

YEAR 2015 PROPOSAL SUMMARY SHEET

ITEM # 1

Agency UMOS, Inc. Agency Director Lupe Martinez

Name of parent company and/or affiliated enterprises if agency is a subsidiary and/or affiliate of another business entity Not Applicable

Address 2701 South Chase Street Milwaukee, Wisconsin 53207
(Street) (City) (State) (Zip)

Contact Person Leonardo (Jim) Martinez, Vice President of Operations

Telephone # (414) 389-6012 Email Leonardo.Martinez@umos.org

Agency Fiscal Period 7/1/14-6/30/15 Federal ID Number 39-1047172
(Mo/Day/Year to Mo/Day/Year)

Please complete the following information for each 2015 program proposed in your proposal. Program name, and if applicable, a program number must be assigned to each program. This proposal must include programs from only one division. In order to apply for programs from more than one division, a separate, complete proposal must be submitted for each division.

Division: DCSD ___ DSD ___ MSD X Housing ___

(REFER TO TABLE OF CONTENTS IN PROGRAM REQUIREMENTS FOR PROGRAM NUMBER & NAME)

A. Program Number: MSD-001 Program Name: Energy Assistance Program
Continuation ___ New X

2014 Funding: Not Applicable 2015 Request: \$1,346,348

Site(s):

- (1) Zone 3: West Allis City Hall
- (2) Zone 4: Our Savior's Lutheran Church
- (3) Zone 5: Greenfield City Hall
- (4) Zone 6: UMOS Job Center

THIS SHEET MUST BE ATTACHED TO THE TOP OF THE PROPOSAL PACKAGE. PLEASE DUPLICATE AS NEEDED. PLEASE USE A SEPARATE SHEET FOR EACH DHHS DIVISION FOR WHICH YOU ARE SUBMITTING PROPOSALS, AS WELL AS A SEPARATE SHEET FOR EACH PROGRAM WITHIN EACH DIVISION FOR WHICH YOU ARE APPLYING

08-22-15 09:27 REC'D

2015 PURCHASE OF SERVICE PROPOSAL CONTENTS – I. INITIAL SUBMISSION

This proposal contents sheet must be attached immediately after the proposal summary sheet (item #1)

Technical Requirements		Proposal	
Item #	Item Description	Check each Item Included	Page # of Proposal
INTRODUCTION			
1	Proposal Summary Sheet	✓	1
	Proposal Contents	✓	2
2	Cover Letter	✓	4
Part 1 – AGENCY PROPOSAL			
3	Authorization To File	✓	5
4	Agency Description and Assurances	✓	7
5	Board Of Directors, Owners, Stockholders Summary	✓	9
6	Ownership, Independence, and Governance	✓	11
7	Owners/Officers	✓	28
8	Mission Statement	✓	29
9	Agency Organizational Chart	✓	30
10	Agency Licenses and Certificates	✓	31
11	Indemnity, Data And Information, and HIPAA Compliance Statement	✓	32
13	Related Organization/Related Party Disclosure	✓	33
14	Employee Hours-Related Organization Disclosure	✓	34
15	Conflict Of Interest & Prohibited Practices Certification	✓	35
16	Equal Employment Opportunity Certificate	✓	36
17	Equal Opportunity Policy	✓	37
18	Audit Fraud Hotline	✓	38
19	Certification Statement Regarding Debarment And Suspension	✓	39
20	Additional Disclosures	✓	40
21	Certification Regarding Compliance With Background Checks – Children & Youth	✓	41
22	Certification Regarding Compliance With Background Checks - Caregiver	✓	42
23	Promotion of Cultural Competence	✓	43
24	Emergency Management Plan	✓	46
Part 2 – BUDGET AND OTHER FINANCIAL INFORMATION			
25	IRS Form 990 For Non-Profit Agencies	✓	51
26	Certified Audit/Board Approved Financial Statement	✓	111
27	Electronic versions of: Form 1 (Program Volume Data)	✓	142
	Form 2 and 2A	✓	
	Form 2B	✓	
	Form 3 and 3S (Anticipated Program Expenses)	✓	
	Form 4 and 4S (Anticipated Program Revenue)	✓	
	Form 5 and 5A	✓	
	Form 6-6H	✓	

Part 3 –PROGRAM PROPOSAL

Technical Requirements	Item #	Item Description	Proposal	
			Check each Item Included	Page # of Proposal
Part 3 –PROGRAM PROPOSAL				
	28	Program Organizational Chart	✓	250
	29a	Program Logic Model	✓	251
	29b	Program Narrative	✓	253
	29c	Experience Assessment For Agency	✓	269
	29d	Experience Assessment For Agency Leadership	✓	272
	29e	Most Recent Program Evaluation (Current Contractors)	✓	274
	30	Provider Proposal Site Information	✓	277
	31	Accessibility	✓	285
	32	Staffing Plan	✓	287
	33	Staffing Requirements	✓	290
	34	Current Direct Service Provider/Indirect Staff Roster	✓	300
	36	Client Characteristics Chart	✓	304


DCPI	Designation of Confidential and Proprietary Information		Not Included
SDE	Statement of Deviations and Exceptions		Not Included

Note: DCPI and SDE forms are optional, check column if included

Part 4 - OVERVIEW OF PROPOSAL REVIEW PROCESS, PROPOSAL REVIEW AND SCORING CRITERIA

Overview Of Proposal Review Process
Proposal Review and Scoring Criteria

Agency attests that all items and documents checked are complete and included in the proposal packet.

Authorized Signature:  Date: March 25, 2015

Printed Name: Lupe Martinez Title: President

Agency: UMOS, Inc.

UMOS
Building Better Futures

Juan Jose Lopez
Chairman

Shipping Address: P.O. Box 01129 • Milwaukee, WI 53201
Corporate Office: 2701 S. Chase Avenue • Milwaukee, WI 53207 • (414) 389-6000 • Fax: (414) 489-0216

Lupe Martinez
President &
Chief Executive Officer



ITEM # 2


March 12, 2015

Mr. Héctor Colón, Director
Milwaukee County Department of Health and Human Services
1220 West Vliet Street, Room 301R
Milwaukee, WI 53205

Dear Mr. Colón:

I am familiar with the "Year 2015 Purchase of Service Guidelines: Program and Technical Requirements" set forth by the Milwaukee County Department of Health and Human Services and am submitting the attached proposal which, to the best of my knowledge, is a true and complete representation of the requested materials.

Sincerely,

Authorized Signature:  Date: March 25, 2015
Printed Name: Lupe Martinez Title: President
Agency: UMOS, Inc.

YEAR 2015 AUTHORIZATION TO FILE RESOLUTION
(Applicable for Non-Profit and For-Profit Corporations Only)

ITEM #3

PLEASE NOTE: Proposals cannot be recommended for funding to the Milwaukee County Board until the Authorization to File is completed and received by DHHS Contract Administration.

This is to certify that at the March 12, 2015 meeting of the Board of Directors of UMOS, Inc., the following resolution was introduced by Julio Guix, and seconded by Jan Banicki, and unanimously approved by the Board:

BE IT RESOLVED, that the Board of Directors of UMOS, Inc. hereby authorizes the filing of a proposal for the Year 2015 Milwaukee County Department of Health and Human Services (DHHS) funding.

In connection therewith, Lupe Martinez, President/CEO is authorized to negotiate with DHHS staff. In accordance with Resolution of the UMOS Board of Directors signed and dated June 1, 2006, Lupe Martinez, President/CEO is authorized to sign the Year 2015 Purchase of Service Contract(s).

Name: Nedda Avila (Signature of the Secretary of the Board of Directors)

Date: March 25, 2015

Printed Name: Nedda Avila

[Please see resolution on following page, per DHHS guidance, as UMOS Bylaws do not address the matter of authorization.]

UMOS
Building Better Futures

Juan Jose Lopez
Chairman

Mailing Address: P.O. Box 04129, Milwaukee, WI 53204
Corporate Offices: 2701 S. Chase Avenue, Milwaukee, WI 53207, (414) 389-6000, Fax: (414) 389-0216

Lupe Martinez
President &
Chief Executive Officer

United Migrant Opportunity Services, Inc.
2701 South Chase Ave.
Milwaukee, WI

Office of the President

Resolution of the Board of Directors

Be it resolved, that the President/CEO of the Corporation, Lupe Martinez, is authorized to enter into and execute all contracts, agreements, leases, and any and all other documents of obligation on behalf of the Corporation. Such authority shall include the sale, purchase and rental of real and personal property, all banking and financial transactions, and any transactions required to conduct the day to day affairs of the Corporation. This authority shall not extend to powers reserved for the Board of Directors by the Articles, Bylaws, or State and Federal Statutes.

The undersigned, Nedda Avila, Secretary of the Corporation, hereby, certifies that this resolution was adopted by the Board of Directors on May 30, 2006 which has not been altered, amended, or repealed.

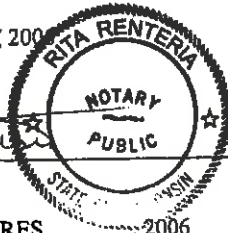
6/1/06
Date

Nedda Avila
Secretary

SUBSCRIBED AND SWORN BEFORE ME

THIS 1 DAY OF June, 2006

Rita Renteria
Notary/Milwaukee County



MY COMMISSION EXPIRES

Florida • Kansas • Minnesota • Missouri • South Dakota • Texas • Wisconsin
www.umos.org

YEAR 2015 AGENCY DESCRIPTION AND ASSURANCES

ITEM # 4

Please check all the statements below that describe your business entity:

- Corporation For-Profit
- Partnership/Joint Venture
- Service Corporation (SC)
- Limited Liability Company (LLC)
- Sole Proprietorship
- Non-Profit
- Single Member LLC
- Individual Credentialed Provider

The agency has on file and agrees to make the following documents available for review upon request by DHHS.

X Articles of Incorporation (applicable for Corporations only)

_____ Operating Agreement (applicable for LLC only)

X Bylaws (applicable for Corporations only)

X Personnel Policies

X A client grievance procedure informing clients covered under DHS 94 of their rights and identifying the process clients may use to enforce those rights. The procedure is in compliance with Wisconsin Statute §51.61 and Wisconsin Administrative Code DHS 94.

X Audit Hotline Policy (see item 18)

X Accounting Policies and Procedure Manual in compliance with General Accepted Accounting Principles (GAAP) and the Wisconsin Department of Health and Family Services (DHFS) allowable cost policies.

X Agency billing procedure, in compliance with DHS 1, regulating billing and collection activities for care and services provided by the agency and purchased by Milwaukee County.

X A 'whistleblower' policy and procedure that enables individuals to come forward with credible information on illegal practices or violations of organizational policies. This policy must specify that the organization will not retaliate against individuals who make such reports.

X A conflict of interest policy and procedure to ensure all conflicts of interest, or appearance thereof, within the agency and the Board of Directors (if applicable) are avoided or appropriately managed through disclosure, recusal, or other means. At a minimum, the policy should require full written disclosure of all potential conflicts of interest within the organization.

X A code of ethics policy, which outlines the practices and behaviors expected from trustees, staff, and volunteers. The code of ethics policy shall be adopted by the board and shall be disseminated to all affected groups as part of orientation and updated annually.


X An emergency policy, which outlines the policies and procedures to be prepared for an emergency such as a tornado, blizzard, electrical blackout, pandemic influenza, or other natural or man-made disaster. Provider shall develop a written plan, to be retained in the Provider's office, which addresses:

1. The steps Provider has taken or will be taking to prepare for an emergency;
2. Which, if any, of Provider's services will remain operational during an emergency;
3. The role of staff members during an emergency;
4. Provider's order of succession and emergency communications plan; and
5. How Provider will assist Participants/Service Recipients to individually prepare for an emergency.

Providers who offer case management or residential care for individuals with substantial cognitive, medical, or physical needs are actively encouraged to develop an individualized emergency preparedness plan and shall assure at-risk Participants/Service Recipients have been offered any assistance they might require to complete the plan.

Occupancy Permit and/or other permits required by local municipalities, as applicable, for services being provided.

Agency agrees to submit 2 original copies of a certified audit report, performed by an independent certified public accountant licensed to practice by the State of Wisconsin, in compliance with the audit requirements of the Purchase of Service Contract.

Authorized Signature: _____  _____ Date: March 25, 2015

Printed Name: Lupe Martinez Title: President

Agency: UMOS, Inc.

Items 5, 6, & 7 partially comprise the points scored under Administrative Ability
Item 5 partially comprises the points scored under Cultural Diversity and Cultural Competence
 ITEM # 5

YEAR 2015 BOARD OF DIRECTORS/AGENCY OWNERS/STOCKHOLDERS
DEMOGRAPHY SUMMARY

Board members and staff must be able to serve a culturally diverse population in a manner that reflects culturally competent decision making and service delivery.

Cultural Diversity – *The presence of individuals and groups from different cultures. Cultural diversity in the workplace refers to the degree to which an organization, agency or other group is comprised of people from a variety of differing backgrounds related to behaviors, attitudes, practices, beliefs, values, and racial and ethnic identity.*

Ethnicity	Female	Male	Disabled
Asian or Pacific Islander	0	0	0
Black	0	0	0
Hispanic	7	6	0
American Indian or Alaskan Native	0	0	0
White	1	1	1
Totals	8	7	1


A "disabled individual" is defined pursuant to section 504 of the Rehabilitation Act of 1973 as any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities (e.g. caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working);
2. Has a record of such impairment, or;
3. Is regarded as having such impairment.

Ethnicity is defined as:

1. **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
2. **Black:** All persons having origins in any of the Black racial groups of Africa.
3. **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain, or other European countries).
4. **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- **White:** All persons who are not Asian or Pacific Islander, Black, Hispanic, American Indian or Alaskan Native.

Item 5 Cont'd.

Authorized Signature:  Date: March 25, 2015
Printed Name: Lupe Martinez Title: President
Agency: UMOS, Inc.

YEAR 2015 BOARD OF DIRECTORS OWNERSHIP, INDEPENDENCE, COMPENSATION, AND GOVERNANCE (Applicable to for-profit and nonprofit Corporations Only)

Please list the current board members and indicate the office title, term, percentage of ownership interest (applicable for for-profit corporations only), amount of prior year's distributions or dividends (applicable for for-profit corporations only), whether the board member receives any compensation from the agency, and whether the board member can be considered independent. "Independent" board members include individuals (1) who are not compensated by the organization as an employee or independent contractor; (2) whose compensation is not determined by individuals who are compensated by the organization; (3) who do not receive, directly or indirectly, material financial benefits from the organization except as a member of the charitable class served by the organization; and (4) who are not related to (as a spouse, sibling, parent or child), or do not reside with, any individual described above.

In addition, a resume must be submitted for each board member. The resume should include the board member's name, education and experience but should exclude identifying information such as social security numbers, addresses, D.O.B and marital status.

Board Member Name	Office Title	Term	% Ownership	Amount Distributions/ Dividends (\$)	Compensated? (Yes/No)	Independent? (Yes/No)	Resume Attached
Juan Jose Lopez	Chair	2013-15	0%	\$0.00	No	Yes	Yes
Maria Watts	Vice Chair	2014-16	0%	\$0.00	No	Yes	Yes
Nedda Avila	Secretary	2013-15	0%	\$0.00	No	Yes	Yes
Julio Gulx	Treasurer	2015-17	0%	\$0.00	No	Yes	Yes
Jan Banicki	5 th Member	2014-16	0%	\$0.00	No	Yes	Yes
Ben Obregon	Director	2013-15	0%	\$0.00	No	Yes	Yes
Guadalupe (Wally) Rendón	Director	2015-17	0%	\$0.00	No	Yes	Yes
Peggy Romo West	Director	2015-17	0%	\$0.00	No	Yes	Yes
Jose Carrillo	Director	2014-16	0%	\$0.00	No	Yes	Yes
Marisela Galaviz	Director	2014-16	0%	\$0.00	No	Yes	Yes
Silvia Perez-Rathell	Director	2014-16	0%	\$0.00	No	Yes	Yes
Cynthia Galvan	Director	2013-15	0%	\$0.00	No	Yes	Yes
Joe Villmow	Director	2015-17	0%	\$0.00	No	Yes	Yes
Maria Borda Weisner	Director	2013-15	0%	\$0.00	No	Yes	Yes
Kevin Magee	Director	2015-17	0%	\$0.00	No	Yes	Yes

Are positions of Agency Head (e.g. President, Chief Executive Officer, Executive Director, etc.), Board Chair, and Treasurer held by separate individuals?

- Yes
 No

If agency is a non-profit corporation with fewer than five board members, explain the rationale for the number of board members, and indicate what, if any, compensatory controls are in place to mitigate self-dealing and other potential abuses by the Board.

Not Applicable


Board Committees/ Advisory Committees

Committee Name	Committee Purpose
Executive Committee	To exercise authority of the Board between Board meetings
Personnel Committee	To review periodically UMOS personnel policies, and make recommendations to the Board
Planning, Evaluation & Finance Committee	To monitor and evaluate all UMOS programs and financial operations, and make recommendations to the Board
Nominating Committee	To represent a slate of names for election at the annual meeting, and make recommendations to fill Board vacancies
Bylaws Committee	To conduct periodic reviews of UMOS' bylaws, and make recommendations to the Board
Migrant/Seasonal Head Start Policy Council Committee	To serve as a linkage between UMOS Board and the community served, and make recommendations for Head Start program improvements
Community Services Block Grant (CSBG) Advisory Committee	To serve as a linkage between UMOS Board, the community served, local elected officials, and low-income clients per requirements of Wis. Stat. 49.265
Community Development Block Grant (CDBG) Advisory Committee	To serve as a linkage between UMOS Board and the low-income community served per CDBG requirements

The Board of Directors' 2015 meetings for the agency will be held on the following dates:

January 17, 2015	May	September
February	June	October 10, 2015
March	July 25, 2015	November
April 11, 2015	August	December

Contractor agrees to retain Board of Directors' meeting minutes for a period of at least four (4) years following contract termination and agrees to provide Milwaukee DHHS access to the meeting minutes upon request.

Authorized Signature:  Date: March 25, 2015

Printed Name: Lupe Martinez Title: President

Agency: UMOS, Inc.

Juan Jose Lopez

Experience

Bureau Director, Program Management & Special Populations	Wisconsin Department of Workforce Development	2007-2015	Madison, WI
Program & Policy Analyst	Wisconsin Department of Justice	2006-2007	Madison, WI
Executive Director	Boys & Girls Club of Dane County	2002-2006	Madison, WI
Executive Director	Briarpatch, Inc.	1996-2001	Madison, WI
Project Director	Project Opportunity of the Madison Community Foundation	1992-1996	Madison, WI

Education

Bachelor of Arts – Social Work	University of Wisconsin – Madison	Madison, WI
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Other Affiliations

Board Chairman	UMOS Board of Directors
Vice President	Latino Chamber of Commerce of Dane County
Vice President	Rotary Club of Madison Foundation
Member	Rotary Club of Madison
Member	Latino Professionals of Greater Madison
Past Member	Salvation Army of Dane County
Past Member	Madison Metropolitan School Board

Maria Watts

Experience

Manager of Community Development, Community Relations Officer Assistant Vice President Home Buyer Coordinator	Wisconsin Housing & Economic Development Authority Tri-City National Bank La Casa de Esperanza, Inc.	1996-2015 1997-1998 1993-1997	Milwaukee, WI Wauwatosa, WI Waukesha, WI
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Education

Bachelor of Science – Accounting	University of Coahuila	Coahuila, Mexico
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Other Affiliations

Board Vice Chairman Member Past Member Past Member	UMOS Board of Directors Transform Milwaukee Jobs La Casa de Esperanza, Inc. Committee Waukesha Public Library Board of Directors
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Nedda Avila

Experience

Retired		2012- 2015	Milwaukee, WI
Community Advocate, AODA/DV Counselor	Milwaukee Women's Center	1992- 2012	Milwaukee, WI
AODA/DV Advocate, Community Relations Specialist	16 th Street Community Health Center	1981- 1991	Milwaukee, WI

Education

Certified AODA Counselor	Alverno College		Milwaukee, WI
Business Administration Courses	Milwaukee Area Technical College		Milwaukee, WI

Other Affiliations

Board Secretary	UMOS Board of Directors
Member	La Causa Board of Directors
Past Member	Puerto Rican Foundation

Julio Guix

Experience

Retired/Community Volunteer		2008-2015	Greenfield, WI
Currency Vault Supervisor, Operations Officer, Personal Banking Officer, Assistant Vice President, Branch Manager	M & I Marshall & Ilsley Bank	1971-2007	Milwaukee, WI

Education

High School Diploma	Washington High School	Milwaukee, WI
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Other Affiliations

Board Treasurer	UMOS Board of Directors
Member	Wisconsin Hispanic Scholarship Foundation, Inc. Board of Directors
Volunteer	Fiesta Mexicana
Past Member	Council for the Spanish Speaking Board of Directors
Past Member	Walker's Point Development Corporation Board of Directors
Past Member	Walker's Point Center for the Arts Board of Directors

Jan Banicki

Experience

Office Operations Associate	Wisconsin Department of Health Services- Mendota Mental Health Institute	1993- 2015	Madison, WI
Resident Care Technician	Central Wisconsin Center	1989- 1993	Madison, WI

Education

Associate Degree Certified Nursing Assistant	Madison Area Technical College	Madison, WI Madison, WI
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Other Affiliations

5 th Member and Head Start Liaison	UMOS Board of Directors
County Supervisor	Marquette County Board of Supervisors (Marquette County, WI)
Board Supervisor	Buffalo Township Board of Supervisors (Wisconsin)
Volunteer	Home & Community Education

Benjamin Obregon

Experience

Retired/Community Volunteer		2012-2015	Madison, WI
Property Manager	Horizon Management	1990-2012	Madison, WI

Education

Associate Degree	Madison Area Technical College	Madison, WI
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Other Affiliations

Member and Parliamentarian	UMOS Board of Directors
Board Vice Chairman	Legal Action of Wisconsin Board of Directors
Past Member	Downtown Madison Senior Center Board of Directors
Past Member	Mayor's Senior Citizens Advisory Committee
Past Member	National Legal Aid & Defender Association – Latino Section

Marisela Galaviz

Experience

Student Services Manager, High School Equivalency Program Coordinator, Collage Assistant Migrant Program Coordinator, Educational Assistant III, Student Life Assistant to Coordinator	Milwaukee Area Technical College (MATC)	1993- 2015	Milwaukee, WI
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Education

Master of Science	University of Wisconsin – Stout	Menomonie, WI
Bachelor of Science	University of Wisconsin – Stout	Menomonie, WI
Associate Degree	Milwaukee Area Technical College	Milwaukee, WI

Other Affiliations

Member	UMOS Board of Directors
Past Member	MATC Hispanic/Asian Task Force
Past Member	MATC South Campus Diversity Committee

Guadalupe (Wally) Rendon

Experience

Member Education/Outreach Representative	Educator's Credit Union	2005- 2015	Racine, WI
Spanish Teacher	Self-Employed	1995- 2015	Racine, WI
Police Officer	Racine Police Department	1975- 1999	Racine, WI

Education

Journalism Courses	Vanderbilt University	Nashville, TN
Police Science Courses	Gateway Technical College	Kenosha, WI
High School Diploma	Pearsall High School	Pearsall, TX

Other Affiliations

Member	UMOS Board of Directors
Member	Racine Unified School Board
Member	United Way of Racine Board of Directors
Member	Hispanic Business and Professionals Association, Inc.
Member	Family Literacy of Racine
Member	Governor's Migrant Council Committee

Cynthia Galvan

Experience

Instructor, Education Assistant III Adjunct Instructor	Milwaukee Area Technical College (MATC)	1998- 2015	Milwaukee, WI
	Gateway Technical College	2009- 2015	Kenosha, WI
Faculty Advisor	Pearson Publishing	2011- 2015	Milwaukee, WI

Education

Master of Arts	Mount Mary College	Milwaukee, WI
Master of Science	University of Wisconsin - Platteville	Platteville, WI
Bachelor of Arts	University of Wisconsin - Parkside	Kenosha, WI
Associate Degree	Milwaukee Area Technical College	Milwaukee, WI

Other Affiliations

Member	UMOS Board of Directors
Member	American Federation of Teachers Local 212
Member	Miss Latina Fund
Member	Hispanic Business Professionals Association Executive Board
Member	MATC Teacher Education Advisory Committee
Past Volunteer	Fiesta Mexicana
Past Member	Hispanic Round Table (Racine, WI)
Past Member	LULAC Council 321

Silvia Perez Rathell

Experience

Director of Corporate and Federal Relations	League of United Latin American Citizens (LULAC)	2009-2015	Washington, DC
Vice President of Corporate Relations	United States Hispanic Chamber of Commerce	2007-2009	Washington, DC
Director of Corporate Events	UMOS, Inc.	2005-2007	Milwaukee, WI

Education

Master of Science	Cardinal Stritch University	Milwaukee, WI
Bachelor of Science	Alverno College	Milwaukee, WI

Other Affiliations

Member	UMOS Board of Directors
Member	Social Security Administration Latino Advisory Board
Past Member	National Center for missing and Exploited Children Latino Advisory Board
Past Member	National Red Cross Disaster Relief Latino Advisory Board

Kevin Magee

Experience

Managing Attorney, Migrant Project Director Staff Attorney	Legal Action of Wisconsin Iowa Legal Aid	1990- 1997 1980- 1990	Madison, WI Des Moines, IA
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Education

Juris Doctor Bachelor of Arts	Lewis and Clark Law School University of Virginia	Portland, OR Charlottesville, VA
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Other Affiliations

Member	UMOS Board of Directors
Member	Conexiones Latinas
Member	Community Shares of Wisconsin
Member	Wisconsin Unemployment Appeals and Veterans Clinic
Member	Wisconsin State Bar Public Interest Law Section
Past Member	University of Wisconsin Consumer Law Clinic

Joe Villmow

Experience

President/Founder	EmpowerMe Foundation/EmpowerMe LLC	2012- 2015	Milwaukee, WI
President/Founder	J Villmow LLC	2012- 2015	Milwaukee, WI
President/Founder	Security Network Systems LLC	2008- 2015	Milwaukee, WI
Facility Manager	MJRed Management, Inc.	2010- 2012	Milwaukee, WI
Property Manager	Gabalton Properties	2005- 2010	Milwaukee, WI

Education

Bachelor of Science	Marquette University	Milwaukee, WI
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Other Affiliations

Member	UMOS Board of Directors
President	LULAC Council 334
Member	Marquette University Ethnic Alumni Association Board of Directors
Past Member	Marquette University Business Administration Alumni Association Board of Directors
Past Member	Marquette University Young Alumni Association Board of Directors
Volunteer	Fiesta Mexicana

Peggy Romo West

Experience

Board Supervisor 12 th District	Milwaukee County Board of Supervisors	2004- 2015	Milwaukee, WI
Workshop Facilitator	UMOS, Inc.	1999- 2004	Milwaukee, WI
Job Recruiter	Bridges to Work	1998	Milwaukee, WI

Education

Associate Degree	Milwaukee Area Technical College	Milwaukee, WI
Certified Nursing Assistant		Milwaukee, WI

Other Affiliations

Member	UMOS Board of Directors
Member	Sports Authority Planning Council
Member	Milwaukee Center for Independence Board of Visitors
Member	Kosciuszko Community Center Advisory Board
Member	Milwaukee County Economic Strategic Planning Committee
Member	Family Care Governing Board
Member	Mental Health Redesign Task Force Executive Board
Member	Human Trafficking Task Force of Greater Milwaukee
Member	Combined Community Services Board
Past Member	UMOS Latina Resource Center Advisory Board

Jose Carrillo

Experience

Retired/Community Volunteer		2009-2015	Janesville, WI
Assembler, Automation Equipment Repair Worker	General Motors	1977-2009	Janesville, WI
Assembler	American Motors	1973-1977	Kenosha, WI

Education

Electrical Engineering Courses	Milwaukee School of Engineering	Milwaukee, WI
Journeyman Electrician	State Indentured Program/Blackhawk Technical College	Janesville, WI
General Education Development Certificate	Blackhawk Technical College	Janesville, WI

Other Affiliations

Member	UMOS Board of Directors
Past Member	Rock County Criminal Justice Coordinating Council
Past Member	State Prison Industries Board
Past Member	United Auto Workers Local 95
Past Member	Arrowhead Library System Board
Past Member	Rock County Council on Aging

Maria Borda Wiesner

Experience

Retired		2013-2015	Milwaukee, WI
Director of Educational Programs Spanish	Cardinal Stritch University	2008-2013	Milwaukee, WI
Director of Certificate Program in Lay Ministry Formation,	Archdiocese of Milwaukee	1987-2008	Milwaukee, WI
Associate Director for Youth Ministry			

Education

Master of Arts	Saint Francis Seminary	St. Francis, WI
Bachelor of Arts	Judson University	Elgin, IL

Other Affiliations

Member	UMOS Board of Directors
Past Member	Sacred Heart School of Theology Board of Directors
Past Member	United States Conference of Catholic Bishops
Past Member	National Association for Lay Ministry
Past Member	Sojourner Truth House
Past Member	UMOS Latina Resource Center Advisory Board


YEAR 2015 AGENCY OWNERS/STOCKHOLDERS/OFFICERS
(applicable to all organizations)

ITEM # 7

Please list each agency owner, stockholder, officer, LLC manager, Partner, and/or LLC member, and indicate the office title and total compensation. For Non-profits this will include names of officers appointed by the Board (such as COO or CEO). In addition, for For-profit organizations also provide the percentage of ownership interest, amount of prior year's distributions or dividends from the agency during the prior year. Please note that only those stockholders holding twenty percent or greater interest must be listed. Volunteer board members with no ownership stake or compensation need not be listed here (but should be listed on Item 6). ***This Item applies to both For-profit and Non-profit agencies.***

Name	Status	Office/ Title	% Ownership	Amount of Distributions/ Dividends (\$)	Total Compensation (\$)*
Lupe Martinez	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input checked="" type="checkbox"/> Officer (non profit only)	President/ CEO	0%	\$0.00	\$175,886
Leonardo Martinez	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input checked="" type="checkbox"/> Officer (non profit only)	Vice President- Operations	0%	\$0.00	\$129,033
Celestine Koehn	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input checked="" type="checkbox"/> Officer (non profit only)	Vice President- Administration	0%	\$0.00	\$126,509
Daniel Vidas	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input checked="" type="checkbox"/> Officer (non profit only)	Chief Financial Officer	0%	\$0.00	\$118,890
John Bauknecht	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input checked="" type="checkbox"/> Officer (non profit only)	Corporate Attorney	0%	\$0.00	\$115,393
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				

*Total Compensation should reflect amount reported on IRS Form W-2 and 1099.

Authorized Signature:  Date: March 25, 2015
 Printed Name: Lupe Martinez Title: President
 Agency: UMOS, Inc.

Item 8 comprises the points scored under Mission

YEAR 2015 AGENCY MISSION STATEMENT

ITEM # 8

Agency: UMOS, Inc.

Submit your agency's Mission Statement. Explain how it aligns with the Division or Program's stated mission, values or goals.

At the heart of it, Milwaukee County Department of Health & Human Services and UMOS, Inc. share a common theme across their mission statements and visions for the community:

Milwaukee County Department of Health & Human Services	UMOS, Inc.
<i>The mission of the Milwaukee County Department of Health & Human Services is to enhance the quality of life for individuals who need support living healthy, independent, and safe lives within our community.</i>	<i>UMOS, a non-profit advocacy organization, provides programs and services which improve the employment, educational, health, and housing opportunities of under-served populations.</i>

Both organizations are dedicated to helping Milwaukee County residents build better futures for themselves by empowering them. Both understand that offering an array of quality services for low-income Milwaukee County residents, and doing so in a respectful, compassionate, and culturally affirming manner, can transform lives and lead to individuals and families realizing their full potential.

UMOS, Inc. partners with Milwaukee County Department of Health & Human Services and other public entities to make a positive impact in the lives of its disadvantaged neighbors. Together, we are helping individuals and families access meaningful programs and services, so they can lead healthy, independent, and safe lives now and in the future.

Now celebrating its 50th anniversary of improving lives in Milwaukee County, UMOS employs over 300 human services professionals, some of whom were hired from the programs the agency operates here. As a mission-oriented organization, the nonprofit has invested millions of dollars in its headquarters, transforming a closed business site into one of the county's largest service delivery centers for low-income individuals and families of all backgrounds.



UMOS, Inc. is proud to serve over 10,000 individuals and families in Milwaukee County on a monthly basis, and is equally proud to have been entrusted to serve as Kenosha County's sole Energy Assistance agent. Energy Assistance is of critical importance in helping low-income families lead healthy, independent, and safe lives, and UMOS, Inc. would be honored to work with Wisconsin's largest Department of Health & Human Services in ensuring even more eligible Milwaukee County residents receive those vital services.

UMOS: Helping Over 10,000 Milwaukee County Residents Improve Their Lives Every Month

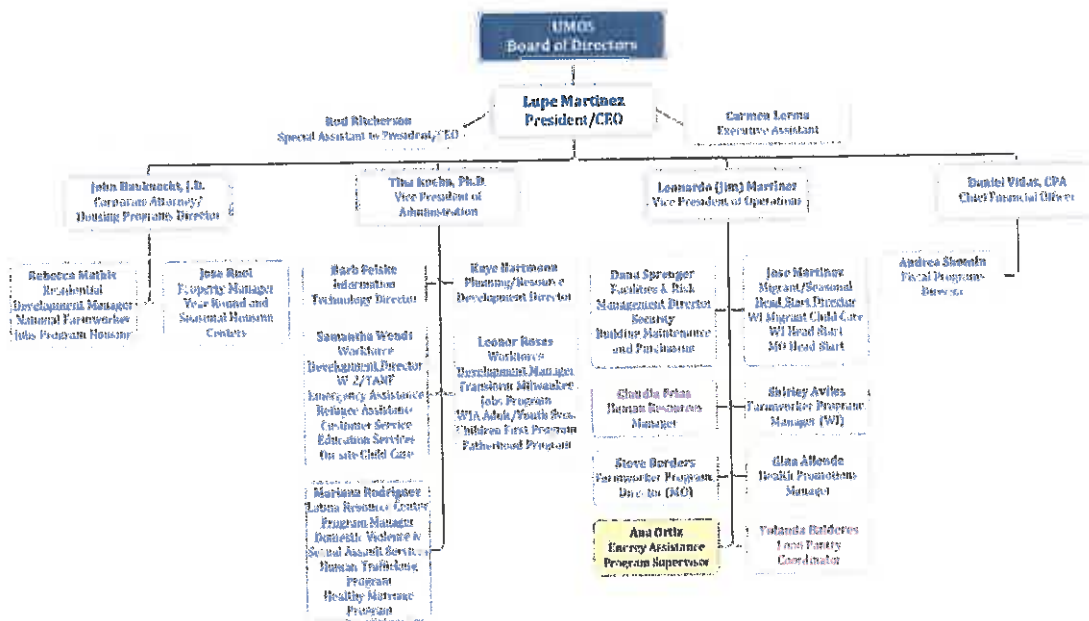
Page 29

AGENCY ORGANIZATIONAL CHART

ITEM # 9

Submit an organizational chart of the agency detailing each major department or program.

UMOS, Inc.
Agency Organizational Chart



March 31, 2015

AGENCY LICENSES AND CERTIFICATIONS

ITEM # 10

Submit a copy of each agency license or certificate required to provide the service for which you are requesting funds and copies of any notices of noncompliance or restrictions.

While no agency licenses or certificates are required to provide Energy Assistance intake and benefit issuance services, UMOS is an experienced provider. It is the sole contractor responsible for processing Energy Assistance applications in Kenosha County.

**YEAR 2015 INDEMNITY, DATA & INFORMATION
SYSTEMS COMPLIANCE, HIPAA**

ITEM # 11

Indemnity/Insurance

Contractor agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the County and its agents, officers and employees, from and against all loss or expense including costs and attorney's fees by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Contractor, or its (their) agents which may arise out of or are connected with the activities covered by this agreement.

Contractor shall indemnify and save County harmless from any award of damages and costs against County for any action based on U.S. patent or copyright infringement regarding computer programs involved in the performance of the tasks and services covered by this agreement.

Provision for Data and Information Systems Compliance

Contractor shall utilize computer applications in compliance with County standards in maintaining program data related to the contract, or bear full responsibility for the cost of converting program data into formats useable by County applications. All Contractors shall have internet access, an email address, and shall utilize Microsoft Excel 2000 or newer, or shall use applications which are exportable/convertible to Excel.

Health Insurance Portability and Accountability Act

The contractor agrees to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent those regulations apply to the services the contractor provides or purchases with funds provided under this contract.

Authorized Signature: _____ Date: March 25, 2015
Printed Name: Lupe Martinez Title: President
Agency: UMOS, Inc.

YEAR 2015 RELATED PARTY DISCLOSURES

ITEM # 13

Milwaukee County Employee

Submit a list of any Milwaukee County employee, or former County employee to whom your agency paid a wage, salary, or independent contractor fee during the preceding three-year period. Include payments made during 2012, 2013, and 2014 to any person who was at the time of payment, also employed by Milwaukee County.

Employee	2012 Wages	2013 Wages	2014 Wages
Not Applicable			

No employment relationship with current or former Milwaukee County employees (within 3 years) exists.

Related Party Relationships

The agency rents from or contracts with a person who has ownership or employment interest in the agency; serves on the Board of Directors; or is a member of the immediate family of an owner, officer, employee, or board member? Yes No

If such a relationship exists, submit a copy of lease agreements, certified appraisals, and contract agreements, etc.

Submit a full disclosure of the relationship, including the extent of interest and amount of estimated income anticipated from each source, for each individual if any board member, stockholder, owner, officer, or member of the immediate family of any board member, stockholder, owner or officer, holds interest in firms or serves on the board from which materials or services are purchased by the agency, its subsidiaries, or affiliates. "Immediate family" means an individual's spouse or an individual's relative by marriage, lineal descent, or adoption who receives, directly or indirectly, more than one-half of his/her support directly from the individual or from whom the individual receives, directly or indirectly, more than one-half of his/her support.

Name	Relationship	% or Estimated Income
Not Applicable		

Authorized Signature:  Date: March 25, 2015
 Printed Name: Lupe Martinez Title: President
 Agency: UMOS, Inc.

FORM 2C - YEAR 2015 EMPLOYEE HOURS - RELATED ORGANIZATION DISCLOSURE ITEM # 14


For each employee of your agency who works for more than one related organization which may or may not be under contract to Milwaukee County, the total number of weekly hours scheduled for each affiliated corporate or business enterprise must be accounted for by program/activity.

"Related Organization" is defined as an organization with a board, management, and/or ownership which is (are) shared with the Proposer organization.

Employee Name	Related Organization/ Employer	Program/Activity	Total Weekly Hours
Not Applicable			

Please check the statement below, sign and date the form if the above condition does not exist.

No employee of the agency works for more than one related organization that may or may not be under contract to Milwaukee County.

Authorized Signature:  Date: March 25, 2015
 Printed Name: Lupe Martinez Title: President
 Agency: UMOS, Inc.

YEAR 2015 CONFLICTS OF INTEREST AND PROHIBITED PRACTICES

ITEM # 15

Interest in Contract

No officer, employee or agent of the County who exercises any functions or responsibilities with carrying out any services or requirements to which this contract pertains has any personal interest, direct or indirect, in this contract.

Interest of Other Public Officials

No member of the governing body of a locality, County or State and no other public official of such locality, County or State who exercises any functions or responsibilities in the review or approval of the carrying out of this contract has any personal interest, direct or indirect, in this contract.


Contractor covenants s/he presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services under this contract. Any conflict of interest on the part of the Contractor will be disclosed to the County. In the event Contractor has a conflict of interest that does not permit Contractor to perform the services under the contract with respect to any client or recipient, Contractor will notify the County and will provide the County with all records and reports relating to same.

Prohibited Practices

Contractor attests that it is familiar with Milwaukee County's Code of Ethics, Chapter 9 of Milwaukee County Code of General Ordinances, which states in part, "No person may offer to give any County officer or employee or his immediate family, or no County officer or employee or his immediate family may solicit or receive anything of value pursuant to an understanding that such officer's or employee's vote, official action, or judgment would be influenced thereby."

aid chapter further states, "No person(s) with a personal financial interest in the approval or denial of a contract being considered by a County department or with an agency funded and regulated by a County department, may make a campaign contribution to any candidate for an elected County office that has final authority during its consideration. Contract considerations shall begin when a contract is submitted directly to a County department or to an agency until the contract has reached its final disposition, including adoption, county executive action, proceedings on veto (if necessary) or departmental approval."

Where Agency intends to meet its obligations under this or any part of this RFP through a subcontract with another entity, Agency shall first obtain the written permission of County; and further, Agency shall ensure it requires of its subcontractors the same obligations incurred by Agency under this RFP.

Authorized Signature:  Date: March 25, 2015
Printed Name: Lupe Martinez Title: President
Agency: UMOS, Inc.

[UMOS hereby discloses that Hon. Peggy Romo West, Milwaukee County Supervisor-12th District, is a volunteer, uncompensated member of the UMOS Board of Directors, as reflected on Item #6, Board of Directors Ownership, Independence, Compensation & Governance.]

In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify), (Hence forth referred to as VENDOR) certifies Milwaukee County as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

Non-Discrimination

VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, or ancestry, age, sex, sexual orientation, gender identity and gender expression, disability, marital status, family status, lawful source of income, or status as a victim of domestic abuse, sexual assault or stalking, which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship.

VENDOR will post in conspicuous places, available to its employees, notices to be provided by the County setting forth the provision of the non-discriminatory clause.

A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

Affirmative Action Program

VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and disabled persons and other protected groups, at all levels of employment in all divisions of the vendor's work force, where these groups may have been previously under-utilized and under-represented.

VENDOR also agrees that in the event of any dispute as to compliance with the afore-stated requirements, it shall be his responsibility to show that he has met all such requirements.

Non-Segregated Facilities

VENDOR certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

Subcontractors

VENDOR certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and non segregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any subcontracts, and that it will retain such certifications in its files.

Reporting Requirement

Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

Affirmative Action Plan

VENDOR certifies that, if it has 50 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Mr. Paul Grant, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Wells Street 9th Floor, Milwaukee, WI 53208 [Telephone No.: (414) 278-4292].

VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with any of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4292].

If a current plan has been filed, indicate where filed Wisconsin Department of Children & Families and the years covered 2014-2017.

VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

Employees

UMOS, Inc. VENDOR certifies that it has 335 employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and 375 employees in total.

Compliance

VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Executed this 25th day of March, 2015 by: Firm Name UMOS, Inc.

By [Signature] Address 2701 South Chase Street
(Signature)
Title President/CEO City/State/Zip Milwaukee, WI 53207

YEAR 2015 EQUAL OPPORTUNITY POLICY

ITEM # 17

UMOS, Inc. is in compliance with the equal opportunity policy and standards of all applicable Federal and State rules and regulations regarding nondiscrimination in employment and service delivery.

EMPLOYMENT - AFFIRMATIVE ACTION & CIVIL RIGHTS

It is the official policy of UMOS, Inc. that no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of race, religion, color, national origin or ancestry, age, sex, sexual orientation, gender identity and gender expression, disability, marital status, family status, lawful source of income, or status as a victim of domestic abuse, sexual assault or stalking, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with Affirmative Action and Civil Rights standards to ensure that applicants are employed and that employees are treated during their employment without regard to the above named characteristics. Such action shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

UMOS, Inc. has a written Affirmative Action Plan which includes a process by which discrimination complaints may be heard and resolved.


SERVICE DELIVERY - CIVIL RIGHTS

It is the official policy of UMOS, Inc. that no otherwise qualified applicant for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above named characteristics. UMOS, Inc. has a written Civil Rights Action Plan which includes a process by which discrimination complaints may be heard and resolved.

All officials and employees of UMOS, Inc. are informed of this statement of policy. Decisions regarding employment and service delivery shall be made to further the principles of affirmative action and civil rights.

To ensure compliance with all applicable Federal and State rules and regulations regarding Equal Opportunity and nondiscrimination in employment and service delivery, Claudia Frias has been designated as our Equal Opportunity Coordinator. Any perceived discrimination issues regarding employment or service delivery shall be discussed with Ms. Claudia Frias. Ms. Claudia Frias may be reached during week days at (414) 389-6009.

A copy of the Affirmative Action Plan and/or the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

	President/CEO	March 25, 2015
(Director or Chief Officer)	(Title)	(Date)

This Policy Statement shall be posted in a conspicuous location.

Audit Services Division Hotline


Milwaukee County has set up the Audit Services Division Hotline to be the primary conduit for concerned employees, citizens, and contractors to communicate allegations of fraud, waste and abuse involving County government. Milwaukee County's resolution states, in part,

"all department heads and administrators of Milwaukee County are hereby directed to provide information regarding Milwaukee County Audit Services Division Fraud Hotline to all professional service and construction contractors when they commence work for Milwaukee County and, further, that instructions and bulletins shall be provided to said contractors that they post this information in a location where their employees will have access to it and provide said information to any and all subcontractors that they may retain; and

...Milwaukee County funded construction and work sites shall also have posted the bulletin that the Audit Services Division has developed which provides the Fraud Hotline number and other information and the Department of Public Works shall inform contractors of this requirement"

A Hotline bulletin is attached (See flyer under Appendices). Please distribute the revised bulletin to contractors as contracts are let or renewed and also post it prominently at all County employee work locations associated with your organization.

This certifies that the copies of Audit Hotline poster will be posted at prominent locations within our organization upon effective date of awarded contract.

Authorized Signature:  Date: March 25, 2015
 Printed Name: Lupe Martinez Title: President
 Agency: UMOS, Inc.

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

ITEM # 19

CERTIFICATION STATEMENT

DEBARMENT AND SUSPENSION

The Proposer certifies to the best of its knowledge and belief, that the corporation, LLC, partnership, or sole proprietor, and/or its' principals, owners, officers, shareholders, key employees, directors and member partners: (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (2) of this certification; and, (4) have not within a three-year period preceding this proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Authorized Signature:  Date: March 25, 2015
Printed Name: Lupe Martinez Title: President
Agency: UMOS, Inc.

ADDITIONAL DISCLOSURES

ITEM # 20

Has your organization or any representative, owner, partner or officer ever failed to perform work awarded or had a contract terminated for failure to perform or for providing unsatisfactory service?

Yes No If yes, on a separate page please provide a detailed explanation.

2. Within the past five (5) years, has your organization or any representative, owner, partner or officer (collectively "your Company") ever been a party to any court or administrative proceedings or disciplinary action, where the violation of any local, state or federal statute, ordinance, rules, regulation, or serious violation of company work rules by your Company was alleged?

Yes No If yes, on a separate page, please provide a detailed explanation outlining the following:

- Date of citation or violation
- Description of violation
- Parties involved
- Current status of citation

3. Within the past 5 years has your organization had any reported findings on an annual independent audit?

Yes No If yes, on a separate page please provide a detailed explanation.

4. Within the past 5 years, has your organization been required to submit a corrective action plan by virtue of review or audit by independent auditor, or any governmental agency or purchaser of services?

Yes No If yes, on a separate page please provide a detailed explanation including if the corrective action has been accepted by the purchasing agency and completely implemented? If not, please explain remaining action required by purchasing agency.

5. Have you, any principals, owners, partners, shareholders, directors, members or officers of your business entity ever been convicted of, or pleaded guilty, or no contest to, a felony, serious or gross misdemeanor, or any crime or municipal violation, involving dishonesty, assault, sexual misconduct or abuse, or abuse of controlled substances or alcohol, or are charges pending against you or any of the above persons for any such crimes by information, indictment or otherwise?

Yes No If yes, on a separate page, please provide a detailed explanation.

Authorized Signature:  Date: March 25, 2015

Printed Name: Lupe Martinez Title: President

Agency: UMOS, Inc.

CERTIFICATION STATEMENT

ITEM# 21

**RESOLUTION REGARDING FILE 99-233 REQUIRING BACKGROUND CHECKS
FOR AGENCIES SERVING CHILDREN AND YOUTH**

This is to certify that UMOS, Inc.
(Name of Agency/Organization)

- (1) has received and read the enclosed, "PROVISIONS OF RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO MILWAUKEE COUNTY CHILDREN AND YOUTH;"
- (2) has a written screening process in place to ensure background checks on criminal and gang activity for current and prospective employees providing direct care and services to children and youth; and,
- (3) is in compliance with the provisions of File No. 99-233, the Resolution requiring background checks.

Authorized Signature:  Date: March 25, 2015
Printed Name: Lupe Martinez Title: President
Agency: UMOS, Inc.

CERTIFICATION STATEMENT

RESOLUTION REGARDING CAREGIVER AND CRIMINAL BACKGROUND CHECKS

(Applies to all agencies with employees who meet the definition of "caregiver", per definition below)

Contract agencies and agencies with which the DHHS has reimbursable agreements shall certify, by written statement, that they will comply with the provisions of ss.50.065 and ss.146.40 Wis. Stats. and DHS 12 and DHS13, Wis. Admin. Code *State of Wisconsin Caregiver Program* (all are online at <http://www.legis.state.wi.us/rsb/code.htm>). Agencies under contract shall conduct background checks at their own expense.

DEFINITION: EMPLOYEES AS CAREGIVERS (Wisconsin Caregiver Program Manual, <http://dhfs.wisconsin.gov/caregiver/pdffiles/Chap2-CaregiverBC.pdf>)

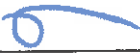
A caregiver is a person who meets all of the following:

- is employed by or under contract with an entity;
- has regular, direct contact with the entity's clients or the personal property of the clients; and
- is under the entity's control.

This includes employees who provide direct care and may also include Housekeeping, maintenance, dietary and administrative staff, if those persons are under the entity's control and have regular, direct contact with clients served by the entity.

This is to certify that UMOS, Inc.
(Name of Agency/Organization)

is in compliance with the provisions of ss.50.065 and ss.146.40 Wis. Stats. and DHS 12 and DHS 13, Wis. Admin. Code *State of Wisconsin Caregiver Program*

Authorized Signature:  Date: March 25, 2015

Printed Name: Lupe Martinez Title: President

Agency: UMOS, Inc.

Item 23 partially comprises the points scored under Cultural Diversity and Cultural Competence

CULTURAL COMPETENCE

ITEM # 23

Cultural Competence - A set of congruent behaviors, attitudes, practices and policies formed within a system, within an agency, and among professionals to enable the system, agency and professionals to work respectfully, effectively and responsibly in diverse situations. Essential elements of cultural competence include valuing diversity, understanding the dynamics of difference, institutionalizing cultural knowledge, and adapting to and encouraging organizational diversity.

Cultural Humility - Cultural Humility recognizes variation within members of a group which may otherwise be similar in terms of race, gender, ethnicity, or other characteristic. The emphasis in Cultural Humility is not on specific knowledge of any given cultural orientation, but rather on an approach which demonstrates a respectful attitude toward diverse points of view, recognizing that groups of individuals cannot be reduced to a set of discrete traits. This approach specifically avoids making broad assumptions about groups based on defined traits or behaviors; instead, it focuses on recognizing and integrating the unique perspective each client brings to the service delivery experience.

Describe your proposed strategy for developing and maintaining Cultural Competence. Apart from having a culturally diverse board and or staff, please provide specific examples of existing and/or proposed policies, procedures, and other practices promoting Cultural Competence. A defining characteristic of Cultural Humility is client centered care. Proposers should describe their client centered approach specifically in terms of how it incorporates Cultural Humility.

The very reason UMOs was founded 50 years ago was to address the diverse needs of an extremely underserved population who spoke little or no English, were frequently taken advantage of, and had few advocates. From its very beginning, UMOs has been committed to seeing the humanity, respecting the dignity, and celebrating the heritages of every person it serves, no matter the individual's race, ethnicity, national origin, gender, orientation, age, educational attainment, socioeconomic background, health status, or primary language. That commitment to providing quality service delivery based on the individual strengths and needs, and celebrating cultural diversity, continues to this day.

UMOS is proud that people of color comprise nearly 90% of its Board of Directors and 80% of its staff. However, its commitment to cultural diversity and competence does not end there. To demonstrate its commitment to cultural competence, the Board of Directors adopted a Statement of Values, which not only explicitly declares UMOs' "commitment to excellence," but also affirms its "respect for the worth and dignity of individuals," "respect for pluralism and diversity," and "recognition diverse cultural values."

UMOS INC.
Statement of Values

The Board of Directors of UMOs has established a set of core values to provide guidance in the operation and governance of the Corporation.

