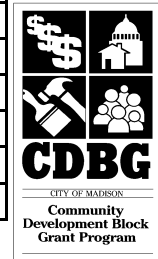


APPLICATION FOR 2014 FUNDS



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			
		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

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
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	
	0	
TOTAL	0	

**OTHER 2014

Source	Amount	Terms
	0	
	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 (w ith spaces)

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

1600 characters (w ith 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 (w ith spaces)

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

400 characters (w ith spaces)

ORGANIZATION:

--

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 (w ith spaces)

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

200 characters (w ith spaces)

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

1000 characters (w ith spaces)

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

1000 characters (w ith spaces)

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

400 characters (w ith spaces)

12. Number of volunteers utilized in 2012?

--

Number of volunteer hours utilized in this program in 2012?

--

ORGANIZATION:

--

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.	<input type="text" value="0"/>
Total to be served in 2014.	<input type="text"/>

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:	<input type="text"/>
Performance Indicator(s):	<input type="text"/>

Proposed for 2014:	Total to be considered in <input type="text" value="0"/>	Targeted % to meet perf. measures <input type="text" value="0%"/>
	perf. measurement	Targeted # to meet perf. measure 0

Explain the measurement tools or methods:	<input type="text"/>
---	----------------------

Outcome Objective # 2:	<input type="text"/>
Performance Indicator(s):	<input type="text"/>

Proposed for 2014:	Total to be considered in <input type="text"/>	Targeted % to meet perf. measures <input type="text" value="0%"/>
	perf. measurement	Targeted # to meet perf. measure 0

Explain the measurement tools or methods:	<input type="text"/>
---	----------------------

ORGANIZATION:
PROGRAM/LETTER:

J Center Support

PROGRAM BUDGET

1. 2013 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
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	ACCOUNT CATEGORY			
		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:

	J Center Support
	Select a Priority Statement from the Drop-Down

DESCRIPTION OF SERVICES

3. POPULATION SERVED: Please describe the population of your service area; demographics related to age, culture, socioeconomic status, Limited English Proficiency and employment.

1000 characters (w ith spaces)

4. PHYSICAL DESCRIPTION OF CENTER: Please indicate with X characteristics of the Center.

Description	Current	Future*
Meeting Rooms/Classrooms for Public or Facility Users		
Gymnasium		
Large Activity Room		
Reception Area		
Executive Director Office		
Commercial Kitchen		
Non-Commercial Kitchen		
Food Pantry		
Outdoor Green Space		
Outdoor Play Area - without Equipment		
Outdoor Play Area - with Equipment		
Exercise Room		
Computer Lab		
Recording Studio		
Performance Space		

*Part of a strategic plan for the future.

Square Footage of the Center:

5. PROPOSED CONTRACT GOALS:

Center Support Goal	Proposed Goal Number
Hours of City-funded programs provided by center	
Unduplicated participants in City-funded programs provided by center	
Hours of non-City-funded programs provided by center	
Unduplicated participants in non-City-funded programs provided by center	
Hours of programs provided by outside community groups	
Unduplicated participants in programs provided by outside community groups	
Weeks of operation per year	

ORGANIZATION:

--

PROGRAM/LETTER:

J Center Support

6. SERVICE HOURS/SCHEDULE: When is the Center open?

400 characters (w ith spaces)

7. FACILITY USE: Please describe your current mix of organizations accessing the center for facility use.

1000 characters (w ith spaces)

8. COORDINATION: Please describe any coordination efforts between centers, residents and other community groups or services. Include any current involvement with specific neighborhood, city or county initiatives.

1600 characters (w ith spaces)

ORGANIZATION:
PROGRAM/LETTER:

J	Center Support

9. COMMUNITY IMPACT: Please describe how the center serves as a focal point for the neighborhood, including involvement in efforts to engage residents of diverse backgrounds in activities to strengthen neighborhoods.

1600 characters (w ith spaces)

10. 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
Executive Director	0.000	
Janitor or Maintenance	0.000	
Admin. Asst. or Receptionist	0.000	
Finance/Accounting	0.000	
Other	0.000	

11. PARTICIPANT INCOME LEVELS:

Indicate the number of households of each income level and size that this program served in 2012 and will serve in 2014.

