

CITY-COUNTY CONSOLIDATED APPLICATION FOR 2009 & 2010 FUNDS

APPLICATION SUMMARY Submit common description to each revenue source.

ORGANIZATION NAME	The Salvation Army		
MAILING ADDRESS <small>If P.O. Box, include Street Address on second line</small>	630 E. Washington Ave. Madison, WI		
TELEPHONE	608.256.2321	LEGAL STATUS	
FAX NUMBER	608.256.0569	<input checked="" type="checkbox"/> Private, Non-Profit <input type="checkbox"/> Private, For Profit <input type="checkbox"/> Other: LLC, LLP, Sole Proprietor	
NAME CHIEF ADMIN/ CONTACT	Major Paul Moore	Federal EIN: <u>36-2167910</u>	
INTERNET WEBSITE (if applicable)	www.salvationarmydanecounty.org	State CN: _____	
E-MAIL ADDRESS	Paul.Moore@usc.salvationarmy.org		

PROGRAM LISTING Please list all programs your organization provides (including those which are not funded through this process). Use the same letter throughout the application to identify the programs for which you are requesting funding, consistent with prior years.

PROGRAM NAME	PROGRAM CONTACT PERSON	PHONE NUMBER	E-MAIL
A: Warming Shelter	Major Paul Moore	608.256.2321	Paul.Moore@usc.salvationarmy.org
B:			
C:			
D:			
E:			
F:			
G:			
H:			
I:			
J:			
K: Other Emergency Shelter Programs Community Services Programs Service Extension Programs	Major Paul Moore	608.256.2321	Paul.Moore@usc.salvationarmy.org

Transitional Housing Program Community Center Programs			
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For larger organizations use letters A-K for programs which seek funding through this common application process and attach a list or summary in row K for other programs your organization offers.

REVENUE Columns 2, 3, and 4 describe *total* agency revenue for a calendar year. Distribute column 4 across the program columns A-K. Identify with an asterisk (*) all funding requests which are duplicative in nature. You may change a row heading to make it applicable to your agency. See the INSTRUCTION SECTION for greater detail.

REVENUE SOURCE	2) 2007 ACTUAL	3) 2008 BUDGET	4) 2009 PROPOSED	2009 PROPOSED PROGRAMS			
				A	B	C	D
DANE CO HUMAN SVCS	626,000	709,000	697,000	97,500			
DANE CO CDBG							
MADISON- COMM SVCS							
MADISON- CDBG	14,000	58,000	45,000	32,500			
UNITED WAY ALLOC	182,000	182,000	182,000				
UNITED WAY DESIG	138,000	148,000	148,000				
OTHER GOVT	223,000	233,000	268,000	3,000			
FUND RAISING DONATIONS	2,401,000	2,630,000	2,540,000	18,000			
USER FEES							
OTHER	155,000	183,000	287,000				
TOTAL REVENUE	3,739,000	4,143,000	4,167,000	151,000			

2009 PROPOSED PROGRAMS							
REVENUE SOURCE	E	F	G	H	I	J	K
DANE CO HUMAN SVCS							599,500
DANE CO CDBG							
MADISON- COMM 3							
MADISON- CDBG							12,500
UNITED WAY ALLOC							182,000
UNITED WAY DESIG							148,000
OTHER GOVT							265,000
FUND RAISING DONATIONS							2,522,000
USER FEES							
OTHER							287,000
TOTAL REVENUE							4,016,000

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

Non-Discrimination Based on Disability: Applicant shall comply with Section 39.05, Madison General Ordinances, Nondiscrimination Based on Disability in City-Assisted Programs and Activities. Under Section 39.05(7) of the Madison General Ordinances, no City financial assistance shall be granted unless an Assurance of Compliance with Sec. 39.05 is provided by the applicant or recipient, prior to granting of the City financial assistance. Applicant hereby makes the following assurances: Applicant assures and certifies that it will comply with Sec. 39.05 of the Madison General Ordinances, entitled "Nondiscrimination Based on Disability in City Facilities and City-Assisted Programs and Activities," and agrees to ensure that any subcontractor who performs any part of the agreement complies with Sec. 39.05, where applicable, including all actions prohibited under Sec. 39.05(4), MGO."

