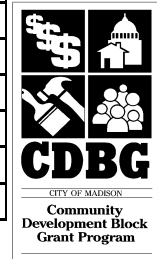


APPLICATION FOR 2011-2012 FUNDS

1. AGENCY CONTACT INFORMATION

Organization	
Mailing Address	
Telephone	
FAX	
Admin Contact	
Financial Contact	
Website	
Email Address	
Legal Status	Select Status from Drop-Down
Federal EIN:	
State CN:	
DUNS #	



2. AGENCY PROGRAM SUMMARY

2. AGENCY PROGRAM SUMMARY			Goals and Priorities (See Instructions)
Program Name	Letter	New?	Please identify and enter the relevant Program Goal and Priority statement
Program A	A		Select a Priority Statement from the Drop-Down
Program B	B		Select a Priority Statement from the Drop-Down
Program C	C		Select a Priority Statement from the Drop-Down
Program D	D		Select a Priority Statement from the Drop-Down
Program E	E		Select a Priority Statement from the Drop-Down
Program F	F		Select a Priority Statement from the Drop-Down
Program G	G		Select a Priority Statement from the Drop-Down
Program H	H		Select a Priority Statement from the Drop-Down
Program I	I		Select a Priority Statement from the Drop-Down
Program J	J		Select a Priority Statement from the Drop-Down
Program K	K		Select a Priority Statement from the Drop-Down
Program L	L		Select a Priority Statement from the Drop-Down

3. SIGNATURE PAGE**AFFIRMATIVE ACTION**

If funded, applicant hereby agrees to comply with City of Madison Ordinance 39.02 and file either an exemption or an affirmative action plan with the Department of Civil Rights. A Model Affirmative Action Plan and instructions are available at www.cityofmadison.com/dcr/aaForms.cfm.

LIVING WAGE ORDINANCE

If funded, applicant hereby agrees to comply with City of Madison Ordinance 4.20. This ordinance requires all employees paid under this contract be paid (at least) the Living Wage for 2011 as established by the City of Madison. In 2010 the Living Wage was \$11.66 hourly, in 2011 it is expected to be approximately \$12.00 hourly.

CITY OF MADISON CONTRACTS

If funded, applicant agrees to comply with all applicable local, State and Federal provisions.

A sample contract that includes standard provisions may be obtained by contacting the Community Development Division at 266-6520

If funded, the City of Madison reserves the right to negotiate the final terms of a contract with the selected agency.

4. SIGNATURE

Enter name:

By entering your initials in the box you are electronically signing your name and agreeing to the terms listed above

DATE

ORGANIZATION:

PROGRAM/LETTER:

A Program A

PROGRAM BUDGET

1. 2010 BUDGETED

REVENUE SOURCE	SOURCE TOTAL	ACCOUNT CATEGORY			
		PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0
MADISON-COMM SVCS	0	0	0	0	0
MADISON-CDBG	0	0	0	0	0
UNITED WAY ALLOC	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT	0	0	0	0	0
FUNDRAISING DONATIONS	0	0	0	0	0
USER FEES	0	0	0	0	0
OTHER	0	0	0	0	0
TOTAL REVENUE	0	0	0	0	0

2. 2011 PROPOSED BUDGET

REVENUE SOURCE	SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0
MADISON-COMM SVCS	0	0	0	0	0
MADISON-CDBG	0	0	0	0	0
UNITED WAY ALLOC	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT*	0	0	0	0	0
FUNDRAISING DONATIONS	0	0	0	0	0
USER FEES	0	0	0	0	0
OTHER**	0	0	0	0	0
TOTAL REVENUE	0	0	0	0	0

*OTHER GOVT 2011

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

**OTHER 2011

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

ORGANIZATION:

PROGRAM/LETTER:

A Program A

2012 PROGRAM CHANGE EXPLANATION

Complete only if you are requesting more than your 2011 request.

Note: Additional funding should only be requested where services or programming will change or expand in the second year.

3. PROGRAM UPDATE: If requesting more than 2011, describe any major changes being proposed for the program/service in 2012, i.e., expansions or narrowing in target population, scope and level of services, geographic area to be served, etc.).

200 characters (w ith spaces)

4. 2012 COST EXPLANATION

Complete only if significant financial changes are anticipated between 2011-2012.

Explain specifically, by revenue source, any significant financial changes that you anticipate between 2011 and 2012.

For example: unusual cost increases, program expansion or loss of revenue.

200 characters (w ith spaces)

5. 2012 PROPOSED BUDGET

REVENUE SOURCE	BUDGET TOTAL	ACCOUNT CATEGORY			
		PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0
MADISON-COMM SVCS	0	0	0	0	0
MADISON-CDBG	0	0	0	0	0
UNITED WAY ALLOC	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT*	0	0	0	0	0
FUNDRAISING DONATIONS	0	0	0	0	0
USER FEES	0	0	0	0	0
OTHER**	0	0	0	0	0
TOTAL REVENUE	0	0	0	0	0

*OTHER GOVT 2012

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

**OTHER 2012

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

ORGANIZATION:
PROGRAM/LETTER:
PRIORITY STATEMENT:

A Program A
Select a Priority Statement from the Drop-Down

DESCRIPTION OF SERVICES

6. NEED FOR PROGRAM: Please identify local community need or gap in service that the proposed program will address.

1000 characters (w ith spaces)

7. SERVICE DESCRIPTION - Describe the service(s) provided including your expectations of the impact of your activities.

1600 characters (w ith spaces)

8. PROPOSED PROGRAM CONTRACT GOALS: Include clearly defined service goals and process objectives: number of unduplicated clients to be served, number of service hours to be provided etc.

