

**FAMILY SERVICES PROGRAM ANNUAL BUDGET  
FY 2014 (October 2013 – September 2014)**

**SECTION I - TRIBAL INFORMATION**

- A. Name of Tribe
- B. Mailing Address
- C. Program Supervisor
- D. Telephone Number  
Email
- E. Fiscal Manager
- G. Telephone Number  
Email

**SECTION II - FUNDING ALLOCATIONS**

DHS Amount (Annual Allocation): \$ \_\_\_\_\_

DCF Amount (Annual Allocation): \$ \_\_\_\_\_

**SECTION III - OFFICIAL AUTHORIZATION TO COMMIT TRIBE TO THIS  
BUDGET**

Name and Title of Authorized Representative:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR DHS USE ONLY	
Program Manager Approval:	Date:
Tribal Affairs Approval:	Date:
FOR DCF USE ONLY	
Program Manager Approval:	Date:
Tribal Affairs Approval:	Date:

**SECTION IV - BUDGET FOR DHS FUNDS  
FY 2014**

Funding Period: October 1, 2013 – September 30, 2014

1.	Total Salary/Fringe Benefits for FSP Staff	\$
* 2.	Travel/Training for Staff, Volunteers or Program Participants	\$
*3.	Consultant and Contractual Costs	\$
*4.	Supplies/Equipment	\$
*5.	Other/Space Rental	\$
6.	Indirect Costs	\$
	Current Tribal Indirect Rate _____	
7.	Total (Lines 1 through 5)	\$

**Instructions:**

Each line item in the budget must be based on reasonable costs to provide program services.

Please round to the nearest dollar, however, do not exceed the **TOTAL** funds available. I.E. 51 cents - round up, 50 cents and below - round down.

Use the attached **Salary and Fringe Worksheet** to show the costs for each staff person funded using FSP funds. Show the percentage of staff time devoted to FSP.

\* Specific cost justifications are required for Items 2 through 5. Use the attached **Budget Detail Worksheet** to show the detail for each of these cost categories.

The indirect cost rate must be based on the current federally approved rate for the tribe. Specify the base (i.e. staff salary) that the indirect rate is applied to..

**DHS FUNDED SALARIES AND FRINGE**

(a) Staff Name and Title of Position	(b) % of Time Budgeted	(c) Hourly Rate	(d) Hours per Week	(e) # of Weeks Budgeted	(f) Annual Costs
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

(g) Total Salary: \$ \_\_\_\_\_

(h) Total Fringe: \$ \_\_\_\_\_

**BUDGET DETAIL FOR DHS FUNDS**

In this section, provide a detailed description of the costs identified on line items 2, 3, and 4 of the FSP budget. Totals for each line item should match the line item amounts on the FSP Budget.

<b>*2a. Travel for Staff, Volunteers or Program Participants</b>		
Program Service Area	Purpose and Computation	Cost
	Total	\$
<b>*2b. Training for Staff, Volunteers or Program Participants</b>		
Program Service Area	Purpose and Computation	Cost
	Total	\$
<b>*3. Consultant or Contractual</b>		
Program Service area	Purpose and Computation	Cost
	Total	\$
<b>*4a. Supplies</b>		
Program Service Area	Item and Computation	Cost
	Total	\$
<b>*4b. Equipment</b>		
Program Service Area	Item and Computation	Cost
	Total	\$
<b>*5a. Other</b>		
Program Service Area	Item and Computation	Cost
	Total	\$
<b>*5b. Space Rental</b>		
Program Service Area	Item and Computation	Cost
	Total	\$

**SECTION V - FSP BUDGET FOR DCF FUNDS  
FY 2014**

Funding Period: October 1, 2013 – September 30, 2014

1.	Total Salary/Fringe Benefits for Project Personnel	\$
*2.	Travel/Training for Staff, Volunteer or Program Participants	\$
* 3.	Consultant and Contractual Costs	\$
*4.	Supplies/Equipment	\$
*5.	Other/Space Rental	\$
6.	Child Care Vouchers	\$
7.	Indirect Costs	\$
	Current Tribal Indirect Rate _____	
8.	Total (Lines 1 through 5)	\$

Instructions:

Each line item in the budget must be based on reasonable costs to provide program services.

Please round to the nearest dollar, however, do not exceed the **TOTAL** funds available. I.E. 51 cents - round up, 50 cents and below - round down.

