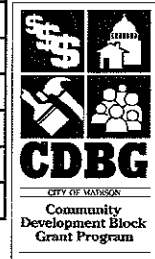


APPLICATION FOR 2011-2012 FUNDS



APPLICATION SUMMARY

Organization	Teen world	
Mailing Address	5100 BELTLINE HWY	
Telephone	608-555-1111	
FAX	608-555-2222	
Admin Contact	JOHN SMITH	
Financial Contact	JANE BAKER	
Website	www.testwebsite.com	
Email Address	jsmith@testwebsite.com	
Legal Status	Other: LLC-LLP-Sole Proprietor	
Federal EIN:	08-22222222	
State CN:	09-22222222	
DUNS #:	01-00000000	



			Goals and Priorities (See Instructions)			
Program Name	Letter	New?	Please identify and enter the relevant Program Goal and Priority statement			
Teen Jobs	A	No	OCS: Youth A3			
Teen Housing	B	Yes	CDBG: D. Housing - Rental housing			
Teens Parenting	C	Yes	OCS: Children and Families B1			
Teen leadership in Allied	D	Yes	OCS: Neighborhoods B1			
	E					
	F					
	G					
	H					
	I					
	J					
	K					
	L					
NonCity Funding Detail	M					

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. All employees paid under this contract will be paid a wage of at least \$11.66 hourly during calendar year 2011.

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.

SIGNATURE

By entering your initials in the box

You are electronically signing your name and agreeing to the terms listed above

DATE

PROGRAM

ORGANIZATION:	Teen world
PROGRAM/LETTER:	A Teen Jobs

REVENUE

2010 BUDGETED

ACCOUNT CATEGORY SOURCE	SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	12,000	5,000	2,000	1,000	4,000
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	12,000	5,000	2,000	1,000	4,000

2011 PROPOSED

ACCOUNT CATEGORY SOURCE	SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	10,200	1,000	1,500	3,500	4,200
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	10,200	1,000	1,500	3,500	4,200

*OTHER GOVT

Source	Amount	Terms
	0	
	0	
	0	

**OTHER

Source	Amount	Terms
	0	
	0	
	0	

2012 PROPOSED BUDGET

ORGANIZATION:	Teen world
PROGRAM/LETTER:	A Teen Jobs

If you are requesting increased funding for 2012, complete sections below.

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

PROGRAM UPDATE: 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.).

400 characters (with spaces)

2012 PROGRAM BUDGET

ACCOUNT CATEGORY SOURCE	BUDGET 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

Source	Amount	Terms
	0	

**OTHER

Source	Amount	Terms
	0	

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.

1000 characters (with spaces)

PROGRAM DESCRIPTION

ORGANIZATION:

Teen world

PROGRAM/LETTER:

A Teen Jobs

Priority statement autofills

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

200 characters (with spaces)

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

1600 characters (with spaces)

3. 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 (with spaces)

4. SERVICE HOURS: Frequency, Duration of Service and Hours and Days of Service Availability

400 characters (with spaces)

PROGRAM DESCRIPTION

ORGANIZATION:

Teen world

PROGRAM/LETTER:

A Teen Jobs

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

1600 characters (with spaces)

6. LOCATION: Location of Service and Intended Service Area (Include census tract where service is tract specific)

400 characters (with spaces)

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

1000 characters (with spaces)

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

1000 characters (with spaces)

PROGRAM DESCRIPTION CONT.

ORGANIZATION:	Teen world
PROGRAM/LETTER:	A Teen Jobs

9. 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.

400 characters (with spaces)

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

400 characters (with spaces)

11. LICENSING OR ACCREDITATION: Please indicate/describe any program licensing, accreditation or certification standards that are currently applied to this program.

400 characters (with spaces)

12. STAFF: Program Staff (Staff Titles, FTE dedicated to this program. Include required qualifications for program staff.

Staff Title	FTE	Qualifications

13. VOLUNTEERS

How are volunteers utilized in this program?

400 characters (with spaces)

Number of volunteers utilized in 2010?

Number of volunteer hours utilized in this program in 2010?

PROGRAM CDBG

ORGANIZATION:

Teen world

PROGRAM/LETTER:

A Teen Jobs

Please provide the following information ONLY if you are applying for projects that meet the "CDD Community Development Program Goals & Priorities" (CDBG)

If not applying for CDBG Funds, go to Program CR, or go on to Demographics

1. PARTICIPANT INCOME LEVELS:

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

Attach an additional sheet if projections for 2012 will vary significantly from 2011.

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

2. AGENCY COST ALLOCATION PLAN

What method does your agency use to determine cost allocations among programs?

submit one copy of your indirect cost allocation plan with your application for funding for 2011-2012.