- Commitment to the public good.
- Accountability to the public.
- Commitment beyond the law.
- Respect for the worth and dignity of individuals.
- Inclusiveness and social justice.
- Respect for pluralism and diversity.
- Transparency, integrity and honesty.
- Commitment to excellence.
- Recognition of diverse cultural values.
- Commitment to the promotion of civil rights.
- Commitment to equal educational and employment opportunities.
- Personal and professional integrity of board members.
- Responsible representation of the Corporation by directors, members and staff.
- Political and administrative advocacy.
- Responsible stewardship of resources.

As is the case with all agency programming, UMOS human services professionals will be guided by the Board-adopted Statement of Values in making available to Energy Assistance to Milwaukee County's diverse population.

As part of its professional development and living out its values, UMOS hosts an all-agency staff meeting twice annually to discuss programming, professionalism, and cultural competence. Included is an example of an all-agency staff meeting agenda featuring Maria Flores of the U.S. Equal Employment Opportunity Commission's Milwaukee Area Office speaking on, *"Promoting Diversity & Equal Employment Opportunity—Moving from Unconscious Bias to Respectful Interaction."*

Another aspect of UMOS' client-centered, values-driven approach ensuring the organization delivers programming in the client's predominant language and does so in facilities that are ADA accessible, convenient for low-income clients who often rely on public transportation, and capable of supporting reasonable accommodations. In addition to employing human services professionals who are fluent in American Sign Language, Arabic, Burmese, Hmong, Karen, Lao, Mandarin Chinese, Polish, Russian, and Spanish, the organization also utilizes LanguageLine Solutions, which makes it possible to provide services to clients in over 230 languages.

UMOS is proposing to use the following as Energy Assistance service sites:

- Zone 3...West Allis City Hall, 7525 West Greenfield Avenue, West Allis, WI 53214
- Zone 4...Our Savior's Lutheran Church, 3022 West Wisconsin Avenue, Milwaukee, WI 53208
- Zone 5...Greenfield City Hall, 7325 West Forest Home Avenue, Milwaukee, WI 53220
- Zone 6...UMOS Job Center South, 2701 South Chase Avenue, Milwaukee, WI 53207

Each of the above-mentioned, primary sites is located conveniently in high-need areas, is well known in the community, is along major bus routes, offers ample parking, and is ADA accessible.



Clarion Hotel Airport
5311 South Howell Avenue, Milwaukee, Wisconsin

AGENDA
7:30 a.m.-4:45 p.m.

7:30 a.m.-8:00 a.m.	Full Breakfast
8:00 a.m.-8:05 a.m.	Welcome/Housekeeping Claudia Frias, Human Resources Manager
8:05 a.m.	President's Welcome Lupe Martinez, President/CEO W2-Moving Forward Tina Koehn, PhD, Vice President of Administration
9:00 a.m.-9:45 a.m.	Financial Solutions, LLC Retirement-401K Jeffrey Stuckert/Bill Kenton
9:45 a.m.-10:00 a.m.	How to Make Work-Life Balance Work Tina Koehn, PhD, Vice President of Administration
10:00 a.m.-10:15 a.m.	Break
10:15 a.m.-11:45 a.m.	WPS Insurance & UHC Flexible Spending Accounts Gregg Kamp & Ellen Dunn Gallagher Benefit Services
12:00 p.m.-1:30 p.m.	Lunch
1:30 p.m.-2:00 p.m.	United Way Joanne Williams
2:00 p.m.-3:30 p.m.	Promoting Diversity & EEO- Moving from Unconscious Bias to Respectful Interaction Maria Flores, U.S. EEOC Milwaukee Area Office
3:30 p.m.-3:45 p.m.	Break
3:45 p.m.-4:30 p.m.	Safe Workplace Mitch Ross, Infrastructure Protection Officer/Intelligence Fusion Center/MPD Southeastern Wisconsin Threat Analysis Center
4:30 p.m.	Closing Remarks Jim Martinez, Vice President of Operations

Among the highest values driving UMOS' policies and program operations is respect for the individual and cultural differences. Organizational demographics, from the Board to staff, reflect the degree to which the nonprofit values cultural diversity at all levels. Hiring multilingual staff and retaining services that allow the agency to serve clients in the languages in which they are most comfortable communicating are added, concrete reflections of the importance UMOS places on multiculturalism. Partnering with public and private entities with service sites that are convenient and accessible for low-income individuals and families of all levels of abilities is yet more evidence of UMOS' continuing commitment to inclusion.

Every person is unique. Every person has worth. Every person deserves to be seen, heard, and respected throughout every interaction. These are hallmarks of UMOS' client-centered, values-driven approach, and the examples provided throughout this section demonstrate the agency lives its beliefs regarding the importance of the individual and inclusion.

Item 24 partially comprises the points scored under Administrative Ability
EMERGENCY MANAGEMENT PLAN

ITEM # 24



Activation Worksheet

Task/Decision	Assigned To:	Time Completed
Assess the situation and activate the COOP plan if any of the following events occurs and is expected to continue for a period of time estimated to exceed 12 hours: <ul style="list-style-type: none"> o Loss or absence of leadership at the Vice President level or above o Loss or inaccessibility of buildings. o Loss of at least 40% of staff o Significant loss of IT systems o Significant loss of other critical operating systems o Serious illness, accident or pandemic o Severe weather 	Lupe Martinez, CEO Tina Koehn, VP Jimmy Martinez, VP Dan Vidas, CFO John Bauknecht, Attorney Dana Sprenger, Facilities	Within four hours of incident
Appoint Department COOP Incident Commander (CIC) (this could be the person who activated the COOP plan)	Lupe Martinez, CEO Tina Koehn, VP Jimmy Martinez, VP	Within four hours of incident
Initiate and communicate evaluation	Dana Sprenger, Facilities	Immediately, if building occupied
Identify essential services to remain operational	Lupe Martinez, CEO Tina Koehn, VP Jimmy Martinez, VP John Bauknecht, Attorney	Within four hours of incident
Decide if the COOP plan should be partially or fully activated	Lupe Martinez, CEO Tina Koehn, VP Jimmy Martinez, VP Dan Vidas, CFO John Bauknecht, Attorney Dana Sprenger, Facilities	Within four hours of incident
Decide whether to: <ul style="list-style-type: none"> o Stay in current facility o Initiate devolution o Relocate to an alternate site 	Lupe Martinez, CEO Tina Koehn, VP Jimmy Martinez, VP Dan Vidas, CFO John Bauknecht, Attorney Dana Sprenger, Facilities	Within four hours of incident
If relocating: <ul style="list-style-type: none"> o Select alternate facility o Decide which (if not all) essential functions to relocate o Appoint a relocation manager and team 	Tina Koehn, VP Jimmy Martinez, VP John Bauknecht, Attorney Dana Sprenger, Facilities	Within four hours of incident
Initiate notification process	Rod Ritcherson, Consultant	Within six hours of incident
Determine if someone should stay at the primary site. If so, instruct him/her to provide status reports on a regular basis (e.g. every two	Dana Sprenger, Facilities	Within four hours of incident

UMOS
Building Better Futures

Task/Decision	Assigned To:	Time Completed
hours for the first 48 hours and every four hours after that).		
Appoint staff who should work at the alternate site (may be same as relocation team)	Tina Koehn, VP Jimmy Martinez, VP Samantha Wendt, Director Dana Sprenger, Facilities	Within six hours of incident
Inform personnel who are not assigned to the alternate location what their assignments are	Samantha Wendt, Director Claudia Frias, HR Manager	Within seven hours of incident
Begin to re-establish electronic systems connectivity.	Barb Felske, CIO	Within two hours of incident

Alert and Notification Worksheet

Task/Decision	Assigned To:	Time Completed
Compose a notification message. If necessary, get approval before you start disseminating it.	Rod Ritcherson, Consultant	Within eight hours of incident
Decide on notification method(s) (phone calls, 800 line, website, email, social media, etc.)	Rod Ritcherson, Consultant	Within eight hours of incident
Establish an information telephone line. This line can be called by unassigned staff and/or the public to receive updated information regarding your department's situation.	Barb Felske, CIO	Within six hours of incident
Contact department personnel: <ul style="list-style-type: none"> o Brief description of the emergency situation o Alternate site info if relocating o Expectations (be available by phone, check website daily, etc.) o How additional information will be made available 	Rod Ritcherson, Consultant Tina Koehn, VP Jimmy Martinez, VP John Bauknecht, Attorney Dana Sprenger, Facilities	Within six hours of incident
If relocating, contact the alternate facility manager.	Tina Koehn, VP Jimmy Martinez, VP	Within four hours of incident

Fire and tornado drills are conducted annually per requirements of the state of Wisconsin.



UMOS EMERGENCY PROCEDURES/CODE COLORS

CODE GREEN – Chemical Emergencies	Page 1
CODE ORANGE – Bomb Threat	Page 2
CODE RED – Fire	Page 4
CODE YELLOW – Gas, Chemical, Biohazard	Page 7
CODE BLUE – Medical Emergencies	Page 8
CODE GREY – Severe Weather Emergency (e.g. Tornado)	Page 10
Emergency Numbers and/or questions	Page 12

CODE GREEN – Chises or Emergencies

For the following crises/emergencies, immediately contact the Public Safety Desk located in the UMOS administration lobby, or by phone at 388-6668 (UMOS ext. 6668):

- ◆ Any Form of Violence
- ◆ Verbal Abuse
- ◆ Physical Health Emergency
- ◆ Mental Health Emergency



Page 1

CODE ORANGE – Bomb Threat Emergency

Initial Response: Do whatever possible to ensure your safety.

Action Steps (IF IN AN UNKOWN LOCATION):

- ◆ Hold your location until help arrives.
- ◆ Move away from windows and doors.
- ◆ Get on the floor if explosion is heard.
- ◆ Do not touch or remove any objects in the area.
- ◆ Be prepared to evacuate.
- ◆ If confronted by UMOS Public Safety or Police, and follow their directives.
- ◆ Call UMOS Public Safety and Milwaukee Police Department.

UMOS Public Safety 388-6668, or Ext. 6668 (from UMOS phone)
Milwaukee Police Department 911, or 9-911 (from UMOS phone)

Page 2

Action Steps (IF IN AN KNOWN LOCATION)

- ◆ Evacuate immediately.
- ◆ Safely move out of the path of danger.
- ◆ Take nothing with you nor touch anything.
- ◆ Notify anyone you encounter of danger.
- ◆ If confronted by UMOS Public Safety or Police, follow their directives.
- ◆ Call UMOS Public Safety and Milwaukee Police Department.

UMOS Public Safety 388-6668, or Ext. 6668 (from UMOS phone)
Milwaukee Police Department 911, or 9-911 (from UMOS phone)



Page 3

CODE RED - Fire

Initial Response: Do whatever possible to ensure your safety.

Action Steps (EVACUATE THE AREA):

- ◆ Pull fire alarm.
- ◆ Identify a designated meeting area.
- ◆ Evacuate-Follow posted evacuation route.
- ◆ Facilitate orderly evacuation, staff follow last client out.
- ◆ Turn off lights, close doors.
- ◆ Report to designated meeting area.
- ◆ If confronted by UMOS Public Safety or Police, follow their directives.
- ◆ Take attendance - who is present/absent?
- ◆ Call UMOS Public Safety and Milwaukee Police Department.

UMOS Public Safety 393-6668, or Ext. 6668 (from UMOS phone)
Milwaukee Police Department 911, or 9-911 (from UMOS phone)

Page 4

Action Steps (FIGHT OR FLEE):

If fire extinguishers are available and you have been trained, these steps should be followed when responding to a working fire.

- ◆ Sound the fire alarm and call Public Safety and Fire Department.
- ◆ Identify a safe evacuation path before approaching the fire. Do not allow the fire, heat, or smoke to come between you and the evacuation path.
- ◆ Select the fire extinguisher.
- ◆ Discharge the extinguisher within its effective range using **P.A.S.S.** technique (Pull, Aim, Squeeze, Sweep).
- ◆ Back away from an extinguished fire in case it flames up again.
- ◆ Evacuate immediately if the fire progresses beyond the extinguisher capabilities.

Note: If you have the slightest doubt about your ability to fight a fire, **EVACUATE IMMEDIATELY!**

Page 5

CODE RED - Fire Extinguisher Use



Most fire extinguishers operate using the following **P.A.S.S.** technique:

1. **PULL** - Pull the pin. This will also break the tamper seal.
2. **AIM** - Aim low, pointing the extinguisher nozzle (or its horn or hose) at the base of the fire.
3. **SQUEEZE** - Squeeze the handle to release the extinguishing agent.
4. **SWEEP** - Sweep from side to side at the base of the fire until it appears to be out. Watch the area. If the fire re-ignites, repeat steps 2-4.

CODE YELLOW - Gas, Chemical, or Biohazard

Initial Response: Do whatever possible to ensure your safety.

Action Steps (EVACUATE THE AREA):

- ◆ Identify a designated meeting area.
- ◆ Evacuate by following posted evacuation route.
- ◆ Facilitate orderly evacuation; staff follow last client out.
- ◆ Turn off lights, close doors.
- ◆ Report to designated meeting area.
- ◆ If confronted by UMOS Public Safety or Police, follow their directives.
- ◆ Take attendance - who is present/absent?
- ◆ Call UMOS Public Safety and Milwaukee Police Department.

UMOS Public Safety 393-6668, or Ext. 6668 (from UMOS phone)
Milwaukee Police Department 911, or 9-911 (from UMOS phone)

Page 7

CODE BLUE – Armed Intruder Emergency

Initial Response: Do whatever possible to ensure your safety.

Three Possible Action Steps (GET OUT, HIDE OUT, TAKE OUT):

- GET OUT (if safe to do so):**
- ◆ Get OUT of the room/building or the immediate area quickly and quietly.
 - ◆ Leave belongings behind.
 - ◆ When in a safe location, call Public Safety and Milwaukee Police Department. Public Safety 414-389-6668, or Ext. 6688 (from UMOS phone) Milwaukee Police Department 911, or 9-311 (from UMOS phone)
 - ◆ As you exit the building and encounter others, encourage them to exit with you.

Page 8

HIDE OUT (if not safe to get out, Hide Out in a safe location):

- ◆ Lock the door (if unable to lock, barricade the door with furniture).
- ◆ Lock windows and turn off lights.
- ◆ Remain quiet.
- ◆ If you are in a group setting, do not huddle together.
- ◆ Get on the floor if shots are heard.
- ◆ If a phone is available, call Public Safety or Milwaukee Police Department.
- ◆ If confronted by Public Safety or Police, follow their directives.

TAKE OUT (if confronted by intruder and there are no other options, Take Out Intruder)

- ◆ Make a plan with others if the intruder confronts you.
- ◆ Spread out in the room.
- ◆ Act as a team to overcome the intruder.
- ◆ Do whatever is necessary to protect your safety.

Page 9

CODE GREY – Severe Weather Emergency (e.g., Tornado)

Initial Response: Do whatever possible to ensure your safety

Action Steps (IF IN A SAFE LOCATION)

- ◆ Hold your location (Until ALL-CLEAR is given).
- ◆ Move away from windows and doors.
- ◆ Be prepared to evacuate to alternative site, if necessary.
- ◆ DO NOT close windows or doors.
- ◆ Seek the west side of the building where there are no windows unless you are located in the class room areas, evacuate to the immediate hallway.
- ◆ If confronted by UMOS Public Safety or Police, follow their directives.

Page 10

Action Steps (IF IN AN UNSAFE LOCATION):

- ◆ Safely move out of the path of danger.
- ◆ Notify anyone you encounter of danger.
- ◆ If confronted by UMOS Public Safety or Police, follow their directives.
- ◆ Call UMOS Public Safety and Milwaukee Police Department.

UMOS Public Safety 389-6668, or Ext. 6668 (from UMOS phone)
Milwaukee Police Department 911, or 9-311 (from UMOS phone)

Page 11

CODE GREY – Severe Weather Emergency (e.g., Tornado)

IRS FORM 990

ITEM # 25

Organizations exempt from income tax under Section 501(c) of the Internal Revenue Code are required to submit the most recent copy of their Internal Revenue Service (IRS) Form 990 with their corresponding CPA audit report.

Note: This does not apply to new agencies that have never filed IRS Form 990

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(e)(1) of the Internal Revenue Code (except private foundations)

2013
Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 07/01/13 and ending 06/30/14

B Check if applicable:
 A. address change
 Name change
 Initial return
 Terminal
 Amended return
 Application pending

C Name of organization: **UNITED MIGRANT OPPORTUNITY SERVICES**
 Doing Business As: **UMOS**

D Employer identification number: **39-1047172**

E Telephone number: **414-389-6000**

F Name and address of principal officer:
LUPE MARTINEZ
2701 S CHASE AVE
MILWAUKEE WI 53207

G Gross receipts: **23,270,914**

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () 4947(a)(1) or 527

J Website: **WWW.UMOS.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1965** **M** State of legal domicile: **WI**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 UMOS, A NON-PROFIT ADVOCACY ORGANIZATION, PROVIDES PROGRAMS AND SERVICES WHICH IMPROVE THE EMPLOYMENT, EDUCATIONAL, HEALTH AND HOUSING OPPORTUNITIES OF UNDER-SERVED POPULATIONS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a): **17**

4 Number of independent voting members of the governing body (Part VI, line 1b): **17**

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a): **753**

6 Total number of volunteers (estimate if necessary): **465**

7a Total unrelated business revenue from Part VIII, column (C), line 12: **95,162**

7b Net unrelated business taxable income from Form 990-T, line 34: **0**

	Prior Year	Current Year
8 Contributions and grants (Part VII, line 1h)	22,776,763	21,885,269
9 Program service revenue (Part VIII, line 2g)	693,518	739,343
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11 Other revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)	362,318	95,162
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,832,598	22,719,774
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,685,019	13,935,454
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)		0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,618,236	7,646,108
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,503,255	21,581,562
19 Revenue less expenses. Subtract line 18 from line 12	-670,657	1,138,212
20 Total assets (Part X, line 16)	16,244,729	17,134,890
21 Total liabilities (Part X, line 26)	9,048,807	8,800,755
22 Net assets or fund balances. Subtract line 21 from line 20	7,195,922	8,334,135

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: **LUPE MARTINEZ** Title: **PRESIDENT/CEO**

Type or print name and title

Paid Preparer Use Only Preparer's name: **TERRI A. SCHMIDT** Date: **02/06/14** One-time preparer? PTD# **90007140**

Firm's name: **ANDREA & ORENDORFF LLP** Firm's EIN: **39-1648207**

Firm's address: **6300 76TH ST STE 200** Phone no: **262-657-7716**
KENOSHIA, WI 53142-4018

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

UMOS, A NON-PROFIT ADVOCACY ORGANIZATION, PROVIDES PROGRAMS AND SERVICES WHICH IMPROVE THE EMPLOYMENT, EDUCATIONAL, HEALTH AND HOUSING OPPORTUNITIES OF UNDER-SERVED POPULATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,349,617 including grants of\$) (Revenue \$)

JOB SKILLS/TRAINING PROGRAMS - PROVIDE JOB AND SKILLS TRAINING PROGRAMS TO ASSIST DISPLACED WORKERS IN GAINING THE SKILLS NEEDED TO FIND SUITABLE EMPLOYMENT.

4b (Code:) (Expenses \$ 5,508,970 including grants of\$) (Revenue \$)

CHILD EDUCATION PROGRAMS - PROVIDE EARLY CHILDHOOD EDUCATION AND HEALTH AND NUTRITION SERVICES TO CHILDREN FROM LOW INCOME FAMILIES.

4c (Code:) (Expenses \$ 341,775 including grants of\$) (Revenue \$)

HOUSING AND REHABILITATION PROGRAMS - MANAGE PERMANENT HOUSING UNITS FOR MIGRANT FARM WORKER FAMILIES AND PROVIDE FUNDING FOR REHABILITATION OF HOUSING IN LOW INCOME COMMUNITIES

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 3,741,334 including grants of\$) (Revenue \$)

4e Total program service expenses 18,941,696

DAA

Form 990 (2013) **UNITED MIGRANT OPPORTUNITY SERVICES 9-1047172**
Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 26? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Form 990 (2013) UNITED MIGRANT OPPORTUNITY SERVICES 9-1047172
Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 6% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 18? Note. All Form 990 filers are required to complete Schedule O	X	

DAA

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No checkboxes. Includes entries for 1a (136), 1b (0), 2a (753), 7d (1), and 14a (checked).

DAA

Form 990 (2013)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	17	
1b Enter the number of voting members included in line 1a, above, who are independent.	17	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: WI

18 Section 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DANIEL VIDAS 2701 S CHASE AVE WI 53207 414-389-6000

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Form 990 (2013) **UNITED MIGRANT OPPORTUNITY SERVICES 89-1047172** Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
 Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
 - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below subtotal line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIA E WATTS VICE CHAIR	0.00 0.00	X					0	0	0	
(2) BEN ODREGON DIRECTOR	0.00 0.00	X					0	0	0	
(3) KEVIN MAGEE DIRECTOR	0.00 0.00	X					0	0	0	
(4) JUAN AGUIRRE DIRECTOR	0.00 0.00	X					0	0	0	
(5) MARISELA GALAVIZ DIRECTOR	0.00 0.00	X					0	0	0	
(6) JOSE CARRILLO DIRECTOR	0.00 0.00	X					0	0	0	
(7) PEGGY ROMO WEST DIRECTOR	0.00 0.00	X					0	0	0	
(8) JAN HANICKI DIRECTOR	0.00 0.00	X					0	0	0	
(9) MARTA BORDA WIMSENK DIRECTOR	0.00 0.00	X					0	0	0	
(10) JOE VILLMOW DIRECTOR	0.00 0.00	X					0	0	0	
(11) CYNTHIA GALVAN DIRECTOR	0.00 0.00	X					0	0	0	

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Form 990 (2013)

Form 990 (2013) UNITED MIGRANT OPPORTUNITY SERVICES 9-1047172

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (if any time has related organizations below deduct it)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director/Trustee	Key Employee	Highest Compensated Employee	Former Officer			
(12) JUAN LOPEZ LOPEZ HEAD START #1	0.00 0.00	X					0	0	
(13) SILVIA PEREZ-RATHELL DIRECTOR	0.00 0.00	X					0	0	
(14) JULIAN OROPEZA HEAD START #2	0.00 0.00	X					0	0	
(15) NEDDA AVILA SECRETARY	0.00 0.00		X				0	0	
(16) JUAN JOSE LOPEZ CHAIRMAN	0.00 0.00		X				0	0	
(17) JULIO GUTX TREASURER	0.00 0.00		X				0	0	
(18) JUPE MARTINEZ PRESIDENT/CEO	50.00 0.00			X		175,086	0	115,577	
(19) KONARIXO MARTINEZ VP OF OPERAT	0.00 0.00				X	129,033	0	20,673	
1b Sub-total						304,919		136,250	
c Total from continuation sheets to Part VII, Section A						468,240		97,589	
d Total (add lines 1b and 1c)						773,159		233,839	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
THE RITCHERSON COMPANIES MADISON WI 53719	4022 DOLPHIN DRIVE ADMINISTRATIVE	102,788

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line.)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key employee	Highest compensated employee	Former			
(12) CELESTINE KOEHN VP OF ADMIN	0.00 0.00						X	126,509	0	27,912
(13) DANIEL VIDAS CFO	0.00 0.00						X	118,890	0	27,912
(14) JOHN BAUKNECHT CORP ATTY	0.00 0.00						X	115,393	0	28,682
(15) JOSE MARTINEZ HEAD START DIRECTOR	0.00 0.00						X	107,448	0	13,083
(16)										
(17)										
(18)										
(19)										
1b Sub-total								468,240		97,589

c Total from continuation sheets to Part VII, Section A
 d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or unrelated business revenue	(C) Unrelated business revenue	(D) Revenue excluded from bar under section 512(c)(4)	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	77,714				
	1b Membership dues					
	1c Fundraising events					
	1d Related organizations					
	1e Government grants (contribution)	21,807,555				
	1f All other contributions, gifts, grants, and similar amounts not excluded above					
	1g Total. Add lines 1a-1f	21,805,269				
Program Service Revenue	2a MISC AGENCY PROGRAMS	297,557	297,557			
	2b LOW INCOME HOUSING	267,539	267,539			
	2c PROGRAM INCOME	174,247	174,247			
	2d					
	2e					
	2f All other program service revenue					
	2g Total. Add lines 2a-2f	739,343				
Other Revenues	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	646,302			
		(ii) Personal				
	6b Less: real estate taxes	551,140				
	6c Real estate expenses	95,162				
	6d Net rental income or (loss)	95,162		95,162		
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	7b Less: cost or other basis & sales expenses					
	7c Gain or (loss)					
7d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses					
	c Net income or (loss) from fundraising events					
8a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a					
	11b					
	11c					
	11d All other revenue					
	11e Total. Add lines 11a-11d					
12 Total revenue. See instructions	22,719,774	739,343	95,162	0		

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Form 990 (2013)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	179,699		179,699	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(e)(3)(B)				
7 Other salaries and wages	10,006,462	9,175,835	830,627	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	443,916	387,810	56,106	
9 Other employee benefits	2,564,133	2,304,616	259,517	
10 Payroll taxes	741,244	656,611	82,433	
11 Fees for services (non-employees):				
a Management				
b Legal	6,807		6,807	
c Accounting	35,084		35,084	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g responses on Schedule O.)	3,339		3,339	
12 Advertising and promotion				
13 Office expenses				
14 Information technology	143,958	99,354	44,604	
15 Royalties				
16 Occupancy				
17 Travel	783,676	758,293	25,383	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	230,869	203,301	27,568	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	74,023	56,520	17,503	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PARTICIPANT EXPENSES	3,422,431	3,421,720	711	
b PURCHASED SERVICES	1,042,696	539,563	503,133	
c SPACE AND RELATED EXPENSES	776,607	663,179	113,428	
d SUPPLIES	447,892	362,146	85,746	
e All other expenses	670,726	310,548	360,178	
25 Total functional expenses. Add lines 1 through 24e.	21,581,562	18,941,696	2,639,866	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 96-2 (ASC 958-720)				

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Form 990 (2013)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
	(A) Total expenses	(B) Migrant Service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	179,699		179,699	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,006,462	9,175,835	830,627	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	443,916	387,010	56,106	
9 Other employee benefits	2,564,133	2,304,616	259,517	
10 Payroll taxes	741,244	658,811	82,433	
11 Fees for services (non-employees):				
a Management				
b Legal	6,807		6,807	
c Accounting	35,084		35,084	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expense on Schedule O.)				
12 Advertising and promotion	3,339		3,339	
13 Office expenses				
14 Information technology	143,958	99,354	44,604	
15 Royalties				
16 Occupancy				
17 Travel	783,676	758,293	25,383	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	230,869	203,301	27,568	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	74,023	56,520	17,503	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PARTICIPANT EXPENSES	3,422,431	3,421,720	711	
b PURCHASED SERVICES	1,042,696	539,563	503,133	
c SPACE AND RELATED EXPENSES	776,607	663,179	113,428	
d SUPPLIES	447,992	362,146	85,746	
e All other expenses	678,726	310,548	368,178	
25 Total functional expenses. Add lines 1 through 24e	21,581,562	18,941,696	2,639,866	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Form 990 (2013)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest bearing	1,167,426	1	2,157,332
	2 Savings and temporary cash investments	975,853	2	1,050,781
	3 Pledges and grants receivable, net	1,691,903	3	2,178,049
	4 Accounts receivable, net	53,573	4	180,631
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	129,134	9	205,983
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,938,775		
	b Less: accumulated depreciation	10b 8,936,140	11,890,367	10c 11,002,635
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	336,473	15	359,479
16 Total assets. Add lines 1 through 16 (must equal line 34)	16,244,729	16	17,134,890	
Liabilities	17 Accounts payable and accrued expenses	681,250	17	1,722,796
	18 Grants payable		18	
	19 Deferred revenue	266,076	19	120,932
	20 Tax-exempt bond liabilities	5,656,975	20	5,370,270
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,223,532	24	1,174,501
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,220,974	25	412,256
	26 Total liabilities. Add lines 17 through 25	9,048,807	26	8,800,755
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	7,195,922	27	8,334,135
	28 Unrestricted net assets		28	
	29 Temporarily restricted net assets		29	
	30 Permanently restricted net assets		30	
	31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		31	
	32 Capital stock or trust principal, or current funds		32	
	33 Paid-in or capital surplus, or land, building, or equipment fund		33	
	34 Total net assets or fund balances	7,195,922	34	8,334,135
Total liabilities and net assets/fund balances		16,244,729		17,134,890

Form **990** (2013)

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,719,774
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,581,562
3	Revenue less expenses. Subtract line 2 from line 1	3	1,138,212
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,195,922
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,334,135

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2013)

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SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(e)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

UNITED MIGRANT OPPORTUNITY SERVICES
UMOS

Employer identification number

39-1047172

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11a through 11h.
 - a Type I b Type II c Type III—Functionally Integrated d Type III—Non-functionally Integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

DAA

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,470,353	20,954,417	21,097,638	22,776,762	21,885,269	114,184,439
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	27,470,353	20,954,417	21,097,638	22,776,762	21,885,269	114,184,439
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						114,184,439

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	27,470,353	20,954,417	21,097,638	22,776,762	21,885,269	114,184,439
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,278	680	573	4,691		7,422
9 Net income from unrelated business activities, whether or not the business is regularly carried on	33,701	47,323	72,121	84,723	20,272	258,140
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	756,310	816,368	782,486	688,627	739,343	3,783,134
11 Total support. Add lines 7 through 10						118,233,135
12 Gross receipts from related activities, etc. (see Instructions)					12	739,343
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	96.58%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	96.72%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Instructions		<input type="checkbox"/>

DAA

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	16	%
16 Public support percentage for 2012 Schedule A, Part III, line 15	18	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	19	%

- 19a** 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b** 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2013 UNITED MIGRANT OPPORTUNITY SERVICES 9-1047172 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL	
LOW INCOME HOUSING	\$ 1,133,012
MISC AGENCY INCOME	\$ 1,170,111
PROGRAM INCOME	\$ 1,480,011

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Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Name of the organization

UNITED MIGRANT OPPORTUNITY SERVICES
UMOS

Employer identification number

39-1047172

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

DAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization **UNITED MIGRANT OPPORTUNITY SERVICES** Employer identification number **39-1047172**

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1.	US DEPARTMENT OF LABOR 200 CONSTITUTION AVE WASHINGTON DC 20210	\$ 2,640,452	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2.	WI DEPARTMENT OF CHILDREN & FAMILIES PO BOX 7972 MADISON WI 53707-7972	\$ 11,455,140	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3.	US DHHS - CHILDREN & FAMILY SERVICES 200 INDEPENDENCE AVE SW WASHINGTON DC 20201	\$ 2,827,949	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4.	TMC-TEACHING & MENTORING COMMUNITIES 5215 MCPHERSON AVE STE 206 LAREDO TX 78044-2579	\$ 1,804,982	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
- ▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization UNITED MIGRANT OPPORTUNITY SERVICES UMOS	Employer identification number 39-1047172
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

DAA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's total	(b) Affiliated group total												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	45,459													
c	Total lobbying expenditures (add lines 1a and 1b)	45,459													
d	Other exempt purpose expenditures	21,501,562													
e	Total exempt purpose expenditures (add lines 1c and 1d)	21,627,021													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1a, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1a</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,600,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,600,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,600,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1a, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1a	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,600,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,600,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,600,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1a, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1a														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,600,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,600,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,600,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 26% of line 1f)	250,000													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total	
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c	Total lobbying expenditures	51,541	46,853	47,058	45,459	190,911
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures				0	

DVA

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGING

FORM 5768 WAS NOT FILED UNTIL 4/5/11. THIS STARTED WITH THE 2010 TAX RETURN

[Faint, mostly illegible text from the main body of the form, likely containing supplemental information.]

DAA

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED MIGRANT OPPORTUNITY SERVICES
UMOS

Employer identification number

39-1047172

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.
Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- Number of states where property subject to conservation easement is located ▶
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No

Part V Endowment Funds.
Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ %
 - b Permanent endowment ▶ %
 - c Temporarily restricted endowment ▶ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,112,790		2,112,790
b Buildings		15,834,598	6,780,372	9,054,226
c Leasehold improvements				
d Equipment		1,991,387	2,155,768	-164,381
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				11,002,635

DAA

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 16.) ▶

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DERIVATIVE LIABILITY	412,256
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

412,256

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2013 **UNITED MIGRANT OPPORTUNITY SERVICES 9-1047172** Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
 Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	22,719,774
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	22,719,774
4	Amounts included on Form 990, Part VII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	22,719,774

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	21,581,561
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	21,581,561
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1	
c	Add lines 4a and 4b		4c	1
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 16.)		5	21,581,562

Part XIII Supplemental information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER
 BOOK / TAX DEPRECIATION DIFFERENCE \$ 1

[Faint, illegible table content]

DAA

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

UNITED MIGRANT OPPORTUNITY SERVICES
UMOS

Employer identification number

39-1047172

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	X	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	X	
<p>3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		
		X
	X	
		X
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.</p>		
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		
		X
		X
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		
		X
		X
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		X
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (I) and from related organizations, described in the instructions, on row (II). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nonexcess benefit	(e) Total of items (b)(i)-(d)	(f) Compensation received from other sources
	(i) Salary	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LUPE MARTINEZ PRESIDENT/CEO	175,666	0	0	111,842	3,735	291,463	295,331
2 CELESTINE KOEHN VE OF ADMIN	126,509	0	0	24,960	2,960	154,429	164,847
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Schedule J (Form 990) 2013

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Part III Supplemental information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4 - SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

	SEVERANCE	NONQUALIFIED	EQUITY-BASED
LUPE MARTINEZ	0	17,500	0
LEONARDO MARTINEZ	0	5,110	0

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990. ▶ See separate instructions.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
 Open to Public Inspection

UNITED MIGRANT OPPORTUNITY SERVICES
 UMOS

Employer identification number
39-1047172

Part I Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issue?	(e) Issue price	(f) Description of purpose	(g) Debts		(h) On Letter of Intent		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	REDEVELOPMENT AUTHORITY	39-1189734	NONE00000	10/15/06	6,950,000	FINANCE BUILDING		X		X		X
B												
C												
D												

Part II Proceeds	A		B		C		D	
1. Amount of bonds retired								
2. Amount of bonds legally defeased								
3. Total proceeds of issue								
4. Gross proceeds in reserve funds								
5. Capitalized interest from proceeds								
6. Proceeds in refunding escrows								
7. Issuance costs from proceeds								
8. Credit enhancement from proceeds								
9. Working capital expenditures from proceeds								
10. Capital expenditures from proceeds			6,937,079					
11. Other spent proceeds								
12. Other unspent proceeds			000?					
13. Year of substantial completion	Yes	No	Yes	No	Yes	No	Yes	No
14. Were the bonds issued as part of a current refunding issue?		X						
15. Were the bonds issued as part of an advance refunding issue?		X						
16. Has the final allocation of proceeds been made?	X							
17. Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use	A		B		C		D	
1. Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
		X						
2. Are there any lease arrangements that may result in private business use of bond-financed property?	Yes	No	Yes	No	Yes	No	Yes	No
		X						

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 LHA

Schedule K (Form 990) 2013

Schedule B-Form 990-SS
Part III Private Business Use (Continued)

Page **2**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government			%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government			%		%		%	
6 Total of lines 4 and 5			%		%		%	
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider			US BANK					
c Term of hedge			10.0					
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

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Schedule B (Form 990) 2010

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

Lined area for providing supplemental information.

CA:

Schedule K Form 990 2013

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.		<small>OMB No. 1545-0047</small> 2013 Open to Public Inspection
	<small>Department of the Treasury Internal Revenue Service</small>		<small>Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</small>
<small>Name of the organization</small>	UNITED MIGRANT OPPORTUNITY SERVICES UMOS	<small>Employer identification number</small>	39-1047172

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

AIDS EDUCATIONS PROGRAMS - PROVIDE AIDS AWARENESS EDUCATION.

COMMUNITY BASED PROGRAMS - PROVIDE COMMUNITY LIVING EDUCATION SERVICES

HOMELESS/SHELTER/FOOD PROGRAMS - PROVIDE TEMPORARY FOOD AND SHELTER TO DISPLACED MIGRANT FARM WORKERS

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

MEMBERSHIP IN THE CORPORATION SHALL BE OPEN TO ANY PERSON WHO SUPPORTS THE PURPOSES OF UMOS AND WHO SIGNIFIES SUCH SUPPORT BY SIGNING A STATEMENT SO INDICATING. MEMBERS MAY RENEW THEIR MEMBERSHIP ANNUALLY, BY SIGNING SUCH RENEWAL STATEMENTS AND RETURN TO THE SECRETARY WHOP SHALL KEEP THEM ON FILE.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

ALL PERSONS WHOSE MEMEBRSHIP STATEMENTS ARE FILED PRIOR TO THE BEGINNING OF ANY CORPORATION MEETING SHALL BE ELIGIBLE TO VOTE AT SUCH MEETING ID HE/SHE IS OF LEGAL VOTING AGE, AT LEAST 18 YEARS OR OLDER. IT IS THE GOAL OF UMOS TO ENCOURAGE THE BROADEST POSSIBLE MEMBERSHIP INCLUDING BUT NOT LIMITED TO MIGRANTS, SEASONAL FARM WORKERS, EX-MIGRANTS, REPRESENTATIVES OF INDUSTRIES, BUSINESS, GROWERS, RELIGIOUS AND CIVIC ORGANIZATIONS, PUBLIC OFFICIALS AND CONCERNED INDIVIDUALS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) DAA

Name of the organization UNITED MIGRANT OPPORTUNITY SERVICES	Employer identification number 39-1047172
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THE BOARD OF DIRECTORS RECEIVES A PDF COPY OF THE 990 AND THE 990-T. THEY REVIEW AND APPROVE THE 990 AND 990-T BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE BOARD IS REQUIRED ANNUALLY TO COMPLETE A CONFLICT OF INTEREST FORM. THESE FORMS ARE REVIEWED AT THAT TIME.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL TOP MANAGEMENT OFFICIALS AND KEY PERSONNEL:
THE PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT AND KEY PERSONNEL IS GOVERNED BY SECTION 2.2 OF THE UMOS PERSONNEL HANDBOOK AND THE HUMAN RESOURCE PRACTICE OF OBTAINING INDEPENDENT WAGE COMPARABILITY STUDIES.

UMOS UTILIZES A STUDY CONDUCTED BY THE AGENCY EXECUTIVES GROUP (MRA), THE NON PROFIT CENTER OF MILWAUKEE AND INDEPENDENCE FIRST. THE CLASSIFICATION OF POSITIONS TAKES INTO CONSIDERATION, AMONG OTHER THINGS, JOB DUTIES, QUALIFICATIONS, REQUIRED EDUCATION AND EXPERIENCE AND POSITION RESPONSIBILITIES. THIS STUDY CATEGORIZES JOB POSITIONS BY TITLE AND PROVIDES COMPARABLE WAGE RATES FOR THE GEOGRAPHIC AREA WHERE IT OPERATES. THE STUDY ENCOMPASSES ALL UMOS POSITIONS INCLUDING ADMINISTRATIVE, EXECUTIVE, MANAGEMENT AND OPERATIONAL PERSONNEL. UMOS UTILIZES THIS DATA TO ADJUST ITS BASE PAY SCALE TO CONFORM TO ANY CHANGES IN THE MARKET. ADDITIONALLY, THIS STUDY IS UTILIZED TO COMPLY WITH THE REQUIREMENTS OF FEDERAL AND STATE CONTRACTS THAT MANDATE THAT UMOS' SALARIES BE CONSISTENT WITH SIMILARLY SITUATED NON-PROFIT RATES.

THIS STUDY IS INDEPENDENT, OBJECTIVE AND CONDUCTED IN AN ARM'S LENGTH MANNER. THE HUMAN RESOURCE DEPARTMENT WORKS IN CONJUNCTION WITH THE

Name of the organization

UNITED MIGRANT OPPORTUNITY SERVICES

Employer identification number

39-1047172

PERSONNEL COMMITTEE OF THE UMOS BOARD IN UPDATING THE UMOS WAGE SCALE AND CORRESPONDING SALARIES.

THE PRESIDENT/CEO

THE POSITION OF THE PRESIDENT/CEO IS SIMILARLY GOVERNED BY THE ABOVE MENTIONED POLICY; HOWEVER, THE POSITION IS SUBJECT TO ADDITIONAL REVIEW AND SCRUTINY BY THE EXECUTIVE COMMITTEE OF THE UMOS BOARD. THE EXECUTIVE COMMITTEE ANNUALLY REVIEWS THE SALARY AND FRINGE BENEFIT STRUCTURE OF THE PRESIDENT/CEO POSITION. THIS PROCESS IS DONE IN CONJUNCTION WITH THE ANNUAL PERFORMANCE EVALUATION OF THE PRESENT/CEO. ANY ADJUSTMENTS ARE ALSO REQUIRED TO BE APPROVED BY THE EXECUTIVE COMMITTEE AND SUBSEQUENTLY REFERRED TO THE FULL BOARD OF DIRECTORS FOR RATIFICATION AND CONCURRENCE. SECTION 2.2 OF THE UMOS PERSONNEL HANDBOOK ALSO PROVIDES PROVISIONS FOR ANNUAL MERIT INCREASES, SALARY ADJUSTMENTS FOR ADDITIONALLY ASSIGNED DUTIES AND ANNUAL COSTS OF LIVING ADJUSTMENTS.

FOR THE POSITION OF PRESIDENT/CEO A MERIT INCREASED SALARY ADJUSTMENT OR COLA COST OF LIVING ADJUSTMENT REQUIRES THE APPROVAL OF THE FULL UMOS BOARD OF DIRECTORS. THE POLICY CALLS FOR THE VICE PRESIDENT OF OPERATIONS TO REVIEW AND APPROVE ANY SUCH ADJUSTMENTS FOR ANY OTHER UMOS STAFF. PRIOR TO APPROVAL THE ADJUSTMENTS PROPOSED FOR ANY POSITION ARE REVIEWED AND SCREENED BY THE HUMAN RESOURCE DEPARTMENT FOR APPROPRIATENESS.

THE HUMAN RESOURCE DEPARTMENT AND THE CHIEF FINANCIAL OFFICER ARE CHARGED WITH REVIEWING THE SALARIES OF THE EXECUTIVE DIRECTOR AND OTHER EXECUTIVES FOR SPECIAL REQUIREMENTS OR LIMITATIONS SET FORTH IN ANY OF THE UMOS GOVERNMENTAL CONTRACTS. AN EXAMPLE OF SUCH A LIMITATION IS THE LIMITS ON SALARIES IMPOSED BY THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES. UNDER THE UMOS HEAD START CONTRACT THE SALARY OF THE TOP LEVEL POSITIONS MAY NOT EXCEED THE AMOUNT THAT IS ANNUALLY DETERMINED BY DHHS. THE CHIEF FINANCIAL

DVA

Name of the organization

UNITED MIGRANT OPPORTUNITY SERVICES

Employer identification number

39-1047172

OFFICER AND THE HUMAN RESOURCE DEPARTMENT MONITOR THESE SALARIES THROUGHOUT THE FISCAL YEAR.

LASTLY, ANY ACTIONS AND DELIBERATIONS TAKEN BY THE UMOS BOARD OF DIRECTORS, THE EXECUTIVE COMMITTEE AND THE PERSONNEL COMMITTEE ARE DOCUMENTED FULLY AND COMPLETELY BY THE MINUTES OF THESE MEETINGS AND ARE MAINTAINED IN THE CORPORATE OFFICE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
SEE NOTES IN SECTION REGARDING THE CEO COMPENSATION

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCS AND CONFLICT OF INTEREST POLICIES ARE NOT DISCLOSED. THE FINANCIAL STATEMENTS ARE ON THE WEBSITE.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER
BOOK / TAX DEPRECIATION DIFFERENCE \$ 1

DAA

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013
Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 38, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

NAME OF THE ORGANIZATION
UNITED MIGRANT OPPORTUNITY SERVICES
UMOS

Employer identification number
39-1047172

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1) Name, address, and EIN (if applicable) of disregarded entity	(2) Firm or entity	(3) Legal domicile (state or foreign country)	(4) Total revenue	(5) End-of-year assets	(6) Disregarded entity
(1) WORKFORCE RESOURCES LLC 2701 SOUTH CHASE AVENUE MILWAUKEE WI 53207 75-1553863	WORKFORCE	WI	-49	22,031	UMOS
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(1) Name, address, and EIN (if available) of related organization	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Exempt Code section	(5) Public charity status (check one) (a) (b)	(6) Disregarded entity	(7) Section 513(b)(3) related group?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
01A

Schedule R (Form 990) 2013

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and base salary thresholds.

(1) Name of related organization	(2) Transaction (see 1a-1s)	(3) Amount of fee	(4) Public disclosure amount (if any)
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN: Partner	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related or unrelated) under Section 513(c)(4)	(e) Are all partners Section 501(c)(3) organizations?		(f) Share of total income	(g) Share of endowment assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Form 990-BI (Form 990-B)	(j) Grantor or managed partner?		(k) Percentage owned
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Schedule R (Form 990) 2013

0-0

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

[This area contains a series of horizontal lines for supplemental information, which are mostly blank in this scan.]

DAA

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2013 or other tax year beginning 07/01/13, and ending 06/30/14.
▶ See separate instructions.

OMB No. 1545-0087
2013
Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Form 990-T

A Check box if address changed

B Exempt under section:
 501(c)(3) 408(a) 520(a) 220(e) 530(e)

C Book value of all assets at end of year: 17,134,890

D Employer identification number (Employers' trust, see instructions): 39-1047172

E Unrelated business activity codes (See instructions.): 531120 | 531120

F Group exemption number (See instructions.): ▶

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity:
▶ RENT OUT PORTIONS OF THE BUILDING

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ▶ DANIEL VIDAS Telephone number ▶ 414-389-6000

Part I Unrelated Trade or Business Income		(A) Income	(B) Expense	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
1c				
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Form 9949 and Schedule D)			
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent Income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)	485,333	464,061	21,272
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other Income (See instructions; attach schedule.)			
13	Total. Combine lines 3 through 12.	485,333	464,061	21,272

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)		
15	Salaries and wages		
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule)		
19	Taxes and licenses		
20	Charitable contributions (See instructions for limitation rules.)		
21	Depreciation (attach Form 4562)	21	
22a	Less depreciation claimed on Schedule A and elsewhere on return		0
22b			
23	Depletion		
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)		
29	Total deductions. Add lines 14 through 28.		
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		21,272
31	Net operating loss deduction (limited to the amount on line 30)		21,272
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.		0

DAE For Paperwork Reduction Act Notice, see instructions. Form 990-T (2013)

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1581 and 1583) check here See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____

c Income tax on the amount on line 34 ▶ **35c**

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) ▶ **36**

37 Proxy tax. See instructions ▶ **37**

38 Alternative minimum tax ▶ **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies ▶ **39**

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Attach Form 3800 (see instructions) **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41**

42 Other taxes. Check if from: Form 4255 Form 9911 Form 9987 Form 9988 Other (att. sch.) **42**

43 Total tax. Add lines 41 and 42 **43** 0

44a Payments: A 2012 overpayment credited to 2013 **44a**

b 2013 estimated tax payments **44b**

c Tax deposited with Form 8868 **44c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Credit for small employer health insurance premiums (Attach Form 8941) **44f**

g Other credits and payments: Form 2439 Form 4136 Other **44g**

45 Total payments. Add lines 44a through 44g **45**

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ **47**

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ **48**

49 Enter the amount of line 48 you want credited to 2014 estimated tax: Refunded ▶ **49**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country?
 If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
 If YES, see instructions for other forms the organization may have to file.

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Yes	No
	X
	X

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7
3 Cost of labor	3		
4a Additional sec. 263A costs (attach schedule)	4a		
4b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: _____ Date: _____ Title: **PRESIDENT/CEO**

Print/type preparer's name: **TERRY A. SCHMIDT** Preparer's signature: **TERRY A. SCHMIDT** Date: **02/06/15** Check self-employed PTIN: **P00037140**

Preparer Firm's name: **ANDREA & ORENDORFF LLP** Firm's EIN: **39-1648207**

Preparer Firm's address: **6300 76TH ST STE 200 KENOSHA, WI 53142-4018** Phone no.: **262-657-7716**

Form 990-T (2013)

DAA

Form 990-T (2013) **UNITED MIGRANT OPPORTUNITY SERVICES 9-1047172** Page **3**
Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)
 (see instructions)

1. Description of property		
(1)	N/A	
(2)		
(3)		
(4)		
2. Rent received or accrued		3. (e) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10%, but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		7. Gross income reportable (column 2 + column 6)	8. Allowable deductions (column 6 + total of columns 3(a) and 3(b))
		STMT 1 (a) Straight line depreciation (attach schedule)	STMT 2 (b) Other deductions (attach schedule)		
(1) CEC RENTAL PROPERTY	311,110	18,959	135,166		
(2) DOT RENTAL PROPERTY	83,874	44,152	98,294		
(3) SDC RENTAL PROPERTY	114,599	31,956	78,079		
(4) DVR RENTAL PROPERTY	136,719	50,513	94,021		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of the property in debt-financed property (attach schedule)	6. Column 4 divided by column 5			
(1) 151,563	301,811	50.22%	156,239		77,402
(2) 756,684	815,971	92.73%	77,776		132,090
(3) 513,222	501,530	100.00%	114,599		110,035
(4) 513,222	501,530	100.00%	136,719		144,534
SEE STATEMENT 3 SEE STATEMENT 4			Enter here and on page 1, Part I, line 7, column (A). 485,333	Enter here and on page 1, Part I, line 7, column (B). 464,061	

Totals
Total dividends-received deductions included in column 8 ▶

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations					
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc	6. Deductions directly connected with income in column 3
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 8
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 9 and 10. Enter here and on page 1, Part I, line 8, column (A) ▶	Add columns 8 and 11. Enter here and on page 1, Part I, line 8, column (B).

