

DANE COUNTY APPLICATION FOR 2010 CDBG AND HOME FUNDS

APPLICATION SUMMARY

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

PROJECT NAME: Please list the project for which you are applying.

PROJECT NAME	PROJECT CONTACT PERSON	PHONE NUMBER	E-MAIL

FUNDS REQUESTED: Please list the amount and source of funding for which you are applying.

AMOUNT OF REQUEST	CDBG	HOME	EITHER
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROJECT DESCRIPTION

A. **PROJECT NEED:** In the space below, provide a brief description of the need or problem that will be addressed.

B. **CONSOLIDATED PLAN PRIORITY TO BE ADDRESSED:** In the space below, indicate how the project fits into the priorities set forth in the 2010-2014 Consolidated Plan.

C. **PROJECT DESCRIPTION:** In the space below, provide a description of the work that will be undertaken and describe how it will address the identified problem. Include information on any partnerships that have been or will be formed in order to insure the success of the project.

D. **POPULATION TO BE SERVED:** In the space below, provide a brief description of the population that will benefit from this project. If this provides a service, please include information regarding the referral/application process, eligibility criteria, capacity, and waiting list process.

E. **GEOGRAPHIC SERVICE AREA:** In the space below, provide a brief description of the location(s) where the project or services will take place. Maps may be included as separate attachments.

F. **WORKPLAN WITH TIMELINE AND MILESTONES:** In the space below, provide a work plan for how the project will be organized, implemented, and administered. Include a timeline and milestones from initiation through project completion.

G. **OUTCOMES/PROPOSED ACCOMPLISHMENTS:** In the space below, provide a description of the outcomes or expected benefits of this project for the population to be served.

H. **OUTREACH AND MARKETING INITIATIVES:** In the space below, provide a description of the outreach and marketing initiatives that will be undertaken to inform potential participants of the project, eligibility criteria, and method(s) by which they may participate.

- I. **PROGRAM BUDGET 2009 ESTIMATED OPERATING BUDGET and 2010 Proposed Budget** (You may change row headings to make them applicable to your organization.) If this is a new program for you in 2010, you can disregard the 2009 estimated budget. Use Appendix B for Capital Budgets.

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					

ACCOUNT CATEGORY Source	2010 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					

J. **2010 COST EXPLANATION** *(Complete only if significant financial changes are anticipated between 2009 and 2010.)* Explain specifically, by revenue source and/or account category, any noteworthy change in the 2010 request. For example, unusual cost increase, program expansion, Living Wage requirements, or loss of revenue.

K. **HOME MATCH:** If you would like to be considered for funding under the HOME Program, please describe how your organization would meet the 25% non-federal matching funds requirement.

L. **FUNDS NEED:** In the space below, please describe why CDBG/HOME funds are needed to ensure the viability of this project.

3. **AGENCY GOVERNING BODY:** How many Board meetings has your governing body or Board of Directors scheduled for 2009? _____

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.

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

STAFF-BOARD-VOLUNTEER DESCRIPTORS

4. **STAFF/BOARD/VOLUNTEERS DESCRIPTORS:** For your agency's **2009** staff, board and volunteers, indicate by number and percentage the following characteristics.

DESCRIPTOR	STAFF		BOARD		VOLUNTEER	
	Number	Percent	Number	Percent	Number	Percent
TOTAL		100%		100%		100%
GENDER						
MALE						
FEMALE						
AGE						
LESS THAN 18 YRS						
18 – 59 YRS						
60 AND OLDER						
RACE						
WHITE						
BLACK						
HISPANIC						
NATIVE AMERICAN						
ASIAN/PACIFIC ISLE						
MULTI-RACIAL						
ETHNICITY						
HISPANIC						
NON-HISPANIC						
PERSONS WITH DISABILITIES						

Appendix A

COUNTY Program Budget

All applicants to Dane County should provide a detailed program budget. Please complete the program budget following these instructions, and submit this appendix along with your application.

Column 1 CURRENT YEAR TOTAL BUDGET. This is the total amount budgeted for this program.

Column 2 CURRENT YEAR CDBG/HOME FUNDED. This is the County CDBG/HOME funded portion of the total program budget. Column 3 + Column 4 equals this column.

Column 3 CURRENT YEAR CDBG/HOME 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 CDBG/HOME 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) CDBG/HOME FUNDED (= Col 3 + 4)	(3) CDBG/HOME FUNDED ADMIN COSTS	(4) CDBG/HOME 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: _____

APPENDIX B: CAPITAL BUDGET

Include the amount and source of all project funding.

	TOTAL	Amount	Source/Terms**	Amount	Source/Terms**	Amount	Source/Terms**
	ACQUISITION COSTS:						
Acquisition							
Title Insurance/ Recording							
Appraisal							
*Predevelopment/ feasibility// market study							
Survey							
*Marketing							
Relocation							
Other:							
CONSTRUCTION:							
Construction							
Soils/Site Preparation							
Construction Manag, Landscaping, signage							
Construction Interest							
Permits; print plans							
Other:							
FEES:							
Architect							
Engineering							
*Accounting							
*Legal							
*Development Fee							
*Leasing Fee							
Other:							
PROJECT CONTINGENCY							
OTHER (specify)							
TOTAL COSTS							

If CDBG funds are used for items with an asterisk (*), the total cost of these items may not exceed 10% of the CDBG amount. Each funding source and amount must be listed separately, i.e., Acquisition: \$30,000 CDBG, \$100,000 First Bank. Under source/terms, identify if this is a loan or grant and the terms.