



Older Adult Services PART 1 – ORGANIZATION NARRATIVE FORM

Submit Application to: cddapplications@cityofmadison.com

Deadline: 4pm July 1st, 2024

Official submission date and time will be based on the time stamp from the CDD Applications inbox. Late applications will not be accepted.

The intent of this application and subsequent contract is for all organizations to present a set of opportunities within the umbrella of one contracted program for each service area, i.e. Case Management services, Culturally Relevant services, Information, Outreach and Referral services and Independent Living Support services. Only programs that involve different participants for that service area, separate staff, a different schedule and are not an activity occurring during or as part of another program should be considered a stand-alone program with a separate application.

Responses to this RFP should be complete but succinct. Materials submitted in addition to Part 1 - Organization Narrative, Part 2 - Program Narrative(s) and Part 3 - Budget Narrative will not be considered in the evaluation of this proposal. *Do not attempt to unlock/alter this form.* Font should be no less than 11 pt.

If you need assistance related to the **content of the application** or are unclear about how to respond to any questions, please contact CDD staff: Yolanda Shelton-Morris, Community Resources Manager yshelton-morris@cityofmadison.com or Garrett Tusler, Community Development Specialist gtusler@cityofmadison.com. We are committed to assisting interested organizations understand and work through this application and funding process.

If you have any questions or concerns that are related to **technical aspects** of this document, including difficulties with text boxes or auto fill functions, please contact Garrett Tusler, gtusler@cityofmadison.com

A NOTE REGARDING APPLICANT TYPE

Every agency applying for funding must submit an organizational history narrative per program detailing their agency's background, mission, and vision. If your agency is applying for multiple programs, each program application must be submitted separately with all the required submission documents (See RFP Guidelines 1.2 Required Information and Content of Proposals)

Joint/Multi-agency Applicants

For those choosing to submit a joint/multi-agency proposal, only the designated 'lead agency' is required to complete and submit responses to questions 5-9 pertaining to partnership history, rationale for partner selection, division of roles and responsibilities, anticipated challenges, and any previous collaborations or partnerships. All other agencies participating in the joint application, listed in application as 'joint/partner agency', are still required to submit their organizational history narrative, as stated above.

Legal Name of Organization:	Lussier Community Education Center Inc	Total Amount Requested:	\$ 12,712
All program(s) connected to your organization:	Program Name: Senior Brunch/Lunch at the LCEC Applicant Type: Single Agency Application Program Type: Culturally Relevant Services List Program Partner(s) (if applicable): Choose an item., , Choose an item., , Choose an item.	Amount Requested: \$ 12,712	
	Program Name: Applicant Type: Choose an item. Program Type: Choose an item. List Program Partner(s) (if applicable): , Choose an item., , Choose an item., , Choose an item.	Amount Requested: \$	
	Program Name: Applicant Type: Choose an item. Program Type: Choose an item. List Program Partner(s) (if applicable): Choose an item., Choose an item., Choose an item., Choose an item.	Amount Requested: \$	
	Program Name: Applicant Type: Choose an item. Program Type: Choose an item. List Program Partner(s) (if applicable): Choose an item., Choose an item., Choose an item.	Amount Requested: \$	
	➤ <i>If you are applying for more than four programs please contact Garrett Tusler gtusler@cityofmadison.com</i>		
Contact Person for application (Joint Applications - Lead Org):	A.B. Orlik, Development Director	Email: ab@LCECmadison.org	
Organization Address:	55 S Gammon Rd, Madison WI 53717	Telephone:	608-833-4979 x208
501 (c) 3 Status:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fiscal Agent (if no)	

Organizational Qualifications – All Applicants:

