

CITY-COUNTY CONSOLIDATED APPLICATION FOR 2009 & 2010 FUNDS

APPLICATION SUMMARY Submit common description to each revenue source.

ORGANIZATION NAME			
MAILING ADDRESS <small>If P.O. Box, include Street Address on second line</small>			
TELEPHONE		LEGAL STATUS	
FAX NUMBER		<input type="checkbox"/> Private, Non-Profit <input type="checkbox"/> Private, For Profit <input type="checkbox"/> Other: LLC, LLP, Sole Proprietor	
NAME CHIEF ADMIN/ CONTACT		Federal EIN: _____ State CN: _____	
INTERNET WEBSITE (if applicable)			
E-MAIL ADDRESS			

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

PROGRAM NAME	PROGRAM CONTACT PERSON	PHONE NUMBER	E-MAIL
A:			
B:			
C:			
D:			
E:			
F:			
G:			
H:			
I:			
J:			
K:			

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

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

REVENUE SOURCE	2) 2007 ACTUAL	3) 2008 BUDGET	4) 2009 PROPOSED	2009 PROPOSED PROGRAMS			
				A	B	C	D
DANE CO HUMAN SVCS							
DANE CO CDBG							
MADISON- COMM SVCS							
MADISON- CDBG							
UNITED WAY ALLOC							
UNITED WAY DESIG							
OTHER GOVT							
FUND RAISING DONATIONS							
USER FEES							
OTHER							
TOTAL REVENUE							

2009 PROPOSED PROGRAMS							
REVENUE SOURCE	E	F	G	H	I	J	K
DANE CO HUMAN SVCS							
DANE CO CDBG							
MADISON- COMM SVCS							
MADISON- CDBG							
UNITED WAY ALLOC							
UNITED WAY DESIG							
OTHER GOVT							
FUND RAISING DONATIONS							
USER FEES							
OTHER							
TOTAL REVENUE							

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

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

Signed: _____

CITY-COUNTY CONSOLIDATED APPLICATION FOR 2009 & 2010 FUNDS

PROGRAM DESCRIPTION

ORGANIZATION: _____

PROGRAM: _____
(Submit only to relevant revenue sources.)

PROGRAM LETTER: _____
(from App Summary Page A)

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

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

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

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

PROGRAM: _____
 (Submit only to relevant revenue sources.)

PROGRAM LETTER: _____

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

D. PROGRAM OUTCOMES

_____ Number of unduplicated individual participants served during 2007.

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

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

OUTCOME OBJECTIVE # 1						
Performance Indicator(s)						
Explain the measurement tools or methods.						
Target Proposed for 2009	Total to be served		Targeted <u>percent</u> to meet performance indicator(s)		Number to meet indicators(s)	
Target Proposed for 2010	Total to be served		Targeted <u>percent</u> to meet performance indicator(s)		Number to meet indicators(s)	
OUTCOME OBJECTIVE # 2						
Performance Indicator(s)						
Explain the measurement tools or methods.						
Target proposed for 2009	Total to be served		Targeted <u>percent</u> to meet performance indicator(s)		Number to meet indicator(s)	
Target proposed for 2010	Total to be served		Targeted <u>percent</u> to meet performance indicator(s)		Number to meet indicator(s)	

PROGRAM: _____
(Submit only to relevant revenue sources.)

PROGRAM LETTER: _____

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

Outcome #1

Outcome #2

PROGRAM: _____
 (Submit only to relevant revenue sources.)

PROGRAM LETTER: _____

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

ACCOUNT CATEGORY Source	2008 REVENUE SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SERV					
DANE CO CDBG					
MADISON COMM SERV					
MADISON CDBG					
UNITED WAY ALLOC					
UNITED WAY DESIG					
OTHER GOVT					
FUND RAISING					
USER FEES					
OTHER					
TOTAL					

ACCOUNT CATEGORY Source	2009 REVENUE SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SERV					
DANE CO CDBG					
MADISON COMM SERV					
MADISON CDBG					
UNITED WAY ALLOC					
UNITED WAY DESIG					
OTHER GOVT					
FUND RAISING					
USER FEES					
OTHER					
TOTAL					

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

PROGRAM: _____
 (Submit only to relevant revenue sources.)

