CITY OF MADISON

ORGANIZATION: Independent Living, Inc

PROGRAM/LETTER: A OT/Home Modification

PROGRAM BUDGET

1. 2010 BUDGETED		ACCOUNT CATEGORY			
	SOURCE				SPECIAL
REVENUE SOURCE	TOTAL	PERSONNEL	OPERATING	SPACE	COSTS
DANE CO HUMAN SVCS	0				
DANE CO CDBG	35,016	14,959	3,115	3,214	13,728
MADISON-COMM SVCS	0	0	0	0	0
MADISON-CDBG	41,000	16,150	3,414	4,443	16,993
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	54,741	23,386	4,870	5,024	21,461
OTHER	0	0	0	0	0
TOTAL REVENUE	130,757	54,495	11,399	12,681	52,182

2. 2011 PROPOSED BUDGET

	SOURCE				SPECIAL
REVENUE SOURCE	TOTAL	PERSONNEL	OPERATING	SPACE	COSTS
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO CDBG	50,000	21,360	4,448	4,589	19,603
MADISON-COMM SVCS	0	0	0	0	0
MADISON-CDBG	57,000	22,452	4,746	6,177	23,625
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	57,500	24,565	5,115	5,277	22,543
OTHER**	0	0	0	0	0
TOTAL REVENUE	164,500	68,377	14,309	16,043	65,771

*OTHER GOVT 2011

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

**OTHER 2011

OTTIERCEOTT		
Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

PROGRAM A - 1 MAY 25, 2010

ORGANIZATION:	Independent	t Living, Inc
PROGRAM/LETTER:	Α	OT/Home Modification

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 (with spaces)	N/A

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 (with spaces) N/A

5. 2012 PROPOSED BUDGET		ACCOUNT CATEGORY			
	BUDGET				SPECIAL
REVENUE SOURCE	TOTAL	PERSONNEL	OPERATING	SPACE	COSTS
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO CDBG	51,500	22,000	4,581	4,727	20,192
MADISON-COMM SVCS	0	0	0	0	0
MADISON-CDBG	58,710	23,126	4,889	6,362	24,333
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	59,225	25,302	5,268	5,435	23,220
OTHER**	0	0	0	0	0
TOTAL REVENUE	169,435	70,428	14,738	16,524	67,745

*OTHER GOVT 2012

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

**OTHER 2012

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	. 0	

PROGRAM A - 2 MAY 25, 2010

CITY OF MADISON

ORGANIZATION:

PROGRAM/LETTER:

PRIORITY STATEMENT:

Independent Living, Inc

A OT/Home Modification

CDBG: D. Housing - Rental housing (CDBG)

DESCRIPTION OF SERVICES

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

With no other subsidies available, low income residents in the city of Madison can access the same degree of safety, accessability and well-being as other Madisonian's who are more able to pay for assesment/intervention services, thereby ensuring low income clients receive the same quality and quantity of housing modifications as non-low income clients. There is much evidence to support that the costs for one month of care in long term facilities far exceed the costs of accessable adaptions, keeping clients safe in their home rather than expensive housing alternatives. This program is exclusively for clients with low income as there are no other financial aid or resources available to them. It should be noted that it is our intent to continue to serve low income households in both rental as well as owner-occupied housing options; however, as the goals summary section did not allow us to choose multiple priorities, we request to continue to do so.

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

ILI professional staff including certified occupational therapists (COTA) and carpenters will provide in-home assessments, home modification installations, and adaptive equipment to meet the accessibility needs of disabled and elderly individuals in the city of Madison to prevent falls with injuries, hospitalization and premature institutionalization. ILI completes prescribed modifications and trains residents in the use of the equipment. Modifications may include toilet handrails, raised toilet seats, bath benches, tub rails, bed rails, hand held show ers and diverters as well as stair and hallw ay railings. Additionally, entrances will be inspected to determine the need for ramps, half-step porches, door replacement, repair of locks and alarms. Based on these inspections, ILI staff will replace, repair or modify to increase safety, security, accessibilty and energy efficiency.