Statement 1 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation

Description	Deduction
CEC RENTAL PROPERTY	
TOTAL	18,959
DOT RENTAL PROPERTY	
TOTAL	18,959
TOTAL	44,152
SIC RENTAL PROPERTY DEPRECIATION	
TOTAL	44,152
SIC RENTAL PROPERTY DEPRECIATION	
TOTAL	31,956
DVR RENTAL PROPERTY DEPRECIATION	
TOTAL	50,513
TOTAL	50,513

Statement 2 - Form 990-T, Schedule E, Column 3b - Other Deductions

Description	Deduction
CEC RENTAL PROPERTY	
INTEREST	8,844
INSURANCE	1,746
REPAIRS	400
TAXES	28,184
UTILITIES	62,510
OCCUPANCY	25,036
PURCHASED SERVICES	870
ADMIN	7,576
TOTAL	135,166
DOT RENTAL PROPERTY	
INTEREST	44,155
INSURANCE	4,647
TAXES	1,774
UTILITIES	11,924
SALARIES	8,754
BENEFITS	3,500
INFO TECH-DIRECT	6
OCCUPANCY	12,504
PURCHASED SVCS	347
ADMIN	5,347
PREPAID AMORT EXPENSE	1,256
BUILDOUT RECOVERY	3,085
TOTAL	98,294
SIC RENTAL PROPERTY	
INTEREST	29,948
INSURANCE	2,722
TAXES	13,508

Statement 2 - Form 990-T, Schedule E, Column 3b - Other Deductions (continued)

Description	Deduction
UTILITIES	\$ 12,164
OCCUPANCY	13,456
PURCHASED SVCS	240
ADMIN	4,146
PREPAID AMORT EXPENSE	1,715
TOTAL	78,079
DVR RENTAL PROPERTY	
INTEREST	20,948
INSURANCE	6,263
TAXES	13,588
UTILITIES	12,030
SALARIES	7,758
BENEFITS	3,101
INFO TECH-DIRECT	1,011
OCCUPANCY	13,456
ADMIN	5,143
PREPAID EXPENSE AMORTIZATION	1,715
TOTAL	94,021

Statement 3 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

Description	Deduction
CEC RENTAL PROPERTY	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	1,818,755
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	<u>151,563</u>
DOT RENTAL PROPERTY	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	9,080,203
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	<u>756,684</u>
SDC RENTAL PROPERTY	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	6,158,658
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	<u>513,222</u>
DVR RENTAL PROPERTY	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	6,158,658
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	<u>513,222</u>

Statement 4 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

Description	Deduction
CEC RENTAL PROPERTY	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	311,290
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	292,331
DIVIDED BY 2	603,621
AVERAGE ADJUSTED BASIS	<u>301,811</u>
DOT RENTAL PROPERTY	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	838,047
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	793,695
DIVIDED BY 2	1,631,942
AVERAGE ADJUSTED BASIS	<u>815,971</u>
SDC RENTAL PROPERTY	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	515,089
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	487,970
DIVIDED BY 2	1,003,059
AVERAGE ADJUSTED BASIS	<u>501,530</u>
DVR RENTAL PROPERTY	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	515,089
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	487,970

Statement 4 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis (continued)

<u>Description</u>	<u>Deduction</u>
	\$ 1,003,059
	<u>2</u>
DIVIDED BY 2	
AVERAGE ADJUSTED BASIS	<u>501,530</u>

Net Operating Loss Carryover Worksheet

Form **990-T** For calendar year 2013, or tax year beginning 07/01/13, ending 06/30/14 **2013**

Name: **UNITED MIGRANT OPPORTUNITY SERVICES** Employer Identification Number: **39-1047172**
UMOS

Preceding Taxable Year	Prior Year			Current Year	Next Year
	Adj. To NOL Inc/(Loss) After Adj	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By NOL Carryback / Carryover Utilized	Carryover
18th 06/30/98					
19th 06/30/99					
19th 06/30/00					
18th 06/30/01					
13th 06/30/02					
18th 06/30/03					
10th 06/30/04					
9th 06/30/05					
8th 06/30/06					
7th 06/30/07					
6th 06/30/08					
5th 06/30/09					
4th 06/30/10	-28,610	13,749	14,861	14,861	
5th 06/30/11	-21,638		21,638	6,411	15,227
2nd 06/30/12	-48		48		48
1st 06/30/13	13,749	-13,749			
NOL carryover available to current year			36,547		
Current year	21,272			21,272	0
NOL carryover available to next year					15,275

Form 990		Two Year Comparison Report		2012 & 2013
		For calendar year 2013, or tax year beginning 07/01/13, ending 06/30/14		
Name UNITED MIGRANT OPPORTUNITY SERVICES UMOS			Taxpayer Identification Number 39-1047172	
		2012	2013	Differences
Revenue	1. Contributions, gifts, grants	417,548	77,714	-339,834
	2. Membership dues and assessments			
	3. Government contributions and grants	22,359,214	21,807,555	-551,659
	4. Program service revenue	693,518	739,343	45,825
	5. Investment income			
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	362,318	95,162	-267,156
	12. Total revenue. Add lines 1 through 11	23,832,598	22,719,774	-1,112,824
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	179,700	179,699	-1
	16. Salaries, other compensation, and employee benefits	16,007,267	13,755,755	-2,251,512
	17. Professional fundraising fees			
	18. Other professional fees		41,891	41,891
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion			
	21. Other expenses	7,818,236	7,604,217	-214,019
	22. Total expenses. Add lines 13 through 21	24,005,203	21,581,562	-2,423,641
	23. Excess or (Deficit). Subtract line 22 from line 12	-172,605	1,138,212	1,310,817
Other information	24. Total exempt revenue	23,832,598	22,719,774	-1,112,824
	25. Total unrelated revenue	84,723	95,162	10,439
	26. Total excludable revenue	23,747,875	22,624,612	-1,123,263
	27. Total assets	16,244,729	17,134,890	890,161
	28. Total liabilities	9,048,807	8,800,755	-248,052
	29. Retained earnings	7,195,922	8,334,135	1,138,213
	30. Number of voting members of governing body	17	17	
	31. Number of independent voting members of governing body	17	17	
	32. Number of employees	836	753	
	33. Number of volunteers	1132	965	

Form 990T		Two Year Comparison Report		2012 & 2013	
		For calendar year 2013, or tax year beginning 07/01/13, ending 06/30/14			
Name		Taxpayer Identification Number			
UNITED MIGRANT OPPORTUNITY SERVICES		39-1047172			
UMOS					
Revenue	1. Gross profit/loss on business activities	1.	2012	2013	Difference
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.	13,749	21,272	7,523
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	13,749	21,272	7,523
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	23. Total deductions. Add lines 12 through 22	23.			
	24. Taxable income before NOL. Subtract line 23 from 11	24.	13,749	21,272	7,523
	25. Net operating loss deduction	25.	13,749	21,272	7,523
	26. Specific deduction	26.	1,000	1,000	
	27. Unrelated business taxable income.	27.	-1,000	-1,000	
	Tax & Credits	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
31. Total taxes		31.			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
35. Total credits		35.			
36. Net tax after credits		36.			
37. Recapture taxes		37.			
38. Total Taxes		38.			
Due/Refund	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	43. Total payments	43.			
	44. Balance due/(Overpayment)	44.			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	47. Total due/(Refund)	47.			

Form 990		Tax Return History				2013
Name		UNITED MIGRANT OPPORTUNITY SERVICES				Employer Identification Number
		UMOS				39-1047172
	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants				22,775,762	21,885,269	
Membership dues						
Program service revenue				693,518	739,343	
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				362,318	95,162	
Total revenue				23,832,598	22,719,774	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				179,700	179,699	
Other compensation				16,505,319	13,755,755	
Professional fees					41,591	
Occupancy costs						
Depreciation and depletion						
Other expenses				7,818,236	7,604,217	
Total expenses				24,503,255	21,581,562	
Excess or (Deficit)				-670,657	1,138,212	
Total exempt revenue				23,832,598	22,719,774	
Total unrelated revenue				84,723	95,162	
Total excludable revenue				23,747,875	22,624,612	
Total Assets				16,244,729	17,134,890	
Total Liabilities				9,048,807	8,800,755	
Net Fund Balances				7,195,922	8,334,135	

Form 990T		Tax Return History					2013
Name		UNITED MIGRANT OPPORTUNITY SERVICES					Employer Identification Number
		UMOS					39-1047172
	2009	2010	2011	2012	2013	2014	
Business activity profit/loss							
Capital gains/losses							
Partner and S Corp gain/loss							
Rental income*							
Debt-financed income*							
Contracted organizations income/interest*				13,749	21,372		
Investment income, specific organizations*							
Exploited exempt activity income*							
Other income							
Total trade or business income				13,749	21,372		
Compensation of officers, etc.							
Other salaries and wages							
Repairs and maintenance							
Bad debts							
Interest							
Taxes and licenses							
Charitable contributions							
Depreciation and Depletion							
Deferred compensation plans							
Employee benefit programs							

	2008	2010	2011	2012	2013	2014
Other deductions				13,749	21,272	
Net operating loss deduction				1,000	1,000	
Specific deduction				-1,000	-1,000	
Income killer expenses and deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

Form 990T	Tax Return History					2013
Name	UNITED MIGRANT OPPORTUNITY SERVICES UMOS					Employer Identification Number 39-1047174
	2009	2010	2011	2012	2013	2014
Other deductions						
Net operating loss deduction				13,749	21,373	
Specific deduction				1,000	1,000	
Income after expenses and deductions				-1,000	-1,000	
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

Accounts payable - EOY

<u>Description</u>	<u>Amount</u>
ACCOUNTS PAYABLE	\$ 863,733
ACCRUED PAYROLL & RELATED EXPE	859,062
TOTAL	\$ <u>1,722,795</u>

Unsecured notes - EOY

<u>Code</u>	<u>Description</u>	<u>Amount</u>
	HOUSING LOANS	\$ 1,174,501
	TOTAL	\$ <u>1,174,501</u>

CERTIFIED AUDIT/BOARD APPROVED FINANCIAL STATEMENT

ITEM # 26

Agencies not under contract with the DHHS should submit a copy of the agency's prior year certified audit or the most recent Board of Directors approved financial statement if an audit has not been performed for that year.

For information on audit and invoicing requirements should a contract be awarded, see the [Audit and Reporting Requirements](#) document available at: http://county.milwaukee.gov/DHHS_bids.

**United Migrant Opportunity
Services/UMOS INC.**

Milwaukee, Wisconsin

Audited Financial Statements

**For the Year Ended
June 30, 2013**

**Andrea & Orendorff LLP
6300 76th Street Suite 200
Kenosha, WI 53142
(262) 667-7716**

United Migrant Opportunity Services/UMOS INC.

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Andrea & Orendorff LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

Board of Directors
United Migrant Opportunity Services/UMOS INC.
Milwaukee, Wisconsin

Report on the Financial Statements

We have audited the accompanying financial statements of United Migrant Opportunity Services, Inc./UMOS (UMOS) (a nonprofit organization), which comprise the statement of financial position as of June 30, 2013, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

1.

5300 76th Street Suite 200 Kenosha, WI 53142 Phone 262.657.7716 fax 262.657.6191 Website www.aacpa.net

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of UMOS as of June 30, 2013, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations* and the *State Single Audit Guide*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Andrea & Orendorff LLP

Andrea & Orendorff LLP
Kenosha, Wisconsin
November 20, 2013

United Migrant Opportunity Services/UMOS INC.
Statement of Financial Position
As of June 30, 2013

ASSETS

Current Assets	
Cash and Cash Equivalents	\$ 1,167,426
Investments in Marketable Securities	975,853
Accounts Receivable, net of allowance of \$5,661	53,573
Grants Receivable	1,691,903
Prepaid Expenses and Other Current Assets	129,134
Restricted Cash	<u>336,473</u>
Total Current Assets	4,354,362
Property and Equipment, Net	11,890,367
Total Assets	<u>\$ 16,244,729</u>

LIABILITIES AND NET ASSETS

Current Liabilities	
Notes Payable - Current Portion	\$ 335,747
Accounts Payable and other Accrued Expenses	681,249
Accrued Payroll and Related Expenses	586,152
Unearned Revenue	<u>266,076</u>
Total Current Liabilities	1,869,224
Derivative Value Liability	634,822
Long Term Notes Payable	<u>6,544,760</u>
Total Long Term Liabilities	7,179,582
Total Liabilities	<u>9,048,806</u>
Total Net Assets - Unrestricted	7,195,923
Total Liabilities and Net Assets	<u>\$ 16,244,729</u>

The accompanying notes are an integral part of the financial statements.

United Migrant Opportunity Services/UMOS INC.
Statement of Activities
For the Year Ended June 30, 2013

Revenues	Total
Grants and Contracts	\$ 22,409,213
Program Income	310,893
Rental Income	921,596
Other Income	264,765
In Kind Contributions	367,548
Total Revenue	\$ 24,274,015
Expenses	
Program Services	
Employment & Training	\$ 12,968,209
Child Education	5,545,684
AIDS Programs	157,355
Homeless/Shelter/Food Programs	740,821
Community Based Programs	1,696,695
Housing Expenses	413,103
In Kind Contributions	367,548
Supporting Services	
Supporting Services	2,072,999
Corporate Expenses	1,050,924
Total Expenses	\$ 25,013,338
Change in Net Assets Before Capital Additions, Federal Depreciation, Accrued Vacation and Derivative Value	(739,323)
Capital Additions and Accrued Vacation	120,644
Change in Derivative Value	241,282
Change in Net Assets Before Federal Depreciation	(377,397)
Federal Depreciation	(293,260)
Increase/(Decrease) In Net Assets	(670,657)
Net Assets, June 30, 2012	7,866,580
Net Assets, June 30, 2013	\$ 7,195,923

The accompanying notes are an integral part of the financial statements.

**United Migrant Opportunity Services/UMOS INC.
Statement of Cash Flows
For the Year Ended June 30, 2013**

Cash Flows from Operating Activities

Change in Net Assets \$ (670,657)

Adjustments to reconcile change in net assets to
cash provided/(used) by operating activities:

Depreciation 765,229
 Unrealized Gain in Market Value of Marketable Securities Investments (106,289)
 Change in Derivative Value (241,282)

Changes in Current Assets and Liabilities:

Increase in Accounts Receivable (1,795)
 Increase in Grants Receivable (47,079)
 Decrease in Prepaid Expenses and Other Current Assets 3,449
 Decrease in Accounts Payable and Other Accrued Expenses (309,287)
 Decrease in Accrued Payroll and Related Expenses (60,115)
 Decrease in Unearned Revenue (345,302)
Net Cash Provided/(Used) by Operating Activities \$ (1,013,128)

Cash Flows from Investing Activities

Acquisition of Property and Equipment \$ (115,763)
 Net Deposits to Restricted Cash (36,201)
 Proceeds from Marketable Security Withdrawal 2,050,454
 Purchase of Marketable Security Investments (21,624)
Net Cash Provided/(Used) by Investing Activities \$ 1,876,866

Cash Flows from Financing Activities

Payments on Line of Credit \$ (259,113)
 Payments on Long-term Notes Payable (321,039)
Net Cash Provided/(Used) by Financing Activities \$ (580,152)

Net Increase/(Decrease) in Cash and Cash Equivalents \$ 283,586

Cash and Cash Equivalents, June 30, 2012 883,840
Cash and Cash Equivalents, June 30, 2013 \$ 1,167,426

Supplemental Schedule of Other Operating Activities

Interest Paid \$ 369,290

The accompanying notes are an integral part of the financial statements.

United Migrant Opportunity Services/UMOS INC.

**Notes to Financial Statements
June 30, 2013**

NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations

United Migrant Opportunity Services/UMOS INC. (UMOS) was organized as a nonprofit corporation in 1985. The organization was formed to develop and provide resources for the purpose of assisting farm workers, Hispanic, and low-income families through a variety of programs. The organization also owns five low income housing projects, Aurora Housing Center, Montello Housing Center, Claremont Housing Center, Jefferson Apartments, and Beaver Dam Apartments, which have been included in these statements. The organization is primarily supported through federal and state government grants.

Basis of Accounting

The financial statements of the organization have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Basis of Presentation

The classification of temporarily restricted net assets includes grant awards during the time period the funds are restricted to specific programs/expenses as defined in the awards. When expenses are incurred against these grant funds, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restriction.

Cash and Cash Equivalents

For purposes of the statement of financial position and the statement of cash flows, cash and cash equivalents consist of cash and money market funds, with an original maturity of three months or less when purchased.

Investments in Marketable Securities

Investments in Marketable Securities include cash and cash equivalents, mutual funds, and fixed income investments shown on the statement of financial position at market value. The primary objectives of UMOS investment activities are to preserve and protect investment principal, to remain sufficiently liquid to meet disbursement requirements which might reasonably be anticipated, and to manage the investment portfolio to maximize return consistent with the above objectives and other risk limitations as determined by management.

Receivables

Grants Receivable consist primarily of amounts due from various Federal, State, and local funding sources with most grants receivable due from Federal agencies and the State of Wisconsin. Accounts Receivable consists of tenant rents and other income related to the housing projects. An allowance for doubtful accounts in the amount of \$5,661 has been recorded in the financial statements.

United Migrant Opportunity Services/UMOS INC.

Notes to Financial Statements
June 30, 2013

NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Grant Awards/Unearned Revenue

Grant revenue is recognized in the accounting period when the related expenses are incurred. Amounts received or receivable in excess of expenses are reflected as unearned revenue.

Performance contracts reimburse based on the accomplishment of contract objectives without regard to expenditures. Performance revenue is recognized in the accounting period when the contracted services have been performed or claims submitted.

Property and Equipment, Net

For financial statement purposes, the cost of property and equipment with a unit cost of \$5,000 or more is recorded as an asset and is depreciated over its estimated useful life using the straight-line method. The cost of property and equipment with a unit cost of \$5,000 or more purchased with grant funds and expensed to the grants is added back in total to unrestricted net assets while the related depreciation calculated in accordance with generally accepted accounting principles is deducted in total from unrestricted net assets.

Federal depreciation expense for assets purchased with grant funds was \$293,260. Depreciation expense for assets purchased with non-grant funds was \$471,969 for total depreciation of \$765,229.

The accounting policies of UMOS are in accordance with the terms of grant agreements and funding sources' prescribed cost principles in respect to property and equipment. The property and equipment acquired with grant funds is owned by UMOS while used in the program for which it was purchased or in other future authorized programs. However, the various funding sources have a reversionary interest in the property and equipment purchased with grant funds. Its disposition, as well as the ownership of any proceeds therefrom, is subject to funding source regulations.

Income Taxes

UMOS is a private nonprofit corporation generally exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. It is also generally exempt from the franchise or income tax on state taxable incomes. However, UMOS is subject to income tax on its unrelated business activity which is debt-financed rental income.

UMOS is subject to Federal and State corporate income taxes on unrelated business income related to net rental income received from the rental of commercial business property. For the year ended June 30, 2013, UMOS had \$12,749 of net federal taxable income that will be offset

United Migrant Opportunity Services/UMOS INC.

Notes to Financial Statements
June 30, 2013

NOTE A – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Income Taxes (continued)

against its \$50,296 carry forward loss, resulting in \$37,547 remaining to offset future years' taxable income. UMOS had a \$83,321 loss at June 30, 2007 that was carried forward to offset future taxable state income. For the years ending June 30, 2008 and 2009, \$43,165 and \$20,485 respectively of state income was offset leaving \$29,671 as a carry forward. This \$29,671 carry forward is combined with the June 30, 2010 and June 30, 2011 and June 30, 2012 net loss amounts of \$28,610 and \$21,838, and \$48 respectively resulting in a \$79,967 net loss carry forward. The June 30, 2013 \$12,749 net income was offset against the carry forward, resulting in \$67,218 loss carry forward to offset the future years' state taxable income.

UMOS believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements.

UMOS' Federal Exempt Organization Business Income Tax Returns (Form 990T) for 2009, 2010, and 2011 are subject to examination by the IRS, generally for three years after they were filed. The State of Wisconsin can also examine the state's returns for three years.

Cost Allocation

Wherever possible, costs are assigned to the grants that benefit directly from the grant expenditures. Certain costs such as occupancy and common office expenses are recorded in cost pools for eventual assignment to activities that benefit in common from the expenditures. Those allocations are based on full-time equivalent employees.

Administrative expenses are allocated to grants and non-grant activities monthly based on total relative expenditures of the grants and non-grant activities during each month of the fiscal year.

Advertising

Advertising costs of \$55,365 were incurred and expensed in the fiscal year.

NOTE B – RESTRICTED CASH

UMOS has five notes payable due to the U.S. Department of Agriculture which requires UMOS to make deposits annually into reserve accounts until the amount in the reserve accounts reaches \$403,420. Use of funds in the reserve accounts requires the consent of the U.S. Department of Agriculture. Restricted cash as of June 30, 2013 consists of reserve accounts in the amount of \$336,473.

United Migrant Opportunity Services/UMOS INC.

Notes to Financial Statements
June 30, 2013

NOTE C – INVESTMENTS

UMOS has implemented the accounting standard regarding fair value measurements. The standard defines fair value, establishes a framework for measuring fair value in accordance with generally accepted accounting principles, and expands disclosures about fair value measurements. The input levels used for valuing investments are not necessarily an indication of risk.

Level 1

Fair values are based on quoted prices (unadjusted) in active markets for identical assets that the plan has the ability to access at the measurement date (e.g. prices derived from NYSE, NASDAQ or Chicago Board of Trade).

Level 2

Fair values are based on inputs other than quoted price included in level 1 that are observable for valuing the asset or liability, either directly or indirectly (i.e. interest rate and yield curves observable at commonly quoted intervals, default rates, etc.). Observable inputs include quoted price for similar assets or liabilities in active or non-active markets. Level 2 inputs may also include insignificant adjustments to market observable inputs.

Level 3

Fair values are based on unobservable inputs for valuing the asset or liability. Unobservable inputs are those that reflect the plan's own assumptions about the assumptions that market participant would use in pricing the asset, based on the best information available in the circumstances. An example could be real estate valuations, which require significant judgment.

UMOS' investments are reported at fair value using Level 1 inputs and consist of the following at June 30, 2013:

Marketable Securities Investments	
Cash and Cash Equivalents	\$ 13,991
Fixed Mutual Funds	435,990
Fixed Income Investments	<u>525,872</u>
Total Marketable Securities Investments	<u>\$ 975,853</u>

United Migrant Opportunity Services/UMOS INC.

**Notes to Financial Statements
June 30, 2013**

NOTE C – INVESTMENTS (continued)

Unrealized gain on these investments for the year ending June 30, 2013 was \$106,289. Interest income on restricted cash funds and cash and cash equivalents as of June 30, 2013 was \$373. Investment administrative fees were \$5,680. During the year, \$1,950,000 was removed from the investment portfolio to fund the W-2 program operations.

NOTE D – WORKFORCE RESOURCES LLC and UMOS ENTERPRISES

Workforce Resources, a LLC in which UMOS owned 50%, was reduced to a single member LLC as UMOS bought out the other partner. The entity still exists and due to the fact that it is a single member LLC, the account balances have been incorporated into the UMOS statements for this report.

**Workforce Resources, LLC
Balance Sheet
As of June 30, 2013**

Assets	
Current Assets	
Cash	\$ 32,087
Total Current Assets	<u>32,087</u>
Total Assets	<u>32,087</u>
Liabilities and Net Assets	
Total Net Assets-Unrestricted	<u>32,087</u>
Total Liabilities and Net Assets	<u>\$ 32,087</u>

United Migrant Opportunity Services/UMOS INC.

**Notes to Financial Statements
June 30, 2013**

NOTE D – WORKFORCE RESOURCES LLC and UMOS ENTERPRISES (Continued)

**Workforce Resources, LLC
Income Statement
For the Year Ended June 30, 2013**

Total Revenues	\$	1
Total Expenses		<u>10,024</u>
Decrease in Net Assets		(10,023)
Net Assets, June 30, 2012		<u>42,110</u>
Net Assets, June 30, 2013	\$	<u>32,087</u>

UMOS Enterprises was dissolved effective 10/31/12, and its ending balance of \$9,325 transferred to UMOS.

NOTE E – PROPERTY AND EQUIPMENT, NET

A summary of property and equipment as of June 30, 2013 is as follows:

	<u>Non- Federal</u>	<u>Federal</u>	<u>Total</u>
Land and Land Improvements	\$ 1,894,290	\$ 218,500	\$ 2,112,790
Buildings and Improvements	10,730,895	5,098,092	15,828,987
Equipment and Vehicles	<u>268,873</u>	<u>2,197,997</u>	<u>2,466,870</u>
Subtotal	\$ 12,894,058	\$ 7,514,589	\$ 20,408,647
Accumulated Depreciation	<u>(3,930,468)</u>	<u>(4,587,812)</u>	<u>(8,518,280)</u>
PROPERTY AND EQUIPMENT, NET	\$ <u>8,963,590</u>	\$ <u>2,926,777</u>	\$ <u>11,890,367</u>

United Migrant Opportunity Services/UMOS INC.

Notes to Financial Statements
June 30, 2013

NOTE F – UMOS DERIVATIVE FINANCIAL INSTRUMENTS

UMOS makes limited use of derivative financial instruments for the purpose of managing interest rate fluctuations. The initial and ongoing intent of two interest rate swap agreements that UMOS entered into was and still is to provide a cap or ceiling on the interest rate paid by UMOS on outstanding debt over a portion of the life of the debt.

The interest rate swap agreement with US Bank is used to convert UMOS floating rate tax free Revenue Bond long term debt to a fixed rate of 5.89%. The principal amount outstanding on this debt to US Bank was \$ 5,658,975 at June 30, 2013.

At the time of entering into the outstanding interest rate swap agreement, UMOS made the decision to lock in the 5.89% interest rate until June 1, 2016 at which time the swap agreement matures and the debt becomes subject to the floating interest rate until the debt is completely paid off on October 1, 2026. UMOS decided the 5.89% rate was an acceptable and affordable rate of interest for the period ending June 1, 2016.

At June 30, 2013 the floating rate on the Revenue Bonds was 1.51%. The differentials paid or received on the interest rate swap agreement are recognized in the financial records as adjustments to interest expense.

UMOS is exposed to a credit loss in the event of non-performance by the other party to the interest rate swap agreement. UMOS does not anticipate nonperformance by the other party.

At June 30, 2013, the interest rate swap agreement had a negative market value of \$634,822 which has been set up in the UMOS financial statements as a long term liability. UMOS has recorded a positive net market value revenue of \$241,282. The swap agreement is held only to provide a cap/ceiling to the interest rate paid on the Revenue Bonds and not for investment purposes. It is the intent of UMOS to hold this interest rate swap agreement to maturity and final settlement at no additional profit or cost to UMOS.

NOTE G – NOTES PAYABLE

Note Payable – Bank Line of Credit at June 30, 2013 is \$500,000 bearing an interest rate of LIBOR (London Interbank Official Rate) which was 2.75%. The line of credit balance outstanding was \$0 at June 30, 2013.

Long-term notes payable at June 30, 2013 consist of the following:

Note payable to U.S. Department of Agriculture due in annual payments of \$13,249, including interest of 1%, with unpaid principal and interest due November 2031. The note is collateralized by the Aurora Housing Center. \$ 197,703

United Migrant Opportunity Services/UMOS INC.

Notes to Financial Statements
June 30, 2013

NOTE G – NOTES PAYABLE (continued)

Note payable to U.S. Department of Agriculture due in annual payments of \$7,156, including interest of 1%, with all unpaid principal and interest due April 2030. The note is collateralized by the Montello Housing Center.	101,045
Note payable to U.S. Department of Agriculture due in annual payments of \$13,103, including interest of 1%, with all unpaid principal and interest due July 2031. The note is collateralized by the Beaver Dam and Jefferson apartments.	197,859
Note payable to U.S. Department of Agriculture due in annual payments of \$11,637, including interest of 1%, with all unpaid principal and interest due June 2035. The note is collateralized by the Claremont Housing Center.	223,637
Promissory note to U.S. Department of Agriculture for the Jefferson Apartments acquired October 18, 2006. Interest rate is 1% with final payment due October 31, 2039. The note is collateralized by the Beaver Dam and Jefferson apartments.	328,088
Note payable to Minnesota Housing Finance Agency (MHFA) due in full on October 17, 2033 at 0% interest. The note is collateralized by the Claremont Housing project.	<u>175,000</u>
Subtotal Housing Notes Payable	\$1,223,532

Redevelopment Authority of the City of Milwaukee, Wisconsin Variable Rate Demand Redevelopment Revenue Bonds Series 2006 (United Migrant Opportunity Services/UMOS Inc. Project). Original face value of \$6,950,000, with an interest rate based on the LIBOR index rate plus the applicable margin. Payments began on February 1, 2008 with scheduled maturity on October 1, 2028.

The Revenue Bonds are collateralized mainly by a mortgage, security agreement, assignment of rents and leases, and a fixture financing statement. The security agreement, dated June 1, 2006, by UMOS to Redevelopment Authority of the City of Milwaukee, Wisconsin is assigned to US Bank.

United Migrant Opportunity Services/UMOS INC.

Notes to Financial Statements
June 30, 2013

NOTE G – NOTES PAYABLE (continued)

Significant terms of the security agreement include:

- Restriction on additional indebtedness of not more than \$50,000
- Restriction on contingent liabilities
- Marketable Securities on hand of not less than \$500,000 with composition requirements
- Minimum profitability as defined for the Chase property of \$1 or more
- Minimum fixed charge coverage rates as defined not to be less than 1.05 to 1.0. UMOS is in violation of its US Bank loan agreement covenant, as its fixed charge coverage ratio was less than the required 1.05 to 1.0 at 06/30/13. US Bank has waived the loan agreement covenant violation.

	Total Revenue Bonds	<u>\$5,656,975</u>
TOTAL LONG-TERM NOTES PAYABLE		6,880,507
Less Current Portion		<u>335,747</u>
LONG-TERM NOTES PAYABLE		<u>\$ 6,544,760</u>

Principal payments due by year are as follows:

2014	\$ 335,747
2015	353,888
2016	373,105
2017	393,478
2018	415,078
2019-2039	<u>5,009,211</u>
	<u>\$ 6,880,507</u>

United Migrant Opportunity Services/UMOS INC.

**Notes to Financial Statements
June 30, 2013**

NOTE H – CONCENTRATION OF CREDIT RISK

UMOS maintains cash balances and money market accounts in more than one bank. Accounts at each institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Cash balances in excess of FDIC coverage are not collaterally secured. Cash balances in excess of FDIC coverage are \$1,275,136 at June 30, 2013.

In addition, as of June 30, 2013, UMOS has \$248,655 invested in money market accounts.

NOTE I – OPERATING LEASES

UMOS leases various facilities and equipment for operation of its programs. Operating lease payments for the year ended June 30, 2013 were \$296,779. Future minimum lease payments beyond June 30, 2013 are as follows:

2014	\$ 276,925
2015	156,038
2016	69,248
2017	33,559
2018	22,548
2019-2023	112,739
2024	<u>22,548</u>
	<u>\$ 693,605</u>

NOTE J – RETIREMENT PLANS

UMOS has a defined contribution retirement plan authorized under section 401(k) which covers substantially all regular and seasonal employees who have been employed by the organization for one year, work a minimum of 500 hours, and are at least 18 years of age. There are two elements to the plan consisting of employer and employee contributions. Both types of contributions vest immediately. Employee contributions are optional.

Effective January 1, 2009, the 401(k) retirement plan became a Safe Harbor 401(k) plan, whereas UMOS commits to making certain contributions. This commitment to make contributions enables UMOS to simplify the administration of the plan by ensuring that non-discrimination regulations are met. In order to maintain the "Safe Harbor" status, UMOS will make a contribution equal to 3% of eligible employees' compensation. In addition, UMOS may also make an additional 2% contribution of the eligible employees' compensation. UMOS made contributions of \$490,474 including plan expenses of \$7,577 for the year ended June 30, 2013.

United Migrant Opportunity Services/UMOS INC.

Notes to Financial Statements
June 30, 2013

NOTE K - EXECUTIVE ADMINISTRATIVE STAFF BENEFIT PLAN

The UMOS Executive Plan was established by the UMOS Board for the benefit of members of its executive administrative staff. The UMOS CEO/President has the authority to update the list of eligible executive administrative staff. The plan provides for the following benefits:

- An additional 2% pension contribution on employee earnings that exceed 92% of the maximum Social Security wage base through December 31, 2013.
- 4% of annual employee earnings to be used for long-term care insurance, long-term disability insurance, life insurance, and/or contributions to the Section 125 flex benefit plan, 457 Plan and Health Savings Account.
- At June 30, 2013, \$233,789 has been accumulated in the executive administrative staff's 457 Plan. UMOS contributed \$27,128 during the fiscal year. The investment asset and the related potential liability for the executive administrative staff are not recorded on the UMOS balance sheet at June 30, 2013.
- On January 1, 2013 the President/CEO's salary was reduced to the federal executive pay level II of \$179,700 in order to comply with U.S. Department of Health and Human Services compensation limits set. On December 11, 2012, UMOS established a health care trust agreement for the benefit of Lupe Martinez. The trust will reimburse him for health, vision insurance, dental insurance, and life insurance premiums paid. For six months of fiscal year 2013, \$32,800 was paid to the trust for his benefit.

NOTE L - CONCENTRATION OF RISK

UMOS receives grants from various Federal, State, and Local agencies whose programs rely on the availability of funding from the Federal and State governments. Approximately 93% of grant and housing revenues are from government agencies.

NOTE M - CONTINGENT RECEIVABLE/PAYABLE

Certain UMOS grants are subject to audit by the grantor on termination of the grants. No refunds are recorded for potential refunds or receivables to grantors that may result from audit adjustments until the audits are complete.

NOTE N - CHANGES IN NET ASSETS

To comply with generally accepted accounting principles, UMOS records in its financial records the cost, less accumulated depreciation of property and equipment which was purchased with grant funds. In addition, the accrued vacation pay due employees is reflected in net assets and current liabilities. Specifically by fund, center, or apartments, the following summary of changes to net assets is presented:

United Migrant Opportunity Services/UMOS INC.

**Notes to Financial Statements
June 30, 2013**

NOTE N – CHANGES IN NET ASSETS (Continued)

	UMOS Grant Operating Fund	UMOS Operating Fund	Aurora Housing Center	Montello Housing Center	Beaver Dam Apartments	Claremont Housing Center	Jefferson Apartments	Total
Net Assets, June 30, 2012	\$ -	\$ 6,231,024	\$ 510,883	\$ (220)	\$ 241,888	\$ 285,344	\$ 587,861	\$ 7,866,580
Net Income(Loss)	(742,502)	39,347	(30,139)	(10,884)	14,207	(20,427)	10,884	(739,323)
Change in Derivative Value	-	241,282	-	-	-	-	-	241,282
Property and Equipment purchased with grant funds during fiscal year 2013	-	102,999	-	-	-	-	-	102,999
Depreciation of property and equipment purchased with grant funds	-	(232,702)	(18,605)	(285)	(5,277)	(8,230)	(28,151)	(293,260)
Decrease in vacation pay accrual during fiscal 2013	-	17,845	-	-	-	-	-	17,845
Transfer to UMOS Operating Fund	742,502	(742,502)	-	-	-	-	-	-
Net Assets, June 30, 2013	\$ -	\$ 5,657,093	\$ 462,150	\$ (11,209)	\$ 250,818	\$ 256,687	\$ 580,384	\$ 7,195,923

United Migrant Opportunity Services/UMOS INC.

**Notes to Financial Statements
June 30, 2013**

NOTE O - PARTICIPANT DIRECT PAYMENTS

The Wisconsin Department of Children and Families made W-2 participant direct payments totaling \$5,990,856 on behalf of UMOS for the year ended June 30, 2013. This information is not included in the Schedule of Expenditures of Federal and State Awards and the Statement of Activities and Cash Flows for the year ended June 30, 2013.

NOTE P – IN KIND CONTRIBUTIONS

In-kind contributions are recorded at market value and is recognized in the period received. The in-kind contribution relates primarily to the Head Start Program and consists of volunteer services, a reduction of fair market value of space costs and special reduced pricing from service contractors. In-kind contribution is recorded on the statement of activities because it meets the definition of professional services as defined according to accounting standards.

NOTE Q – SUBSEQUENT EVENTS

W-2 Program

UMOS, Inc. operates Wisconsin Works (W-2) employment and training program located in Milwaukee Wisconsin for 36 months starting January 1, 2013. The contract is performance based requiring specific benchmarks be met before reimbursement is received from the Wisconsin Department of Children and Families. For the fiscal year ending June 30, 2013, the W-2 program had a net loss of (\$733,229). July 2013 – October 2013 UMOS, Inc. has a net profit of \$579,858. At October 31, 2013, the contract to date loss has been reduced to (\$153,371).

Head Start Delegate Program

UMOS operates a Head Start program in the state of Wisconsin and receives funding directly from Teaching and Mentoring Communities (TMC). At June 30, 2013 UMOS had 21 Head Start Delegate vehicles with a book value of \$475,483 and accumulated depreciation of \$275,727 recorded. In July 2013, the vehicles' titles were transferred to TMC. The book value and accumulated depreciation was removed from UMOS' financial statements resulting in a \$199,756 fund balance decrease. UMOS will continue to utilize the vehicles in the operation of its program through a lease from TMC.

United Migrant Opportunity Services/UMOS Inc.
 Schedule of Expenditures of Federal and State Awards
 for the Year Ended June 30, 2013

Grantor Agency/ Pass-Through Agency/ Program Title	Federal CFDA Number	Grant Begin Date	Grant End Date	Passed Through Agency	Passed Through Agency ID	Expenditures
U.S. Department of Agriculture						
Child Nutrition Cluster						
CACFP	10.558	07/01/2012	06/30/2013		70-6817/ERS46111552	\$ 89,880
Total Child Nutrition Cluster						89,880
SFSP	10.559	07/01/2012	06/30/2013		69-2608	8,860
FSET	10.561	01/01/2013	12/31/2013	MAWIB	13-FSET-41	210,639
FSET	10.561	01/01/2012	12/31/2012	MAWIB	12-FSET-41	234,882
Aurora Housing	unknown	07/01/2012	06/30/2013		N/A	71,526
Montello Housing	unknown	07/01/2012	06/30/2013		N/A	27,632
Beaver Dam Housing	unknown	07/01/2012	06/30/2013		N/A	41,182
Claremont Housing	unknown	07/01/2012	06/30/2013		N/A	58,375
Jefferson Housing	unknown	07/01/2012	06/30/2013		N/A	37,786
Total U.S. Department of Agriculture						780,672
U.S. Department of Justice						
Sexual Assault Services	16.017	10/01/2011	09/30/2014		2011-KS-AX-K002	120,318
OJA Reach Project	16.017	07/01/2012	06/30/2013	WI Office Justice	2009/2010-SA-01-8637	68,328
OJA Reach Project	16.017	07/01/2013	12/31/2013	WI Office Justice	2009/2010-SA-01-8638	248
VOCA	16.575	10/01/2012	09/30/2013	WI Dept Justice	2011-087-12	58,434
VOCA	16.575	10/01/2011	09/30/2012	WI Dept Justice	2011-087-11	19,891
OJA Violence Against Women	16.588	10/01/2012	09/30/2013	WI Dept Justice	2011/2012-VA-05D-8912	33,416
OJA Violence Against Women	16.588	10/01/2011	09/30/2012	WI Dept Justice	2008/2011-VA-05D-8878	10,194
Transitional Housing	16.736	09/02/2009	08/31/2012		2008-WI-AX-0050	9,884
Total U.S. Department of Justice						318,694
U.S. Department of Labor						
WIA Cluster						
Milw Workforce Dev - WIA	17.258	07/01/2012	06/30/2013	MAWIB	13-WIAADT-41	234,289
W-3	17.259	08/01/2012	05/31/2013	WI DWD	N/A	263,815
Total WIA Cluster						488,154
WIA 167 Farm Worker - Wisconsin	17.264	07/01/2012	06/30/2013		AC21957JVO	1,247,978
WIA 167 Farm Worker - Missouri	17.264	07/01/2012	06/30/2013		AC21958JVO	983,220
Migrant Seasonal Farm Worker	17.264	07/01/2012	06/30/2013		MH-22002JWO	426,742
Total U.S. Department of Labor						3,146,094

See accompanying notes to the schedule of federal awards.

United Migrant Opportunity Services/UMOS Inc.
 Schedule of Expenditures of Federal and State Awards
 for the Year Ended June 30, 2013

Grantor Agency/ Pass-Through Agency/ Program Title	Federal CFDA Number	Grant Begin Date	Grant End Date	Passed Through Agency	Passed Through Agency ID	Expenditures
U.S. Department of Education						
MPS Community Learning Centers	84.287	08/01/2012	08/15/2013	MPS	2012-13-CLC	151,156
MPS CLC Summer Program	84.287	06/17/2013	07/28/2013	MPS	N/A	1,551
Total U.S. Department of Education						<u>152,707</u>
U.S. Department of Health and Human Services						
Healthy Marriage	93.086	10/01/2012	09/29/2013	Center Self Suff.	N/A	185,896
Healthy Marriage	93.086	10/01/2011	09/29/2012	Center Self Suff.	N/A	80,217
Pathways to Responsible Fatherhood	93.086	01/01/2012	09/29/2012	Mil Child Support	3UM01210862	13,868
Pathways to Responsible Fatherhood	93.086	08/30/2012	09/29/2013	Mil Child Support	N/A	57,625
TANF Cluster						
Child Welfare Integration	93.658	01/01/2012	08/31/2012	Intergr Family Serv	N/A	5,712
W-2 Southeastern Region	93.658	04/01/2010	12/31/2012	WI DCF	N/A	3,677,836
W-2 Southern Region	93.658	01/01/2013	12/31/2013	WI DCF	CFB00144-00	3,814,185
W-2 661	93.658	01/01/2010	12/31/2012	WI DCF	N/A	610,978
Emergency Assistance Payments	93.658	01/01/2013	12/31/2013	WI DCF	CFB00144-00	466,482
ARRA-Transitional Jobs	93.714	08/02/2010	08/30/2013	WI DCF	N/A	<u>2,777,658</u>
Total TANF Cluster						<u>11,262,732</u>
Refugee Assistance	93.566	01/01/2013	12/31/2013	WI DCF	CFB00144-00	214,217
Kenosha Energy Assistance	93.566	01/01/2012	08/30/2012	Kenosha DHSS	DWD-UMOS-WHEAP-12	69,254
Kenosha Energy Assistance	93.566	10/01/2012	08/30/2013	Kenosha DHSS	DWD-UMOS-WHEAP-12	241,667
CSBG Cluster						
Comprehensive Crisis Relief	93.569	01/01/2013	12/31/2013	WI DCF	N/A	183,568
Comprehensive Crisis Relief	93.569	01/01/2012	12/31/2012	WI DCF	N/A	165,883
Total CSBG Cluster						<u>289,251</u>
CCDF Cluster						
W-2 Contracted Child Care	93.586	01/01/2012	12/31/2012	WI DCF	N/A	219,347
W-2 Contracted Child Care	93.586	01/01/2013	12/31/2013	WI DCF	CFB00144-00	207,819
Total CCDF Cluster						<u>427,286</u>
NEMO Human Trafficking	93.586	07/01/2012	06/30/2013	Inter Inst St Louis	N/A	69,687

See accompanying notes to the schedule of federal awards.
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United Migrant Opportunity Services/UMOS Inc.
 Schedule of Expenditures of Federal and State Awards
 for the Year Ended June 30, 2013

Grantor Agency/ Pass-Through Agency/ Program Title	Federal CFDA Number	Grant Begin Date	Grant End Date	Passed Through Agency	Passed Through Agency ID	Expenditures
U.S. Department of Health and Human Services (continued)						
Head Start Cluster						
Migrant Head Start Grantee	93.600	04/01/2012	03/31/2013	US DHSS	80CM0148/22	2,203,266
Migrant Head Start Grantee	93.600	04/01/2013	03/31/2014	US DHSS	90CM0148/23	596,997
Migrant Head Start Delegate	93.600	02/01/2013	01/31/2014	TMC	N/A	566,460
Migrant Head Start Delegate	93.600	02/01/2012	01/31/2013	TMC	N/A	1,379,526
Total Head Start Cluster						<u>4,745,249</u>
Ryan White Linkages to Care Services	93.917	12/01/2011	06/30/2012	WI Dept Health	N/A	17,459
HIV Prevention SE WI	93.940	01/01/2013	12/31/2013	WI Dept Health	N/A	63,249
HIV Prevention SE WI	93.940	01/01/2012	12/31/2012	WI Dept Health	N/A	75,829
HIV Community Planning	93.940	01/01/2013	12/31/2013	WI Dept Health	N/A	387
HIV Community Planning	93.940	01/01/2012	12/31/2012	WI Dept Health	N/A	6,350
Total U.S. Department of Health and Human Services						<u>17,780,101</u>
Total Federal Programs						<u>22,178,288</u>
State and Local Programs						
WDOI Head Start-Plymouth	N/A	07/01/2012	06/30/2013	WI DPI	N/A	56,970
Migrant Day Care	N/A	01/01/2012	12/31/2012	WI DCF	N/A	427,813
Migrant Day Care	N/A	01/01/2013	12/31/2013	WI DCF	N/A	152,750
Sexual Assault Services	N/A	01/01/2013	12/31/2013	WI Dept Justice	13SAVS19038	15,774
Sexual Assault Services	N/A	01/01/2012	12/31/2012	WI Dept Justice	12SAVS18038	6,032
WIS Tobacco Grant	N/A	01/01/2012	12/31/2012	WI Dept Health	N/A	61,380
WIS Tobacco Control	N/A	01/01/2013	06/30/2013	WI Dept Health	N/A	55,962
Domestic Abuse Dept Health	N/A	01/01/2013	12/31/2013	WI DCF	CFB00114R1	25,009
Domestic Abuse Dept Health	N/A	01/01/2012	12/31/2012	WI DCF	#352	17,184
United Way Healthy Girls Initiative	N/A	07/01/2012	06/30/2013	United Way	N/A	50,000
MI ARCOS IRIS Latina Resource Center	N/A	07/01/2011	12/31/2012	WI DCF	#264	22,645
MI ARCOS IRIS Latina Resource Center	N/A	01/01/2013	12/31/2013	WI DCF	CFC00236	21,898
Greater Milwaukee Foundation	N/A	01/01/2012	12/31/2012	Greater Milwaukee	N/A	16,213
GED Northwestern Foundation	N/A	12/01/2010	06/30/2013	Northwestern	N/A	26,240
WSCAP Skills Enhancement	N/A	07/01/2011	06/30/2013	WSCAP	N/A	13,345
Smoke Free Community Advocates	N/A	12/10/2012	06/30/2013	Community Advocates	N/A	1,136
Total State and Local Programs						<u>970,249</u>
Total Federal and State Programs						<u>\$ 23,148,517</u>

See accompanying notes to the schedule of federal awards.
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United Migrant Opportunity Services/UMOS INC.

Notes to the Schedule of Expenditures of Federal and State Awards

NOTE 1 - BASIS OF PRESENTATION

The Schedule of Expenditures of Federal and State Awards includes the federal and state grant activity of UMOS and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations* and the *State Single Audit Guidelines*.

NOTE 2 – PARTICIPANT DIRECT PAYMENTS

The Wisconsin Department of Children and Families made W-2 participant direct payments totaling \$5,990,856 on behalf of UMOS for the year ended June 30, 2013. This information is not included in the Schedule of Expenditures of Federal and State Awards, or the Statement of Activities, or Cash Flows for the year ended June 30, 2013.

NOTE 3 – SUBRECIPIENTS

Of the federal expenditures in the schedule, UMOS provided federal awards to subrecipients as follows:

CFDA Number	Program Name	Amount Provided to Subrecipients
17.264	Migrant Farmworker Housing	\$ 36,715
93.558	Temporary Assistance to Needy Families	53,179
93.714	Transitional Jobs	551,172



Andrea & Orendorff LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors
United Migrant Opportunity Services/UMOS INC.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of United Migrant Opportunity Services, Inc./UMOS (UMOS) (a nonprofit organization), which comprise the statement of financial position as of June 30, 2013, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 20, 2013.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered UMOS' internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of UMOS' internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL
REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF
FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT
AUDITING STANDARDS(continued)**

Compliance and Other Matters

As part of obtaining reasonable assurance about whether UMOS' financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Andrea E. Orendorff LLP

Andrea & Orendorff LLP
Kenosha, Wisconsin
November 20, 2013



Andrea & Orendorff LLP

Certified Public Accountants

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM
AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-
133 AND THE STATE SINGLE AUDIT GUIDE**

Board of Directors
United Migrant Opportunity Services/UMOS INC.

Report on Compliance for Each Major Federal Program

We have audited United Migrant Opportunity Services Inc./UMOS' (UMOS) compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* and the *State Single Audit Guide* that could have a direct and material effect on each of UMOS' major federal programs for the year ended June 30, 2013. UMOS' major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of UMOS' major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about UMOS' compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of UMOS' compliance.

Opinion on Each Major Federal Program

In our opinion, UMOS complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2013.

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM
AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-
133 AND THE STATE SINGLE AUDIT GUIDE(continued)

Report on Internal Control over Compliance

Management of UMOS is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered UMOS' internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of UMOS' internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Andrea & Orendorff LLP

Andrea & Orendorff LLP
Kenosha, Wisconsin
November 20, 2013

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM
AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-
133 AND THE STATE SINGLE AUDIT GUIDE(continued)

Report on Internal Control over Compliance

Management of UMOS is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered UMOS' internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of UMOS' internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Andrea E. Orendorff LLP

Andrea & Orendorff LLP
Kenosha, Wisconsin
November 20, 2013

United Migrant Opportunity Services/UMOS INC.

Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2013

Section I – Summary of Auditors' Results

Financial Statements

Type of Auditor's report issued: **Unqualified**

Internal control over financial reporting:

- Material weakness identified? **No**
- Significant deficiencies identified **None reported**

Noncompliance material to financial statements noted? **No**

Federal Awards

Internal control over major programs:

- Material weakness identified? **No**
- Significant deficiencies identified **None reported**

Type of Auditor's report issued on compliance for major programs: **Unqualified**

Any audit findings disclosed that are required to be reported in accordance with section 510(a) of Circular A-133? **No**

Identification of major programs:

<u>CFDA Number</u>	<u>Name of Federal Program or Cluster</u>
93.600	Head Start
93.586	Refugee and Entrant Assistance -- State Administered Programs
	Temporary Assistance for Families Cluster
93.558	Temporary Assistance for Families
93.714	ARRA - Emergency Contingency Fund

United Migrant Opportunity Services/UMOS INC.

**Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2013**

Section I – Summary of Auditors' Results (continued)

Dollar threshold used to distinguish between Type A and Type B: \$ 665,348
Auditee qualified as low-risk auditee? Yes

Section II – Financial Statement Findings

No matters were reported.

Section III – Federal Award Findings and Questioned Costs

No matters were reported.

Section IV – Other Issues

Does the auditor's report or the notes to the financial statements include disclosure with regard to substantial doubt as to the auditee's ability to continue as a going concern? No

Does the audit report show audit issues related to grants/contracts with funding agencies that require audits to be in accordance with the *State Single Audit Guidelines*:

Department of Health and Family Services No
Department of Workforce Development No

Was a Management Letter or other document conveying audit comments issued as a result of this audit? No

Name and signature of partner

Terri Schmidt
Terri Schmidt, CPA

Date of Report

November 20, 2013

BUDGET FORMS

ITEM #27

Item 27, forms 1 – 6H comprise the points scored under Budget Justification

All proposers must define a unit of service and calculate a cost per unit on Budget Form 1 regardless of the payment method expected to be identified in the final executed contract. Form 1 partially comprises the points scored under Budget Justification.

Form 2 partially comprises the points scored under Staffing Plan

Form 2B partially comprises the points scored under Cultural Diversity and Cultural Competence

Budget Forms 1, 2, 2A, 2B, 3, 3S, 4, 4S, 5, 5A, and 6 – 6H, are all linked with one another and are located at:

http://county.milwaukee.gov/DHHS_bids.

All Proposers (including those contracts reimbursed on net expenses) must report unit details on budget Form 1. Proposers must define the unit of services, and provide enough information that will allow DHHS to convert units to a common unit of service in order to compare budgeted costs between Proposers. DHHS may request further information on budgeted units from Proposer at its discretion. These forms must be used in the format provided, and completed according to the Instructions provided with the Linked forms under various tabs marked "Instructions". Any forms that have been altered will not be accepted; the item will be considered an omission in the proposal and will be scored accordingly during the review process.

All Proposers in addition to submitting a hard copy, must submit budget forms electronically to dhsca@milwaukeecountywi.gov in the subject line indicate agency name, contract division (DSD, MSD, DCSD, or Housing) and "2015 budget forms" e.g. *XYZAgency-DSD-2015 Budgetforms.xls*

FORM 5 TOTAL AGENCY ANTICIPATED EXPENSES

If you have a Federally approved indirect rate Enter it here as % **15%**

(A)	(B)	(C)	(D)	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	(F)	(G)
Agency Name	2013 Actual	2014 Budget	2015 Budget	WISAP - Subunit (program) Gross Budget	WISAP - Cost (program) Gross Budget	WISAP - West (program) Gross Budget	NSICAP - Subunit (program) Gross Budget	Program Name (program) Gross Budget	Program Name (program) Gross Budget	Indirect Costs Program Budget**	Other Contracts Program & Functions**
Central Aest. No.											
7000 Salaries	12,082,828			109,800	277,900	120,300	103,700			1,215,320	10,395,800
7100 Employee Health & Retirement Benefits	4,156,490			28,449	36,849	31,170	26,969			418,070	3,592,813
7200 Payroll Taxes	676,638			15,767	32,726	17,275	14,931			68,058	577,920
8000 Professional Fees	140,850									140,850	
8100 Supplies	865,000			5,000	12,000	4,800	4,800			85,000	722,400
8200 Telephones	104,000.00			3,283	8,940	4,590	4,050			16,800.00	86,335
8300 Printing and Shipping	54,000									5,000	49,000
8400 Occupancy	2,108,111			36,311	48,690	22,771	25,193			185,510	1,729,998
8500 Rental, Maintenance & Depreciation of Equipment	5,000									5,000	
8600 Printing and Publications	1,020,000									25,000	995,000
8700 Travel	89,000									39,000	50,000
8800 Conferences, Conventions, Meetings											
8900 Specific Assistances to Individuals	44,000									4,000	40,000
9000 Membership Dues											
9100 Awards and Grants				2,970	7,800	2,995	3,300				17,665
9200 Allocated Costs (from contract Cost Allocation Plan, if applicable)				20,265	39,723	21,348	18,281			24,199,700	2,890,060
9300 Client Transportation	2,053,410									11,022	2,065,440
9400 Miscellaneous	518,592										807,500
9500 Depreciation or Amortization											
9600 Allocations to Agencies, Payments to affiliated Organizations	221,000			223,068	426,830	234,748	201,023				221,000
TOTAL EXPENSES	24,078,641			223,068	426,830	234,748	201,023				24,983,972
PROFIT FACTOR											
TOTAL EXPENSES INCLUDING PROFIT	24,078,641			223,068	426,830	234,748	201,023				24,983,972
TOTAL NON-DHS CONTRACT REV BROUGHT FWD											
TOTAL DHS REQUEST	24,078,641			223,068	426,830	234,748	201,023				24,983,972

Rev. 6/14

Date (Initial): _____
Date (Final): March 25, 2015

* Control Account Number 9200, Allocated Costs, column F, should be entered as a negative number in order for column D to cross-foot to zero.