600 characters (with spaces)

3. PROGRAM ACTIVITIES

Describe activities/benchmarks by timeline to illustrate how your program will be implemented.

1600 characters (with spaces)

PROGRAM CR

ORGANIZATION:

Teen world

PROGRAM/LETTER:

A Teen Jobs

Please provide the following information ONLY if you are applying for projects that meet the "Community Resources Community Development Program Goals & Priorities"

If not applying for CR Funds, go on to Demographics

1. PREFERRED PRACTICE FRAMEWORKS

Please comment on proposed programs alignment with the service delivery elements described in the corresponding Preferred Practice paper included in the application packet (if available). If we have not provided a paper, please identify research or best practice elements you have utilized in developing this program.

1000 characters (with spaces)

2. 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?

[Empty box]

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 30-50% of Dane County Median Income

Individual or family income in relation to Federal Poverty guidelines

Other

[Four empty boxes for selection]

3. HOW IS THIS INFORMATION CURRENTLY COLLECTED?

200 characters (with spaces)

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

400 characters (with spaces)

DEMOGRAPHICS

ORGANIZATION:

Teen world

PROGRAM/LETTER:

A Teen Jobs

Complete the following chart for unduplicated participants served by this program in 2009.

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 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%
			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%
			Am Indian/Alaskan Native & White/Caucasian	0	0%
			Asian & White/Caucasian	0	0%
			Black/AA & White/Caucasian	0	0%
			Am Indian & Alaskan Native & Black/AA	0	0%
			BALANCE/OTHER	0	0%
			ETHNICITY		
			HISPANIC	0	0%
			NON-HISPANIC	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%

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

PROGRAM OUTCOMES

ORGANIZATION:	Teen world
PROGRAM/LETTER:	A Teen Jobs

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. Please refer to supplemental Preferred Practices Document. 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 <input type="text" value="0"/> perf. measurement	Targeted % to meet perf. measures <input type="text" value="0%"/>
		Targeted # to meet perf. measure <input type="text" value="0"/>
Proposed for 2012:	Total to be considered in <input type="text" value="0"/> perf. measurement	Targeted % to meet perf. measures <input type="text" value="0%"/>
		Targeted # to meet perf. measure <input type="text" value="0"/>

Explain the measurement tools or methods:

Outcome Objective # 2:

Performance Indicator(s):

Proposed for 2011:	Total to be considered in <input type="text"/> perf. measurement	Targeted % to meet perf. measures <input type="text" value="0%"/>
		Targeted # to meet perf. measure <input type="text" value="0"/>
Proposed for 2012:	Total to be considered in <input type="text"/> perf. measurement	Targeted % to meet perf. measures <input type="text" value="0%"/>
		Targeted # to meet perf. measure <input type="text" value="0"/>

Explain the measurement tools or methods:

REVENUE: NON-CITY

ORGANIZATION:

Teen world

2010 BUDGETED

ACCOUNT CATEGORY SOURCE	SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	21,500	3,500	5,000	6,000	7,000
DANE CO CDBG	0				
MADISON-COMM SVCS	0				
MADISON-CDBG	0				
UNITED WAY ALLOC	0				
UNITED WAY DESIG	0				
OTHER GOVT	0				
FUNDRAISING DONATIONS	0				
USER FEES	0				
OTHER	0				
TOTAL REVENUE	21,500	3,500	5,000	6,000	7,000

2011 PROPOSED

ACCOUNT CATEGORY SOURCE	SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	10,000	2,500	2,500	2,500	2,500
DANE CO CDBG	0				
MADISON-COMM SVCS	0				
MADISON-CDBG	0				
UNITED WAY ALLOC	0				
UNITED WAY DESIG	0				
OTHER GOVT	0				
FUNDRAISING DONATIONS	0				
USER FEES	0				
OTHER	0				
TOTAL REVENUE	10,000	2,500	2,500	2,500	2,500

*OTHER GOVT

Source	Amount	Terms
	0	
	0	
	0	

**OTHER

Source	Amount	Terms
	0	
	0	
	0	

AGENCY OVERVIEW

APPLICATION FOR 2011-2012 FUNDS

APPLICATION SUMMARY

Organization	Teen world		
Mailing Address	5100 BELTLINE HWY		
Telephone	608-555-1111		
FAX	608-555-2222		
Admin Contact	JOHN SMITH		
Financial Contact	JANE BAKER		
Website	www.testwebsite.com		
Email Address	jsmith@testwebsite.com		
Legal Status	Other: LLC-LLP-Sole Proprietor		
Federal EIN:	08-22222222		
State CN:	09-22222222		
DUNS #	01-00000000		

PROGRAM LISTING:

Please list all programs you are applying for funding from the City of Madison for 2011-2012 (Include proposed programs.)