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.

210 elderly or disabled low income clients will receive home safety modifications, reducing their risk for falls, enabling them to remain in thier homes without needing care from a residential long term care facility. 90% or 189 of these clients will remain in their home one year after home modification services have been provided.

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

Home safety modification services are primarily provided Monday through Friday 8 - 5 PM, but accomodations are made for evenings or weekends based on client need.

PROGRAM A - 3 MAY 25, 2010

CITY OF MADISON

ORGANIZATION:	Independent Living, Inc			
PROGRAM/LETTER:	A OT/Home Modi	ification		
'				
10. POPULATION SERVED: PI	lease describe in terms of age,	income level, LEP, literacy	y, cognitive or ph	ysical disabilities
or challenges).		l a m . l a in a a maa alala n .		v of Modioon who
are susceptible to falls and a modifications to the home. P	gram will serve frail, low and are unable to live safely and Priority will be given to those on, how ever, households at n.	independently in their ho households with income	omes without pes at or below 5	hysical 60% of the median
11. LOCATION: Location of ser	vice and intended service area	(Include census tract whe	re service is trac	t specific).
Safety modifications will be	in the owner-occupied or re	ntal homes of residents	of the City of M	fadison.
12. OUTREACH PLAN: Describe	e your outreach and marketing	strategies to engage your	r intended service	e population.
modifications for Madison ar collaborations with referral of Internally, ILI staff makes ref Meals on Wheels. ILI particip Program. We have developed their families, determine the	odification Program has a sol nd greater Dane County residence organizations including area ferrals through the intake properties in senior fairs and other ed a simple assessment tool, need for home modification. herate media attention to addit tht services available.	dents. We will continue to health care organization occess for programs such a community events to powhich is used to help so Finally, we have recently	to build upon and so, churches, and has Home Choromote the Hone eniors as well and hired former by	nd expand and senior centers. Are and Evening ane Modification as the disabled and anews anchor Teri
13. COORDINATION: Describe	how you coordinate your service	e delivery with other comn	nunity groups or	agencies.
place smoke detectors in ho maintains close relationships planners and other non-prof	ification department has been omes of our low-income clien is with many area agencies. Working together of and referred to our safety	nts participating in this pr Numerous refrrals come er with other agencies e	ogram. Indepei e from area coa	ndent Living also alitions, discharge
14. VOLUNTEERS: How are vol	unteers utilized in this program	?		
Volunteers are not typically	utilized in this program			
15. Number of volunteers utilized	d in 20102		0	
Number of volunteer hours utilized			0	
or voidintoor nours dillize	55 and program in 2010:		U	

PROGRAM A - 4 MAY 25, 2010

ORGANIZATION:	Independent Living, Inc	
PROGRAM/LETTER:	A OT/Home Modification	

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.

·
As the demographics of the City of Madison change, so must our marketing efforts to allow diverse cultures access to home safety modifications. The barrier to access is currently lack of knowledge about the services we provide. This can be overcome with these strategies: 1) adaption of our brochures in other languages (i.e. Spanish, Hmong, etc.); 2) working with case managers within organizations such as LaSup, Centro Hispano and Southern Wisconsin Lao-Hmong Association.

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

Independent Living, Inc. (ILI) has been serving older adults and people with Disabilities in Dane county for over 37
years. Our organization also provides a unique array of in-home services and housing options. IIL is fortunate to
have two occupational therapy assistants performing home safety assessmenta and modifications with the
support of additional resources through our Home Therapy (Physical and Occupational Therapists) when
appropriate.

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

Our Occupational Therapy assistants, maintain certification through required educational hours, additionally our Home Health Agency is Medicare certified.

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

Staff Title	FTE	City \$	Qualifications	
OTA	0.4	Yes	Associates degree in Occupational Therapy	
COTA	0.2	Yes	Associates degree in Occupational Therapy	

PROGRAM A - 5 MAY 25, 2010

CITY OF MADISON

ORGANIZATION: Independent Living, Inc
PROGRAM/LETTER: A OT/Home Modification

CDBG DESCRIPTION OF SERVICES SUPPLEMENT

Please provide the following information ONLY if you are applying for projects that meet the "CDD Community Development Program Goals & Priorities". If not applying for CDBG Office Funds, go to Community Resources Description of Services Supplement (p. 7), or go to Demographics (p. 8).

