**CITY OF MADISON** 

ORGANIZATION:

PROGRAM/LETTER:

A Program A

Latino Chamber of Commerce of Dane County

# **PROGRAM BUDGET**

| 1. 2010 BUDGETED      | ACCOUNT CATEGORY |           |           |       |         |
|-----------------------|------------------|-----------|-----------|-------|---------|
|                       | SOURCE           |           |           |       | SPECIAL |
| REVENUE SOURCE        | TOTAL            | PERSONNEL | OPERATING | SPACE | COSTS   |
| DANE CO HUMAN SVCS    | 0                | 0         | 0         | 0     | 0       |
| DANE CO CDBG          | 15,000           | 7,600     | 3,000     | 2,400 | 2,000   |
| MADISON-COMM SVCS     | 0                | 0         | 0         | 0     | 0       |
| MADISON-CDBG          | 0                | 0         | 0         | 0     | 0       |
| UNITED WAY ALLOC      | 0                | 0         | 0         | 0     | 0       |
| UNITED WAY DESIG      | 0                | 0         | 0         | 0     | 0       |
| OTHER GOVT            | 0                | 0         | 0         | 0     | 0       |
| FUNDRAISING DONATIONS | 0                | 0         | 0         | 0     | 0       |
| USER FEES             | 0                | 0         | 0         | 0     | 0       |
| OTHER                 | 0                | 0         | 0         | 0     | 0       |
| TOTAL REVENUE         | 15,000           | 7,600     | 3,000     | 2,400 | 2,000   |

# 2. 2011 PROPOSED BUDGET

|                       | SOURCE |           |           |       | SPECIAL |
|-----------------------|--------|-----------|-----------|-------|---------|
| REVENUE SOURCE        | TOTAL  | PERSONNEL | OPERATING | SPACE | COSTS   |
| DANE CO HUMAN SVCS    | 0      | 0         | 0         | 0     | 0       |
| DANE CO CDBG          | 20,000 | 12,000    | 3,600     | 2,400 | 2,000   |
| MADISON-COMM SVCS     | 0      | 0         | 0         | 0     | 0       |
| MADISON-CDBG          | 0      | 0         | 0         | 0     | 0       |
| UNITED WAY ALLOC      | 0      | 0         | 0         | 0     | 0       |
| UNITED WAY DESIG      | 0      | 0         | 0         | 0     | 0       |
| OTHER GOVT*           | 0      | 0         | 0         | 0     | 0       |
| FUNDRAISING DONATIONS | 0      | 0         | 0         | 0     | 0       |
| USER FEES             | 0      | 0         | 0         | 0     | 0       |
| OTHER**               | 0      | 0         | 0         | 0     | 0       |
| TOTAL REVENUE         | 20,000 | 12,000    | 3,600     | 2,400 | 2,000   |

# \*OTHER GOVT 2011

| Source |       | Amount | Terms |
|--------|-------|--------|-------|
|        |       | 0      |       |
|        |       | 0      |       |
|        |       | 0      |       |
|        |       | 0      |       |
|        |       | 0      |       |
|        | TOTAL | 0      |       |

# \*\*OTHER 2011

| OTTLICEOTT |        |       |
|------------|--------|-------|
| Source     | Amount | Terms |
|            | 0      |       |
|            | 0      |       |
|            | 0      |       |
|            | 0      |       |
|            | 0      |       |
| TOTAL      | . 0    |       |

PROGRAM A - 1 MAY 25, 2010

| ORGANIZATION:   | Latino Cha | mber of Commerce of Dane County |
|-----------------|------------|---------------------------------|
| PROGRAM/LETTER: | Α          | Program A                       |

# 2012 PROGRAM CHANGE EXPLANATION

Complete only if you are requesting more than your 2011 request.

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

3. PROGRAM UPDATE: If requesting more than 2011, describe any major changes being proposed for the program/service in 2012,

i.e., expansions or narrowing in target population, scope and level of services, geographic area to be served, etc.).

| orpanisions of manifest population, coope and lotter of goograpme and to be control, coope |  |
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| 1  |  |
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|  |  |
|  |  |

# 4. 2012 COST EXPLANATION

Complete only if significant financial changes are anticipated between 2011-2012.

Explain specifically, by revenue source, any significant financial changes that you anticipate between 2011 and 2012.