600 characters (w ith spaces)

9. SERVICE HOURS: Frequency, duration of service and hours and days of service availability.

400 characters (w ith spaces)

ORGANIZATION:

PROGRAM/LETTER:

A Program A

10. POPULATION SERVED: Please describe in terms of age, income level, LEP, literacy, cognitive or physical disabilities or challenges).

600 characters (w ith spaces)

11. LOCATION: Location of service and intended service area (Include census tract where service is tract specific).

200 characters (w ith spaces)

12. OUTREACH PLAN: Describe your outreach and marketing strategies to engage your intended service population.

1000 characters (w ith spaces)

13. COORDINATION: Describe how you coordinate your service delivery with other community groups or agencies.

1000 characters (w ith spaces)

14. VOLUNTEERS: How are volunteers utilized in this program?

400 characters (w ith spaces)

15. Number of volunteers utilized in 2010?

Number of volunteer hours utilized in this program in 2010?

ORGANIZATION:

PROGRAM/LETTER:

A Program A

16. BARRIERS TO SERVICE: Are there populations that are experiencing barriers to the service you are proposing, i.e., cultural differences, language barriers and/or physical or mental impairments or disabilities? Describe the ability of proposed program to respond to the needs of diverse populations.

1600 characters (with spaces)

17. EXPERIENCE: Please describe how your agency, and program staff experience, qualifications, and past performance will contribute to the success of the proposed program?

1600 characters (with spaces)

18. LICENSING OR ACCREDITATION: Report program licensing, accreditation or certification standards currently applied.

200 characters (with spaces)

19. STAFF: Program Staff: Staff Titles, FTE dedicated to this program, and required qualifications for program staff.

Staff Title	FTE	City \$	Qualifications

ORGANIZATION:

PROGRAM/LETTER:

A Program A

COMMUNITY RESOURCES DESCRIPTION OF SERVICES SUPPLEMENT

Please provide the following information ONLY if you are applying for projects that meet the "Community Resources Program Goals & Priorities" If not applying for CR Funds, go to Demographics (p. 8).

24. CONTRIBUTING RESEARCH

Please identify research or best practice frameworks you have utilized in developing this program.

2000 characters (w ith spaces)

25. ACCESS FOR LOW-INCOME INDIVIDUALS AND FAMILIES

What percentage of this program's participants do you expect to be of low and/or moderate income?

0.0%

What framework do you use to determine or describe participant's or household income status? (check all that apply)

Number of children enrolled in free and reduced lunch

Individuals or families that report 0-50% of Dane County Median Income

Individual or family income in relation to Federal Poverty guidelines

Other

26. HOW IS THIS INFORMATION CURRENTLY COLLECTED?

400 characters (w ith spaces)

27. PLEASE DESCRIBE YOUR USER FEE STRUCTURE AND ANY ACCOMMODATIONS MADE TO ADDRESS ACCESS ISSUES FOR LOW INCOME INDIVIDUALS AND FAMILIES.

600 characters (w ith spaces)

ORGANIZATION:

PROGRAM/LETTER:

A Program A

28. DEMOGRAPHICS

Complete the following chart for unduplicated participants served by this program in 2009. Indicate the number and percentage for the following characteristics. For new programs, please estimate projected participant numbers and descriptors.

PARTICIPANT DESCRIPTOR	#	%	PARTICIPANT DESCRIPTOR	#	%
TOTAL	0	0%	AGE		
MALE	0	0%	<2	0	0%
FEMALE	0	0%	2 - 5	0	0%
UNKNOWN/OTHER	0	0%	6 - 12	0	0%
			13 - 17	0	0%
			18 - 29	0	0%
			30 - 59	0	0%
			60 - 74	0	0%
			75 & UP	0	0%
			TOTAL AGE	0	0%
			RACE		
			WHITE/CAUCASIAN	0	0%
			BLACK/AFRICAN AMERICAN	0	0%
			ASIAN	0	0%
			AMERICAN INDIAN/ALASKAN NATIVE	0	0%
			NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0%
			MULTI-RACIAL:	0	0%
			Black/AA & White/Caucasian	0	0%
			Asian & White/Caucasian	0	0%
			Am Indian/Alaskan Native & White/Caucasian	0	0%
			Am Indian/Alaskan Native & Black/AA	0	0%
			BALANCE/OTHER	0	0%
			TOTAL RACE	0	0%
			ETHNICITY		
			HISPANIC OR LATINO	0	0%
			NOT HISPANIC OR LATINO	0	0%
			TOTAL ETHNICITY	0	0%
			PERSONS WITH DISABILITIES	0	0%
			RESIDENCY		
			CITY OF MADISON	0	0%
			DANE COUNTY (NOT IN CITY)	0	0%
			OUTSIDE DANE COUNTY	0	0%
			TOTAL RESIDENCY	0	0%

Note: Race and ethnic categories are stated as defined in HUD standards

ORGANIZATION:

PROGRAM/LETTER:

A Program A

29. PROGRAM OUTCOMES

Number of unduplicated individual participants served during 2009.