Signed: _____

Application Summary - B

CITY-COUNTY CONSOLIDATED APPLICATION FOR 2009 & 2010 FUNDS

PROGRAM DESCRIPTION

ORGANIZATION: The Salvation Army

PROGRAM: Warming Shelter
(Submit only to relevant revenue sources.)

PROGRAM LETTER: A
(from App Summary Page A)

- A. **PROGRAM OVERVIEW** Briefly summarize the program being provided (or proposed), including the need being addressed, the program's goals, and the impact of the program. (Word limit: 150 words)

Warming House/Overflow Shelter provides short-term, emergency housing for families who are either ineligible for shelter or shelter is currently full. The warming house (when operating year round) has a case management component that assists residents in meeting immediate needs, and if possible try to assist them in obtaining housing before they have to enter the shelter system.

- B. **PARTICIPANT DEMOGRAPHICS** Complete the following chart for unduplicated participants served by this program *in 2007*. Indicate the number and percentage for the following characteristics. If you do not collect information using these age categories, use your own age category descriptors. For new programs, please estimate participant numbers and descriptors.

PARTICIPANT DESCRIPTOR	NUMBER	PERCENT	PARTICIPANT DESCRIPTOR	NUMBER	PERCENT
TOTAL		100%	TOTAL PARTICIPANTS BY RACE		100%
MALE	71		WHITE	36	
FEMALE	120		BLACK	153	
AGE		100%	NATIVE AMERICAN	0	
< 2	26		ASIAN/PACIFIC ISLANDER	0	
2 - 5	45		MULTI-RACIAL	2	
6 - 12	41		ETHNICITY		100%
13 - 17	9		HISPANIC	3	
18 - 29	46		NON-HISPANIC	188	
30 - 59	24		HANDICAPPED (persons with disabilities)	49	
60 - 74			RESIDENCY		100%
75 & UP			CITY OF MADISON	62	
			DANE COUNTY (NOT IN CITY)	47	
			OUTSIDE DANE COUNTY	82	

Note: Simple racial and ethnic categories are inadequate to describe the heritage of many people. Please fit client data to the categories above as closely as possible.

PROGRAM: Warming House

PROGRAM LETTER: A

(Submit only to relevant revenue sources.)

- C. Describe the participants to be served; e.g. age, income level, limited English proficiency or needing language accommodations, or accessible service locations.

Overflow Shelter/Warming House will serve low income homeless families.

D. PROGRAM OUTCOMES

191 Number of unduplicated individual participants served during 2007.

191 Number of unduplicated participants who completed the program during 2007 (if applicable).

Complete the following for each program outcome. No more than **two outcomes per program** will be reviewed. Refer to the Instructions for detailed descriptions of what should be included in the table below.

OUTCOME OBJECTIVE # 1		To provide a short-term alternative to uninhabitable living arrangements for homeless families which is available on a year-round basis.				
Performance Indicator(s)		Number of households served that indicate were staying in uninhabitable living arrangements.				
Explain the measurement tools or methods.		Intake form, client self-report, WISP				
Target Proposed for 2009	Total to be served	500	Targeted <u>percent</u> to meet performance indicator(s)	50%	Number to meet indicators(s)	250
Target Proposed for 2010	Total to be served	500	Targeted <u>percent</u> to meet performance indicator(s)	50%	Number to meet indicators(s)	250
OUTCOME OBJECTIVE # 2						
Performance Indicator(s)						
Explain the measurement tools or methods.						
Target proposed for 2009	Total to be served		Targeted <u>percent</u> to meet performance indicator(s)		Number to meet indicator(s)	
Target proposed for 2010	Total to be served		Targeted <u>percent</u> to meet performance indicator(s)		Number to meet indicator(s)	

PROGRAM: Warming House

PROGRAM LETTER: A

(submit only to relevant revenue sources.)

- E. **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

The Salvation Army will provide an overflow shelter for families from January 1 through December 31, 2009. The Warming House will be able to assist at least 14 individuals, and will be housed at 630 E. Washington Ave. Case Management services will be provided in the evening at The Salvation Army; and daytime case management will be provided by IHN. Coordination of case management services between the agencies will prevent duplication of services. Case management will assist families in obtaining income, mental and medical health needs, and housing.

The daytime resources and support services will be available through Interfaith Hospitality Network. Families who utilize the warming house will be able to access two hot meals a day and receive a sack lunch for the noon meal. Access to laundry and shower facilities will be available. Transportation assistance in the form of bus tickets and a shuttle to IHN will be provided. Additional funding for warming shelter operations comes from Dane County Human Services, USDA and private contributions.