For example: unusual cost increases, program expansion or loss of revenue.

| NA |  |  |
|----|--|--|
|    |  |  |
|    |  |  |

| 5. 2012 PROPOSED BUDGET |        | ACCOUNT CATEGORY |           |       |         |
|-------------------------|--------|------------------|-----------|-------|---------|
|                         | BUDGET |                  |           |       | SPECIAL |
| REVENUE SOURCE          | TOTAL  | PERSONNEL        | OPERATING | SPACE | COSTS   |
| DANE CO HUMAN SVCS      | 0      | 0                | 0         | 0     | 0       |
| DANE CO CDBG            | 20,000 | 12,000           | 3,600     | 2,400 | 2,000   |
| MADISON-COMM SVCS       | 0      | 0                | 0         | 0     | 0       |
| MADISON-CDBG            | 0      | 0                | 0         | 0     | 0       |
| UNITED WAY ALLOC        | 0      | 0                | 0         | 0     | 0       |
| UNITED WAY DESIG        | 0      | 0                | 0         | 0     | 0       |
| OTHER GOVT*             | 0      | 0                | 0         | 0     | 0       |
| FUNDRAISING DONATIONS   | 0      | 0                | 0         | 0     | 0       |
| USER FEES               | 0      | 0                | 0         | 0     | 0       |
| OTHER**                 | 0      | 0                | 0         | 0     | 0       |
| TOTAL REVENUE           | 20,000 | 12,000           | 3,600     | 2,400 | 2,000   |

| Source | Amount | Terms |
|--------|--------|-------|
|        | 0      |       |
|        | 0      |       |
|        | 0      |       |
|        | 0      |       |
|        | 0      |       |
| TOTAL  | 0      |       |

# \*\*OTHER 2012

| Source | Amount | Terms |
|--------|--------|-------|
|        | 0      |       |
|        | 0      |       |
|        | 0      |       |
|        | 0      |       |
|        | 0      |       |
| TOTAL  | . 0    |       |

PROGRAM A - 2 MAY 25, 2010

CITY OF MADISON

ORGANIZATION:

PROGRAM/LETTER:

PRIORITY STATEMENT:

Latino Chamber of Commerce of Dane County

A Program A

CDBG: X Access to Community Resources - Informational Services

#### **DESCRIPTION OF SERVICES**

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

The Latino population in Madison and the surrounding area is growing continually as are Latino run businesses throughout the community. They range in size from "mom and pop" two person store fronts to larger businesses hiring many persons offering everything from restaurants, day care centers, cleaning and maintenance and computer services, to mention a few. With this evolvement has come the need for an organization, such as ours, who's main mission is servicing their needs from start ups to expanding businesses. Our services will continue to fill that need.

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

We provide various services from netw orking meetings monthly where we visit new businesses allowing them the exposure to other interested parties, members and business related agencies, and informational presentations at these events. We also conduct seminars and workshops on business related topics as we identify the need for them from our members and interested parties such as "writing your own business plan," "opening and managing your business," tax and registration requirements for businesses information, QuickBooks (beginers and advanced, in Spanish) and various other courses. We have a website with information and links to resource centers and upcoming events that we or other agencies are providing and an emerging directory that will assist businesses and interested parties in collaborating. We now have an office, centrally located at Centro Hispano that provides "walk-ins" and persons with appointments information on how to start their business or to expand it. Our goal like our mission is to be visible, reach out to businesses who either do not know about us who need our assistance and services, and to provide the necessary tools and information to these Latino businesses to empower them to survive and succeed in these tough economic times. The impact we anticipate to have is to continue to provide the necessary aid to the Latino businesses and community to enable and empower them to do well and provide jobs and a to have a positive economic impact on the community as a whole.

8. 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.

Reach out to a minimum of 5 businesses per month with our programs and services (this includes walk-ins and businesses or indiviuals we reach out to). Provide monthly networking meetings (which last about 2 hours) with presentations on business related topics to members and interested parties to groups of 12 or more. Increase our membership numbers from 50 to 25 more each year. Provide 4 or more 4 hour seminars and classes to groups of 14 or more (one per quarter). Continue with our monthly board meetings to share information on the status of our programs and plan and adopt new ones.

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

Currently we have one part-time employee who is available Tues and Thurs from 2 to 9 PM and Saturdays from 9 AM to 2PM at our office at Centro Hispano. The members of the board are also available and respond to requests for assistance at the times that are opportune for both them and the persons asking for assistance.

PROGRAM A - 3 MAY 25, 2010

CITY OF MADISON

| ORGANIZATION:   | Latino Chamber of Commerce of Dane County |  |  |
|-----------------|---|--|--|
| PROGRAM/LETTER: | A Program A                               |  |  |

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

Persons we provide services to vary in ages from 18 to 65 and are predominantly Latinos. Income levels vary from \$12,000 to about \$30,000+. Literacy levels range from high school to some college and in some instances bachelor or higher degrees from their country of origin, in some instances.

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

The location of our service is mostly out of our office at Centro Hispano, 810 W Badger Rd, Madison, WI 53713. We provide some of seminars and classes at various sites such as at members businesses.

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

We reach out to the community by various means and media. We frequently publish articles and press releases in the two Latino Community new spapers, La Comunidad and La Voz, do interviews on the radio station La Movida at their morning "el Debate" program. We call, email and write businesses we hear about or find out about via the internet, new spapers, word of mouth and other resources such as "LaSup" which is a Latino professional network that allows us to post information on events on their website. We also have our own website which is well known throughout the region and where we have received requests for information from as far away as Central and South America. At our seminars and workshops, as well as our networking events, we ask for inputs pertaining to our programs and seminars and the persons or businesses who could profit through our association with them.

