

CITY-COUNTY CONSOLIDATED APPLICATION FOR 2009 & 2010 FUNDS

APPLICATION SUMMARY Submit common description to each revenue source.

ORGANIZATION NAME	Independent Living, Inc.		
MAILING ADDRESS <small>If P.O. Box, include Street Address on second line</small>	815 Forward Drive		
TELEPHONE	(608) 274-7900	LEGAL STATUS	
FAX NUMBER	(608) 274-9181	<input checked="" type="checkbox"/> Private, Non-Profit <input type="checkbox"/> Private, For Profit <input type="checkbox"/> Other: LLC, LLP, Sole Proprietor	
NAME CHIEF ADMIN/ CONTACT	Rita Giovannoni	Federal EIN: <u>39-1186642</u>	
INTERNET WEBSITE (if applicable)	www.indepenliving.com	State CN: <u>ES12144</u>	
E-MAIL ADDRESS	peldred@indepenliving.com		

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

PROGRAM NAME	PROGRAM CONTACT PERSON	PHONE NUMBER	E-MAIL
A: OT/Home Modification	Patricia Eldred	(608) 274-7900	peldred@indepenliving.com
B: Supportive Homecare/Chore			
C: Home Repair			
D:			
E: Neighbor to Neighbor Volunteer			
F: Evening Meals on Wheels			
G: Financial Management/Counseling			
H: Home Share	Patricia Eldred	(608) 274-7900	peldred@indepenliving.com
I:			
J: Supportive Homecare/Chore			
K: Health Advocate	Patricia Eldred	(608) 274-7900	peldred@indepenliving.com
M: Supportive Home Care Disabled			
P: Homelessness Prevention/Emergency Assistance Program	Patricia Eldred	(608) 274-7900	peldred@indepenliving.com
Q: Transportation			
S: Caregiver/Alzheimer Respite			
Z: Access to Services Minority Pop			

For larger organizations use letters A-K for programs which seek funding though this common application process and attach a list or summary in row K for other programs your organization offers.

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

REVENUE SOURCE	2) 2007 ACTUAL	3) 2008 BUDGET	4) 2009 PROPOSED	2009 PROPOSED PROGRAMS			
				A	B	C	D
DANE CO HUMAN SVCS	277,334	251,244	253,080		90,000		
DANE CO CDBG	66,510	114,764	120,115	64,275			
MADISON- COMM SVCS			8,500				
MADISON- CDBG	50,471	50,471	58,050	43,050			
UNITED WAY ALLOC	193,574	187,997	199,267			2,155	
UNITED WAY DESIG	32,663	26,000	26,000				
OTHER GOVT	8,470	9,200					
FUND RAISING DONATIONS	508,359	153,500	98,967				
USER FEES	1,688,148	1,914,204	1,993,698	104,825	315,000	1,280	
OTHER	137,662	121,344	110,000				
TOTAL REVENUE	2,963,191	2,815,756	2,867,677	212,150	405,000	3,435	

2009 PROPOSED PROGRAMS							
REVENUE SOURCE	E	F	G	H	I	J	K
DANE CO HUMAN SVCS	48,480	54,600				60,000	
DANE CO CDBG							
MADISON- COMM SVCS							8,500
MADISON- CDBG				15,000			
UNITED WAY ALLOC	35,980	23,415	40,015	5,400			
UNITED WAY DESIG	8,667			8,667			
OTHER GOVT							
FUND RAISING DONATIONS	1,000	15,000	2,500				
USER FEES	2,500	288,600	75,000	2,750		206,150	300
OTHER							
TOTAL REVENUE	96,627	381,615	117,515	31,817		266,150	8,800

2009 PROPOSED PROGRAMS

REVENUE SOURCE	M	P	Q	S	Z
DANE CO HUMAN SVCS					
DANE CO CDBG		55,840			
MADISON- COMM SVCS					
MADISON- CDBG					
UNITED WAY ALLOC	31,520	18,900	15,682	18,850	7,350
UNITED WAY DESIG			8,666		
OTHER GOVT					
FUND RAISING DONATIONS					
USER FEES			10,000		
OTHER					
TOTAL REVENUE	31,520	74,740	34,348	18,850	7,350

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

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

Signed: 

CITY-COUNTY CONSOLIDATED APPLICATION FOR 2009 & 2010 FUNDS

PROGRAM DESCRIPTION

ORGANIZATION: Independent Living, Inc.