** Use Other Contracts Programs & Functions, column G for all non-Milwaukee County programs or functions

FORM 1 - 2015 PROGRAM VOLUME DATA AND UNIT COST CALCULATION

Program funded by Site must include separate forms for each Site

AGENCY NAME UMOS, Inc.
 NAME & ADDRESS OF PROGRAM SITE UMOS West (Zone 3)
Greenfield City Hall, 7325 W. Forest Home Ave., Greenfield
 AGENCY FEDERAL TAX ID NUMBER 39-1047172
 DHHS DIVISION Management Services Division - Energy Assistance
 PROGRAM NAME WHEAP - West
 (SELECT FROM TABLE OF CONTENTS) 2015 Prgm No. MSD 001

NUMBER OF DAYS PROGRAM OPERATES PER WEEK
 NUMBER HOURS PROGRAM OPERATES PER DAY
 NUMBER OF CASES TO BE SERVED PER YEAR *

ALL Proposers must provide the UNITS details even if their Programs are Cost reimbursement only

TYPE OF UNIT: Month / Day / Hour / 1/4 Hour / Other Other: (Specify)

COST CALCULATIONS:	TOTAL PROGRAM UNITS (A)	PROGRAM COST BY FUNDING SOURCE (B)	COST PER UNIT (C)
1. DHHS Program's Units and Costs	<input type="text" value="4,973.00"/>	<input type="text" value="\$ -"/>	<input type="text" value="\$ -"/>
2. Other Funding Source's Units and Costs	<input type="text" value="0.00"/>	<input type="text" value="\$ 199,832"/>	<input type="text" value="\$ -"/>
3. Total	<input type="text" value="4,973.00"/>	<input type="text" value="\$ 199,832"/>	<input type="text" value="\$ 40.18"/>
4. 2014 Budgeted Units and Costs	<input type="text" value="0.00"/>	<input type="text" value="\$ -"/>	<input type="text" value="\$ -"/>
5. 2013 Actual Units and Costs	<input type="text" value="0.00"/>	<input type="text" value="\$ -"/>	<input type="text" value="\$ -"/>

* THIS SAME FIGURE IS TO BE USED AS THE "TOTAL" ON THE CLIENT CHARACTERISTICS CHART
 A Form 1 must be completed for each site (address) if the agency is reimbursed by site.

Rev. 6/14

DATE (INITIAL): _____ DATE (FINAL): March 25, 2015

Item # 28 Form 1E3

FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

Agency Name: UMOS, Inc.

1 Fiscal Year	2 Code	3 Serv	4 Fiscal Class	5 Fiscal Object	6 Mn.	7 Yearly Salary	8 Mn.	9 PROGRAM WHEAP - Cashless		10 PROGRAM WHEAP - Cashless		11 PROGRAM WHEAP - Wpt		12 PROGRAM WHEAP - NonWpt		13 PROGRAM Program Name		14 PROGRAM Program Name		
								9a ID	9b Salary	10a ID	10b Salary	11a ID	11b Salary	12a ID	12b Salary	13a ID	13b Salary	14a ID	14b Salary	
Supervisor	2	E	W	000	40	46,800.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00				
Service Specialist	1	M	H	000	40	37,600.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00				
Service Specialist (overseer)	3	UAD	000	000	40	58,800.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00				
Service Specialist (overseer)	2	UAD	000	000	40	37,600.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00				
Service Specialist (overseer)	2	UAD	000	000	40	37,600.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00				
Supervisor	3	U	W	000	40	46,800.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00				
Service Specialist	2	U	W	000	40	37,600.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00				
Service Specialist (overseer)	1	UAD	000	000	40	58,800.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00				
Service Specialist (overseer)	2	UAD	000	000	40	37,600.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00				
Service Specialist (overseer)	2	UAD	000	000	40	37,600.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00				
Subtotal				000	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00				
Subtotal of Hourly Salaries				000	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00				

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Date (Initial): March 26, 2015
 Date (Print):

FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

Agency Name: USDC, Inc

1 Position Title	2 Code	3 Rate	4 Stand Grp	5 Stand Cmpct	6 Mn	7 Yearly Salary	8 Hrs	9 PROGRAM WRECAP - Standard		10 PROGRAM WRECAP - Central		11 PROGRAM WRECAP - West		12 PROGRAM WRECAP - Northeast		13 PROGRAM Program Near		14 PROGRAM Program Tower			
								DISABILITY POPULATION		DISABILITY POPULATION		DISABILITY POPULATION		DISABILITY POPULATION		DISABILITY POPULATION		DISABILITY POPULATION			
								Mr	Wkly	Mr	Wkly	Mr	Wkly	Mr	Wkly	Mr	Wkly	Mr	Wkly	Mr	Wkly
0.00	0.00	0.00	0.00	0.00	A	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	B	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
4.00	0.00	0.00	0.00	0.00	C	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	D	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	E	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	F	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	G	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	H	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	I	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	J	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	K	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	L	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	M	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	N	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	O	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	P	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	Q	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	R	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	S	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	T	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	U	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	V	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	W	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	X	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	Y	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	Z	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	AA	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
0.00	0.00	0.00	0.00	0.00	BB	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
TOTAL OF EMP SALARIES								0	0	0	0	0	0	0	0	0	0	0	0		

Date (Initial): March 25, 2015
Date (Final): _____

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FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

Agency Name: UMOS, Inc.

Table with 18 columns (1-18) for employee details and 6 program categories (E1-E6). Columns include Position Title, Code, Sex, Ethnic Group, Marital Status, Hire Date, Yearly Salary, etc. Includes a 'TOTAL OF HRS/SALARIES' row at the bottom.

Date (Initial): March 25, 2015
Date (Final):

Rev. 6-14

FORM 2 - 2015 AGENCY EMPLOYER HOURS AND SALARIES

Agency Name: TRUST INC

1 Program Title	2				3				4				5				E1		E2		E3		E4		E5		E6	
	Code	Sec	Dist	Supp	Rate	Wkly	Rate	Wkly	Rate	Wkly	Rate	Wkly	Rate	Wkly	Rate	Wkly	Rate	Wkly	Rate	Wkly	Rate	Wkly	Rate	Wkly	Rate	Wkly	Rate	Wkly
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001

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Date (Initial): March 26, 2016
 Date (Final):

FORM 2B - EMPLOYEE DEMOGRAPHICS SUMMARY

Agency Name: **UMOS, Inc.**

Program	Position Code (Column 2, Form 2 Code)	Employee Demographics (Column 3, Form 2 Ethnic group)	Number of FTEs
WHEAP - West	1	A	0
WHEAP - West	1	B	0
WHEAP - West	1	H	0
WHEAP - West	1	I	0
WHEAP - West	1	W	0
WHEAP - West	2	A	0
WHEAP - West	2	B	0
WHEAP - West	2	H	1
WHEAP - West	2	I	0
WHEAP - West	2	W	0.5
WHEAP - West	3	A	0
WHEAP - West	3	B	0
WHEAP - West	3	H	0
WHEAP - West	3	I	0
WHEAP - West	3	W	0
WHEAP - West	4	A	0
WHEAP - West	4	B	0
WHEAP - West	4	H	0
WHEAP - West	4	I	0
WHEAP - West	4	W	0
WHEAP - West	5	A	0
WHEAP - West	5	B	0
WHEAP - West	5	H	0
WHEAP - West	5	I	0
WHEAP - West	5	W	0
WHEAP - West	6	A	0
WHEAP - West	6	B	0
WHEAP - West	6	H	0
WHEAP - West	6	I	0
WHEAP - West	6	W	0
WHEAP - West	7	A	0
WHEAP - West	7	B	0
WHEAP - West	7	H	0
WHEAP - West	7	I	0
WHEAP - West	7	W	0
WHEAP - West	8	A	0
WHEAP - West	8	B	0
WHEAP - West	8	H	0
WHEAP - West	8	I	0
WHEAP - West	8	W	0

*If full-time equivalents (FTE's) are not based on 40 hours per week, specify:

% of Handicaped employees **0.00%**

Ethnicity % to total FTE
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A	B	H	I	W
0.00%	0.00%	66.67%	0.00%	33.33%

Item # 28 Form2B3

FORM 3 ANTICIPATED PROGRAM EXPENSES

Agency Name **UMOS, Inc.**
 Disability/Target **Management Services Division - Energy Assistance**
 Program Name **WHEAP - West** 2015 Prgm No. **MSD 001**
 Facility Name **UMOS West (Zone 3)**
 Address **Greenfield City Hall, 7325 W. Forest Home Ave., Greenfield**

Control Acct. No.	(A) Expenditure Description	(B)	(C)
		2014 Gross Budget	2015 Gross Budget
7000	Salaries	-	101,200
7100	Employee Health & Retirement Benefits	-	26,221
7200	Payroll Taxes	-	14,532
8000	Professional Fees	-	-
8100	Supplies	-	4,800
8200	Telephone	-	4,080
8300	Postage and Shipping	-	-
8400	Occupancy	-	27,834
8500	Rental, Maintenance & Depreciation of Equipment	-	-
8600	Printing and Publications	-	-
8700	Travel	-	-
8800	Conferences, Conventions, Meetings	-	-
8900	Specific Assistance to Individuals	-	-
9000	Membership Dues	-	-
9100	Awards and Grants	-	2,992
9200	Allocated Costs (From Indirect Cost Allocation Plan, if appropriate)	-	18,173
9300	Client Transportation	-	-
9400	Miscellaneous	-	-
9500	Depreciation or Amortization	-	-
9600	Allocations to Agencies, Payments to Affiliated Organizations	-	-
	TOTAL EXPENSES	\$ -	\$ 199,832
0.00%	PROFIT FACTOR	-	-
	TOTAL EXPENSES INCLUDING PROFIT	\$ -	\$ 199,832
	TOTAL NON-DEES CONTRACT REV. BROUGHT FWD	-	199,832
	TOTAL DHHS REQUEST	\$ -	\$ -

Rev. 6/14

Date (Initial): **March 25, 2015**
 Date (Final):

Item # 28 Form 3E3

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Name **UMOS, Inc.**
 Disability/Target **Management Services Division - Energy Assistance**
 Program **WHEAP - West** 2015 Prgrn No. **MSD 001**
 Facility Name **UMOS West (Zone 3)**
 Address **Greenfield City Hall, 7325 W. Forest Home Ave., Greenfield**

Control Acct. No.	Sub-Account Number	(A) Account Description	(B)	(C)
			2014 Gross Budget	2015 Gross Budget
7000	7001	Executive Salaries	\$0.00	-
	7002	Professional Salaries	\$0.00	101,200
	7003	Clerical Staff Salaries	\$0.00	-
	7004	Technical Salaries	\$0.00	-
	7005	Maintenance Employee's Wages	\$0.00	-
	7006	Temporary Clerical Help	\$0.00	-
	7007	Student Stipends	\$0.00	-
	7008	Other Staff Salaries (Unclassified)	\$0.00	-
CONTROL ACCOUNT NO. 7000 SUB TOTAL*			\$ -	\$ 101,200
7100	7101	Accident Insurance Premiums	\$0.00	\$0.00
	7102	Life Insurance Premiums	\$0.00	\$172.04
	7103	Medical & Hospital Plan Premiums	\$0.00	\$20,988.88
	7104	Pension or Retirement Plan Premiums	\$0.00	\$5,060.00
	7105	Supp. Payments to Pensioned Employee	\$0.00	\$0.00
	7106	Payments to Annuitants	\$0.00	\$0.00
	7107	Employment Termination Expenses	\$0.00	\$0.00
	7108	Employee Tuition Reimburse. Plan	\$0.00	\$0.00
CONTROL ACCOUNT NO. 7100 SUB TOTAL*			\$ -	\$ 26,221
7200	7201	FICA Payments (Employer's Share)	\$0.00	\$7,741.80
	7202	Unemployment Insurance	\$0.00	\$4,462.92
	7203	Workmen's Compensation Insurance	\$0.00	\$2,327.60
	7204	Disability Insurance Premiums	\$0.00	\$0.00
CONTROL ACCOUNT NO. 7200 SUB TOTAL*			\$ -	\$ 14,532
8000**	8001	Medical & Dental Fees	\$0.00	\$0.00
	8002	Psychological Fees	\$0.00	\$0.00
	8003	Legal Fees	\$0.00	\$0.00
	8004	Rehabilitation & Education Fees	\$0.00	\$0.00
	8005	Development & Public Relations Fees	\$0.00	\$0.00
	8006	Brokerage, Commission, Collection Fee	\$0.00	\$0.00
	8007	Employment Fees	\$0.00	\$0.00
	8008	Audit Fees	\$0.00	\$0.00
	8009	Electronic Data Processing Service Fee	\$0.00	\$0.00
	8010	Other Contract Payments to Consultants	\$0.00	\$0.00
	8011	Talent Fees	\$0.00	\$0.00
	8012	Other Purchased Services	\$0.00	\$0.00
CONTROL ACCOUNT NO. 8000 SUB TOTAL*			\$ -	\$ -

*Must be the same dollar amount as shown on Form 3

**Attach a copy of the memorandum of agreement between the agency and the professional when using Control Account No. 8000, Sub-Account Nos. 8001 through 8012.

item # 28 Form 3SE3

FORM 35 ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Name		2015 Prgrn No. MSD 081		
Control Acct. No.	Sub-Account Number	(A) Account Description	(B) 2014 Gross Budget	(C) 2015 Gross Budget
8100	8101	Medicine & Drugs (Clinic Use Only)	\$0.00	\$0.00
	8102	Prosthetic Appliances (Clinic Use Only)	\$0.00	\$0.00
	8103	Recreational, Voc. & Craft Supplies	\$0.00	\$0.00
	8104	Food & Beverages	\$0.00	\$0.00
	8105	Laundry, Linen, & Housekeeping Supplies.	\$0.00	\$0.00
	8106	Office Supplies-Stationery, Typing	\$0.00	\$0.00
	8107	Paper, Ink, Printing, Duplicating	\$0.00	\$0.00
	8108	New Goods Purchased	\$0.00	\$4,800.00
	8109	Raw Materials (Manufacturing) Purchased.	\$0.00	\$0.00
	8110	Manufacturing Supplies	\$0.00	\$0.00
CONTROL ACCOUNT NO. 8100 SUB TOTAL*			\$ -	\$ 4,800
8200	8201	Telephone Expense	\$0.00	\$4,080.00
	8202	Telegraph Expense	\$0.00	\$0.00
CONTROL ACCOUNT NO. 8200 SUB TOTAL*			\$ -	\$ 4,080
8300	8301	Postage and Parcel Post	\$0.00	\$0.00
	8302	Freight	\$0.00	\$0.00
	8303	Messenger & Delivery Service	\$0.00	\$0.00
CONTROL ACCOUNT NO. 8300 SUB TOTAL *			\$ -	\$ -
8400	8401	Office Rent	\$0.00	\$10,573.73
	8402	Other Bldg. & Parking Lot Rent	\$0.00	\$0.00
	8403	Bldg. & Bldg. Eq. Ins. (Gen. & Liability)	\$0.00	\$834.77
	8404	Mortgage Interest	\$0.00	\$0.00
	8405	Electricity	\$0.00	\$2,504.30
	8406	Gas	\$0.00	\$556.51
	8407	Heating Oil	\$0.00	\$0.00
	8408	Water & Sewer	\$0.00	\$296.60
	8409	Janitorial/Maintenance/Repairs Purchased	\$0.00	\$1,782.56
	8410	Real Estate Taxes	\$0.00	\$0.00
	8411	Personal Property Taxes	\$0.00	\$0.00
	8412	Licenses & Permits-Occupancy Related	\$0.00	\$0.00
	8413	Bldg. & Grounds Maintenance Supplies	\$0.00	\$10,295.47
	8414	Miscellaneous Occupancy Costs	\$0.00	\$0.00
	8415	Amortization/Leasehold Improvements	\$0.00	\$0.00
	8416	Depreciation - Buildings	\$0.00	\$0.00
CONTROL ACCOUNT NO. 8400 SUB TOTAL*			\$ -	\$ 27,934
8500	8501	Equipment rental expenses	\$0.00	\$0.00
	8502	Equipment Maintenance expenses	\$0.00	\$0.00
	8503	Equipment - Depreciation	\$0.00	\$0.00
	8504	Equipment - Interest Expense	\$0.00	\$0.00
CONTROL ACCOUNT NO. 8500 SUB TOTAL *			\$ -	\$ -

item # 28 Form 3SE3

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Name		2015 Prgm No.		MSD 001
UMOS, Inc.				
Control Acct. No.	Sub-Account Number	(A) Account Description	(B) 2014 Gross Budget	(C) 2015 Gross Budget
8600	8601	Printing	\$0.00	\$0.00
	8602	Artwork	\$0.00	\$0.00
	8603	Photography	\$0.00	\$0.00
	8604	Recording	\$0.00	\$0.00
	8605	Films	\$0.00	\$0.00
	8606	Subscriptions-Periodicals/Publication	\$0.00	\$0.00
	8607	Purchase of Publications	\$0.00	\$0.00
	8608	Media Use Charges-Public Information	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8600 SUB TOTAL* \$ - \$ -

8700	8701	Local Bus & Taxicab Fares	\$0.00	\$0.00
	8702	Gas & Oil - Company Vehicles	\$0.00	\$0.00
	8703	Repairs - Company Vehicles	\$0.00	\$0.00
	8704	Insurance - Company Vehicles	\$0.00	\$0.00
	8705	Licenses & Permits-Company Vehicles	\$0.00	\$0.00
	8706	Leasing Costs - Company Vehicles	\$0.00	\$0.00
	8707	Auto Allowance(Employees/Volunteers)	\$0.00	\$0.00
	8708	Tires - Company Vehicles	\$0.00	\$0.00
	8709	Hotel, Meals, & Incidental Expenses	\$0.00	\$0.00
	8710	Depreciation - Automotive Equipment	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8700 SUB TOTAL* \$ - \$ -

8800	8801	Meeting Space & Equipment Rental	\$0.00	\$0.00
	8802	Meeting Supplies (Notices,Badges,etc.)	\$0.00	\$0.00
	8803	Food & Beverages Costs(Mtg. Particip.)	\$0.00	\$0.00
	8804	Speaker's Honoraria & Expenses	\$0.00	\$0.00
	8805	Registration Fees	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8800 SUB TOTAL* \$ - \$ -

8900	8901	Medical Fees	\$0.00	\$0.00
	8902	Dental Fees	\$0.00	\$0.00
	8903	Medicines	\$0.00	\$0.00
	8904	Children's Board	\$0.00	\$0.00
	8905	Homemaker Service	\$0.00	\$0.00
	8906	Food Service	\$0.00	\$0.00
	8907	Shelter Service	\$0.00	\$0.00
	8908	Clothing Service	\$0.00	\$0.00
	8910	Recreation Service	\$0.00	\$0.00
	8911	Wage Supplements	\$0.00	\$0.00
	8912	Prosthetic Appliances	\$0.00	\$0.00
	8913	Hospital Fees	\$0.00	\$0.00
	8914	Testing Fees	\$0.00	\$0.00
	8915	Materials - Crafts, Vocaton, etc.	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8900 SUB TOTAL* \$ - \$ -

item # 28 Form 3SE3

FORM 35 ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Name		UMOS, Inc.	2015 Prgrn No.	MSD 001
Control Acct. No.	Sub-Account Number	(A) Account Description	(B) 2014 Gross Budget	(C) 2015 Gross Budget
9000	9001	Individual Dues	\$0.00	\$0.00
	9002	Organizational Dues	\$0.00	\$0.00

CONTROL ACCOUNT NO 9000 SUB TOTAL* \$ - \$ -

9100	9101	Grants to Research Institutions	\$0.00	\$0.00
	9102	Graduate Fellowships	\$0.00	\$0.00
	9103	Trainee Scholarships	\$0.00	\$0.00
	9104	Other Scholarships/Tuition Payments	\$0.00	\$0.00
	9105	Allowance for Travel Under Grant	\$0.00	\$2,992.00
	9106	Allowance for Equipment Under Grant	\$0.00	\$0.00
	9107	Lump Sum Camperships	\$0.00	\$0.00
	9108	Contribution/Grants to Hum. Serv. Org	\$0.00	\$0.00
	9109-50	Awards & Grants to Indiv./Other Org.	\$0.00	\$0.00
9151-99	Awards & Grants to Affiliate Organizat. (Misc)	\$0.00	\$0.00	

CONTROL ACCOUNT NO. 9100 SUB TOTAL * \$ - \$ 2,992

9200	9201	Administrative Costs (Indirect Costs)	\$0.00	18,173
	9202	Transportation		

CONTROL ACCOUNT NO. 9200 SUB TOTAL* \$ - \$ 18,173

9300	9301	Local Bus & Taxicab Fares	\$0.00	\$0.00
	9302	Gas & Oil - Company Vehicles	\$0.00	\$0.00
	9303	Repairs - Company Vehicles	\$0.00	\$0.00
	9304	Insurance - Company Vehicles	\$0.00	\$0.00
	9305	Licenses & Permits-Company Vehicles	\$0.00	\$0.00
	9306	Leasing Costs - Company Vehicles	\$0.00	\$0.00
	9307	Tires - Company Vehicles	\$0.00	\$0.00
	9308	Depreciation - Auto Equipment	\$0.00	\$0.00

CONTROL ACCOUNT NO. 9300 SUB TOTAL* \$ - \$ -

9400	9401	Employee Malpractice Insurance	\$0.00	\$0.00
	9402	Employee Bonding Insurance	\$0.00	\$0.00
	9403	Other	\$0.00	\$0.00

CONTROL ACCOUNT NO. 9400 SUB TOTAL * \$ - \$ -

9500	9501-9504	Depreciation or Amortization	\$ -	\$ -
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See Accounts Related to the Statement of Expenses in the GUIDELINES.

9600	9601-9690	Allocations to Agencies,	\$0.00	\$0.00
	9691	Payments to Affiliated Organizations	\$0.00	\$0.00

CONTROL ACCOUNT NO. 9600 SUB TOTAL* \$ - \$ -

Grand Total *** \$ - \$ 199,932

***Must be the same dollar amount as shown on Form 3, on the line titled "TOTAL EXPENSES"

Rev. 6/14

Date (Initial): March 25, 2015
Date (Final):

item # 28 Form 3SE3

FORM 4 ANTICIPATED PROGRAM REVENUE

Agency Name **UMOS, Inc.**
 Disability/Target Gr **Management Services Division - Energy Assistance**
 Program **WHEAP - West** 2015 Prgm No. **MSD 001**
 Facility Name **UMOS West (Zone 3)**
 Address **Greenfield City Hall, 7325 W. Forest Home Ave., Greenfield**

Control Acct. No.	(A) Revenue	(B)	(C)
		2014 Rev. Budget	2015 Rev. Budget
4000	Contributions and Donations	-	-
4100	Contributions to Building Fund	-	-
4200	Special Events	-	-
4300	Legacies and Bequests	-	-
4500	Collected through Local Member Units	-	-
4600	Contributed by Associated Organizations	-	-
4700	Allocated by Federated Fund Raising Organizations	-	-
4800	Allocated by Unassociated and Non-Federated Fund Raising Organizations	-	-
5100	Other Government Purchase of Service (DO NOT INCLUDE ANY REQUESTS FROM DHHS)	-	199,832
5200	Grants from Other Governmental Agencies (DO NOT INCLUDE ANY REQUESTS FROM DHHS)	-	-
5300	Revenues From HMO and PPO	-	-
6000	Membership Dues	-	-
6100	Assessments and Dues-Local Member Units	-	-
6200	Program Service Fees - Other	-	-
6300	Intra-Agency Sales of Supplies and Services	-	-
6400	Revenues from Disposal of Assets	-	-
6500	Investment Income	-	-
6600	Gains (Losses) on Investment Transactions	-	-
6700	Miscellaneous Revenue	-	-
TOTAL NON-DHHS REVENUE		\$ -	\$ 199,832
DHHS CONTRACT REQUEST		-	-
TOTAL REVENUE		\$ -	\$ 199,832

Rev. 6/14

Date (Initial): **March 25, 2015**

Date (Final):

Item # 28 Form 4E3

FORM 4S ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Agency Name **UMOS, Inc.**
 Disability/Target Group **Management Services Division - Energy Assistance**
 Program **WHEAP - West**
 Facility Name **UMOS West (Zone 3)**
 Address **Greenfield City Hall, 7325 W. Forest Home Ave., Greenfield**

2015 Prgm No. **MSD 001**

Control Acct. No.	Sub-Account Number	(A) Account Description	(B)	(C)
			2014 Revenue Budget	2015 Revenue Budget
4000	4001	In-Kind Materials	-	-
	4002	In-Kind Services	-	-
	4003	Unrestricted Cash	-	-
	4004	Restricted Cash	-	-
	4005	Other	-	-
CONTROL ACCOUNT NO. 4000 SUB TOTAL*			-	-
4100		Contributions to Building Fund	-	-
CONTROL ACCOUNT NO. 4100 SUB TOTAL*			-	-
4200		Special Events	-	-
CONTROL ACCOUNT NO. 4200 SUB TOTAL*			-	-
4300	4301	Eddowments	-	-
	4302	Trusts	-	-
	4303	Other	-	-
CONTROL ACCOUNT NO. 4300 SUB TOTAL*			-	-
4500		Collected Through Local Member Units	-	-
CONTROL ACCOUNT NO. 4500 SUB TOTAL*			-	-
4600		Contributed by Associated Organizations	-	-
CONTROL ACCOUNT NO. 4600 SUB TOTAL*			-	-
4700		Allocated by Federated Fund Raising Org.	-	-
	4701	United Way	-	-
	4702	Other	-	-
CONTROL ACCOUNT NO. 4700 SUB TOTAL*			-	-
4800		Allocated by Unassociated and Non-Federated Fund Raising Org.	-	-
CONTROL ACCOUNT NO. 4800 SUB TOTAL*			-	-

*Must be the same dollar amount as shown on Form 4.

Item # 28 Form 4SE3

FORM 4S ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Agency Name **UMOS, Inc.** 2015 Prgm No. **MSD 001**

Control Acct. No.	Sub-Account Number	(A) Account Description	(B)	(C)
			2014 Revenue Budget	2015 Revenue Budget
5100	5101	Title XX-Milwaukee County (Do not include any DHHS Requests)	-	-
	5102	Title XX-Other Counties	-	-
	5103	Title IVA (AFDC Unemployment Actual)- Milwaukee County	-	-
	5104	Title IVA (AFDC Unemployment Actual)- Other Counties	-	-
	5105	Title IVA (WEOP) - Milwaukee County	-	199,832
	5106	Title IVA (WEOP) - Other Counties	-	-
	5107	\$1,421,437 - Milwaukee County	-	-
	5108	\$1,421,437 - Other Counties	-	-
	5109	Title I - Milwaukee County	-	-
	5110	Title I - Other Counties	-	-
	5111	Title III - Milwaukee County	-	-
	5112	Title III - Other Counties	-	-
	5113	USDA Food Stamps	-	-
	5114	Title XVIII - Medicare	-	-
	5115	Title XIX - Medicaid	-	-
	5116	Social Security and SSI	-	-
	5117	CIP Revenue from Milwaukee County DSD	-	-
	5118	CIP Revenue from Other Counties	-	-
	5119	COP Revenue from Milwaukee County DSD	-	-
	5120	COP Revenue from Other Counties	-	-
	5121	Wiser Choice /AODA voucher Revenue	-	-
	5122	Wraparound Milwaukee Revenue	-	-
	5123	Children's Court Services Revenue(CCSN)	-	-
	5124	Milwaukee County Depart. of Aging Revenue	-	-
	5125	Other	-	-
5126-99	Other Governmental Purchase of Service	-	-	
CONTROL ACCOUNT NO. 5100 SUB TOTAL *			-	199,832
5200	5201	Direct Federal Grants	-	-
	5202	Direct State Grants	-	-
	5203	Direct County Grants	-	-
	5204	Direct City and Municipal Grants	-	-
	5206	Title III Grants	-	-
	5210	Other Grants from Governmental Agencies	-	-
CONTROL ACCOUNT NO. 5200 SUB TOTAL *			-	-
5300	5301	Revenue from Title XIX-AFDC Clients	-	-
	5302	Revenue from Non-Title XIX Clients	-	-
CONTROL ACCOUNT NO. 5300 SUB TOTAL *			-	-
6000		Membership Dues - Individuals	-	-
CONTROL ACCOUNT NO. 6000 SUB TOTAL *			-	-
6100		Assessments & Dues-Local Member Units	-	-
CONTROL ACCOUNT NO. 6100 SUB TOTAL *			-	-

*Must be the same dollar amount as shown on Form 4.

Item # 28 Form 4SE3

FORM 4S ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Agency Name		UMOS, Inc.		2015 Prgra No.	MSD 001
Control Acct. No.	Sub-Account Number	(A) Account Description	(B)	(C)	
			2014	2015	
			Revenue Budget	Revenue Budget	
6200	6201	Income from Private Pay Clients	-	-	
	6202	Income from Title IVA (AFDC Employed Actual) Clients	-	-	
	6203	Income from Title XX Clients (Direct Pay Portion Only)	-	-	
	6204	Income from SI.42/437 Clients (Direct Pay Portion Only)	-	-	
	6205	Income from Client Pick-up and Delivery Charges	-	-	
	6206	Income from Client Insurance Carriers (Other than Medicare - Title XVIII)	-	-	
	6207	Other Third Party Non-Governmental Income	-	-	
CONTROL ACCOUNT NO. 6200 SUB TOTAL*			-	-	
6300		Intra-Agency Sales of Supplies & Service	-	-	
CONTROL ACCOUNT NO. 6300 SUB TOTAL *			-	-	
6400	6401	Sale of Production	-	-	
	6402	Sale of Property & Other Assets	-	-	
	6403	Sale of Staff Services	-	-	
CONTROL ACCOUNT NO. 6400 SUB TOTAL*			-	-	
6500	6501	Interest	-	-	
	6502	Dividends	-	-	
	6503	Other	-	-	
CONTROL ACCOUNT NO. 6500 SUB TOTAL*			-	-	
6600		Gains (Losses) on Investment Trans.	-	-	
CONTROL ACCOUNT NO. 6600 SUB TOTAL *			-	-	
6900		Miscellaneous Revenue	-	-	
CONTROL ACCOUNT NO. 6900 SUB TOTAL*			-	-	
GRAND TOTAL**			-	199,832	

*Must be the same dollar amount as shown on Form 4.

**Must be the same dollar amount as shown on Form 4, on the line titled "TOTAL NON-DHHS REVENUE"

Rev. 6/14

Date (Initial): March 25, 2015
Date (Final): _____

Item # 28 Form 4SE3

FORM 2 TOTAL AGENCY ANTICIPATED EXPENSES

If you have a Federally approved indirect rate (FAR) enter as % _____

AGENCY # 0000, for _____

Control Act. No.	(A) Employee Description	(B) 2013 Actual	(C) 2014 Oper Budget	(D) 2015 Oper Budget	(E1) WISAP - Subunit (440000) Oper Budget	(E2) WISAP - Core (440000) Oper Budget	(E3) WISAP - Non (440000) Oper Budget	(E4) WISAP - Subunit (440000) Oper Budget	(E5) Program (440000) Oper Budget	(E6) Program (440000) Oper Budget	(E7) Indirect Cost (100%)	(E8) Other Contract Programs & Functions**
7000	Salaries			7,489,800	7,489,800	7,489,800	101,200	101,200			1,232,700	10,106,700
7100	Employer Health & Retirement Benefits			5,075,673	49,888	49,888	26,224	26,224			312,673	5,641,768
7200	Payroll Taxes			721,257	23,443	23,397	14,235	14,289			1,217	816,674
8000	Professional Fees			1,077,650								1,077,650
8100	Supplies			225,000	30,000	30,000	4,000	4,000			75,000	314,000
8200	Telephone			181,000	3,700	3,700	4,000	4,000			16,000	208,700
8300	Furniture and Fixtures			1,000							1,000	2,000
8400	Occupancy			2,127,431	26,524	26,524	37,854	37,854			165,210	2,387,643
8500	Rep. U. Maintenance & Depreciation of Equipment											
8600	Printing and Publications			3,200							3,200	
8700	Travel			1,000,000							256,227	1,256,227
8800	Conferences, Conventions, Meetings			73,200							73,200	146,400
8900	Scientific Analysis or Investigation											
9000	Membership Dues			44,000							44,000	88,000
9100	Awards and Grants				4,404	7,400	3,892	3,793				11,889
9200	Grants for the Support of Other Governmental Activities				40,264	40,732	18,173	18,173			42,185,700	42,654,841
9300	Other Transportation			707,140								707,140
9400	Miscellaneous			712,733							112,733	825,466
9500	Depreciable or Amortizable Assets (Excludes Furniture, Fixtures or Utilities)											
9600	Depreciation			221,070								221,070
	TOTAL EXPENSES			14,079,831	478,913	478,913	189,852	189,852			6	15,778,452
	POSITIVE FACTOR			24,078,440	478,913	478,913	189,852	189,852			6	25,777,058
	TOTAL EXPENSES INCLUDING POSITIVE FACTOR			14,079,831	478,913	478,913	189,852	189,852			6	15,778,452
	TOTAL POSITIVE CONTRACTS AND GRANTS FUND											42,654,841
	TOTAL BUDGET			14,079,831								42,654,841

Rev. 6/14

Date (Month) _____
 Date (Year) _____

* Control Account Number 9300, Allocated Costs, column F, should be entered as a negative number in order for column D to cross foot to zero.

** Use Other Contract Programs & Functions, column G for all non-Milwaukee County programs or functions.

Rev # 2, 11/16/5

FORM 5A TOTAL AGENCY APPROPRIATED REVENUE

MILWAUKEE COUNTY, INC.

Code of Act. No.	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	
Revenue	2013 Actual	2014 Revenue Budget	2015 Revenue Budget	WISAP - Non-Union Original Revenue Budget	WISAP - Union Original Revenue Budget	WISAP - Non-Union (1st year) Revenue Budget	WISAP - Union (1st year) Revenue Budget	WISAP - Non-Union (2nd year) Revenue Budget	WISAP - Union (2nd year) Revenue Budget	Regulatory Revenue (1st year) Revenue Budget	Regulatory Revenue (2nd year) Revenue Budget	Indirect Costs Revenue Budget	Other Contract Prog. & Fees Revenue Budget
4000 Contributions and Donations													
4100 Contributions to Political Fund													
4200 Special Events													
4300 Grants and Contracts													
4400 Collected through Local Agencies Units													
4500 Contributions by Associated Organizations													
4700 Allocated to Political Fund Building Construction													
4800 Allocated to Political Fund Building Construction													
4900 Miscellaneous Revenue of Service (DO NOT INCLUDE ANY REVENUES FROM FINANCING)													
5100 Grants from Other Governmental Agencies					416,212	420,325	395,015	395,015					(1,200,000)
5200 Grants from Other Governmental Agencies													
5300 Revenue from 311 and 311P													
5400 Miscellaneous Fees													
5500 Administrative and Other Local Agency Units													
5600 Program Service Revenues													
5700 Intergovernmental Sales of Real Estate & Services													
5800 Revenue from Divisions of Assets													
5900 Intergovernmental Revenue													
6000 Collection of Intergovernmental Transactions													
6100 Intergovernmental Revenue													
TOTAL NON-POLITICAL REVENUE BY ACTIVITY					416,212	420,325	395,015	395,015					(1,200,000)
INDIRECT COSTS REVENUE					2,075,441								2,075,441
TOTAL REVENUE					418,287	420,325	395,015	395,015					2,075,441

* Use Other Contract Program & Functions, column G for all special revenue County programs or functions

Form 6 INDIRECT COST ALLOCATION PLAN

Summary Sheet

1 Agency Name: UMOS, Inc.
 2 Disability/Target Group: Management Services Division - Energy Assistance
 (Use additional copies of this form as needed.)

A	B	C	Form 6D	Form 6E	Form 6F	Form 6G	Form 6H	I
Account Number	Indirect Cost Account Description	Total Agency Indirect Costs E col (D) to col (I)	Direct Salaries Allocation	FTE Allocation	Square Footage Allocation	Direct Cost Allocation	Other Allocation	Unallowable Indirect Costs**
7000	Salaries	1,215,320				2,189,700		\$ (974,380)
7100	Employee Health & Retirement Ben.	418,070						\$ 418,070
7200	Payroll Taxes	68,058						\$ 68,058
8000	Professional Fees	140,850						\$ 140,850
8100	Supplies	55,000						\$ 55,000
8200	Telephone	16,800						\$ 16,800
8300	Postage & Shipping	6,000						\$ 6,000
8400	Occupancy	185,510						\$ 185,510
8500	Rental & Maintenance of Equip.	-						\$ -
8600	Printing & Publications	5,000						\$ 5,000
8700	Employee Travel	25,000						\$ 25,000
8800	Conferences, Conventions, Meetings	39,000						\$ 39,000
8900	Specific Assistance to Individuals	-						\$ -
9000	Membership Dues	4,000						\$ 4,000
9100	Awards & Grants	-						\$ -
9300	Client Transportation	-						\$ -
9400	Other Miscellaneous (Specify)	11,092						\$ 11,092
9500	Depreciation or Amortization	-						\$ -
9600	Allocations to Agencies	-						\$ -
-----	Interest	-						\$ -
-----	Bad Debt	-						\$ -
	TOTAL INDIRECT COSTS *	\$ 2,189,700	\$ -	\$ -	\$ -	\$ 2,189,700	\$ -	\$ (0)

* Individual line entries for Total Agency Indirect Costs (column C) should be entered on the corresponding respective line on Form 5, column F.
 ** Enter Agency Indirect Costs which may not be allocated to Milwaukee County Programs under Federal & State Cost Principles

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Date (Initial): _____ Date (Final): _____

Item # 26 Form 6

Form 6D DIRECT COST ALLOCATION PLAN

Allocation Basis: Direct Salaries

1 Agency Name: UMDS, Inc.
 2 Disability/Target Group: Management Services Division - Energy Assistance
 (Use additional copies of this form as needed.)

A	B	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
Account Number	Indirect Cost Account Description	Allowable Total Direct Salaries Allocation *	WHEAP - South (program)	WHEAP - Central (program)	WHEAP - West (program)	WHEAP - South (program)	Program Name (program)	Program Name (program)	Other Contracts Programs & Functions
7000	Salaries	-							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephones	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
8700	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Special Allowances to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9200	Client Transportation	-							
9400	Other Miscellaneous (Specify)	-							
9500	Depreciation or Amortization	-							
9600	Allocations to Agencies	-							
	Interest	-							
	Bad Debt	-							
	TOTAL INDIRECT COSTS **	\$ -	-	-	-	-	-	-	-
	TOTAL DIRECT SALARIES	\$ 10,867,500	232,900	246,500	101,200	101,200	-	-	10,185,700

* Individual line entries for Total Direct Salaries Allocation (column C) come from the Indirect Cost Summary Form 6 (column D).
 ** Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column C.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to program.
 Rev. 6/14 Date (Initial): _____ Date (Final): _____
 Item # 26 Form 6

Form 6E DIRECT COST ALLOCATION PLAN

Allocation Basis: Direct FTE

1 Agency Name: UMQS, Inc.

2 Disability/Target Group: Management Services Division - Energy Assistance
(Use additional copies of this form as needed.)

A	B	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
Account Number	Indirect Cost Account Description	Allowable Total Direct FTE Allocation *	WHEAP - Southw (program)	WHEAP - Central (program)	WHEAP - West (program)	WHEAP - Southw (program)	Program Name (program)	Program Name (program)	Other Contracts Programs & Functions
7000	Salaries	-							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephone	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
8700	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Specific Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9300	Client Transportation	-							
9400	Other Miscellaneous (Specify)	-							
9500	Depreciation or Amortization	-							
9600	Allocations to Agencies	-							
-----	Interest	-							
-----	Bad Debt	-							
	TOTAL INDIRECT COSTS **	\$0							
	TOTAL FTE	22.00	7.30	8.50	3.40	3.00			

* Individual line entries for Total Direct FTE Allocation (column C) come from the Indirect Cost Summary Form 6 (column E).

** Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14

Date (Initial): _____ Date (Final): March 25, 2015

Item # 28 Form 6

Form 6F DIRECT COST ALLOCATION PLAN

Allocation Basis: Square Footage

1 Agency Name: UMOS, Inc.
 2 Disability/Target Group: Management Services Division - Energy Assistance
 (Use additional copies of this form as needed.)

A	B	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
Account Number	Indirect Cost Account Description	Allowable Total Direct Sq Footage Allocation *	HEAP - South (program)	WHEAP - Central (program)	WHEAP - West (program)	HEAP - South (program)	Program Name (program)	Program Name (program)	Other Contracts Programs & Functions
7000	Salaries	-							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephone	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
8700	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Specific Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9300	Client Transportation	-							
9400	Other Miscellaneous (Specify)	-							
9500	Depreciation or Amortization	-							
9600	Allocations to Agencies	-							
---	Interest	-							
---	Bad Debt	-							
	TOTAL INDIRECT COSTS **	\$0							
	TOTAL SQUARE FOOTAGE	-							

* Individual line entries for Total Direct Square Footage Allocation (column C) come from the Indirect Cost Summary Form 6 (column F).

** Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14

Date (Initial): March 25, 2016 Date (Final): _____

Item # 28 Form 6

Form 6G DIRECT COST ALLOCATION PLAN

Allocation Basis: Direct Cost

1 Agency Name: UMOS, Inc

2 Disability/Target Group: Management Services Division - Energy Assistance
(Use additional copies of this form as needed.)

A Account Number	B Indirect Cost Account Description	C Allowable Total Direct Direct Cost Allocation *	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L Other Contracts Programs & Functions
			HEAP - Seniors (program)	WHEAP Central (program)	WHEAP - West (program)	HEAP - Seniors (program)	Program Name (program)	Program Name (program)	
7000	Salaries	2,189,700							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephone	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
Rev. 3/10	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Specific Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9300	Client Transportation	-							
8400	Other Miscellaneous (Specify)	-							
9500	Depreciation or Amortization	-							
9600	Allocations to Agencies	-							
-----	Interest	-							
-----	Bad Debt	-							
	TOTAL INDIRECT COSTS **	\$2,189,700	43,316	42,775	18,173	18,173	-	-	2,067,264
	TOTAL DIRECT COSTS	\$21,868,941	482,997	427,506	181,659	181,659	-	-	20,665,030

* Individual line entries for Total Direct Cost Allocation (column C) come from the Indirect Cost Summary Form 6 (column G).

** Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14

Date (Initial): _____ Date (Final): _____

Item # 28 Form 6

Form GH DIRECT COST ALLOCATION PLAN

Allocation Basis: **Other Allocation Basis**

1 Agency Name: UMOS, Inc.

2 Disability/Target Group: Management Services Division - Energy Assistance
(Use additional copies of this form as needed.)

A	B	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
Account Number	Indirect Cost Account Description	Total Other Allowable Allocation Basis *	HEAP - South (program)	WHEAP Central (program)	WHEAP - West (program)	HEAP - South (program)	Program Name (program)	Program Name (program)	Other Contracts Programs & Functions
7800	Salaries	-							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephone	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
8700	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Specific Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Gifts	-							
9200	Client Transportation	-							
9300	Other Miscellaneous (Specify)	-							
9500	Depreciation or Amortization	-							
9600	Allocations to Agencies	-							
	Interest	-							
	Bad Debt	-							
	TOTAL INDIRECT COSTS *	-							
	TOTAL ALLOCATION BASIS	-							

* Individual line entries for Total Other Allocation Basis (column C) come from the Indirect Cost Summary Form 6 (column H).

** Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14

Date (Initial): March 25 2015 Date (Final): _____

Item # 28 Form 8

FORM 1 - 2015 PROGRAM VOLUME DATA AND UNIT COST CALCULATION
Programs funded by Site must include separate form for each Site.

AGENCY NAME UMOS, Inc.
 NAME & ADDRESS OF PROGRAM SITE UMOS Central (Zone 4)
Our Savior's Church, 3022 W. Wisconsin, Milwaukee
 AGENCY FEDERAL TAX ID NUMBER 39-1047172
 DHHS DIVISION Management Services Division - Energy Assistance
 PROGRAM NAME WHEAP Central
 (SELECT FROM TABLE OF CONTENTS) 2015 Prgm No. MSD 001

NUMBER OF DAYS PROGRAM OPERATES PER WEEK ALL Proposers must provide the UNITS details even if their Programs are Cost reimbursed only

NUMBER HOURS PROGRAM OPERATES PER DAY

NUMBER OF CASES TO BE SERVED PER YEAR *

TYPE OF UNIT: Subsidy, High Impact, Other 0 X

Other: (Specify)

COST CALCULATIONS:	TOTAL PROGRAM UNITS (A)	PROGRAM COST BY FUNDING SOURCE (B)	COST PER UNIT (C)
1. DHHS Program's Units and Costs	<input type="text" value="16,273.00"/>	\$ <input type="text" value="-"/>	\$ <input type="text" value="-"/>
2. Other Funding Source's Units and Costs	<input type="text" value="0.00"/>	\$ <input type="text" value="470,371"/>	\$ <input type="text" value="-"/>
3. Total	<input type="text" value="16,273.00"/>	\$ <input type="text" value="470,371"/>	\$ <input type="text" value="28.91"/>
4. 2014 Budgeted Units and Costs	<input type="text" value="0.00"/>	\$ <input type="text" value="-"/>	\$ <input type="text" value="-"/>
5. 2013 Actual Units and Costs	<input type="text" value="0.00"/>	\$ <input type="text" value="-"/>	\$ <input type="text" value="-"/>

* THIS SAME FIGURE IS TO BE USED AS THE "TOTAL" ON THE CLIENT CHARACTERISTICS CHART
 A Form 1 must be completed for each site (address) if the agency is reimbursed by site.

Rev. 6/14

DATE (INITIAL): _____ March 25, 2015 DATE (FINAL): _____

Item # 28 Form 1E2

FORM 2 - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

Agency Name: UMOS, Inc.

										E1	E2	E3	E4	E5	E6		
										PROGRAM WHEAF - Supplement	PROGRAM WHEAF - Parent	PROGRAM WHEAF - WFL	PROGRAM WHEAF - Redwood	PROGRAM Program Name	PROGRAM Program Name		
										DISABILITY POPULATION	DISABILITY POPULATION	DISABILITY POPULATION	DISABILITY POPULATION	DISABILITY POPULATION	DISABILITY POPULATION		
1	2	3	4	5		6	7	8	9	10	11						
Position Title	Code	Rate	Final Comp	Monthly Comp	Yrly	Yrly Salary	Hrs	Rate	Hrs	Salary	Rate	Hrs	Salary	Rate	Hrs	Salary	
Supervisor	2 S	00	000	40	1600.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
State Specialist	3 ST	00	000	40	3600.00	0	0.00	0	0.00	0	0.00	40	1440.00	0	0.00	0	0.00
State Specialist (Resent)	3 ST	00	000	40	3600.00	0	0.00	0	0.00	0	0.00	40	1440.00	0	0.00	0	0.00
State Specialist (Resent)	3 ST	00	000	40	3600.00	0	0.00	0	0.00	0	0.00	40	1440.00	0	0.00	0	0.00
State Specialist (Resent)	3 ST	00	000	40	3600.00	0	0.00	0	0.00	0	0.00	40	1440.00	0	0.00	0	0.00
Supervisor	3 S	00	000	40	1600.00	0	0.00	0	0.00	0	0.00	40	1440.00	0	0.00	0	0.00
State Specialist	3 ST	00	000	40	3600.00	0	0.00	0	0.00	0	0.00	40	1440.00	0	0.00	0	0.00
State Specialist (Resent)	3 ST	00	000	40	3600.00	0	0.00	0	0.00	0	0.00	40	1440.00	0	0.00	0	0.00
State Specialist (Resent)	3 ST	00	000	40	3600.00	0	0.00	0	0.00	0	0.00	40	1440.00	0	0.00	0	0.00
State Specialist (Resent)	3 ST	00	000	40	3600.00	0	0.00	0	0.00	0	0.00	40	1440.00	0	0.00	0	0.00
0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
0.00	0.00	0.00	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
SUBTOTAL OF WHEAF SALARIES										660	198	198	198	198	198		

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Date (Initial): March 26, 2015
Date (Final):

FORM 2A - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

Agency Name: IMCS, Inc.