1. Organization History and Mission Statement

The Lussier Community Education Center on Gammon Road in west Madison exists because a group of low-income neighbors recognized the need for collective action to navigate unjust systems. In the late 1970s, when residents of Section 8 housing at Wexford Ridge Apartments encountered management’s resistance to basic requests for

playground equipment and weather stripping, they organized. They achieved their initial aims and more. They secured a vacant apartment and began hosting afterschool activities. They established a food pantry on a resident's porch. And they helped each other through life's inevitable ups and downs. Today the LCEC is a trusted, treasured community resource addressing the immediate needs of individuals and families experiencing the impact of racial and economic inequity while working to create a more just, healthy, and vibrant community. Inside the LCEC's walls families find a food pantry and grab-and-go fridge, community dinners, programming for seniors and tiny tots, job seeking assistance, and more. They discover a wall of flyers offering additional resources from tax assistance to museum discounts. They also build relationships with one another, volunteers, and staff. They provide input on everything from pantry staples to field trip destinations to strategic direction. Together they build community, create opportunities, and enrich education, just as our mission promises.

2. Describe your organization's experience implementing programming described in the Older Adult Services Policy Paper and Older Adult RFP Guidelines relevant to the programs you propose in this application. List all current older adult programs with their inception date.

We propose expanding culturally relevant programming offered during senior brunches/lunches. Before COVID-19, the West Madison Senior Coalition provided senior meals at the LCEC, first twice a week and later once a week. At some point during their transition to NewBridge and our transition between executive directors, that capacity was lost. Since the arrival of Arturo Ambriz (Executive Director), Hannah Bunting (Director of Operations) and Sidney Schrage (Community Engagement Manager) in 2022-2023, a new partnership with Catalyst for Change has been established, and senior brunches have resumed. They are currently held on the 3rd Friday of each month, 12:30-2pm.

3. Describe any significant changes or shifts at your agency since 2022 or anticipated changes in the next two years. For example, changes in leadership, turnover of management positions, strategic planning processes, expansion or loss of funding. What, if any affects have or will these changes make regarding the agency's ability to provide proposed services? If there are no changes, write "No changes".

Since 2022, a number of key staff and several board members have been replaced. The new crew is fully settled in, does not expect any big changes, and recognizes that the neighbors who founded the LCEC are aging, that new buildings in our area make the need for senior services more acute, and that we are in a position to offer those services. Arturo Ambriz (Executive Director), Hannah Bunting (Director of Operations) and Sidney Schrage (Community Engagement Manager) are ready to carry on this important work.

4. Describe your organization's experience, education and training requirements for management and older adult services program staff. Include how you support these requirements and other professional development opportunities.

Our intention is to expand culturally relevant offerings through our senior meal program. We do not have any staff with training specific to serving seniors. We are, however, a community center that has been serving people of all ages for 45 years. Many of the seniors who live nearby also help plan senior meals, volunteer in the kitchen or the service table, maybe call out bingo numbers... Our intention is to continue to engage the seniors who are experts to make sure this program serves them.

JOINT/MULTI-AGENCY APPLICATIONS ONLY – Lead Agency Applicant responses

Program name:

Program type: Choose an item.

List All Joint/Partner Applicants for this Program:

5. Provide a brief overview of your partnership history with the collaborating agency/agencies. When and how did this partnership begin, and what collaborative initiatives have you undertaken together in the past?

6. Explain the rationale behind choosing to partner with the specific agency/agencies identified in this application. What unique strengths or resources does each organization bring to the partnership, and how do these complement one another?
7. Describe the division of roles and responsibilities between your organization and the collaborating agency within the proposed program. How will each partner contribute to program design, implementation, and evaluation?
8. Outline any challenges or barriers you anticipate encountering as a result of the partnership, and how you plan to address these collaboratively.
9. Detail any previous collaborations or partnerships with other organizations serving older adults, if applicable. What lessons or insights have you gained from these experiences that will inform your approach to this partnership?



Older Adult Services 2024 Request for Proposals PART 2 - Program Narrative Form

Submit Application to: cddapplications@cityofmadison.com

Deadline: 4:30 p.m. (CDT) on July 1st

Official submission date and time will be based on the time stamp from the CDD Applications inbox. Late applications will not be accepted

Part 2 – Program Narrative Form MUST be completed for EACH PROGRAM for which you are asking for funds.