PROGRAM: Home Share/Home Share Plus
(Submit only to relevant revenue sources.)

PROGRAM LETTER: H
(from App Summary Page A)

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

Home Share: This program supports seniors and adults with disabilities helping them remain in their own homes by matching them with a younger adult (seeker) to provide live-in companionship and household assistance. The program is mutually beneficial to both the home sharer (client) as well as the home seeker (live in). ILI screens all potential seekers and sharers that are interested in the program, and conducts an assessment and interview of any potential matches. When matched the relationship is carefully monitored and regularly reassessed to ensure satisfaction on the part of both parties.

Home Share Plus: This programs is very similar to the existing Home Share program, however it has a

home health component added. This program is for clients that are in need of "hands-on" care in addition to companionship and household assistance. The live-in seeker, in this case is a trained employee of Independent Living, Inc. (ILI). An assessment is conducted to determine the length of service hours the client needs. Those hours are then payable to the seeker as an employee of ILI.

Goals for both programs include:

- 1) Provide low income elders and adults with disabilities the necessary support to remain safely in their own homes in either model.
- 2) Provide respite for family members or informal caregivers of elders and adults with disabilities, reducing caregiver stress on the family or informal caregiver.
- 3) Assist "seekers" in finding adequate living situations with appropriate elders and/or adults with disabilities. Assist "seekers" in reaching educational and career goals by providing "hands-on" experience, and on going training, as well as housing.
- 4) Collaborate with other health care professionals in the long-term care industry in finding "live-in" attendant care, and reduce the number of nursing home placements.

This program addresses the City CDBG Framework Goal M-Access to Resources for low/moderate income persons.

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

PARTICIPANT DESCRIPTOR	NUMBER	PERCENT	PARTICIPANT DESCRIPTOR	NUMBER	PERCENT
TOTAL		100%	TOTAL PARTICIPANTS BY RACE		100%
MALE	9	20%	WHITE	29	100%
FEMALE	20	80%	BLACK		
AGE		100%	NATIVE AMERICAN		
< 2			ASIAN/PACIFIC ISLANDER		
2 – 5			MULTI-RACIAL		
6 – 12			ETHNICITY		100%
13 – 17			HISPANIC		
18 – 29	6	10%	NON-HISPANIC	29	100%
30 – 59	12	46%	HANDICAPPED (persons with disabilities)		
60 – 74			RESIDENCY		100%
75 & UP	11	44%	CITY OF MADISON	27	
			DANE COUNTY (NOT IN CITY)	2	
			OUTSIDE DANE COUNTY		

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

PROGRAM: Home share

PROGRAM LETTER: H

(Submit only to relevant revenue sources.)

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

Participants in the Home Share and Home Share Plus model come from a variety of areas across Dane County, with an array of educational, income, and language levels. As with all of our client and workers, these participants are chosen without regard to race, gender, age, religious belief, or ethnic background. Most clients are moderate to low-income older and/or disabled adults who live in their own homes, and have a spare room to accommodate an additional person. These clients are in need of general household assistance in exchange for free rent in the regular Home Share program, or in need of personal care assistance in Home Share Plus.

D. PROGRAM OUTCOMES

29 Number of unduplicated individual participants served during 2007.

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

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

OUTCOME OBJECTIVE # 1		Increase the number of elders and/or persons with disabilities in the Home Share and Home Share Plus program. Provide a safe environment for these clients, while reducing the number of nursing home placements.				
Performance Indicator(s)		80% of all matches made will report satisfaction and an improved sense of safety and security with their home share situation.				
Explain the measurement tools or methods.		Distribute flyers to all Long Term Care colleagues regarding the availability of the Home Share and Home Share Plus program. Create and distribute surveys to referral sources as to the effectiveness of the programs to assist their client base in obtaining "live-in" assistance, and reduce Nursing Home placements. Satisfaction survey to all clients.				
Target Proposed for 2009	Total to be served	39	Targeted percent to meet performance indicator(s)	80%	Number to meet indicator(s)	31
Target Proposed for 2010	Total to be served	42	Targeted percent to meet performance indicator(s)	80%	Number to meet indicator(s)	34
OUTCOME OBJECTIVE # 2		Assists "seekers" with the ability to obtain housing with elders and/or adults with disabilities . Provide additional education, on the job training, and employment opportunities to better their own educational and career goals.				
Performance Indicator(s)		80% of all matches will report satisfaction in finding housing, and increasing their educational and career goals with the program's assistance.				
Explain the measurement tools or methods.		Distribute information regarding the Home Share and Home Share Plus programs to a variety of student locations. Conduct pre and post surveys of "seekers" to ensure all needs are being met. Satisfaction survey to all seekers.				
Target proposed for 2009	Total to be served	39	Targeted percent to meet performance indicator(s)	80%	Number to meet indicator(s)	31
Target proposed for 2010	Total to be served	42	Targeted percent to meet performance indicator(s)	80%	Number to meet indicator(s)	34

