROGRAM NAME	PROGRAM CONTACT PERSON	PHONE NUMBER	E-MAIL

## PROGRAM DESCRIPTION

- A. **PROGRAM ACTIVITIES** In the space below, describe the strategies and program activities used to achieve each of the program outcomes. (These usually include a description of what services your staff and volunteers deliver to achieve your outcomes.)

Outcome #1

Outcome #2

B. **PROGRAM BUDGET 2008 ESTIMATED OPERATING BUDGET and 2009 Proposed Budget** (You may change row headings to make them applicable to your organization.)

ACCOUNT CATEGORY Source	2008 REVENUE SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SERV					
DANE CO CDBG					
MADISON COMM SERV					
MADISON CDBG					
UNITED WAY ALLOC					
UNITED WAY DESIG					
OTHER GOVT					
FUND RAISING					
USER FEES					
OTHER					
TOTAL					

ACCOUNT CATEGORY Source	2009 REVENUE SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SERV					
DANE CO CDBG					
MADISON COMM SERV					
MADISON CDBG					
UNITED WAY ALLOC					
UNITED WAY DESIG					
OTHER GOVT					
FUND RAISING					
USER FEES					
OTHER					
TOTAL					

C. **2009 COST EXPLANATION** (Complete only if significant financial changes are anticipated between 2008 and 2009.) Explain specifically, by revenue source and/or account category, any noteworthy change in the 2009 request. For example, unusual cost increase, program expansion, Living Wage requirements, or loss of revenue.



4. **AGENCY GOVERNING BODY** How many Board meetings has your governing body or Board of Directors scheduled for 2008? \_\_\_\_\_

Please list your current Board of Directors or your agency's governing body. Include names, addresses, primary occupation and board office held. If you have more members, please copy this page.

<b>Board President's Name</b> <b>Home Address</b> <b>Occupation</b> <b>Representing</b> <b>Term of Office:</b> <b>From __ To __</b>		<b>Board Vice-President's Name</b> <b>Home Address</b> <b>Occupation</b> <b>Representing</b> <b>Term of Office:</b> <b>From __ To __</b>	
<b>Board Secretary's Name</b> <b>Home Address</b> <b>Occupation</b> <b>Representing</b> <b>Term of Office:</b> <b>From __ To __</b>		<b>Board Treasurer's Name</b> <b>Home Address</b> <b>Occupation</b> <b>Representing</b> <b>Term of Office:</b> <b>From __ To __</b>	
<b>Name</b> <b>Home Address</b> <b>Occupation</b> <b>Representing</b> <b>Term of Office:</b> <b>From __ To __</b>		<b>Name</b> <b>Home Address</b> <b>Occupation</b> <b>Representing</b> <b>Term of Office:</b> <b>From __ To __</b>	
<b>Name</b> <b>Home Address</b> <b>Occupation</b> <b>Representing</b> <b>Term of Office:</b> <b>From __ To __</b>		<b>Name</b> <b>Home Address</b> <b>Occupation</b> <b>Representing</b> <b>Term of Office:</b> <b>From __ To __</b>	
<b>Name</b> <b>Home Address</b> <b>Occupation</b> <b>Representing</b> <b>Term of Office:</b> <b>From __ To __</b>		<b>Name</b> <b>Home Address</b> <b>Occupation</b> <b>Representing</b> <b>Term of Office:</b> <b>From __ To __</b>	
<b>Name</b> <b>Home Address</b> <b>Occupation</b> <b>Representing</b> <b>Term of Office:</b> <b>From __ To __</b>		<b>Name</b> <b>Home Address</b> <b>Occupation</b> <b>Representing</b> <b>Term of Office:</b> <b>From __ To __</b>	

**STAFF-BOARD-VOLUNTEER DESCRIPTORS**

5. **STAFF/BOARD/VOLUNTEERS DESCRIPTORS** For your agency's **2008** staff, board and volunteers, indicate by number and percentage the following characteristics.

DESCRIPTOR	STAFF		BOARD		VOLUNTEER	
	Number	Percent	Number	Percent	Number	Percent
<b>TOTAL</b>		<b>100%</b>		<b>100%</b>		<b>100%</b>
<b>GENDER</b>						
MALE						
FEMALE						
<b>AGE</b>						
LESS THAN 18 YRS						
18 – 59 YRS						
60 AND OLDER						
<b>RACE</b>						
WHITE						
BLACK						
HISPANIC						
NATIVE AMERICAN						
ASIAN/PACIFIC ISLE						
MULTI-RACIAL						
<b>ETHNICITY</b>						
HISPANIC						
NON-HISPANIC						
<b>HANDICAPPED*</b> <b>(Persons with Disabilities)</b>						





## Appendix A

### Dane County Department of Human Services Program Budget

All applicants to Dane County Department of Human Services should provide a detailed program budget. Please complete the program budget following these instructions, and submit only to Dane County Human Services.

- Column 1** CURRENT YEAR TOTAL BUDGET. This is the total amount budgeted for this program.
- Column 2** CURRENT YEAR COUNTY FUNDED. This is the County-funded portion of the total program budget. Column 3 + Column 4 equals this column.
- Column 3** CURRENT YEAR COUNTY FUNDED ADMIN. Using the County's definition of Admin, distribute the costs in column 2 between this column and column 4.
- Column 4** CURRENT YEAR COUNTY FUNDED PROGRAM. Costs not classified as Admin are classified as Program. This column equals Column 2 minus Column 3.
- AGENCY ADMINISTRATIVE COST PERCENT. This reflects the current year administrative cost percent. Column 3 County Funded Admin divided by column 2 County Funded. This amount cannot exceed 15%.