1 Position Title	2 Code	3 Em	4 Elnk Class	5 Frcd Capped	6 Jrt	7 Yearly Salary	8 Hrs	9		10		11		12		13			
								Salary	Hrs	Salary	Hrs	Salary	Hrs	Salary	Hrs	Salary	Hrs		
								PROGRAM W/HEAP - Southwest		PROGRAM W/HEAP - Central		PROGRAM W/HEAP - West		PROGRAM W/HEAP - Southwest		PROGRAM Program Rease		PROGRAM Program Rease	
								DISABILITY/ POPULATION 6		DISABILITY/ POPULATION 7		DISABILITY/ POPULATION 8		DISABILITY/ POPULATION 9		DISABILITY/ POPULATION 10		DISABILITY/ POPULATION 11	
Program Manager	37	SI	0.00	40		60,000.00	40	60,000.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Schwartz	38	WF	0.00	40		33,000.00	24	16,100.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Intake Specialist	39	SI	0.00	40		28,000.00	40	28,000.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Intake Specialist	40	SI	0.00	40		28,000.00	40	28,000.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Intake Specialist	41	SI	0.00	40		28,000.00	40	28,000.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Intake Specialist	42	SI	0.00	40		28,000.00	38	19,600.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Intake Specialist	43	SI	0.00	40		28,000.00	38	19,600.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Intake Specialist (vacant)	44	SI	0.00	40		28,000.00	20	14,000.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Support Staff	45	SI	0.00	40		40,000.00	0	0.00	40	40,000.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Secretary (vacant)	46	0.00	0.00	0.00	40	25,000.00	0	0.00	28	16,100.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Intake Specialist	47	SI	0.00	40		28,000.00	0	0.00	40	28,000.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Intake Specialist	48	SI	0.00	40		28,000.00	0	0.00	40	28,000.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Intake Specialist	49	SI	0.00	40		28,000.00	0	0.00	40	28,000.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Intake Specialist (vacant)	50	0.00	0.00	0.00	40	28,000.00	0	0.00	28	16,100.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Intake Specialist (vacant)	51	0.00	0.00	0.00	40	28,000.00	0	0.00	28	16,100.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Intake Specialist (vacant)	52	0.00	0.00	0.00	40	28,000.00	0	0.00	28	16,100.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Intake Specialist (vacant)	53	0.00	0.00	0.00	40	28,000.00	0	0.00	28	16,100.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Intake Specialist (vacant)	54	0.00	0.00	0.00	40	28,000.00	0	0.00	28	16,100.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Intake Specialist	55	0.00	0.00	0.00	40	28,000.00	0	0.00	20	14,000.00	0	0.00	0	0.00	0	0.00	0	0.00	0
TOTAL OF SALARIES (Control Account No. 7000)						869,000.00	292	252,900.00	240	248,200.00	0	0.00	0	0.00	0	0.00	0	0.00	0
TOTAL OF SALARIES (Employee Health & Retirement Benefits) (Control Account No. 7500)						400,000.00	0	0.00	0	0.00	136	101,306.12	125	108,200.00	0	0.00	0	0.00	0
TOTAL (Control Account Numbers 7000 & 7500)						1,269,000.00	292	252,900.00	240	248,200.00	136	101,306.12	125	108,200.00	0	0.00	0	0.00	0

Date (Initial): _____ Date (Final): March 25, 2015

*DO NOT INCLUDE CONTROL ACCOUNT NUMBER 7000 PAYROLL TAXES.
Rev. 6/14

Item # 28 Form 2A

FORM 2B - EMPLOYEE DEMOGRAPHICS SUMMARY

Agency Name: **UMOS, Inc.**

Program	Position Code (Column 2, Form 2 Code)	Employee Demographics (Column 3, Form 2 Ethnic group)	Number of FTEs
WHEAP Central	1	A	0
WHEAP Central	1	B	0
WHEAP Central	1	H	0
WHEAP Central	1	I	0
WHEAP Central	1	W	0
WHEAP Central	2	A	0
WHEAP Central	2	B	1
WHEAP Central	2	H	3
WHEAP Central	2	I	0
WHEAP Central	2	W	0
WHEAP Central	3	A	0
WHEAP Central	3	B	0
WHEAP Central	3	H	0
WHEAP Central	3	I	0
WHEAP Central	3	W	0
WHEAP Central	4	A	0
WHEAP Central	4	B	0
WHEAP Central	4	H	0
WHEAP Central	4	I	0
WHEAP Central	4	W	0
WHEAP Central	5	A	0
WHEAP Central	5	B	0
WHEAP Central	5	H	0
WHEAP Central	5	I	0
WHEAP Central	5	W	0
WHEAP Central	6	A	0
WHEAP Central	6	B	0
WHEAP Central	6	H	0
WHEAP Central	6	I	0
WHEAP Central	6	W	0
WHEAP Central	7	A	0
WHEAP Central	7	B	0
WHEAP Central	7	H	0
WHEAP Central	7	I	0
WHEAP Central	7	W	0
WHEAP Central	8	A	0
WHEAP Central	8	B	0
WHEAP Central	8	H	0
WHEAP Central	8	I	0
WHEAP Central	8	W	0
*If full-time equivalents (FTE's) are not based on 40 hours per week, specify:			0

% of Handicaped employees **0.00%**

Ethnicity % to total FTE
Rev. 6/14

A	B	H	I	W
0.00%	25.00%	75.00%	0.00%	0.00%

Item # 28 Form2B2

FORM 3 ANTICIPATED PROGRAM EXPENSES

Agency Name **UMOS, Inc.**
 Disability/Target **Management Services Division - Energy Assistance**
 Program Name **WHEAP Central**
 Facility Name **UMOS Central (Zone 4)**
 Address **Our Savior's Church, 3022 W. Wisconsin, Milwaukee**

2015 Prgm No. **MSD 001**

Control Acct. No.	(A) Expenditure Description	(B)	(C)
		2014 Gross Budget	2015 Gross Budget
7000	Salaries	-	246,500
7100	Employee Health & Retirement Benefits	-	63,868
7200	Payroll Taxes	-	35,397
8000	Professional Fees	-	-
8100	Supplies	-	12,000
8200	Telephone	-	10,200
8300	Postage and Shipping	-	-
8400	Occupancy	-	52,151
8500	Rental, Maintenance & Depreciation of Equipment	-	-
8600	Printing and Publications	-	-
8700	Travel	-	-
8800	Conferences, Conventions, Meetings	-	-
8900	Specific Assistance to Individuals	-	-
9000	Membership Dues	-	-
9100	Awards and Grants	-	7,480
9200	Allocated Costs (From Indirect Cost Allocation Plan, if appropriate)	-	42,775
9300	Client Transportation	-	-
9400	Miscellaneous	-	-
9500	Depreciation or Amortization	-	-
9600	Allocations to Agencies, Payments to Affiliated Organizations	-	-
	TOTAL EXPENSES	\$ -	\$ 470,371
0.00%	PROFIT FACTOR	-	-
	TOTAL EXPENSES INCLUDING PROFIT	\$ -	\$ 470,371
	TOTAL NON-DHHS CONTRACT REV. BROUGHT FWD	-	470,371
	TOTAL DHHS REQUEST	\$ -	\$ -

Rev. 6/14

Date (Initial): **March 25, 2015**

Item # 28 Form 3E2

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Name **UMOS, Inc.**
 Disability/Target **Management Services Division - Energy Assistance**
 Program **WHEAP Central** 2015 Prgm No. **MSD 001**
 Facility Name **UMOS Central (Zone 4)**

Address **Our Savior's Church, 3022 W. Wisconsin, Milwaukee**

Control Acct. No.	Sub-Account Number	(A) Account Description	(B)	(C)
			2014 Gross Budget	2015 Gross Budget
7000	7001	Executive Salaries	\$0.00	-
	7002	Professional Salaries	\$0.00	246,500
	7003	Clerical Staff Salaries	\$0.00	-
	7004	Technical Salaries	\$0.00	-
	7005	Maintenance Employee's Wages	\$0.00	-
	7006	Temporary Clerical Help	\$0.00	-
	7007	Student Stipends	\$0.00	-
	7008	Other Staff Salaries (Unclassified)	\$0.00	-
CONTROL ACCOUNT NO. 7000 SUB TOTAL*			\$ -	\$ 246,500
7100	7101	Accident Insurance Premiums	\$0.00	\$0.00
	7102	Life Insurance Premiums	\$0.00	\$419.85
	7103	Medical & Hospital Plan Premiums	\$0.00	\$51,124.10
	7104	Pension or Retirement Plan Premiums	\$0.00	\$12,325.00
	7105	Supp. Payments to Pensioned Employees	\$0.00	\$0.00
	7106	Payments to Annuitants	\$0.00	\$0.00
	7107	Employment Termination Expenses	\$0.00	\$0.00
	7108	Employee Tuition Reimburse. Plan	\$0.00	\$0.00
CONTROL ACCOUNT NO. 7100 SUB TOTAL*			\$ -	\$ 63,868
7200	7201	FICA Payments (Employer's Share)	\$0.00	\$18,857.25
	7202	Unemployment Insurance	\$0.00	\$10,870.65
	7203	Workmen's Compensation Insurance	\$0.00	\$5,669.50
	7204	Disability Insurance Premiums	\$0.00	\$0.00
CONTROL ACCOUNT NO. 7200 SUB TOTAL*			\$ -	\$ 35,397
8000**	8001	Medical & Dental Fees	\$0.00	\$0.00
	8002	Psychological Fees	\$0.00	\$0.00
	8003	Legal Fees	\$0.00	\$0.00
	8004	Rehabilitation & Education Fees	\$0.00	\$0.00
	8005	Development & Public Relations Fees	\$0.00	\$0.00
	8006	Brokerage, Commission, Collection Fee	\$0.00	\$0.00
	8007	Employment Fees	\$0.00	\$0.00
	8008	Audit Fees	\$0.00	\$0.00
	8009	Electronic Data Processing Service Fee	\$0.00	\$0.00
	8010	Other Contract Payments to Consultants	\$0.00	\$0.00
	8011	Talent Fees	\$0.00	\$0.00
	8012	Other Purchased Services	\$0.00	\$0.00
CONTROL ACCOUNT NO. 8000 SUB TOTAL*			\$ -	\$ -

*Must be the same dollar amount as shown on Form 3
 **Attach a copy of the memorandum of agreement between the agency and the professional when using Control Account No. 8000, Sub-Account Nos. 8001 through 8012.

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Name		2015 Prgra No.		MSD 001
UMOS, Inc.		(A)	(B)	(C)
Control Acct. No.	Sub-Account Number	Account Description	2014 Gross Budget	2015 Gross Budget
8100	8101	Medicine & Drugs (Clinic Use Only)	\$0.00	\$0.00
	8102	Prosthetic Appliances (Clinic Use Only)	\$0.00	\$0.00
	8103	Recreational, Voc. & Craft Supplies	\$0.00	\$0.00
	8104	Food & Beverages	\$0.00	\$0.00
	8105	Laundry, Linen, & Housekeeping Supplies	\$0.00	\$0.00
	8106	Office Supplies-Stationery, Typing	\$0.00	\$0.00
	8107	Paper, Ink, Printing, Duplicating	\$0.00	\$0.00
	8108	New Goods Purchased	\$0.00	\$12,000.00
	8109	Raw Materials (Manufacturing) Purchased	\$0.00	\$0.00
	8110	Manufacturing Supplies	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8100 SUB TOTAL* \$ - \$ 12,000

8200	8201	Telephone Expense	\$0.00	\$10,200.00
	8202	Telegraph Expense	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8200 SUB TOTAL* \$ - \$ 10,200

8300	8301	Postage and Parcel Post	\$0.00	\$0.00
	8302	Freight	\$0.00	\$0.00
	8303	Messenger & Delivery Service	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8300 SUB TOTAL* \$ - \$ -

8400	8401	Office Rent	\$0.00	\$9,000.00
	8402	Other Bldg. & Parking Lot Rent	\$0.00	\$0.00
	8403	Bldg. & Bldg. Eq. Ins. (Gen. & Liability)	\$0.00	\$2,086.92
	8404	Mortgage Interest	\$0.00	\$0.00
	8405	Electricity	\$0.00	\$6,260.76
	8406	Gas	\$0.00	\$1,391.28
	8407	Heating Oil	\$0.00	\$0.00
	8408	Water & Sewer	\$0.00	\$716.51
	8409	Janitorial/Maintenance/Repairs Purchased	\$0.00	\$6,956.40
	8410	Real Estate Taxes	\$0.00	\$0.00
	8411	Personal Property Taxes	\$0.00	\$0.00
	8412	Licenses & Permits-Occupancy Related	\$0.00	\$0.00
	8413	Bldg. & Grounds Maintenance Supplies	\$0.00	\$25,738.68
	8414	Miscellaneous Occupancy Costs	\$0.00	\$0.00
	8415	Amortization/Leasehold Improvements	\$0.00	\$0.00
	8416	Depreciation - Buildings	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8400 SUB TOTAL* \$ - \$ 52,151

8500	8501	Equipment rental expenses	\$0.00	\$0.00
	8502	Equipment Maintenance expenses	\$0.00	\$0.00
	8503	Equipment - Depreciation	\$0.00	\$0.00
	8504	Equipment - Interest Expense	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8500 SUB TOTAL* \$ - \$ -

Item # 28 Form 3SE2

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Name		2015 Prgm No. MSD 001		
Control Acct. No.	Sub-Account Number	(A) Account Description	(B) 2014 Gross Budget	(C) 2015 Gross Budget
8600	8601	Printing	\$0.00	\$0.00
	8602	Artwork	\$0.00	\$0.00
	8603	Photography	\$0.00	\$0.00
	8604	Recording	\$0.00	\$0.00
	8605	Films	\$0.00	\$0.00
	8606	Subscriptions-Periodicals/Publication	\$0.00	\$0.00
	8607	Purchase of Publications	\$0.00	\$0.00
	8608	Media Use Charges-Public Information	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8600 SUB TOTAL* \$ - \$ -

8700	8701	Local Bus & Taxicab Fares	\$0.00	\$0.00
	8702	Gas & Oil - Company Vehicles	\$0.00	\$0.00
	8703	Repairs - Company Vehicles	\$0.00	\$0.00
	8704	Insurance - Company Vehicles	\$0.00	\$0.00
	8705	Licenses & Permits-Company Vehicles	\$0.00	\$0.00
	8706	Leasing Costs - Company Vehicles	\$0.00	\$0.00
	8707	Auto Allowance(Employees/Volunteers)	\$0.00	\$0.00
	8708	Tires - Company Vehicles	\$0.00	\$0.00
	8709	Hotel, Meals, & Incidental Expenses	\$0.00	\$0.00
	8710	Depreciation - Automotive Equipment	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8700 SUB TOTAL* \$ - \$ -

8800	8801	Meeting Space & Equipment Rental	\$0.00	\$0.00
	8802	Meeting Supplies (Notices,Badges,etc.)	\$0.00	\$0.00
	8803	Food & Beverages Costs(Mtg. Particip.)	\$0.00	\$0.00
	8804	Speaker's Honoraria & Expenses	\$0.00	\$0.00
	8805	Registration Fees	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8800 SUB TOTAL* \$ - \$ -

8900	8901	Medical Fees	\$0.00	\$0.00
	8902	Dental Fees	\$0.00	\$0.00
	8903	Medicines	\$0.00	\$0.00
	8904	Children's Board	\$0.00	\$0.00
	8905	Homemaker Service	\$0.00	\$0.00
	8906	Food Service	\$0.00	\$0.00
	8907	Shelter Service	\$0.00	\$0.00
	8908	Clothing Service	\$0.00	\$0.00
	8910	Recreation Service	\$0.00	\$0.00
	8911	Wage Supplements	\$0.00	\$0.00
	8912	Prosthetic Appliances	\$0.00	\$0.00
	8913	Hospital Fees	\$0.00	\$0.00
	8914	Testing Fees	\$0.00	\$0.00
	8915	Materials - Crafts, Vocales, etc.	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8900 SUB TOTAL* \$ - \$ -

Item # 28 Form 3SE2

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Name		2015 Prgm No.	MSD 001	
Control Acct. No.	Sub-Account Number	(A) Account Description	(B) 2014 Gross Budget	(C) 2015 Gross Budget
9000	9001	Individual Dues	\$0.00	\$0.00
	9002	Organizational Dues	\$0.00	\$0.00

CONTROL ACCOUNT NO 9000 SUB TOTAL* \$ - \$ -

9100	9101	Grants to Research Institutions	\$0.00	\$0.00
	9102	Graduate Fellowships	\$0.00	\$0.00
	9103	Trainee Scholarships	\$0.00	\$0.00
	9104	Other Scholarships/Tuition Payments	\$0.00	\$0.00
	9105	Allowance for Travel Under Grant	\$0.00	\$7,480.00
	9106	Allowance for Equipment Under Grant	\$0.00	\$0.00
	9107	Lump Sum Camperships	\$0.00	\$0.00
	9108	Contribution/Grants to Hum. Serv. Org	\$0.00	\$0.00
	9109-50	Awards & Grants to Indiv./Other Org.	\$0.00	\$0.00
	9151-99	Awards & Grants to Affiliate Organizat. (Misc)	\$0.00	\$0.00

CONTROL ACCOUNT NO. 9100 SUB TOTAL * \$ - \$ 7,480

9200	9201	Administrative Costs (Indirect Costs)	\$0.00	42,775
	9202	Transportation	-	-

CONTROL ACCOUNT NO. 9200 SUB TOTAL* \$ - \$ 42,775

9300	9301	Local Bus & Taxicab Fares	\$0.00	\$0.00
	9302	Gas & Oil - Company Vehicles	\$0.00	\$0.00
	9303	Repairs - Company Vehicles	\$0.00	\$0.00
	9304	Insurance - Company Vehicles	\$0.00	\$0.00
	9305	Licenses & Permits-Company Vehicles	\$0.00	\$0.00
	9306	Leasing Costs - Company Vehicles	\$0.00	\$0.00
	9307	Tires - Company Vehicles	\$0.00	\$0.00
	9308	Depreciation - Auto Equipment	\$0.00	\$0.00

CONTROL ACCOUNT NO. 9300 SUB TOTAL* \$ - \$ -

9400	9401	Employee Malpractice Insurance	\$0.00	\$0.00
	9402	Employee Bonding Insurance	\$0.00	\$0.00
	9403	Other	\$0.00	\$0.00

CONTROL ACCOUNT NO. 9400 SUB TOTAL * \$ - \$ -

9500	9501-9504	Depreciation or Amortization	\$ -	\$ -
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See Accounts Related to the Statement of Expenses in the GUIDELINES.

9600	9601-9690	Allocations to Agencies,	\$0.00	\$0.00
	9691	Payments to Affiliated Organizations	\$0.00	\$0.00

CONTROL ACCOUNT NO. 9600 SUB TOTAL* \$ - \$ -

GRAND TOTAL*** \$ - \$ 470,371

***Must be the same dollar amount as shown on Form 3, on the line titled "TOTAL EXPENSES"

Rev. 6/14

Date (Initial): March 25, 2015
Date (Final):

Item # 28 Form 3SE2

FORM 4 ANTICIPATED PROGRAM REVENUE

Agency Name **UMOS, Inc.**
 Disability/Target Gr **Management Services Division - Energy Assistance**
 Program **WHEAP Central** 2015 Prgm No. **MSD 001**
 Facility Name **UMOS Central (Zone 4)**
 Address **Our Savior's Church, 3022 W. Wisconsin, Milwaukee**

Control Acct. No.	(A)	(B)	(C)
	Revenue	2014 Rev. Budget	2015 Rev. Budget
4000	Contributions and Donations	-	-
4100	Contributions to Building Fund	-	-
4200	Special Events	-	-
4300	Legacies and Bequests	-	-
4500	Collected through Local Member Units	-	-
4600	Contributed by Associated Organizations	-	-
4700	Allocated by Federated Fund Raising Organizations	-	-
4800	Allocated by Unassociated and Non-Federated Fund Raising Organizations	-	-
5100	Other Government Purchase of Service (DO NOT INCLUDE ANY REQUESTS FROM DHHS)	-	470,371
5200	Grants from Other Governmental Agencies (DO NOT INCLUDE ANY REQUESTS FROM DHHS)	-	-
5300	Revenues From HMO and PPO	-	-
6000	Membership Dues	-	-
6100	Assessments and Dues-Local Member Units	-	-
6200	Program Service Fees - Other	-	-
6300	Intra-Agency Sales of Supplies and Services	-	-
6400	Revenues from Disposal of Assets	-	-
6500	Investment Income	-	-
6600	Gains (Losses) on Investment Transactions	-	-
6700	Miscellaneous Revenue	-	-
TOTAL NON-DHHS REVENUE		\$ -	\$ 470,371
DHHS CONTRACT REQUEST		-	-
TOTAL REVENUE		\$ -	\$ 470,371

Rev. 6/14

Date (Initial): **March 25, 2015**
 Date (Final):

Item # 28 Form 4E2

FORM 4S ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Agency Name **UMOS, Inc.**
 Disability/Target **Management Services Division - Energy Assistance**
 Program **WHEAP Central**
 Facility Name **UMOS Central (Zone 4)**
 Address **Our Savior's Church, 3022 W. Wisconsin, Milwaukee**

2015 Prgm No. **MSD 001**

Control Acct. No.	Sub-Account Number	(A) Account Description	(B)	(C)
			2014 Revenue Budget	2015 Revenue Budget
4000	4001	In-Kind Materials	-	-
	4002	In-Kind Services	-	-
	4003	Unrestricted Cash	-	-
	4004	Restricted Cash	-	-
	4005	Other	-	-
CONTROL ACCOUNT NO. 4000 SUB TOTAL*			-	-
4100		Contributions to Building Fund	-	-
CONTROL ACCOUNT NO. 4100 SUB TOTAL*			-	-
4200		Special Events	-	-
CONTROL ACCOUNT NO. 4200 SUB TOTAL*			-	-
4300	4301	Endowments	-	-
	4302	Trusts	-	-
	4303	Other	-	-
CONTROL ACCOUNT NO. 4300 SUB TOTAL*			-	-
4500		Collected Through Local Member Units	-	-
CONTROL ACCOUNT NO. 4500 SUB TOTAL*			-	-
4600		Contributed by Associated Organizations	-	-
CONTROL ACCOUNT NO. 4600 SUB TOTAL*			-	-
4700		Allocated by Federated Fund Raising Org.	-	-
	4701	United Way	-	-
	4702	Other	-	-
CONTROL ACCOUNT NO. 4700 SUB TOTAL *			-	-
4800		Allocated by Unassociated and Non-Federated Fund Raising Org.	-	-
CONTROL ACCOUNT NO. 4800 SUB TOTAL*			-	-

*Must be the same dollar amount as shown on Form 4.

Item # 28 Form 4SE2

FORM 48 ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Agency Name UMOS, Inc.

2015 Prgm No.

MSD 001

Control Acct. No.	Sub-Account Number	(A) Account Description	(B)	(C)
			2014 Revenue Budget	2015 Revenue Budget
5100	5101	Title XX-Milwaukee County (Do not include any DHHS Requests)	-	-
	5102	Title XX-Other Counties	-	-
	5103	Title IVA (AFDC Unemployment Actual)- Milwaukee County	-	-
	5104	Title IVA (AFDC Unemployment Actual)- Other Counties	-	-
	5105	Title IVA (WEDP) - Milwaukee County	-	470,371
	5106	Title IVA (WEDP) - Other Counties	-	-
	5107	51.42/437 - Milwaukee County	-	-
	5108	51.42/437 - Other Counties	-	-
	5109	Title I - Milwaukee County	-	-
	5110	Title I - Other Counties	-	-
	5111	Title III - Milwaukee County	-	-
	5112	Title III - Other Counties	-	-
	5113	USDA Food Stamps	-	-
	5114	Title XVIII - Medicare	-	-
	5115	Title XIX - Medicaid	-	-
	5116	Social Security and SSI	-	-
	5117	CIP Revenue from Milwaukee County DSD	-	-
	5118	CIP Revenue from Other Counties	-	-
	5119	COP Revenue from Milwaukee County DSD	-	-
	5120	COP Revenue from Other Counties	-	-
	5121	Wiser Choice /AODA voucher Revenue	-	-
	5122	Wraparound Milwaukee Revenue	-	-
	5123	Children's Court Services Revenue(CCSN)	-	-
	5124	Milwaukee County Depart. of Aging Revenue	-	-
	5125	Other	-	-
5126-99	Other Governmental Purchase of Service	-	-	
CONTROL ACCOUNT NO. 5100 SUB TOTAL *			-	470,371
5200	5201	Direct Federal Grants	-	-
	5202	Direct State Grants	-	-
	5203	Direct County Grants	-	-
	5204	Direct City and Municipal Grants	-	-
	5206	Title III Grants	-	-
	5210	Other Grants from Governmental Agencies	-	-
CONTROL ACCOUNT NO. 5200 SUB TOTAL*			-	-
5300	5301	Revenue from Title XIX-AFDC Clients	-	-
	5302	Revenue from Non-Title XIX Clients	-	-
CONTROL ACCOUNT NO. 5300 SUB TOTAL*			-	-
6000		Membership Dues - Individuals	-	-
CONTROL ACCOUNT NO. 6000 SUB TOTAL*			-	-
6100		Assessments & Dues-Local Member Units	-	-
CONTROL ACCOUNT NO. 6100 SUB TOTAL*			-	-

*Must be the same dollar amount as shown on Form 4.

Item # 28 Form 4SE2

FORM 4S ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Agency Name UMOS, Inc.		2015 Prgm No.	MSD 001	
Control Acct. No.	Sub-Account Number	(A) Account Description	(B)	(C)
			2014 Revenue Budget	2015 Revenue Budget
6200	6201	Income from Private Pay Clients	-	-
	6202	Income from Title IVA (AFDC Employed Actual) Clients	-	-
	6203	Income from Title XX Clients (Direct Pay Portion Only)	-	-
	6204	Income from SI.42/437 Clients (Direct Pay Portion Only)	-	-
	6205	Income from Client Pick-up and Delivery Charges	-	-
	6206	Income from Client Insurance Carriers (Other than Medicare - Title XVIII)	-	-
	6207	Other Third Party Non-Governmental Income	-	-
CONTROL ACCOUNT NO. 6200 SUB TOTAL *			-	-
6300		Intra-Agency Sales of Supplies&Service	-	-
CONTROL ACCOUNT NO. 6300 SUB TOTAL *			-	-
6400	6401	Sale of Production	-	-
	6402	Sale of Property & Other Assets	-	-
	6403	Sale of Staff Services	-	-
CONTROL ACCOUNT NO. 6400 SUB TOTAL *			-	-
6500	6501	Interest	-	-
	6502	Dividends	-	-
	6503	Other	-	-
CONTROL ACCOUNT NO. 6500 SUB TOTAL *			-	-
6600		Gains (Losses) on Investment Trans.	-	-
CONTROL ACCOUNT NO. 6600 SUB TOTAL *			-	-
6900		Miscellaneous Revenue	-	-
CONTROL ACCOUNT NO. 6900 SUB TOTAL *			-	-
GRAND TOTAL**			-	470,371

*Must be the same dollar amount as shown on Form 4.

**Must be the same dollar amount as shown on Form 4, on the line titled "TOTAL NON-DHHS REVENUE"

Date (Initial) : March 25, 2015
Date (Final):

Rev. 6/14

Item # 28 Form 4SE2

FORM 5 TOTAL AGENCY AS (UN)PAID EXPENSES

If you have a Federally approved indirect rate Enter it here as % _____

AGENCY NAME, Inc

Control Acct. No.	(A) Expenditure Description	(B) 2013 Actual	(C) 2014 Base Budget	(D) 2014 Cross Budget	(E) 2014 Current Cross Budget	(F) 2014 Current Cross Budget	(G) 2014 Current Cross Budget	(H) 2014 Current Cross Budget	(I) 2014 Current Cross Budget	(J) 2014 Current Cross Budget	(K) 2014 Current Cross Budget	(L) Other Contract Programs & Fees/fees**
7000	Salaries		32,527,790	332,880	32,860,670	32,860,670	32,860,670	32,860,670	32,860,670	32,860,670	32,860,670	32,860,670
7100	Employee Health & Retirement Benefits		4,187,474	80,369	4,267,843	4,267,843	4,267,843	4,267,843	4,267,843	4,267,843	4,267,843	4,267,843
7200	Payroll Taxes		4,717,245	33,464	4,750,709	4,750,709	4,750,709	4,750,709	4,750,709	4,750,709	4,750,709	4,750,709
8000	Professional Fees		151,170		151,170	151,170	151,170	151,170	151,170	151,170	151,170	151,170
8100	Legal		775,700	10,800	786,500	786,500	786,500	786,500	786,500	786,500	786,500	786,500
8200	Telephone		11,437,000	1,740	11,438,740	11,438,740	11,438,740	11,438,740	11,438,740	11,438,740	11,438,740	11,438,740
8300	Postage and Shipping		84,000		84,000	84,000	84,000	84,000	84,000	84,000	84,000	84,000
8400	Computer		2,550,111	80,325	2,630,436	2,630,436	2,630,436	2,630,436	2,630,436	2,630,436	2,630,436	2,630,436
8500	Travel		1,200,000		1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000
8600	Conferences, Conventions, Meetings		99,000		99,000	99,000	99,000	99,000	99,000	99,000	99,000	99,000
8700	Workshop Expenses for Individuals											
8800	Membership Dues		44,000		44,000	44,000	44,000	44,000	44,000	44,000	44,000	44,000
8900	Workshop Costs											
9000	Travel Costs for Non-Member Staff/Board/Advisors											
9100	Client Transportation		2,073,340		2,073,340	2,073,340	2,073,340	2,073,340	2,073,340	2,073,340	2,073,340	2,073,340
9200	Miscellaneous		68,000		68,000	68,000	68,000	68,000	68,000	68,000	68,000	68,000
9300	Registration at a Conference											
9400	Registration at a Conference											
9500	Registration at a Conference											
9600	Registration at a Conference											
	TOTAL EXPENSES		44,076,411	426,313	44,502,724	44,502,724	44,502,724	44,502,724	44,502,724	44,502,724	44,502,724	44,502,724
	POST PAYMENT											
	TOTAL EXPENSES INCLUDING POST		44,076,411	426,313	44,502,724	44,502,724	44,502,724	44,502,724	44,502,724	44,502,724	44,502,724	44,502,724
	TOTAL POST PAYMENT REVENUE FROM POST											
	TOTAL NET POST PAYMENT											

4-411 Date (Month) _____ Date (Year) _____

* Control Account Number 9298, Allocated Costs, column F, should be entered as a negative number in order for column D to cross foot to zero.

** Use Other Contract Program & Fees/fees, column G for all non-Milwaukee County programs to benefit.

Form 6 INDIRECT COST ALLOCATION PLAN

Summary Sheet

1 Agency Name: UMOS, Inc.
 2 Disability/Target Group: Management Services Division - Energy Assistance
 (Use additional copies of this form as needed.)

A	B	C	Form 6D	Form 6E	Form 6F	Form 6G	Form 6H	I
Account Number	Indirect Cost Account Description	Total Agency Indirect Costs Σ col (D) to col (H)	Direct Salaries Allocation	FTE Allocation	Square Footage Allocation	Direct Cost Allocation	Other Allocation	Unallowable Indirect Costs**
7000	Salaries	1,215,320				2,189,700		\$ (974,380)
7100	Employee Health & Retirement Ben.	418,070						\$ 418,070
7200	Payroll Taxes	98,058						\$ 98,058
8000	Professional Fees	140,850						\$ 140,850
8100	Supplies	55,000						\$ 55,000
8200	Telephone	16,800						\$ 16,800
8300	Postage & Shipping	6,000						\$ 6,000
8400	Occupancy	185,510						\$ 185,510
8500	Rental & Maintenance of Equip.	-						\$ -
8600	Printing & Publications	5,000						\$ 5,000
8700	Employee Travel	25,000						\$ 25,000
8800	Conferences, Conventions, Meetings	39,000						\$ 39,000
8900	Specific Assistance to Individuals	-						\$ -
9000	Membership Dues	4,000						\$ 4,000
9100	Awards & Grants	-						\$ -
9200	Client Transportation	-						\$ -
9300	Other Miscellaneous (Specify)	11,092						\$ 11,092
9500	Depreciation or Amortization	-						\$ -
9600	Allocations to Agencies	-						\$ -
-----	Interest	-						\$ -
-----	Bad Debt	-						\$ -
	TOTAL INDIRECT COSTS *	\$ 2,189,700	\$ -	\$ -	\$ -	\$ 2,189,700	\$ -	\$ (0)

* Individual line entries for Total Agency Indirect Costs (column C) should be entered on the corresponding respective line on Form 5, column F.

** Enter Agency Indirect Costs which may not be allocated to Milwaukee County Programs under Federal & State Cost Principles

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14

Date (Initial): March 25, 2015 Date (Final): _____

Item # 28 Form 6

Form 6D DIRECT COST ALLOCATION PLAN

Allocation Basis: **Direct Salaries**

1 Agency Name: UMOS, Inc.
 2 Disability/Target Group: Management Services Division - Energy Assistance
 (Use additional copies of this form as needed.)

A Account Number	B Indirect Cost Account Description	C Allowable Total Direct Salaries Allocation *	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L Other Contracts Programs & Functions
			HEAP - South (program)	WHEAP Central (program)	WHEAP - West (program)	HEAP - South (program)	Program Name (program)	Program Name (program)	
7000	Salaries	-							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephones	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
8700	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Specific Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9300	Client Transportation	-							
9400	Other Miscellaneous (Specify)	-							
9500	Depreciation or Amortization	-							
9600	Allocations to Agencies	-							
-	Interest	-							
-	Bad Debt	-							
	TOTAL INDIRECT COSTS **	\$ -							
	TOTAL DIRECT SALARIES	\$ 10,867,500	232,900	246,500	101,200	101,200			10,185,700

* Individual line entries for Total Direct Salaries Allocation (column C) come from the Indirect Cost Summary Form 6 (column D).

** Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14 Date (Initial): March 25, 2015 Date (Final):

Item # 28 Form 6

Form 6E DIRECT COST ALLOCATION PLAN

Allocation Basis: Direct FTE

1 Agency Name: UMOS, Inc.

2 Disability/Target Group: Management Services Division - Energy Assistance
(Use additional copies of this form as needed.)

A	B	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
Account Number	Indirect Cost Account Description	Allowable Total Direct FTE Allocation *	WHEAR - Student (program)	WHEAR - Capital (program)	WHEAR - West (program)	WHEAR - South (program)	WHEAR - East (program)	WHEAR - North (program)	Other Contracts Programs & Functions
7000	Salaries	-							
7100	Employee Health & Retirement Pen.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephone	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
8700	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Specific Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9300	Client Transportation	-							
9400	Other Miscellaneous (Specify)	-							
9500	Depreciation of Amortization	-							
9600	Allocations to Agencies	-							
	Interest	-							
	Bad Debt	-							
	TOTAL INDIRECT COSTS **	\$0							
	TOTAL FTE	22.00	7.30	8.50	3.40	3.40			

* Individual line entries for Total Direct FTE Allocation (column C) come from the Indirect Cost Summary Form 6 (column E).

** Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 3, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14

Date (Initial): March 28, 2016 Date (Final): _____

Item # 28 Form 6

Form 6F DIRECT COST ALLOCATION PLAN

Allocation Basis: Square Footage

1 Agency Name: UMOS, Inc.
 2 Disability/Target Group: Management Services Division - Energy Assistance
 (Use additional copies of this form as needed.)

A Account Number	B Indirect Cost Account Description	C Allowable Total Direct Sq Footage Allocation *	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L Other Contracts Programs & Functions
			HEAP - North (program)	WHEAP Central (program)	WHEAP - West (program)	HEAP - South (program)	Program Name (program)	Program Name (program)	
7000	Salaries	-							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephone	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
8700	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Specific Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9300	Client Transportation	-							
9400	Other Miscellaneous (Specify)	-							
9500	Depreciation or Amortization	-							
9600	Allocations to Agencies	-							
-----	Interest	-							
-----	Bad Debt	-							
	TOTAL INDIRECT COSTS **	\$0							
	TOTAL SQUARE FOOTAGE	-							

* Individual line entries for Total Direct Square Footage Allocation (column C) come from the Indirect Cost Summary Form 6 (column F).

** Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14

Date (Initial):

March 25, 2015

Date (Final):

Item # 28 Form 6

Form 6G DIRECT COST ALLOCATION PLAN

Allocation Basis: Direct Cost

1 Agency Name: UMOS, Inc.
 2 Disability/Target Group: Management Services Division - Energy Assistance
 (Use additional copies of this form as needed.)

A	B	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
Account Number	Indirect Cost Account Description	Allowable Total Direct Cost Allocation *	HEAP - South (program)	WHEAP Central (program)	WHEAP - West (program)	HEAP - South (program)	Program Name (program)	Program Name (program)	Other Contracts Programs & Functions
7000	Salaries	2,189,700							
7100	Employee Health & Retirement Ben.								
7200	Payroll Taxes								
8000	Professional Fees								
8100	Supplies								
8200	Telephone								
8300	Postage & Shipping								
8400	Occupancy								
8500	Rental & Maintenance of Equip.								
8600	Printing & Publications								
Rev. 3/10	Employee Travel								
8800	Conferences, Conventions, Meetings								
8900	Spouse Assistance to Individuals								
9000	Membership Dues								
9100	Awards & Grants								
9300	Client Transportation								
9400	Other Miscellaneous (Specify)								
9400	Depreciation or Amortization								
9600	Allocations to Agencies								
-----	Interest								
-----	Bad Debt								
	TOTAL INDIRECT COSTS **	\$2,189,700	43,316	42,775	18,173	18,173			2,067,261
	TOTAL DIRECT COSTS	\$21,896,941	332,997	327,396	181,639	181,639			20,665,038

* Individual line entries for Total Direct Cost Allocation (column C) come from the Indirect Cost Summary Form 6 (column G).

** Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14

Date (Initial): _____ Date (Final): March 28, 2016

Item # 28 Form 6

Form 6H DIRECT COST ALLOCATION PLAN

Allocation Basis: Other Allocation Basis

1 Agency Name: UMQS, Inc.
 2 Disability/Target Group: Management Services Division - Energy Assistance
 (Use additional copies of this form as needed.)

A	B	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
Account Number	Indirect Cost Account Description	Total Other Allowable Allocation Basis *	WEAP - Southern (program)	WEAP - Central (program)	WEAP - West (program)	WEAP - South (program)	Program Name (program)	Program Name (program)	Other Contract Program & Functions
7000	Salaries	-							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephone	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
8700	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Specific Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9300	Client Transportation	-							
9400	Other Miscellaneous (Specify)	-							
9500	Depreciation or Amortization	-							
9600	Allocations to Agencies	-							
-----	Interest	-							
-----	Bad Debt	-							
	TOTAL INDIRECT COSTS *	-							
	TOTAL ALLOCATION BASIS	-							

* Individual line entries for Total Other Allocation Basis (column C) come from the Indirect Cost Summary Form 6 (column H).
 ** Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14 Date (Initial): _____ Date (Final): March 26, 2015

Item # 26 Form 8

FORM 1 - 2015 PROGRAM VOLUME DATA AND UNIT COST CALCULATION

Program funded by Site must include separate form for each Site

AGENCY NAME UMOS, Inc.
 NAME & ADDRESS OF PROGRAM SITE UMOS Southwest (Zone 5)
West Allis City Hall, 7525 W. Greenfield Ave., West Allis
 AGENCY FEDERAL TAX ID NUMBER 39-1047172
 DHHS DIVISION Management Services Division - Energy Assistance
 PROGRAM NAME WHEAP - Southwest
 (SELECT FROM TABLE OF CONTENTS) 2015 Prgm No. MSD 001

NUMBER OF DAYS PROGRAM OPERATES PER WEEK
 NUMBER HOURS PROGRAM OPERATES PER DAY
 NUMBER OF CASES TO BE SERVED PER YEAR *
 TYPE OF UNIT: Month / Day / Hour / 1/4 Hour / Other Other: (Specify)

ALL Proposers must provide the UNIT details even if their Programs are Cost reimbursement only

COST CALCULATIONS:	TOTAL	PROGRAM	COST
	PROGRAM	COST BY	PER
	UNITS	FUNDING	UNIT
	(A)	SOURCE	(C)
1. DHHS Program's Units and Costs	<input type="text" value="3,977.00"/>	\$ <input type="text" value="-"/>	\$ <input type="text" value="-"/>
2. Other Funding Source's Units and Costs	<input type="text" value="0.00"/>	\$ <input type="text" value="199,832"/>	\$ <input type="text" value="-"/>
3. Total	<input type="text" value="3,977.00"/>	\$ <input type="text" value="199,832"/>	\$ <input type="text" value="50.25"/>
4. 2014 Budgeted Units and Costs	<input type="text" value="0.00"/>	\$ <input type="text" value="-"/>	\$ <input type="text" value="-"/>
5. 2013 Actual Units and Costs	<input type="text" value="0.00"/>	\$ <input type="text" value="-"/>	\$ <input type="text" value="-"/>

* THIS SAME FIGURE IS TO BE USED AS THE "TOTAL" ON THE CLIENT CHARACTERISTICS CHART
 A Form 1 must be completed for each site (address) if the agency is reimbursed by site.

Rev. 6/14

DATE (INITIAL): March 25, 2015 DATE (FINAL): _____

Item # 28 Form 1E4

FORM 2B - EMPLOYEE DEMOGRAPHICS SUMMARY

Agency Name: UMOS, Inc.

Program	Position Code (Column 2, Form 2 Code)	Employee Demographics (Column 3, Form 2 Ethnic group)	Number of FTEs
WHEAP - Southwest	1	A	0
WHEAP - Southwest	1	B	0
WHEAP - Southwest	1	H	0
WHEAP - Southwest	1	I	0
WHEAP - Southwest	1	W	0
WHEAP - Southwest	2	A	0
WHEAP - Southwest	2	B	0
WHEAP - Southwest	2	H	0
WHEAP - Southwest	2	I	0
WHEAP - Southwest	2	W	1.5
WHEAP - Southwest	3	A	0
WHEAP - Southwest	3	B	0
WHEAP - Southwest	3	H	0
WHEAP - Southwest	3	I	0
WHEAP - Southwest	3	W	0
WHEAP - Southwest	4	A	0
WHEAP - Southwest	4	B	0
WHEAP - Southwest	4	H	0
WHEAP - Southwest	4	I	0
WHEAP - Southwest	4	W	0
WHEAP - Southwest	5	A	0
WHEAP - Southwest	5	B	0
WHEAP - Southwest	5	H	0
WHEAP - Southwest	5	I	0
WHEAP - Southwest	5	W	0
WHEAP - Southwest	6	A	0
WHEAP - Southwest	6	B	0
WHEAP - Southwest	6	H	0
WHEAP - Southwest	6	I	0
WHEAP - Southwest	6	W	0
WHEAP - Southwest	7	A	0
WHEAP - Southwest	7	B	0
WHEAP - Southwest	7	H	0
WHEAP - Southwest	7	I	0
WHEAP - Southwest	7	W	0
WHEAP - Southwest	8	A	0
WHEAP - Southwest	8	B	0
WHEAP - Southwest	8	H	0
WHEAP - Southwest	8	I	0
WHEAP - Southwest	8	W	0

*If full-time equivalents (FTE's) are not based on 40 hours per week, specify: _____ Hrs/Week

% of Handicaped employees 0.00%

Ethnicity % to total FTE
Rev. 6/14

A	B	H	I	W
0.00%	0.00%	0.00%	0.00%	100.00%

Item # 28 Form2B4

FORM 3 ANTICIPATED PROGRAM EXPENSES

Agency Name **UMOS, Inc.**
 Disability/Target **Management Services Division - Energy Assistance**
 Program Name **WHEAP - Southwest** 2015 Prgm No. **MSD 001**
 Facility Name **UMOS Southwest (Zone 5)**
 Address **West Allis City Hall, 7525 W. Greenfield Ave., West Allis**

Control Acct. No.	(A) Expenditure Description	(B)	(C)
		2014 Gross Budget	2015 Gross Budget
7000	Salaries	-	101,200
7100	Employee Health & Retirement Benefits	-	26,221
7200	Payroll Taxes	-	14,532
8000	Professional Fees	-	-
8100	Supplies	-	4,800
8200	Telephone	-	4,080
8300	Postage and Shipping	-	-
8400	Occupancy	-	27,834
8500	Rental, Maintenance & Depreciation of Equipment	-	-
8600	Printing and Publications	-	-
8700	Travel	-	-
8800	Conferences, Conventions, Meetings	-	-
8900	Specific Assistance to Individuals	-	-
9000	Membership Dues	-	-
9100	Awards and Grants	-	2,992
9200	Allocated Costs (From Indirect Cost Allocation Plan, if appropriate)	-	18,173
9300	Client Transportation	-	-
9400	Miscellaneous	-	-
9500	Depreciation or Amortization	-	-
9600	Allocations to Agencies, Payments to Affiliated Organizations	-	-
TOTAL EXPENSES		\$ -	\$ 199,832
PROFIT FACTOR		-	-
TOTAL EXPENSES INCLUDING PROFIT		\$ -	\$ 199,832
TOTAL NON-DHHS CONTRACT REV. BROUGHT FWD		-	199,832
TOTAL DHHS REQUEST		\$ -	\$ -

Rev. 6/14

Date (Initial): **March 25, 2015**
 Date (Final):

Item # 28 Form 3E4

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Name **UMOS, Inc.**
 Disability/Target **Management Services Division - Energy Assistance**
 Program **WHEAP - Southwest** 2015 Prgm No. **MSD 001**
 Facility Name **UMOS Southwest (Zone 5)**
 Address **West Allis City Hall, 7525 W. Greenfield Ave., West Allis**

Control Acct. No.	Sub-Account Number	(A) Account Description	(B)	(C)
			2014 Gross Budget	2015 Gross Budget
7000	7001	Executive Salaries	\$0.00	-
	7002	Professional Salaries	\$0.00	101,200
	7003	Clerical Staff Salaries	\$0.00	-
	7004	Technical Salaries	\$0.00	-
	7005	Maintenance Employee's Wages	\$0.00	-
	7006	Temporary Clerical Help	\$0.00	-
	7007	Student Stipends	\$0.00	-
	7008	Other Staff Salaries (Unclassified)	\$0.00	-
CONTROL ACCOUNT NO. 7000 SUB TOTAL*			\$ -	\$ 101,200
7100	7101	Accident Insurance Premiums	\$0.00	\$0.00
	7102	Life Insurance Premiums	\$0.00	\$172.04
	7103	Medical & Hospital Plan Premiums	\$0.00	\$20,988.88
	7104	Pension or Retirement Plan Premiums	\$0.00	\$5,060.00
	7105	Supp. Payments to Pensioned Employees	\$0.00	\$0.00
	7106	Payments to Annuitants	\$0.00	\$0.00
	7107	Employment Termination Expenses	\$0.00	\$0.00
	7108	Employee Tuition Reimburse. Plan	\$0.00	\$0.00
CONTROL ACCOUNT NO. 7100 SUB TOTAL*			\$ -	\$ 26,221
7200	7201	FICA Payments (Employer's Share)	\$0.00	\$7,741.80
	7202	Unemployment Insurance	\$0.00	\$4,462.92
	7203	Workmen's Compensation Insurance	\$0.00	\$2,327.60
	7204	Disability Insurance Premiums	\$0.00	\$0.00
CONTROL ACCOUNT NO. 7200 SUB TOTAL*			\$ -	\$ 14,532
8000**	8001	Medical & Dental Fees	\$0.00	\$0.00
	8002	Psychological Fees	\$0.00	\$0.00
	8003	Legal Fees	\$0.00	\$0.00
	8004	Rehabilitation & Education Fees	\$0.00	\$0.00
	8005	Development & Public Relations Fees	\$0.00	\$0.00
	8006	Brokerage, Commission, Collection Fee	\$0.00	\$0.00
	8007	Employment Fees	\$0.00	\$0.00
	8008	Audit Fees	\$0.00	\$0.00
	8009	Electronic Data Processing Service Fee	\$0.00	\$0.00
	8010	Other Contract Payments to Consultants	\$0.00	\$0.00
	8011	Talent Fees	\$0.00	\$0.00
	8012	Other Purchased Services	\$0.00	\$0.00
CONTROL ACCOUNT NO. 8000 SUB TOTAL*			\$ -	\$ -

*Must be the same dollar amount as shown on Form 3

**Attach a copy of the memorandum of agreement between the agency and the professional when using Control Account No. 8000, Sub-Account Nos. 8001 through 8012.

Item # 28 Form 3SE4

FORM 38 ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Name		2015 Prgm No.		MSD 001
Control Acct. No.	Sub-Account Number	(A) Account Description	(B) 2014 Gross Budget	(C) 2015 Gross Budget
8100	8101	Medicine & Drugs (Clinic Use Only)	\$0.00	\$0.00
	8102	Prosthetic Appliances (Clinic Use Only)	\$0.00	\$0.00
	8103	Recreational, Voc. & Craft Supplies	\$0.00	\$0.00
	8104	Food & Beverages	\$0.00	\$0.00
	8105	Laundry, Linen, & Housekeeping Supplies.	\$0.00	\$0.00
	8106	Office Supplies-Stationery, Typing	\$0.00	\$0.00
	8107	Paper, Ink, Printing, Duplicating	\$0.00	\$0.00
	8108	New Goods Purchased	\$0.00	\$4,800.00
	8109	Raw Materials (Manufacturing) Purchased.	\$0.00	\$0.00
	8110	Manufacturing Supplies	\$0.00	\$0.00
CONTROL ACCOUNT NO. 8100 SUB TOTAL*			\$ -	\$ 4,800
8200	8201	Telephone Expense	\$0.00	\$4,800.00
	8202	Telegraph Expense	\$0.00	\$0.00
CONTROL ACCOUNT NO. 8200 SUB TOTAL*			\$ -	\$ 4,080
8300	8301	Postage and Parcel Post	\$0.00	\$0.00
	8302	Freight	\$0.00	\$0.00
	8303	Messenger & Delivery Service	\$0.00	\$0.00
CONTROL ACCOUNT NO. 8300 SUB TOTAL *			\$ -	\$ -
8400	8401	Office Rent	\$0.00	\$10,573.73
	8402	Other Bldg. & Parking Lot Rent	\$0.00	\$0.00
	8403	Bldg. & Bldg. Eq. Ins. (Gen. & Liability)	\$0.00	\$834.77
	8404	Mortgage Interest	\$0.00	\$0.00
	8405	Electricity	\$0.00	\$2,504.30
	8406	Gas	\$0.00	\$556.51
	8407	Heating Oil	\$0.00	\$0.00
	8408	Water & Sewer	\$0.00	\$286.60
	8409	Janitorial/Maintenance/Repairs Purchased	\$0.00	\$2,782.56
	8410	Real Estate Taxes	\$0.00	\$0.00
	8411	Personal Property Taxes	\$0.00	\$0.00
	8412	Licenses & Permits-Occupancy Related	\$0.00	\$0.00
	8413	Bldg. & Grounds Maintenance Supplies	\$0.00	\$10,295.47
	8414	Miscellaneous Occupancy Costs	\$0.00	\$0.00
	8415	Amortization/Leasehold Improvements	\$0.00	\$0.00
	8416	Depreciation - Buildings	\$0.00	\$0.00
CONTROL ACCOUNT NO. 8400 SUB TOTAL*			\$ -	\$ 27,934
8500	8501	Equipment rental expenses	\$0.00	\$0.00
	8502	Equipment Maintenance expenses	\$0.00	\$0.00
	8503	Equipment - Depreciation	\$0.00	\$0.00
	8504	Equipment - Interest Expense	\$0.00	\$0.00
CONTROL ACCOUNT NO. 8500 SUB TOTAL *			\$ -	\$ -

Item # 28 Form 3SE4

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Name		2015 Prgm No.		MSD 001
UMOS, Inc.				
Control Acct. No.	Sub-Account Number	(A) Account Description	(B) 2014 Gross Budget	(C) 2015 Gross Budget
8600	8601	Printing	\$0.00	\$0.00
	8602	Artwork	\$0.00	\$0.00
	8603	Photography	\$0.00	\$0.00
	8604	Recording	\$0.00	\$0.00
	8605	Films	\$0.00	\$0.00
	8606	Subscriptions-Periodicals/Publication	\$0.00	\$0.00
	8607	Purchase of Publications	\$0.00	\$0.00
	8608	Media Use Charges-Public Information	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8600 SUB TOTAL* \$ - \$ -

8700	8701	Local Bus & Taxicab Fares	\$0.00	\$0.00
	8702	Gas & Oil - Company Vehicles	\$0.00	\$0.00
	8703	Repairs - Company Vehicles	\$0.00	\$0.00
	8704	Insurance - Company Vehicles	\$0.00	\$0.00
	8705	Licenses & Permits-Company Vehicles	\$0.00	\$0.00
	8706	Leasing Costs - Company Vehicles	\$0.00	\$0.00
	8707	Auto Allowance(Employees/Volunteers)	\$0.00	\$0.00
	8708	Tires - Company Vehicles	\$0.00	\$0.00
	8709	Hotel, Meals, & Incidental Expenses	\$0.00	\$0.00
	8710	Depreciation - Automotive Equipment	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8700 SUB TOTAL* \$ - \$ -

8800	8801	Meeting Space & Equipment Rental	\$0.00	\$0.00
	8802	Meeting Supplies (Notices,Badges,etc.)	\$0.00	\$0.00
	8803	Food & Beverages Costs(Mtg. Particlp.)	\$0.00	\$0.00
	8804	Speaker's Honoraria & Expenses	\$0.00	\$0.00
	8805	Registration Fees	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8800 SUB TOTAL* \$ - \$ -

8900	8901	Medical Fees	\$0.00	\$0.00
	8902	Dental Fees	\$0.00	\$0.00
	8903	Medicines	\$0.00	\$0.00
	8904	Children's Board	\$0.00	\$0.00
	8905	Homemaker Service	\$0.00	\$0.00
	8906	Food Service	\$0.00	\$0.00
	8907	Shelter Service	\$0.00	\$0.00
	8908	Clothing Service	\$0.00	\$0.00
	8910	Recreation Service	\$0.00	\$0.00
	8911	Wage Supplements	\$0.00	\$0.00
	8912	Prosthetic Appliances	\$0.00	\$0.00
	8913	Hospital Fees	\$0.00	\$0.00
	8914	Testing Fees	\$0.00	\$0.00
	8915	Materials - Crafts, Vocation, etc.	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8900 SUB TOTAL* \$ - \$ -

Item # 28 Form 3SE4

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Name		2015 Prgm No.		MSD 001
Control Acct. No.	Sub-Account Number	(A) Account Description	(B) 2014 Gross Budget	(C) 2015 Gross Budget
9000	9001	Individual Dues	\$0.00	\$0.00
	9002	Organizational Dues	\$0.00	\$0.00

CONTROL ACCOUNT NO 9000 SUB TOTAL* \$ - \$ -

9100	9101	Grants to Research Institutions	\$0.00	\$0.00
	9102	Graduate Fellowships	\$0.00	\$0.00
	9103	Trainee Scholarships	\$0.00	\$0.00
	9104	Other Scholarships/Tuition Payments	\$0.00	\$0.00
	9105	Allowance for Travel Under Grant	\$0.00	\$2,992.00
	9106	Allowance for Equipment Under Grant	\$0.00	\$0.00
	9107	Lump Sum Camperships	\$0.00	\$0.00
	9108	Contribution/Grants to Hum. Serv. Org	\$0.00	\$0.00
	9109-50	Awards & Grants to Indiv./Other Org.	\$0.00	\$0.00
	9151-99	Awards & Grants to Affiliate Organizat. (Misc)	\$0.00	\$0.00

CONTROL ACCOUNT NO. 9100 SUB TOTAL * \$ - \$ 2,992

9200	9201	Administrative Costs (Indirect Costs)	\$0.00	18,173
	9202	Transportation		

CONTROL ACCOUNT NO. 9200 SUB TOTAL* \$ - \$ 18,173

9300	9301	Local Bus & Taxicab Fares	\$0.00	\$0.00
	9302	Gas & Oil - Company Vehicles	\$0.00	\$0.00
	9303	Repairs - Company Vehicles	\$0.00	\$0.00
	9304	Insurance - Company Vehicles	\$0.00	\$0.00
	9305	Licenses & Permits-Company Vehicles	\$0.00	\$0.00
	9306	Leasing Costs - Company Vehicles	\$0.00	\$0.00
	9307	Tires - Company Vehicles	\$0.00	\$0.00
	9308	Depreciation - Auto Equipment	\$0.00	\$0.00

CONTROL ACCOUNT NO. 9300 SUB TOTAL* \$ - \$ -

9400	9401	Employee Malpractice Insurance	\$0.00	\$0.00
	9402	Employee Bonding Insurance	\$0.00	\$0.00
	9403	Other	\$0.00	\$0.00

CONTROL ACCOUNT NO. 9400 SUB TOTAL * \$ - \$ -

9500	9501-9504	Depreciation or Amortization	\$ -	\$ -
------	-----------	------------------------------	------	------

See Accounts Related to the Statement of Expenses in the GUIDELINES.

