

APPLICATION FOR 2014 FUNDS



1. AGENCY CONTACT INFORMATION

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



2. AGENCY PROGRAM SUMMARY

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

ORGANIZATION:

PROGRAM/LETTER:

A Program A

PROGRAM BUDGET

1. 2013 BUDGET

REVENUE SOURCE	SOURCE TOTAL	ACCOUNT CATEGORY			SPECIAL COSTS
		PERSONNEL	OPERATING	SPACE	
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 FEES	0	0	0	0	0
OTHER	0	0	0	0	0
TOTAL REVENUE	0	0	0	0	0

2. 2014 PROPOSED BUDGET

REVENUE SOURCE	SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0
MADISON-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 FEES	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	
	0	
	0	
TOTAL	0	

ORGANIZATION:

PROGRAM/LETTER:

PRIORITY STATEMENT:

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

DESCRIPTION OF SERVICES

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

1000 characters (with spaces)

--

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

1600 characters (with spaces)

--

5. 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)

--

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

400 characters (with spaces)

--

ORGANIZATION:

[Empty box for organization name]

PROGRAM/LETTER:

A Program A

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

600 characters (with spaces)

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

200 characters (with spaces)

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

1000 characters (with spaces)

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

1000 characters (with spaces)

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

400 characters (with spaces)

12. Number of volunteers utilized in 2012?

[Empty box for number of volunteers]

Number of volunteer hours utilized in this program in 2012?

[Empty box for number of volunteer hours]

ORGANIZATION:

[Empty text box]

PROGRAM/LETTER:

A Program A

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

1600 characters (with spaces)

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

1600 characters (with spaces)

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

200 characters (with spaces)

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

ORGANIZATION:

PROGRAM/LETTER:

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

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

ORGANIZATION:	
PROGRAM/LETTER:	A Program A

23. PROGRAM OUTCOMES

Number of unduplicated individual participants served during 2012.	0
Total to be served in 2014.	

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

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

Outcome Objective # 1:	
Performance Indicator(s):	

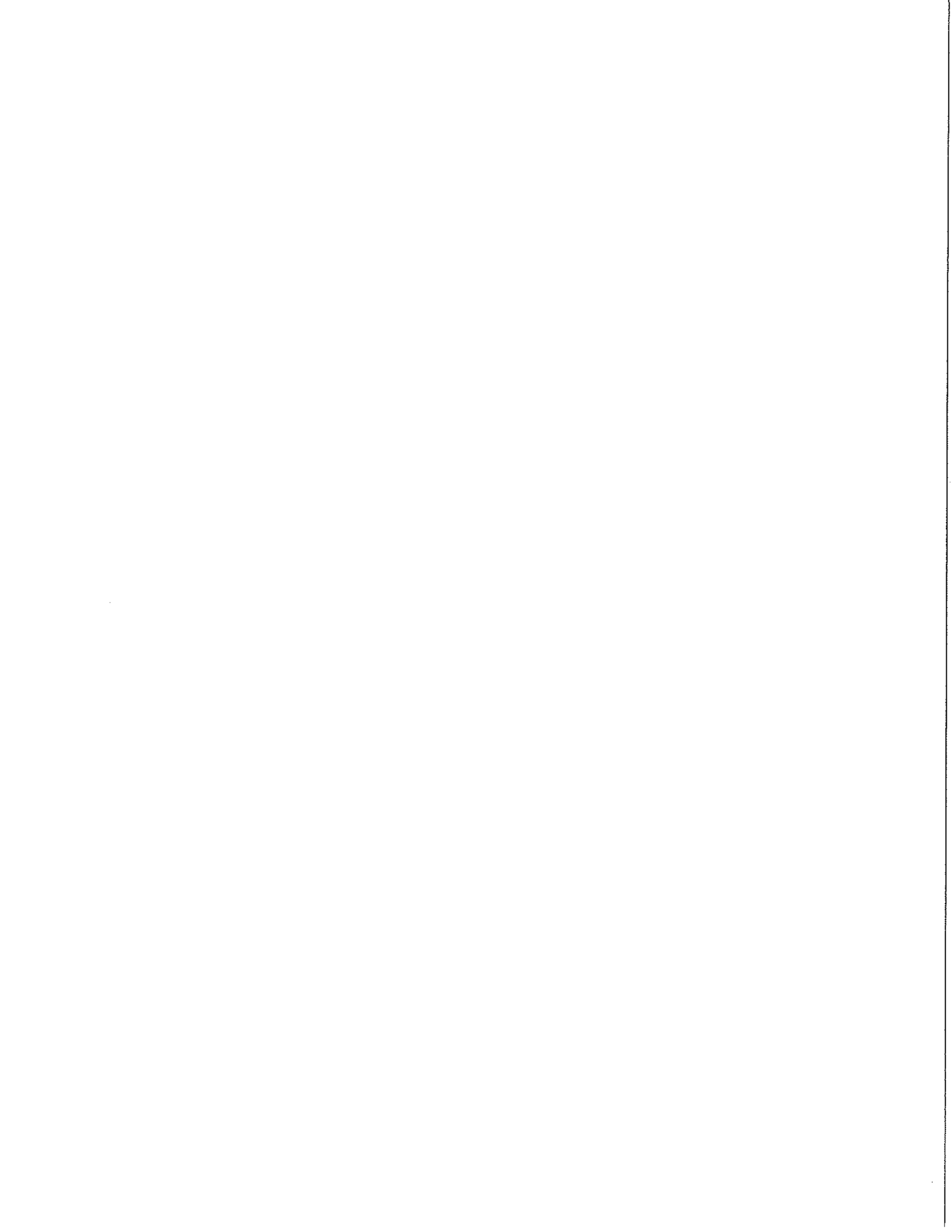
Proposed for 2014:	Total to be considered in	0	Targeted % to meet perf. measures	0%
	perf. measurement		Targeted # to meet perf. measure	0