(Submit only to relevant revenue sources.)

- E. PROGRAM ACTIVITIES** In the space below, describe the strategies and program activities used to achieve each of the program outcomes. (These usually include a description of what services your staff and volunteers deliver to achieve your outcomes.)

Outcome #1

ILI will raise the general knowledge and awareness of the Home Share and Home Share Plus program by: meeting with local hospital discharge planners, nursing home social workers, area clinics and the senior and disability coalitions in Dane County. Presentations will be made to all groups explaining the benefits of the program, how the program functions, and how seniors and/or persons with disabilities can enroll. Printed materials will be distributed to all long-term care advocates in the Dane County area as well. All clients interested in the model will receive case management services to assist in finding an appropriate match, working with other health care team members to ensure good communication (i.e. Hospice, Nursing Home, Home Health), hands on training when necessary, and monthly follow up contact to ensure clients are satisfied with the match, and resolve any issues.

Outcome #2

ILI will raise the general knowledge and awareness of the Home Share and Home Share Plus program by: sending general information to all area colleges, student support centers, housing support centers. Presentations will be made to any groups that assist workers in obtaining housing. All "seekers" will receive case management services to assist them in finding the appropriate match, on the job training, monthly in-service meetings, and monthly follow up contact to ensure "seekers" are satisfied with the match and to resolve any issues.

PROGRAM: Home Share

PROGRAM LETTER: H

(Submit only to relevant revenue sources.)

F. PROGRAM BUDGET 2008 ESTIMATED OPERATING BUDGET and 2009 Proposed Budget (You may change row headings to make them applicable to your organization.)

ACCOUNT CATEGORY Source	2008 REVENUE SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SERV					
DANE CO CDBG					
MADISON COMM SERV					
MADISON CDBG	9,471	8,623	623	225	
UNITED WAY ALLOC	3,345	2,714	307	324	
UNITED WAY DESIG	8,667	7,032	795	840	
OTHER GOVT					
FUND RAISING					
USER FEES	2,500	2,028	229	243	
OTHER					
TOTAL	23,983	20,397	1,725	1,632	

ACCOUNT CATEGORY Source	2009 REVENUE SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SERV					
DANE CO CDBG					
MADISON COMM SERV					
MADISON CDBG	15,000	13,657	987	356	
UNITED WAY ALLOC	5,400	4,382	496	522	
UNITED WAY DESIG	8,667	7,032	795	840	
OTHER GOVT					
FUND RAISING					
USER FEES	2,750	2,231	252	267	
OTHER					
TOTAL	31,817	27,302	2,530	1,985	

G. 2009 COST EXPLANATION (Complete only if significant financial changes are anticipated between 2008 and 2009.) Explain specifically, by revenue source and/or account category, any noteworthy change in the 2009 request. For example, unusual cost increase, program expansion, Living Wage requirements, or loss of revenue.

There is an increased need and demand for this program in the community which necessitates the increased request.

PROGRAM: HOME SHARE

PROGRAM LETTER: H

(Submit only to relevant revenue sources.)

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

	2) TOTAL COST OF PROGRAM	3) UNDUPLICATED PARTICIPANTS	4) COST PER PARTICIPANT	5) UNITS PROVIDED	6) UNIT COST
2007 ACTUAL	23,704	29	817.38	15	1,580.27
2008 BUDGETED	23,983	29	817.38	15	1,598.87
2009 PROPOSED	31,817	39	815.82	20	1,590.85

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

A unit of service is a match between a seeker and a sharer.

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

Unduplicated participants are clients and seekers that apply for the program, and receive the matching, and case management services.

