


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	0	0	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0	0	0
MADISON- COMM SVCS	65680	64335	139450	32102	22090	27022	0
MADISON- CDBG	44074	45383	49921	0	0	0	0
UNITED WAY ALLOC	85191	85191	96191	12000	4410	12000	6460
UNITED WAY DESIG	21244	20821	20821	0	0	0	0
OTHER GOVT	0	0	0	0	0	0	0
FUND RAISING DONATIONS	209941	285938	269855	52907	36147	52214	8434
USER FEES	0	0	0	0	0	0	0
OTHER	1602	0	0	0	0	0	0
TOTAL REVENUE	427732	501668	581248	97009	62647	91236	14894

2009 PROPOSED PROGRAMS							
REVENUE SOURCE	E	F	G	H	K	O	Q
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	58236	0	0	0	0	0
MADISON- CDBG	0	58,236	0	0	0	0	49921
UNITED WAY ALLOC	22000	0	12000	17521	9800	0	0
UNITED WAY DESIG	0	0	0	0	0	20821	0
OTHER GOVT	0	0	0	0	0	0	0
FUND RAISING DONATIONS	9948	0	9371	21518	9152	20210	54954
USER FEES	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0
TOTAL REVENUE	31948	58236	21371	39039	18952	41031	104875

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: East Madison Community Center

PROGRAM: Capacity Building
(Submit only to relevant revenue sources.)

PROGRAM LETTER: F
(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)

The primary goal of the Capacity Building Program is to "support and improve administrative and management capacity" for the East Madison Community Center, which is also a *Higher Priority Goal* for Program Area IIV of the Community Resources Program. In essence, EMCC seeks a level playing field in regards to administrative capacity that has been granted to "core" Centers for over a decade. This could best be accomplished through the addition of an Operations Manager who would coordinate and staff "off hour" programs, organize building schedules, oversee maintenance repairs etc., while increasing participation of underrepresented populations. The Operations Manager would absorb some administrative responsibility, while freeing up Administrative staff from direct service responsibility. Administrative staff could then focus on duties such as planning, H.R., resource development, internal management systems and contract compliance.

- 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			TOTAL PARTICIPANTS BY RACE		
MALE			WHITE		
FEMALE			BLACK		
AGE			NATIVE AMERICAN		
< 2			ASIAN/PACIFIC ISLANDER		
2 - 5			MULTI-RACIAL		
6 - 12			ETHNICITY		
13 - 17			HISPANIC		
18 - 29			NON-HISPANIC		
30 - 59			HANDICAPPED (persons with disabilities)		
60 - 74			RESIDENCY		
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.

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

The East Madison Community Center is located in the heart of the Truax Housing Development on Straubel Court, across from the MATC Truax campus. Although most of EMCC's programs are offered at our primary location, others take place off-site at "Overture", MATC, UW-Madison and Edgewood campuses. Over 75% of the families the Center serves are managed by a single parent. The average income of our primary participant family is \$15,000 a year and less than half of those families have private transportation. Most of the families served by EMCC's direct, neighborhood-based services are minority (African American, Latino, Asian and Multi-cultural). The Center's primary focus is on five low-income "pockets of poverty" on Madison's eastside. We hope to expand outreach to the Independence Lane area and other challenged neighborhoods in 2009.

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		EMCC's staff will help other community programs reach their program objectives. User groups will report meeting program objectives because of EMCC involvement.				
Performance Indicator(s)						
Explain the measurement tools or methods.		Each user group will complete a Building Use survey, which includes a specific question regarding meeting program objectives.				
Target Proposed for 2009	Total to be served	3600	Targeted percent to meet performance indicator(s)	75%	Number to meet indicators(s)	2700
Target Proposed for 2010	Total to be served	3600	Targeted percent to meet performance indicator(s)	75%	Number to meet indicators(s)	2700
OUTCOME OBJECTIVE # 2		EMCC will help to stabilize/improve delivery/coordination of services through outreach/marketing. 75% of groups will report increased participation.				
Performance Indicator(s)						
Explain the measurement tools or methods.		Each user group will complete a Building Use survey, which includes a specific question regarding meeting increased participation.				
Target Proposed for 2009	Total to be served	3600	Targeted percent to meet performance indicator(s)	75%	Number to meet indicators(s)	2700
Target Proposed for 2010	Total to be served	3600	Targeted percent to meet performance indicator(s)	75%	Number to meet indicators(s)	2700

(Submit only to relevant revenue sources.)

3. **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

EMCC'S Assistant Director will administer the self-reporting evaluation for 12 of the user groups who utilize the Center multiple times throughout the year. At least 9 of those responses will report successfully meeting program objectives because of EMCC marketing/outreach/coordination/support and involvement.

Outcome #2

In a self-reporting evaluation form, 75% of the 12 user groups who use the Center more than once during the calendar year will indicate increased participation because of marketing/outreach/coordination support provided by the EMCC.

(Submit only to relevant revenue sources.)

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	58236	43749	11742	2745	
MADISON CDBG					
UNITED WAY ALLOC					
UNITED WAY DESIG					
OTHER GOVT					
FUND RAISING					
USER FEES					
OTHER					
TOTAL	58236	43749	11742	2745	

- 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.
New program request.

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- 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	58236	3600	16	10000	6

- 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.

The unit of service is one hour.

- 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)?

The East Madison Community Center describes an unduplicated participant as a participant in the program that is counted only once in a year. For example, if a participant attends GED on January 10, 2009, karate on January 16, 2009 and is involved in the swimming program January 19, 2009, they are only counted as one unduplicated participant. After attending their first program of the year, they are not be counted again through the calendar year.

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.).