PROGRAM LETTER: _____

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

	2) TOTAL COST OF PROGRAM	3) UNDUPLICATED PARTICIPANTS	4) COST PER PARTICIPANT	5) UNITS PROVIDED	6) UNIT COST
2007 ACTUAL					
2008 BUDGETED					
2009 PROPOSED					

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

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

2010 SECOND YEAR FUNDING SUPPLEMENT

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

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

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

L. **2010 PROPOSED BUDGET**

2010 PROPOSED BUDGET					
ACCOUNT CATEGORY	2010 PROPOSED BUDGET TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SERV					
DANE CO CDBG					
MADISON COMM SERV					
MADISON CDBG					
UNITED WAY ALLOC					
UNITED WAY DESIG					
OTHER GOVT					
FUND RAISING					
USER FEES					
OTHER					
TOTAL					

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

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

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

Board President's Name Home Address Occupation Representing Term of Office: From __ To __		Board Vice-President's Name Home Address Occupation Representing Term of Office: From __ To __	
Board Secretary's Name Home Address Occupation Representing Term of Office: From __ To __		Board Treasurer's Name Home Address Occupation Representing Term of Office: From __ To __	
Name Home Address Occupation Representing Term of Office: From __ To __		Name Home Address Occupation Representing Term of Office: From __ To __	
Name Home Address Occupation Representing Term of Office: From __ To __		Name Home Address Occupation Representing Term of Office: From __ To __	
Name Home Address Occupation Representing Term of Office: From __ To __		Name Home Address Occupation Representing Term of Office: From __ To __	
Name Home Address Occupation Representing Term of Office: From __ To __		Name Home Address Occupation Representing Term of Office: From __ To __	

STAFF-BOARD-VOLUNTEER DESCRIPTORS

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

DESCRIPTOR	STAFF		BOARD		VOLUNTEER	
	Number	Percent	Number	Percent	Number	Percent
TOTAL		100%		100%		100%
GENDER						
MALE						
FEMALE						
AGE						
LESS THAN 18 YRS						
18 – 59 YRS						
60 AND OLDER						
RACE						
WHITE						
BLACK						
NATIVE AMERICAN						
ASIAN/PACIFIC ISLE						
MULTI-RACIAL						
ETHNICITY						
HISPANIC						
NON-HISPANIC						
HANDICAPPED* (Persons with Disabilities)						

* Refer to definitions on page 3 of the instructions.

BUDGET TOTAL OPERATING EXPENSES

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

ACCOUNT DESCRIPTION	2007 ACTUAL	2008 BUDGET	2009 PROPOSED
A. PERSONNEL			
Salary			
Taxes			
Benefits			
SUBTOTAL A:			
B. OPERATING			
All "Operating" Costs			
SUBTOTAL B			
C. SPACE			
Rent/Utilities/Maintenance			
Mortgage (P&I)/Depreciation/Taxes			
SUBTOTAL C			
D. SPECIAL COSTS			
Assistance to Individuals			
Subcontracts, etc.			
Affiliation Dues			
SUBTOTAL D			
TOTAL OPERATING EXPENSES A-D			
E. TOTAL CAPITAL EXPENDITURES			

Appendix A

Dane County Department of Human Services Supplement

All applicants to Dane County Department of Human Services should provide a detailed program budget. Please complete the program budget following these instructions, and submit only to Dane County Human Services.