2010 SECOND YEAR FUNDING SUPPLEMENT

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

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

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

L. **2010 PROPOSED BUDGET**

2010 PROPOSED BUDGET					
ACCOUNT CATEGORY	2010 PROPOSED BUDGET TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SERV					
DANE CO CDBG					
MADISON COMM SERV					
MADISON CDBG	15,750	14,340	1,035	375	
UNITED WAY ALLOC	5,400	4,382	496	522	
UNITED WAY DESIG	8,667	7,032	795	840	
OTHER GOVT					
FUND RAISING					
USER FEES	2,890	2,345	265	280	
OTHER					
TOTAL	32,707	28,099	2,591	2,017	

M. **2010 COST EXPLANATION** Explain specifically, by revenue source, any financial changes that you anticipate between 2009 and 2010.

CITY-COUNTY CONSOLIDATED APPLICATION FOR 2009 & 2010 FUNDS

ORGANIZATIONAL PROFILE

ORGANIZATION Independent Living, Inc.
(Submit to all revenue sources.)

AGENCY INFORMATION

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

Mission: Independent Living, Inc. is a nonprofit, multi-service agency that assists older adults and people with disabilities enabling them to live with dignity and independence and to maintain health and well being.

Vision: Independent Living, Inc. is a leading provider of high quality, innovative and cost-effective, community-based services that seeks to accomplish its mission through: (1) the development and provision of quality housing, home health care and in-home services that respond to existing and emerging needs in our community, (2) serving as an educational and informational resource on aging and independent living, (3) recruitment, training and retention of volunteers and a quality professional workforce, (4) promotion and support of employees and volunteers as important organizational assets.

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

Independent Living, Inc. (ILI) continually strives to improve the quality and quantity of services provided to meet the needs of older and disabled adults in Dane County. In 2007, with support from United Way of Dane County, ILI piloted a new caregiver respite initiative providing subsidized in-home services or a five-day stay at ILI's Segoe Gardens Assisted Living to low-income caregivers who otherwise could not afford some critically-needed time away from their caregiving duties for their own business, personal and social activities.

ILI also partnered with a group of volunteers from Leadership Greater Madison in 2007-2008 to analyze and make recommendations for improving our Volunteer Services programs. Since volunteers are key to many ILI programs including our nightly home-delivered Evening Meals on Wheels, the LGM recommendations will help us to better recruit and utilize the services of our more than 300 active volunteers.

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

Independent Living, Inc. (ILI) has been serving older adults and people with disabilities in Dane County for 35 years. The organization provides a unique array of in-home services and housing options including: Home Care and Respite, Housekeeping/Chores, Home Safety Modification, Homelessness Prevention, Home Share, Evening Meals on Wheels, Telephone Reassurance, Friendly Visiting, Financial Management and Counseling, Health Advocates, Chore Corps, and Neighbor 2 Neighbor. ILI also provides affordable, continuum of care housing and activities promoting active living and lifelong learning at the Independent Living Retirement Community and Segoe Gardens Assisted Living in Madison, McKee Park Apartments in Fitchburg and Olympic Village at Sun Prairie.

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

Please list your current Board of Directors or your agency's governing body. Include names, addresses, primary occupation and board office held. If you have more members, please copy this page.