Total to be served in 2011.

Complete the following for each program outcome. No more than two outcomes per program will be reviewed.

If applying to OCS, please refer to your research and/or posted resource documents if appropriate.

Refer to the instructions for detailed descriptions of what should be included in the table below.

Outcome Objective # 1:

Performance Indicator(s):

Proposed for 2011:

Total to be considered in

perf. measurement

Targeted % to meet perf. measures

Targeted # to meet perf. measure 0

Proposed for 2012:

Total to be considered in

perf. measurement

Targeted % to meet perf. measures

Targeted # to meet perf. measure 0

Explain the measurement
tools or methods:

Outcome Objective # 2:

Performance Indicator(s):

Proposed for 2011:

Total to be considered in

perf. measurement

Targeted % to meet perf. measures

Targeted # to meet perf. measure 0

Proposed for 2012:

Total to be considered in

perf. measurement

Targeted % to meet perf. measures

Targeted # to meet perf. measure 0

Explain the measurement
tools or methods:

ORGANIZATION:

--

PROGRAM BUDGET

1. 2010 BUDGETED

REVENUE SOURCE	SOURCE TOTAL	ACCOUNT CATEGORY			
		PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0
UNITED WAY ALLOC	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT	0	0	0	0	0
FUNDRAISING DONATIONS	0	0	0	0	0
USER FEES	0	0	0	0	0
OTHER	0	0	0	0	0
TOTAL REVENUE	0	0	0	0	0

2. 2011 PROPOSED BUDGET

REVENUE SOURCE	SOURCE TOTAL	ACCOUNT CATEGORY			
		PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0
UNITED WAY ALLOC	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT*	0	0	0	0	0
FUNDRAISING DONATIONS	0	0	0	0	0
USER FEES	0	0	0	0	0
OTHER**	0	0	0	0	0
TOTAL REVENUE	0	0	0	0	0

*OTHER GOVT 2011

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

**OTHER 2011

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

1. AGENCY CONTACT INFORMATION

Organization			
Mailing Address			
Telephone			
FAX			
Admin Contact			
Financial Contact			
Website			
Email Address			
Legal Status	Select Status from Drop-Down		
Federal EIN:			
State CN:			
DUNS #			

2. CONTACT INFORMATION

A	Program A			
	Contact:		Phone:	Email:
B	Program B			
	Contact:		Phone:	Email:
C	Program C			
	Contact:		Phone:	Email:
D	Program D			
	Contact:		Phone:	Email:
E	Program E			
	Contact:		Phone:	Email:
F	Program F			
	Contact:		Phone:	Email:
G	Program G			
	Contact:		Phone:	Email:
H	Program H			
	Contact:		Phone:	Email:
I	Program I			
	Contact:		Phone:	Email:
J	Program J			
	Contact:		Phone:	Email:
K	Program K			
	Contact:		Phone:	Email:
L	Program L			
	Contact:		Phone:	Email:

3. AGENCY REVENUE DETAILED BY PROGRAM

REVENUE SOURCE	2009 ACTUAL	2010 BUDGET	2011 PROPOSED	2011 PROPOSED PROGRAMS			
				A	B	C	D
DANE CO HUMAN SVCS		0	0	0	0	0	0
DANE CO CDBG		0	0	0	0	0	0
MADISON-COMM SVCS		0	0	0	0	0	0
MADISON-CDBG		0	0	0	0	0	0
UNITED WAY ALLOC		0	0	0	0	0	0
UNITED WAY DESIG		0	0	0	0	0	0
OTHER GOVT		0	0	0	0	0	0
FUNDRAISING DONATIONS		0	0	0	0	0	0
USER FEES		0	0	0	0	0	0
OTHER		0	0	0	0	0	0
TOTAL REVENUE	0	0	0	0	0	0	0

REVENUE SOURCE	2011 PROPOSED PROGRAMS CONT.						
	E	F	G	H	I	J	K
DANE CO HUMAN SVCS	0	0	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0	0	0
MADISON-COMM SVCS	0	0	0	0	0	0	0
MADISON-CDBG	0	0	0	0	0	0	0
UNITED WAY ALLOC	0	0	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0	0	0
OTHER GOVT	0	0	0	0	0	0	0
FUNDRAISING DONATIONS	0	0	0	0	0	0	0
USER FEES	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0
TOTAL REVENUE	0	0	0	0	0	0	0

REVENUE SOURCE	2011 PROPOSED PROGRAMS CONT.						
	L						Non-City
DANE CO HUMAN SVCS	0						0
DANE CO CDBG	0						0
MADISON-COMM SVCS	0						0
MADISON-CDBG	0						0
UNITED WAY ALLOC	0						0
UNITED WAY DESIG	0						0
OTHER GOVT	0						0
FUNDRAISING DONATIONS	0						0
USER FEES	0						0
OTHER	0						0
TOTAL REVENUE	0						0

AGENCY ORGANIZATIONAL PROFILE

4. AGENCY MISSION STATEMENT

600 characters (with spaces)

5. AGENCY EXPERIENCE AND QUALIFICATIONS

6000 characters (with spaces)

6. AGENCY GOVERNING BODY

How many Board meetings were held in 2009?