20. PARTICIPANT INCOME LEVELS:

Indicate the number of households of each income level and size that this program would serve in 2011-2012.

Income Level	Number of Households
Over 80% of county median income	0
Between 50% to 80% of county median income	47
Between 30% to 50% of county median income	47
Less than 30% of county median income	46
Total households to be served	140

21. If projections for 2012 will vary significantly from 2011, complete the following:

Income Level for 2012	Number of Households
Over 80% of county median income	0
Between 50% to 80% of county median income	0
Between 30% to 50% of county median income	0
Less than 30% of county median income	0
Total households to be served	0

22. AGENCY COST ALLOCATION PLAN: What method does your agency use to determine indirect cost allocations among programs?

ILI uses a separate cost center, administration, to record shared (indirect) costs. On an annual basis, administrative staff allocate their time spent working with various program departments and this is the basis for allocating shared (indirect) costs. An overall allocation percentage to each program department is determined by using each administrative staff salary and his/her allocation percentage. Each month, actual shared (indirect) costs are charged to the program departments based on the allocation percentages.

23. PROGRAM ACTIVITIES: Describe activities/benchmarks by timeline to illustrate how your program will be implemented.

	Est. Month
Activity Benchmark	of Completion
marketing materials revised	2/1/2011
53 seniors or persons with disabilities served	4/1/2011
53 seniors or persons with disabilities served	7/1/2011
53 seniors or persons with disabilities served	10/1/2011
53 seniors or persons with disabilities served	1/1/2012
53 seniors or persons with disabilities served	4/1/2012
53 seniors or persons with disabilities served	7/1/2012
53 seniors or persons with disabilities served	10/1/2012
49 seniors or persons with disabilities served	12/31/2012

PROGRAM A - 6 MAY 25, 2010

CITY OF MADISON

ORGANIZATION:	Independer	nt Living, Inc
PROGRAM/LETTER:	Α	OT/Home Modification

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.

Home safety modification involves adapting a home so that an older adult or person with disabilities can perform their normal, daily activities as safely and comfortably as possible, maintaining independence in their own home. The type of modification required will depend on the nature of the individual's disabilities and the physical set-up of the home. Falls are common, dangerous and even fatal occurences among older and disabled persons. Even when no physical injury occurs, falls may result in negative psychological outcomes and a loss of self-confidence in physical ability. This fear can lead people to excessively restrict their activities of daily lliving including dressing, bathings, food perparations and safe movement throughtout their home, and in some extreme cses, never leave their home. Modification / rehabilitation can be a relatively inexpensive alternative to, and may delay or eliminate, the need for expensive institutional care. Falls are Dane County's #1 cause of injury and hospitalization and, according to Wisconsin DHS, the number of hospitalizations for falls of 85+ population has increased 32% since 2002. It has been reported that 50% of all injuries occur in the home and surrounding area. CDC and BRFSS studies indicate community interventions such as home safety assessments and modifications can reduce fall risk by 30 - 65%. Key problem areas in the home are stairs and steps, bathrooms, kitchens, basements and exterior exits and walkways. Fall pervention is a critical issue for the elderly. There is much evidence to support that the costs of one month of care for a senior in long term care far exceed the costs of accessable adaptions to keep them safe in home for their lifetime. Most anti-fall interventions are not high tech. Independent Living, Inc. is able to provide safe mobility through proper lighting, object-free walking paths, appropriate flooring, transfer equipment and ramping or assistive devices for stairs and steps.