Responses to this RFP should be complete but succinct. Materials submitted in addition to Part 1 - Organization Narrative, Part 2 - Program Narrative(s) and Part 3 - Budget Narrative will not be considered in the evaluation of this proposal. *Do not attempt to unlock/alter this form.* Font should be no less than 11 pt.

Joint/Multi-Agency Applicants

Only the designated 'lead agency' is required to submit the Program Narrative form on behalf of all identified partners listed in the application for applicants choosing to apply through a joint application.

If you need assistance related to the **content of the application** or are unclear about how to respond to any questions, please contact CDD staff: Yolanda Shelton-Morris, Community Resources Manager yshelton-morris@cityofmadison.com or Garrett Tusler, Community Development Specialist gtusler@cityofmadison.com. We are committed to assisting interested organizations understand and work through this application and funding process.

If you have any questions or concerns that are related to **technical aspects** of this document, including difficulties with text boxes or auto fill functions, please contact Garrett Tusler – gtusler@cityofmadison.com

Program Name:	Senior Brunch/Lunch at the LCEC	Total Amount Requested for this Program:	\$ 12,712
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Legal Name of Organization:	Lussier Community Education Center Inc	Total amount Requested for Lead/Single Applicant	\$ 12,712	
Legal Name of Partner(s) (Joint/Multi-Agency Applicants only):		Total Amount Requested for Partner 1:	\$	
		Total Amount Requested for Partner 2:	\$	
		Total Amount Requested for Partner 3*:	\$	
Program Contact:	A.B. Orlik, Development Director	Email:	ab@LCECmadison.org	Phone: 608-833-4979 x208
Program Type: Select ONE Program Type for this form.				
<input type="checkbox"/> Case Management Services <input checked="" type="checkbox"/> Culturally Relevant Services <input type="checkbox"/> Independent Living Support Services <input type="checkbox"/> Outreach, Information, and Referral Services <p>PLEASE NOTE: Separate applications are required for each distinct/stand-alone program. Programs are considered distinct/stand-alone if the participants, staff and program schedule are separate from other programs, rather than an activity or pull-out group.</p>				

*Click or tap here to enter text.

1. PROGRAM OVERVIEW

- A. Need: Briefly describe the need in the City of Madison for the programs included in this application, including the source of the data used in your response.

Current senior meal programs do not cover our geographic area, and this area was identified as one of your equity priority areas.

- B. Goal Statement: What is the goal of your program and how does it align with the scope of work described in the RFP guidelines?

Make sure seniors have a safe place to eat a meal together, be in relationship with one another, and enjoy culturally relevant food and programming

- C. Program Summary (3-5 sentences):

Brunch/lunch once a month with culturally relevant programming offered by volunteers or paid providers

2. POPULATION SERVED

- A. Proposed Participant Population: Describe the intended service population that will be impacted by this program (e.g., location, ages, race/ethnicities, income ranges, English language proficiency, if applicable etc.) AND how this population was involved in the development of this program proposal.

This proposal was prompted by LCEC staff, community members, and volunteers. We will continue to serve seniors in Wexford Ridge Apartments, Tree Lane Family Apartments (if the building comes under new management and residents want to participate), Point Place, Oakwood Village, and about a 10-mile radius around the LCEC

B. 2023 Participant Demographics (if applicable):

Race	# of Participants	% of Total Participants
White/Caucasian		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
Multi-Racial		
Balance/Other		
Total:		
Ethnicity		
Hispanic or Latino		
Not Hispanic or Latino		
Total:		
Gender		
Man		
Woman		
Non-binary/GenderQueer		
Prefer Not to Say		
Total:		

Comments (optional):

C. Language Access and Cultural Relevance: Please describe how the proposed program will serve non-English speaking older adults. Describe how the proposed program will be culturally relevant to the population served.

We have several staff who speak Spanish and are available during senior meals. We also have access to interpreters via phone and online. Culturally relevant programming is our area of expertise. We just don't do anything without community input. We will continue taking suggestions, reaching out to possible program providers, etc.

D. Recruitment, Engagement, Intake and Assessment: Describe your plan to recruit, engage and address barriers to participation for the identified service population. Explain the intake and/or assessment procedure you will use for this program.