- Column 1** CURRENT YEAR TOTAL BUDGET. This is the total amount budgeted for this program.
- Column 2** CURRENT YEAR COUNTY FUNDED. This is the County-funded portion of the total program budget. Column 3 + Column 4 equals this column.
- Column 3** CURRENT YEAR COUNTY FUNDED ADMIN. Using the County's definition of Admin, distribute the costs in column 2 between this column and column 4.
- Column 4** CURRENT YEAR COUNTY FUNDED PROGRAM. Costs not classified as Admin are classified as Program. This column equals Column 2 minus Column 3.
- AGENCY ADMINISTRATIVE COST PERCENT. This reflects the current year administrative cost percent. Column 3 County Funded Admin divided by column 2 County Funded. This amount cannot exceed 15%.

ADMINISTRATION AND PROGRAM COST CLASSIFICATION GUIDELINES

ADMINISTRATION COSTS

Administration costs are costs related to the overall direction of the agency. These costs are often described as indirect costs.

Personnel

Salary, Tax & Benefit costs for personnel or contractors who carry out the following functions would generally be treated as administrative costs.

- Program evaluation
- Program planning
- Budget planning, tracking and development
- Program and fiscal reporting
- Management (Supervision of program managers, supervisors, accounting, human resource and administrative support staff)
- Data and information technology system development and management
- Data tracking and client record keeping
- Sub-contracting, including contract negotiations and contract management
- Accounting
- Personnel Administration (human resource functions of staff recruiting and hiring)
- Billing and third party collections
- Agency-wide public relations
- Brochure, web-site and publication development
- Strategic planning

Personnel who would be reported here could include executive directors, accountants, data processing staff, bookkeepers, receptionists, business managers and administrative assistants. **

Operating

- Insurance: all liability, program, personal injury, property damage, automobile, etc. This line item includes all types except insurance relating to payroll.
- Professional Fees (100% of these costs would be reported as administration with the exception of program related professional fees.) All fees/charges of professional, legal, or technical consultants who are not employees of the organization. These persons provide bookkeeping, audit, legal data processing and other similar services.
- Agency audits
- Postage, Office and Program Supplies: postage and mailing costs; office supplies; program supplies for clients/participants; all reproduction, printing of agency brochures, posters, reports, etc.
- Equipment/Furnishings: equipment/furnishings leasing; maintenance; and depreciation.
- Telephone: includes costs of telecommunications devices including all telephones and Telecommunications Devices for the Deaf (TDD's), pagers and answering services.
- Training/Conference: expenditure for staff, board members, and other volunteers to receive training and attend conferences, including registration fees, travel expenses, accommodations, per diem expenses, trainer fees, etc.
- Food/Household Supplies: food/household supplies for residents of a facility.
- Auto Allowance: mileage or flat reimbursement for employees who use their private vehicles for agency business; public transportation costs.
- Vehicle Costs: lease of vehicles/vans; depreciation and operation expenses of agency-owned vehicles, etc. (Operating costs for administrative personnel, e.g., utilities, equipment, maintenance, legal services, purchasing.)

Space

- Space costs for administrative personnel

Other-Please specify: additional operating budget categories and/or special budget categories used by your organization that may be important to list. Please explain "other" at the bottom of page 4.

PROGRAM COSTS

Program costs are costs related to providing direct services or support within a specific program.

Personnel

Salary, Taxes and Benefit costs for personnel or contractors carrying out any of the following functions would be included in program costs.

- Direct client services (staff who provide 90 percent or more of their time carrying out these functions are considered 100 percent program cost)
- Face-to-face client or phone contact
- Client-specific advocacy needed to obtain services for individual clients
- Supervisory time spent on directly supervising individuals who are responsible for direct client services, when that supervisory time is focused on the work that staff do with clients.

(Personnel who would be reported here could include program managers, program support staff, supervisors and line staff. **)

Operating

- Insurance
- Professional Fees/ (Only program related professional fees.)
- Postage, Office and Program Supplies
- Equipment/Furnishings
- Telephone
- Training/Conference
- Food/Household Supplies
- Auto Allowance
- Vehicle Costs

(Operating costs for program personnel, insurance, utilities, equipment, maintenance, legal services, purchasing, professional fees, postage, supplies, telephone, food/household supplies, auto allowance, vehicle costs.)