# ADMINISTRATION AND PROGRAM COST CLASSIFICATION GUIDELINES

## ADMINISTRATION COSTS

Administration costs are costs related to the overall direction of the agency. These costs are often described as indirect costs.

### Personnel

Salary, Tax & Benefit costs for personnel or contractors who carry out the following functions would generally be treated as administrative costs.

- Program evaluation
- Program planning
- Budget planning, tracking and development
- Program and fiscal reporting
- Management (Supervision of program managers, supervisors, accounting, human resource and administrative support staff)
- Data and information technology system development and management
- Data tracking and client record keeping
- Sub-contracting, including contract negotiations and contract management
- Accounting
- Personnel Administration (human resource functions of staff recruiting and hiring)
- Billing and third party collections
- Agency-wide public relations
- Brochure, web-site and publication development
- Strategic planning

Personnel who would be reported here could include executive directors, accountants, data processing staff, bookkeepers, receptionists, business managers and administrative assistants. It is possible that some positions may have duties that are classified as Administration and duties that are classified as Program. If this is the case, the costs should be allocated in a reasonable manner between the administration and program categories.

### Operating

- Insurance: all liability, program, personal injury, property damage, automobile, etc. This line item includes all types except insurance relating to payroll.
  - Professional Fees (100% of these costs would be reported as administration with the exception of program related professional fees.) All fees/charges of professional, legal, or technical consultants who are not employees of the organization. These persons provide bookkeeping, audit, legal data processing and other similar services.
  - Agency audits
  - Postage, Office and Program Supplies: postage and mailing costs; office supplies; program supplies for clients/participants; all reproduction, printing of agency brochures, posters, reports, etc.
  - Equipment/Furnishings: equipment/furnishings leasing; maintenance; and depreciation.
  - Telephone: includes costs of telecommunications devices including all telephones and Telecommunications Devices for the Deaf (TDD's), pagers and answering services.
  - Training/Conference: expenditure for staff, board members, and other volunteers to receive training and attend conferences, including registration fees, travel expenses, accommodations, per diem expenses, trainer fees, etc.
  - Food/Household Supplies: food/household supplies for residents of a facility.
  - Auto Allowance: mileage or flat reimbursement for employees who use their private vehicles for agency business; public transportation costs.
  - Vehicle Costs: lease of vehicles/vans; depreciation and operation expenses of agency-owned vehicles, etc.
- (Operating costs for administrative personnel, e.g., utilities, equipment, maintenance, legal services, purchasing.)

Space - Space costs for administrative personnel

Other - Please specify: additional operating budget categories and/or special budget categories used by your organization that may be important to list. Please explain "other" at the bottom of page 12.

## PROGRAM BUDGET

Program costs are costs related to providing direct services or support within a specific program.

### **Personnel**

Salary, Taxes and Benefit costs for personnel or contractors carrying out any of the following functions would be included in program costs.

- Direct client services (staff who provide 90 percent or more of their time carrying out these functions are considered 100 percent program cost)
- Face-to-face client or phone contact
- Client-specific advocacy needed to obtain services for individual clients
- Supervisory time spent on directly supervising individuals who are responsible for direct client services, when that supervisory time is focused on the work that staff do with clients.

Personnel who would be reported here could include program managers, program support staff, supervisors and line staff. It is possible that some positions may have duties that are classified as Administration and duties that are classified as Program. If this is the case, the costs should be allocated in a reasonable manner between the administration and program categories.

### **Operating**

- Insurance
- Professional Fees (Only program related professional fees.)
- Postage, Office and Program Supplies
- Equipment/Furnishings
- Telephone
- Training/Conference
- Food/Household Supplies
- Auto Allowance
- Vehicle Costs

Operating costs for program personnel, insurance, utilities, equipment, maintenance, legal services, purchasing, professional fees, postage, supplies, telephone, food/household supplies, auto allowance, vehicle costs.

**Space** -Space costs for program personnel

**Special Costs** - Assistance to Individuals

**Other** - Please specify

*If these guidelines do not completely address or clarify your unique set of circumstances, questions regarding the County's interpretation of proper classification between program and administrative cost classifications should be directed to your contract manager who will work with our fiscal staff to resolve your questions.*

(1) TOTAL PROGRAM BUDGET	(2) COUNTY FUNDED (= Col 3 + 4)	(3) COUNTY FUNDED ADMIN COSTS	(4) COUNTY FUNDED PROGRAM
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A. PERSONNEL

Salaries			
Taxes			
Benefits			
Subtotal A			

B. OPERATING

Insurance			
Professional Fees			
Audit			
Data Processing			
Postage, Office, & Program Supplies			
Equipment/Furnishings			
Depreciation			
Telephone			
Training/Conference			
Food/Household Supplies			
Auto Allowance			
Vehicle Costs			
Other1:			
Other2:			
Subtotal B			

C. SPACE

Rent			
Utilities			
Maintenance			
Mortgage Interest, Depreciation			
Property Taxes			
Subtotal C			

D. SPECIAL COSTS

Assistance to Individuals			
Subtotal D			

E. OTHER (Specify)

Other3:			
Other4:			
Subtotal E			

TOTAL A THROUGH E			
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Agency Administrative Cost Percent: \_\_\_\_\_