Outcome #2

PROGRAM: Warming Shelter

PROGRAM LETTER: A

(Submit only to relevant revenue sources.)

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	97,500	67,500	27,000	3,000	
DANE CO CDBG					
MADISON COMM SERV					
MADISON CDBG	33,000	23,000	9,000	1,000	
UNITED WAY ALLOC					
UNITED WAY DESIG					
OTHER GOVT	8,000		8,000		
FUND RAISING	16,000				16,000
USER FEES					
OTHER					
TOTAL	154,500	90,500	44,000	4,000	16,000

ACCOUNT CATEGORY Source	2009 REVENUE SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SERV	97,500	71,500	23,000	3,000	
DANE CO CDBG					
MADISON COMM SERV					
MADISON CDBG	32,500	23,500	8,000	1,000	
UNITED WAY ALLOC					
UNITED WAY DESIG					
OTHER GOVT	3,000		3,000		
FUND RAISING	18,000		3,000		15,000
USER FEES					
OTHER					
TOTAL	151,000	95,000	37,000	4,000	15,000

- G. **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.

PROGRAM: Warming Shelter _____
(submit only to relevant revenue sources.)

PROGRAM LETTER: A _____

H. **PARTICIPANT COST** This chart requests unit and participant/client costs for this program only. For column 4) divide column 2) by column 3). For column 6) divide column 2) by column 5).

	2) TOTAL COST OF PROGRAM	3) UNDUPLICATED PARTICIPANTS	4) COST PER PARTICIPANT	5) UNITS PROVIDED	6) UNIT COST
2007 ACTUAL	33,000	191	\$173	902	\$37
2008 BUDGETED	154,500	500	\$309	2,000	\$77
2009 PROPOSED	151,000	500	\$302	2,000	\$76

I. **SERVICE UNITS** Define the 2009 Proposed Units Provided in column 5) in the Unit Cost table above. Wherever possible use the unit of service requested by a revenue source.

Shelter Nights in Warming House.

J. **UNDUPLICATED PARTICIPANT** How does your agency define an unduplicated participant in this program (e.g., a youth who enrolls in a 4-week summer program, or a senior who receives care management services during the year, or a monthly visitor to a neighborhood center)?

Each individual that stayed in Warming House.

2010 SECOND YEAR FUNDING SUPPLEMENT

USE only if applying to City of Madison OCS or City of Madison CDBG

If you are requesting only a COLA increase in 2010, indicate by check the box on the left and skip sections K, L and M. If you are requesting increased funding beyond a COLA, complete Sections K through M.

K. **PROGRAM UPDATE** 1) Describe any major changes being proposed for the program/service in 2010, i.e., expansions or narrowing in target population, scope and level of services, geographic area to be served, etc.).

CITY-COUNTY CONSOLIDATED APPLICATION FOR 2009 & 2010 FUNDS

ORGANIZATIONAL PROFILE

ORGANIZATION _____

(Submit to all revenue sources.)

AGENCY INFORMATION

1. **MISSION STATEMENT** Describe your agency's mission in the space provided.

The Salvation Army of Dane County is a local administrative and social service unit of the international Salvation Army. Our mission is to administer the operation of The Salvation Army in Dane County, to meet human needs in the name of Jesus Christ without discrimination.

2. **SERVICE IMPROVEMENT** Describe any recent initiatives or best practices, programmatically or administratively, that have improved your agency's ability to deliver services.

The Salvation Army's Case management programs use a client focused approach. This approach focuses on clients not only being participants in case management, but also being instrumental in designing their case plan and deciding upon their own outcomes. Client focused case management helps participants gain greater self determination and the ability to navigate complex resource systems. The Salvation Army is/will be also using variations on the rapid rehousing model. The Salvation Army's Overflow shelter has a case management component that will work with clients before they enter the shelter program, and if possible try to assist them in obtaining housing before they have to enter the shelter system. The Salvation Army is also starting a version of rapid rehousing program in conjunction with two other agencies.

3. **EXPERIENCE AND QUALIFICATIONS** Describe (in the space provided) the experience and qualifications of your agency related to the proposed programs.