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

We collaborate and coordinate well with the agencies in the community such as MATC, Wisconsin Womens Business Initiative Corp (WWBIC), Centro Hispano, the Greater Madison Chamber of Commerce through the Minority Business Advisory Committee we sit on, the Minority Business Resource Center (MBRC), and various other agencies and media resources to get the word out about our programs and events. One of our success stories is the two previous business expositions and recognition dinners we held in November of last year and the year before last where we allowed Latino and other interested businesses and organizations to display their products and services. At our dinner we provided recognition to the top Latino businesses in Madison and the surrounding area.

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

Our volunteers are typically our members and persons who are interested in becoming members. We also get a lot of assistance from the organizations I mentioned above and some of our sponsors for particular events.

15. Number of volunteers utilized in 2010?Number of volunteer hours utilized in this program in 2010?

| 20 |
|----|
| 40 |

PROGRAM A - 4 MAY 25, 2010

CITY OF MADISON

| ORGANIZATION:   | Latino Chamber of Commerce of Dane County |           |  |
|-----------------|---|-----------|--|
| PROGRAM/LETTER: | Α   | Program A |  |

16. 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.

One of the biggest barriers that we experience is language and all the various dialects of Spanish from Mexico to Argentina. Fortunately, our members are equally diverse and most came from various backgrounds and cultures from Mexico to Argentina. The varying educational levels of our clients, from high school to university, pose a challenge at times so we must ensure the information we provide is useful to all these levels to ensure no one is excluded. We also assist a lot of persons and businesses navigate through the registration and licensing issues they face which often times do not provide service or information in Spanish or do not have translators availabe to assist. We are making a lot of in-roads with a lot of these agencies to get them to provide some level of bilingual information. Agencies such as the SBA have a lot of their information available in Spanish as well and we are able to access it and share it with our clients via the internet. Our seminars and workshops are provided mostly in Spanish and we can do them in both English and Spanish where the need arises.

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

Our board members are a core group who have now worked together on average of three years. Our backgrounds, professional expertise and educational levels compliment the types of programs we provide. Some of our members are accountants, HR specialists, real estate agents, bankers, teachers and have other skills and experiences they share gladly to assist the persons and businesses we service. Our recent acquisition of a part time office coordinator who has experience in accounting and research as he works on his PhD in international studies is a real plus as he is able to help us maintain and evolve our programs with a good level of understanding as to their cultures and needs.

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

Some of our members are licensed in real estate, accounting and teaching at the university level.

19. STAFF: Program Staff: Staff Titles, FTE dedicated to this program, and required qualifications for program staff.

| Staff Title | FTE | City \$ | Qualifications |
|-------------|-----|---------|----------------|
|             |     |         |                |
|             |     |         |                |
|             |     |         |                |
|             |     |         |                |
|             |     |         |                |
|             |     |         |                |
|             |     |         |                |

PROGRAM A - 5 MAY 25, 2010

**CITY OF MADISON** 

ORGANIZATION:

PROGRAM/LETTER:

A Program A

Latino Chamber of Commerce of Dane County

# **CDBG DESCRIPTION OF SERVICES SUPPLEMENT**

Please provide the following information ONLY if you are applying for projects that meet the "CDD Community Development Program Goals & Priorities". If not applying for CDBG Office Funds, go to Community Resources Description of Services Supplement (p. 7), or go to Demographics (p. 8).

#### 20. PARTICIPANT INCOME LEVELS:

Indicate the number of households of each income level and size that this program would serve in 2011-2012.

| 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      | 50                   |  |
| Total households to be served              | 50                   |  |

# 21. If projections for 2012 will vary significantly from 2011, complete the following:

| Income Level for 2012                      | 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                    |  |

# 22. AGENCY COST ALLOCATION PLAN: What method does your agency use to determine indirect cost allocations among programs?

We have the experience of having careully allocated these resources for over 3 years toward successful results in reaching and assisting the community. Our treasurer, who is also and accountant, along with the talents of some of our other members, who have served in various governmental and nonprofit roles, have provided us with a real good foundation for evaluating our needs and determining the costs and indirect costs for our programs and how the funds are allocated. This has worked out in providing worthwhile programs at minimal costs.