We have included \$360/year in the budget to have flyers and promotional materials translated. We have included \$1632/year to secure transportation (via cab, Uber, etc.) for seniors who need it. We need no assessment or intake procedure. Folks sign in as they arrive, and we make sure they are comfortable and fed.

3. PROGRAM DESCRIPTION AND STRUCTURE

A. Activities: Describe your proposed program activities. If applicable, describe any evidence, research, proven curriculum, standards, or documentation of promising practice that supports the programming or service proposed.

Senior brunch/lunch is served on the 3rd Friday of each month, 12:30-2pm, with a hot meal and program of some sort

B. Program/Service Schedule: If you are proposing to provide a program at more than one location and the program schedule is the same for all locations, please list all of the locations in the "Location(s)" cell in Table 1 below. If the program schedules vary amongst locations, please complete Table 2 and the question following the tables.

Table 1

Day of the Week	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday	12:30pm	2:00pm
Saturday		
Sunday		

Table 2 (optional)

Day of the Week	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

If applicable, please list the third location and any subsequent locations. Include the specific program schedule(s) differences as compared to the programs included in the tables above.

4. ENGAGEMENT COORDINATION AND COLLABORATION

- A. Family Engagement: Describe how your program will engage caregivers, guardians, and/or family of participants in the development of this proposal, and how they will be involved in the implementation and assessment of the program activities.
EVERYONE is welcome to participate! We encourage family, friends, caregivers, and others to attend.

- B. Neighborhood/Community Engagement: Describe how your program will engage neighborhood residents or other relevant community stakeholders in the development of this proposal, and how they will be involved in the implementation and assessment of the program activities.
Neighbors and community members attend brunch, provide informal feedback, serve on our board, and are not shy about telling our staff what they want.
- C. Collaboration: Please complete the table below and respond to the narrative questions regarding program collaboration with community partners.

Note: Agencies listing a partner/collaborator below in addition to any ‘joint/partner applicant’ (if applicable) for their program should include a letter of commitment/support from the agency partner highlighting the ways in which the agency will support the program.

Partner Organization	Role & Responsibilities	Contact Person	Signed MOU (Yes/No)?

List any additional partners, their role & responsibilities, contract person and MOU information (if applicable):
 Second Harvest provides much of the food; we have budgeted \$300 per meal beyond what Second Harvest can provide.
 Catalyst for Change currently has a team that cooks. We have included \$210 per meal to provide three stipends for cooks/team members at each meal.

How do these partnerships enhance this proposal?
 We can accomplish more with less!

What are the decision-making agreements with each partner?
 We talk everything out as needed. With Second Harvest we have contracts.

- D. Resource Linkage and Coordination: What resources are provided to participants and their families/loved ones by your proposed program/service? How does the program coordinate and link participants to these resources?
 We post flyers and event notices in the building, and our staff share whatever they may know about from out in the community

5. PROGRAM QUALITY, OUTPUTS, OUTCOMES AND MEASUREMENT

- A. Program Outputs - Unduplicated Older Adults and/or Program Hours
 Total Annual Unduplicated Older Adults served through proposed program/service: 45
 Total program/service hours annually: 30

- B. Program Outcomes
 Please describe the data and the data source used to choose your outcome objectives.

Using the drop-down menu, please select the Program Outcome #2 for your proposed program(s), listed under each respective funding priority found in RFP Guidelines 1.6 Measurements of Success, that you will track and measure. Complete the table(s) below.

Outcome Objective #1: 75% of clients/participants report that the services/assistance they receive help them achieve the quality of life that they desire.				
Performance Standard	Targeted Percent	75%	Targeted Number	34
Measurement Tool(s) and Comments:				

Outcome Objective #2: Culturally Relevant Services Outcome - At least 75% of older adults served access Older Adult Activities programs that improve 1) their physical and mental health, 2) their ability to engage with their community, and/or 3) their ability to avoid disease an				
Performance Standard	Targeted Percent	75%	Targeted Number	34
Measurement Tool(s) and Comments:				

Outcome Objective #3 (optional):				
Performance Standard	Targeted Percent		Targeted Number	
Measurement Tool(s) and Comments:				

If necessary, add additional outcome objectives, performance standards, targeted percent, targeted number, and measurement tools:

- C. Data Tracking: What data tracking systems are in place or will be in place to capture the information needed to document demographics, program activities, outcome measures and expenses?
We currently document all but the outcome measures as part of our City contract. We'll work out how to track the outcomes!