Board President's Name Home Address Occupation Representing Term of Office: From ___ To ___	John R. Habeck 505 Glenview Drive, Madison, WI 53716 Retired, WHEDA From 9/2002 to 8/2008	Board Vice-President's Name Home Address Occupation Representing Term of Office: From ___ To ___	Carol Koby 3457 Nappe Drive, Middleton, WI 53562 Owner Koby Communication Services, LLC From 9/2002 to 8/2010
Board Secretary's Name Home Address Occupation Representing Term of Office: From ___ To ___	Michael Losenegger 509 Reid Dr, Mt.Horeb, 53572 Chief Operating Officer First Business Financial Services, Inc. From 9/2005 to 8/2010	Board Treasurer's Name Home Address Occupation Representing Term of Office: From ___ To ___	Michael Losenegger 509 Reid Dr, Mt.Horeb, 53572 Chief Operating Officer First Business Financial Services, Inc. From 9/2005 to 8/2010
Name Home Address Occupation Representing Term of Office: From ___ To ___	Nancy Jackman 2758 Raritan Rd, Fitchburg, WI 53711 Vice President AAA Wisconsin From 9/2005 to 8/2010	Name Home Address Occupation Representing Term of Office: From ___ To ___	Todd Becker 150 E. Gilman St Suite 1000 Madison, WI 53703 Attorney Coyne, Schultz, Becker & Bauer From 9/2005 to 8/2010
Name Home Address Occupation Representing Term of Office: From ___ To ___	Peter Christman Exec. VP/COO UW Medical Foundation From 9/2005 to 8/2008	Name Home Address Occupation Representing Term of Office: From ___ To ___	Jennifer Knudson 440 Science Drive #300, Madison, WI 53705 Associate Neider & Boucher, S.C. From 9/2005 to 8/2008
Name Home Address Occupation Representing Term of Office: From ___ To ___	Jean MacCubbin 3530 Heather Crest Madison, WI 53705-3325 Engineering Consultant, Wisconsin Commerce From 9/2005 to 8/2008	Name Home Address Occupation Representing Term of Office: From ___ To ___	Ted Waldbillig 692 Tamarack Way, Verona, WI 53593 Director of Sales Mid-West Family Broadcasting From 9/2005 to 8/2008
Name Home Address Occupation Representing Term of Office: From ___ To ___	Thomas Shorter Attorney Godfrey & Kahn S.C. From 9/2006 to 8/2009	Name Home Address Occupation Representing Term of Office: From ___ To ___	

STAFF-BOARD-VOLUNTEER DESCRIPTORS

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

DESCRIPTOR	STAFF		BOARD		VOLUNTEER	
	Number	Percent	Number	Percent	Number	Percent
TOTAL	110	100%	10	100%	618	100%
GENDER						
MALE	30	27%	6	60%	178	
FEMALE	80	73%	4	40%	440	
AGE						
LESS THAN 18 YRS	5	5%	0	0	33	
18 - 59 YRS	82	74%	8	80%	509	
60 AND OLDER	23	21%	2	20%	76	
RACE						
WHITE	93	84%	10	100%	570	92%
BLACK	7	6%			13	2%
NATIVE AMERICAN					2	1%
ASIAN/PACIFIC ISLE	5	5%			27	5%
MULTI-RACIAL						
ETHNICITY						
HISPANIC	5	5%	0		6	1%
NON-HISPANIC	105	95%	10	100	612	99%
HANDICAPPED* (Persons with Disabilities)	0		0	0		

* Refer to definitions on page 3 of the instructions.

BUDGET TOTAL OPERATING EXPENSES

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

ACCOUNT DESCRIPTION	2007 ACTUAL	2008 BUDGET	2009 PROPOSED
A. PERSONNEL			
Salary	1,539,880	1,627,330	1,676,150
Taxes	160,287	188,640	174,320
Benefits	181,079	205,808	196,950
SUBTOTAL A:	1,881,246	2,021,778	2,047,420
B. OPERATING			
All "Operating" Costs	526,443	533,286	549,190
SUBTOTAL B	526,443	533,286	549,190
C. SPACE			
Rent/Utilities/Maintenance	185,803	186,196	186,600
Mortgage (P&I)/Depreciation/Taxes			
SUBTOTAL C	185,803	186,196	186,600
D. SPECIAL COSTS			
Assistance to Individuals	62,782	62,934	56,517
Subcontracts, etc.			
Affiliation Dues	4,180	2,795	2,950
SUBTOTAL D	66,962	65,729	59,467
TOTAL OPERATING EXPENSES A-D	2,660,454	2,806,989	2,842,677
E. TOTAL CAPITAL EXPENDITURES	7,600		

7. **PERSONNEL SCHEDULE**

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

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

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

1) STAFF POSITION/ CATEGORY	2008 ESTIMATED		2009 PROPOSED		2009 PROPOSED FTE'S DISTRIBUTED BY PROGRAM				
	2) FTE	3) TOTAL SALARY	4) FTE	5) TOTAL SALARY	A	B	C	D	E
Carpenter	.50	11,960	.5	12,319	.45				
Certified Occupational Therapy Assistant	2.00	63,616	2.00	65,524	1.95				
In-home services Manager	1.00	45,000	1.00	46,351					
Volunteer Services Manager	1.00	30,000	1.00	30,900					
Property & Leasing Manager	1.00	39,000	1.00	40,170					
Community Relations Director	.50	38,250	.5	39,398					
Chief Financial Officer	1.00	77,250	1.00	79,568	.04				
Accounting Assistant	1.88	56,307	1.88	54,746	.01				
Reporting Coordinator	1.00	34,064	1.00	35,086	.01				
Human Resources Director	1.00	50,000	1.00	51,500					
Compliance Director	1.00	45,938	1.00	47,316	.01				
Administrative Assistant	2.00	53,431	2.00	55,034					
TOTAL	13.88	544,816	13.88	558,660	2.47				