How many Board meetings has your governing body or Board of Directors scheduled for 2010?

How many Board seats are indicated in your agency by-laws?

Please list your current Board of Directors or your agency's governing body.

Name

Home Address

Occupation

Representing

Term of Office

From:

mm/yyyy

To:

mm/yyyy

Name

Home Address

Occupation

Representing

Term of Office

From:

mm/yyyy

To:

mm/yyyy

Name

Home Address

Occupation

Representing

Term of Office

From:

mm/yyyy

To:

mm/yyyy

Name

Home Address

Occupation

Representing

Term of Office

From:

mm/yyyy

To:

mm/yyyy

Name

Home Address

Occupation

Representing

Term of Office

From:

mm/yyyy

To:

mm/yyyy

Name

Home Address

Occupation

Representing

Term of Office

From:

mm/yyyy

To:

mm/yyyy

Name

Home Address

Occupation

Representing

Term of Office

From:

mm/yyyy

To:

mm/yyyy

Name

Home Address

Occupation

Representing

Term of Office

From:

mm/yyyy

To:

mm/yyyy

AGENCY GOVERNING BODY cont.

Name					
Home Address					
Occupation					
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy
Name					
Home Address					
Occupation					
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy
Name					
Home Address					
Occupation					
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy
Name					
Home Address					
Occupation					
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy
Name					
Home Address					
Occupation					
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy
Name					
Home Address					
Occupation					
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy
Name					
Home Address					
Occupation					
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy
Name					
Home Address					
Occupation					
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy
Name					
Home Address					
Occupation					
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy
Name					
Home Address					
Occupation					
Representing					
Term of Office		From:	mm/yyyy	To:	mm/yyyy

AGENCY GOVERNING BODY cont.

Name

Home Address

Occupation

Representing

Term of Office

From:

mm/yyyy

To:

mm/yyyy

Name

Home Address

Occupation

Representing

Term of Office

From:

mm/yyyy

To:

mm/yyyy

Name

Home Address

Occupation

Representing

Term of Office

From:

mm/yyyy

To:

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Occupation

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Term of Office

From:

mm/yyyy

To:

mm/yyyy

Name

Home Address

Occupation

Representing

Term of Office

From:

mm/yyyy

To:

mm/yyyy

Name

Home Address

Occupation

Representing

Term of Office

From:

mm/yyyy

To:

mm/yyyy

7. STAFF-BOARD-VOLUNTEER DEMOGRAPHICS

Indicate by number the following characteristics for your agency's current staff, board and volunteers.

Refer to application instructions for definitions. You will receive an "ERROR" until completing the demographic information.

DESCRIPTOR	STAFF		BOARD		VOLUNTEER	
	Number	Percent	Number	Percent	Number	Percent
TOTAL	0	0%	0	0%	0	0%
GENDER						
MALE	0	0%	0	0%	0	0%
FEMALE	0	0%	0	0%	0	0%
UNKNOWN/OTHER	0	0%	0	0%	0	0%
TOTAL GENDER	0	0%	0	0%	0	0%
AGE						
LESS THAN 18 YRS	0	0%	0	0%	0	0%
18-59 YRS	0	0%	0	0%	0	0%
60 AND OLDER	0	0%	0	0%	0	0%
TOTAL AGE	0	0%	0	0%	0	0%
RACE*						0
WHITE/CAUCASIAN	0	0%	0	0%	0	0%
BLACK/AFRICAN AMERICAN	0	0%	0	0%	0	0%
ASIAN	0	0%	0	0%	0	0%
AMERICAN INDIAN/ALASKAN NATIVE	0	0%	0	0%	0	0%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0%	0	0%	0	0%
MULTI-RACIAL:	0	0%	0	0%	0	0%
Black/AA & White/Caucasian	0	0%	0	0%	0	0%
Asian & White/Caucasian	0	0%	0	0%	0	0%
Am Indian/Alaskan Native & White/Caucasian	0	0%	0	0%	0	0%
Am Indian/Alaskan Native & Black/AA	0	0%	0	0%	0	0%
BALANCE/OTHER	0	0%	0	0%	0	0%
TOTAL RACE	0	0%	0	0%	0	0%
ETHNICITY						
HISPANIC OR LATINO	0	0%	0	0%	0	0%
NOT HISPANIC OR LATINO	0	0%	0	0%	0	0%
TOTAL ETHNICITY	0	0%	0	0%	0	0%
PERSONS WITH DISABILITIES	0	0%	0	0%	0	0%

*These categories are identified in HUD standards.

8. AGENCY EXPENSE BUDGET

This chart describes your agency's total expense budget for 3 separate years.

Where possible, use audited figures for 2009 Actual. The 2010 Budget and 2011 Proposed Budget will autofill from information you provided elsewhere in the application.