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

|   | Est. Month    |
|---|---------------|
| Activity Benchmark  | of Completion |
| Advanced QuickBooks course, in Spanish, in colloboration with MATC            | Oct           |
| Increase our membership by 50% (i.e. form 50 to 75)                           | Dec           |
| Provide 4 business related seminars   | Nov           |
| Begin to establish a mentorship program for new Latino Businesses             | Dec           |
| Update our business directory in our website                                  | Sep           |
| Continue our monthly networking meetings                                      | Dec           |
| Host a general assembly meeting for all the membership                        | Sep           |
| Have our annual recognition dinner to recognize outstanding Latino businesses | Nov           |
|   |               |
|   |               |
|   |               |
|   |               |

PROGRAM A - 6 MAY 25, 2010

**CITY OF MADISON** 

| ORGANIZATION:   | Latino Chamber of Commerce of Dane County |           |  |
|-----------------|---|-----------|--|
| PROGRAM/LETTER: | Α   | Program A |  |

#### COMMUNITY RESOURCES DESCRIPTION OF SERVICES SUPPLEMENT

Please provide the following information ONLY if you are applying for projects that meet the "Community Resources Program Goals & Priorities" If not applying for CR Funds, go to Demographics (p. 8).

# 24. CONTRIBUTING RESEARCH

Please identify research or best practice frameworks you have utilized in developing this program.

| Two years ago, we hired a consultant to survey and interview Latino businesses in the community to determine the busines commulity's numbers, needs, and to see what types of programs were needed to assist them. We have formed and evolved our programs around those findings and are continually updating the community's needs based on the feed back questionaires we provide after each of our classes. We get a lot of good inputs from the participants at our networking sessions and at our other social events. We have been in contact with agencies such as the Greater Madison Chamber of Commerce and the Hispanic Chamber of Commerce in Milw aukee. Both have provided us great inputs on how we can improve our products and services. |
|---|
|   |
|   |
|   |

# 25. ACCESS FOR LOW-INCOME INDIVIDUALS AND FAMILIES

| What percentage of this program's participants do you expect to be of low and/or moderate income? | 80.0% |
|---|-------|
|   |       |

What framework do you use to determine or describe participant's or household income status? (check all that apply)

Number of children enrolled in free and reduced lunch Individuals or families that report 0-50% of Dane County Median Income Individual or family income in relation to Federal Poverty guidelines Other

| ١. |   |
|----|---|
|    |   |
|    | X |
|    |   |
|    | Х |
|    |   |

# 26. HOW IS THIS INFORMATION CURRENTLY COLLECTED?

Information is gathered at our intake interviews where we ask participants, who are willing to provide it, about their income status. Some of this information is shared at some our meetings and seminars, in a non threatening manner, for informational purposes and to set a base line on where we are and where we need to go with our programs.

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

We typically provide access to our members to our workshops, seminars or events at either a free or discounted rate. For example, we provide members a 50% rebate upon successful completion of the QuickBook classes. Our dues continue to be low, \$100 per year for small businesses and \$50 for individuals interested in the business community. We do not charge for our referral services and a lot of persons take advantage of this free service as "walk-ins" or with appointments. Our hope is that most of them will be successful with our guidance and return to us in the future as members.

PROGRAM A - 7 MAY 25, 2010

**CITY OF MADISON** 

17

116

15%

0%

100%

| ORGANIZATION:   | Latino Cha | mber of Commerce of Dane County |
|-----------------|------------|---------------------------------|
| PROGRAM/LETTER: | Α          | Program A                       |

# 28. DEMOGRAPHICS

Complete the following chart for unduplicated participants served by this program in 2009. Indicate the number and percentage for the following characteristics. For new programs, please estimate projected participant numbers and descriptors.

| PARTICIPANT                 |                  |      | PARTICIPANT                                |     |      |
|-----------------------------|------------------|------|--|-----|------|
| DESCRIPTOR                  | #                | %    | DESCRIPTOR                                 | #   | %    |
| TOTAL                       | 116              | 100% | AGE  |     |      |
| MALE                        | 94               | 81%  | <2   | 0   | 0%   |
| FEMALE                      | 22               | 19%  | 2 - 5                                      | 0   | 0%   |
| UNKNOWN/OTHER               | 0                | 0%   | 6 - 12                                     | 0   | 0%   |
|                             |                  |      | 13 - 17                                    | 0   | 0%   |
|                             |                  |      | 18 - 29                                    | 27  | 23%  |
|                             |                  |      | 30 - 59                                    | 89  | 77%  |
|                             |                  |      | 60 - 74                                    | 0   | 0%   |
|                             |                  |      | 75 & UP                                    | 0   | 0%   |
| Note: Race and ethnic categ | ories are stated | I    | TOTAL AGE                                  | 116 | 100% |
| as defined in HUD standards | 5                |      | RACE                                       |     |      |
|                             |                  |      | WHITE/CAUCASIAN                            | 116 | 100% |
|                             |                  |      | 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                                 | 116 | 100% |
|                             |                  |      | ETHNICITY                                  |     |      |
|                             |                  |      | HISPANIC OR LATINO                         | 116 | 100% |
|                             |                  |      | NOT HISPANIC OR LATINO                     | 0   | 0%   |
|                             |                  |      | TOTAL ETHNICITY                            | 116 | 100% |
|                             |                  |      | PERSONS WITH DISABILITIES                  | 0   | 0%   |
|                             |                  |      | RESIDENCY                                  |     |      |
|                             |                  |      | CITY OF MADISON                            | 99  | 85%  |