7b. PERSONNEL SCHEDULE (continued)

1) STAFF POSITION/CATEGORY	2008 ESTIMATED		2009 PROPOSED		2009 PROPOSED FTE'S DISTRIBUTED BY PROGRAM				
	2) FTE	3) TOTAL SALARY	4) FTE	5) TOTAL SALARY	F	G	H	I	J
Carpenter	.50	11,960	.5	12,319					
Certified Occupational Therapy Assistant	2.00	63,616	2.00	65,524					
In-home services Manager	1.00	45,000	1.00	46,351			.20		
Volunteer Services Manager	1.00	30,000	1.00	30,900			.10		
Property & Leasing Manager	1.00	39,000	1.00	40,170					
Community Relations Director	.50	38,250	.5	39,398			.01		
Chief Financial Officer	1.00	77,250	1.00	79,568			.04		
Accounting Assistant	1.88	56,307	1.88	54,746			.01		
Reporting Coordinator	1.00	34,064	1.00	35,086			.01		
Human Resources Director	1.00	50,000	1.00	51,500			.04		
Compliance Director	1.00	45,938	1.00	47,316			.02		
Administrative Assistant	2.00	53,431	2.00	55,034			.05		
TOTAL	13.88	544,816	13.88	558,660			.48		

7b. PERSONNEL SCHEDULE (continued)

1) STAFF POSITION/ CATEGORY	2008 ESTIMATED		2009 PROPOSED		2009 PROPOSED FTE'S DISTRIBUTED BY PROGRAM				
	2) FTE	3) TOTAL SALARY	4) FTE	5) TOTAL SALARY	K	M	P	Q	S
Carpenter	.50	11,960	.5	12,319					
Certified Occupational Therapy Assistant	2.00	63,616	2.00	65,524					
In-home services Manager	1.00	45,000	1.00	46,351					
Volunteer Services Manager	1.00	30,000	1.00	30,900	.09				
Property & Leasing Manager	1.00	39,000	1.00	40,170			.12		
Community Relations Director	.50	38,250	.5	39,398					
Chief Financial Officer	1.00	77,250	1.00	79,568	.03		.02		
Accounting Assistant	1.88	56,307	1.88	54,746	.02		.01		
Reporting Coordinator	1.00	34,064	1.00	35,086					
Human Resources Director	1.00	50,000	1.00	51,500					
Compliance Director	1.00	45,938	1.00	47,316			.01		
Administrative Assistant	2.00	53,431	2.00	55,034					
TOTAL	13.88	544,816	13.88	558,660	.14		.16		

7b. PERSONNEL SCHEDULE (continued)

1) STAFF POSITION/ CATEGORY	2008 ESTIMATED		2009 PROPOSED		2009 PROPOSED FTE'S DISTRIBUTED BY PROGRAM				
	2) FTE	3) TOTAL SALARY	4) FTE	5) TOTAL SALARY	Z				
Carpenter	.50	11,960	.5	12,319					
Certified Occupational Therapy Assistant	2.00	63,616	2.00	65,524					
In-home services Manager	1.00	45,000	1.00	46,351					
Volunteer Services Manager	1.00	30,000	1.00	30,900					
Property & Leasing Manager	1.00	39,000	1.00	40,170					
Community Relations Director	.50	38,250	.5	39,398					
Chief Financial Officer	1.00	77,250	1.00	79,568					
Accounting Assistant	1.88	56,307	1.88	54,746					
Reporting Coordinator	1.00	34,064	1.00	35,086					
Human Resources Director	1.00	50,000	1.00	51,500					
Compliance Director	1.00	45,938	1.00	47,316					
Administrative Assistant	2.00	53,431	2.00	55,034					
TOTAL	13.88	544,816	13.88	558,660					

8. **LIST PERCENT OF STAFF TURNOVER** Divide the number of resignations or terminations in calendar year 2007 by the total number of budgeted positions. Do not include seasonal positions. Explain if you had a 20% or more turnover rate in a certain staff position/category. Discuss any other noteworthy staff retention issues, or policies to reduce staff turnover.