Account Description	2009 ACTUAL	2010 BUDGET	2011 PROPOSED
A. PERSONNEL			
Salary	0	0	0
Taxes	0	0	0
Benefits	0	0	0
SUBTOTAL A.	0	0	0
B. OPERATING			
All "Operating" Costs	0	0	0
SUBTOTAL B.	0	0	0
C. SPACE			
Rent/Utilities/Maintenance	0	0	0
Mortgage (P&I) / Depreciation / Taxes	0	0	0
SUBTOTAL C.	0	0	0
D. SPECIAL COSTS			
Assistance to Individuals	0	0	0
Subcontracts, etc.	0	0	0
Affiliation Dues	0	0	0
Capital Expenditure	0	0	0
Other:	0	0	0
SUBTOTAL D.	0	0	0
SPECIAL COSTS LESS CAPITAL EXPENDITURE	0	0	0
TOTAL OPERATING EXPENSES	0	0	0
E. TOTAL CAPITAL EXPENDITURES	0	0	0

9. PERSONNEL DATA: List Percent of Staff Turnover

0.0%

Divide the number of resignations or terminations in calendar year 2009 by total number of budgeted positions.

Do not include seasonal positions. Explain if you had a 20% or more turnover rate in a certain staff position/category.

Discuss any other noteworthy staff retention issues, or policies to reduce staff turnover.

600 characters (with spaces)

10. PERSONNEL DATA: Personnel Schedule

List each individual staff position by title. Seasonal Employees should be entered at the bottom.

Indicate if the position meets the Living Wage Exception with an asterisk (*).

Indicate the number of 2011 Proposed Full-Time Equivalents (FTEs) in each staff position, across all agency programs.

Indicate the total salaries for all FTEs in that staff position. Do NOT include payroll taxes or benefits in this table.

Staff Position/Category	2010		2011		Hourly Wage	A	B	C
	Est. FTE	Est. Salary	Proposed FTE	Proposed Salary		FTE	FTE	FTE
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
	0.00	0	0.00	0	0.00	0.00	0.00	0.00
TOTAL	0.00	0	0.00	0		0.00	0.00	0.00

TOTAL PERSONNEL COSTS:	0
------------------------	---

	Nbr of Weeks	Total Hours	Hourly Wage	Seasonal Earnings		A	B	C
Seasonal/Project Employee ONLY	Weeks	Hours	Wage	Earnings		# HRS	# HRS	# HRS
	0	0	0.00	0		0.00	0.00	0.00
	0	0	0.00	0		0.00	0.00	0.00
	0	0	0.00	0		0.00	0.00	0.00
	0	0	0.00	0		0.00	0.00	0.00
	0	0	0.00	0		0.00	0.00	0.00
TOTAL	0	0		0		0.00	0.00	0.00

2011 PROPOSED FTEs DISTRIBUTED BY PROGRAM

[illegible][illegible]

Please provide the following information if you are applying for projects that meet the Community Development Goals & Priorities, Outcome Objective G: Community Neighborhood Centers and Gardens.

1000 characters (w ith spaces)

1000 characters (with spaces)

400 characters (w ith spaces)

MAY 25, 2010

ORGANIZATION:

~~CDBG SUPPLEMENTAL PAGES~~**4. AGENCY BUDGET BY PROGRAM**

REVENUE	TOTAL BUDGET			Program A			2009 Actual
	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	
DANE CO HUMAN SVCS	0	0	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0	0	0
MADISON-COMM SVCS	0	0	0	0	0	0	0
MADISON-CDBG	0	0	0	0	0	0	0
UNITED WAY ALLOC	0	0	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0	0	0
OTHER GOVT	0	0	0	0	0	0	0
FUNDRAISING DONATIONS	0	0	0	0	0	0	0
USER FEES	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0
TOTAL REVENUE	0	0	0	0	0	0	0

EXPENSE	TOTAL BUDGET			Program A			2009 Actual
	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	
PERSONNEL	0	0	0	0	0	0	0
OPERATING	0	0	0	0	0	0	0
SPACE	0	0	0	0	0	0	0
SPECIAL COSTS	0	0	0	0	0	0	0
TOTAL EXPENSES	0	0	0	0	0	0	0

COMMUNITY DEVELOPMENT DIVISION NEIGHBORHOOD CENTERS/GARDENS
CDBG SUPPLEMENTAL PAGES

CITY OF MADISON

Program B		Program C			Program D			
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0

Program B		Program C			Program D			
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0

COMMUNITY DEVELOPMENT DIVISION NEIGHBORHOOD CENTERS/GARDENS
CDBG SUPPLEMENTAL PAGES

CITY OF MADISON

Program E		Program F			Program G			
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0

Program E		Program F			Program G			
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0

COMMUNITY DEVELOPMENT DIVISION NEIGHBORHOOD CENTERS/GARDENS
CDBG SUPPLEMENTAL PAGES

CITY OF MADISON

Program H		Program I			Program J			
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0

Program H		Program I			Program J			
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0

COMMUNITY DEVELOPMENT DIVISION NEIGHBORHOOD CENTERS/GARDENS
CDBG SUPPLEMENTAL PAGES

CITY OF MADISON

Program K		Program L			Non-City Budget		
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0

Program K		Program L			Non-City Budget		
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0

ORGANIZATION: **CDBG SUPPLEMENTAL PAGES****5. AGENCY PROCESS OBJECTIVES BY PROGRAM**

2009 Actual 2010 Goal 2011 Proposed

Neighborhood Center Sponsored Program Usage

Sponsored Children/Youth Hours	0	0	0
Sponsored Adult/Family Hours	0	0	0
Sponsored Senior Hours	0	0	0
Optional Hours	0	0	0
Meeting Space Hours	0	0	0
Total Sponsored Hours	0	0	0
Sponsored Unduplicated Participants	0	0	0
Total Center Unduplicated Participants	0	0	0