Space

- Space costs for program personnel

Special Costs-Assistance to Individuals

Other-Please specify

If these guidelines do not completely address or clarify your unique set of circumstances, questions regarding the County's interpretation of proper classification between program and administrative cost classifications should be directed to your contract manager who will work with our fiscal staff to resolve your questions.

**It is possible that some positions may have duties that are classified as Administration and duties that are classified as Program. If this is the case, the costs should be allocated in a reasonable manner between the administration and program categories.

PROGRAM BUDGET

(1) TOTAL BUDGET
 (2) COUNTY FUNDED (= Col 3 + 4)
 (3) COUNTY FUNDED ADMIN
 (4) COUNTY FUNDED PROGRAM

A. PERSONNEL

Salaries				
Taxes				
Benefits				
Subtotal A				

B. OPERATING

Insurance				
Professional Fees				
Audit				
Data Processing				
Postage, Office, & Program Supplies				
Equipment/Furnishings				
Depreciation				
Telephone				
Training/Conference				
Food/Household Supplies				
Auto Allowance				
Vehicle Costs				
Other1:				
Other2:				
Subtotal B				

C. SPACE

Rent				
Utilities				
Maintenance				
Mortgage Interest, Depreciation				
Property Taxes				
Subtotal C				

D. SPECIAL COSTS

Assistance to Individuals				
Subtotal D				

E. OTHER (Specify)

Other3:				
Other4:				
Subtotal E				

TOTAL A THROUGH E				
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Agency Administrative Cost Percent: _____

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

Instructions

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

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

City of Madison CDBG Office Funds

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

Dane County CDBG Office Funds

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

CDBG

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

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

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

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

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

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

All Proposals for either Dane County CDBG or Madison CDBG funds

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

PROGRAM TITLE: _____

PROGRAM LETTER: _____

1. Participant Income levels:
Indicate the number of households of each income level and size that this program would serve in 2007

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

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

3. Real Estate Project Data Summary:

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

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

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

CAPITAL BUDGET

	TOTAL	Amount	Source/Terms**	Amount	Source/Terms**
Amount and Source of Funding: ***					
Acquisition Costs:					
Acquisition					
Title Insurance and Recording					
Appraisal					
*Pred/pmnt/feasibility/market study					
Survey					
*Marketing/Affirmative Marketing					
Relocation					
Other: _____					
Construction:					
Construction Costs					
Soils/site preparation					
Construction management					
Landscaping, play lots, sign					
Const interest					
Permits; print plans/specs					
Other: _____					
Fees:					
Architect					
Engineering					
*Accounting					
*Legal					
*Development Fee					
*Leasing Fee					
Other _____					
Project Contingency:					
Furnishings:					
Reserves Funded from Capital:					
Operating Reserve					
Replacement Reserve					
Maintenance Reserve					
Vacancy Reserve					
Lease Up Reserve					
Other					
(specify): _____					
Other (specify): _____					
TOTAL COSTS:					

* If CDBG funds are used for items with an *, the total cost of these items may not exceed 15% of the CDBG amount.
 ** Note: Each amount for each source must be listed separately, i.e. Acquisition: \$30,000 HOME; \$125,000 Capitol Revolving Fund; \$100,000, First Bank.
 *** Identify if grant or loan and terms.