Use the attached **Salary and Fringe Worksheet** to show the costs for each staff person funded using FSP funds. Show the percentage of staff time devoted to FSP.

\* Specific cost justifications are required for Items 2 through 5. Use the attached **Budget Detail Worksheet** to show the detail for each of these cost categories.

The indirect cost rate must be based on the current federally approved rate for the tribe. Specify the base (i.e. staff salary) that the indirect rate is applied to.

**DCF FUNDED SALARIES AND FRINGE**

(b) Staff Name and Title of Position	(b) % of Time Budgeted	(c) Hourly Rate	(d) Hours per Week	(e) # of Weeks Budgeted	(f) Annual Costs
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

(g) Total Salary: \$ \_\_\_\_\_

(h) Total Fringe: \$ \_\_\_\_\_

**BUDGET DETAIL FOR DCF FUNDS**

In this section, provide a detailed description of the costs identified on line items 2, 3, and 4 of the FSP budget. Totals for each line item should match the line item amounts on the FSP Budget.

<b>*2a. Travel for Staff, Volunteers or Program Participants</b>		
Program Service Area	Purpose and Computation	Cost
	Total	\$
<b>*2b. Training for Staff, Volunteers or Program Participants</b>		
Program Service Area	Purpose and Computation	Cost
	Total	\$
<b>*3. Consultant or Contractual</b>		
Program Service area	Purpose and Computation	Cost
	Total	\$
<b>*4a. Supplies</b>		
Program Service Area	Item and Computation	Cost
	Total	\$
<b>*4b. Equipment</b>		
Program Service Area	Item and Computation	Cost
	Total	\$
<b>*5a. Other</b>		
Program Service Area	Item and Computation	Cost
	Total	\$
<b>*5b. Space Rental</b>		
Program Service Area	Item and Computation	Cost
	Total	\$

**SECTION VI - DOMESTIC ABUSE MATCH REQUIREMENT FOR FSP FUNDS**

A tribal match, either cash or in-kind, is required for the Domestic Abuse portion of the DCF FSP funds. In this section, indicate the source of the tribal match. The tribal match rate is 25%.

Tribe:

FSP Domestic Abuse Funds: \$ \_\_\_\_\_

Required Match: \$ \_\_\_\_\_

<b>MATCH</b>		
Cash	In-Kind Contribution	Total
Amount of \$	\$ equivalent:	\$
Source:	Specify:	



# Technical Assistance Contacts

## Department of Health Services:

### **AODA Prevention & Treatment**

Louis Oppor, DMHSAS/SAS  
WI Department of Health Services  
1. W. Wilson St., 4<sup>th</sup> Floor  
Madison, WI 53703  
608 266-9485  
[Louis.Oppor@wisconsin.gov](mailto:Louis.Oppor@wisconsin.gov)

### **General FSP Administration-DHS**

Dave Rynearson, Tribal Affairs Office  
WI Department of Health Services  
1 W. Wilson St., Room 618  
Madison, WI 53707-7850  
608 267-2185  
[David.Rynearson@wisconsin.gov](mailto:David.Rynearson@wisconsin.gov)

## Department of Children and Families:

### **Domestic Abuse**

Sharon Lewandowski, DV Coordinator  
Department of Children & Families WI Department of Children & Families  
125 S Webster Street  
Madison, WI 53708  
608 266-0700  
[Sharon.Lewandowski@wisconsin.gov](mailto:Sharon.Lewandowski@wisconsin.gov)

### **Youth Development/Teen Parenting**

Wendy Henderson, Youth Services Office WI  
Department of Children & Families  
125 S Webster Street  
Madison, WI 53708  
Phone 608-261-8709  
[Wendy.Henderson@wisconsin.gov](mailto:Wendy.Henderson@wisconsin.gov)

### **General FSP Administration-DCF**

**John Tuohy**, Regional Operations Bureau  
WI Department of Children and Families  
201 E. Washington Ave. 2<sup>nd</sup> Floor  
Madison, WI 53708  
608-266-9030  
[John.Tuohy@Wisconsin.gov](mailto:John.Tuohy@Wisconsin.gov)

### **Child Care**

Vacant, Early Care and Education  
WI Department of Children and Families  
201 E. Washington Ave. 2<sup>nd</sup> Floor  
Madison, WI 53708