The same letter throughout the application identifies the programs for which you are requesting funding, from both Community Resources program and Community Development Block Grant funding.

PROGRAM INFORMATION:

A	Teen Jobs	Contact:	Phone:	Email:
B	Teen Housing	Contact:	Phone:	Email:
C	Teens Parenting	Contact:	Phone:	Email:
D	Teen leadership in Allied	Contact:	Phone:	Email:
E	0	Contact:	Phone:	Email:
F	0	Contact:	Phone:	Email:
G	0	Contact:	Phone:	Email:
H	0	Contact:	Phone:	Email:
I	0	Contact:	Phone:	Email:
J	0	Contact:	Phone:	Email:
K	0	Contact:	Phone:	Email:
L	0	Contact:	Phone:	Email:
M	NonCity Funding Detail	Contact:	Phone:	Email:

AGENCY REVENUE

REVENUE SOURCE	2009 ACTUAL	2010 BUDGET	2011 PROPOSED	2011 PROPOSED PROGRAMS			
				A	B	C	D
DANE CO HUMAN SVCS			10,200	10,200			
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	10,200	10,200	0	0	0

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

REVENUE SOURCE	2011 PROPOSED PROGRAMS CONT.						Non-City
	L						
DANE CO HUMAN SVCS							10,000
DANE CO CDBG							0
MADISON-COMM SVCS							0
MADISON-CDBG							0
UNITED WAY ALLOC							0
UNITED WAY DESIG							0
OTHER GOVT							0
FUNDRAISING DONATIONS							0
USER FEES							0
OTHER							0
TOTAL REVENUE	0						10,000

AGENCY ORGANIZATIONAL PROFILE

AGENCY MISSION STATEMENT

400 characters (with spaces)

AGENCY EXPERIENCE AND QUALIFICATIONS

1600 characters (with spaces)

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:	To:	
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:	
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:	

AGENCY GOVERNING BODY cont.

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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From:

To:

AGENCY GOVERNING BODY cont.

Name

Home Address

Occupation

Representing

Term of Office

From:

To:

Name

Home Address

Occupation

Representing

Term of Office

From:

To:

Name

Home Address

Occupation

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From:

To:

Name

Home Address

Occupation

Representing

Term of Office

From:

To:

STAFF-BOARD-VOLUNTEER DESCRIPTORS

For your agency's 2009 staff, board and volunteers, indicate by number the following characteristics.

Refer to application instructions for definitions.

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 (next cell) UNKNOWN/OTHER	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%
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%
Am Indian/Alaskan Native & White/Caucasian	0	0%	0	0%	0	0%
Asian & White/Caucasian	0	0%	0	0%	0	0%
Black/AA & 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%
ETHNICITY						
HISPANIC	0	0%	0	0%	0	0%
NON-HISPANIC	0	0%	0	0%	0	0%
PERSONS WITH DISABILITIES	0	0%	0	0%	0	0%

*These categories are identified in HUD standards.

BUDGET TOTAL OPERATING EXPENSES (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			
Taxes			
Benefits			
SUBTOTAL A.	0	8,500	3,500
B. OPERATING			
All "Operating" Costs			
SUBTOTAL B.	0	#REF!	#REF!
C. SPACE			
Rent/Utilities/Maintenance			
Mortgage (P&I) / Depreciation / Taxes			
SUBTOTAL C.	0	#REF!	#REF!
D. SPECIAL COSTS			
Assistance to Individuals			
Subcontracts, etc.			
Affiliation Dues			
SUBTOTAL D.	0	#REF!	#REF!
TOTAL OPERATING EXPENSES A. - D.	0	#REF!	#REF!
E. TOTAL CAPITAL EXPENDITURES			

LIST PERCENT OF STAFF TURNOVER

Divide the number of resignations or terminations in calendar year 2009 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.

400 characters (with spaces)

PERSONNEL SCHEDULE

NOTE- ADDRESS HOW SEASONAL EMPLOYEES WILL BE ENTERED

List each individual staff position by title.

Distribute 2011 Proposed FTEs, across all agency programs (A-J).

Indicate the number of Full Time Equivalents (FTEs) in each staff position.

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 FTE	B FTE	C FTE
	Est. FTE	Est. Salary	Proposed FTE	Proposed Salary				
		10.00	1,000	0.00				
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
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			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
TOTAL	10.00	1,000	0.00	25	50	0	0	0

NEIGHBORHOOD CENTERS/GARDENS

ORGANIZATION: Teen world

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.

What is your program approach that encourages resident participation in major policy making and operational decisions such as representation on your Board of Directors, involvement in your center's program planning committees, participation in your center's hiring committee or the use of customer feedback surveys.