9600	9601-9690	Allocations to Agencies,	\$0.00	\$0.00
	9691	Payments to Affiliated Organizations	\$0.00	\$0.00

CONTROL ACCOUNT NO. 9600 SUB TOTAL* \$ - \$ -

GRAND TOTAL,*** \$ - \$ 199,832

***Must be the same dollar amount as shown on Form 3, on the line titled "TOTAL EXPENSES"

Rev. 6/14

Date (Initial): March 25, 2015
Date (Final):

Item # 28 Form 3SE4

FORM 4 ANTICIPATED PROGRAM REVENUE

Agency Name **UMOS, Inc.**
 Disability/Target Gr **Management Services Division - Energy Assistance**
 Program **WHEAP - Southwest** 2015 Prgm No. **MSD 001**
 Facility Name **UMOS Southwest (Zone 5)**
 Address **West Allis City Hall, 7525 W. Greenfield Ave., West Allis**

Control Acct. No.	(A)	(B)	(C)
	Revenue	2014 Rev. Budget	2015 Rev. Budget
4000	Contributions and Donations	-	-
4100	Contributions to Building Fund	-	-
4200	Special Events	-	-
4300	Legacies and Bequests	-	-
4500	Collected through Local Member Units	-	-
4600	Contributed by Associated Organizations	-	-
4700	Allocated by Federated Fund Raising Organizations	-	-
4800	Allocated by Unassociated and Non-Federated Fund Raising Organizations	-	-
5100	Other Government Purchase of Service (DO NOT INCLUDE ANY REQUESTS FROM DHHS)	-	199,832
5200	Grants from Other Governmental Agencies (DO NOT INCLUDE ANY REQUESTS FROM DHHS)	-	-
5300	Revenues From HMO and PPO	-	-
6000	Membership Dues	-	-
6100	Assessments and Dues-Local Member Units	-	-
6200	Program Service Fees - Other	-	-
6300	Intra-Agency Sales of Supplies and Services	-	-
6400	Revenues from Disposal of Assets	-	-
6500	Investment Income	-	-
6600	Gains (Losses) on Investment Transactions	-	-
6700	Miscellaneous Revenue	-	-
	TOTAL NON-DHHS REVENUE	\$ -	\$ 199,832
	DHHS CONTRACT REQUEST	-	-
	TOTAL REVENUE	\$ -	\$ 199,832

Rev. 6/14

Date (Initial): March 25, 2015

Date (Final): _____

Item # 28 Form 4E4

FORM 4S ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Agency Name **UMOS, Inc.**
 Disability/Target **Management Services Division - Energy Assistance**
 Program **WHEAP - Southwest** 2015 Prgm No. **MSD 001**
 Facility Name **UMOS Southwest (Zone 5)**
 Address **West Allis City Hall, 7525 W. Greenfield Ave., West Allis**

Control Acct. No.	Sub-Account Number	(A) Account Description	(B)	(C)
			2014 Revenue Budget	2015 Revenue Budget
4000	4001	In-Kind Materials	-	-
	4002	In-Kind Services	-	-
	4003	Unrestricted Cash	-	-
	4004	Restricted Cash	-	-
	4005	Other	-	-
CONTROL ACCOUNT NO. 4000 SUB TOTAL*			-	-
4100		Contributions to Building Fund	-	-
CONTROL ACCOUNT NO. 4100 SUB TOTAL*			-	-
4200		Special Events	-	-
CONTROL ACCOUNT NO. 4200 SUB TOTAL*			-	-
4300	4301	Endowments	-	-
	4302	Trusts	-	-
	4303	Other	-	-
CONTROL ACCOUNT NO. 4300 SUB TOTAL*			-	-
4500		Collected Through Local Member Units	-	-
CONTROL ACCOUNT NO. 4500 SUB TOTAL*			-	-
4600		Contributed by Associated Organizations	-	-
CONTROL ACCOUNT NO. 4600 SUB TOTAL*			-	-
4700		Allocated by Federated Fund Raising Org.	-	-
	4701	United Way	-	-
	4702	Other	-	-
CONTROL ACCOUNT NO. 4700 SUB TOTAL*			-	-
4800		Allocated by Unassociated and Non-Federated Fund Raising Org.	-	-
CONTROL ACCOUNT NO. 4800 SUB TOTAL*			-	-

*Must be the same dollar amount as shown on Form 4.

Item # 28 Form 4SE4

FORM 4S ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Agency Name **UMOS, Inc.**

2015 Prgm No.

MSD 001

Control Acct. No.	Sub-Account Number	(A) Account Description	(B)	(C)
			2014 Revenue Budget	2015 Revenue Budget
5100	5101	Title XX-Milwaukee County (Do not include any DHHS Requests)	-	-
	5102	Title XX-Other Counties	-	-
	5103	Title IVA (AFDC Unemployment Actual)- Milwaukee County	-	-
	5104	Title IVA (AFDC Unemployment Actual)- Other Counties	-	-
	5105	Title IVA (WEOP) - Milwaukee County	-	199,832
	5106	Title IVA (WEOP) - Other Counties	-	-
	5107	51.42/437 - Milwaukee County	-	-
	5108	51.42/437 - Other Counties	-	-
	5109	Title I - Milwaukee County	-	-
	5110	Title I - Other Counties	-	-
	5111	Title III - Milwaukee County	-	-
	5112	Title III - Other Counties	-	-
	5113	USDA Food Stamps	-	-
	5114	Title XVIII - Medicare	-	-
	5115	Title XIX - Medicaid	-	-
	5116	Social Security and SSI	-	-
	5117	CIP Revenue from Milwaukee County DSD	-	-
	5118	CIP Revenue from Other Counties	-	-
	5119	COP Revenue from Milwaukee County DSD	-	-
	5120	COP Revenue from Other Counties	-	-
	5121	Wiser Choice /AODA voucher Revenue	-	-
	5122	Wraparound Milwaukee Revenue	-	-
	5123	Children's Court Services Revenue(CCSN)	-	-
	5124	Milwaukee County Depart. of Aging Revenue	-	-
	5125	Other	-	-
5126-99	Other Governmental Purchase of Service	-	-	
CONTROL ACCOUNT NO. 5100 SUB TOTAL *			-	199,832
5200	5201	Direct Federal Grants	-	-
	5202	Direct State Grants	-	-
	5203	Direct County Grants	-	-
	5204	Direct City and Municipal Grants	-	-
	5206	Title III Grants	-	-
	5210	Other Grants from Governmental Agencies	-	-
CONTROL ACCOUNT NO. 5200 SUB TOTAL*			-	-
5300	5301	Revenue from Title XIX-AFDC Clients	-	-
	5302	Revenue from Non-Title XIX Clients	-	-
CONTROL ACCOUNT NO. 5300 SUB TOTAL*			-	-
6000		Membership Dues - Individuals	-	-
CONTROL ACCOUNT NO. 6000 SUB TOTAL*			-	-
6100		Assessments & Dues-Local Member Units	-	-
CONTROL ACCOUNT NO. 6100 SUB TOTAL*			-	-

*Must be the same dollar amount as shown on Form 4.

Item # 28 Form 4SE4

FORM 48 ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Agency Name **UMOS, Inc.**

2015 Prgm No.

MSD 001

Control Acct. No.	Sub-Account Number	(A) Account Description	(B)	(C)
			2014 Revenue Budget	2015 Revenue Budget
6200	6201	Income from Private Pay Clients	-	-
	6202	Income from Title IVA (AFDC Employed Actual) Clients	-	-
	6203	Income from Title XX Clients (Direct Pay Portion Only)	-	-
	6204	Income from 51.42/437 Clients (Direct Pay Portion Only)	-	-
	6205	Income from Client Pick-up and Delivery Charges	-	-
	6206	Income from Client Insurance Carriers (Other than Medicare - Title XVIII)	-	-
	6207	Other Third Party Non-Governmental Income	-	-

CONTROL ACCOUNT NO. 6200 SUB TOTAL* - -

6300		Intra-Agency Sales of Supplies & Service	-	-
------	--	--	---	---

CONTROL ACCOUNT NO. 6300 SUB TOTAL * - -

6400	6401	Sale of Production	-	-
	6402	Sale of Property & Other Assets	-	-
	6403	Sale of Staff Services	-	-

CONTROL ACCOUNT NO. 6400 SUB TOTAL* - -

6500	6501	Interest	-	-
	6502	Dividends	-	-
	6503	Other	-	-

CONTROL ACCOUNT NO. 6500 SUB TOTAL* - -

6600		Gain (Losses) on Investment Trans.	-	-
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CONTROL ACCOUNT NO. 6600 SUB TOTAL * - -

6900		Miscellaneous Revenue	-	-
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CONTROL ACCOUNT NO. 6900 SUB TOTAL* - -

GRAND TOTAL** - 199,832

*Must be the same dollar amount as shown on Form 4.

**Must be the same dollar amount as shown on Form 4, on the line titled "TOTAL NON-DHHS REVENUE"

Rev. 6/14

Date (Initial) : March 25, 2015
Date (Final):

Item # 28 Form 4SE4

FORM 5 TOTAL AGENCY ANTICIPATED EXPENSES

If you have a Federally approved indirect rate enter it here as %

AGENCY'S PHONE No. _____

Control Acct. No.	(A) Expanded/Restrictions	(B) 2013 Actual	(C) 2014 Crisis Budget	(D) 2013 Crisis Budget	(E1) WISAP - Federal (Program) Gross Budget	(E2) WISAP - Federal (Program) Gross Budget	(E3) WISAP - State (Program) Gross Budget	(E4) WISAP - County (Program) Gross Budget	(E5) Project/Rate (Program) Crisis Budget	(E6) Project/Rate (Program) Gross Budget	(F) Indirect Costs Crisis Budget**	(G) Other Contract Programs & Purchases**
7000	Salaries			12,000,000	225,000	245,000	301,000	181,000			1,410,000	10,185,000
7100	Employee Health & Retirement Benefits			4,100,000	60,000	60,000	24,200	24,200			41,000	2,541,000
7200	Payroll Taxes			7,700,000	23,400	23,400	14,800	14,800			21,000	510,400
8000	Professional Fees			100,000							100,000	
8100	Supplies			200,000	15,000	15,000	4,000	4,000			5,000	215,000
8200	Telephone			170,000	8,000	8,000	4,000	4,000			12,000	60,000
8300	Postage and Shipping			20,000							5,000	40,000
8400	Occupancy			2,500,000	80,000	80,000	27,000	27,000			100,000	1,200,000
8500	Renewal, Maintenance & Depreciation of Equipment											
8600	Printing and Publications			20,000							20,000	
8700	Travel			1,000,000							20,000	980,000
8800	Conferences, Conventions, Meetings			20,000							20,000	50,000
8900	Reception, Amusement or Indulgences											
9000	Membership Dues			44,000							44,000	40,000
9100	Awards and Grants				6,000	7,000	2,000	2,000				15,000
9200	Contract Costs of Contract Construction Plans & Submittals*				40,000	40,000	10,000	10,000			40,000	2,000,000
9300	Client Transportation			2,000,000								2,000,000
9400	Miscellaneous			100,000							11,000	500,000
9500	Depreciation or Amortization											
9600	AT&T/Other Agency, Payment to Member Organizations			221,000								221,000
	TOTAL EXPENSES			24,070,000	476,200	476,200	199,000	199,000			0	22,727,000
	PROFIT FACTOR											
	TOTAL EXPENSES INCLUDING PROFIT			24,070,000	476,200	476,200	199,000	199,000			0	22,727,000
	TOTAL 2014 9990 CONTRACT REV Brought Fwd				476,200	476,200	199,000	199,000				(1,806,000)
	TOTAL BUDGET			24,070,000							0	24,070,000

See 5.14 Date (Initial) _____ Date (Print) _____

* Control Account Number 9200, Allocated Costs, column F, should be entered as a negative number in order for column D to cross foot to zero.
 ** Use Other Contract Programs & Purchases, column G for all non-9990 contract County programs or functions

FORM 56 TOTAL AGENCY ANTICIPATED REVENUE

AGENCY NAME: UMOS, Inc

Control Acct No	Revenue	2013 Actual	2014 Proposed Budget	2015 Proposed Budget	WIDEOR - Revenue for Grant Revenue Budget	WHEEL - Central 10/1/2013 Revenue Budget	WHEEL - Wm 10/1/2013 Revenue Budget	WHEEL - 10/1/2013 Revenue Budget	WHEEL - 10/1/2013 Revenue Budget	WHEEL - 10/1/2013 Revenue Budget	Program Income Agreement Revenue Budget	Indirect Costs Revenue Budget	Other Contract Prop. & Fees Revenue Budget
3000	Contributions of Donations												
4100	Contributions to Endowment Fund												
4200	Grants Income												
4300	Leases and Rentals												
4500	Collected through Local Member Clubs												
4600	Contributed by Associated Organizations												
4700	Subsidies for Federated Food Retailing Organizations Administered by Universities and Local Government Food Retailing Organizations												
4800	Other Government Purchase of Services (DO NOT INCLUDE ANY RECEIPTS FROM OTHERS)				476,313	476,313	0	0	0	0	0	0	0
5000	Grants from Other Government and Agencies (DO NOT INCLUDE ANY RECEIPTS FROM OTHERS)												11,460,340
5200	Revenues from FICA and FUTA												
6000	Memberships Dues												
6100	Assessments and Dues Local Member Clubs												
6200	Program Service Fees Other												
6300	State Agency Sales of Donations and Rentals												
6400	Revenues from Disposal of Assets												
6500	Investment Revenue												
6600	Gifts (and Loans) and Investment Transactions												
6700	Miscellaneous Revenue												
	TOTAL FROM BUDGET / CURRENT YEAR'S FUND				476,313	476,313	0	0	0	0	0	0	11,460,340
	SPONSOR CONTRACT REQUEST			24,072,411									24,072,411
	TOTAL REVENUE			24,548,722	476,313	476,313	0	0	0	0	0	0	24,548,722

Use Other Contract Program & Functions, column 13 for all non-Milwaukee County programs or functions

Form 6 INDIRECT COST ALLOCATION PLAN

Summary Sheet

1 Agency Name: UMOS, Inc.
 2 Disability/Target Group: Management Services Division - Energy Assistance
 (Use additional copies of this form as needed.)

A	B	C	Form 6D	Form 6E	Form 6F	Form 6G	Form 6H	I
Account Number	Indirect Cost Account Description	Total Agency Indirect Costs Σ col (D) to col (H)	Direct Salaries Allocation	FTE Allocation	Square Footage Allocation	Direct Cost Allocation	Other Allocation	Unallowable Indirect Costs**
7000	Salaries	1,215,320				2,189,700		\$ (974,380)
7100	Employee Health & Retirement Ben.	418,070						\$ 418,070
7200	Payroll Taxes	68,058						\$ 68,058
8000	Professional Fees	140,850						\$ 140,850
8100	Supplies	55,000						\$ 55,000
8200	Telephone	16,800						\$ 16,800
8300	Postage & Shipping	6,000						\$ 6,000
8400	Occupancy	185,510						\$ 185,510
8500	Rental & Maintenance of Equip.	-						\$ -
8600	Printing & Publications	5,000						\$ 5,000
8700	Employee Travel	25,000						\$ 25,000
8800	Conferences, Conventions, Meetings	39,000						\$ 39,000
8900	Specific Assistance to Individuals	-						\$ -
9000	Membership Dues	4,000						\$ 4,000
9100	Awards & Grants	-						\$ -
9300	Client Transportation	-						\$ -
9400	Other Miscellaneous (Specify)	11,092						\$ 11,092
9500	Depreciation or Amortization	-						\$ -
9600	Allocations to Agencies	-						\$ -
-----	Interest	-						\$ -
-----	Bad Debt	-						\$ -
	TOTAL INDIRECT COSTS *	\$ 2,189,700	\$ -	\$ -	\$ -	\$ 2,189,700	\$ -	\$ (0)

* Individual line entries for Total Agency Indirect Costs (column C) should be entered on the corresponding respective line on Form 5, column F.
 ** Enter Agency Indirect Costs which may not be allocated to Milwaukee County Programs under Federal & State Cost Principles

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.
 Rev. 6/14

Date (Initial): _____ Date (Final): _____

Item # 28 Form 6

Form 6D DIRECT COST ALLOCATION PLAN

Allocation Basis: **Direct Salaries**

1 Agency Name: UMOS, Inc

2 Disability/Target Group: Management Services Division - Energy Assistance
(Use additional copies of this form as needed.)

A Account Number	B Indirect Cost Account Description	C Allowable Total Direct Salaries Allocation *	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L Other Contracts Programs & Functions
			HEAP - South (program)	WHEAP - Central (program)	WHEAP - West (program)	HEAP - South (program)	Program Name (program)	Program Name (program)	
7000	Salaries	-							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephone	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
8700	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Specific Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9300	Client Transportation	-							
9400	Other Miscellaneous (Specify)	-							
9500	Depreciation or Amortization	-							
9600	Allocations to Agencies	-							
*****	Interest	-							
*****	Bad Debt	-							
	TOTAL INDIRECT COSTS **	0	-	-	-	-	-	-	-
	TOTAL DIRECT SALARIES	\$ 10,867,500	232,900	240,500	101,200	101,200	-	-	10,185,700

* Individual line entries for Total Direct Salaries Allocation (column C) come from the Indirect Cost Summary Form 6 (column D)

** Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/11

Date (Initial): March 25 2015 Date (Final): _____

Item # 28 Form 6

Form 6E DIRECT COST ALLOCATION PLAN

Allocation Basis: Direct FTE

1 Agency Name: UMOS, Inc.
 2 Disability/Target Group: Management Services Division - Energy Assistance
 (Use additional copies of this form as needed.)

A	B	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
Account Number	Indirect Cost Account Description	Allowable Total Direct FTE Allocation *	WHEAP - South (program)	WHEAP - Central (program)	WHEAP - West (program)	WHEAP - South (program)	Program Name (program)	Program Name (program)	Other Contracts Programs & Functions
7000	Salaries	-							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephone	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
8700	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Specific Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9200	Client Transportation	-							
9400	Other Miscellaneous (Specify)	-							
9500	Depreciation or Amortization	-							
9600	Allocations to Agencies	-							
-----	Interest	-							
-----	Bad Debt	-							
	TOTAL INDIRECT COSTS **	\$0							
	TOTAL FTE	22.00	7.30	8.50	3.40	3.40			

* Individual line entries for Total Direct FTE Allocation (column C) come from the Indirect Cost Summary Form 6 (column E).

** Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14

Date (Initial):

March 25, 2015 Date (Final):

Item # 28 Form 6

Form 6F DIRECT COST ALLOCATION PLAN

Allocation Basis: **Square Footage**

1 Agency Name: UMOS, Inc.

2 Disability/Target Group: Management Services Division - Energy Assistance
(Use additional copies of this form as needed.)

A Account Number	B Indirect Cost Account Description	C Allowable Total Direct Sq Footage Allocation *	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L Other Contracts Programs & Functions
			WHEAP - Scouting (program)	WJHEAP - Control (program)	WHEAP - West (program)	JEAP - Scouting (program)	Program Name (program)	Program Name (program)	
7000	Salaries	-							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephone	-							
8300	Postage & Shipping	-							
8400	Commuting	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
8700	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Specific Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9300	Client Transportation	-							
9400	Other Miscellaneous (Specify)	-							
9500	Depreciation or Amortization	-							
9600	Allocations to Agencies	-							
	Interest	-							
	Bad Debt	-							
	TOTAL INDIRECT COSTS **	\$-							
	TOTAL SQUARE FOOTAGE								

* Individual line entries for Total Direct Square Footage Allocation (column C) come from the Indirect Cost Summary Form 6 (column F).

** Totals for each Program (columns D through K) should be entered in Control Account Number 9200. Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14

Date (Initial):

March 28, 2018

Date (Final):

Item # 28 Form 6

Form 6G DIRECT COST ALLOCATION PLAN

Allocation Basis: Direct Cost

1 Agency Name: UMOS, Inc
 2 Disability/Target Group: Management Services Division - Energy Assistance
 (Use additional copies of this form as needed.)

A Account Number	B Indirect Cost Account Description	C Allowable Total Direct Cost Allocation *	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L Other Contracts Programs & Functions
			HEAP - South (program)	WHEAP Central (program)	WHEAP - West (program)	HEAP - South (program)	Program Name (program)	Program Name (program)	
7000	Salaries	2,189,700							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephones	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
Rev. 3/10	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Specific Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9300	Client Transportation	-							
9400	Other Miscellaneous (Specify)	-							
9500	Depreciation or Amortization	-							
9600	Allocations to Agencies	-							
-----	Interest	-							
-----	Bad Debt	-							
	TOTAL INDIRECT COSTS **	\$2,189,700	43,316	42,773	18,173	18,173	-	-	2,067,264
	TOTAL DIRECT COSTS	\$21,888,941	432,997	427,946	181,659	181,659	-	-	20,665,030

* Individual line entries for Total Direct Cost Allocation (column C) come from the Indirect Cost Summary Form 6 (column G).

** Totals for each Program (columns D through K) should be entered in Control Account Number 9200. Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14

Date (initial):

March 26, 2015 Date (Final):

Item # 28 Form 6

Form 6H DIRECT COST ALLOCATION PLAN

Allocation Basis: **Other Allocation Basis**

1 Agency Name: UMOS, Inc

2 Disability/Target Group: Management Services Division - Energy Assistance
(Use additional copies of this form as needed.)

A	B	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
Account Number	Indirect Cost Account Description	Total Other Allowable Allocation Basis *	WEAP - South (program)	WEAP - Central (program)	WEAP - West (program)	WEAP - South (program)	WEAP - North (program)	Program Number (program)	Other Contracts Programs & Functions
7000	Salaries	-							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephone	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
8700	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Special Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9200	Client Transportation	-							
9300	Other Miscellaneous (Specify)	-							
9400	Depreciation or Amortization	-							
9500	Allocations to Agencies	-							
-----	Interest	-							
-----	Bad Debt	-							
	TOTAL INDIRECT COSTS *	-							
	TOTAL ALLOCATION BASES	-							

* Individual line entries for Total Other Allocation Basis (column C) come from the Indirect Cost Summary Form 6 (column H).

** Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6-14

Date (Initial): _____ Date (Final): _____

Item # 28 Form 6

FORM 1 - 2015 PROGRAM VOLUME DATA AND UNIT COST CALCULATION

Program funded by Site must include separate form for each Site

AGENCY NAME UMOS, Inc.
 NAME & ADDRESS OF PROGRAM SITE UMOS Southeast (Zone 6)
UMOS Job Center, 2701 S. Chase Ave., Milwaukee
 AGENCY FEDERAL TAX ID NUMBER 39-1047172
 DHHS DIVISION Management Services Division - Energy Assistance
 PROGRAM NAME WHEAP - Southeast
 (SELECT FROM TABLE OF CONTENTS) 2015 Prgm No. M&D 001

NUMBER OF DAYS PROGRAM OPERATES PER WEEK
 NUMBER HOURS PROGRAM OPERATES PER DAY
 NUMBER OF CASES TO BE SERVED PER YEAR *
 TYPE OF UNIT: Month / Day/ Hour/1/4 Hour/other Other: (Specify)

ALL Proposers must provide the UNIT's details even if their Programs are Cost reimbursements only

COST CALCULATIONS:	TOTAL	PROGRAM	COST
	PROGRAM	COST BY	PER
	UNITS	FUNDING	UNIT
	(A)	SOURCE	(C)
1. DHHS Program's Units and Costs	<input type="text" value="4,318.00"/>	<input type="text" value="\$ -"/>	<input type="text" value="\$ -"/>
2. Other Funding Source's Units and Costs	<input type="text" value="0.00"/>	<input type="text" value="\$ 476,313"/>	<input type="text" value="\$ -"/>
3. Total	<input type="text" value="4,318.00"/>	<input type="text" value="\$ 476,313"/>	<input type="text" value="\$ 110.31"/>
4. 2014 Budgeted Units and Costs	<input type="text" value="0.00"/>	<input type="text" value="\$ -"/>	<input type="text" value="\$ -"/>
5. 2015 Actual Units and Costs	<input type="text" value="0.00"/>	<input type="text" value="\$ -"/>	<input type="text" value="\$ -"/>

* THIS SAME FIGURE IS TO BE USED AS THE "TOTAL" ON THE CLIENT CHARACTERISTICS CHART
 A Form 1 must be completed for each site (address) if the agency is reimbursed by site.

Rev. 6/14

DATE (INITIAL): _____ March 25, 2015 DATE (FINAL): _____

Item # 28 Form 1E1

FORM 2A - 2015 AGENCY EMPLOYEE HOURS AND SALARIES

Agency Name: UMOS, Inc

						E1	E2	E3	E4	E5	E6
						PROGRAM WHEAD - 6 months	PROGRAM WHEAD - Central	PROGRAM WHEAD - West	PROGRAM WHEAD - Southwest	PROGRAM Program Name	PROGRAM Program Name
						DISABILITY/ POPULATION	DISABILITY/ POPULATION	DISABILITY/ POPULATION	DISABILITY/ POPULATION	DISABILITY/ POPULATION	DISABILITY/ POPULATION
1	2	3	4	5	6	7	8	9	10	11	12
Position Title	Code	Sex	Ed/Exp Grade	Head/Sup Code	Hours	Yearly Salary	Rate	Salary	Rate	Salary	Rate
Program Manager	2 F	F	0.00	40	40	60,000.00	0	60,000.00	0	0.00	0
Secretary	2 B	F	0.00	40	26	20,000.00	0	16,000.00	0	0.00	0
Intake Specialist	2 F	F	0.00	40	40	20,000.00	0	20,000.00	0	0.00	0
Intake Specialist	2 F	F	0.00	40	40	20,000.00	0	20,000.00	0	0.00	0
Intake Specialist	2 F	F	0.00	40	40	20,000.00	0	20,000.00	0	0.00	0
Intake Specialist	2 M	M	0.00	40	28	20,000.00	0	16,000.00	0	0.00	0
Intake Specialist	2 F	F	0.00	40	23	20,000.00	0	16,000.00	0	0.00	0
Intake Specialist	2 F	F	0.00	40	28	20,000.00	0	16,000.00	0	0.00	0
Intake Specialist (vacant)	2 F	F	0.00	40	20	20,000.00	0	16,000.00	0	0.00	0
Supervisor	2 F	F	0.00	40	40	40,000.00	0	40,000.00	0	0.00	0
Former (vacant)	2	0.00	0.00	0.00	40	25,000.00	0	0.00	25	16,000.00	0
Intake Specialist	2 F	F	0.00	40	0	20,000.00	0	0.00	40	20,000.00	0
Intake Specialist	2 F	F	0.00	40	0	20,000.00	0	0.00	40	20,000.00	0
Intake Specialist	2 M	M	0.00	40	0	20,000.00	0	0.00	40	20,000.00	0
Intake Specialist (vacant)	2	0.00	0.00	0.00	40	20,000.00	0	0.00	20	16,000.00	0
Intake Specialist (vacant)	2	0.00	0.00	0.00	40	20,000.00	0	0.00	20	16,000.00	0
Intake Specialist (vacant)	2	0.00	0.00	0.00	40	20,000.00	0	0.00	20	16,000.00	0
Intake Specialist (vacant)	2	0.00	0.00	0.00	40	20,000.00	0	0.00	20	16,000.00	0
Intake Specialist	2	0.00	0.00	0.00	40	20,000.00	0	0.00	20	16,000.00	0
TOTAL OF SALARIES (Central Account No. 7100)					300	289,000.00	242	232,000.00	242	364,000.00	0
TOTAL OF SALARIES (from Salary Survey)				400	304,000.00	0	0.00	0.00	0	136,000.00	136,000.00
Employee Health & Retirement Benefits* (Central Account No. 7100)						60,540.00		63,688.00		56,721.00	56,721.00
TOTAL (Central Account Numbers 7000 & 7100)					800	850,000.00	250,242	800,000.00	250,242	557,421.00	557,421.00

Date (Initial): _____ Date (Final): March 25, 2016

*DO NOT INCLUDE CONTROL ACCOUNT NUMBER 7000, PAYROLL TAXES.
Rev. 6/14

FORM 2B - EMPLOYEE DEMOGRAPHICS SUMMARY

Agency Name: **UMOS, Inc.**

Program	Position Code (Column 2, Form 2 Code)	Employee Demographics (Column 3, Form 2 Ethnic group)	Number of FTEs
WHEAP - Southeast	1	A	0
WHEAP - Southeast	1	B	0
WHEAP - Southeast	1	H	0
WHEAP - Southeast	1	I	0
WHEAP - Southeast	1	W	0
WHEAP - Southeast	2	A	0
WHEAP - Southeast	2	B	0.7
WHEAP - Southeast	2	H	3.7
WHEAP - Southeast	2	I	0
WHEAP - Southeast	2	W	2.9
WHEAP - Southeast	3	A	0
WHEAP - Southeast	3	B	0
WHEAP - Southeast	3	H	0
WHEAP - Southeast	3	I	0
WHEAP - Southeast	3	W	0
WHEAP - Southeast	4	A	0
WHEAP - Southeast	4	B	0
WHEAP - Southeast	4	H	0
WHEAP - Southeast	4	I	0
WHEAP - Southeast	4	W	0
WHEAP - Southeast	5	A	0
WHEAP - Southeast	5	B	0
WHEAP - Southeast	5	H	0
WHEAP - Southeast	5	I	0
WHEAP - Southeast	5	W	0
WHEAP - Southeast	6	A	0
WHEAP - Southeast	6	B	0
WHEAP - Southeast	6	H	0
WHEAP - Southeast	6	I	0
WHEAP - Southeast	6	W	0
WHEAP - Southeast	7	A	0
WHEAP - Southeast	7	B	0
WHEAP - Southeast	7	H	0
WHEAP - Southeast	7	I	0
WHEAP - Southeast	7	W	0
WHEAP - Southeast	8	A	0
WHEAP - Southeast	8	B	0
WHEAP - Southeast	8	H	0
WHEAP - Southeast	8	I	0
WHEAP - Southeast	8	W	0
*If full-time equivalents (FTE's) are not based on 40 hours per week, specify:			0

% of Handicaped employees **0.00%**

Ethnicity % to total FTE
Rev. 6/14

A	B	H	I	W
0.00%	3.59%	50.68%	0.00%	39.73%

Item # 28 Form2B1

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Name **UMOS, Inc.**
 Disability/Target **Management Services Division - Energy Assistance**
 Program **WHEAP - Southeast** 2015 Prgm No. **MSD 001**
 Facility Name **UMOS Southeast (Zone 6)**
 Address **UMOS Job Center, 2701 S. Chase Ave., Milwaukee**

Control Acct. No.	Sub-Account Number	(A) Account Description	(B)	(C)
			2014 Gross Budget	2015 Gross Budget
7000	7001	Executive Salaries	\$0.00	-
	7002	Professional Salaries	\$0.00	232,900
	7003	Clerical Staff Salaries	\$0.00	-
	7004	Technical Salaries	\$0.00	-
	7005	Maintenance Employee's Wages	\$0.00	-
	7006	Temporary Clerical Help	\$0.00	-
	7007	Student Stipends	\$0.00	-
	7008	Other Staff Salaries (Unclassified)	\$0.00	-
CONTROL ACCOUNT NO. 7000 SUB TOTAL*			\$ -	\$ 232,900
7100	7101	Accident Insurance Premiums	\$0.00	\$0.00
	7102	Life Insurance Premiums	\$0.00	\$395.93
	7103	Medical & Hospital Plan Premiums	\$0.00	\$48,303.46
	7104	Pension or Retirement Plan Premiums	\$0.00	\$11,645.00
	7105	Supp. Payments to Pensioned Employes	\$0.00	\$0.00
	7106	Payments to Annuitants	\$0.00	\$0.00
	7107	Employment Termination Expenses	\$0.00	\$0.00
	7108	Employee Tuition Reimburse. Plan	\$0.00	\$0.00
CONTROL ACCOUNT NO. 7100 SUB TOTAL*			\$ -	\$ 60,344
7200	7201	FICA Payments (Employer's Share)	\$0.00	\$17,816.85
	7202	Unemployment Insurance	\$0.00	\$10,270.89
	7203	Workmen's Compensation Insurance	\$0.00	\$5,356.70
	7204	Disability Insurance Premiums	\$0.00	\$0.00
CONTROL ACCOUNT NO. 7200 SUB TOTAL*			\$ -	\$ 33,444
8000**	8001	Medical & Dental Fees	\$0.00	\$0.00
	8002	Psychological Fees	\$0.00	\$0.00
	8003	Legal Fees	\$0.00	\$0.00
	8004	Rehabilitation & Education Fees	\$0.00	\$0.00
	8005	Development & Public Relations Fees	\$0.00	\$0.00
	8006	Brokerage, Commission, Collection Fee	\$0.00	\$0.00
	8007	Employment Fees	\$0.00	\$0.00
	8008	Audit Fees	\$0.00	\$0.00
	8009	Electronic Data Processing Service Fee	\$0.00	\$0.00
	8010	Other Contract Payments to Consultants	\$0.00	\$0.00
	8011	Talent Fees	\$0.00	\$0.00
	8012	Other Purchased Services	\$0.00	\$0.00
CONTROL ACCOUNT NO. 8000 SUB TOTAL*			\$ -	\$ -

*Must be the same dollar amount as shown on Form 3
 **Attach a copy of the memorandum of agreement between the agency and the professional when using Control Account No. 8000, Sub-Account Nos. 8001 through 8012.

Item # 28 Form 3SE1

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Name		2015 Prgm No.		MSD 001
Control Acct. No.	Sub-Account Number	(A) Account Description	(B) 2012 Gross Budget	(C) 2013 Gross Budget
8100	8101	Medicine & Drugs (Clinic Use Only)	\$0.00	\$0.00
	8102	Prosthetic Appliances (Clinic Use Only)	\$0.00	\$0.00
	8103	Recreational, Voc. & Craft Supplies	\$0.00	\$0.00
	8104	Food & Beverages	\$0.00	\$0.00
	8105	Laundry, Linen, & Housekeeping Supplies.	\$0.00	\$0.00
	8106	Office Supplies-Stationery, Typing	\$0.00	\$0.00
	8107	Paper, Ink, Printing, Duplicating	\$0.00	\$0.00
	8108	New Goods Purchased	\$0.00	\$10,800.00
	8109	Raw Materials (Manufacturing) Purchased.	\$0.00	\$0.00
	8110	Manufacturing Supplies	\$0.00	\$0.00
	CONTROL ACCOUNT NO. 8100 SUB TOTAL *			\$ -
8200	8201	Telephone Expense	\$0.00	\$8,760.00
	8202	Telegraph Expense	\$0.00	\$0.00
CONTROL ACCOUNT NO. 8200 SUB TOTAL *			\$ -	\$ 8,760
8300	8301	Postage and Parcel Post	\$0.00	\$0.00
	8302	Freight	\$0.00	\$0.00
	8303	Messenger & Delivery Service	\$0.00	\$0.00
CONTROL ACCOUNT NO. 8300 SUB TOTAL *			\$ -	\$ -
8400	8401	Office Rent	\$0.00	\$0.00
	8402	Other Bldg. & Parking Lot Rent	\$0.00	\$0.00
	8403	Bldg. & Bldg. Eq. Ins. (Gen. & Liability)	\$0.00	\$2,409.00
	8404	Mortgage Interest	\$0.00	\$16,863.00
	8405	Electricity	\$0.00	\$7,227.00
	8406	Gas	\$0.00	\$1,606.00
	8407	Heating Oil	\$0.00	\$0.00
	8408	Water & Sewer	\$0.00	\$827.09
	8409	Janitorial/Maintenance/Repairs Purchased	\$0.00	\$8,030.00
	8410	Real Estate Taxes	\$0.00	\$0.00
	8411	Personal Property Taxes	\$0.00	\$0.00
	8412	Licenses & Permits-Occupancy Related	\$0.00	\$0.00
	8413	Bldg. & Grounds Maintenance Supplies	\$0.00	\$29,711.00
	8414	Miscellaneous Occupancy Costs	\$0.00	\$0.00
	8415	Amortization/Leasehold Improvements	\$0.00	\$0.00
	8416	Depreciation - Buildings	\$0.00	\$13,651.00
CONTROL ACCOUNT NO. 8400 SUB TOTAL *			\$ -	\$ 80,324
8500	8501	Equipment rental expenses	\$0.00	\$0.00
	8502	Equipment Maintenance expenses	\$0.00	\$0.00
	8503	Equipment - Depreciation	\$0.00	\$0.00
	8504	Equipment - Interest Expense	\$0.00	\$0.00
CONTROL ACCOUNT NO. 8500 SUB TOTAL *			\$ -	\$ -

Item # 28 Form 3SE1

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Name		2015 Prgm No.		MSD 001
Control Acct. No.	Sub-Account Number	(A) Account Description	(B) 2014 Gross Budget	(C) 2015 Gross Budget
8600	8601	Printing	\$0.00	\$0.00
	8602	Artwork	\$0.00	\$0.00
	8603	Photography	\$0.00	\$0.00
	8604	Recording	\$0.00	\$0.00
	8605	Films	\$0.00	\$0.00
	8606	Subscriptions-Periodicals/Publication	\$0.00	\$0.00
	8607	Purchase of Publications	\$0.00	\$0.00
	8608	Media Use Charges-Public Information	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8600 SUB TOTAL* \$ - \$ -

8700	8701	Local Bus & Taxicab Fares	\$0.00	\$0.00
	8702	Gas & Oil - Company Vehicles	\$0.00	\$0.00
	8703	Repairs - Company Vehicles	\$0.00	\$0.00
	8704	Insurance - Company Vehicles	\$0.00	\$0.00
	8705	Licenses & Permits-Company Vehicles	\$0.00	\$0.00
	8706	Leasing Costs - Company Vehicles	\$0.00	\$0.00
	8707	Auto Allowance(Employees/Volunteers)	\$0.00	\$0.00
	8708	Tires - Company Vehicles	\$0.00	\$0.00
	8709	Hotel, Meals, & Incidental Expenses	\$0.00	\$0.00
	8710	Depreciation - Automotive Equipment	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8700 SUB TOTAL* \$ - \$ -

8800	8801	Meeting Space & Equipment Rental	\$0.00	\$0.00
	8802	Meeting Supplies (Notices,Badges,etc.)	\$0.00	\$0.00
	8803	Food & Beverages Costs(Mtg. Particip.)	\$0.00	\$0.00
	8804	Speaker's Honoraria & Expenses	\$0.00	\$0.00
	8805	Registration Fees	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8800 SUB TOTAL* \$ - \$ -

8900	8901	Medical Fees	\$0.00	\$0.00
	8902	Dental Fees	\$0.00	\$0.00
	8903	Medicines	\$0.00	\$0.00
	8904	Children's Board	\$0.00	\$0.00
	8905	Homemaker Service	\$0.00	\$0.00
	8906	Food Service	\$0.00	\$0.00
	8907	Shelter Service	\$0.00	\$0.00
	8908	Clothing Service	\$0.00	\$0.00
	8910	Recreation Service	\$0.00	\$0.00
	8911	Wage Supplements	\$0.00	\$0.00
	8912	Prosthetic Appliances	\$0.00	\$0.00
	8913	Hospital Fees	\$0.00	\$0.00
	8914	Testing Fees	\$0.00	\$0.00
	8915	Materials - Crafts, Vocation, etc.	\$0.00	\$0.00

CONTROL ACCOUNT NO. 8900 SUB TOTAL* \$ - \$ -

Item # 28 Form 3SE1

FORM 3S ANTICIPATED PROGRAM EXPENSES SUPPLEMENTARY SHEET

Agency Name		2015 Prgm No.		MSD 001
Control Acct. No.	Sub-Account Number	(A) Account Description	(B) 2014 Gross Budget	(C) 2015 Gross Budget
9000	9001	Individual Dues	\$0.00	\$0.00
	9002	Organizational Dues	\$0.00	\$0.00

CONTROL ACCOUNT NO 9000 SUB TOTAL* \$ - \$ -

9100	9101	Grants to Research Institutions	\$0.00	\$0.00
	9102	Graduate Fellowships	\$0.00	\$0.00
	9103	Trainee Scholarships	\$0.00	\$0.00
	9104	Other Scholarships/Tuition Payments	\$0.00	\$0.00
	9105	Allowance for Travel Under Grant	\$0.00	\$6,424.00
	9106	Allowance for Equipment Under Grant	\$0.00	\$0.00
	9107	Lump Sum Camperships	\$0.00	\$0.00
	9108	Contribution/Grants to Hum. Serv. Org	\$0.00	\$0.00
	9109-50	Awards & Grants to Indiv./Other Org.	\$0.00	\$0.00
9151-99	Awards & Grants to Affiliate Organizat. (Misc)	\$0.00	\$0.00	

CONTROL ACCOUNT NO. 9100 SUB TOTAL * \$ - \$ 6,424

9200	9201	Administrative Costs (Indirect Costs)	\$0.00	43,316
	9202	Transportation		-

CONTROL ACCOUNT NO. 9200 SUB TOTAL* \$ - \$ 43,316

9300	9301	Local Bus & Taxicab Fares	\$0.00	\$0.00
	9302	Gas & Oil - Company Vehicles	\$0.00	\$0.00
	9303	Repairs - Company Vehicles	\$0.00	\$0.00
	9304	Insurance - Company Vehicles	\$0.00	\$0.00
	9305	Licenses & Permits-Company Vehicles	\$0.00	\$0.00
	9306	Leasing Costs - Company Vehicles	\$0.00	\$0.00
	9307	Tires - Company Vehicles	\$0.00	\$0.00
	9308	Depreciation - Auto Equipment	\$0.00	\$0.00

CONTROL ACCOUNT NO. 9300 SUB TOTAL* \$ - \$ -

9400	9401	Employee Malpractice Insurance	\$0.00	\$0.00
	9402	Employee Bonding Insurance	\$0.00	\$0.00
	9403	Other	\$0.00	\$0.00

CONTROL ACCOUNT NO. 9400 SUB TOTAL * \$ - \$ -

9500	9501-9504	Depreciation or Amortization	\$0.00	\$0.00
See Accounts Related to the Statement of Expenses in the GUIDELINES.				

9600	9601-9690	Allocations to Agencies,	\$0.00	\$0.00
	9691	Payments to Affiliated Organizations	\$0.00	\$0.00

CONTROL ACCOUNT NO. 9600 SUB TOTAL* \$ - \$ -

GRAND TOTAL*** \$ - \$ 476,313

***Must be the same dollar amount as shown on Form 3, on the line titled "TOTAL EXPENSES"

Rev. 6/14

Date (Initial): March 25, 2015
Date (Final): _____

Item # 28 Form 3SE1

FORM 4 ANTICIPATED PROGRAM REVENUE

Agency Name **UMOS, Inc.**
 Disability/Target Cr. **Management Services Division - Energy Assistance**
 Program **WHEAP - Southeast** 2015 Prgm No. **MSD 001**
 Facility Name **UMOS Southeast (Zone 6)**
 Address **UMOS Job Center, 2701 S. Chase Ave., Milwaukee**

Control Acct. No.	(A)	(B)	(C)
	Revenue	2014 Rev. Budget	2015 Rev. Budget
4000	Contributions and Donations	-	-
4100	Contributions to Building Fund	-	-
4200	Special Events	-	-
4300	Legacies and Bequests	-	-
4500	Collected through Local Member Units	-	-
4600	Contributed by Associated Organizations	-	-
4700	Allocated by Federated Fund Raising Organizations	-	-
4800	Allocated by Unassociated and Non-Federated Fund Raising Organizations	-	-
5100	Other Government Purchase of Service (DO NOT INCLUDE ANY REQUESTS FROM DHHS)	-	476,313
5200	Grants from Other Governmental Agencies (DO NOT INCLUDE ANY REQUESTS FROM DHHS)	-	-
5300	Revenues From HMO and PPO	-	-
6000	Membership Dues	-	-
6100	Assessments and Dues-Local Member Units	-	-
6200	Program Service Fees - Other	-	-
6300	Intra-Agency Sales of Supplies and Services	-	-
6400	Revenues from Disposal of Assets	-	-
6500	Investment Income	-	-
6600	Gains (Losses) on Investment Transactions	-	-
6700	Miscellaneous Revenue	-	-
	TOTAL NON-DHHS REVENUE	\$ -	\$ 476,313
	DHHS CONTRACT REQUEST	-	-
	TOTAL REVENUE	\$ -	\$ 476,313

Rev. 6/14

Date (Initial): **March 25, 2015**
 Date (Final):

Item # 28 Form 4E1

FORM 4S ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Agency Name **UMOS, Inc.**
 Disability/Target Group **Management Services Division - Energy Assistance**
 Program **WHEAP - Southeast**
 Facility Name **UMOS Southeast (Zone 6)**
 Address **UMOS Job Center, 2701 S. Chase Ave., Milwaukee**

2015 Prgm No. **MSD 001**

Control Acct. No.	Sub-Account Number	(A) Account Description	(B)	(C)
			2014 Revenue Budget	2015 Revenue Budget
4000	4001	In-Kind Materials	-	-
	4002	In-Kind Services	-	-
	4003	Unrestricted Cash	-	-
	4004	Restricted Cash	-	-
	4005	Other	-	-
CONTROL ACCOUNT NO. 4000 SUB TOTAL *			-	-
4100		Contributions to Building Fund	-	-
CONTROL ACCOUNT NO. 4100 SUB TOTAL *			-	-
4200		Special Events	-	-
CONTROL ACCOUNT NO. 4200 SUB TOTAL *			-	-
4300	4301	Endowments	-	-
	4302	Trusts	-	-
	4303	Other	-	-
CONTROL ACCOUNT NO. 4300 SUB TOTAL *			-	-
4500		Collected Through Local Member Units	-	-
CONTROL ACCOUNT NO. 4500 SUB TOTAL *			-	-
4600		Contributed by Associated Organizations	-	-
CONTROL ACCOUNT NO. 4600 SUB TOTAL *			-	-
4700		Allocated by Federated Fund Raising Org.	-	-
	4701	United Way	-	-
	4702	Other	-	-
CONTROL ACCOUNT NO. 4700 SUB TOTAL *			-	-
4800		Allocated by Unassociated and Non-Federated Fund Raising Org.	-	-
CONTROL ACCOUNT NO. 4800 SUB TOTAL *			-	-

*Must be the same dollar amount as shown on Form 4.

Item # 28 Form 4SE1

FORM 4S ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Agency Name UMOS, Inc.

2015 Prgm No. MSD 001

Control Acct. No.	Sub-Account Number	(A) Account Description	(B)	(C)
			2014 Revenue Budget	2015 Revenue Budget
5100	5101	Title XX-Milwaukee County (Do not include any DHHS Requests)	-	-
	5102	Title XX-Other Counties	-	-
	5103	Title IVA (AFDC Unemployment Actual)- Milwaukee County	-	-
	5104	Title IVA (AFDC Unemployment Actual)- Other Counties	-	-
	5105	Title IVA (WEOP) - Milwaukee County	-	476,313
	5106	Title IVA (WEOP) - Other Counties	-	-
	5107	\$1.42/.437 - Milwaukee County	-	-
	5108	\$1.42/.437 - Other Counties	-	-
	5109	Title I - Milwaukee County	-	-
	5110	Title I - Other Counties	-	-
	5111	Title III - Milwaukee County	-	-
	5112	Title III - Other Counties	-	-
	5113	USDA Food Stamps	-	-
	5114	Title XVIII - Medicare	-	-
	5115	Title XIX - Medicaid	-	-
	5116	Social Security and SSI	-	-
	5117	CIP Revenue from Milwaukee County DSD	-	-
	5118	CIP Revenue from Other Counties	-	-
	5119	COP Revenue from Milwaukee County DSD	-	-
	5120	COP Revenue from Other Counties	-	-
	5121	Wiser Choice /AODA voucher Revenue	-	-
	5122	Wraparound Milwaukee Revenue	-	-
	5123	Children's Court Services Revenue(CCSN)	-	-
	5124	Milwaukee County Depart. of Aging Revenue	-	-
	5125	Other	-	-
5126-99	Other Governmental Purchase of Service	-	-	
CONTROL ACCOUNT NO. 5100 SUB TOTAL *			-	476,313
5200	5201	Direct Federal Grants	-	-
	5202	Direct State Grants	-	-
	5203	Direct County Grants	-	-
	5204	Direct City and Municipal Grants	-	-
	5206	Title III Grants	-	-
	5210	Other Grants from Governmental Agencies	-	-
	CONTROL ACCOUNT NO. 5200 SUB TOTAL *			-
5300	5301	Revenue from Title XIX-AFDC Clients	-	-
	5302	Revenue from Non-Title XIX Clients	-	-
CONTROL ACCOUNT NO. 5300 SUB TOTAL *			-	-
6000		Membership Dues - Individuals	-	-
CONTROL ACCOUNT NO. 6000 SUB TOTAL *			-	-
6100		Assessments & Dues-Local Member Units	-	-
CONTROL ACCOUNT NO. 6100 SUB TOTAL *			-	-

*Must be the same dollar amount as shown on Form 4.

Item # 28 Form 4SE1

FORM 4S ANTICIPATED PROGRAM REVENUE SUPPLEMENTARY SHEET

Agency Name		2015 Prgm No.		
UMOS, Inc.		MSD 001		
Control Acct. No.	Sub-Account Number	(A)	(B)	(C)
		Account Description	2014 Revenue Budget	2015 Revenue Budget
6200	6201	Income from Private Pay Clients	-	-
	6202	Income from Title IVA (AFDC Employed Actual) Clients	-	-
	6203	Income from Title XX Clients (Direct Pay Portion Only)	-	-
	6204	Income from 51,421,437 Clients (Direct Pay Portion Only)	-	-
	6205	Income from Client Pick-up and Delivery Charges	-	-
	6206	Income from Client Insurance Carriers (Other than Medicare - Title XVIII)	-	-
	6207	Other Third Party Non-Governmental Income	-	-
	CONTROL ACCOUNT NO. 6200 SUB TOTAL *			-
6300		Intra-Agency Sales of Supplies & Service	-	-
CONTROL ACCOUNT NO. 6300 SUB TOTAL *			-	-
6400	6401	Sale of Production	-	-
	6402	Sale of Property & Other Assets	-	-
	6403	Sale of Staff Services	-	-
CONTROL ACCOUNT NO. 6400 SUB TOTAL *			-	-
6500	6501	Interest	-	-
	6502	Dividends	-	-
	6503	Other	-	-
CONTROL ACCOUNT NO. 6500 SUB TOTAL *			-	-
6600		Gains (Losses) on Investment Trans.	-	-
CONTROL ACCOUNT NO. 6600 SUB TOTAL *			-	-
6900		Miscellaneous Revenue	-	-
CONTROL ACCOUNT NO. 6900 SUB TOTAL *			-	-
GRAND TOTAL **			-	476,313

*Must be the same dollar amount as shown on Form 4.