### **CSBG/Services to Low Income People**

Darlene Moss, CSBG Program Manager  
WI Department of Children & Families  
201 E. Washington Ave., 2<sup>nd</sup> Floor  
Madison, WI 53708  
608 267-8949  
[Darlene.Moss@wisconsin.gov](mailto:Darlene.Moss@wisconsin.gov)

### **Safe & Stable Families/Child Welfare**

Carrie Finkbiner, S&SF Coordinator  
WI Department of Children & Families  
201 E. Washington Ave., 2<sup>nd</sup> Floor  
Madison, WI 53708  
608 261-8394  
[Carrie.Finkbiner@wisconsin.gov](mailto:Carrie.Finkbiner@wisconsin.gov)

**DCF Area Administrator** [http://dcf.wi.gov/regional\\_operations/pdf/contact\\_list.pdf](http://dcf.wi.gov/regional_operations/pdf/contact_list.pdf)

# **FAMILY SERVICES PROGRAM (FSP) REPORTING REQUIREMENTS**

Tribal FSP staff are responsible for reporting on a semi-annual basis their progress towards achieving the outcomes in the approved work plan. The FSP semi-annual report format is based on the approved work plan. The semi annual report is designed to assist tribal, DHS and DCF program staff assess progress toward achieving work plan outcomes, communicating the program's success, and improving program services.

## **COMPLETING THE REPORT**

### **General Program Information**

Check the box for the appropriate semi annual period being reported. Indicate the name of the tribe that is submitting the report. The chairperson or the authorized designee must sign and date two (2) copies of the report. The completed reports are due within 30 days of the end of the reporting period. Send one completed report to: Department of Health Services, Tribal Affairs, P.O. Box 7850, Room 618, Madison, WI 53707-7850. Send the other report to the Department of Children and Families, Area Administrator for the tribe. The Area Administrators are listed at: [http://dcf.wi.gov/regional\\_operations/pdf/contact\\_list.pdf](http://dcf.wi.gov/regional_operations/pdf/contact_list.pdf)

The signed DHS copy of the semi-annual report can be submitted by e-mail to Dave Ryneerson at [david.ryneerson@wi.gov](mailto:david.ryneerson@wi.gov) . The signed DCF copy of the semi-annual report can be submitted by e-mail to the DCF Area Administrator for the tribe

## **OUTCOME FRAMEWORKS**

### **Numerical Data**

In the first column labeled "Indicators/Verification of the Outcome," the indicators of progress toward achieving each outcome are listed. The indicators are the same as those identified in the work plans.

In the second column labeled "Baseline data, if applicable," enter the baseline data for the indicator. This information should be entered at the beginning of the measurement period; e.g. at the beginning of the program year. The cumulative findings can then be compared against the baseline to indicate progress in achieving the outcome. Not all indicators may require baseline data. Enter the baseline data only if the outcome requires it. Also include a date of the baseline data

In the third column labeled "Cumulative Outcome Findings," enter the progress in achieving the outcome as measured by the indicators in the first column. This information may not be available for each report depending on when you collect your data. For most outcomes this information will only be available at the end of the measurement period as stated in the data collection method in the work plan. If the information is not available for the reporting period, indicate when the data will be available; for example, "Data available for 7/15/10 quarterly report." or "GPA data available for 1/15/10 report." The information collected for most outcomes will be data on individual participants. Do not report individual data. Summarize or combined the data on a program level for reporting purposes.

### **Outcome Narrative**

Complete the narrative section of the report by describing your progress during the report period. Address each of the listed items when describing your progress in achieving the outcome.

### **OTHER SERVICES PROVIDED**

Describe other FSP services not associated with the outcome frameworks. This is an opportunity to describe other outputs/activities that were not specified in previous sections of the report.

### **DOMESTIC ABUSE ANNUAL REPORT**

The annual report must be filed at the end of each program year using the ALICE software or comparable data base. Provide information requested for domestic abuse services. Provide unduplicated numbers where requested.

### **AODA TREATMENT SERVICES ANNUAL REPORT**

This report must be filed at the end of each program year. Provide the information requested for AODA Treatment services provided using Family Services Program funding.

### **AODA PREVENTION SERVICES ANNUAL WEB-BASED REPORTING**

<http://dhs.wisconsin.gov/substabuse/sapsis/>