The Salvation Army has been providing basic needs, such as food and shelter, to Dane County for over one hundred years. In the 1980's The Salvation Army opened a shelter for families, and in 1986 was designated as the gatekeeper and single point of entry for families and single women. During the next 10-20 years The Salvation Army has begun a number of additional programs, including, medical shelter, case management for families and single women, a transitional housing program for single women, and a warming house for families ineligible or unable (due to shelter being full) to obtain shelter. Long term case management is also offered for families who are recently homeless or at risk of homelessness. This year The Salvation Army has also added case management for warming house families, and is entering into a new rapid housing project with the YWCA and IHN.

4. **AGENCY GOVERNING BODY** How many Board meetings has your governing body or Board of Directors scheduled for 2008? 11

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 __	SEE ATTACHED LIST	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 __	

Chair-Bill Bathke Vice-Chair- Bob Courter, Secretary- Gregg Shimanski, Treasurer- Scott Kowalski

Carol Von Elbe Past Board Chair

***Committee Chairs**

<p>Bill Bathke, Exec. VP, COO 2009 Insurance 1717 W. Broadway EXEC Madison, WI 53713 W-221-1002; H-223-1597; FAX-221-7109 bbathke@wpsic.com Board Chair</p>	<p>Jim Harris, Retail Business (ret.) 2009 4217 Winnequah Road CRD Madison, WI 53716 H-222-9434; Cell-443-9115 FAX-222-9434 (manual only) mbhjh@sbcglobal.net</p>	<p>Jody Glynn Patrick, V.P. & Publisher 2008 <i>In Business Magazine</i> 200 River Place #250 EDS Madison, WI 53716 W-204-9655x22; H-224-1962; FAX-204-9656 jodyp@magnapubs.com</p>
<p>Dr. Norval Bernhardt, Physician 2010 9 Holt Court Madison, WI 53719 PGM/NOM*/EDS H-271-9325, C-345-5630 bernhardtnc@hotmail.com</p>	<p>Jim Hartlieb, Market President 2009 Amcore Bank 8020 Excelsior Dr. CRD Madison, WI 53717 W-821-1909; H-848-4596; Cell-346-4100 FAX-821-1959 james.hartlieb@amcore.com</p>	<p>Gordon Renschler, CEO 2010 Renschler Co. 7410 Cedar Creek Trail PROP Madison, WI. 53717 W-833-2321; H-833-2020 grenchler@msn.com</p>
<p>Mary Brennan, Community Volunteer LIFE 5514 Comanche Way PGM Madison, WI 53704 H-249-1848 mjbrennan@charter.net</p>	<p>Scott Kowalski, 2011 V.P. of Marketing for WPS Insurance 1717 W. Broadway EXEC/FIN*/NOM Madison, WI W-221-5066; Cell-516-3746; FAX-442-5295 W; scott.kowalski@wpsic.com Board Treasurer</p>	<p>James St. Vincent 2010 Organizational Effectiveness Director American Family Ins. PGM*/NOM 6000 American Parkway Madison, WI 53783-0001 W-242-4100 x 30490 stvince@AmFam.com</p>