1000 characters (with spaces)

Provide information that demonstrates you have the support and participation of neighborhood residents.

1000 characters (with spaces)

If your program utilizes user fees, please describe your fee structure and policies.

1000 characters (with spaces)

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

400 characters (with spaces)

COMMUNITY DEVELOPMENT DIVISION

CITY OF MADISON

ORGANIZATION:

Teen world

REVENUE	TOTAL BUDGET			Teen Jobs			2009 Actual
	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	
DANE CO HUMAN SVCS					12,000	10,200	
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	0	0	12,000	10,200	0

EXPENSES	TOTAL BUDGET			Teen Jobs			2009 Actual
	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	
PERSONNEL					5,000	1,000	
OPERATING					2,000	1,500	
SPACE					1,000	3,500	
SPECIAL COSTS					4,000	4,200	
TOTAL EXPENSES	0	0	0	0	12,000	10,200	0

Teen Housing		Teens Parenting			Teen leadership in Allied			
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

Teen Housing		Teens Parenting			Teen leadership in Allied			
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

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

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

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

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

PROGRAM K		PROGRAM L			NonCity Funding Detail		
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed
						21,500	10,000
						0	0
						0	0
						0	0
						0	0
						0	0
						0	0
						0	0
						0	0
0	0	0	0	0	0	21,500	10,000

PROGRAM K		PROGRAM L			NonCity Funding Detail		
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed
						3,500	2,500
						5,000	2,500
						6,000	2,500
						7,000	2,500
0	0	0	0	0	0	21,500	10,000

ORGANIZATION:		Teen world		
SPECIFIC PROJECT OBJECTIVES		2009 Actual	2010 Goal	2011 Proposed
Facility Use and Core				
Sponsored Children/Youth Hours				
Sponsored Adult/Family Hours				
Sponsored Senior Hours				
Optional Hours				
Meeting Space Hours				
Total Facility Use Hours				
YTD Facility Use Unduplicated Participants				
Total YTD Center Unduplicated Participants				
Program A: Teen Jobs				
Service Units				
YTD Unduplicated Participants				
Program B: Teen Housing				
Service Units				
YTD Unduplicated Participants				
Program C: Teens Parenting				
Service Units				
YTD Unduplicated Participants				
Program D: Teen leadership in Allied				
Service Units				
YTD Unduplicated Participants				
Program E:				
Service Units				
YTD Unduplicated Participants				
Program F:				
Service Units				
YTD Unduplicated Participants				
Program G:				
Service Units				
YTD Unduplicated Participants				
Program H:				
Service Units				
YTD Unduplicated Participants				
Program I:				
Service Units				
YTD Unduplicated Participants				
Program J:				
Service Units				
YTD Unduplicated Participants				
Program K:				
Service Units				
YTD Unduplicated Participants				
Program L:				
Service Units				
YTD Unduplicated Participants				
NonCityFunding: NonCity Funding Detail				
Service Units				
YTD Unduplicated Participants				

ORGANIZATION: Teen world

Program Name	Outcome Objective	Performance Indicator
Teen Jobs	outcome ob	perf indicator
Teen Housing		
Teens Parenting		
Teen leadership in Allied		
	0	
	0	
	0	
	0	
	0	
	0	

Measurement Tool	Performance Measurement		
	2009 Actual	2010 Goal	2011 Proposed
measure tool			0

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

ORGANIZATION:

Provide the following information for rental housing projects (list each address separately)

Address	# 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

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

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

If yes, please describe.

400 characters (with spaces)

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

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

400 characters (with spaces)

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

400 characters (with spaces)

RENTAL HOUSING

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

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	Currently Accessible?
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.

RENTAL HOUSING- CAPITAL BUDGET

ORGANIZATION: Teen world

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

RENTAL HOUSING-TOTAL PROJECT PROFORMA

ORGANIZATION:

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

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

Assumptions

Vacancy Rate	<input type="text"/>
Annual Increase	<input type="text"/>

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

HOUSING FOR BUYERS

ORGANIZATION: Teen world

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.

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	Currently Accessible? Current	Currently 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.

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

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

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

HOUSING FOR BUYERS

ORGANIZATION:

Teen world

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

400 characters (with spaces)

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

400 characters (with spaces)

HOUSING FOR BUYERS-CAPITAL BUDGET

ORGANIZATION: Teen world

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

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.

Real Estate Project Data Summary

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

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

400 characters (with spaces)

CAPITAL BUDGET

ORGANIZATION: Teen world

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

TOTAL PROJECT PROFORMA

ORGANIZATION:

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

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

Assumptions

Vacancy Rate	<input type="text"/>
Annual Increase	<input type="text"/>

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