PROGRAM A - 8 MAY 25, 2010

DANE COUNTY (NOT IN CITY)

TOTAL RESIDENCY

OUTSIDE DANE COUNTY

**CITY OF MADISON** 

| ORGANIZATION:                             | Latino Chamber of Commerce of Dane County  |                    |
|---|--|--------------------|
| PROGRAM/LETTER:                           | A Program A  |                    |
| TROOKAW/EETTEK.                           | A Frogram A  |                    |
| 29. PROGRAM OUTCOMES                      | Number of unduplicated individual participants served during 2009.  Total to be served in 2011.  | 116<br>120         |
| If applying to OCS, please refer to yo    | gram outcome. No more than two outcomes per program will be reviewed. our research and/or posted resource documents if appropriate. descriptions of what should be included in the table below.  |                    |
| Outcome Objective # 1:                    | Increase our membership to 75  |                    |
| Performance Indicator(s):                 |  | 50%                |
| Proposed for 2011:                        | Total to be considered in 50 Targeted % to meet per perf. measurement Targeted # to meet performance.  |                    |
| Proposed for 2012:                        | Total to be considered in 100 Targeted % to meet per   |                    |
|   | perf. measurement Targeted # to meet pe  |                    |
| Explain the measurement tools or methods: | We currently have 50 members. If we increase our numbers to 75 by the will be a 50% increase. If we increase it to 100 in 2012, that'll be 100% vs thus far.   |                    |
| Outcome Objective # 2:                    | Provide 4 seminars/workshops to approximately 60 individuals.  |                    |
| Performance Indicator(s):                 |  | 25%                |
| Proposed for 2011:                        | Total to be considered in 4 Targeted % to meet per perf. measurement Targeted # to meet performance of the considered in | <u> </u>           |
| Proposed for 2012:                        | Total to be considered in 4 Targeted % to meet per   | rf. measures 100%  |
|   | perf. measurement Targeted # to meet pe  | erf. measure 4     |
| Explain the measurement tools or methods: | If we offer a minimum of 4 workshops or seminars and we complete at lea achieved 100% of that objective. Our hope is to be able to do more.  | st 4, we will have |

PROGRAM A - 9 MAY 25, 2010

# **AGENCY OVERVIEW**

# 1. AGENCY CONTACT INFORMATION

| Organization      | Latino Chamber of Commerce of Dane County |
|-------------------|---|
| Mailing Address   | PO Box 259851, Madison, WI 53725-9851     |
| Telephone         | 608 712-3522                              |
| FAX               | 608 255-2975                              |
| Admin Contact     | Joel Chargoy 608 712-3522                 |
| Financial Contact | Julia Arata-Fratta 608 698-6256           |
| Website           | www.camaradecomerciolatina.org            |
| Email Address     | president@camaradecomerciolatina.org      |
| Legal Status      | Private: Non-Profit                       |
| Federal EIN:      | 26-1771853                                |
| State CN:         | 11264-800                                 |
| DUNS #            |   |

# 2. CONTACT INFORMATION

| Α | Program A |                    |        |              |        |                                      |
|---|-----------|--------------------|--------|--------------|--------|--------------------------------------|
|   | Contact:  | Gabriel A. Sanchez | Phone: | 608 772-2393 | Email: | president@camaradecomerciolatina.org |
| 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: |                                      |
| I | Program I |                    |        |              |        |                                      |
|   | Contact:  |                    | Phone: |              | Email: |                                      |
| J | Program J |                    |        |              |        |                                      |
|   | Contact:  |                    | Phone: |              | Email: |                                      |
| K | Program K |                    |        |              |        |                                      |
|   | Contact:  |                    | Phone: |              | Email: |                                      |
| L | Program L |                    |        | <u> </u>     |        |                                      |
|   | Contact:  |                    | Phone: |              | Email: |                                      |

AGENCY OVERVIEW - 1 MAY 25, 2010

# 3. AGENCY REVENUE DETAILED BY PROGRAM

| REVENUE               | 2009   | 2010   | 2011     | 2011 PROPOSED PROGRAMS |   |   |   |
|-----------------------|--------|--------|----------|------------------------|---|---|---|
| SOURCE                | ACTUAL | BUDGET | PROPOSED | Α                      | В | С | D |
| DANE CO HUMAN SVCS    |        | 0      | 0        | 0                      | 0 | 0 | 0 |
| DANE CO CDBG          | 30,030 | 15,000 | 20,000   | 20,000                 | 0 | 0 | 0 |
| MADISON-COMM SVCS     |        | 0      | 0        | 0                      | 0 | 0 | 0 |
| MADISON-CDBG          |        | 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         | 30,030 | 15,000 | 20,000   | 20,000                 | 0 | 0 | 0 |

| REVENUE               | 2011 PROPO | 011 PROPOSED PROGRAMS CONT. |   |   |   |   |   |  |
|-----------------------|------------|-----------------------------|---|---|---|---|---|--|
| SOURCE                | Е          | F                           | G | Н | I | J | K |  |
| DANE CO HUMAN SVCS    | 0          | 0                           | 0 | 0 | 0 | 0 | 0 |  |
| DANE CO CDBG          | 0          | 0                           | 0 | 0 | 0 | 0 | 0 |  |
| MADISON-COMM SVCS     | 0          | 0                           | 0 | 0 | 0 | 0 | 0 |  |
| MADISON-CDBG          | 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 |  |