Income Level	2012	2014
Over 80% of county median income	0	0
Between 50% to 80% of county median income	0	0
Between 30% to 50% of county median income	0	0
Less than 30% of county median income	0	0
Total households to be served	0	0

ORGANIZATION:

PROGRAM/LETTER:

J Center Support

16. DEMOGRAPHICS

Complete the following chart for unduplicated participants served by this program in 2012. Indicate the number and percentage for the following characteristics. Currently funded centers: Please utilize the aggregate data collected through your 2012 Sampling reports. 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:

J Center Support

17. PROGRAM OUTCOMES

Number of unduplicated individual participants served during 2012.
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 perf. measurement Targeted % to meet perf. measures
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 perf. measurement Targeted % to meet perf. measures
Targeted # to meet perf. measure 0

Explain the measurement tools or methods:

--

ORGANIZATION:

18. AGENCY BUDGET BY PROGRAM

REVENUE	TOTAL BUDGET			Program A		
	2012 Actual	2013 Budget	2014 Proposed	2012 Actual	2013 Budget	2014 Proposed
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

EXPENSE	TOTAL BUDGET			Program A		
	2012 Actual	2013 Budget	2014 Proposed	2012 Actual	2013 Budget	2014 Proposed
PERSONNEL	0	0	0	0	0	0
OPERATING	0	0	0	0	0	0
SPACE	0	0	0	0	0	0
SPECIAL COSTS	0	0	0	0	0	0
TOTAL EXPENSES	0	0	0	0	0	0

Program B			Program C			Program D		
2012 Actual	2013 Budget	2014 Proposed	2012 Actual	2013 Budget	2014 Proposed	2012 Actual	2013 Budget	2014 Proposed
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0

Program B			Program C			Program D		
2012 Actual	2013 Budget	2014 Proposed	2012 Actual	2013 Budget	2014 Proposed	2012 Actual	2013 Budget	2014 Proposed
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0

Program E			Program F			Program G		
2012 Actual	2013 Budget	2014 Proposed	2012 Actual	2013 Budget	2014 Proposed	2012 Actual	2013 Budget	2014 Proposed
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0

Program E			Program F			Program G		
2012 Actual	2013 Budget	2014 Proposed	2012 Actual	2013 Budget	2014 Proposed	2012 Actual	2013 Budget	2014 Proposed
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0

Program H			Program I			Program J		
2012 Actual	2013 Budget	2014 Proposed	2012 Actual	2013 Budget	2014 Proposed	2012 Actual	2013 Budget	2014 Proposed
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0

Program H			Program I			Program J		
2012 Actual	2013 Budget	2014 Proposed	2012 Actual	2013 Budget	2014 Proposed	2012 Actual	2013 Budget	2014 Proposed
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0

Non-City Budget		
2012 Actual	2013 Budget	2014 Proposed
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

Non-City Budget		
2012 Actual	2013 Budget	2014 Proposed
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

ORGANIZATION:

19. AGENCY PROCESS OBJECTIVES BY PROGRAM

2012 Actual 2013 Goal 2014 Proposed

Neighborhood Center Sponsored Program Usage

Sponsored Children/Youth Hours		0	0	0
Sponsored Adult/Family Hours		0	0	0
Sponsored Senior Hours		0	0	0
Optional Hours		0	0	0
Meeting Space Hours		0	0	0
Total Sponsored Hours		0	0	0
Sponsored Unduplicated Participants		0	0	0
Total Center Unduplicated Participants		0	0	0

Program A: 0

Service Units		0	0	0
Unduplicated Participants		0	0	0

Program B: 0

Service Units		0	0	0
Unduplicated Participants		0	0	0

Program C: 0

Service Units		0	0	0
Unduplicated Participants		0	0	0

Program D: 0

Service Units		0	0	0
Unduplicated Participants		0	0	0

Program E: 0

Service Units		0	0	0
Unduplicated Participants		0	0	0

Program F: 0

Service Units		0	0	0
Unduplicated Participants		0	0	0

Program G: 0

Service Units		0	0	0
Unduplicated Participants		0	0	0

Program H: 0

Service Units		0	0	0
Unduplicated Participants		0	0	0

Program I: 0

Service Units		0	0	0
Unduplicated Participants		0	0	0

Program J: 0

Service Units		0	0	0
Unduplicated Participants		0	0	0

Non-City Pgm Service Units		0	0	0
----------------------------	--	---	---	---

Non-City Pgm Unduplicated Participants		0	0	0
--	--	---	---	---

ORGANIZATION:

20. AGENCY OUTCOME OBJECTIVE BY PROGRAM

Program Name	Outcome Objective #1	Performance Indicator #1	Measurement Tool #1
Program A			
Program B			
Program C			
Program D			
Program E			
Program F			
Program G			
Program H			
Program I			
Center Support			
Non-City Programs			

ORGANIZATION:

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

AGENCY 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

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Term of Office

From: mm/yyyy

To: mm/yyyy

AGENCY GOVERNING BODY cont.

Name

Home Address

Occupation

Representing

Term of Office

From: mm/yyyy

To: mm/yyyy

Name

Home Address

Occupation

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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)

ORGANIZATION:

GARDENS (SUPPLEMENT)

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.

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

1000 characters (w ith spaces)

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

1000 characters (w ith spaces)

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

400 characters (w ith spaces)