<p>Kent Carnell, Attorney 2010 Lawton & Cates, S. C. P.O. Box 2965 PROP Madison, WI 53701-2965 W-282-6211; H-833-6420; Cell-347-6421 FAX-282-6252 kcarnell@lawtoncates.com</p>	<p>Dan Loichinger Managing Advisor 2011 Loichinger Advantage LLC. 4218 Savannah Court CRD Middleton, WI. 53562 W- 203-6351, Cell -354-3524 dan@loichingeradvantage.com</p>	<p>Brian Schimming Lobbyist 2009 14 W. Mifflin St. Suite 300 Madison, WI 53703-4324 CRD W-251-0267 Fax-258-4647 Cell-220-7132 schimming@midweststrategy.com</p>
<p>Mary Beth Collins, Attorney 2010 1245 E. Mifflin St. PGM Madison, WI. 53703 W-444-4448 mcollins@gklaw.com.com</p>	<p>E. David Locke, President 2009 McFarland State Bank 5990 US Highway 51 McFarland, WI 53558 W-838-7400; cell -438-1851; FAX-838-8916 dlocke@msbonline.com</p>	<p>Gregg Shimanski, Developer 2010 Gregg Shimanski Realty, Inc. 1603 Monroe St. EXEC/PROP/NOM Madison, WI 53711 W-663-5467; Cell-444-1044; FAX-232-1900 GTS2945@aol.com Board Secretary</p>
<p>Robert Courter, Realtor 2010 R L Courter Co. 6987 Midtown Road EXEC/NOM/PROP* Madison, WI 53719 W-845-7582; FAX-845-6599 rlcourter@rlcourter-co.com Board Vice Chair</p>	<p>Dr. Kenneth L. Luedtke, Chiropractor 2011 6225 Mineral Point Road Apt. C 73 Madison, WI 53705 PROP H-230-3388; Cell 576-9595; FAX-230-3142</p>	<p>Herman F. Stampfli Mgr. 2010 UW Med. School Dept. of Ortho. & Rehab. F4/315 Clinical Research Center CRD 600 Highland Ave Madison, WI. 53792-3236 W-265-8707, Cell- 516-4171 stampfli@orthorehab.wisc.edu</p>
<p>Tom Edwardson, Assoc. Store Dir. 2011 CUB Foods South 4716 Verona Rd. PGM Madison, WI 53711 W-271-1577; H-273-3011 tedwardson@mac.com</p>	<p>Harold Mayer, Vice Pres. (Ret.) 2009 Oscar Mayer Foods 19 Fuller Drive Madison, WI 53704 H-241-1987</p>	<p>Casey Trudgeon, 2011 Exec. V. P. & G. M. WI Distributors 900 Progress Way Sun Prairie, WI. 53590 W- 834-2337 X7116; Fax-834-2300 caseyt@wdbud.com</p>
<p>Krista Flanagan, V.P. Mktg. & Sales 2010 Madison Convention & Visitors Bureau 615 E. Washington Ave CRD*/NOM Madison, WI 53703 W-441-3945; H-835-2769; Cell-712-2769 FAX-258-4950 flanagan@visitmadison.com</p>	<p>Dennis O'Loughlin 2009 Co-Owner of a Mortgage Company 3934 Partridge Rd PROP DeForest, WI. 53532 H-846-1851; C- 225-6562 denniso@terracom.net</p>	<p>Phil Uekert, Regulatory Relations Dir. 2009 Wisconsin Public Service Corp 2321 Stuart Court . FIN Madison, WI 53704 H-442-5365; Cell-358-0847 pwuekert@integrysgroup.com</p>
<p>Marguita Fox, Director (ret.) 2011 Dane County Aging Program FIN 7012 Fortune Drive Middleton, WI 53562 H-831-6247; Cell-279-0807 mwfox@tds.net</p>	<p>Greg Oelerich 2010 Division Manager CG Schmidt PROP 10 East Doty St. Suite 615 Madison, WI. 53703 w; 251-4535, Cell 770-6216 Fax; 251-4570 grego@caschmidt.com</p>	<p>Dorie Underkofler, Ret. Realtor 2009 1202 Canterbury Circle EDS Middleton, WI. 53562 H-836-4888; Cell-212-4887 dorieunderkofler@charter.net</p>