6. PROGRAM LOCATION

- A. Address(es) of the site where programs/services will occur:
55 S Gammon Rd, Madison WI
- B. Drawing upon the insights outlined in RFP Guidelines 1.5 Equity Priority Areas, please elaborate on your agency's strategies for integrating this information into the development of your proposed program/service. Furthermore, please explain on how your program/service will effectively reach and support individuals residing within or in close proximity to Equity Priority Areas. If applicable, please list any collaborations with existing agencies dedicated to serving and/or operating within the identified areas.
We currently serve Walnut Grove and Oakbridge Condos and the surrounding area -- identified as an equity priority area in your report

7. PROGRAM STAFFING AND RESOURCES:

- A. Program Staffing: Full-Time Equivalent (FTE) – Include employees, AmeriCorps Senior members and Interns with direct program implementation responsibilities. FTE = % of 40 hours per week.

*Use one line per individual employee

Position Title	Qualifications or Required Training	Location(s)
See budget		

Volunteers: If volunteers will have direct contact with program participants, how are they vetted, trained and supervised?

- B. Other program Resources/Inputs (such as program space, transportation or other resources necessary for the success of your program):

8. BUDGET

- A. The budget should be submitted with the proposal using the template provided in an Excel document or a PDF. There are five tabs within the Excel spreadsheet: Cover Page, Organization Overview and one sheet for the Program Budget for each program. The Cover Page, Organizations Overview and relevant Program Budgets must be submitted with this document for a proposal to be complete.

Joint/Multi-Agency Applications

- B. All Joint/Partner Agencies listed on page 2 of this Program Narrative form must also complete a Budget Narrative form to be submitted alongside all required materials.

The budget template and budget narrative can be found on the [CDD Funding Opportunities website](#).

9. If applicable, please complete the following:

- A. Disclosure of Conflict of Interest
Disclose any potential conflict of interest due to any other clients, contracts, or property interests, e.g. direct connections to other funders, City funders, or potentially funded organizations, or with the City of Madison.
- B. Disclosure of Contract Failures, Litigations
Disclose any alleged significant prior or ongoing contract failures, contract breaches, any civil or criminal litigation.

APPLICATION FOR 2024 OLDER ADULT SERVICES PROGRAMS

1. ORGANIZATION CONTACT INFORMATION

Legal Name of Organization	Lussier Community Education Center Inc
Mailing Address	55 S Gammon Rd, Madison WI 53717
Telephone	608-833-4979
FAX	608-833-6919
Director	Arturo Ambriz
Email Address	arturo@LCECmadison.org
Additional Contact	A.B. Orlik, Development Director
Email Address	ab@LCECmadison.org
Legal Status	Private: Non-Profit
Federal EIN:	39-1938173

2. PROPOSED PROGRAMS

	2025		If currently City funded	
Program Name:	Letter	Amount Requested	2024 Allocation	Joint/Multi Application - SELECT Y/N
Senior Brunch/Lunch at the LCEC	A	\$12,712		No
Contact:				
	B			
Contact:				
	C			
Contact:				
	D			
Contact:				
	E			
Contact:				
TOTAL REQUEST		\$12,712		

DEFINITION OF ACCOUNT CATEGORIES:

Personnel: Amount reported should include salary, taxes and benefits. Salary includes all permanent, hourly and seasonal staff. Taxes/benefits include all payroll taxes, unemployment compensation, health insurance, life insurance, retirement benefits, etc.