**Must be the same dollar amount as shown on Form 4, on the line titled "TOTAL NON-DHHS REVENUE"

Rev. 6/14

Date (Initial): March 25, 2015
Date (Final): _____

Item # 28 Form 4SE1

FORM 5 TOTAL AGENCY ANTICIPATED EXPENSES

If you have a Federally approved indirect rate enter it here as %

AGENCY NAME: _____

Control Acct. No.	(A) Expense Description	(B) 2013 Actual	(C) 2014 Org. Budget	(D) 2016 Org. Budget	(E) WICAF - Federal (Program)		(F) WICAF - State (Program)		(G) Program Income (Program)	(H) Program Income (Program)	(I) Indirect Costs (Org. Budget)	(J) Other Contracts Programs & Functions*
					(E1) Gross Budget	(E2) Gross Budget	(F1) Gross Budget	(F2) Gross Budget				
7000	Scholar			12,472,153	225,200	246,600	201,200	161,300			1,715,250	10,195,703
7100	Employee Health & Retirement Benefits			4,190,460	40,044	53,868	26,331	26,221			427,071	3,543,366
7200	Payroll Taxes			7,745,727	23,694	28,281	14,252	14,252			57,573	7,716,478
8000	Professional Fees			440,820							143,850	
8100	Supplies			826,530	10,000	12,000	4,000	4,000			30,000	717,530
8200	Telephone			104,550	8,780	10,200	4,280	4,080			14,213	60,987
8300	Printing and Binding			24,670							7,670	17,000
8400	Occupancy			2,907,111	80,224	82,153	27,234	27,234			152,536	1,724,428
8500	Rental, Maintenance & Depreciation of Equipment											
8600	Printing and Publications			8,500							5,150	
8700	Travel			1,454,013							22,820	945,000
8800	Conferences, Conventions, Meetings			89,200							27,070	50,000
8900	Benefit Assistance to Individuals											
9000	Memberships Dues			40,501							4,970	40,000
9100	Awards and Grants				6,454	7,400	7,200	3,200				19,000
9200	MEMBER CONTRIBUTION (MILWAUKEE COUNTY) (MILWAUKEE COUNTY)				45,216	45,778	16,177	16,177			12,189,708	2,847,364
9300	Client Transportation			7,071,140								2,850,180
9400	Miscellaneous			210,170							11,071	207,000
9500	Depreciation on Acquisition											
9600	DEPRECIATION ON ACQUISITION, EQUIPMENT TO SERVICE OPERATIONS			2,162,000								21,000
	TOTAL EXPENSES			24,079,641	476,215	470,271	199,822	199,822			0	27,732,289
	GRANT FACTORS											
	TOTAL PROGRAMS INCLUDING PROFIT			24,079,641	476,215	470,271	199,822	199,822			0	27,732,289
	TOTAL NON-GRANT CONTRACTS (W/ BUREAU FUND)				476,215	470,271	199,822	199,822				11,246,240
	TOTAL BUDGETARY			24,079,641							0	38,978,529

Rev. 6/14

Date (Initial) _____
Date (Print) _____

* Control Account Number 9286, Allocated Costs, column F, should be entered as a negative number in order for column D to cross-foot to zero.
** Use Other Contracts Programs & Functions, column J for all non-Milwaukee County programs or functions

FORM 54 TOTAL AGENCY ANTICIPATED REVENUE

SPYRISHOUSE, Inc.

Control Acct. No.	Description	2013 Actual	2014 Proposed Budget	2015 Revenue Budget	WISAP (14 grant) Revenue Budget	WISAP Universal (14 grant) Revenue Budget	WISAP - Wm (14 grant) Revenue Budget	WISAP - South (14 grant) Revenue Budget	Program Area (14 grant) Revenue Budget	Program Area (14 grant) Revenue Budget	Indirect Costs Revenue Budget	Other Revenue Proj. & Trans. Revenue Budget*
400	Contributions and Donations											
410	Contributions to Building Fund											
420	Special Funds											
430	Legislation and Resolutions											
440	Collected through Local Member Units											
450	Contributed by Associated Organizations											
460	Allocated for Voluntary Fund Raising Organizations Administered by Incorporated and Non-Profit and For-Profit Organizations											
470	Other Governmental Funds of Various (DO NOT INCLUDE ANY REQUESTS FROM DUES)				476,311	476,311	104,852	104,852				11,566,540
480	Grants from Other Governmental Agencies											
490	DO NOT INCLUDE ANY REQUESTS FROM DUES											
500	Revenues from DUES and PPA											
600	Membership Dues											
610	Administrative and Local Member Units											
620	Program Service Fees Dues											
630	Inter-Agency Sales of Supplies and Services											
640	Revenues from Disposal of Assets											
650	Intergovernmental Income											
660	Interest and Dividend Income											
670	Miscellaneous Revenue											
	TOTAL WISAP CONTRACT REVENUE				476,311	476,311	104,852	104,852				11,566,540
	DUES CONTRACT REVENUE			24,078,641								24,078,641
	TOTAL REVENUE			24,554,982	476,311	476,311	104,852	104,852				25,141,036

Date Submitted: 1/20/15
 Date Printed: 1/20/15

* We Omit Certain Program & Functions, entries G for all other Milwaukee County programs or functions

Form 6 INDIRECT COST ALLOCATION PLAN

Summary Sheet

1 Agency Name: UMOS, Inc.
 2 Disability/Target Group: Management Services Division - Energy Assistance
 (Use additional copies of this form as needed.)

A	B	C	Form 6D	Form 6E	Form 6F	Form 6G	Form 6H	I
Account Number	Indirect Cost Account Description	Total Agency Indirect Costs \$ col (D) to col (E)	Direct Salaries Allocation	FTE Allocation	Square Footage Allocation	Direct Cost Allocation	Other Allocation	Unallowable Indirect Costs**
7000	Salaries	1,215,320				2,189,700		\$ (974,380)
7100	Employee Health & Retirement Ben.	418,070						\$ 418,070
7200	Payroll Taxes	68,058						\$ 68,058
8000	Professional Fees	140,850						\$ 140,850
8100	Supplies	55,000						\$ 55,000
8200	Telephone	16,800						\$ 16,800
8300	Postage & Shipping	6,000						\$ 6,000
8400	Occupancy	185,510						\$ 185,510
8500	Rental & Maintenance of Equip.	-						\$ -
8600	Printing & Publications	5,000						\$ 5,000
8700	Employee Travel	25,000						\$ 25,000
8800	Conferences, Conventions, Meetings	39,000						\$ 39,000
8900	Specific Assistance to Individuals	-						\$ -
9000	Membership Dues	4,000						\$ 4,000
9100	Awards & Grants	-						\$ -
9300	Client Transportation	-						\$ -
9400	Other Miscellaneous (Specify)	11,092						\$ 11,092
9500	Depreciation or Amortization	-						\$ -
9600	Allocations to Agencies	-						\$ -
-----	Interest	-						\$ -
-----	Bad Debt	-						\$ -
	TOTAL INDIRECT COSTS *	\$ 2,189,700	\$ -	\$ -	\$ -	\$ 2,189,700	\$ -	\$ (0)

* Individual line entries for Total Agency Indirect Costs (column C) should be entered on the corresponding respective line on Form 5, column F.
 ** Enter Agency Indirect Costs which may not be allocated to Milwaukee County Programs under Federal & State Cost Principles

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14 Date (Initial): March 25, 2015 Date (Final):

Item # 28 Form 6

Form 6D DIRECT COST ALLOCATION PLAN

Allocation Basis: **Direct Salaries**

1 Agency Name: UMOS, Inc.

2 Disability/Target Group: Management Services Division - Energy Assistance
(Use additional copies of this form as needed.)

A Account Number	B Indirect Cost Account Description	C Allowable Total Direct Salaries Allocation **	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L Other Contracts Programs & Functions
			HEAP - Health (program)	WHEAP - Child (program)	WHEAP - Wld (program)	HEAP - Subsid (program)	Premium Name (program)	Program Name (program)	
7000	Salaries	-							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephones	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
8700	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Specific Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9300	Client Transportation	-							
9400	Other Miscellaneous (Specify)	-							
9500	Depreciation or Amortization	-							
9600	Allocations to Agencies	-							
-----	Interest	-							
-----	Bad Debt	-							
	TOTAL INDIRECT COSTS **	\$ -							
	TOTAL DIRECT SALARIES	\$ 10,867,500	232,900	246,500	101,200	101,200	-	-	10,185,700

** Individual line entries for Total Direct Salaries Allocation (column C) come from the Indirect Cost Summary Form 5 (column D)

*** Totals for each Program (columns D through K) should be entered in Control Account Number 9200. Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14

Date (Initial): March 28, 2015 Date (Final): _____

Item # 28 Form 6

Form 6D DIRECT COST ALLOCATION PLAN

Allocation Basis: **Direct Salaries**

1 Agency Name: UMOS, Inc.
 2 Disability/Target Group: Management Services Division - Energy Assistance
 (Use additional copies of this form as needed.)

A	B	C	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L
Account Number	Indirect Cost Account Description	Allowable Total Direct Salaries Allocation *	THRAP - South (program)	WHEAP Central (program)	WHEAP - West (program)	THRAP - South (program)	Program Name (program)	Program Name (program)	Other Contracts Programs & Functions
7000	Salaries	-							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephone	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
8700	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Specific Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9300	Client Transportation	-							
9400	Other Miscellaneous (Specify)	-							
9500	Depreciation or Amortization	-							
9600	Allocations to Agencies	-							
-----	Interest	-							
-----	Bad Debt	-							
	TOTAL INDIRECT COSTS **	\$ -	-	-	-	-	-	-	-
	TOTAL DIRECT SALARIES	\$ 10,867,500	252,900	246,500	101,200	101,200	-	-	10,185,700

* Individual line entries for Total Direct Salaries Allocation (column C) come from the Indirect Cost Summary Form 6 (column D).

** Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14

Date (Initial): March 25, 2015 Date (Final): _____

Item # 28 Form 6

Form 6 DIRECT COST ALLOCATION PLAN

Allocation Basis: **Square Footage**

1 Agency Name: UMOS, Inc.

2 Disability/Target Group: Management Services Division - Energy Assistance
(Use additional copies of this form as needed.)

A Account Number	B Indirect Cost Account Description	C Allowable Total Direct Sq Footage Allocation **	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L Other Contracts Programs & Functions
			WHEAP - Health (program)	WHEAP - Control (program)	WHEAP - Wind (program)	WHEAP - Health (program)	Program Name (program)	Program Name (program)	
7000	Salaries	-							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephone	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
8700	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Specific Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9300	Client Transportation	-							
9400	Other Miscellaneous (Specify)	-							
9500	Depreciation or Amortization	-							
9600	Allocations to Agencies	-							
	Interest	-							
	Bad Debt	-							
	TOTAL INDIRECT COSTS **	50							
	TOTAL SQUARE FOOTAGE								

* Individual line entries for Total Direct Square Footage Allocation (column C) come from the Indirect Cost Summary Form 6 (column F).

** Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 3, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14

Date (Initial):

March 25, 2015 Date (Final):

Item # 26 Form 6

Form 6G DIRECT COST ALLOCATION PLAN

Allocation Basis: Direct Cost

1 Agency Name: UMOS, Inc.
 2 Disability/Target Group: Management Services Division - Energy Assistance
 (Use additional copies of this form as needed.)

A Account Number	B Indirect Cost Account Description	C Allowable Total Direct Cost Allocation *	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L Other Contracts Programs & Functions
			WHEAP - South (program)	WHEAP - Central (program)	WHEAP - West (program)	HEAP - South (program)	Program Name (program)	Program Name (program)	
7000	Salaries	2,189,700							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephone	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
Rev. 3/16	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Specific Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9300	Client Transportation	-							
9400	Other Miscellaneous (Specify)	-							
9500	Depreciation or Amortization	-							
9600	Allocations to Agencies	-							
-----	Interest	-							
-----	Bad Debt	-							
	TOTAL INDIRECT COSTS **	\$2,189,700	43,316	42,775	18,173	18,173	-	-	2,067,204
	TOTAL DIRECT COSTS	\$21,888,941	432,697	427,596	181,659	181,659	-	-	20,603,030

* Individual line entries for Total Direct Cost Allocation (column C) come from the Indirect Cost Summary Form 6 (column G).

** Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and carried to Form 5, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14

Date (Initial):

March 25, 2015 Date (Final):

Item # 28 Form 6

Form 6H DIRECT COST ALLOCATION PLAN

Allocation Basis: **Other Allocation Basis**

1 Agency Name: UMOS, Inc.

2 Disability/Target Group: Management Services Division - Energy Assistance
(Use additional copies of this form as needed.)

A Account Number	B Indirect Cost Account Description	C Total Other Allowable Allocation Basis *	(E1)	(E2)	(E3)	(E4)	(E5)	(E6)	L Other Contracts Programs & Functions
			WEAP - South (program)	WEAP Central (program)	WEAP - West (program)	WEAP - South (program)	Eastern Union (program)	Program Name (program)	
7000	Salaries	-							
7100	Employee Health & Retirement Ben.	-							
7200	Payroll Taxes	-							
8000	Professional Fees	-							
8100	Supplies	-							
8200	Telephones	-							
8300	Postage & Shipping	-							
8400	Occupancy	-							
8500	Rental & Maintenance of Equip.	-							
8600	Printing & Publications	-							
8700	Employee Travel	-							
8800	Conferences, Conventions, Meetings	-							
8900	Specific Assistance to Individuals	-							
9000	Membership Dues	-							
9100	Awards & Grants	-							
9300	Client Transportation	-							
9400	Other Miscellaneous (Specify)	-							
9500	Depreciation or Amortization	-							
9600	Allocations to Agencies	-							
-----	Interest	-							
-----	Bad Debt	-							
	TOTAL INDIRECT COSTS *	-							
	TOTAL ALLOCATION BASIS	-							

* Individual line entries for Total Other Allocation Basis (column C) come from the Indirect Cost Summary Form 6 (column H).

** Totals for each Program (columns D through K) should be entered in Control Account Number 9200, Allocated Costs on Form 3 (column C) for each Milwaukee County program. All other non-Milwaukee County contracts, programs & functions should be entered in column L, Total Indirect Costs, and turned to Form 3, column G.

As part of program budgeting, agencies which are contracted to provide more than one program are required to assign indirect costs to each program under contract. Describe the formula/method used to distribute indirect costs to programs.

Rev. 6/14

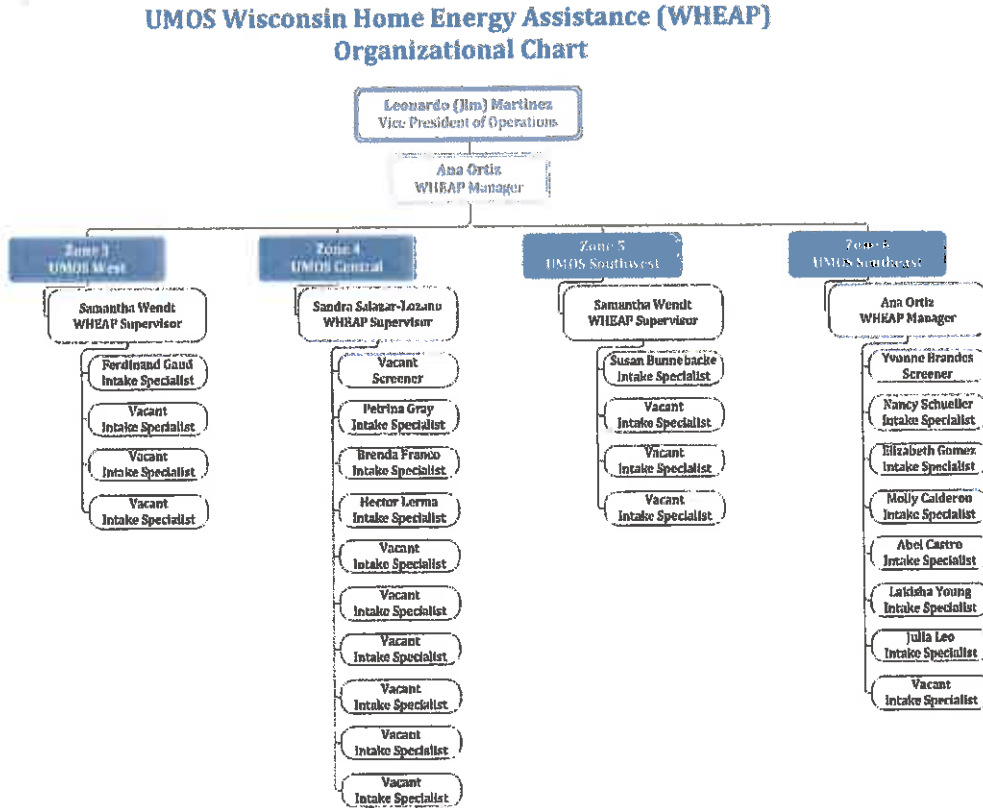
Date (Initial): March 25, 2018 Date (Final): _____

Item # 28 Form 6

PROGRAM ORGANIZATIONAL CHART

ITEM # 28

Provide an organizational chart which shows, in detail, position titles and reporting relationships within the specific program being proposed. If the agency is bidding on/operating multiple sites, the organizational structure at each site should be indicated. Include all positions for which funding is being requested.



PROGRAM LOGIC MODEL AND EVALUATION REPORT

(To be Included In Initial Submission of ALL Proposals except for the Birth-3 Program)

ITEM # 29a

Use single words or short phrases to describe the following:

Inputs: List the physical, financial, and human resources dedicated to the program.

Processes/Program Activities: List the services to be delivered, to include any "Required Program Components" as described in the Program Requirements.

Outputs: List the volume of processes/program activities to be delivered, to include any "Expected Outputs" listed in Program Requirements (See Section 5 for Program Requirements).

Expected Outcomes: List the intended benefit(s) for participants during or after their involvement with a program, to include all "Expected Outcomes" listed in the Program Requirements, as well as any additional outcomes already established for the program. If no "Expected Outcomes" are listed in the Program Requirements, Proposer shall identify their own expected outcomes for the program. Proposer identified expected outcomes must reflect increases, decreases, or maintenance of knowledge, skills, behaviors, condition, and/or status.

Indicators List the measurable approximations of the outcomes you are attempting to achieve, to include any required "Indicators" listed in the Program Requirements. Indicators are the observable or measurable characteristics which indicate whether an outcome has been met, which shall be expressed by number and/or percentage.

For more examples of Inputs, Processes, Outputs, and Outcomes, see DHHS Outcomes Presentation, March 16, 2006, at: <http://county.milwaukee.gov/ContractMgt15483.htm> (Look under "Reference Documents")

Projected Level of Achievement-Using column F of your Program Logic Model (Item 29a), identify the number and percentage of participants you project will achieve each "Expected Outcome" for each program proposed.

Describe methods of data collection proposed. Describe how consumers and community members are integrated into the process of evaluating the program, as appropriate, e.g., through satisfaction surveys, board and committee membership, public forums, etc. Include copies of any instruments used to collect feedback from consumers or the community. Give a specific example of how the results of this feedback have been used.

Items 29a and b partially comprise the points scored under Service Plan and Delivery
PROGRAM LOGIC MODEL and ANNUAL EVALUATION REPORT

ITEM # 28a

A	B	C	D	E	F	G		H	
						Actual level of achievement	Description of changes		
Inputs	Processes/Program Activities	Outputs	Expected Outcomes	Indicators	Projected level of achievement	Actual level of achievement	For evaluation report		
<p>WHEAP Applicants</p> <p>WHEAP Benefits</p> <p>DHHS Staff</p> <p>Multilingual UMOS Human Services Team</p> <p>UMOS HR Team</p> <p>LanguageLine Solutions</p> <p>WHEAP Manual, Training & System</p> <p>Accessible Services Sites: Zones 3-9</p> <p>Telephone/Computer & Other Office Technology</p> <p>Outreach Marketing, including through UMOS' Other Low-Income Programs</p> <p>WHEAP-related files</p> <p>WHEAP Quality Assurance/Improvement & Reporting</p> <p>WHEAP Committees</p>	<p>UMOS meets with DHHS, finalizing contract, goals, reporting, committee meeting schedules & implements transition with DHHS & preceding service zone providers(s)</p> <p>UMOS conducts robust multilingual outreach campaign to increase public awareness</p> <p>UMOS HR recruits, conducts background checks & submits for DHHS hire approval</p> <p>UMOS responds to in-person, telephone & (virtual) inquiries & schedules appointments</p> <p>UMOS addresses emergency applications/meets through 24/7 coverage & on-call staff</p> <p>UMOS interviews applicants, copies info, processes application, determines eligibility benefits, refers to Weatherization, reports potential fraud, & files documentation</p> <p>UMOS reviews quality performance, completes reports & ensures ongoing professional development</p> <p>UMOS addresses customer concerns & participates in any related fire hearings</p>	<p>At least:</p> <ul style="list-style-type: none"> 4,973 eligible households in Zone 3 10,273 eligible households in Zone 4 3,977 eligible households in Zone 5 4,318 eligible households in Zone 6 <p>will apply and participate in Wisconsin Home Energy Assistance Program (WHEAP)</p>	<p>Outcome 1: UMOS will increase utilization of Wisconsin Home Energy Assistance Program (WHEAP)</p> <p>Outcome 2: UMOS will process applications accurately within all federal, state, and county timelines</p> <p>Outcome 3: UMOS will implement an ongoing multilingual outreach campaign to maximize the number of WHEAP applicants & benefits recipients</p> <p>Outcome 4: UMOS will participate in WHEAP-related committees under Milwaukee County's leadership and direction</p>	<p>Number and percent of households who apply, are deemed eligible, and receive WHEAP-related benefits compared to 2014 levels per service zone</p> <p>Number and percent of applicants whose applications are entered accurately into the WHEAP system within federal, state & county timelines</p> <p>Number of paid and unpaid outreach activities conducted on a monthly basis</p> <p>Number and percent of Milwaukee County-based, WHEAP-related committee meetings and activities in which UMOS participates on a monthly basis</p>	100%	100%	At least 4 specific outreach activities per month during 1-5 months of program period, at least 2 specific outreach activities per month in 2nd 6 months	100%	

Items 29b and 290c & d (as applicable) partially comprise the points scored under Previous Experience

PROGRAM NARRATIVE

ITEM # 29b

Identify the name and number of the program for which you are requesting funding as it is identified in the *Year 2015 Purchase of Service Guidelines: Program Requirements*.

Provide a narrative to adequately describe the program you are proposing. The Program Description Narrative MUST correspond with and derive from Item 29a, Program Logic Model.

Refer to the *Year 2015 Purchase of Service Guidelines: Program Requirements* for all the required program components for the program you are proposing. In particular, each proposed program must include:

- All Required Program Components (As identified in Section 5, 2.2 Core Service Requirements)
- Required Documentation
- Expected Outputs
- Expected Outcomes
- Indicators

If no "Expected Outcomes" are listed in the Program Requirements, Proposer shall identify their own expected outcomes for the program. Proposer identified expected outcomes must reflect increases, decreases, or maintenance of the service recipients' knowledge, skills, behaviors, condition, or status. Where indicated, programs must utilize Indicators as they appear in the Program Requirements, OR Proposer shall propose a minimum of one Indicator for each "Expected Outcome".

Using the table on the next page, describe the agency's ability to provide this program, and the agency's experience serving the targeted populations. Include any existing agency programs utilizing a similar service delivery system and the number of years the program has been in operation. Discuss past service experience with similar contracts. Specifically address recent and current experience in terms of program volume, target population, dollar amount of contract, and service mix (i.e., types of services provided).

Program Narrative

UMOS' Logic Model-driven Service Delivery Strategy for Helping a Greater Number of Milwaukee County's Eligible Population Gain the Energy Assistance They Are Qualified to Receive

When Kenosha County—the state's eighth most populous and third fastest growing county—decided its residents needed a higher quality of Energy Assistance service delivery and a partner that would be more responsive to both county government officials as well as area residents, it selected UMOS. UMOS immediately worked with county officials, the outgoing provider, and residents; developed a successful, comprehensive transition plan incorporating their input; and implemented a new, more client-centered strategy. Having been founded in Milwaukee County 50 years ago, UMOS would be honored to provide Energy Assistance services for its home community.



COUNTY OF KENOSHA

OFFICE OF THE COUNTY EXECUTIVE
Jim Kreuzer, County Executive

1010 – 56th Street, Third Floor
Kenosha, Wisconsin 53140
(262) 653-2600
Fax: (262) 653-2817

March 18, 2015

The Honorable Chris Abele, Milwaukee County Executive
The Honorable Marina Dimitrijevic, Board of Supervisors Chair
The Honorable Peggy Rome West, Health & Human Needs Committee Chair
Milwaukee County Courthouse
901 North 9th Street
Milwaukee, WI 53233

Dear Colleagues:

As Milwaukee County considers applicants to provide Energy Assistance services, I am pleased to offer this letter regarding UMOS, Kenosha County's Energy Assistance provider. After having the same provider in place for a number of years, Kenosha County determined it was no longer satisfied with the level of service, and decided it was time for a change.

In 2012, Kenosha County awarded UMOS the opportunity to provide Energy Assistance services, making it the sole provider countywide. UMOS partnered with Kenosha County and the previous provider to transition services seamlessly on behalf of low-income residents in need. As part of the transition, the nonprofit even hired several of the best-performing staff employed with the previous provider to ensure continuity of service. It provided the new Energy Assistance team with the professional development, technology, tools, and leadership needed to serve our population in a timely and accurate fashion.

Like Milwaukee County, Kenosha County is home to a diverse population with equally diverse needs. UMOS put together a culturally competent, multilingual team of Energy Assistance professionals capable of serving residents fluently in Spanish and American Sign Language as well as in English. Additionally, it developed a strong outreach plan, and maintains conveniently located service sites, including in western Kenosha County—an area which had previously been underserved.

I am pleased to report the change in providers was a change for the better. Customer satisfaction improved substantially after partnering with UMOS, and satisfaction ratings remain high. Energy Assistance applications are being processed efficiently and the nonprofit continues to be highly responsive to local government and citizens alike.

As you consider potential providers for Milwaukee County, I hope that Kenosha County's experience will be of some help in your deliberations.

Respectfully,


Jim Kreuzer
Kenosha County Executive

UMOS is proposing to serve Milwaukee County Energy Assistance Service Zones 3, 4, 5, and 6, and Milwaukee County Department of Health & Human Services indicates that there are significant outreach opportunities in these zones.

Based on an analysis of the statistics provided in the Milwaukee County Department of Health & Human Services Energy Assistance Request For Proposal, there may be nearly 8,000 more households living below the Federal Poverty Level (FPL) in the 4-zone area of Service Zones 3, 4, 5, and 6 than actually received WHEAP benefits in the previous program year.

UMOS believes it is best positioned to assist Milwaukee County Department of Health & Human Services in reaching the maximum number of individuals and families eligible for Energy Assistance in Service Zones 3, 4, 5, and 6. It will do so by implementing its succinctly summarized, but comprehensive, logic model. Milwaukee County Department of Health & Human Services has indicated the Program Narrative "MUST correspond with and derive from Item #29a, Program Logic Model." [Milwaukee County DHHS Energy Assistance RFP, p. 4-45]

UMOS Offers Milwaukee County & Its Residents Highly Measurable Expected Outcomes & Indicators

The ultimate goal of the Wisconsin Home Energy Assistance Program (WHEAP) in Milwaukee County is to ensure that all of the county's low-income residents in need of such services:

- are aware of WHEAP benefits,
- have the opportunity to consult a WHEAP representative and apply in a language, location and method appropriate to their Individual circumstances,
- get a timely and accurate determination of their eligibility as well as a professionally presented explanation of the results, and
- receive the level of benefit support for which they are qualified

UMOS shares Milwaukee County Department of Health & Human Services' vision for high quality, high performance, culturally competent service delivery for low-income individuals and families potentially eligible for WHEAP benefits. In addition to the overall goals above-mentioned, UMOS proposes four specific outcomes as well as the means for measuring performance:

	UMOS will demonstrate its effectiveness and efficiency by accomplishing the following for Milwaukee County & its residents...	Milwaukee County & its residents will be able to measure UMOS' program effectiveness based on...
Outcome 1	Increasing utilization of Wisconsin Home Energy Assistance Program	the number and percent of households who apply, are deemed eligible, and receive WHEAP-related benefits compared to 2014 levels per service zone
Outcome 2	Processing applications accurately within all federal, state, and county timelines	the number and percent of applicants whose applications are entered accurately into the WHEAP system within federal, state & county timelines

	UMOS will demonstrate its effectiveness and efficiency by accomplishing the following for Milwaukee County & its residents...	Milwaukee County & its residents will be able to measure UMOS' program effectiveness based on...
Outcome 3	Implementing an ongoing multilingual outreach campaign to maximize the number of WHEAP applicants and benefits recipients	the number of paid and unpaid outreach activities being conducted monthly
Outcome 4	Participating in WHEAP-related committees under Milwaukee County's leadership and direction	the number and percent of Milwaukee County-based, WHEAP-related committee meetings

UMOS Will Use 2014-Level Outputs as Its Baseline for Increasing the Number of Households to Be Served

In 2014, according to the Milwaukee County Department of Health & Human Services Energy Assistance RFP, 29,500 households received WHEAP benefits:

- **Service Zone 3: 4,973 households**
- **Service Zone 4: 16, 273 households**
- **Service Zone 5: 3,977 households**
- **Service Zone 6: 4,318 households**

UMOS is committed to helping Milwaukee County reach more low-income individuals and families in need. The nonprofit believes it will be successful in expanding the number of successful applicants based on its use of new strategies, including reintegrating WHEAP into the UMOS' job center, partnering with municipal government leadership in western/southwestern Milwaukee County, and further expanding outreach among underserved populations (e.g., refugees, residents with speak little-to-no English, etc.).

UMOS Will Leverage a Wide Array of Inputs to Increase the Number of Milwaukee County Residents Benefitting

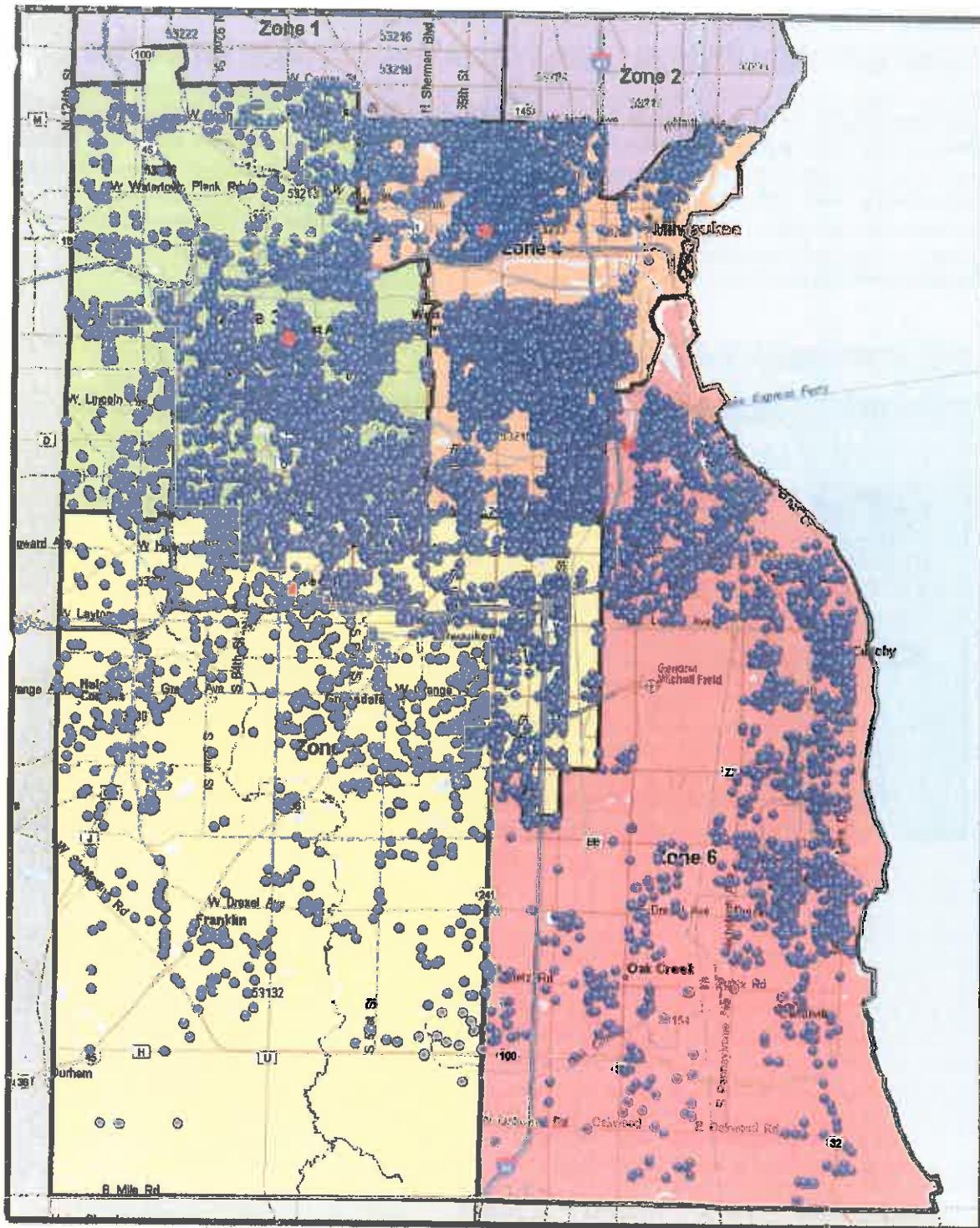
Over the last 50 years, UMOS has been privileged to partner with Milwaukee County, the State of Wisconsin, and a number of federal agencies in implementing a number of successful programs and services for low-income residents, including Energy Assistance. The organization has never had a contract terminated early for failure to perform, or an inability to account for public funding. As an experienced provider, UMOS continues to plan for success based on firsthand experience, cultural competence, client input, program policies and procedures, and other recommendations.

UMOS has developed the list of inputs based on its firsthand experience in operating the Wisconsin Home Energy Assistance Program; longstanding knowledge and relationships across the near-north and south-side neighborhoods; and RFP guidelines.

Inputs include:



- **WHEAP Applicants...**At the center of every program are the individuals and families for whom the program was designed. UMOS has extensive experience in Service Zones 3, 4, 5, and 6 working with the working poor and underemployed; persons with disabilities and chronic illnesses; refugees; persons with limited English proficiency; victims of domestic violence; and senior citizens.
- **WHEAP Benefits...**WHEAP is not a one-size-fits-all program; it takes into consideration the household's individual circumstances and needs. UMOS is committed to marketing each segment of the programming in order to ensure that the community understands the spectrum of benefits available.
- **DHHS Staff...**Public-private partnerships work best when government and the nonprofit sector work together closely and communicate regularly about program goals, achievements, and challenges. UMOS looks forward to working with officials from the Management Services Division as well as the Disabilities Services Division, the Department on Aging, Behavioral Health Division, Housing Division, and Department of Child Support Services.
- **Multilingual UMOS Human Services Team...**UMOS offers a team with nearly 400 years of experience in serving low-income residents. The nonprofit proposes team members with experience in Energy Assistance service delivery, use of WHEAP-related I.T. systems. The organization also is proposing an administrative team of its most senior executives to be responsible for the transition phase, should UMOS be awarded a contract. Included among those being proposed are experienced supervisors as part of the transition team, ensuring the program will launch with strong management at every primary site, as required. In addition to those proposed to work directly for the Energy Assistance program, UMOS will have the advantage of leveraging an 80 more human services professionals working with low-income residents in other Milwaukee County-based programs.
- **UMOS Human Resources Team...**UMOS' Human Resources team will recruit additional human services professionals, conduct background checks and other pre-employment screening as per Milwaukee County guidelines, and submit the appropriate documentation for Department of Health & Human Services approval prior to hiring. The team also will maintain Item #34, Current Direct & Indirect Staffing Roster.
- **WHEAP Operations Manual, Training & I.T. System...**No program can be successful without clear parameters; the WHEAP Operations Manual offers clear guidelines regarding program opportunities and requirements. The training provides greater context to understand the manual's guidance. And, the WHEAP I.T. System is a universal tool for processing applications and benefits.
- **LanguageLine Solutions...**While UMOS employs human services professionals fluent in American Sign Language, Arabic, Burmese, Hmong, Italian, Karen, Lao, Mandarin Chinese, Polish, Russian, and Spanish as well as English, it also have available 24/7 support through LanguageLine Solutions. LanguageLine Solutions allows UMOS to provide services in over 230 languages.
- **Telephone/Computer Systems & Office Technology...**UMOS' administrative transition team will develop a WHEAP call center bank, with calls routed to centrally located program team members. The transition team also will ensure connectivity and sufficient computer equipment to operate the WHEAP I.T. System. Additionally, the transition team will negotiate and/or lease the other office technology required to implement the program. Such equipment includes commercial copiers capable of handling the business volume associated with duplicating required eligibility documentation.



- **Outreach Marketing...**UMOS proposes a multi-channel, multilingual outreach campaign that will leverage its Board of Directors; niche media, events, and activities; faith- and community-based organizations; and its 20 other low-income-resident programs the nonprofit is already operating.
- **WHEAP-related Files...**UMOS will establish files for every applicant, and maintain them in secured storage for the requisite number of years.
- **WHEAP Quality Assurance, Improvement & Reporting...**UMOS' supervisory staff will review every aspect of program implementation, and provide one-on-one and group coaching to improve service delivery and outcomes. Additionally, the program management staff prepare and submit all required program reports to Milwaukee County Department of Health & Human Services.
- **WHEAP-related Committees...**UMOS looks forward to serving on Milwaukee-County-led, WHEAP-related committees responsible for coordinating local policies and activities.
- **Accessible Service Sites: Zones 3, 4, 5, and 6...**UMOS is proposing primary sites that will offer geographic diversity—sites that are well known, ADA-accessible facilities with ample parking and along a number of bus routes. The proposed sites include West Allis and Greenfield City Halls, Our Savior's Lutheran Church, and UMOS Job Center South. The primary service zone sites are designated on the map as red points.



UMOS' Proposes Well-Known, Easily Accessible & Geographically Diverse Energy Assistance Service Zone Sites

Comparing actual applicants to the number of households potentially eligible for Wisconsin Home Energy Assistance Program benefits, Milwaukee County Department of Health & Human Services indicates that there are areas representing great outreach opportunities for Energy Assistance Service Zones 3, 4, 5, and 6. Taking into account the Department-provided statistics and Milwaukee County's desire to reach the maximum number of residents in need, UMOS is proposing well-known, ADA-compliant locations reachable via personal transportation as well as multiple Milwaukee County Transit System (MCTS) bus routes. The distribution of proposed primary sites ensures greater coverage than was previously provided, particularly in western and southwestern Milwaukee County.

<p>Proposed Service Zone 3: Central/Suburban</p>	<p>Proposed Service Zone 4: Downtown/Central</p>
<p>West Allis City Hall 7525 West Greenfield Avenue West Allis, WI 53214</p>	<p>Our Savior's Lutheran Church 3022 West Wisconsin Avenue Milwaukee, WI 53208</p>
	
<p>Proposed Site Days & Hours of Operation: Mondays-Fridays, 8.00 a.m.-5.00 p.m. with weekday hours after 5.00 p.m. & weekends by appointment at secondary sites</p>	<p>Proposed Site Days & Hours of Operation: Mondays-Fridays, 9.00 a.m.-5.00 p.m. With weekends by appointment there, or at secondary sites</p>
<p>Primary Bus Routes to Access Site MCTS Routes 44, 44U, 56 & 76</p>	<p>Primary Bus Routes to Access Site MCTS Routes 27, 35, 30 & 30X</p>

Proposed Service Zone 5: Southwest	Proposed Service Zone 6: Southeast
Greenfield City Hall 7325 West Forest Home Avenue Greenfield, WI 53220	UMOS Job Center 2701 South Chase Avenue Milwaukee, WI 53207
	
Proposed Site Days & Hours of Operation: Mondays-Fridays, 8:00 a.m.-5:00 p.m. with weekday hours after 5:00 p.m. & weekends by appointment at secondary sites	Proposed Site Days & Hours of Operation: Mondays-Fridays, 8:00 a.m.-5:00 p.m. with weekday hours after 5:00 p.m. & weekends by appointment there, or at secondary sites
Primary Bus Routes to Access Site MCTS Routes 14 & 76	Primary Bus Routes to Access Site MCTS Routes 54 & 80

UMOS would be particularly pleased to bring Energy Assistance services back to the job center, which had been a high-volume site for the south side of Milwaukee County. UMOS Job Center South serves nearly 2,000 low-income residents every weekday of the year, and is an ideal site for co-locating the Wisconsin Home Energy Assistance Program.

During a prior program period, a provider may have misunderstood that WHEAP application intake and service delivery is prohibited from occurring in a site also used for Wisconsin Works (W-2)/Temporary Assistance for Needy Families (TANF) service delivery. According to Barbara Klug Sieja, Home Energy Plus Program Director, Wisconsin Department of Administration's Division of Energy Services, WHEAP application intake and benefit processing may be co-located within W-2/TANF sites, so long as an alternative site is also made available. UMOS proposes to offer the nearly 2,000-per-day low-income job center visitors a convenient way to apply for Energy Assistance benefits, while still allowing others the freedom to apply through alternative sites.

UMOS believes, just by returning WHEAP application intake and benefit processing to UMOS Job Center South—where so many low-income Milwaukee County residents of all backgrounds come every weekday, the nonprofit will be able to help Milwaukee County Department of Health & Human Services and eligible residents increase WHEAP utilization.

UMOS Will Accomplish Broad-based Program Activities Leading to High-Quality, High-Performance Service Delivery

UMOS has summarized eight of its most important processes and program activities in the logic model. In this section, the nonprofit provides greater context and detail about each of them.

Client-Centered Transition Planning/Implementation

Should Milwaukee County Department of Health & Human Services award a contract to UMOs, the nonprofit will immediately engage its senior executives, who will lead the transition planning and implementation efforts. The administrative transition team will consist of:

Leonardo Martinez, Vice President of Operations	Tina Koehn, PhD, Vice President of Administration
Daniel Vidas, Chief Financial Officer	Kaye Hartmann, Planning & Resource Development Director
Ana Ortiz, Energy Assistance Program Manager	Barb Felske, Chief Information Officer

Together, this team will work with Milwaukee County and the existing provider(s) to determine expectations and requirements, including for data connectivity/technology, reporting, invoicing, human resources/DHHS candidate review processes, transition-related messaging, transfer of responsibilities for existing Energy Assistance application intake sites, training, participation in Milwaukee County-led WHEAP committees, etc.

UMOS has been called upon on a number of occasions to take over program implementation. The organization stepped in months in advance when Social Development Commission exited early from Wisconsin Works and Emergency Assistance service delivery. UMOs worked closely with SDC and government officials to plan and clarify roles and responsibilities, so all parties could communicate confidently and clearly with, and proactively on behalf of, low-income clients who certainly could not afford to have their very real needs “fall through the cracks” during any interim period. As is always the case, the client comes first. Clients want to know all public and private entities potentially affecting their benefits are “on the same page.” The slightest hint of differences can cause the already financially anxious clients unnecessary, added anxiety, which benefits no one. Clients deserve high-quality service delivered seamlessly before, during, and after any transition period.

In addition to most recently developing a strong transition plan for Wisconsin Works and Emergency Assistance, UMOs also has done so as it has been competitively awarded to implement:

- Wisconsin Home Energy Assistance Program service delivery for all of Kenosha County
- FoodShare Employment & Training for south-side Milwaukee County
- Refugee Assistance for South-side Milwaukee County
- Temporary Assistance for Needy Families, Workforce Investment Act, and other workforce development programming for Cameron County, Texas’ southern-most county and one of the nation’s poorest communities

UMOS’ transition planning framework takes into account:

- staffing (e.g., requirements, potentially hiring highly motivated transitioning talent, submitting UMOs candidates for County consideration and approval, etc.),
- facilities (e.g., leases, etc.),
- office technology/equipment (e.g., computers, “porting” WHEAP telephone numbers, copiers, etc.),
- insurance/risk management,
- severe weather closure policy and crisis planning,*
- outreach communications/messaging (e.g., public awareness campaigns, materials, presentations, etc.),
- security (e.g., staff, documentation, and data),
- information technology,
- (pending) case files/documentation,

- fiscal management,
- performance measurements, expectations, and other evaluation criteria,
- timelines/deadlines,
- roles/responsibilities in each area, and
- required approvals to continue moving forward

* Note: *UMOS will prepare a Severe Weather Closure Policy and Crisis Plan based on the Milwaukee County Coordination Plan. This will allow the nonprofit's protocols to align well with overall planning affecting residents in other areas of the county.*

The nonprofit believes such planning is vital to laying the foundation for future service delivery success, and that it cannot be done effectively without valuing the professional insights of others, including County officials, exiting provider(s), and clients. Their insights are invaluable as UMOS enters any programming, and seeks to deliver that programming effectively from Day One.

To ensure quality, UMOS will check in frequently with stakeholders, including Milwaukee County Department of Health & Human Services for feedback, and adjust service delivery and administrative efforts, accordingly.

Multilingual, Culturally Competent Public Outreach Campaign

As has been mentioned, UMOS human services professionals are fluent in American Sign Language, Arabic, Burmese, Hmong, Italian, Karen, Lao, Mandarin Chinese, Polish, Russian, and Spanish as well as English. Its translation partner, LanguageLine Solutions, offers the ability to communicate effectively with clients in any of 230 languages. This is particularly important, given that *Milwaukee County is the 52nd most linguistically diverse county in the United States. According to the U.S. English Foundation, 74 languages are spoken in Milwaukee County, making multilingual service delivery capacity vitally important if our community truly wishes to reach all potentially eligible populations.*

UMOS is eager to be a part of telling Milwaukee County's Energy Assistance story throughout Service Zones 3, 4, 5 & 6.	
asistencia de energía	مساعدتك الطاقة
энергетической помощи	pomoc energii
zog pab	အထောက်အကူ အကူအညီ
ΠΡΟΣΒΑΣΗ	能源援助
енергична помош	ενεργειακής βοήθειας

In addition to collective countywide efforts coordinated by the Department of Health & Human Services, UMOS will conduct a multi-channel, multilingual outreach campaign to:

- educate stakeholders about WHEAP (e.g., the range of benefits, documentation required, duration, etc.)
- empower them to be able to refer individuals and families knowledgeably
- engage a wide variety of UMOS' partners, including:
 - ✦ independent Board of Directors and their contacts;
 - ✦ faith- and community-based partners and their clients/members, etc.; (quasi-)governmental bodies, including Housing Authority of the City of Milwaukee,

Sample Stakeholders to Partner in distributing messages about WHEAP & Its Benefits for Low-Income Milwaukee Individuals & Families		Sample Programs UMOS Provides or Are Co-located in UMOS Facilities <i>(Serving nearly 2,000 low-income residents every workday)</i>	
Journey House	Hmong American Friendship Association	Emergency Assistance	Wisconsin Works
Bureau of Milwaukee Child Welfare	Lao Family	Transform Milwaukee	Refugee Assistance
SAGE	Milwaukee Co. Department on Aging	Workforce Investment Act	Children First
Head Start	Milwaukee Co. Disabilities Services Division	FoodShare Employment	Medicaid
Our Space	Milwaukee Co. Behavioral Health Division	Healthy Relationships	Responsible Fatherhood
Central City Churches	Milwaukee Co. Housing Division	Latina Resource Center	Domestic Violence Counseling
Milwaukee Co. Municipal Leaders	Milwaukee Co. CDBG Agencies	Tobacco Prevention	HIV Prevention/Counseling
Milwaukee Co. School Leaders	City of Milwaukee CDBG Agencies	Human Trafficking	UMOS Food Pantry
Spotted Eagle	Pan African Community Association	Adult Basic Education	GED Testing
Milwaukee Health Department	Progressive Community Health Centers	Wisconsin Division of Motor Vehicles	
Nonprofit Center of Milwaukee	Archdiocese of Milwaukee	Community Services Block Grant	
Choice Schools	Wisconsin Evangelical Lutheran Church	Faith-based Luncheon Series	
Islamic Society of Milwaukee	Evangelical Lutheran Church of America	Breakfast with Santa	
Jewish Family Services	Milwaukee County House of Correction	Brides Walk	
Wraparound Milwaukee Agencies	Church of God in Christ Jurisdiction	Mexican Independence Day	
Dominican Center for Women	Milwaukee Area Workforce Investment Board	<i>UMOS will have more than 80 of its non-WHEAP human services professionals share program information with their clients and partners.</i>	
Milwaukee Area Technical College	Hispanic Professionals of Greater Milwaukee		
IndependenceFirst	Wisconsin Dept. of Health Services		
Word of Hope Ministries	NAMI Greater Milwaukee		
English as a Second Language Programs			

UMOS will meet with community newspapers, appear on broadcast shows of interest (e.g., La Gran D, etc.), request for information to be shared through local/regional listservs, ask the Housing Authority of the City of Milwaukee to produce a special insert to residents, etc. Additionally, the organization will feature access to information about WHEAP on its website's home page after receiving approval from both State of Wisconsin and Milwaukee County officials.

Irrespective of the communications methods and format, UMOS will promote the "ported"/pre-existing or newly assigned WHEAP contact information (e.g., emergency/regular telephone number) as well as other basic program information for Milwaukee County Service Zones 3, 4, 5, and 6.

Among the outreach activities UMOS is eager to conduct in partnership with Milwaukee County Department of Health & Human Services are "Energy Fairs." The "Energy Fairs" UMOS seeks to co-sponsor would be hosted in conjunction with other organizations and vendors to educate individuals and families about energy consumption, energy conservation, and energy assistance. WE Energies—a partner with which UMOS has worked for decades—and Weatherization-related agencies would be ideal co-hosts. UMOS would also like to contact the Wisconsin Public Service Commission to determine if there are other resources that can be offered to educate Milwaukee County residents; the nonprofit would also like to determine if the Public Service

Commission offers any grants to support such outreach/public education campaign efforts—saving Milwaukee County and its residents money in the process.

UMOS will measure the effectiveness of its outreach campaign by monitoring:

- ▣ the number of callers and visitors generated
- ▣ the number of callers and visitors indicating awareness of the campaign
- ▣ the number of callers and visitors converted into applicants
- ▣ the number of applicants qualifying for WHEAP-related benefits

Recruiting, Screening & Submitting WHEAP Staff Candidates for DHHS Approval

Like Milwaukee County, UMOs is concerned about ensuring that there has been sufficient due diligence before hiring anyone to become employed as a WHEAP-related team member. As per Milwaukee County policy, UMOs will have candidates complete Wisconsin Caregiver Law-related background check forms. These forms include the Background Information Disclosure (BID) form. Following obtaining the completed BID form, UMOs' Human Resources team will process a criminal background check.

Following the background check, UMOs will forward to the Department of Health & Human Services an updated Current Direct & Indirect Staffing Roster as well as information regarding candidates the nonprofit is interested in employing to serve Milwaukee County residents through the Wisconsin Home Energy Assistance Program. UMOs will act accordingly, based on Milwaukee County's approval or rejection.

In order to ensure there is a sufficient number of candidates in the pipeline in case vacancies should occur, UMOs will conduct an periodic year-round recruitment. The agency will build a qualified pool of human services professionals approved by the Department of Health & Human Services for hire and reimbursement through WHEAP funding.

Responding to Inquiries & Scheduling Appointments, Including Emergencies

UMOS will encourage residents to contact the agency via any means that is most convenient for them, including telephone, in-person visits, and email, etc. UMOs WHEAP Screeners and Intake Specialists will triage the contacts; explain the program, its benefits, and requirements; and describe the four methods of applying. Those methods include applying in-person/"walk-in," telephonically, through mail, or in a home visit. UMOs human services professionals will offer to schedule the individuals for an appointment within the service zone within which they live, or any other area UMOs may be assigned to provide WHEAP application intake services.

The nonprofit will have calls centralized in order to ensure a maximum number of WHEAP human services professionals will be available to assist with the volume of calls. The Program Manager and Supervisors will shift staff between service zone sites accordingly, based on the needs and requests of potential applicants.

Emergency calls made after hours on weekdays, weekends, or holidays, will be fielded by the Program Manager and Supervisors, who will be on call on a rotating basis to accommodate such needs. The Program Manager or Supervisor will discuss the individual's needs, the program's emergency benefits, and requirements to obtain them. UMOs will adhere strictly to the expedited schedule, particularly if it is deemed that a life-threatening situation exists, or is impending.

The Program Manager or Supervisor on call will schedule to meet the applicant at a service zone site, or another conveniently located community site, based on the applicant's needs and the particular details of the emergency.

UMOS believes its strategy for addressing emergency, or crisis, applications will be successful, given that the organization is handling all such requests for all of Kenosha County a timely basis. Similarly, UMOS is responsible for scheduling, educating, and making arrangements for individuals interested in applying for Emergency Assistance. That program has strict timelines, and the State of Wisconsin has expressed its satisfaction with UMOS' service delivery since taking the program over from the Social Development Commission.

Interviewing Applicants, Processing Applications, Determining Eligibility, Reporting Potential Fraud, Referring to Weatherization & Filing Documentation

Whatever the application intake method selected by applicants, UMOS will be eager to review WHEAP benefits and eligibility-related documentation. UMOS Intake Specialists will gather the following from applicants:

- Photo identification
- Social Security Numbers for all individuals comprising the household
- Latest energy/utility bill
- Verification of income for the 3-month period preceding the application process for all individuals comprising the household, including any child support payments received

It should be noted that, for those who are self-employed, have seasonal income, or rental income, tax returns may be required as income verification.