STAFF TURNOVER

ILI reported turnover among frontline caregivers in its assisted living facility at 120% and in our skilled services, home care and home chore programs reported a combined 71% turnover. It's noted that each of these programs historically have had higher turnover rates due to lower pay and competition for employees in these high demand positions in Dane County. Our turnover with frontline caregivers is consistent with industry experience.

In the Center on Wisconsin Strategy's (COWS) recent release *Caring About Caregivers* which looked at turnover in Dane County and 5 other surrounding counties stated turnover of frontline caregivers is commonly identified as a crisis. Included with this report were findings that over 50% of the surveyed entities reported turnover of frontline caregivers exceeding 60% annually and many over 100%, even a few with over 200%.

The Direct Care Workforce Issues Committee (2005) and DHFS, Bureau of Health Information, Division of Health Care Finance (2002) reported the high turnover and vacancy rates for direct-care workers are a national problem. In Wisconsin, the turnover rate for part-time Nurse Aides in 2003 was 61% and the turnover rate for Community Based Residential Facilities (CBRFs) range from 60% to 143%.

In an effort to address this level of turnover, ILI has reviewed and adjusted its new hire pay rate for caregivers and included a more affordable health insurance plan. Our In Home Services Program Manager has also broadened the scope of trainings to not only comply with requirements but to be more meaningful to the participants. Lastly in all areas, an emphasis on creating reliable schedules and predictable client assignments has been made to ease the stressors associated with variable shifts and schedules.

To further address retention, ILI has continued to survey staff on job satisfaction and engagement using a Gallup survey (Q12). A recent publication by the Wisconsin Department of Health and Family Services lists low job satisfaction as playing a significant role in turnover. It further states an analysis of Wisconsin data indicates that turnover among direct care workers ranges between 77% and 164% in assisted living settings. Long-term care organizations are generally able to retain a handful of core staff; but most suffer from a continuous "revolving door" among new hires.

ILI had six programs with five or fewer employees. With departments of such small size, turnover of one employee puts each program at over 20% turnover. A management restructuring took place in the Food and Nutrition Services area, which contributed to a 90% turnover along with several lower paid kitchen employees leaving for other employment opportunities. In ILI's Administration and Housing areas, turnover in the administrative areas due to relocation, other employment opportunities and performance contributed to a combined 38% turnover.

Appendix B
CITY OF MADISON CDBG and DANE COUNTY CDBG Supplement for Funding in 2009-2010

Instructions

(Only complete and submit 20 copies if applying for either Madison CDBG or Dane County CDBG Office Funds)

Please complete this supplement only if applying for Dane County CDBG funds or for Madison CDBG Office-administered funds for capital projects, or housing acquisition, construction or improvement projects for homebuyers or renters, or operating support for neighborhood centers.

City of Madison CDBG Office Funds

Applicants for Madison funds for projects that address objectives B, D, E or G in the Program Funding Framework can find the funding guidelines at www.cityofmadison.com/cdbg.

Dane County CDBG Office Funds

Funding priorities for Dane County CDBG and HOME funds are available on the Dane County website:

CDBG

- Commercial Loans (on-going solicitation - separate application - **contact is Olivia Parry, (608) 261-9957**)

Eligible Areas: Applications will be accepted for projects located in 54 member communities of the Dane County Consortium, which include the following:

Towns-- Albion, Berry, Black Earth, Blooming Grove, Blue Mounds, Bristol, Burke, Christiana, Cottage Grove, Cross Plains, Dane, Deerfield, Dunkirk, Dunn, Madison, Mazomanie, Medina, Middleton, Montrose, Oregon, Pleasant Springs, Perry, Primrose, Roxbury, Rutland, Springdale, Springfield, Sun Prairie, Vermont, Verona, Vienna, Westport, Windsor, York.

