

**Application for 2010 Supplemental Funds
Community Resources Program**

*Submit signed original and digital copies of this application to the
Community Development Division,
Room 225, MMB, 215 Martin Luther King Jr., Blvd.
Madison, WI 53701*

Deadline: Noon on March 2, 2010
(Late or incomplete applications will not be considered)

Program Title:	Positive Option Program (POP) (Youth Services-LN)		Agency:	East Madison Community Center
Amount Requested:	\$6000	<i>Amount Allowable: \$2500-\$10,000</i>	Current Community Resources Funding for this Program:	\$21,808
Address:	8 Straubel Ct. Madison, WI. 53704			
Contact Person:	Tom Moen		Telephone:	249-0861
E-Mail:	tmoen@eastmadisoncc.org			

- 1) **Program Description:** Summarize the programs major purpose and activities, demographics of intended population and geographic service area.

The Positive Option Program is an innovative, weekly alcohol/drug abuse prevention program that has effectively served at-risk youth since 1989. POP is offered on Fridays from 5-9 p.m. and targets middle school youth from housing developments in the Center's service area (Truax, Webb/Rethke...). POP offers an age specific curriculum (safe choices, coping with peer pressure, developmental assets) followed by a nutritious meal and ending with 2 hours of wellness (swimming, rollerskating) where kids learn that they can achieve euphoria via exercise and that they can enjoy themselves while being free of alcohol and other drugs.

POP serves over 70 youth each year. 90% of the youth are minorities. Most of the youth are from single parent, households without private transportation and are highly at-risk for unsafe behaviors like drug abuse,sex and gang affiliation. Most of these kids face challenges with self-esteem issues related to poverty and many struggle with learning disabilities.

- 2) **Program Need:** Please describe the increase in requests for service or unanticipated economic hardship for your program that warrants application for this funding. For example: increased service participants, increased waiting list, specific increases to staffing hours or program hours, unanticipated program cost, or lost funding.

The program need is great; based on neighborhood needs assessments, police reports and the volume of regular participants. (POP is the Center's most popular weekly program). In additon, the program need and effectiveness of POP has been recognized in that POP has been honored by the U.S. Dept. of Health/Human Services, The State of Wisconsin, Dane County and numerous Madison agencies as a "Best Practices" program.

Although EMCC has secured funding from dozens of businesses/foundations and 100's of individuals over the years to successfully supplement OCS funding, the loss of a primary funder (that recently switched their priorities to supporting schools), has presented the Center with economic hardship and left POP in its most critical funding situation of the past 2 decades. One-time support of "supplemental funds" from the Comm. Development Division would help keep EMCC from dropping 1/3 (25) of the youth participants and buy EMCC additional time to procure fresh funding for 2011.

3) **Service Goals:** Please attach a copy of your Community Resources Program year end or December service report to this application. Please add a column to your service numbers section that identifies what your 2010 proposed new goal numbers would be if you were allocated the funds you are requesting.

4) **Fund Utilization:** Understanding that this is a one time allocation, how will these funds be used in 2010? Will the supplemental costs be allocated to staffing, program supplies or other expenses?

Funds will be used for staffing and program supplies.

* Please note: The current allocation of \$21,808 of Community Resources funding for 2010 is the total for all of EMCC's Youth Services which includes programs like Learning Center and Girls Development Group as well as the Positive Options Program.

5) **Budget:** Please provide the following information. You will be contacted if additional information is necessary.

Program Budget	Current (as reported in your Budget appendixes in January 2010)	Proposed
Personnel	\$17,036	\$21,536
Operating	\$3819	\$5319
Space	\$953	\$953
Special Costs		
Total	\$21,808	\$27,808

6) **Signature:** Name and signature of the principal individual responsible for this program proposal.

Name: Tom Moen Title (if applicable): Executive Director

Signature: _____ Date: 2/25/10