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

**AGENCY OVERVIEW - 2** MAY 25, 2010

#### AGENCY ORGANIZATIONAL PROFILE

| 4 AGENCY MISSION STATEM | - NI I |  |
|-------------------------|--------|--|

To provide services, information and resources to the Latino community in Madison and the surrounding areas to empower small Latino businesses and entreprenuers to start up or expand their businesses. We do this as a non-profit organization volunteering our experience, education and background to assist others to become successful business members of the community.

# 5. AGENCY EXPERIENCE AND QUALIFICATIONS

We now have a core group of board members (10) who have 3 years or more experience working together to provide information and programs to the Latino community we service. We represent several years of work experience in various professional and businesses levels in various capacities from restaurants, accounting, HR, landscaping businesses and other governmental and nonprofit organizations to provide an invaluable resource to all who come to our organization for assistance. Our members talents include our current president, who has 21 years of military experience as an officer in the USAF and has held many other jobs, among them restaurant manager. Our treasurer has worked many years in a major accounting firm and we have many talented and dedicated members who are either are professionals or who have their own businesses and who all form a solid foundation for our programs. Our organization has now been in existence for over 5 years and teaming up with Centro Hispano, as collaborators, has afforded us a credible alliance with an organization that provides a centralized location that is well known to most of the community we service. Their noteworthy accomplishments are well known throughout the Latino community. This has provided us with a great opportunity to provide, along with other collobratiing agencies housed in the same facility, a "one stop shopping" location for the persons who come here in search of assistance in various areas. We are looking forwarded to a long and fruitful relationship with them as we expand the reach and usefulness of our services.

AGENCY OVERVIEW - 3 MAY 25, 2010

# 6. AGENCY GOVERNING BODY

How many Board meetings were held in 2009?

How many Board meetings has your governing body or Board of Directors scheduled for 2010?

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

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

Gabriel A Sanchez Name Home Address 5811 Danville Dr, Fitchburg, WI 53719 Independent Contractor/Real Estate Agent Occupation First Weber Group, Fitchburg-West Madison Representing Term of Office President From: 06/2007 To: 06/2010 Noemi Mendoza Name Home Address 1124 Erin St, Madison, WI 53715 Outreach Specialist Occupation Department of Public Health Madison & Dane County (Harambie Center) Representing Term of Office Vice President From: 06/2007 To: 06/2010 Julia Arata-Fratta Name 2911 Melissa Cir, Fitchburg, WI 53711 Home Address Occupation Accountant Representing Wegner CPAs Term of Office Treasurer From: 06/2007 To: 06/2010 Name Monica Gonzalez Home Address 2966 Settlement Dr, Madison, WI 53713 Assitant Bank Manager Occupation Representing Associated Bank Term of Office Secretary From: 06/2007 To: 06/2010 Juan Jose Lopez Name Home Address 2532 Fairfield Place, Madison, WI 53704 Occupation Bureau of Program Mgmt & Special Populations Division of Employment & Tranining Representing State of Wisconsin Department of Workforce Developmen To: Term of Office **Board Member** 06/2007 06/2010 From Claudio Diaz Name Home Address 6205 Oak Hollow Dr, Oregon, WI 53575 Occupation Chief Human Capital Officer (HR) WIFLi, Inc. Representing Term of Office **Board Member** 06/2009 06/2010 From To: Name Reyna Jarquin Home Address 507 W Wilson St, Apt 202, Madison, WI 53703 Occupation Assistant Bank Manager Park Bank Representing Term of Office **Board Member** From 06/2009 To: 06/2010 Rafael Curutchet Name 202 Railroad St, Brooklyn, WI 53521 Home Address Owner/Manager Occupation Southern Services, LLC Representing Term of Office 06/2007 06/2010 **Board Member** From: To:

