

11a. Please fill out the following program budget sheet for revenue/funding sources.

Note: We are only asking for the program budget, not the whole agency budget.

REVENUE SOURCE	2011 PROGRAM BUDGET	2012 PROGRAM BUDGET (PROPOSED)
Consortium, CDBG, Family Preservation, Grants		
Other funding from Winnebago County		
Federal Funding		
State Funding		
Fees for Services		
Fundraising or Dues		
Foundation Funding		
United Way Funding		
Investments		
Endowments		
Donations		
Other		
Other		
TOTAL REVENUES		

11b. Please fill out the following program budget sheet for expenses. Include all expenses that apply to this program, including administrative overhead.

Note: We are only asking for the program budget, not the whole agency budget.

EXPENSES	2011 PROGRAM BUDGET	2012 PROGRAM BUDGET (PROPOSED)	Budget Detail*
Salaries			
Employee Benefits			
Occupancy			
Program/Office Materials			
Printing			
Professional Development			
Insurance			
Travel			
Administrative Overhead			
Other			
Other			
TOTAL EXPENSES			

**example: Administrative Overhead may include overall operational cost; supplies, telephone, etc. Salaries can be broken down to include the different salaries that are included in the program supported by the grant.*

Please explain any significant increase in budget increases: _____

14. List percentage of client incomes for the following categories (please refer to income limits chart below):

Extremely Low Income (10-30% of Median County Income): _____ %
 Low Income (30-50% of Median County Income): _____ %
 Moderate Income (50-80% of Median County Income): _____ %
 Other: _____ %

Total: 100 %

FY 2012 Income Limits Documentation System - FY 2012 Income Limits Summary

			Oshkosh-Neenah, WI MSA							
FY 2012 Income Limit Area	<u>Median Income</u>	FY 2010 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
		<u>Very Low (50%) Income Limits</u>	\$21,700	\$24,800	\$27,900	\$31,000	\$33,500	\$36,000	\$38,400	\$40,950
Oshkosh- Neenah, WI MSA	\$62,000	<u>Extremely Low (30%) Income Limits</u>	\$13,050	\$14,900	\$16,750	\$18,600	\$20,100	\$21,600	\$23,100	\$24,600
		<u>Low (80%) Income Limits</u>	\$34,750	\$39,700	\$44,650	\$49,600	\$53,600	\$57,550	\$61,550	\$65,500

NOTE: **Oshkosh-Neenah, WI MSA** contains Winnebago County, WI.

Income Limit areas are based on FY 2012 Fair Market Rent (FMR) areas. For a detailed account of how this area is derived please see our associated FY 2012 [Fair Market Rent documentation system](#).

Data file last updated **Wed., Nov 30, 2011**

15a. What are the outcomes of the project and how will they be measured? Please describe the outcomes of the proposed activities in quantifiable terms.*

**example: We send the clients we serve through this grant a survey 6 months after they have received services. Of the clients receiving services 75% of those clients were able to gain or retain employment, 85% of those clients were able to keep medical and dental appointments for themselves and their families.*

15b. If you received funding for this project last year, please list your outcomes and how they were met.

16. Who does your program serve? (check all that apply)

<input type="checkbox"/>	Children	<input type="checkbox"/>	Families with children
<input type="checkbox"/>	Youth	<input type="checkbox"/>	Other (please describe below)
<input type="checkbox"/>	Elderly (Senior services)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Under-represented	<input type="checkbox"/>	_____
<input type="checkbox"/>	Crime Prevention	<input type="checkbox"/>	_____
<input type="checkbox"/>	Housing	<input type="checkbox"/>	_____
<input type="checkbox"/>	Tenant/Landlord issues	<input type="checkbox"/>	_____
<input type="checkbox"/>	Childcare	<input type="checkbox"/>	_____

17. Estimated number of participants in the project or program: _____

18. Estimated cost per participant. _____

(Calculated as the number of participants divided by the project budget)

19. What percentage of those served will be City of Oshkosh residents? _____

20. What Percentage of those served will be Winnebago County Residents? _____

(Do not include City of Oshkosh)

21. If your agency receives partial funding for the proposed project, would you be able to raise the remainder of the funds to operate the program? How?

22. **This funding will be short-term. What is your long-term funding plan?**

23. **Does the proposed project involve collaboration with other agencies? Yes No**

If yes, with whom and how? _____

24. **Are there other agencies that provide similar programs or services for City of Oshkosh or Winnebago County residents? How is your program unique?** _____

25. **In 250 words or less, please describe how you know this program is making a difference:**

26. **Which of the following criteria(s) meets your project? (check all that apply)**

- ___ Clients from City of Oshkosh
- ___ Clients are low income
- ___ Program is work related
- ___ Promotes job retention
- ___ Prevents unemployment
- ___ Increases basic skills and literacy levels
- ___ Provides parenting and/or childcare
- ___ Program focus is on high risk families
- ___ Program designed to keep children safe in their homes
- ___ Program is collaborative
- ___ Program is new/innovative