RESIDENTIAL RENTAL PROPERTY ONLY

A. Recap briefly the key or unique features of this project:

1. Activities to bring it to housing and code standards; (Note: If per unit cost exceeds \$25,000 (total costs), please indicate how the project will meet the cost effective energy conservation and effectiveness standards (24 CFR Part 39)

2. Provide the following information for rental properties:

Table A: RENTAL						
Address/ Unit #	# of Bedrooms	Amount of CD \$	Check proposed income category		Monthly Unit Rent	Includes Utilities?
			<input type="checkbox"/> <30.1% of CM	<input type="checkbox"/> 30.1-50.1%		
			<input type="checkbox"/> 50.1-80%	<input type="checkbox"/> >80%		
			<input type="checkbox"/> <30.1% of CM	<input type="checkbox"/> 30.1-50.1%		
			<input type="checkbox"/> 50.1-80%	<input type="checkbox"/> >80%		
			<input type="checkbox"/> <30.1% of CM	<input type="checkbox"/> 30.1-50.1%		
			<input type="checkbox"/> 50.1-80%	<input type="checkbox"/> >80%		
			<input type="checkbox"/> <30.1% of CM	<input type="checkbox"/> 30.1-50.1%		
			<input type="checkbox"/> 50.1-80%	<input type="checkbox"/> >80%		
			<input type="checkbox"/> <30.1% of CM	<input type="checkbox"/> 30.1-50.1%		
			<input type="checkbox"/> 50.1-80%	<input type="checkbox"/> >80%		

3. Describe briefly your tenant selection criteria and process.

4. Does the project include plans to provide supportive services to residents or links to appropriate services? If yes, please describe.

TOTAL PROJECT PROFORMA (total units in the project)															
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Revenue															
Gross Income															
Less Vacancy															
Net Income															
Expenses															
Audit															
Taxes															
Insurance															
Maintenance															
Utilities															
Property Management															
Operating Reserve Pmt															
Replacement Reserve Pmt															
Support Services															
Affirmative Marketing															
Other _____															
Other _____															
Total Expenses															
NET OPERATING INCOME															
Debt Service															
First Mortgage															
Other															
Other															
Total Debt Service															
Total Annual Cash Expenses															
Debt Service Reserve															
Cash Flow															
Assumptions:															
Vacancy Rate															
Annual Increase															
Carrying Charges															
Expenses															

HOUSING FOR RESALE
(For City of Madison CDBG funds only)

A. Recap briefly the key or unique features of this project:

1. Activities to bring it to housing and code standards:

B. Provide the following information for owner-occupied properties (list each house or projected unit):

Table A: OWNER						
Address / Unit #	# of Bedrooms	Amount of CD \$	Projected Monthly PITI	Household Income Category**	Affordability Period # of Years	Sale Price
				<input type="checkbox"/> <50% <input type="checkbox"/> 51-80%		
				<input type="checkbox"/> <50% <input type="checkbox"/> 51-80%		
				<input type="checkbox"/> <50% <input type="checkbox"/> 51-80%		
				<input type="checkbox"/> <50% <input type="checkbox"/> 51-80%		
				<input type="checkbox"/> <50% <input type="checkbox"/> 51-80%		
				<input type="checkbox"/> <50% <input type="checkbox"/> 51-80%		

Insert Center Name here

REVENUE	Total Budget										*Program A				*Program B				*Program C			
	2007 Actual	2008 Budget	2009 Budget	2010 Budget	2007 Actual	2008 Budget	2009 Budget	2010 Budget	2007 Actual	2008 Budget	2009 Budget	2010 Budget	2007 Actual	2008 Budget	2009 Budget	2010 Budget	2007 Actual	2008 Budget	2009 Budget	2010 Budget		
Dane Co. Human Services	\$0	\$0	\$0	\$0																		
Dane Co. CDBG	\$0	\$0	\$0	\$0																		
Madison - Office of Community Services	\$0	\$0	\$0	\$0																		
Madison CDBG	\$0	\$0	\$0	\$0																		
United Way	\$0	\$0	\$0	\$0																		
Other Government	\$0	\$0	\$0	\$0																		
Fundraising/Donations	\$0	\$0	\$0	\$0																		
User Fees	\$0	\$0	\$0	\$0																		
Rents	\$0	\$0	\$0	\$0																		
Other	\$0	\$0	\$0	\$0																		
TOTAL REVENUE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
EXPENSES																						
Direct Costs																						
<i>Personnel:</i>																						
Salaries	\$0	\$0	\$0	\$0																		
Taxes & Benefits	\$0	\$0	\$0	\$0																		
<i>Total Personnel</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Operating Costs	\$0	\$0	\$0	\$0																		
Rent/Utilities/Maintenance	\$0	\$0	\$0	\$0																		
Depreciation	\$0	\$0	\$0	\$0																		
Subcontracts	\$0	\$0	\$0	\$0																		
Affiliation Dues	\$0	\$0	\$0	\$0																		
<i>Total Operating Costs</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
TOTAL EXPENSES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		

