C	IΤΥ	OF	MA	DIS	ON

APPLICATION FOR 2014 FUNDS

1. AGENCY CONTACT INFO	ORMATION	Madison
Organization		Madison
Mailing Address		
Telephone FAX		
Director		
Email Address		
Additional Contact		CDBG
Email Address		Community
Legal Status	Select Status from Drop-Down	Community Development Block Grant Program
Federal	EIN:	
State	CN:	
DUI	NS #	

2. AGENCY PROGRAM S	SUMMARY		Goals and Priorities (See Instructions)
Program Name	Letter	New?	Please identify and enter the relevant Program Goal and Priority statement
Program A	A		Select a Priority Statement from the Drop-Down
Program B	В		Select a Priority Statement from the Drop-Down
Program C	С		Select a Priority Statement from the Drop-Down
Program D	D		Select a Priority Statement from the Drop-Down
Program E	E		Select a Priority Statement from the Drop-Down
Program F	F		Select a Priority Statement from the Drop-Down
Program G	G		Select a Priority Statement from the Drop-Down
Program H	Н		Select a Priority Statement from the Drop-Down
Program I	1		Select a Priority Statement from the Drop-Down
Center Support	J		Select a Priority Statement from the Drop-Down

3. SIGNATURE PAGE

AFFIRMATIVE ACTION

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

LIVING WAGE ORDINANCE

If funded, applicant hereby agrees to comply with City of Madison Ordinance 4.20. This ordinance requires all employees paid under this contract be paid (at least) the Living Wage for 2014 as established by the City of Madison. In 2013 the Living Wage was \$12.19 hourly, in 2014 it will be \$12.45 hourly.

CITY OF MADISON CONTRACTS

If funded, applicant agrees to comply with all applicable local, State and Federal provisions. A sample contract that includes standard provisions may be obtained by contacting the Community Development Division at 266-6520.

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

4. SIGNATURE	
Enter name:	
By entering your initials in the box	you are electronically signing your name and agreeing to the terms listed above
DATE	

COMMUNITY	DEVEL.	ODMENT	DIVIGION
COMMUNITY	DEVEL	OPMENI	DIVISIUN

PROGRAM DESCRIPTION

CITY OF MADISON

		w.u	 	
ORGANIZATION:			 	
PROGRAM/LETTER:	Α	Program A		

PROGRAM BUDGET

1. 2013 BUDGET	ET ACCOUNT CATEGORY				
	SOURCE				SPECIAL
REVENUE SOURCE	TOTAL	PERSONNEL	OPERATING	SPACE	costs
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0
MADISON-CDD	0	0	0	0	0
UNITED WAY ALLOC	0	0	0	0	0
UNITED WAY DESIG	0	o	0	0	0
OTHER GOVT	0	0	0	0	0
FUNDRAISING DONATIONS	0	0	0,	0	0
USER FEES	0	0	0	0	0
OTHER	0	0	0	0	0
TOTAL REVENUE	0	0	0	0	0

2. 2014 PROPOSED BUDGET

	SOURCE		:		SPECIAL
REVENUE SOURCE	TOTAL	PERSONNEL	OPERATING	SPACE	совтв
DANE CO HUMAN SVCS	0,	0	0	0	0
DANE CO CDBG	0	0	0	. 0	0
MADISON-CDD	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 FEE\$	0	0	0	0	0
OTHER**	0	0	0	0	0
TOTAL REVENUE	0	0	0	0	0

*OTHER GOVT 2014

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

**OTHER 2014

Source	Amount	Terms
		0
		0
		0
	1	0
		0
	TOTAL	0

CITY OF MADISON

ORGANIZATION:	
PROGRAM/LETTER:	A Program A
PRIORITY STATEMENT:	Select a Priority Statement from the Drop-Down
DESCRIPTION OF SERVICES	
	se identify local community need or gap in service that the proposed program will address.
1000 characters (with space	
1000 characters (with space	
	실일으로 그림으로 하는 그는 그는 그를 만든 한 호를 흔들었는데
4 SERVICE DESCRIPTION - DA	escribe the service(s) provided including your expectations of the impact of your activities.
1600 characters (with space	
1000 characters (with space	
	그리다 그 그 그 그리다 학생들은 학생 없는 사
	FB 뉴
5. PROPOSED PROGRAM CON	ITRACT 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	
6. SERVICE HOURS: Frequency	, duration of service and hours and days of service availability.
400 characters (with spaces	