AGENCY OVERVIEW - 4 MAY 25, 2010

# AGENCY GOVERNING BODY cont.

| Name            | Baltazar DeAnda-Santana       |                   |         |             |
|-----------------|-------------------------------|-------------------|---------|-------------|
| Home Address    | 6315 Century Ave, Apt #7, Mic | ddleton, WI 53562 |         |             |
| Occupation      | Owner/CEO                     |                   |         |             |
| Representing    | Proactive Media, LLC          |                   |         |             |
| Term of Office  | Board Member                  | From:             | 06/2010 | To: 06/2010 |
| Name            | Antonio Molina-Rivas          |                   | •       |             |
| Home Address    | 140 Spring St, Columbus, WI   | 53925             |         |             |
| Occupation      | Program Planner               |                   |         |             |
| Representing    | Madison Area Technical Colle  | ge                |         |             |
| Term of Office  |                               | From:             | 06/2010 | To: 06/2010 |
| Name            |                               |                   | •       | ·           |
| Home Address    |                               |                   |         |             |
| Occupation      |                               |                   |         |             |
| Representing    |                               |                   |         |             |
| Term of Office  |                               | From:             | mm/yyyy | To: mm/yyyy |
| Name            |                               | <u>'</u>          | ,,,,,   | , ,,,,,     |
| 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            |                               | <u>, ř</u>        | 7777    | - 1 .,,,,,  |
| Home Address    |                               |                   |         |             |
| Occupation      |                               |                   |         |             |
| Representing    |                               |                   |         |             |
| Term of Office  |                               | From:             | mm/yyyy | To: mm/yyyy |
| Name            |                               | ļ. Ļ.             | ,,,,    |             |
| 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            |                               | <u> </u>          | ****    |             |
| Home Address    |                               |                   |         |             |
| Occupation      |                               |                   |         |             |
| Representing    |                               |                   |         |             |
| Term of Office  |                               | From:             | mm/yyyy | To: mm/yyyy |
| Total of Office |                               | _                 | , уууу  | 10.         |

AGENCY OVERVIEW - 5 MAY 25, 2010

# 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 |

AGENCY OVERVIEW - 6 MAY 25, 2010

# 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                                 | ST     | AFF     | BOARD  |         | VOLUNTEER |         |
|--|--------|---------|--------|---------|-----------|---------|
| DESCRIPTOR                                 | Number | Percent | Number | Percent | Number    | Percent |
| TOTAL                                      | 1      | 100%    | 10     | 100%    | 0         | 0%      |
| GENDER                                     |        |         |        |         |           |         |
| MALE                                       | 1      | 100%    | 6      | 60%     | 0         | 0%      |
| FEMALE                                     | 0      | 0%      | 4      | 40%     | 0         | 0%      |
| UNKNOWN/OTHER                              | 0      | 0%      | 0      | 0%      | 0         | 0%      |
| TOTAL GENDER                               | 1      | 100%    | 10     | 100%    | 0         | 0%      |
| AGE  |        |         |        |         |           |         |
| LESS THAN 18 YRS                           | 0      | 0%      | 0      | 0%      | 0         | 0%      |
| 18-59 YRS                                  | 1      | 100%    | 10     | 100%    | 0         | 0%      |
| 60 AND OLDER                               | 0      | 0%      | 0      | 0%      | 0         | 0%      |
| TOTAL AGE                                  | 1      | 100%    | 10     | 100%    | 0         | 0%      |
| RACE*                                      |        |         |        |         |           | 0       |
| WHITE/CAUCASIAN                            | 1      | 100%    | 10     | 100%    | 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                                 | 1      | 100%    | 10     | 100%    | 0         | 0%      |
| ETHNICITY                                  |        |         |        |         |           |         |
| HISPANIC OR LATINO                         | 1      | 100%    | 10     | 100%    | 0         | 0%      |
| NOT HISPANIC OR LATINO                     | 0      | 0%      | 0      | 0%      | 0         | 0%      |
| TOTAL ETHNICITY                            | 1      | 100%    | 10     | 100%    | 0         | 0%      |
| PERSONS WITH DISABILITIES                  | 0      | 0%      | 0      | 0%      | 0         | 0%      |

<sup>\*</sup>These categories are identified in HUD standards.

AGENCY OVERVIEW - 7 MAY 25, 2010

# **8. AGENCY EXPENSE BUDGET**

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

Where possible, use audited figures for 2009 Actual. The 2010 Budget and 2011 Proposed Budget will autofill from  $\frac{1}{2}$ 

information you provided elsewhere in the application.

|      |  | 2009   | 2010   | 2011     |
|------|--|--------|--------|----------|
| Acco | unt Description                        | ACTUAL | BUDGET | PROPOSED |
| A.   | PERSONNEL                              |        |        |          |
|      | Salary                                 | 18,830 | 6,300  | 10,140   |
|      | Taxes                                  | 1,600  | 1,000  | 1,500    |
|      | Benefits                               | 362    | 300    | 360      |
|      | SUBTOTAL A.                            | 20,792 | 7,600  | 12,000   |
| В.   | OPERATING                              | +      |        |          |
|      | All "Operating" Costs                  | 0      | 3,000  | 3,600    |
|      | SUBTOTAL B.                            | 0      | 3,000  | 3,600    |
| C.   | SPACE                                  | +      |        |          |
|      | Rent/Utilities/Maintenance             | 0      | 0      | 0        |
|      | Mortgage (P&I) / Depreciation / Taxes  | 0      | 2,400  | 2,400    |
|      | SUBTOTAL C.                            | 0      | 2,400  | 2,400    |
| 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      | 2,000  | 2,000    |
|      | SUBTOTAL D.                            | 0      | 2,000  | 2,000    |
|      | SPECIAL COSTS LESS CAPITAL EXPENDITURE | 0      | 2,000  | 2,000    |
|      | TOTAL OPERATING EXPENSES               | 20,792 | 15,000 | 20,000   |
| E.   | TOTAL CAPITAL EXPENDITURES             | 0      | 0      | 0        |