Explain the measurement tools or methods:	
---	--

Outcome Objective # 2:	
Performance Indicator(s):	

Proposed for 2014:	Total to be considered in		Targeted % to meet perf. measures	0%
	perf. measurement		Targeted # to meet perf. measure	0

Explain the measurement tools or methods:	
---	--



ORGANIZATION:

--

PROGRAM BUDGET

1. 2013 BUDGETED

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

2. 2014 PROPOSED BUDGET

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

*OTHER GOVT 2014

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

**OTHER 2014

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

1. AGENCY CONTACT INFORMATION

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

2. CONTACT INFORMATION

A	Program A		
	Contact:	Phone:	Email:
B	Program B		
	Contact:	Phone:	Email:
C	Program C		
	Contact:	Phone:	Email:
D	Program D		
	Contact:	Phone:	Email:
E	Program E		
	Contact:	Phone:	Email:
F	Program F		
	Contact:	Phone:	Email:
G	Program G		
	Contact:	Phone:	Email:
H	Program H		
	Contact:	Phone:	Email:
I	Program I		
	Contact:	Phone:	Email:
J	Center Support		
	Contact:	Phone:	Email:

3. AGENCY REVENUE DETAILED BY PROGRAM

REVENUE SOURCE	2012 ACTUAL	2013 BUDGET	2014 PROPOSED	2014 PROPOSED PROGRAMS			
				A	B	C	D
DANE CO HUMAN SVCS		0	0	0	0	0	0
DANE CO CDBG		0	0	0	0	0	0
MADISON-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 SOURCE	2014 PROPOSED PROGRAMS CONT.						
	E	F	G	H	I	J	Non-City
DANE CO HUMAN SVCS	0	0	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0	0	0
MADISON-CDD	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

AGENCY ORGANIZATIONAL PROFILE

4. AGENCY MISSION STATEMENT

600 characters (with spaces)

--

5. AGENCY EXPERIENCE AND QUALIFICATIONS

6000 characters (with spaces)

--

6. AGENCY GOVERNING BODY

How many Board meetings were held in 2012?

--

How many Board meetings has your governing body or Board of Directors scheduled for 2013?

--

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

--

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

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

7. STAFF-BOARD-VOLUNTEER DEMOGRAPHICS

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

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

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

*These categories are identified in HUD standards.

8. AGENCY EXPENSE BUDGET

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

Where possible, use audited figures for 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.

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

9. PERSONNEL DATA: List Percent of Staff Turnover

0.0%

Divide the number of resignations or terminations in calendar year 2012 by total number of budgeted positions.

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

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

600 characters (with spaces)