201111111111111111111111111111111111111				
GANIZATION:				
GRAM/LETTER:	A Prog	gram A	i	
PULATION SERVED: Ple	ase describe in terr	ms of age, income level, LEI	P, literacy, cognitive or physical	disabilities
nallenges.				
00 characters (with space	s)			
		rvice area (include census t	ract where service is tract speci	fic).
00 characters (with space	3)			
AND THE RESERVE OF THE PERSON	· · · · · · · · · · · · · · · · · · ·	 		
OUTREACH PLAN: Describe	your outreach and	marketing strategies to eng	age your intended service popul	lation.
COORDINATION: Describe h	now you coordinate	your service delivery with o	ther community groups or agend	oles.
000 characters (with space	es)			
and the second	e dan e e jagiga	Aufra Attornation		
VOLUNTEERS: How are volu	integre utilized in th	is program?		
00 characters (with spaces		no programm		
		n Ngjaran		ing the following of the control of

PROGRAM A - 3 JUNE 4, 2013

12. Number of volunteers utilized in 2012?

Number of volunteer hours utilized in this program in 2012?

16. STAFF: Please indicate FTE's dedicated to this program, and required qualifications for these staff positions.

All positions in city-funded programs must meet City Living Wage requirements.

Staff Title	FTE	Qualifications

COMMUNITY	DEVEL	ODMENT	DIVICION
CUMUNITARIA	DEVEL	CPMENT	DIVINICIN

PROGRAM DESCRIPTION

CITY OF MADISON

ORGANIZATION:			13 000 000 000 000 000 000 000 000 000 0	
PROGRAM/LETTER:	Α	Program A	1.0	

17. PARTICIPANT INCOME LEVELS:

Indicate the number of households of each income level and size that this program would serve in 2014.

Income Level	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	

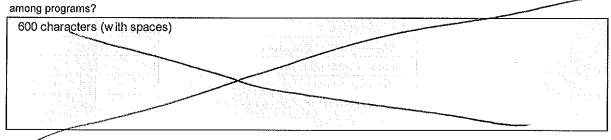
18	HOW IS THIS	INFORMATION	CURRENTI Y	COLLECTED?

400 characters (with enaces)	
the state of the s	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	· ·
the second secon	and the second of the second o
I the state of the	the control of the co
	· · · · ·

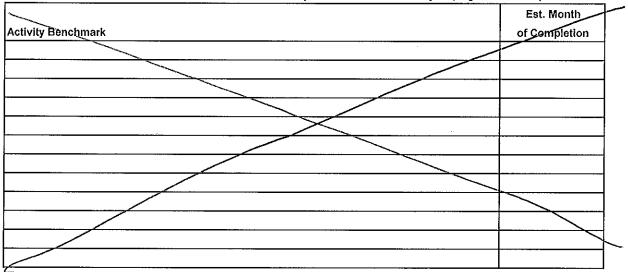
19. USER FEE STRUCTURE

200 characters (with spaces)	++4

20. AGENCY COST ALLOCATION PLAN: What method does your agency use to determine indirect cost allocations



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



COMMUNITY	DEVEL	ODMENT	DIVIDION
CUMMUNITY	UEVEL	UPNENT	DIVISION

PROGRAM DESCRIPTION

CITY OF MADISON

ORGANIZATION:				
PROGRAM/LETTER:	Α	Program A		

22. DEMOGRAPHICS

Complete the following chart for unduplicated participants served by this program in 2012. Indicate the number and percentage for the following characteristics. For new programs, please estimate projected participant numbers and descriptors.