Program A:

Program A

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program B:

Program B

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program C:

Program C

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program D:

Program D

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program E:

Program E

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program F:

Program F

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program G:

Program G

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program H:

Program H

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program I:

Program I

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program J:

Program J

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program K:

Program K

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program L:

Program L

Service Units	0	0	0
Unduplicated Participants	0	0	0

Non-City Pgm Service Units	0	0	0
----------------------------	---	---	---

Non-City Pgm Unduplicated Participants	0	0	0
--	---	---	---

ORGANIZATION: ~~CDBG SUPPLEMENTAL PAGES~~

6. AGENCY OUTCOME OBJECTIVE BY PROGRAM

Program Name	Outcome Objective #1	Performance Indicator #1	Measurement Tool #1
Program A			
Program B			
Program C			
Program D			
Program E			
Program F			
Program G			
Program H			
Program I			
Program J			
Program K			
Program L			
Non-City Programs			

Outcome Objective #2	Performance Indicator #2	Measurement Tool #2	Performance Measurement		
			2009 Actual	2010 Goal	2011 Proposed
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%
			0.0%	0.0%	0.0%

ORGANIZATION: ~~CDBG SUPPLEMENTAL PAGES~~

RENTAL HOUSING

Please provide the following information if you are applying for projects that meet the Community Development Program Goals & Priorities, Outcome Objective D: Rental Housing

1. Provide the following information for rental housing projects (list each address with unit number separately)

Address/Unit Number	# Bedrooms	Req. Amount of CD \$	Proj. Income Category*	Proj. Monthly Unit Rent	Includes Utilities?

*Less than or equal to 30% CMI, 30-50% CMI, 50-80% CMI, >80% CMI

2. Identify if your project includes any of the following features (Check all that apply):

Incorporates accessibility features

Incorporates energy efficiency features

Involves lead paint removal

Involves asbestos removal

Incorporates long term affordability restrictions greater than that required by the HOME rules

3. Does the project include plans to provide supportive services to residents or links to appropriate services?

If yes, please describe.

400 characters (w ith spaces)

4. Do you qualify as a Community Housing Development Organization (CHDO)?

--

5. HOME MATCH: Please describe if you could provide non-federal matching funds for this project. If yes, describe amount and source of matching funds.

400 characters (w ith spaces)

6. FUNDS NEEDED: Please describe why CDBG/ESG funds are needed to ensure the viability of this project.

400 characters (w ith spaces)

ORGANIZATION: ~~CDBG SUPPLEMENTAL PAGES~~

Please provide the following information -- if you are applying for projects that meet the CDD Community Development Program Goals & Priorities Outcome Objective D-Rental Housing

7. Real Estate Project Data Summary

Enter the site address (or addresses) for the proposed project and answer the identified questions by column for each address site.

	# of Units Prior to Purchase	# of Units Post- Project	# Units Occupied	# Tenants to be Displaced	Appraised Value Current	Appraised Value Post-Project	Purchase Price	Accessible Current?	Post-Project Accessible?
Address:									
Address:									
Address:									
Address:									
Address:									
Address:									

If no specific site has been identified, use the average of the high-low range or your best estimate of costs.

ORGANIZATION:

CDBG SUPPLEMENTAL PAGES**8. CAPITAL BUDGET**

Enter the proposed project capital budget. Identify the fund source and amount for each total line item.

Example: Acquisition: \$300,000 HOME, \$100,000 from CDBG, \$200,000 from Anchor Bank @5% interest/15 years.

	TOTAL	Amount	Source/Terms**	Amount	Source/Terms**
Acquisition Costs:					
Acquisition	0	0		0	
Title Insurance and Recording	0	0		0	
Appraisal	0	0		0	
Predvlpmnt/feasibility/market study*	0	0		0	
Survey	0	0		0	
Marketing*	0	0		0	
Relocation	0	0		0	
Other (List)					
	0	0		0	
Construction:					
Construction Costs	0	0		0	
Soils/Site Preparation	0	0		0	
Construction Mgmt	0	0		0	
Landscaping, Play Lots, Signage	0	0		0	
Construction Interest	0	0		0	
Permits; Print Plans/Specs	0	0		0	
Other (List)					
	0	0		0	
Fees:					
Architect	0	0		0	
Engineering	0	0		0	
Accounting*	0	0		0	
Legal*	0	0		0	
Development Fee*	0	0		0	
Leasing Fee*	0	0		0	
Other (List)					
	0	0		0	
Project Contingency:	0	0		0	
Furnishings:	0	0		0	
Reserves Funded from Capital:					
Operating Reserve	0	0		0	
Replacement Reserve	0	0		0	
Maintenance Reserve	0	0		0	
Vacancy Reserve	0	0		0	
Lease Up Reserve	0	0		0	
Other: (List)					
	0	0		0	
TOTAL COSTS:	0	0		0	

If CDBG funds are used for items with an asterisk (), the total cost of these items may not exceed 15% of the CDBG amount.

**Note: Each amount for each source must be listed separately, i.e., Acquisition: \$30,000 HOME, \$125,000 Capitol Revolving Fund. Identify if grant or loan and terms.

