EXHIBIT I

Milwaukee County Department on Aging Descriptions of Proposed Programs and Services Funding Period January 1, 2017 to December 31, 2017

REVISED

1.0	REVISED
1.0	General Program Information
1.01	Program Title or Type of Service to be Provided: Family Caregiver Support and Alzheimer's Disease Direct Service
1.02	Agency Name: Interfaith Older Adult Programs, Inc.
1.03	Address of Primary Office: 600 West Virginia Street, Suite 300
	Milwaukee, Wisconsin 53204
1.04	Phone Number: (414) 291-7500 FAX#: (414) 291-7510
1.05	Office Hours: Monday - Friday 8:30 AM - 4:30 PM E-mail: <u>llambach@interfaithmilw.org</u>
1.06	Official Authorized by the Board of Directors to Sign Contracts/Reports for the Agency: Laurene GramlingLambach, Executive Director 10/25/17
	Laurene Gramling Lambach, Executive Director Signature Tim Klare, President Signature Signature
1.08	Type of Agency (please check those that apply): Non-profit Minority (owned, directed, or predominantly staffed by minority groups): No
1.09	Federal ID No. 39-1217963 State Tax Exempt No. ES 15376
1.10	Type of Request: Continuation
1.11	Amount of Department on Aging Request: \$571,158
1.12	Total Agency Budget: \$7,898.816
1.13	Proposed Cost Per Unit of Service: <u>N/A</u>
1.14	Proposed Units to be Provided: <u>N/A</u>

3.0 Program Staffing Information - Positions Funded by Department on Aging, Match, or Other Resources Family Caregiver Support Network

Revised 10/20/2017

Α.	B.	C.	D.	E.		F.	
	% Full Time Equivalent	Wages and S	Fringe Benefit S	Total All (C & D)		Staff Demograph	nics
Position Title					Age 45+	Minority	Disabled
Program Director	100%	\$50,918.00	\$13,038.00	\$63,956.00	X		
Resource Specialist	100%	\$36,619.00	\$4,887.00	\$41,506.00	х		
Resource Specialist	100%	\$ 34,370.00	\$ 4,859.00	\$39,229.00			
Office Support Asst	95%	\$ 25,698.00	\$ 3,687.00	\$ 29,386.00			
Outreach and Educator Coodinator**	100%	\$ 3,000.00	\$ 600.00	\$3,600.00			
Total:		\$150,605.00	\$27,071.00	\$177,677.00			

Note: Total wage and fringe for all staff positions (Column E of 3.0 of Program Staffing Information) should match the total wage and fringe on Column 6 of the 4.0 Budget Summary, Personnel Subtotal.

^{**}New position starting December 1, 2017. Salary \$37,500 annually** Itemize below percentage of agency fringe benefit costs:

FICA	7.65%
Pension	2%
Workers comp	\$1.00/\$100.00
Unemployment comp	2.50%
Disability insurance	Based on Premium per Person
Health insurance	Based on Premium per Person
Life insurance	Based on Premium per Person
Other (specified)	

Jemooranhice by conder race/ethnicit	1 7 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								Position 10/00/0017	1,00/00/			
Gender	Gender	ı,		Racc/Ethnicity	Racc/Et	Race/Ethnicity					Age		
Position	Female	Male	AI/AN	Asian	B/AA	H/L	NH/OPI	M	< 45	45 - 54	55 - 64	65 - 74	75+
FCSN Director	×							×			×		
FCSN Resource Specialist	×							×	×				
FCSN Resource Specialist	×							×			×		
Office Assistant	×							×			L	×	
Outreach and Educator													
Coordinator (new position)													

Race/Ethnicity Abbreviations:

Instructions:

List each position separately and check appropriate boxes.

American Indian or Alaska Native AI/AN Use as m: Asian Black or African American B/AA Hispanic or Latino H/L Native Hawaiian or Other Pacific Isla NH/OPI W

3.2 Program Staffing Information: Wages and Benefits Please list each individual separately, using as many copies of this form as needed

Family Caregiver Support Network Revised 10/20/2017

	Hours Per Week	Annual Salary		Hourly age Rate		Check if Employer Pays Fringe Benefit	County of
Position Title					Fringe Benefit Category		Residence
					Health Insurance	Х	
Program Director	40	\$50,918	\$	24.48	Dental Insurance	X	
					Life Insurance	Х	
					Health Insurance		
Resource Specialist	40	\$36,619	\$	17.61	Dental Insurance		
					Life Insurance	X	
						en esta a minera esta	
					Health Insurance		
Resource Specialist	40	\$34,370.00	\$	15.52	Dental Insurance	X	
					Life Insurance	<u> </u>	
		ACE U.					
				1000 Feb.	Health Insurance		
Office Support Asst	38	25698	\$	13.01	Dental Insurance	X	
					Life Insurance	X	
为是这样。这个数据是		公开 前前的		The re			
0-4			Г		Health Insurance	X	MARKET CONTROL OF THE
Outreach and Educator	40	37500	\$	18.03	Dental Insurance	X	
Coordinator (new position)					Life Insurance	Х	
						ROLLING BASE	
					Health Insurance		
					Dental Insurance		
					Life Insurance		
						Mark Dream	
					Health Insurance		
					Dental Insurance		
					Life Insurance		Mary and the state of the state
			3,000		Health Insurance		
					Dental Insurance		
					Life Insurance		
				1 1			
					Health Insurance	T	
					Dental Insurance		
	1				Life Insurance		