PARTICIPANT			PARTICIPANT		
DESCRIPTOR	#	%	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%
11-11-111111111111111111111111111111111			13 - 17	0	0%
			18 - 29	0	0%
			30 - 59	0	0%

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

/0 Z + 0		070
6 - 12		0%
13 - 17		0%
18 - 29		0%
30 - 59	(0%
60 - 74	(0%
75 & UP		0%
TOTAL AGE		0%
RACE		
WHITE/CAUCASIAN	C	0%
BLACK/AFRICAN AMERICAN		0%
ASIAN	C	0%
AMERICAN INDIAN/ALASKAN NATIVE	0	0%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0%
MULTI-RACIAL:	0	0%
Black/AA & White/Caucasian	0	0%
Asian & White/Caucasian	0	0%
Am Indian/Alaskan Native & White/Caucasian	0	0%
Am Indian/Alaskan Native & Black/AA	0	0%
BALANCE/OTHER	0	0%
TOTAL RACE	0	0%
ETHNICITY		
HISPANIC OR LATINO	0	0%
NOT HISPANIC OR LATINO	0	0%
TOTAL ETHNICITY	0	0%
PERSONS WITH DISABILITIES	0	0%
RESIDENCY		
CITY OF MADISON	0	0%
DANE COUNTY (NOT IN CITY)	0	0%
OUTSIDE DANE COUNTY	0	0%
TOTAL RESIDENCY	0	0%

COMMUNITY DEVELOPMENT D	PROGRAM DESCRIPTION	CITY OF MADISC
ORGANIZATION:		
PROGRAM/LETTER:	A Program A	
23. PROGRAM OUTCOMES		
	Number of unduplicated individual participants served during 2012.	0
	Total to be served in 2014.	
Complete the following for each p	program outcome. No more than two outcomes per program will be reviewed.	
Refer to the instructions for detail	ed descriptions of what should be included in the table below.	
Outcome Objective # 1:		
Performance Indicator(s):		
Proposed for 2014:	Total to be considered in 0 Targeted % to meet perf. n	measures 0%
	perf. measurement Targeted # to meet perf.	measure 0
Explain the measurement		
ools or methods:		
Outcome Objective # 2:		
Performance Indicator(s):		
Proposed for 2014:	Total to be considered in Targeted % to meet perf. rr	neasures 0%
	perf. measurement Targeted # to meet perf.	measure 0
Explain the measurement		
ools or methods:		

PROGRAM A - 10 JUNE 4, 2013

COMMUNITY DEVELOPMENT	DIVISION	PROGRAM DESCRIPTION	CITY OF MADISO	<u> </u>

PROGRAM A - 11 JUNE 4, 2013

**OTHER 2014

TOTAL

Source	Amount	Terms
	0	
	О	
	0	
	0	
	0	
TOTAL	0	

NON-CITY - 1 JUNE 4, 2013

1. A	GENCY CONT	ACT INFORMATION			
Orga	anization				
Maili	ng Address				
Tele	phone				
FAX					
Dire	ctor				
Ema	il Address			· · · · · · · ·	
Addi	tional Contact				
Ema	il Address				
Lega	il Status	Select Status from Drop-Down			
	Federal EIN:				
	State CN:				
	DUNS#				
	•				
2. C0	ONTACT INFO	RMATION			
Α	Program A				
	Contact:		Phone:	Email:	
В	Program B				
	Contact:		Phone:	Email:	
С	Program C				
	Contact:		Phone:	Email:	
D	Program D				
	Contact:		Phone:	Email:	
E	Program E				
	Contact:		Phone:	Email:	
F	Program F				
	Contact:		Phone:	Email:	
G	Program G				
	Contact:		Phone:	Email:	
Н	Program H				
	Contact:		Phone:	Email:	
l	Program I				
	Contact:		Phone:	Email:	
J	Center Suppor	t			
	Contact:		Phone:	Email:	