Amount	Source/Terms**	Amount	Source/Terms**
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	

ORGANIZATION:

CDBG SUPPLEMENTAL PAGES**9. TOTAL PROJECT PROFORMA**

Enter total Revenue and Expense information for the proposed project for a 15 year period.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Revenue:						
Gross Income	0	0	0	0	0	0
Less Vacancy/Bad Debt	0	0	0	0	0	0
Income from Non-Residential Use*	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0
Expenses:						
Office Expenses and Phone	0	0	0	0	0	0
Real Estate Taxes	0	0	0	0	0	0
Advertising, Accounting, Legal Fees	0	0	0	0	0	0
Payroll, Payroll Taxes and Benefits	0	0	0	0	0	0
Property Insurance	0	0	0	0	0	0
Mtc, Repairs and Mtc Contracts	0	0	0	0	0	0
Utilities (gas/electric/fuel/water/sewer)	0	0	0	0	0	0
Property Mgmt	0	0	0	0	0	0
Operating Reserve Pmt	0	0	0	0	0	0
Replacement Reserve Pmt	0	0	0	0	0	0
Support Services	0	0	0	0	0	0
Other (List)	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
Total Expenses	0	0	0	0	0	0
Net Operating Income	0	0	0	0	0	0
Debt Service:						
First Mortgage	0	0	0	0	0	0
Second Mortgage	0	0	0	0	0	0
Other (List)	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
Total Debt Service	0	0	0	0	0	0
Total Annual Cash Expenses	0	0	0	0	0	0
Total Net Operating Income	0	0	0	0	0	0
Debt Service Reserve	0	0	0	0	0	0
Cash Flow	0	0	0	0	0	0

*Including laundry facilities, vending machines, parking spaces, storage spaces or application fees.

Assumptions

Vacancy Rate	0.0%
Annual Increase	0.0%
Other	

[illegible]

ORGANIZATION:

CDBG SUPPLEMENTAL PAGES**HOUSING FOR BUYERS**

Please provide the following information if you are applying for projects that meet the Community Development Program Goals & Priorities, Outcome Objective B: Housing for Buyers

Enter the site address (or addresses) for the proposed project and answer the identified questions by column for each address site.

1. Real Estate Project Data Summary

	# of Units Prior to Purchase	# of Units Post- Project	# Units Occupied	# Tenants to be Displaced	Appraised Value Current	Appraised Value Post-Project	Purchase Price	Accessible Current?	Accessible Post-Project?
Address:									
Address:									
Address:									
Address:									
Address:									

If no specific site has been identified, use the average of the high-low range or your best estimate of costs.

2. Provide the following information for owner-occupied properties (list each house or project unit):

Address/Unit#	# Bedrooms	Amount of CD \$ Requested	Proj. Monthly PITI	Proj. Income Category*	Affordability Period # Yrs	Sale Price

*Less than or equal to 30% CMI, 30-50% CMI, 50-80% CMI or >80% CMI

3. Identify if your project includes any of the following features (Check all that apply):

- Incorporates accessibility features
- Incorporates energy efficiency improvements
- Involves lead paint removal
- Involves asbestos removal
- Incorporates long-term affordability restrictions greater than that required by the HOME rules
- Provides pre-purchase and post-purchase homebuyer counseling

4. Do you qualify as a Community Housing Development Organization (CHDO)?

--

ORGANIZATION:

CDBG SUPPLEMENTAL PAGES

5. HOME MATCH: Please describe if you could provide non-federal matching funds for this project. If yes, describe amount and source of matching funds.

400 characters (w ith spaces)

6. FUNDS NEEDED: Please describe why CDBG/HOME funds are needed to ensure the viability of this project.

400 characters (w ith spaces)

ORGANIZATION: **7. CAPITAL BUDGET**

Enter the proposed capital budget for the proposed project. Identify the fund source and amount for each total line item.

For ex: acquisition \$300,000, \$100,000 from CDBG, \$200,000, from Anchor Bank@ 5% interest/15 years.

	TOTAL	Amount	Source/Terms**	Amount	Source/Terms**
Acquisition Costs:					
Acquisition	0	0		0	
Title Insurance and Recording	0	0		0	
Appraisal	0	0		0	
Predvlpmnt/feasibility/market study*	0	0		0	
Survey	0	0		0	
Marketing*	0	0		0	
Relocation	0	0		0	
Other (List)					
	0	0		0	
Construction:					
Construction Costs	0	0		0	
Soils/Site Preparation	0	0		0	
Construction Mgmt	0	0		0	
Landscaping, Play Lots, Signage	0	0		0	
Construction Interest	0	0		0	
Permits; Print Plans/Specs	0	0		0	
Other (List)					
	0	0		0	
Fees:					
Architect	0	0		0	
Engineering	0	0		0	
Accounting*	0	0		0	
Legal*	0	0		0	
Development Fee*	0	0		0	
Leasing Fee*	0	0		0	
Other (List)					
	0	0		0	
Project Contingency:					
	0	0		0	
Furnishings:					
	0	0		0	
Reserves Funded from Capital:					
Operating Reserve	0	0		0	
Replacement Reserve	0	0		0	
Maintenance Reserve	0	0		0	
Vacancy Reserve	0	0		0	
Lease Up Reserve	0	0		0	
Other: (List)					
	0	0		0	
TOTAL COSTS:	0	0		0	

If CDBG funds are used for items with an asterisk (), the total cost of these items may not exceed 15% of the CDBG amount.