25	ACCESS	FOR	I OW-INCOME	INDIVIDUALS	AND FAMILIES
20.	$\neg \circ \circ \circ$	1 01			AND I ANILIED

What percentage of this program's participants do you expect to be of low and/or moderate income?	100.0%
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	X
Other	

26. HOW IS THIS INFORMATION CURRENTLY COLLECTED?

Income and demographic information is collected upon intake / referral.	End of month reports summarize activity
for each month.	

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

Our private pay assessment / installation charge is \$42.00 per hour. Utilizing the income limit figures from HUD tables, individuals and families that are low income pay assessment fee on a sliding scale. We also are able to bill Medicaid, in some instances, for equipment needs.

PROGRAM A - 7 MAY 25, 2010

CITY OF MADISON

663

665

665

373

292

665

TOTAL ETHNICITY

TOTAL RESIDENCY

100%

100%

100%

56%

44%

0%

100%

ORGANIZATION: Independent Living, Inc
PROGRAM/LETTER: A OT/Home Modification

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			PARTICIPANT		
DESCRIPTOR	#	%	DESCRIPTOR	#	%
TOTAL	665	100%	AGE		
MALE	236	35%	<2	0	0%
FEMALE	429	65%	2 - 5	0	0%
UNKNOWN/OTHER	0	0%	6 - 12	0	0%
			13 - 17	0	0%
			18 - 29	5	1%
			30 - 59	61	9%
			60 - 74	211	32%
			75 & UP	388	58%
Note: Race and ethnic categor	ories are stated	I	TOTAL AGE	665	100%
as defined in HUD standards			RACE		
			WHITE/CAUCASIAN	631	95%
		BLACK/AFRICAN AMERICAN	25	4%	
			ASIAN	7	1%
			AMERICAN INDIAN/ALASKAN NATIVE	2	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	665	100%
			ETHNICITY		

PROGRAM A - 8 MAY 25, 2010

NOT HISPANIC OR LATINO

PERSONS WITH DISABILITIES

DANE COUNTY (NOT IN CITY)

OUTSIDE DANE COUNTY

CITY OF MADISON

RESIDENCY

CITY OF MADISON

ORGANIZATION:	Independen	nt Living, Inc			
PROGRAM/LETTER:	A OT/Home Modification				
29. PROGRAM OUTCOMES	Number	r of unduplicated individual participants served during 2009. 158 Total to be served in 2011. 210			
If applying to OCS, please refer to yo	our research a	e. No more than two outcomes per program will be reviewed. and/or posted resource documents if appropriate. of what should be included in the table below.			
Outcome Objective # 1:		clients per contract year will continue to live safely in their home for at least twelve r OT / Home Modifications.			
Performance Indicator(s):	90% of client service date.	its served will be in their home, without transfer to a facility, twelve months from .			
Proposed for 2011:		pe considered in 210 Targeted % to meet perf. measures 90% Targeted # to meet perf. measure 189			
Proposed for 2012:		e considered in 210 Targeted % to meet perf. measures 90% f. measurement Targeted # to meet perf. measure 189			
Explain the measurement tools or methods:	Contact will t	be made with client or family member twelve months post service date			
Outcome Objective # 2:					
Performance Indicator(s):					
Proposed for 2011:		to be considered in Targeted % to meet perf. measures 0% Targeted # to meet perf. measure 0			
Proposed for 2012:		Targeted % to meet perf. measures 0% f. measurement Targeted # to meet perf. measure 0			
Explain the measurement tools or methods:					

PROGRAM A - 9 MAY 25, 2010

1. AGENCY CONTACT INFORMATION

Organization	Independent Living, Inc		
Mailing Address	815 Forward Drive		
Telephone	(608) 274-7900		
FAX	(608) 274-9181		
Admin Contact	Linda Lane		
Financial Contact	Joyce Behrend		
Website	www.indepenliving.com		
Email Address	llane@indepenliving.com		
Legal Status	Private: Non-Profit		
Federal EIN:	39-1186642		
State CN:	ES12144		
DUNS #	07-116-21-27		