Operating: Amount reported for operating costs should include all of the following items: insurance, professional fees and audit postage, office and program supplies, utilities, maintenance, equipment and furnishings depreciation, telephone, training and conferences, food and household supplies, travel, vehicle costs and depreciation, and other operating related cost

Space: Amount reported for space costs should include all of the following items: Rent/Utilities/Maintenance: Rental costs for office space; costs of utilities and maintenance for owned or rented space. Mortgage Principal/Interest/Depreciation/Taxes: Costs with owning a building (excluding utilities and maintenance).

Special Costs: Assistance to Individuals - subsidies, allowances, vouchers, and other payments provided to clients. Payment to Affiliate Organizations - required payments to a parent organization. Subcontracts - the organization subcontracts for service being purchased by a funder to another agency or individual. Examples: agency subcontracts a specialized counseling service to an individual practitioner; the agency is a fiscal agent for a collaborative project and provides payment to other agency

3. SIGNATURE PAGE

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 cityofmadison.com/civil-rights/contract-compliance.

CITY OF MADISON CONTRACTS

If funded, applicant agrees to comply with all applicable local, State and Federal provisions. A sample contract that includes standard provisions may be obtained by contacting the Community Development Division at 266-6520. If funded, the City of Madison reserves the right to negotiate the final terms of a contract with the selected agency.

INSURANCE

If funded, applicant agrees to secure insurance coverage in the following areas to the extent required by the City Office of Risk Management: Commercial General Liability, Automobile Liability, Worker's Compensation, and Professional Liability. The cost of this coverage can be considered in the request for funding.

4. SIGNATURE

Enter name:

By entering your initials in the box you are electronically signing your name and agreeing to the terms listed above.

DATE

INITIALS:

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5. BOARD-STAFF DEMOGRAPHICS

Indicate by number the following characteristics for your agency's current board and staff. Refer to application instructions for definitions. You will receive an "ERROR" until you finish completing the demographic information.

DESCRIPTOR	BOARD		STAFF		MADISON*		
	Number	Percent	Number	Percent	GENERAL Percent	POVERTY Percent	R/POV** Percent
	TOTAL	30	100%	0	0%		
GENDER							
MAN	10	33%		0%			
WOMAN	20	67%		0%			
NON-BINARY/GENDERQUEER		0%		0%			
PREFER NOT TO SAY		0%		0%			
TOTAL GENDER	30	100%	0	0%			
AGE							
LESS THAN 18 YRS	10	33%		0%			
18-59 YRS	20	67%		0%			
60 AND OLDER		0%		0%			
TOTAL AGE	30	100%	0	0%			
RACE							
WHITE/CAUCASIAN	25	83%		0%	80%	67%	16%
BLACK/AFRICAN AMERICAN	5	17%		0%	7%	15%	39%
ASIAN		0%		0%	8%	11%	28%
AMERICAN INDIAN/ALASKAN NATIVE		0%		0%	<1%	<1%	32%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		0%		0%	0%	0%	0%
MULTI-RACIAL		0%		0%	3%	4%	26%
BALANCE/OTHER		0%		0%	1%	2%	28%
TOTAL RACE	30	100%	0	0%			
ETHNICITY							
HISPANIC OR LATINO	5	17%		0%	7%	9%	26%
NOT HISPANIC OR LATINO	25	83%	0	0%	93%	81%	74%
TOTAL ETHNICITY	30	100%	0	0%			
PERSONS WITH DISABILITIES	1	3%		0%			

*REPORTED MADISON RACE AND ETHNICITY PERCENTAGES ARE BASED ON 2009-2013 AMERICAN COMMUNITY SURVEY FIGURES.

AS SUCH, PERCENTAGES REPORTED ARE ESTIMATES. See Instructions for explanations of these categories.

**R/POV=Percent of racial group living below the poverty line.

6. Does the board composition and staff of your agency represent the racial and cultural diversity of the residents

you serve? If not, what is your plan to address this? (to start a new paragraph, hit ALT+ENTER)

Yes.