**Note: Each amount for each source must be listed separately, i.e., Acquisition: \$30,000 HOME, \$125,000 Capitol Revolving Fund. Identify if grant or loan and terms.

[illegible]

ORGANIZATION: CDBG SUPPLEMENTAL PAGES**ECONOMIC DEVELOPMENT-CAPITAL PROJECTS**

Please provide the following information -- if you are applying for programs that meet the CDD Community Development Program Goals & Priorities Outcome

Objective E- Economic Development -- if it involves real estate purchase or rehab.

Real Estate Project Data Summary

Enter the site address (or addresses) for the proposed project and answer the identified questions by column for each address site.

1. Real Estate Project Data Summary

	Total Sq. Footage of Property	# Tenants to be Displaced	Appraised Value Current	Appraised Value Post-Project	Purchase Price	Accessible Current?	Accessible Post-Project?
Address:							
Address:							
Address:							
Address:							
Address:							

If no specific site has been identified, use the average of the high-low range or your best estimate of costs.

2. FUNDS NEEDED: Please describe why CDBG funds are needed to ensure the viability of this project.

400 characters (w ith spaces)

3. CAPITAL BUDGET

Enter the proposed capital budget for the proposed project. Identify the fund source and amount for each total line item.

For ex: acquisition \$300,000, \$100,000 from CDBG, \$200,000, from Anchor Bank @ 5% interest/15 years.

	TOTAL	Amount	Source/Terms**	Amount	Source/Terms**
Acquisition Costs:					
Acquisition	0	0		0	
Title Insurance and Recording	0	0		0	
Appraisal	0	0		0	
Predvlpmt/feasibility/market study*	0	0		0	
Survey	0	0		0	
Marketing*	0	0		0	
Relocation	0	0		0	
Other (List)					
	0	0		0	
Construction:					
Construction Costs	0	0		0	
Soils/Site Preparation	0	0		0	
Construction Mgmt	0	0		0	
Landscaping, Play Lots, Signage	0	0		0	
Construction Interest	0	0		0	
Permits; Print Plans/Specs	0	0		0	
Other (List)					
	0	0		0	
Fees:					
Architect	0	0		0	
Engineering	0	0		0	
Accounting*	0	0		0	
Legal*	0	0		0	
Development Fee*	0	0		0	
Leasing Fee*	0	0		0	
Other (List)					
	0	0		0	
Project Contingency:	0	0		0	
Furnishings:	0	0		0	
Reserves Funded from Capital:					
Operating Reserve	0	0		0	
Replacement Reserve	0	0		0	
Maintenance Reserve	0	0		0	
Vacancy Reserve	0	0		0	
Lease Up Reserve	0	0		0	
Other: (List)					
	0	0		0	
TOTAL COSTS:	0	0		0	

If CDBG funds are used for items with an asterisk (), the total cost of these items may not exceed 15% of the CDBG amount.

**Note: Each amount for each source must be listed separately, i.e., Acquisition: \$30,000 HOME, \$125,000 Capitol Revolving Fund. Identify if grant or loan and terms.

Amount	Source/Terms**	Amount	Source/Terms**
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ORGANIZATION: CDBG SUPPLEMENTAL PAGES

4. TOTAL PROJECT PROFORMA

Enter total Revenue and Expense information for the proposed project for a 15 year period.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Revenue:						
Gross Income	0	0	0	0	0	0
Less Vacancy/Bad Debt	0	0	0	0	0	0
Income from Non-Residential Use*	0	0	0	0	0	0
Total Revenue	0	0	0	0	0	0
Expenses:						
Office Expenses and Phone	0	0	0	0	0	0
Real Estate Taxes	0	0	0	0	0	0
Advertising, Accounting, Legal Fees	0	0	0	0	0	0
Payroll, Payroll Taxes and Benefits	0	0	0	0	0	0
Property Insurance	0	0	0	0	0	0
Mtc, Repairs and Mtc Contracts	0	0	0	0	0	0
Utilities (gas/electric/fuel/water/sewer)	0	0	0	0	0	0
Property Mgmt	0	0	0	0	0	0
Operating Reserve Pmt	0	0	0	0	0	0
Replacement Reserve Pmt	0	0	0	0	0	0
Support Services	0	0	0	0	0	0
Other (List)						
	0	0	0	0	0	0
	0	0	0	0	0	0
Total Expenses	0	0	0	0	0	0
Net Operating Income	0	0	0	0	0	0
Debt Service:						
First Mortgage	0	0	0	0	0	0
Second Mortgage	0	0	0	0	0	0
Other (List)						
	0	0	0	0	0	0
	0	0	0	0	0	0
Total Debt Service	0	0	0	0	0	0
Total Annual Cash Expenses	0	0	0	0	0	0
Total Net Operating Income	0	0	0	0	0	0
Debt Service Reserve	0	0	0	0	0	0
Cash Flow	0	0	0	0	0	0

*Including laundry facilities, vending machines, parking spaces, storage spaces or application fees.

Assumptions

Vacancy Rate	0.0%
Annual Increase	0.0%
Other	

Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0