2. CONTACT INFORMATION

2. 00	JN I ACT INFO	RIVIATION				
Α	OT/Home Mod	dification				
	Contact:	linda lane	Phone:	274-7900	Email:	llane@indepenliving.com
В	Home Share					
	Contact:	linda lane	Phone:	274-7900	Email:	llane@indepenliving.com
С	Case Manage	ment-Housing Options				
	Contact:	linda lane	Phone:	274-7900	Email:	llane@indepenliving.com
D	Health Advoca	ate				
	Contact:	linda lane	Phone:	274-7900	Email:	llane@indepenliving.com
Е	Program E					
	Contact:		Phone:		Email:	
F	Program F					
	Contact:		Phone:		Email:	
G	Program G					
	Contact:		Phone:		Email:	
Н	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:	

AGENCY OVERVIEW - 1 MAY 25, 2010

AGENCY OVERVIEW

3. AGENCY REVENUE DETAILED BY PROGRAM

REVENUE	2009	2010	2011	2011 PROPOSED PROGRAMS			
SOURCE	ACTUAL	BUDGET	PROPOSED	Α	В	С	D
DANE CO HUMAN SVCS	204,954	47,511	47,511	0	0	0	0
DANE CO CDBG	106,806	35,016	50,000	50,000	0	0	0
MADISON-COMM SVCS		0	43,000	0	0	35,000	8,000
MADISON-CDBG	50,471	50,471	87,000	57,000	30,000	0	0
UNITED WAY ALLOC	194,902	178,252	186,530	0	0	0	0
UNITED WAY DESIG	20,887	18,730	18,730	0	0	0	0
OTHER GOVT	12,851	4,557	0	0	0	0	0
FUNDRAISING DONATIONS	200,243	173,500	150,000	0	0	0	0
USER FEES	1,596,219	1,732,180	1,821,186	57,500	5,000	0	0
OTHER	141,028	119,942	120,000	0	0	0	0
TOTAL REVENUE	2,528,361	2,360,159	2,523,957	164,500	35,000	35,000	8,000

REVENUE	2011 PROPOSED PROGRAMS CONT.								
SOURCE	E	F	G	Н	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	2011 PROPO	SED PROGRAMS CONT.	
SOURCE	L		Non-City
DANE CO HUMAN SVCS	0		47,511
DANE CO CDBG	0		0
MADISON-COMM SVCS	0		0
MADISON-CDBG	0		0
UNITED WAY ALLOC	0		186,530
UNITED WAY DESIG	0		18,730
OTHER GOVT	0		0
FUNDRAISING DONATIONS	0		150,000
USER FEES	0		1,758,686
OTHER	0		120,000
TOTAL REVENUE	0		2,281,457

AGENCY OVERVIEW - 2 MAY 25, 2010

AGENCY ORGANIZATIONAL PROFILE

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4	ALTEINL Y	ועוו אול אוליו	SIAIL	

Independent Living, Inc. (ILI) enables adults and adults with disabilities throughout Dane County to live independent, safe and productive lives by providing a spectrum of services designed with the highest regard for their well-being and dignity.