# 9. PERSONNEL DATA: List Percent of Staff Turnover

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

Lost the Executive Director (LTE) position in 2009 for budget reasons and replaced him with an office coordinator with fewer hours at a lesser rate.

AGENCY OVERVIEW - 8 MAY 25, 2010

# 10. PERSONNEL DATA: Personnel Schedule

List each individual staff position by title. Seasonal Employees should be entered at the bottom.

Indicate if the position meets the Living Wage Exception with an asterisk (\*).

Indicate the number of 2011 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>

|                         | 2010 |            | 20       | )11      |        |      |      |      |
|-------------------------|------|------------|----------|----------|--------|------|------|------|
|                         | Est. | Est.       | Proposed | Proposed | Hourly | Α    | В    | C    |
| Staff Position/Category | FTE  | Salary     | FTE      | Salary   | Wage   | FTE  | FTE  | FTE  |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
|                         | 0.00 | 0          | 0.00     | 0        | 0.00   | 0.00 | 0.00 | 0.00 |
| TOTAL                   | 0.00 | 0          | 0.00     | 0        |        | 0.00 | 0.00 | 0.00 |
|                         |      | AL DEDCOMA |          | 6.425    |        |      |      |      |

TOTAL PERSONNEL COSTS: 6,435

|   | Nbr of | Total | Hourly | Seasonal | Α      | В     | С     |
|---|--------|-------|--------|----------|--------|-------|-------|
| Seasonal/Project Employee ONLY            | Weeks  | Hours | Wage   | Earnings | # HRS  | # HRS | # HRS |
| Office Coordinator (LTE)* 15 hrs per week | 33     | 495   | 13.00  | 6,435    | 495.00 | 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                                     | 33     | 495   |        | 6,435    | 495.00 | 0.00  | 0.00  |

AGENCY OVERVIEW - 9 MAY 25, 2010

| 2011 P | ROPOSEI | O FTEs DI | STRIBUTI | ED BY PR | OGRAM |      |      |      |          |
|--------|---------|-----------|----------|----------|-------|------|------|------|----------|
| D      | Е       | F         | G        | Н        | I     | J    | K    | L    | Non-City |
| FTE    | FTE     | FTE       | FTE      | FTE      | FTE   | FTE  | FTE  | FTE  | FTE      |
| 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 | 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  | 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     | 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    | 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     |
| 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 | 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     |

| D     | E     | F     | G     | Н     | I     | J     | K     | L     | Non-City |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
| # HRS    |
| 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  | 0.00  | 0.00     |
| 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00  | 0.00     |

AGENCY OVERVIEW - 10 MAY 25, 2010

ORGANIZATION:

Latino Chamber of Commerce of Dane County

# PROGRAM BUDGET

| 1. 2010 BUDGETED      |        | ACCOUNT   | CATEGORY  |       |         |
|-----------------------|--------|-----------|-----------|-------|---------|
| REVENUE               | SOURCE |           |           |       | SPECIAL |
| SOURCE                | TOTAL  | PERSONNEL | OPERATING | SPACE | 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. 2011 PROPOSED BUDGET | ACCOUNT CATEGORY |           |           |       |         |  |
|-------------------------|------------------|-----------|-----------|-------|---------|--|
| REVENUE                 | SOURCE           |           |           |       | SPECIAL |  |
| SOURCE                  | TOTAL            | PERSONNEL | OPERATING | SPACE | COSTS   |  |
| DANE CO HUMAN SVCS      | 0                | 0         | 0         | 0     | 0       |  |
| DANE CO CDBG            | 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     |         |  |
| TOTAL REVENUE           | 0                | 0         | 0         | 0     | 0       |  |

# \*OTHER GOVT 2011

| Source | Amount | Terms |
|--------|--------|-------|
|        | 0      |       |
|        | 0      |       |
|        | 0      |       |
|        | 0      |       |
|        | 0      |       |
| TOTAL  | 0      |       |

# \*\*OTHER 2011

| Source | Amount | Terms |
|--------|--------|-------|
|        |        |       |
|        | 0      |       |
|        | 0      |       |
|        | 0      |       |
|        | 0      |       |
| TOTAL  | 0      |       |

NON-CITY FUNDING - 1 MAY 25, 2010