AGENCY OVERVIEW - 1 JUNE 4, 2013

3. AGENCY REVENUE DETAILED BY PROGRAM

REVENUE	2012	2013 2014 2014 PROPOSED PROGRAMS			MS		
SOURCE	ACTUAL	BUDGET	PROPOSED	Α	В	С	D
DANE CO HUMAN SVCS		0	0	0	0	0	0
DANE CO CDBG		0	0	0	0	0	0
MADISON-CDD		0	0	0	0	0	0
UNITED WAY ALLOC		0	0	0	0	0	0
UNITED WAY DESIG		0	0	0	0	0	0
OTHER GOVT		0	0	0	0	0	0
FUNDRAISING DONATIONS		0	0	0	0	0	0
USER FEES		0	0	0	0	0	0
OTHER		0	0	0	0	0	0
TOTAL REVENUE	0	0	0	0	0	0	0

REVENUE	2014 PROPOS	POSED PROGRAMS CONT.						
SOURCE	E	F	G	Н	1	J	Non-City	
DANE CO HUMAN SVCS	0	0	0	0	0	0	(
DANE CO CDBG	0	0	0	0	0	0	C	
MADISON-CDD	0	0	0	0	0	0	C	
UNITED WAY ALLOC	0	0	0	0	0	0	C	
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	

AGENCY OVERVIEW - 2 JUNE 4, 2013

AGENCY ORGANIZATIONAL PROFILE

600 characters (with s	nanael		

000 characters (wth spaces)		
사용하는 경우 사용 基本, 2017年 - 1918年 - 19		
	더슨 이 트로벌 함께 불편하면 하는데 말이다.	
	regione i de mai rice, impire i moderni i pranci i i i i i i i de segmento della i i i i i i i i i i i i i i i I compressione i i i i i i i i i i i i i i i i i i i	
		44.
		: 11
		ji sa
		ti di
		:: À:
		4.5
		100

AGENCY OVERVIEW - 3 JUNE 4, 2013

6. AGENCY GOVERNING BODY

How many Board meetings were held in 2012?		1
How many Board meetings has your governing bo	ody or Board of Directors scheduled for 2013?	
How many Board seats are indicated in your agen	ncy by-laws?	
Please list your current Board of Directors or your	r agency's governing body.	
Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To	mm/yyyy
Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To	mm/yyyy
Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To:	mm/yyyy
Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To:	mm/yyyy
Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To:	mm/yyyy
Name		,,,,
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To:	mm/yyyy
Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To:	mm/yyyy
Name	7,0113 (1112)))) (0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To:	mm/yyyy
- ···	1	

AGENCY GOVERNING BODY cont.

Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To: r	nm/yyyy
Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To: n	nm/yyyy
Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To: n	nm/yyyy
Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To: n	nm/yyyy
Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To: n	nm/yyyy
Name	A	
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To: m	nm/yyyy
Name	<u>'</u>	
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To: m	nm/yyyy
Name		-
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To: m	nm/yyyy
Name		******
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To: m	m/vvvv

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

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	1	AFF		ARD	1	NTEER
DESCRIPTOR	Number	Percent	Number	Percent	Number	Percent
TOTAL	0	0%	O	0%	C	0%
GENDER						
MALE	0	0%	. 0	0%	0	0%
FEMALE	0	0%	0	0%	0	0%
UNKNOWN/OTHER	0	0%	0	0%	0	0%
TOTAL GENDER	0	0%	0	0%	0	0%
AGE						
LESS THAN 18 YRS	0	0%	0	0%	0	0%
18-59 YRS	0	0%	0	0%	0	0%
60 AND OLDER	0	0%	0	0%	0	0%
TOTAL AGE	0	0%	0	0%	0	0%
RACE*						0
WHITE/CAUCASIAN	0	0%	0	0%	0	0%
BLACK/AFRICAN AMERICAN	0	0%	0	0%	0	0%
ASIAN	0	0%	0	0%	0	0%
AMERICAN INDIAN/ALASKAN NATIVE	0	0%	0	0%	0	0%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0%	0	0%	0	0%
MULTI-RACIAL:	0	0%	0	0%	0	0%
Black/AA & White/Caucasian	0	0%	0	0%	0	0%
Asian & White/Caucasian	0	0%	0	0%	0	0%
Am Indian/Alaskan Native & White/Caucasian	0	0%	0	0%	0	0%
Am Indian/Alaskan Native & Black/AA	0	0%	0	0%	0	0%
BALANCE/OTHER	0	0%	0	0%	0	0%
TOTAL RACE	0	0%	0	0%	0	0%
ETHNICITY						
HISPANIC OR LATINO	0	0%	0	0%	0	0%
NOT HISPANIC OR LATINO	0	0%	0	0%	0	0%
TOTAL ETHNICITY	0	0%	0	0%	0	0%
PERSONS WITH DISABILITIES	0	0%:	0	0%	0	0%