* Enter program name as listed on Application Summary - Page A of the Consolidated Application. All programs and funds included in the center's budget should be included in this supplement format. Add additional columns (ie Program D, Program E, etc.) as necessary.

Insert Center Name here

Column 1	Column 2	Column 3	Column 4	Column 5
Specific Project Objectives	2007 Actual	2008 Goal	2009 Proposed	2010 Proposed
FACILITY USE AND CORE				
SPONSORED CHILDREN/YOUTH HOURS	hours	hours	hours	hours
SPONSORED ADULT/FAMILY HOURS	hours	hours	hours	hours
SPONSORED SENIOR HOURS	hours	hours	hours	hours
OPTIONAL HOURS	hours	hours	hours	hours
MEETING SPACE HOURS	hours	hours	hours	hours
TOTAL FACILITY USE HOURS	hours	hours	hours	hours
YTD FACILITY USE UNDUPLICATED PARTICIPANTS	prtpnts	prtpnts	prtpnts	prtpnts
TOTAL YTD CENTER UNDUPLICATED PARTICIPANTS	prtpnts	prtpnts	prtpnts	prtpnts
*PROGRAM A:				
SERVICE UNITS:	units	units	units	units
YTD UNDUPLICATED PARTICIPANTS	prtpnts	prtpnts	prtpnts	prtpnts
*PROGRAM B:				
SERVICE UNITS:	units	units	units	units
YTD UNDUPLICATED PARTICIPANTS	prtpnts	prtpnts	prtpnts	prtpnts
*PROGRAM C:				
SERVICE UNITS:	units	units	units	units
YTD UNDUPLICATED PARTICIPANTS	prtpnts	prtpnts	prtpnts	prtpnts

*Enter program names in Column 1 as listed on Application Summary - Page A of the Consolidated Application. All programs provided by the center must be detailed on this form. Add additional pages as necessary (i.e. Program D, Program E, etc.)

Enter the defined service unit for each program letter in Column 1 as defined on Program Description - Page 5 of the Consolidated Application.

Enter the number of units and number of participants completed/served in 2007 in Column 2.

Enter the number of units and number of participants completed/served proposed in Columns 3, 4, and 5.

Center Name _____

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Program Name	Outcome Objective	Measurement Tool	Performance Indicators			2010 Proposed
			2007 Actual	2008 Goal	2009 Proposed	
Program A:						
Program B:						
Program C:						

Enter program name in Column 1 as listed on Application Summary – Page A of the Consolidated Application. All programs provided at the center must be included in this supplement format. Add additional pages as necessary (i.e. Program D, Program E, etc.).

Enter the outcome objective in Column 2 for each program as listed on the Program Description – Page 2 of the Consolidated Application.

Enter the measurement tool in Column 3 for each program as listed on the Program Description – Page 2 of the Consolidated Application.

Enter the actual performance achieved in 2007 in Column 4.

Enter the goal/proposed performance indicator in Columns 5, 6, and 7 as listed on the Program Description – Page 2 of the Consolidated Application.

(See the Consolidated Application Instructions for definitions of Outcome Objectives, Performance Standard and Measurement Tool.)