5. AGENCY EXPERIENCE AND QUALIFICATIONS

Established in 1973 as a 501(c)(3) organization, Independent Living (ILI) has remained committed to addressing the current and future needs of a growing, aging population in Madison and the broader Dane County community. We have carefully managed our program, service and housing growth over a 37-year span to balance the need for inceased services and housing options while maintaining the financial security of the organization. Our experience w orking with local organizations, businesses, clients and community leaders has translated into key organizational strenghts. Independent Living, Inc. owns and operates 213 units of service supported affordable housing for older adults. Our housing consists of 69 units of garden style condominiums in Sun Prairie, 42 units of HUD 202 Supportive Housing for seniors in Fitchburg, and 92 units of service supported apartments and assisted living units on Segoe Road in Madison. We evaluate our processes and systems for both quality assurance in order to implement changes that respond to our clients' evolving needs. For example, we recently implemented changes to our Financial Management and Counseling in-home record keeping system. Our system changes have significantly reduced panic calls from clients who communicated concern that they had missed paying a bill. In 2008-2009, ILI successfully secured funding to implement a caregiver respite initiative that provides subsidized inhome services or a five-day stay at ILI's Segoe Gardens Assisted Living to low-income caregivers who cannot afford to pay for alternate care when they need time for business, personal and social activities. ILI instituted new procedures for volunteer recruitment and retention with increased volunteer support for critical programs. During 2009 w e had over 700 volunteers provideing 19,942 hours of service through Home Care/Respite, Homechore, Evening Meals on Wheels / Kibble on Wheels, Telephone Reassurance, and Friendly Visitor. We have had a consistency in leadership at both the staff and board level. Rita Giovannoni, CEO, has led ILI since 1989 and holds a Masters in Health Care Fiscal Management. Joyce Behrend has been CFO since 2005 and in August, 2009, ILI hired Linda Lane as our COO. Current Board Chair John R. Habeck is retired from WHEDA. Board Member Carol Koby will complete her second nine-year term on the board in 2010, and has brought significant exposure to the resources we provide through her communications expertise. Board Member Ted Waldbillig, Director of Sales, Mid-West Family Broadcasting, secured substantial in kind promotions for our 2010 Evening Meals On Wheels March for Meals Campaign. ILI is currently in Phase One of a three-phase project to provide an aging in place options for seniors on the north side of Madison. This development, named Cherokee Prairie Senior Housing, will eventually include 97 independent service supported senior housing apartments, plus 24 assisted living and 24 memory care apartments.

AGENCY OVERVIEW - 3 MAY 25, 2010

6. AGENCY GOVERNING BODY

Term of Office

How many Board meetings	were held in 2009?				5
How many Board meetings	s has your governing body or Bo	pard of Directors schedul	ed for 2010?		6
How many Board seats are	e indicated in your agency by-la	ws?			5-15
Please list your current Box	ard of Directors or your agency	s governing body.			
Name	John R. Habeck				
Home Address	505 Glenview Drive, Mad	lison, WI 53716			
Occupation	Retired, WHEDA				
Representing					
Term of Office		From:	mm/yyyy	To:	08/2011
Name	Michael Losenegger				
Home Address	509 Reid Drive, Mt. Hore	b, WI 53572			
Occupation	coo				
Representing	First Business Bank				
Term of Office		From:	mm/yyyy	To:	08/2010
Name	Carol Koby	-	-	-	
Home Address	3457 Nappe Drive, Middl	eton, WI 53562			
Occupation	Owner				
Representing	Koby Communications S	ervices, LLC			
Term of Office		From:	mm/yyyy	To:	08/2010
Name	Nancy Jackman		-	•	
Home Address	2758 Fitchburg, WI 5371	1			
Occupation	Vice President				
Representing	AAA Wisconsin				
Term of Office		From:	mm/yyyy	To:	08/2010
Name	Todd Becker		-	•	
Home Address	22 Pelham Court, Madiso	on, WI 53713			
Occupation	Attorney				
Representing	Coyne, Schultz, Becker &	& Bauer			
Term of Office		From:	mm/yyyy	To:	08/2010
Name	Peter Christman				
Home Address	prefers not to disclose				
Occupation	EVP/COO				
Representing	UW Medical Foundation				
Term of Office		From:	mm/yyyy	To:	08/2011
Name	Jennifer Knudson				
Home Address	prefers not to disclose				
Occupation	Associate				
Representing	Neider & Boucher, SC				
Term of Office		From:	mm/yyyy	To:	08/2011
Name	Jean MacCubbin				
Home Address	3530 Heather Crest, Mac	lison, WI 53715-3325			
Occupation	Engineering Consultant				
Representing	Wisconsin Department of	f Commerce			

AGENCY OVERVIEW - 4 MAY 25, 2010

From:

mm/yyyy

08/2011

AGENCY GOVERNING BODY cont.