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

AGENCY OVERVIEW - 7 JUNE 4, 2013

8. AGENCY EXPENSE BUDGET

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

Where possible, use audited figures for 2012 Actual. Budget and Proposed Subtotals will autofill from information you provided in the individual program budgets, Center Support and Non-City worksheets in this application.

You will receive an "ERROR" until the amounts equal the autofilled Budget and Proposed subtotals.

		2012	2013	2014
Accou	int Description	ACTUAL	BUDGET	PROPOSED
Α.	PERSONNEL			
	Salary	0	. 0	0
	Taxes	0	0	. 0
	Benefits	0	o	0
	SUBTOTAL A.	0	0	0
B.	OPERATING			
	All "Operating" Costs	0	0	0
	SUBTOTAL B.	0	0	0
C.	SPACE			
	Rent/Utilities/Maintenance	0	0	0
	Mortgage (P&I) / Depreciation / Taxes	0	0	0
	SUBTOTAL C.	0	0	0
D.	SPECIAL COSTS		·	
	Assistance to Individuals	0	0	0
	Subcontracts, etc.	0	0	0
	Affiliation Dues	0	0	0
	Capital Expenditure	0	0	0
	Other:	0	0	0
	SUBTOTAL D.	0	0	0
	SPECIAL COSTS LESS CAPITAL EXPENDITURE	0	0	0
	TOTAL OPERATING EXPENSES	0	0	0
Ε,	TOTAL CAPITAL EXPENDITURES	0	0	0

9. PERSONNEL DATA: List Percent of Staff Turnover	0.0%
Divide the number of resignations or terminations in calendar year 2012 by total number of budget	ted positions.

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

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

600 characters (with spaces)	try stair reterition issues, or policies to	Teduce star turnover.

AGENCY OVERVIEW - 8 JUNE 4, 2013

10. PERSONNEL DATA: Personnel Schedule

List each staff position by title. Seasonal Employees should be entered in seasonal section.

Indicate the number of 2013 Proposed Full-Time Equivalents (FTEs) in each staff position, across all agency programs.

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

Indicate base hourly wage for each position.

	2013		2	014	2014		PROPOSED	
•	Est.	Est.	Proposed	Proposed	Hourly	Α	В	С
Staff Position/Category	FTE	Salary	FTE	Salary	Wage	FTE	FTE	FTE
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.00
	0.000	0	0.000	0	0.00	0.000	0.000	0.00
	0.000	0	0.000	0	0.00	0.000	0.000	0.00
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.00
	0.000	0	0.000	0	0.00	0.000	0.000	0.00
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.00
	0.000	0	0.000	0	0.00	0.000	0.000	0.00
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.00
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	. 0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
	0.000	0	0.000	0	0.00	0.000	0.000	0.000
TOTAL	0.00	0	0.000	0		0.000	0.000	0.000

TOTAL PERSONNEL COSTS: 0

	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 JUNE 4, 2013

All positions in city-funded programs must meet City Living Wage requirements. Indicate if the position meets the Living Wage Exception with an asterisk (*). The Madison Living Wage for 2014 will be \$12.45 (hourly).

FTEs		DISTE	RIBUTED		BY	i	PROGRAM	
D	E	F	G	Н	1	J	Non-City	
FTE	FTE	FTE	FTE	FTE	FTE	FTE	FTE	Staff Position/Category
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	·
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	TOTAL

D	Ε	F	G	Н	ı	J	Non-City	
# HRS	Seasonal/Project Employee ONLY							
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	TOTAL

AGENCY OVERVIEW - 10 JUNE 4, 2013