7. AGENCY GOVERNING BODY

How many Board meetings were held in 2023	10
How many Board meetings has your governing body or Board of Directors scheduled for 2024?	11
How many Board seats are indicated in your agency by-laws?	8 to 18

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

Name	Opal Tomashevskva, Vice President/Vice Chair			
Home Address	9930 Watts Rd Apt 331, Verona WI 53593			
Occupation	Director of Multicultural Business Strategy, TruStage			
Representing	At large			
Term of Office		From:	11/2022	To: 12/2025
Name	Ashley Outlaw, Secretary			
Home Address	56 S Gammon Rd Apt A, Madison WI 53717			
Occupation	Entrepreneur			
Representing	Wexford Ridge			
Term of Office		From:	09/2020	To: 12/2023
Name	Jen Shaub, President/Chair			
Home Address	3722 Lynn St, Middleton WI 53562			
Occupation	HR Business Partner, TruStage			
Representing	Middleton			
Term of Office		From:	01/2019	To: 12/2025
Name	Helyn Luisi-Mills			
Home Address	1805 Kennet St, Madison WI 53711			
Occupation	Medical Programs Director			
Representing	Orchard Ridge Neighborhood			
Term of Office		From:	07/2023	To: 07/2026
Name	Jessica Yehle			
Home Address	6710 Colony Dr, Madison WI 53717			
Occupation	Volunteer			
Representing	At large			
Term of Office		From:	07/2023	To: 07/2026
Name	Jacob Soener			
Home Address	18 N Baldwin St Unit C, Madison WI 53703			
Occupation	Investment Advisor Representative			
Representing	At large			
Term of Office		From:	12/2023	To: 12/2026
Name	Cristina Johnson			
Home Address	1216 Drake St, Madison WI 53715			
Occupation	Director of Volunteer & Community Engagement, Second Harvest			
Representing	At large			
Term of Office		From:	11/2022	To: 12/2025
Name	Brian Squire			
Home Address	5502 Kroncke Dr, Madison WI 53711			
Occupation	Youth & Family Manager, Second Harvest			
Representing	At large			
Term of Office		From:	10/2023	To: 10/2026

AGENCY GOVERNING BODY cont.

Name	Andrea Kreft				
Home Address	10 Brule Cir, Madison WI 53717				
Occupation	Former MMSD Principal				
Representing	At large				
Term of Office		From:	11/2023	To:	11/2026
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					
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Occupation					
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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

****Instructions: Complete this workbook in tab order, so the numbers will autofill correctly. Only fill in the yellow cells. Only use whole numbers, if using formulas or amounts with cents, convert to whole number before submitting to CDD.**

Please fill out all expected revenues for the programs you are requesting funding for in this application. All programs not requesting funding in this application, should be combined and entered under NON APP PGMS (last column)

REVENUE SOURCE	AGENCY 2025	PROGRAM A	PROGRAM B	PROGRAM C	PROGRAM D	PROGRAM E	NON APP PGMS
DANE CO HUMAN SVCS	77,629						77,629
UNITED WAY DANE CO	39,550						39,550
CITY CDD (This Application)	0						0
City CDD (Not this Application)	394,283						394,283
OTHER GOVT*	40,627						40,627
FUNDRAISING DONATIONS**	488,803						488,803
USER FEES	12,034						12,034
TOTAL REVENUE	1,052,926	0	0	0	0	0	1,052,926

*OTHER GOVERNMENT: Includes all Federal and State funds, as well as funds from other counties, other Dane County Departments, and all other Dane County cities, villages, and townships.

**FUNDRAISING: Includes funds received from foundations, corporations, churches, and individuals, as well as those raised from fundraising events.

Program Summary

This tab should be completely filled in by your previous answers.

Pgm Letter	Program Name	Program Expenses	2025 City Request
A	Senior Brunch/Lunch at the LCEC	PERSONNEL	0
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	0
B	0	PERSONNEL	0
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	0
C	0	PERSONNEL	0
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	0
D	0	PERSONNEL	0
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	0
E	0	PERSONNEL	0
		OTHER OPERATING	0
		SPACE	0
		SPECIAL COSTS	0
		TOTAL	0
TOTAL FOR ALL PROGRAMS			0