Name	Ted Waldbillig
Home Address	692 Tamarack Way, Verona, WI 53593
Occupation	Director of Sales
Representing	Mid-West Family Broadcasting
Term of Office	From: mm/yyyy To: 08/2011
Name	Thomas Shorter
Home Address	prefers not to disclose
Occupation	Attorney
Representing	Godfrey & Kahn, SC
Term of Office	From: mm/yyyy To: 08/2012
Name	Carroll Heideman
Home Address	518 Caldy Place, Madison, WI 53711
Occupation	Retired, Public Educator; Editor
Representing	
Term of Office	From: mm/yyyy To: 08/2011
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 OVERVIEW - 5 MAY 25, 2010

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

AGENCY OVERVIEW - 6 MAY 25, 2010

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	ST	AFF	ВО	ARD	VOLU	VOLUNTEER		
DESCRIPTOR	Number	Percent	Number	Percent	Number	Percent		
TOTAL	108	100%	10	100%	734	100%		
GENDER								
MALE	22	20%	5	50%	299	41%		
FEMALE	86	80%	5	50%	435	59%		
UNKNOWN/OTHER	0	0%	0	0%	0	0%		
TOTAL GENDER	108	100%	10	100%	734	100%		
AGE								
LESS THAN 18 YRS	2	2%	0	0%	20	3%		
18-59 YRS	86	80%	4	40%	559	76%		
60 AND OLDER	20	19%	6	60%	155	21%		
TOTAL AGE	108	100%	10	100%	734	100%		
RACE*						0		
WHITE/CAUCASIAN	95	88%	10	100%	601	82%		
BLACK/AFRICAN AMERICAN	4	4%	0	0%	15	2%		
ASIAN	5	5%	0	0%	18	2%		
AMERICAN INDIAN/ALASKAN NATIVE	0	0%	0	0%	2	0%		
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	2	2%	0	0%	0	0%		
MULTI-RACIAL:	0	0%	0	0%	3	0%		
Black/AA & White/Caucasian	0	0%	0	0%	3	100%		
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	2	2%	0	0%	95	13%		
TOTAL RACE	108	100%	10	100%	734	100%		
ETHNICITY								
HISPANIC OR LATINO	5	5%	0	0%	11	1%		
NOT HISPANIC OR LATINO	103	95%	10	100%	723	99%		
TOTAL ETHNICITY	108	100%	10	100%	734	100%		
PERSONS WITH DISABILITIES	11	10%	0	0%	5	1%		

^{*}These categories are identified in HUD standards.

AGENCY OVERVIEW - 7 MAY 25, 2010

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.

		2009	2010	2011
Accou	unt Description	ACTUAL	BUDGET	PROPOSED
A.	PERSONNEL			
	Salary	1,360,279	1,317,817	1,432,226
	Taxes	157,595	157,186	170,832
	Benefits	157,377	175,093	190,295
	SUBTOTAL A.	1,675,251	1,650,096	1,793,353
В.	OPERATING	+		
	All "Operating" Costs	405,901	406,353	421,297
	SUBTOTAL B.	405,901	406,353	421,297
C.	SPACE	+ +		
	Rent/Utilities/Maintenance	194,282	209,966	222,962
	Mortgage (P&I) / Depreciation / Taxes	14,303	8,729	10,074
	SUBTOTAL C.	208,585	218,695	233,036
D.	SPECIAL COSTS	+		
	Assistance to Individuals	73,544	82,780	73,871
	Subcontracts, etc.	0	0	0
	Affiliation Dues	2,544	2,235	2,400
	Capital Expenditure	0	0	0
	Other:	0	0	0
	SUBTOTAL D.	76,088	85,015	76,271
	SPECIAL COSTS LESS CAPITAL EXPENDITURE	76,088	85,015	76,271
	TOTAL OPERATING EXPENSES	2,365,825	2,360,159	2,523,957
E.	TOTAL CAPITAL EXPENDITURES	0	0	0

9. PERSONNEL DATA: List Percent of Staff Turnover

64.0%

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.

Independent Living's turnover for 2009 was 64%. An area of greater than normal turnover is at our Assisted Living Facility; we hire a good portion of nursing students who terminate over the summer and re-start every fall. One of our business work plan goals is to reduce turnover. Through employee iniatives and improvements our turnover rate for 1st quarter 2010 has decreased to 12.9%.