<p>Vang, Attorney Vang Road Sun Prairie, WI. 53590 H-834-8064; C-445-8657 Kvand@spwl.net</p> <p style="text-align: right;">2009 FIN</p>	<p>Carol Von Elbe, Pharmacist (Ret.) 2009 3305 Topping Road NOM/EXEC/PGM Madison, WI 53705 H-233-9312; Cell-225-1084; FAX-233-3413 jvonelbe@wisc.edu Past Board Chair</p>	<p>Calvin Williams, 2010 Med Flight U.W. Hospitals 3905 Paunuck Ave Madison, WI. 53711 EDS H; 233-1400 caljwill@yahoo.com</p>
<p>Executive Committee is all Board Officers and Past President * committee chair</p>	<p>Nominating Committee is all Committee chairs and Executive committee EXCEPT Board Chair</p>	<p>Terms of office extend through February of year shown in bold</p>

STAFF-BOARD-VOLUNTEER DESCRIPTORS

5. **STAFF/BOARD/VOLUNTEERS DESCRIPTORS** For your agency's 2007 staff, board and volunteers, indicate by number and percentage the following characteristics.

DESCRIPTOR	STAFF		BOARD		VOLUNTEER	
	Number	Percent	Number	Percent	Number	Percent
TOTAL	64	100%	30	100%	7,170	100%
GENDER						
MALE	17	27%	23	77%	2,720	38%
FEMALE	47	73%	7	23%	4,450	62%
AGE						
LESS THAN 18 YRS					570	8%
18 – 59 YRS	51	80%	15	50%	6,170	86%
60 AND OLDER	13	20%	15	50%	430	6%
RACE						
WHITE	49	76%	28	94%	5,736	80%
BLACK	12	19%	1	3%	1,076	15%
NATIVE AMERICAN					72	1%
ASIAN/PACIFIC ISLE	3	5%	1	3%	143	2%
MULTI-RACIAL					143	2%
ETHNICITY						
HISPANIC	3	5%			215	3%
NON-HISPANIC	61	95%	30	100%	6,955	97%
HANDICAPPED* (Persons with Disabilities)	7	11%	2	7%		

* Refer to definitions on page 3 of the instructions.

BUDGET TOTAL OPERATING EXPENSES

6. **AGENCY EXPENSE BUDGET** This chart describes your agency's total expense budget for 3 separate years. Where possible, use audited figures for 2007 Actual. Use current budget projections for 2008 Budget.

ACCOUNT DESCRIPTION	2007 ACTUAL	2008 BUDGET	2009 PROPOSED
A. PERSONNEL			
Salary	1,581,000	1,591,000	1,718,000
Taxes	311,000	149,000	158,000
Benefits	134,000	371,000	381,000
SUBTOTAL A:	2,026,000	2,111,000	2,257,000
B. OPERATING			
All "Operating" Costs	983,000	981,000	1,043,000
SUBTOTAL B	983,000	981,000	1,043,000
C. SPACE			
Rent/Utilities/Maintenance	291,000	344,000	372,000
Mortgage (P&I)/Depreciation/Taxes			
SUBTOTAL C	291,000	344,000	372,000
D. SPECIAL COSTS			
Assistance to Individuals	597,000	560,000	495,000
Subcontracts, etc.			
Affiliation Dues			
SUBTOTAL D	597,000	560,000	495,000
TOTAL OPERATING EXPENSES A-D	3,897,000	3,996,000	4,167,000
E. TOTAL CAPITAL EXPENDITURES			

7. PERSONNEL SCHEDULE

- Column 1) each individual staff position by title.
- Columns 2) and 4) indicate the number of Full Time Equivalents (FTEs) in each staff position.
- Columns 3) and 5) indicate the total salaries for all FTEs in that staff position. Do not include payroll taxes or benefits in this table.
- Columns A-K distribute column 4) (2008 FTEs) across all agency programs.

PLEASE NOTE COLUMNS A-K are FTEs, NOT dollar amounts.

Continue on page 6 if you have more than five (A-E) programs.

1) STAFF POSITION/ CATEGORY	2008 ESTIMATED		2009 PROPOSED		2009 PROPOSED FTE'S DISTRIBUTED BY PROGRAM				
	2) FTE	3) TOTAL SALARY	4) FTE	5) TOTAL SALARY	A	B	C	D	E
Corps Officers	5.0	91,000	5.0	97,000					
Office Staff	3.0	134,000	3.0	146,000					
Department Directors	2.0	135,000	2.0	141,000	0.1				
Department Coordinators	2.0	85,000	2.0	89,000	0.2				
Case Mangers & Aids	7.0	223,000	8.0	254,000	0.6				
Clerical Staff	1.5	33,000	1.5	35,000					
Community Center Staff	6.0	177,000	5.3	150,000					
Food Services Staff	4.4	119,000	4.3	119,000	0.5				
Maintenance Staff	5.0	147,000	5.0	153,000	0.2				
Shelter Staff	10.3	244,000	11.7	312,000	1.3				
Other Staff	6.2	203,000	7.8	222,000	0.2				
TOTAL	52.4	1,591,000	55.6	1,718,000	3.1				

7b. PERSONNEL SCHEDULE (continued)

1) STAFF POSITION/ CATEGORY	2008 ESTIMATED		2009 PROPOSED		2009 PROPOSED FTE'S DISTRIBUTED BY PROGRAM				
	2) FTE	3) TOTAL SALARY	4) FTE	5) TOTAL SALARY	A	B	C	D	E
TOTAL									

8. LIST PERCENT OF STAFF TURNOVER Divide the number of resignations or terminations in calendar year 2007 by the 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.