4.0 Revised Budget Summa	ary			Revision Date	10/20/2017	
				Contract Period	01/01/2017-12/31/2	2017
Agency: Interfaith Olde	er Adult Programs			Program/Service	Family Caregiver S	
					Combined	
	1	2	3	4	5	6
	Department	Non-Federa		Риссион	All Other	
ITEM	on Aging	(10% of Progr		Program Revenue	Resources	Total
	Request	Cash	In-Kind	Revenue	Resources	
1. PERSONNEL						
A. Wages & Salaries	121,843	28,762			The second secon	150,60:
B. Fringe (34.8 %)	21,777	5,295				27,072
C. Other (Describe)	21,777	3,273			 	27,07.
SUBTOTAL	143,620	34,057		0	0	177,67
SOBIOTAL	113,020	34,037		/	U	177,07
2. TRAVEL EXPENSES						
A. Local	1,200				0	1,200
B. Out of Town						(
SUBTOTAL	1,200	0	0	0	0	1,200
3. FACILITIES EXPENSE						
A. Rent	54,198					54,19
B. Utilities	3,719					3,719
C. Other (Describe)	1175	21				1,190
SUBTOTAL	59,092	21	0	0	0	59,113
4. OPERATING EXPENSES						
A. Office Supplies	7,500					7,500
B. Consumable Supplies	10,600					10,600
C. Telephone	3,562					3,562
D. Postage	7,829					7,829
E. Equipment	4,000					4,000
F. Other (Describe)*	49,764					49,764
SUBTOTAL	83,255	0	0	0	0	83,255
*See attached budget forms					多数数数据数据 套	
5. MISCELLANEOUS						
A. Staff Training	3,600					3,600
B. Consultant Fees	5,000					5,000
C. Audit	1,127					1,127
D. Other (Describe)*	246,160	4416	35000			285,576
SUBTOTAL	255,887	4,416	35,000	0	0	295,303
*see attached budget forms 6. INDIRECT COSTS						
A. Indirect Costs (Form 4.1)	28,104	3066				21 170
B. Other (Describe)	20,104	3000				31,170
SUBTOTAL	28,104	3,066	0	0	0	31,170
		2,000				31,170
7. COLUMN TOTAL FOR	571 150	41.500	25.000	1	\	(12.51)
ALL COSTS	571,158	41,560	35,000	particular of the control of the con	0	647,718
8. TOTAL NON-FEDERAL		3,066	0			3,066
9. PROFIT FACTOR	0.00%				0.00%	0.00%
*Provide source of Non-Federal C	ash match or descrip	otion of In-Kind	Match:	United Way	Advertising Agency	

\$41,560

35,000

^{**} Indirect costs must be reported by agencies that provide more than one program, service, or activity. See the RFP documents for a more detailed definition. (Form 4.1 must be completed, describing specific indirect costs and the plan for allocating those costs.)

7. COLUMN TOTAL FOR
ALL COSTS
8. TOTAL NON-FEDERAL

A. Indirect Costs (Form 4.1)

6. INDIRECT COSTS

B. Other (Describe) SUBTOTAL

9. PROFIT FACTOR

*Provide source of Non-Federal Cash match or description of In-Kind Match:

16,443

16,443

300,000

0.00%

United Way \$41,560

0

35,000

35,000

Advertising Agency 35,000

0

0.00%

0

0

19,509

19,509

376,560

76,560

0.00%

3066

3.066

41,560

41,560

^{**} Indirect costs must be reported by agencies that provide more than one program, service, or activity. See the RFP documents for a more detailed definition. (Form 4.1 must be completed, describing specific indirect costs and the plan for allocating those costs.)

Revision Date

10/20/2017

Contract Period 01/01/2017-12/31/2017

Program/Service Family Caregiver Support Network

Alzheimers 4 5 6 Department Non-Federal Match Program All Other **ITEM** on Aging (10% of Program Costs) Total Revenue Resources Cash Request In-Kind 1. PERSONNEL A. Wages & Salaries 20,713 20,713 B. Fringe (34.8 %) 3,776 3,776 C. Other (Describe) **SUBTOTAL** 24,489 0 24,489 2. TRAVEL EXPENSES A. Local 0 B. Out of Town 0 0 SUBTOTAL 0 0 3. FACILITIES EXPENSE A. Rent 0 0 0 B. Utilities 0 30 C. Other (Describe) 30 30 **SUBTOTAL** 30 4. OPERATING EXPENSES A. Office Supplies 6,000 6.000 B. Consumable Supplies 520 520 240 C. Telephone 240 D. Postage 2,418 2,418 E. Equipment 0 41,212 F. Other (Describe)* 41,212 50,390 0 SUBTOTAL 0 50,390 *Outreach: Marketing, Advertising, Promtion 5. MISCELLANEOUS A. Staff Training B. Consultant Fees 335 335 563 C. Audit 563 D. Other (Describe)* 183,690 183,690 184,588 **SUBTOTAL** 184,588 *Alzheimer's Care **6. INDIRECT COSTS** A. Indirect Costs (Form 4.1) 11,661 11,661 B. Other (Describe) **SUBTOTAL** 11,661 11.661 7. COLUMN TOTAL FOR ALL COSTS 271,158 0 271,158 0 0 0 8. TOTAL NON-FEDERAL 0 9. PROFIT FACTOR 0.00% 0.00% 0.00%

Advertising Agency

\$41,560

35,000

^{*}Provide source of Non-Federal Cash match or description of In-Kind Matcl United Way

^{**} Indirect costs must be reported by agencies that provide more than one program, service, or activity. See the RFP documents for a more detailed definition. (Form 4.1 must be completed, describing specific indirect costs and the plan for allocating those costs.)