AGENCY OVERVIEW - 8 MAY 25, 2010

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.

	2	2010	2011					
	Est.	Est.	Proposed	Proposed	Hourly	Α	В	С
Staff Position/Category	FTE	Salary	FTE	Salary	Wage	FTE	FTE	FTE
OTA*	0.7	23,763	1.0	33,946	16.32	0.4	0.0	0.0
COTA*	0.7	20,792	1.0	29,700	14.28	0.2	0.0	0.0
In-Home Services Manager*	1.0	39,140	1.0	40,500	19.47	0.0	0.2	0.0
In-Home Services Coordinator*	1.0	24,960	1.0	25,709	12.36	0.0	0.4	0.0
Human Resource Manager*	1.0	32,760	1.0	32,760	15.75	0.0	0.1	0.0
Community Outreach/Ed Director*	1.0	65,535	1.0	65,535	31.51	0.0	0.0	0.4
Volunteer Service Manager*	1.0	30,000	1.0	30,900	14.86	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
	0.0	0	0.0	0	0.00	0.0	0.0	0.0
TOTAL	6.4	236,950	7.0	259,050		0.6	0.7	0.4

TOTAL PERSONNEL COSTS: 259,050

	Nbr of	Total	Hourly	Seasonal	Α	В	С
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

AGENCY OVERVIEW - 9 MAY 25, 2010

2011 PROPOSED FTEs DISTRIBUTED BY PROGRAM									
D	E	F	G	Н	I	J	K	L	Non-City
FTE	FTE	FTE	FTE	FTE	FTE	FTE	FTE	FTE	FTE
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6
0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.1

D	E	F	G	Н	I	J	K	L	Non-City
# HRS									
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

AGENCY OVERVIEW - 10 MAY 25, 2010

ORGANIZATION:

Independent Living, Inc

PROGRAM BUDGET

1. 2010 BUDGETED		ACCOUNT CATEGORY					
REVENUE	SOURCE				SPECIAL		
SOURCE	TOTAL	PERSONNEL	OPERATING	SPACE	COSTS		
DANE CO HUMAN SVCS	47,511	42,411	1,566	3,534	0		
DANE CO CDBG	0						
UNITED WAY ALLOC	178,252	99,956	66,989	6,452	4,855		
UNITED WAY DESIG	18,730	11,320	7,029	381	0		
OTHER GOVT	4,557	0	46	0	4,511		
FUNDRAISING DONATIONS	171,000	87,020	56,887	3,626	23,467		
USER FEES	1,674,939	1,269,912	216,340	188,687	0		
OTHER	119,942	71,965	44,978	2,999	0		
TOTAL REVENUE	2,214,931	1,582,584	393,835	205,679	32,833		

2. 2011 PROPOSED BUDGET		ACCOUNT CATEGORY					
REVENUE	SOURCE				SPECIAL		
SOURCE	TOTAL	PERSONNEL	OPERATING	SPACE	COSTS		
DANE CO HUMAN SVCS	47,511	42,411	1,566	3,534	0		
DANE CO CDBG	0	0	0	0	0		
UNITED WAY ALLOC	186,530	107,220	62,033	6,777	10,500		
UNITED WAY DESIG	18,730	11,320	7,029	381	0		
OTHER GOVT*	0	0	0	0	0		
FUNDRAISING DONATIONS	150,000	88,475	57,838	3,687	0		
USER FEES	1,758,686	1,333,408	227,157	198,121	0		
OTHER**	120,000	72,000	45,000	3,000	0		
TOTAL REVENUE	2,281,457	1,654,834	400,623	215,500	10,500		

*OTHER GOVT 2011

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTA	L 0	

**OTHER 2011

Source	Amount	Terms
	75,000	Property Management Fees
	25,000 Interest Income	
	20,000	Miscellaneous Income
	0	
	0	
TOTAL	120,000	

NON-CITY FUNDING - 1 MAY 25, 2010