The UMOS WHEAP Intake Specialist will begin a file for the applicant, copy the appropriate verification-related documentation for the file, and enter all data available based on both the documentation provided as well as other information gleaned through an interactive interview process with the applicant. If the applicant does not have all documentation with him or her at application, the UMOS WHEAP Intake Specialist will identify the remaining materials required and the deadline by which they will be needed before the pending application expires.

Throughout the application intake phase, the UMOS WHEAP Intake Specialist will educate the applicant about where they are in the process, and ensure he or she is informed about any other next steps. Frequently, the next step—once eligibility is determined—is to work with the utility company to develop a payment plan, and make a partial payment. Once that is done, the newly enrolled WHEAP participant provides a copy of any receipts demonstrating the co-payment has been made. The UMOS WHEAP Intake Specialist then follows up to make any benefit payment(s) based on the amount of benefit for which the individual household is deemed eligible.

If the applicant owns a home and there is either no heat, or the imminent prospect of there being no heat, supervisory staff will become involved in the process to ensure that there is adequate documentation of home ownership and any benefit-related expenditures meet federal, state, and county documentation requirements. If a furnace has died, or is in the process of failing rapidly, UMOS will work with the applicant to identify an approved vendor to replace the equipment that failed, or is about to do so.

If at any point in the process UMOS human services professionals believe there may be an attempt to defraud the Wisconsin Home Energy Assistance Program, staff will alert the Supervisor and/or Program Manager. After reviewing the situation, UMOS will contact the appropriate authorities regarding the agency's suspicions and follow any guidance provided by Milwaukee County Department of Health & Human Services.

Monitoring Quality, Benchmarking Performance, Reporting, Participating in WHEAP Committees & Ensuring Professional Development

UMOS WHEAP Program Manager Ana Ortiz and the supervisory team will review a random sample of applications and benefit issuances on an ongoing basis to ensure that:

- Federal, state, and county guidelines are being followed
- Internal procedures are being implemented correctly
- documentation backing up the eligibility determination is in the file
- notes are consistent with the outcome and applicant household's program status
- services and benefits are being provided timely

UMOS' WHEAP program management team also will take into account any patterns raised through any customer complaints and/or fair hearings. The team will discuss qualitative and quantitative trends, and make adjustments as part of its team-wide commitment to continuous program and customer service improvement.

UMOS' Program Manager and human services professionals will be happy to gather all data requested by Milwaukee County, and prepare reports for submission on any timelines established by County officials. Additionally, the team looks forward to participating in any and all Milwaukee County-led, WHEAP-related committees. UMOS believes collaboration is critically important to ensuring the whole community is served and served well.

Another contributing factor to serving the community well is making certain that WHEAP human services professionals are receiving both formal and informal, ongoing professional development. The State of Wisconsin offers New Worker Training, and UMOS will certainly take advantage of that for new hires who have not yet completed it. However, the nonprofit looks forward to identifying additional professional development opportunities in conjunction with Milwaukee County Department of Health & Human Services as well as its peer WHEAP agencies under contract.

As part of the continuing education activities, UMOS would recommend analyzing Milwaukee County-based, WHEAP fair hearings, and prepare trainings for contracted partners to understand the factors leading to the fair hearings and eliminate as many negative factors contributing toward them as possible.

Resolving Customer Complaints & Participating in Fair Hearings

Authors Janelle Barlow and Claus Moller wrote a groundbreaking book, *A Complaint is a Gift*. UMOS embraces this perspective, and sees every complaint as an insight to customer desires and expectations about that, and future, interactions.

UMOS logs customer complaints, and follows up on them to ensure they are resolved to the best of the agency's ability. Often, clear communications about the "why" behind given program-related results and

outcomes can dispel customer dissatisfaction. Professionalism and treating the customer with respect throughout goes a long way toward preventing customer concerns as well as alleviating them when they arise.

As a nonprofit committed to justice, UMOS fully supports the customer's right to file for a fair hearing when he or she feels the organization has been unjust. Should a customer exercise his or her right to a fair hearing, UMOS will be glad to participate in any process at the time and place chosen by the State of Wisconsin and/or Milwaukee County Department of Health & Human Services. The organization will make certain to provide relevant documentation, as requested, and participate fully in the process .

It's All in the Mix: UMOS & Examples of Related Publicly Funded Services It Has Been Contracted to Provide

As requested, UMOS has completed the Service Mix table, which is required to be included in the Program Narrative section. On the following page, please find examples of the programming UMOS has been contracted to provide on behalf of state and local governmental bodies.



Program Name	Funding Period	Funder	Program Volume	Target Population	Dollar Amount	Service Mix
Energy Assistance Program (since 2012)	Current Funding: 10/1/14-9/30/15	Kenosha County Department of Human Services	7,500-8,000 annually	Low-Income Residents	\$305,598	WHEAP programs, including regular & crisis assistance
Wisconsin Works (since 1997)	Current Funding: 1/1/15-12/31/15	Wisconsin Department of Children & Families	8,000 annually	Low-Income Residents	\$7,209,103	Cash assistance, employment services, education, refugee assistance
Transform Milwaukee/ Transitional Jobs Program (since 2010)	Current Funding: 1/1/14-12/31/15	Wisconsin Department of Children & Families	800 annually	Unemployed Individuals	\$6,999,048	Subsidized employment, job placement services

Items 29c, 29d, or 29e as applicable, partially comprise the points scored under Administrative Ability

Item 29c or 29d, as applicable, comprises the points scored under Outcomes and Quality Assurance

EXPERIENCE ASSESSMENT FOR NEW PROPOSER AGENCY

ITEM # 29c

For agencies with some history of funding, but without a current DHHS contract, submit this form. **This document shall be completed by a prior funder**, and is subject to verification.

If unable to get an Experience Assessment from a prior funder, proposer may submit alternate documentation to verify agency experience. Examples of alternate documentation include, but are not limited to: grant agreements, grant proposals, correspondence, contracts, evaluation reports, or annual reports. Please submit this information attached to form 29C. Also please provide contact information of the prior funder, i.e. contact person, title, phone number, and email address.

Performance Assessment for (Agency) _____

From (Funding Source) _____

Please provide the following information relating to Agency's history with Funding Source.

1. Name of Program _____

2. When and for how long did Funding Source fund this program? _____

3. Program volume: How many people did this program serve? _____

4. Target Population: What was the primary target population for this program? _____

5. What was the dollar amount provided by Funding Source? _____/year

6. What services were provided through this program? _____

EXPERIENCE ASSESSMENT FOR NEW PROPOSER AGENCY

ITEM # 29c Page 2

7. Was this program funded through a federal, state or local funding stream under a cost reimbursement framework? (Y/N) _____

8. If no longer funding this program, why not? _____

9. What level of program performance was achieved? Please calibrate your ratings according to the following scale:

- 0 Does/did not meet expectations
- 1 Meets/met very little of what is/was expected
- 2 Meets/met fewer than half of expectations
- 3 Meets/met more than half of expectations
- 4 Meets/met all expectations
- 5 Exceeds/exceeded all expectations

Please evaluate the following performance areas circling the number corresponding to the rating scale on previous page:

Appropriate use of budget
0 1 2 3 4 5 NA

Comments: _____

Achievement of established outcomes
0 1 2 3 4 5 NA

Comments: _____

Timely submission of program reports
0 1 2 3 4 5 NA

Comments: _____

Accurate submission of program reports
0 1 2 3 4 5 NA

Comments: _____

Signed,

Name (print) _____

Title _____

Phone _____

Email _____

Item 29c, Experience Assessment for New Proposer Agency is not applicable for UMOS, given that the agency is currently under contract with Milwaukee County Department of Health & Human Services.

**EXPERIENCE ASSESSMENT FOR NEW PROPOSER
ORGANIZATIONAL LEADERSHIP**

ITEM #29d

For new agencies, or for agencies without a contracting history of any kind, complete and submit this form. A separate form should be submitted for the *head of the organization, senior fiscal and program staff*. This document shall be completed by a prior funder or by a prior employer, and is subject to verification.

A separate form should be submitted for the *head of the organization and senior fiscal and program staff*. Please have a prior fundor or a prior employer complete the form(s).

If unable to get an Experience Assessment from a prior fundor, proposer may submit alternate documentation to verify organizational leadership. Examples of alternate documentation include, but are not limited to: current or previous position/job description, prior agency's mission statement, W2 form, or annual report. Please submit this information attached to form 29d. Also please provide contact information of the prior funder, i.e. contact person, title, phone number, and email address.

Performance assessment for (Individual): _____

From (Agency) _____

Please provide the following information relating to Individual's history with Agency.

1. Individual's title _____

2. When and for how long did Individual work for Agency? _____

3. Program volume: How many people were served by this program? _____

What was Individual's role in program administration?

_____ Direct _____ Indirect (supervision) _____ Limited or none

4. Target Population: What was the primary target population for this program? _____

5. What was the dollar amount provided by Funding Source? _____/year

What was Individual's role in fiscal management of the program?

_____ Direct _____ Indirect (supervision) _____ Limited or none

6. What services were provided through this program? _____

7. If no longer funding this program, why not? _____

EXPERIENCE ASSESSMENT FOR NEW PROPOSER LEADERSHIP

ITEM # 29d-Page 2

8. What level of program performance was achieved? Please calibrate your ratings according to the following scale:

- 0 Does/did not meet expectations
- 1 Meets/met very little of what is/was expected
- 2 Meets/met fewer than half of expectations
- 3 Meets/met more than half of expectations
- 4 Meets/met all expectations
- 5 Exceeds/exceeded all expectations

Please evaluate the following performance areas circling the number corresponding to the rating scale on previous page:

Appropriate use of budget
0 1 2 3 4 5 NA

Comments: _____

Achievement of established outcomes
0 1 2 3 4 5 NA

Comments: _____

Timely submission of program reports
0 1 2 3 4 5 NA

Comments: _____

Accurate submission of program reports
0 1 2 3 4 5 NA

Comments: _____

Signed, _____
Name (print) _____
Title _____
Phone _____
Email _____

Item 29d, Experience Assessment for New Proposer Organizational Leadership is not applicable for UMOS, which is currently contracted by Milwaukee County Department of Health & Human Services.

Item # 29e

Program Evaluation: Agencies **currently under contract to the DHHS** in 2014 must include a copy of the most recent annual or semi-annual program evaluation report for the program currently provided, or, if several programs are being provided, for the program that is the most similar to the service being applied for in this proposal.

Following this page is the program evaluation for Celebrating Families, an Initiative through Milwaukee County Department of Health & Human Services. UMOS is under contract with the Behavioral Health Division to provide this programming to eligible Milwaukee County residents.

Celebrating Families: 2014 Program Evaluation

UMOS, Inc. appreciates the opportunity to contract with Milwaukee County Department of Health & Human Services to implement the Celebrating Families program. The Celebrating Families program is a parenting skills program designed for families:

- ✦ in which one or both parents are in early stages of recovery from substance addiction, and
- ✦ in which there is a high risk for domestic violence and/or child abuse.

Overview

The Celebrating Families program uses a cognitive behavioral therapy (CBT) model to achieve three primary, long-term goals:

1. Break the cycle of substance abuse and dependency within families
2. Decrease substance use and reduce substance use relapse, and
3. Facilitate successful family reunification

The ultimate goal is to rehabilitate the parents as competent caretakers so that their children can be safely returned to the parents' care.

The CBT model defines substance use as a learned social behavior that is acquired through modeling or imitation of the observed behavior in others with whom one has some type of social relationship. In this model, addiction is considered a disease. The Celebrating Families program provides weekly instruction focusing on a healthy lifestyle free from drugs and alcohol, addressing risk and protective factors as well as developmental assets of family members.

Following a family dinner, parents and children participate in separate 90-minute instructional group sessions devoted to a particular theme. Parents then reunite with their children for a 30-minute activity to practice what has been presented and learned, and to receive feedback on their performance.

Originally designed for the Family Treatment Drug Court (FTDC) system, Celebrating Families is currently used by drug courts, dependency courts, faith-based organizations, residential and outpatient treatment services, and social service agencies serving parents and children ages 4-17.

Short-Term Outcomes

In 2014, UMOS, Inc. accomplished the following:

- ✦ Conducted an outreach campaign across Milwaukee County Behavioral Health Division caseloads
- ✦ Recruited 50 eligible families who completed the intake process
- ✦ facilitated weekly dinners
- ✦ Provided 13 themes, including:
 1. Healthy Living
 2. Nutrition
 3. Communication
 4. Feelings & Defenses
 5. Anger Management
 6. Facts about Alcohol, Tobacco & Other Drugs
 7. Chemical Dependency as a Disease
 8. Effects of Chemical Dependency on the Whole Family
 9. Goal Setting
 10. Making Healthy Choices
 11. Healthy Boundaries
 12. Healthy Friendships & Relationships
 13. Individual Uniqueness

Methods of Data Collection

UMOS utilized several methods of data collection over the course of the program year. The principal method was obtaining individual and group feedback from both parents and children regarding the quality of the cognitive behavioral therapy sessions' content and their facilitation.

Modifications based on Consumer Feedback

As a result of consumer feedback, UMOS refined its facilitation. The staff increased the amount of interactivity during the dinner portion of the sessions, which in turn increased engagement.

2015 PROVIDER SERVICE SITE INFORMATION

ITEM #30

Provide a separate sheet for each site location where services are provided.

Agency Name: UMOS, Inc.	Site Name: West Allis City Hall
Site Address: 7525 West Greenfield Avenue	City/State/Zip: West Allis, WI 53214
Site Contact Person: Samantha Wendt	Title: Supervisor
Phone: (414) 389-6325	Email: Samantha.Wendt@umos.org
Fax: (414) 389-6047	

Describe differences in programs or services available at this site:

A variety of municipal services are available.

Total number of unduplicated consumers you are presently able to serve at any one time: up to 500 daily across sites for Energy Assistance per day

Total number of unduplicated consumers you are currently serving: up to 2,000 daily across programs

Please check if your agency provides the following at this site:

- Programs for men Programs for women Programs for men & women
- Services for pregnant women
- Services for families with children Childcare provided
- Services for Persons Involved in the Criminal Justice System
- Services for the Developmentally Disabled
- Services for the Physically Disabled
- Services for persons with co-occurring mental health and substance use disorders
- Wheelchair accessible

Hours of operation: for specific program for all programs at this site

8:00 a.m. -- 5:00 p.m Monday:

8:00 a.m. -- 5:00 p.m Tuesday:

8:00 a.m. -- 5:00 p.m Wednesday:

8:00 a.m. -- 5:00 p.m Thursday:

8:00 a.m. -- 5:00 p.m Friday:

8:00 a.m. -- 5:00 p.m Saturday:

8:00 a.m. -- 5:00 p.m Sunday:

Emergency contact available 24 hours Emergency number (262) 424-5839

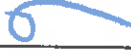
Agency owns this Service Site

Agency leases this Service Site:

Expiration date of Lease: If awarded, UMOS will seek at least 1-year lease (lease must extend through the end of the contract year, at minimum)

Item 30 Service Site Certification:

I certify that the **PROVIDER SERVICE SITE INFORMATION** is correct as of the date of proposal submission.

Signed,  _____
Name (print) Lupe Martinez
Title President/CEO
Phone (414) 389-6000
Email Lupe.Martinez@umos.org

2015 PROVIDER SERVICE SITE INFORMATION

ITEM #30

Provide a separate sheet for each site location where services are provided.

Agency Name: UMOS, Inc.	Site Name: Our Savior's Lutheran Church
Site Address: 3022 West Wisconsin Avenue	City/State/Zip: Milwaukee, WI 53208
Site Contact Person: Sandra Salazar-Lozano	Title: Supervisor
Phone: (414) 389-6325	Email: Sandra.Salazar-Lozano@umos.org
Fax: (414) 389-6047	

Describe differences in programs or services available at this site:

A variety of municipal services are available.

Total number of unduplicated consumers you are presently able to serve at any one time: up to 500 daily across sites for Energy Assistance per day

Total number of unduplicated consumers you are currently serving: up to 2,000 daily across programs

Please check if your agency provides the following at this site:

- Programs for men Programs for women Programs for men & women
- Services for pregnant women
- Services for families with children Childcare provided
- Services for Persons Involved in the Criminal Justice System
- Services for the Developmentally Disabled
- Services for the Physically Disabled
- Services for persons with co-occurring mental health and substance use disorders
- Wheelchair accessible

Hours of operation: for specific program for all programs at this site

8:00 a.m. -- 5:00 p.m Monday:

8:00 a.m. -- 5:00 p.m Tuesday:

8:00 a.m. -- 5:00 p.m Wednesday:

8:00 a.m. -- 5:00 p.m Thursday:

8:00 a.m. -- 5:00 p.m Friday:

8:00 a.m. -- 5:00 p.m Saturday:

8:00 a.m. -- 5:00 p.m Sunday:

Emergency contact available 24 hours Emergency number (262) 424-5839

Agency owns this Service Site

Agency leases this Service Site:

Expiration date of Lease: _____ if awarded, UMOS will seek at least 1-year lease (lease must extend through the end of the contract year, at minimum)

Item 30 Service Site Certification:

I certify that the **PROVIDER SERVICE SITE INFORMATION** is correct as of the date of proposal submission.

Signed,  _____

Name (print) _____ **Lupe Martinez** _____

Title _____ **President/CEO** _____

Phone _____ **(414) 389-6000** _____

Email _____ **Lupe.Martinez@umos.org** _____

2015 PROVIDER SERVICE SITE INFORMATION

ITEM #30

Provide a separate sheet for each site location where services are provided.

Agency Name: UMOS, Inc.	Site Name: Greenfield City Hall
Site Address: 7325 West Forest Home Avenue	City/State/Zip: Greenfield, WI 53220
Site Contact Person: Samantha Wendt	Title: Supervisor
Phone: (414) 389-6325	Email: Samantha.Wendt@umos.org
Fax: (414) 389-6047	

Describe differences in programs or services available at this site:

A variety of municipal services are available.

Total number of unduplicated consumers you are presently able to serve at any one time: up to 500 daily across sites for Energy Assistance per day

Total number of unduplicated consumers you are currently serving: up to 2,000 daily across programs

Please check if your agency provides the following at this site:

- Programs for men Programs for women Programs for men & women
- Services for pregnant women
- Services for families with children Childcare provided
- Services for Persons Involved in the Criminal Justice System
- Services for the Developmentally Disabled
- Services for the Physically Disabled
- Services for persons with co-occurring mental health and substance use disorders
- Wheelchair accessible

Hours of operation: for specific program for all programs at this site

8:00 a.m. -- 5:00 p.m Monday:

8:00 a.m. -- 5:00 p.m Tuesday:

8:00 a.m. -- 5:00 p.m Wednesday:

8:00 a.m. -- 5:00 p.m Thursday:

8:00 a.m. -- 5:00 p.m Friday:

8:00 a.m. -- 5:00 p.m Saturday:

8:00 a.m. -- 5:00 p.m Sunday:

Emergency contact available 24 hours Emergency number (262) 424-5839

Agency owns this Service Site

Agency leases this Service Site:

Expiration date of Lease: _____ If awarded, UMOS will seek at least 1-year lease (lease must extend through the end of the contract year, at minimum)

Item 30 Service Site Certification:

I certify that the **PROVIDER SERVICE SITE INFORMATION** is correct as of the date of proposal submission.

Signed, _____ 

Name (print) _____ **Lupe Martinez**

Title _____ **President/CEO**

Phone _____ **(414) 389-6000**

Email _____ **Lupe.Martinez@umos.org**

2015 PROVIDER SERVICE SITE INFORMATION

ITEM #30

Provide a separate sheet for each site location where services are provided.

Agency Name: UMOS, Inc.	Site Name: UMOS Job Center South
Site Address: 2701 South Chase Avenue	City/State/Zip: Milwaukee, WI 53207
Site Contact Person: Ana Ortiz	Title: Program Manager
Phone: (414) 389-6325	Email: Ana.Ortiz@umos.org
Fax: (414) 389-6047	

Describe differences in programs or services available at this site:

A variety of municipal services are available.

Total number of unduplicated consumers you are presently able to serve at any one time: up to 500 daily across sites for Energy Assistance per day

Total number of unduplicated consumers you are currently serving: up to 2,000 daily across programs

Please check if your agency provides the following at this site:

- Programs for men Programs for women Programs for men & women
- Services for pregnant women
- Services for families with children Childcare provided
- Services for Persons Involved in the Criminal Justice System
- Services for the Developmentally Disabled
- Services for the Physically Disabled
- Services for persons with co-occurring mental health and substance use disorders
- Wheelchair accessible

Hours of operation: for specific program for all programs at this site

8:00 a.m. -- 5:00 p.m Monday:

8:00 a.m. -- 5:00 p.m Tuesday:

8:00 a.m. -- 5:00 p.m Wednesday:

8:00 a.m. -- 5:00 p.m Thursday:

8:00 a.m. -- 5:00 p.m Friday:

8:00 a.m. -- 5:00 p.m Saturday:

8:00 a.m. -- 5:00 p.m Sunday:

Emergency contact available 24 hours Emergency number (262) 424-5839

Agency owns this Service Site

Agency leases this Service Site:

Expiration date of Lease: _____ If awarded, UMOS will seek at least 1-year lease (lease must extend through the end of the contract year, at minimum)

Item 30 Service Site Certification:

I certify that the **PROVIDER SERVICE SITE INFORMATION** is correct as of the date of proposal submission.

Signed,  _____

Name (print) Lupe Martinez

Title President/CEO

Phone (414) 389-6000

Email Lupe.Martinez@umos.org

PROGRAM ACCESSIBILITY

ITEM # 31

UMOS is dedicated to serving all people, including those who may have disabilities or other disadvantages. The nonprofit has taken proactive steps to ensure that all those in need of, and eligible for, Energy Assistance will have equal access to the program's benefits. UMOs will assist Milwaukee County residents in taking advantage of all four approved methods of submitting applications: (i) in office, (ii) mail, (iii) telephone, and (iv) home visit. Making these options available widely will allow individuals to determine which best accommodates their special needs and circumstances.

To make certain UMOs is using best practices in serving persons with disabilities, UMOs will consult with the Milwaukee County Disabilities Services Division—the region's leading disabilities services advocate. In addition, UMOs will utilize the following strategies for increasing accessibility for all.

What is your agency's plan to serve clients:

- **With physical disabilities**

UMOS' proposed Energy Assistance application sites are all ADA accessible, conveniently located, and well known in the community. Each has its own parking lot with disabled parking available. Signage for exits, evacuation routes, etc. are well marked. As with every program with which the nonprofit is involved, UMOs will make reasonable accommodations in the application and benefit issuance processes to make certain eligible individuals are able to participate fully.

- **With developmental disabilities**

UMOS' strategy in working with an applicant with developmental disabilities may vary, depending on whether he or she has in place an advocate or legal guardian. If the applicant has an advocate or legal guardian, UMOs will include the applicant and advocate/legal guardian in the application process. UMOs will work with the advocate/legal guardian to ensure that the applicant fully understands the program, its benefits, and responsibilities. If the individual does not have an advocate/legal guardian, UMOs will ask if there is a family member or friend the applicant would like to have included in the process.

- **With hearing impairment**

To assist applicants who are deaf, or have profound hearing impairment, UMOs is pleased to employ Energy Assistance intake professionals fluent in American Sign Language. If additional capacity is needed, UMOs will engage certified American Sign Language interpreters through the Center for Communication, Hearing & Deafness. Additionally, the organization has in place TTY (Text Telephone) technology, allowing the agency to conduct a written telephone conversation with the applicant.

- **With visual impairment**

UMOS' headquarters and other proposed Energy Assistance sites feature large-scale signage, making it easier for persons with visual impairment to navigate those sites. UMOs will make application-related materials available in larger print for those who requiring it. If applicants require materials in Braille, UMOs will engage ABLE—Audio & Braille Literacy Enhancement—to translate the documents.

- **Who are non- English speaking or have limited English proficiency**

UMOS employs human services professionals fluent in:

- American Sign Language
- Arabic
- Burmese
- Hmong
- Karen
- Lao
- Mandarin Chinese
- Polish
- Russian
- Spanish

In addition to UMOS' multilingual human services professionals, the organization utilizes LanguageLine Solutions, allowing services to be provided to applicants who speak any one of over 230 languages supported.

- **Who require personal care assistance**

UMOS will coordinate the Energy Assistance application, intake, and benefit processes with the applicant's personal care provider to ensure he or she is able to participate fully. Leveraging the telephone, mail, and home visit application methods will certainly assist individuals requiring personal care as well.

List any other services enhancing program access, e.g. agency located near public transportation, etc.

UMOS is pleased to propose Energy Assistance sites that are conveniently located along bus lines, and have ample parking (including ample disabled parking).

Item 32 partially comprises the points scored for Administrative Ability

STAFFING PLAN

ITEM # 32

Describe the staffing plan and its relationship to the volume of clients or services to be provided. Describe in terms of staff to client ratios, client volume or case load per staff, or how many staff are needed to perform a particular activity. Any program with the potential to require 24-hour coverage must submit a detailed description of how, by staff position, coverage will be provided.

Agencies providing services at more than one site must include a description of the staffing pattern for each site, if different. If the staffing pattern is the same for each site, include a statement to that effect.

Staffing Plan:

UMOS Offers an Experienced, Culturally Competent Team of Human Service Professionals

UMOS is pleased to propose an experienced team of culturally competent human services professionals to administer the Wisconsin Home Energy Assistance Program (WHEAP) in Milwaukee County Service Zones 3, 4, 5 and 6.

The primary service sites, estimated applicants, and staffing patterns are reflected in the table below:

Service Zone & Primary Service Site	Milwaukee County Estimated Applicants	UMOS Proposed Staffing Pattern
3: Central/Suburban West Allis City Hall 7525 West Greenfield Avenue West Allis, WI 53214	4,973	1 Supervisor 4 Intake Specialists
4: Downtown/Central Our Savior's Lutheran Church 3022 West Wisconsin Avenue Milwaukee, WI 53208	16,273	1 Supervisor 1 Screener 9 Intake Specialists
5: Southwest Greenfield City Hall 7325 West Forest Avenue Milwaukee, WI 53220	3,977	1 Supervisor 4 Intake Specialists
6: Southeast UMOS Job Center South 2701 South Chase Avenue Milwaukee, WI 53207	4,318	1 Program Manager 1 Screener 7 Intake Specialists

UMOS Proposed Staff-to-Client Ratio

The nonprofit proposes 30 positions to address the needs of the 4-zone area and accurately process at least 29,500 applications on a timely basis in a given year. Intake Specialists will be distributed across the 4 service zones, with each of them expected to see at least 3 clients per hour. The anticipated annualized client volume per Intake Specialist, therefore, is approximately 1,229 applicants.

UMOS believes its Intake Specialists will be capable of processing an average of 1,229 applications over the course of a year. Assuming each Intake Specialist processes at least 3 client applications per hour over the course of a given day, or 120 applications per week, between October 2015 and April 2016—the peak period—each of these human services professionals would be able to process nearly 3 times the anticipated annualized average. Supervisors and the Program Manager will also help in assisting with any overflow of calls or appointments to ensure wait times are kept to a minimum and everyone is seen well within required timeframes.

Consumer Choice/“No Wrong Door”

UMOS will inform potential applicants of all sites and their respective schedules as well as all four application options: (i) in-office, (ii) mail, (iii) telephone, and (iv) home visit. The nonprofit will assign staff flexibly between service zones based on the volume of clients preferring a given location or application method.

It is worthwhile to point out that the ratio of staff to applicants is lower in Service Zone 6: Southeast than any other area UMOS is proposing to serve. As a former Energy Assistance service site that is well known for offering a wide variety of services, UMOS knows very well the number of low-income visitors it receives who seek they can apply at UMOS Job Center South for WHEAP-related benefits. UMOS believes, if it is granted the 4-zone area, a number of individuals will want to come to UMOS' job center. With hundreds of parking spaces and a bus route that actually drops off/picks up applicants at a stop immediately adjacent to the job center's front door, many of the thousands of clients who frequent the job center will simply opt to process their WHEAP applications while they are already visiting for other reasons.

UMOS' Approach to 24-Hour Coverage/Emergency Applications

The Program Manager and Supervisors will provide after-hours coverage. They will field inquiries, and interview individuals to determine if there is an emergency. The organization will have all WHEAP-related calls routed to a mobile telephone, the need in “no heat” situations is so great in Wisconsin weather and emergency cases have such strict timelines, the Program Manager and Supervisors will handle to make certain emergencies are addressed immediately.

Cultural Competence & Multilingual Capacity

As mentioned previously, UMOs has attracted and retained a talented team of human services professionals who are culturally competent. The staff is multilingual, speaking a number of languages fluently including:

- American Sign Language
- Arabic
- Burmese
- Hmong
- Karen
- Lao
- Mandarin Chinese
- Polish
- Russian
- Spanish

And, by leveraging LanguageLine Solutions, UMOs is able to provide individualized, quality services in over 230 languages for those whose primary language is not English.

WHEAP & UMOs' Professional Development Plan

UMOs already employs 8 staff who have completed the Wisconsin Home Energy Assistance Program New Worker training, and are highly experienced in implementing and recording program services/benefits. In addition to them, the nonprofit is putting forward a team of highly experienced Supervisors and other human services professionals who are currently working for the organization serving other low-income Milwaukee County individuals and families. These human services professionals will receive WHEAP New Worker training as soon as possible after being notified by Milwaukee County Department of Health & Human Services of its intent to award a contract.

UMOs also will begin recruiting candidates immediately upon receiving a notice of intent to award a contract in order to ensure a full complement of staff is in place. **Of course, no candidates will be hired prior to completing all pre-screening (e.g., caregiver background check, etc.) and obtaining approval from Milwaukee County Department of Health & Human Services.**

Once Milwaukee County Department of Health & Human Services provide approvals for hiring, UMOs will arrange WHEAP New Worker training for the new employees as well. Like Milwaukee County officials, UMOs' goal is to ensure a full complement of trained human services professionals is ready to process applications by October 1, 2015.

In addition to state-sponsored New Worker training, UMOs is committed to ensuring staff training takes place on at least the following content:

- UMOs New Employee Orientation training
- WHEAP & UMOs' Service Delivery Model
- WE Energies information management system
- Cultural Competence/Cultural Humility & UMOs' Client-Centered Approach
- any Milwaukee County DHHS- and/or Steering Committee/Core Work Group-selected topics

UMOS
Building Better Futures

ms 33 and 34 partially comprise the points scored under Staffing Plan

YEAR 2015 STAFFING REQUIREMENTS-DIRECT SERVICE STAFF

ITEM # 33

Indicate the number of staff **directly related to achieve your objectives for the program(s) you are applying for**, as indicated by codes 02 and 04 on Forms 2 and 2A. **Executive staff providing direct services to clients should be budgeted as either "Professional Salaries" or "Technical Salaries" on Budget Forms 2 and 2A.** Provide a job description plus necessary qualifications for each direct service position (sections A & B) (make additional copies as necessary). **Complete the attached roster (item 34) for current staff working in each program for which a proposal is being submitted.** If the position is unfilled at the time of proposal submission, indicate the vacancy and provide updated staffing form within 30 days of when position is filled. **For New Applicants for this program, submit calculations showing the agency-wide average of in-service/continuing education hours per direct service provider in the previous year.**

PROGRAM Wisconsin Home Energy Assistance Program 2015 PROGRAM No. MSD-001

POSITION TITLE WHEAP Program Manager NO. OF STAFF: 1

Job Description for this position as required to meet the needs of the program specifications. Include qualifications needed to perform job (including certifications or licenses and experience requirements to perform the job). Attach separate sheet, if necessary.

Annual tuition reimbursement granted for this position: \$0

Actual total hours worked for all employees in this position for the 12 months prior to completing this application: 0

Annual turnover for *this position (all employees, full and part-time)*, as measured by total number of separations (including voluntary and involuntary) from this position in the twelve months prior to completing this proposal divided by the total number of employees budgeted in this position for the twelve months prior to completing this proposal (show calculation): 0 / 0 = 0

For New Applicants for this program who may not have had previous history employing individuals to provide these services, provide annual turnover for the agency as a whole (show calculation):
 / =

For Behavioral Health Division proposals, include copies of staff licenses, certifications and diplomas.

JOB TITLE:

Wisconsin Home Energy Assistance Program (WHEAP) Program Manager

SUMMARY:

Under the supervision of the Vice President of Operations, the WHEAP Manager oversees the management and operation of UMOS WHEAP Program, including compliance with all funding source directives, contract requirements, performance standards, guidelines and regulations, budget monitoring and control, contract negotiations and UMOS administrative procedures.

JOB DUTIES:

1. Serve as the primary UMOS contact with Milwaukee County and the State of Wisconsin funding sources.
2. Ensure UMOS' WHEAP complies with all county, state and federal guidelines, including the regulations of the Public Service Commission.
3. Monitor refunds and reissuance of checks with the State of Wisconsin.
4. Conduct site and program monitoring and evaluation.
5. Monitor and evaluate program budget and expenditures in conjunction with the Vice President of Operations and the UMOS Accounting Departments on routine basis.
6. Develop, maintain and implement internal written standard operating procedures for the operation of the WHEAP program and Crisis Services.
7. Develop fraud prevention policies and procedures.
8. Finalize and submit all required internal and funding source reports on a monthly basis for the WHEAP program.
Monitor balances to the proper accounts in the event of a participant's change of address, use of a different vendor, or termination of client status.
10. Negotiate and execute contracts with all vendors necessary to provide assistance to clients in all program service areas.
11. Supervise program Supervisors and/or staff in a manner consistent with the UMOS Personnel Policies and Handbook, and conduct annual performance evaluations.
12. Provide staff training in all areas of program delivery.
13. Monitor to ensure the accurate and timely data entry of applications and provide assistance to Supervisors and staff in the processing of all crisis applications.
14. Respond to and prevent utility disconnects and freeze-out situations.
15. Be available 24 hours a day to address emergency situations, or program and client needs.
16. Develop a network of alternative service providers for individuals who are not eligible for participation in the WHEAP program.
17. Develop and maintain relationships with community agencies, other service providers and state programs.
18. Attend meetings, conferences, planning sessions, and other appointments; performs other duties as assigned.

QUALIFICATIONS:

1. Undergraduate degree and five years of experience in a related field; or an associate degree and at least five years of experience with the WHEAP or LHEAP programs.
At least three years of experience in staff supervision and program management.
2. Ability to work independently within established policies, procedures, and guidelines.
4. Strong interpersonal and communication skills.
5. Knowledge and understanding of program budgets.
6. Ability to work in a face-paced environment with high-volume clientele.
7. Demonstrated computer skills, spread sheets and word processing.
8. Access to an automobile, a valid Wisconsin driver's license and car insurance.
9. Ability to work flexible schedule as described in the job duties.

Items 33 and 34 partially comprise the points scored under Staffing Plan

YEAR 2015 STAFFING REQUIREMENTS-DIRECT SERVICE STAFF

ITEM # 33

Indicate the number of staff directly related to achieve your objectives for the program(s) you are applying for, as indicated by codes 02 and 04 on Forms 2 and 2A. Executive staff providing direct services to clients should be budgeted as either "Professional Salaries" or "Technical Salaries" on Budget Forms 2 and 2A. Provide a job description plus necessary qualifications for each direct service position (sections A & B) (make additional copies as necessary). **Complete the attached roster (item 34) for current staff working in each program for which a proposal is being submitted.** If the position is unfilled at the time of proposal submission, indicate the vacancy and provide updated staffing form within 30 days of when position is filled. **For New Applicants for this program, submit calculations showing the agency-wide average of in-service/continuing education hours per direct service provider in the previous year.**

PROGRAM Wisconsin Home Energy Assistance Program 2015 PROGRAM No. MSD-001

POSITION TITLE WHEAP Program Supervisor NO. OF STAFF: 2

Job Description for this position as required to meet the needs of the program specifications. Include qualifications needed to perform job (including certifications or licenses and experience requirements to perform the job). Attach separate sheet, if necessary.

Annual tuition reimbursement granted for this position: \$0

Actual total hours worked for all employees in this position for the 12 months prior to completing this application: 2,080

Annual turnover for *this position (all employees, full and part-time)*, as measured by total number of separations (including voluntary and involuntary) from this position in the twelve months prior to completing this proposal divided by the total number of employees budgeted in this position for the twelve months prior to completing this proposal (show calculation): 0 / 1 = 0

For New Applicants for this program who may not have had previous history employing individuals to provide these services, provide annual turnover for the agency as a whole (show calculation):
 / =

For Behavioral Health Division proposals, include copies of staff licenses, certifications and diplomas.



JOB TITLE:

Wisconsin Home Energy Assistance Program (WHEAP) Supervisor

SUMMARY:

Under the supervision of the WHEAP Manager, the Supervisor is responsible for the day-to-day supervision of WHEAP Intake Specialists and/or Screeners and operation of the WHEAP services, including ensuring compliance with all program regulations, eligibility criteria and benefits processing requirements, internal UMOS administrative procedures, funding source directives, performance standards, and reporting.

JOB DUTIES:

1. Ensure UMOS' WHEAP complies with all county, state and federal guidelines, including the regulations of the Public Service Commission.
2. Track refunds and reissuance of checks with the State of Wisconsin.
3. Conduct program and staff monitoring and evaluation.
4. Develop and maintain relationships with community agencies, other service providers and state programs.
5. Develop, maintain and implement internal standard operating procedures for the operation of the WHEAP program and Crisis Services.
6. Maintain a fraud prevention policies and procedures.
Assist with preparing all required internal and funding source reports on a monthly basis for the WHEAP program.
8. Assist with conducting earned and unearned income verifications, including TANF, FoodShare, child support and Social Security verifications.
9. Provide balances to the proper accounts in the event of an applicant's change of address, use of a different vendor, or termination of client status.
10. Develop a network of alternative service providers for individuals who are not eligible for participation in the WHEAP program.
11. Supervise program staff in a manner consistent with the UMOS Personnel Policies and Employee Handbook, and conduct annual performance evaluations.
12. Provide staff training in all areas of program delivery.
13. Ensure accurate and timely data entry of applications and provide assistance to staff in the processing of all crisis applications.
14. Respond to and prevent utility disconnects and freeze-out situations.
15. Be available 24 hours a day to address emergency situations, or program and client needs.
16. Attend meetings, conferences, planning sessions, and other appointments; performs other duties as assigned.

QUALIFICATIONS:

1. Undergraduate degree and two years of experience in a related field; or an associate degree and at least five years of experience with the WHEAP or LHEAP programs.
Demonstrated computer skills, spread sheets and word processing.
2. Experience in supervision and program management.
3. Access to an automobile, a valid Wisconsin driver's license and car insurance.
4. Ability to work flexible schedule as described in the job duties.

Items 33 and 34 partially comprise the points scored under Staffing Plan

YEAR 2015 STAFFING REQUIREMENTS-DIRECT SERVICE STAFF

ITEM # 33

Indicate the number of staff directly related to achieve your objectives for the program(s) you are applying for, as indicated by codes 02 and 04 on Forms 2 and 2A. Executive staff providing direct services to clients should be budgeted as either "Professional Salaries" or "Technical Salaries" on Budget Forms 2 and 2A. Provide a job description plus necessary qualifications for each direct service position (sections A & B) (make additional copies as necessary). **Complete the attached roster (item 34) for current staff working in each program for which a proposal is being submitted.** If the position is unfilled at the time of proposal submission, indicate the vacancy and provide updated staffing form within 30 days of when position is filled. **For New Applicants for this program, submit calculations showing the agency-wide average of in-service/continuing education hours per direct service provider in the previous year.**

PROGRAM Wisconsin Home Energy Assistance Program 2015 PROGRAM No. MSD-001

POSITION TITLE WHEAP Program Intake Specialist NO. OF STAFF: 17.3

Job Description for this position as required to meet the needs of the program specifications. Include qualifications needed to perform job (including certifications or licenses and experience requirements to perform the job). Attach separate sheet, if necessary.

Annual tuition reimbursement granted for this position: \$0

Actual total hours worked for all employees in this position for the 12 months prior to completing this application: 9,013

Annual turnover for *this position (all employees, full and part-time)*, as measured by total number of separations (including voluntary and involuntary) from this position in the twelve months prior to completing this proposal divided by the total number of employees budgeted in this position for the twelve months prior to completing this proposal (show calculation): 5 / 7 = 0.71

For New Applicants for this program who may not have had previous history employing individuals to provide these services, provide annual turnover for the agency as a whole (show calculation):
 / =

For Behavioral Health Division proposals, include copies of staff licenses, certifications and diplomas.



JOB TITLE:
Wisconsin Home Energy Assistance Program (WHEAP) Intake Specialist

SUMMARY:
Under the direct supervision of the WHEAP Supervisor or Manager, this position is responsible for conducting outreach; screening applicants by phone, mail or face-to-face; taking high volume interactive applications for the WHEAP program; providing applicants, the general public, and community agencies information on available community resources, programs and services.

- JOB DUTIES:**
1. Provide efficient, interactive intake services for the WHEAP by phone, face-to-face or by mail to determine program eligibility.
 2. Enter program applications into the WHEAP electronic data system timely and accurately.
 3. Answer phones, schedule appointments, and provide program information to applicants.
 4. Provide quick, pro-active response to prevent disconnections, adhering to written crisis policy.
 5. Communicate with vendors regarding the repair and emergency fuel fills.
 6. Verify earned and unearned income, including wages, child support, TANF, Social Security, Unemployment Insurance, etc.
 7. Conduct community outreach and provide mobile intake services to community agencies, senior centers, housing/neighborhood centers, etc.
 8. Conduct home visits as necessary for the elderly, handicapped and disabled.
 9. Respond to applicant questions, assist with verification, and carry out benefits processing in a timely manner.
 10. Make referrals to weatherization program for WHEAP participants, when not eligible for WHEAP, make referral for possible repair or replacement to weatherization or to targeted home performance.
 11. Work as a team member to make energy assistance program run as efficiently as possible.
 12. Participate in program awareness events held throughout the community.
 13. Attend trainings, meeting and perform other duties as assigned.

- QUALIFICATIONS:**
1. High School diploma or equivalency.
 2. Two years' experience in case management or any equivalent combination of training and experience, which would provide the following knowledge, skills and abilities.
 3. Ability to work independently within established policies, procedures, and guidelines.
 4. Strong interpersonal and communication skills
 5. Working knowledge of computer programs such as word processing and spreadsheets.
 6. Able to work flexible and irregular hours including on call evening hours.
 7. Bilingual in English and Spanish in verbal and written form preferred.
 8. Must have a car and adequate auto liability insurance and be able to travel and work irregular hours.

Items 33 and 34 partially comprise the points scored under Staffing Plan

YEAR 2015 STAFFING REQUIREMENTS-DIRECT SERVICE STAFF

ITEM # 33

Indicate the number of staff directly related to achieve your objectives for the program(s) you are applying for, as indicated by codes 02 and 04 on Forms 2 and 2A. Executive staff providing direct services to clients should be budgeted as either "Professional Salaries" or "Technical Salaries" on Budget Forms 2 and 2A. Provide a job description plus necessary qualifications for each direct service position (sections A & B) (make additional copies as necessary). **Complete the attached roster (item 34) for current staff working in each program for which a proposal is being submitted.** If the position is unfilled at the time of proposal submission, indicate the vacancy and provide updated staffing form within 30 days of when position is filled. **For New Applicants for this program, submit calculations showing the agency-wide average of in-service/continuing education hours per direct service provider in the previous year.**

PROGRAM Wisconsin Home Energy Assistance Program 2015 PROGRAM No. MSD-001

POSITION TITLE WHEAP Program Screener NO. OF STAFF: 1.4

Job Description for this position as required to meet the needs of the program specifications. Include qualifications needed to perform job (including certifications or licenses and experience requirements to perform the job). Attach separate sheet, if necessary.

Annual tuition reimbursement granted for this position: \$0

Actual total hours worked for all employees in this position for the 12 months prior to completing this application: 1,537

Annual turnover for *this position (all employees, full and part-time)*, as measured by total number of separations (including voluntary and involuntary) from this position in the twelve months prior to completing this proposal divided by the total number of employees budgeted in this position for the twelve months prior to completing this proposal (show calculation): 1 / 1 = 1

For New Applicants for this program who may not have had previous history employing individuals to provide these services, provide annual turnover for the agency as a whole (show calculation):
 / =

For Behavioral Health Division proposals, include copies of staff licenses, certifications and diplomas.



JOB TITLE:

Wisconsin Home Energy Assistance Program (WHEAP) Screener

SUMMARY:

Under the direct supervision of the WHEAP Supervisor or Manager, this position is responsible for pre-screening program applicants, scheduling appointments, assisting with data entry, and providing applicants, the general public, and community agencies information on available community resources, programs and services.

JOB DUTIES:

1. Answer phones and provide information to WHEAP applicants.
2. Receive mail and organize mail-in applications to ensure timely response back to applicants
3. Schedule and re-schedule applicants for intake appointments and notify appropriate staff timely when appointments check-in.
4. Assess immediate needs and direct applicants to appropriate services and/or programs.
5. Conduct initial reviews of applicant data against WHEAP eligibility criteria to determine eligibility for services and assist with collecting verification and follow-up inquiries.
6. Complete daily data entry of applications, appointments, calls, mail-in application, no shows and rescheduled appointments into statistical tracking reports.
7. Assist WHEAP Intake Specialists in resolving emergency crisis situations.
Assist in the verification of earned and unearned income, including wages, child support, TANF, Social Security, Unemployment Insurance, etc.
9. Research and maintain resource directory of other services and programs offered by community agencies.
10. Perform other clerical functions, as needed.
11. Attends meetings, trainings, and workshops as assigned.
12. Other duties as assigned.

QUALIFICATIONS:

1. High School diploma or equivalency supplemented by two years of college level work or equivalent experience.
2. Two years' experience in case management or any equivalent combination of training and experience, which would provide the following knowledge, skills and abilities.
3. Ability to work independently within established policies, procedures, and guidelines.
4. Strong interpersonal and communication skills
5. Working knowledge of computer programs such as word processing and spreadsheets.
6. Able to work flexible and irregular hours including on call evening hours.

CURRENT DIRECT SERVICE PROVIDER AND INDIRECT STAFF (DSP) ROSTER ITEM #34

Following this page is UMOS' completed Item #34.

2015 CLIENT CHARACTERISTICS CHART

ITEM # 36

Agency Name UMOS, Inc.
 Disability/Target Group Low-Income Households
 Program Name WHEAP-Energy Assistance 2015 Program # MSD-001
 Zone 3: West Allis City Hall
 Facility Name & Address 7525 West Greenfield Avenue
West Allis, WI 53214

CY 2015 Estimated

1. Unduplicated Count of Clients to be Served/Year (Form 1, Column 1). If your estimate differs from prior year actual, provide an explanation on a separate attached page. For new applicants, include numbers for the program you are currently providing that is most similar to the program you are applying for.

2. Age Group:

	Number	Percent (%)	Prior year actual
a. 0 - 2			
b. 3 - 11			
c. 12 - 17			
d. 18 - 20	497	10%	
e. 21 - 35	1,989	40%	
f. 36 - 60	1,989	40%	
g. 61 & over	498	10%	
TOTAL	4,973	100%	

3. Sex:

a. Female	2,487	50%	
b. Male	2,486	50%	
TOTAL	4,973	100%	

4. Ethnicity:

a. Asian or Pacific Islander	298	6%	
b. Black	3,979	80%	
c. Hispanic	348	7%	
d. American Indian or Alaskan Native	50	1%	
e. White	298	6%	
TOTAL	4,973	100%	

5. Other:

a. Disabled individuals	2,311	47%	
b. Not applicable	2,662	53%	
TOTAL	4,973	100%	

Date Submitted: March 25, 2015

The total in each category must be equal to the number in Form 1, Column 1, Total Number of Cases (Clients) to be served per Year. (Rev 7/13)

2015 CLIENT CHARACTERISTICS CHART

ITEM # 36

Agency Name UMOS, Inc.
 Disability/Target Group Low-Income Households
 Program Name WHEAP-Energy Assistance 2015 Program # MSD-001
Zone 4: Our Savior's Lutheran Church
 Facility Name & Address 3022 West Wisconsin Avenue
Milwaukee, WI 53208

CY 2015 Estimated

1. Unduplicated Count of Clients to be Served/Year (Form 1, Column 1). If your estimate differs from prior year actual, provide an explanation on a separate attached page. For new applicants, include numbers for the program you are currently providing that is most similar to the program you are applying for.

2. Age Group:

	Number	Percent (%)	Prior year actual
a. 0 - 2			
b. 3 - 11			
c. 12 - 17			
d. 18 - 20	1,627	10%	
e. 21 - 35	6,509	40%	
f. 36 - 60	6,509	40%	
g. 61 & over	1,628	10%	
TOTAL	16,273	100%	

3. Sex:

a. Female	8,136	50%	
b. Male	8,135	50%	
TOTAL	16,273	100%	

4. Ethnicity:

a. Asian or Pacific Islander	651	4%	
b. Black	12,530	77%	
c. Hispanic	1,465	9%	
d. American Indian or Alaskan Native	163	1%	
e. White	1,464	9%	
TOTAL	16,273	100%	

5. Other:

a. Disabled individuals	7,543	46%	
b. Not applicable	8,730	54%	
TOTAL	16,273	100%	

Date Submitted: March 25, 2015

The total in each category must be equal to the number in Form 1, Column 1, Total Number of Cases (Clients) to be served per Year. (Rev 7/13)

2015 CLIENT CHARACTERISTICS CHART

ITEM # 36

Agency Name UMOS, Inc.
 Disability/Target Group Low-Income Households
 Program Name WHEAP-Energy Assistance 2015 Program # MSD-001
 Zone 5: Greenfield City Hall
 Facility Name & Address 7325 West Forest Home Avenue
Milwaukee, WI 53220

CY 2015 Estimated

1. Unduplicated Count of Clients to be Served/Year (Form 1, Column 1). If your estimate differs from prior year actual, provide an explanation on a separate attached page. For new applicants, include numbers for the program you are currently providing that is most similar to the program you are applying for.

2. Age Group:

	Number	Percent (%)	Prior year actual
a. 0 - 2			
b. 3 - 11			
c. 12 - 17			
d. 18 - 20	398	10%	
e. 21 - 35	1,591	40%	
f. 36 - 60	1,591	40%	
g. 61 & over	397	10%	
TOTAL	3,977	100%	

3. Sex:

a. Female	1,989	50%	
b. Male	1,988	50%	
TOTAL	3,977	100%	

4. Ethnicity:

a. Asian or Pacific Islander	159	4%	
b. Black	2,983	75%	
c. Hispanic	358	9%	
d. American Indian or Alaskan Native	40	1%	
e. White	437	11%	
TOTAL	3,977	100%	

5. Other:

a. Disabled individuals	1,795	45%	
b. Not applicable	2,182	54%	
TOTAL	3,977	100%	

Date Submitted: March 25, 2015

The total in each category must be equal to the number in Form 1, Column 1, Total Number of Cases (Clients) to be served per Year. (Rev 7/13)

2015 CLIENT CHARACTERISTICS CHART

ITEM # 36

Agency Name UMOS, Inc.
 Disability/Target Group Low-income Households
 Program Name WHEAP-Energy Assistance 2015 Program # MSD-001
 Zone 6: UMOS Job Center
 Facility Name & Address 2701 South Chase Avenue
Milwaukee, WI 53207

CY 2015 Estimated

1. Unduplicated Count of Clients to be Served/Year (Form 1, Column 1). If your estimate differs from prior year actual, provide an explanation on a separate attached page. For new applicants, include numbers for the program you are currently providing that is most similar to the program you are applying for.

2. Age Group:

	Number	Percent (%)	Prior year actual
a. 0 - 2			
b. 3 - 11			
c. 12 - 17			
d. 18 - 20	431	10%	
e. 21 - 35	1,727	40%	
f. 36 - 60	1,727	40%	
g. 61 & over	433	10%	
TOTAL	4,318	100%	

3. Sex:

a. Female	2,159	50%	
b. Male	2,159	50%	
TOTAL	4,318	100%	

4. Ethnicity:

a. Asian or Pacific Islander	130	3%	
b. Black	3,238	75%	
c. Hispanic	475	11%	
d. American Indian or Alaskan Native	43	1%	
e. White	432	10%	
TOTAL	4,318	100%	

5. Other:

a. Disabled individuals	2,012	47%	
b. Not applicable	2,306	53%	
TOTAL	4,318	100%	

Date Submitted: March 25, 2015

The total in each category must be equal to the number in Form 1, Column 1, Total Number of Cases (Clients) to be served per Year. (Rev 7/13)