Villages-- Belleville, Black Earth, Blue Mounds, Brooklyn, Cambridge, Cross Plains, Deerfield, DeForest, McFarland, Marshall, Mount Horeb, Oregon, Shorewood Hills, Waunakee

Cities-- Fitchburg, Middleton, Monona, Stoughton, Sun Prairie, Verona

General: The County CDBG Commission will determine whether the application should be funded under CDBG or HOME programs. Please note that if funded under HOME a 25% match will be required. *CDBG and other Federal sources are not eligible forms of match.* Under the organization revenues and budget part of the application, potential sources of match should be listed (use additional sheets if necessary). Eligible forms of match include cash; land donation; in-kind services; waived taxes or fees; donated materials, equipment, labor, and professional services; supportive services; and costs of homebuyer counseling.

All Proposals for either Dane County CDBG or Madison CDBG funds

- For all proposals, complete question 1 on participant income levels.
- For any project involving construction or rehab of rental units, including transitional units, please complete pages 2, 3, 4 and 5.
- For any real estate project involving housing for construction or sale to homebuyers, please complete pages 2 and 3, for Madison CDBG only, page 6.
- For Madison CDBG only: For any project involving operational support for neighborhood centers, please complete pages 7, 8, 9 and 10. Note: Pages 7 & 10 are incorporated into this document as Word documents. Pages 8 and 9 are Excel spreadsheets and located in a separate file.

1. Participant Income levels:

Indicate the number of households of each income level and size that this program would serve in 2009

Income level	Number of households
Over 80% of county median income	1
Between 50.1 % to 80%	10
Between 30.1% to 50.1% of CMI	25
Less than 30.1% of the median	3

2. Agency Cost Allocation Plan What method does your agency use to determine cost allocations among programs? If applying for a Community Development Block Grant from the City of Madison, include one copy of your indirect cost allocation plan.

All allowable direct costs are charged directly to programs. All other allowable general and administrative costs are allocated to programs based upon a labor distribution method for those general and administrative staff.

3. Real Estate Project Data Summary:

Address	Number of units		Number of units currently occupied?	Number of tenants to be displaced?	Appraised Value		Purchase price	Accessible to individuals with physical disabilities?	
	Prior to purchase	After project			Current	After rehab or construction		Currently	Post-project

If no specific site has been identified, use the average of the high-low range or your best estimate of costs.

For additional information or assistance in completing this application, please contact the Madison CDBG Office at 267-0740 or the Dane County CDBG Office at 261-9781.

Independent Living, Inc.
Cost
Allocation Plan

Purpose

The purpose of this cost allocation plan is to summarize, in writing, the methods and procedures that this agency will use to allocate costs to various programs, grants, contracts and agreements.

Federal grant require that OMB Circular A-122, "Cost Principles for Nonprofit Organizations; be compiled with by this agency, in addition, various state and other grants require compliance with A-122".

A-122 states that "the total cost of an award is the sum of the allowable direct and allocable indirect costs less any applicable credits". Further, costs must be reasonable, necessary and documented.

According to A-122, "a cost is allocable to a particular cost objective . . . in accordance with the relative benefits received. Direct costs are those that can be identified specifically with a particular final objective. Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective".

Only costs that are allowable in accordance with the cost principles and appropriate contract provisions will be allocated to benefiting programs by Independent Living, Inc.(ILI). Allocation must also be made to nongrant activities, such as fundraising.

General Approach

The general approach of ILI in allocating costs to particular grants and contracts is as follows:

- A. All allowable direct costs are charged directly to programs, grants, etc. (including general and administrative costs).
- B. All other allowable general and administrative costs are allocated to programs, grants, etc. based upon a labor distribution (timesheet) method for those general and administrative staff.

DESCRIPTION OF THE INDIRECT COST POOL

ILI uses a separate cost center, administration, within the general ledger to record distribution of shared costs.

- A. On an annual basis, administrative staff allocate their time spent working with various program departments. This is the basis for allocating indirect costs. An overall allocation percentage to each program department is determined by using each administrative staff salary and his/her allocation percentages.
- B. Costs to be distributed during the month are charged to appropriate administrative expense categories within the administration cost center by the CFO.
- C. Before month end closing, the charges to these accounts are reviewed by the CFO. Total charges for the month are entered into an excel spreadsheet and allocated to the program departments based on percentages determined in (A) above.
- D. A general journal entry is prepared from the Excel program and the total is manually entered as a credit to the administrative support account in the administration cost center and individual programs are charged via the administrative support account for the portion of costs that applies to their program.