

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 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.

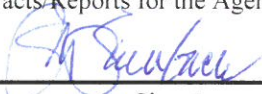
1.03 Address of Primary Office: 600 West Virginia Street, Suite 300
Milwaukee, Wisconsin 53204

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: llambach@interfaithmilw.org

1.06 Official Authorized by the Board of Directors to Sign Contracts/Reports for the Agency:

Laurene Gramling Lambach, Executive Director

 10/25/17

Signature

Tim Klare, President

 10/25/17

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: N/A

1.14 Proposed Units to be Provided: N/A

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

Family Caregiver Support Network

Revised 10/20/2017

A. Position Title	B. % Full Time Equivalent	C. Wages and \$	D. Fringe Benefit \$	E. Total All (C & D)	F. Staff Demographics		
					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	x		
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 Coordinator**	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)	

3.2 Program Staffing Information: Wages and Benefits

Family Caregiver Support Network

Please list each individual separately, using as many copies of this form as needed

Revised 10/20/2017

Position Title	Hours Per Week	Annual Salary	Hourly Wage Rate	Fringe Benefit Category	Check if Employer Pays Fringe Benefit	County of Residence
Program Director	40	\$50,918	\$ 24.48	Health Insurance	X	
				Dental Insurance	X	
				Life Insurance	X	
Resource Specialist	40	\$36,619	\$ 17.61	Health Insurance		
				Dental Insurance		
				Life Insurance	X	
Resource Specialist	40	\$34,370.00	\$ 15.52	Health Insurance		
				Dental Insurance	X	
				Life Insurance	X	
Office Support Asst	38	25698	\$ 13.01	Health Insurance		
				Dental Insurance	X	
				Life Insurance	X	
Outreach and Educator Coordinator (new position)	40	37500	\$ 18.03	Health Insurance	X	
				Dental Insurance	X	
				Life Insurance	X	
				Health Insurance		
				Dental Insurance		
				Life Insurance		
				Health Insurance		
				Dental Insurance		
				Life Insurance		
				Health Insurance		
				Dental Insurance		
				Life Insurance		
				Health Insurance		
				Dental Insurance		
				Life Insurance		

4.0 Revised Budget Summary

Revision Date 10/20/2017

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

Agency: Interfaith Older Adult Programs

Program/Service Family Caregiver Support Network
Alzheimers

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

*Provide source of Non-Federal Cash match or description 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.)