

Request for Proposal #0000001006

CITY OF MILWAUKEE
Department of Administration
Business Operations Division
Procurement Services Section

BINDING SIGNATURES FOR RFP

Upon award and acceptance of this proposal by the City of Milwaukee, the undersigned proposer, by its authorized persons signing below, agrees that all provisions set forth herein will become binding as a formal contract upon the fulfillment of all conditions precedent set forth herein.

This agreement constitutes the entire agreement between the parties relating to the subject matter of this agreement. All prior understandings, agreements, correspondence and discussions of the parties are merged into and made a part of this agreement.

CONTRACTOR (To be signed by two persons authorized to legally bind your firm to this RFP)

Proposer's Firm LATINO HEALTH ORGANIZATION

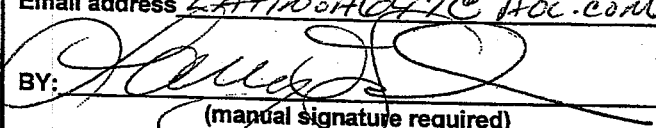
Address 1225 W. MITCHELL ST. STE. 212

City/State MILWAUKEE, WI 53204

Telephone 414-647-9990

Fax number 414-647-1572

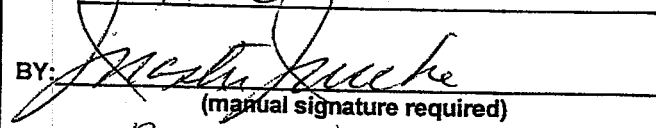
Email address LATINOHLD@AOL.COM

BY: 
(manual signature required)

NAME LARRY T. STOCKS
(typed or printed)

TITLE PRESIDENT

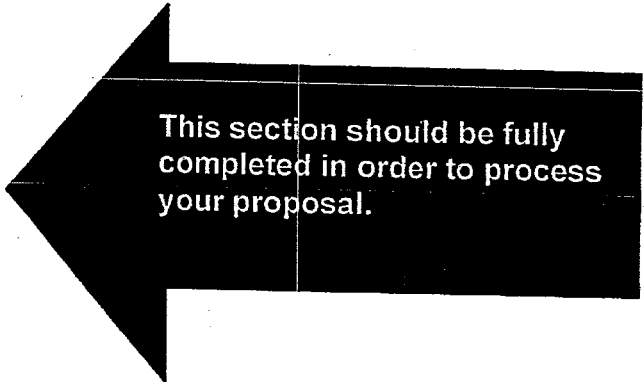
DATE 11-6-02

BY: 
(manual signature required)

NAME MARTIN JUCHKE
(typed or printed)

TITLE BOARD MEMBER / CHAIRPERSON PROGRAM

DATE 11-6-02



NARRATIVE OUTLINE

I. Need Statement

The targeted population for this project will be high-risk heterosexuals (HRH) living in the City of Milwaukee with a specific focus on men and women within the Latino population on Milwaukee's south side. HRH is the only risk population in which females outnumber males; overall, 69% of reported HRH cases have been among females. HRH accounts for 10% of the total reported cases with HIV infection in the State of Wisconsin and 60% of HRH with HIV infection reside in Milwaukee. The percentage of all reported cases of HIV infection attributed to HRH has increased over time. Prior to 1990, 4% of reported cases were among HRH; this increased to 10% during 1990-1995 and 14% during 1996-2000.

HIV infection among HRH is closely linked to injection drug use. Overall, 51% of HRH reported with HIV infection report having a sex partner who is or was an IDU. As of December 2000 in Wisconsin, 235 of the cumulative reported HIV infections among females were among females who reported sex with an IDU. About 2% of cumulative male reported HIV infections are attributed to sexual contact with a female IDU.

Included in the target population are men who have female partners and participate in or have a history of any of the behaviors named under heterosexual risk, MSM, and/or IDU. This population is included because HIV is estimated to be eight times more easily transmitted from male to female than from female to male. Studies of men around the world have shown that men, on the average, have more sexual partners in their lifetime than women. Additionally, in Wisconsin, nearly half of the women with an AIDS diagnosis identify their risk as heterosexual contact, or sex with a male with HIV.

Often heterosexual men are not a focus for HIV prevention messages; heterosexual men may not feel that these messages apply to their lives. Some young males are taught a way to express their gender that includes risk taking, frequent sexual intercourse, multiple sexual partners, an aversion to safer sex, and authority over women. Interventions designed to reach heterosexual men have primarily focused on their drug using behaviors and not their sexual behaviors.

interesting point!

When a man identifies as heterosexual or has female sexual partners, others may not ever question whether he has male partners. Men who have male partners but do not identify as gay may be more likely to have anonymous partners. Especially among communities of color, HIV may be regarded as a homosexual disease, making MSM more likely to deny sex with males and claim to be heterosexual.

According to the Center for Disease Control and Prevention (CDC) in 1998, 20% of all existing AIDS cases are people of Hispanic origin. However, Hispanics only comprise 13% of the population nationally. According to the Wisconsin Comprehensive HIV Prevention Plan 2002, the rate of HIV/AIDS for Hispanics has grown to 7.4% in the past three years. While the rate for whites went from 67% of cases to 53%. According to the AIDS/HIV Program Data, July 2001, Hispanics account for 12% of the new cases of HIV over the last three years in the City of Milwaukee.

Most of the Latino people in Wisconsin live in Milwaukee and they are concentrated in the near south side of the city. The geographic area served by Latino Health Organization is the most densely populated area in the state and has the largest concentration of Hispanics in the city and state. Approximately 67,000 people live in this area. The targeted area has one of the highest prevalence rates of AIDS among large cities nationwide. Milwaukee County has 54.6 % of HIV infection cases for the state.

There is no affordable health care in this service area. In addition to the health needs of this population, there is a lack of insurance, there is poverty, and there is a limited English proficiency, all of which compound the health needs and present additional barriers to health access.

II. Intervention Strategy

This project will implement three interventions to effectively address the needs of the targeted at risk populations:

- Individual Level Interventions
- Group Level Interventions
- Health Communications / Public Information

The rationale for the use of those interventions is described below.

✓ People in sexual relationships with drug users may feel powerless in changing their partner's drug use, their partner's increased risk of HIV infection, or their own risk of HIV infection via sex with their partner. Sexual partners of IDUs may not be in an ongoing, consistent relationship with the user; as a result, he or she may not know of their partner's use or be able to negotiate consistent safer sex options. Drug users may keep their drug use hidden from family and friends, and some partners may not know or pay attention to signs of drug use despite evidence within their relationship.

It is therefore necessary to provide prevention services that specifically target the sexual partners of IDUs. Sexual partners of IDUs need HIV prevention information and risk reduction counseling so that partners of IDUs do not begin using injection drugs themselves and thereby increase their risk of HIV and HCV infection.

Despite the potential HIV risk to a female partner of an IDU, she may stay in the relationship due to concern for her children which may include threats to her children, custody issues, violence toward herself or her children, and financial burden of raising children without the drug user partner. Sexual partners who are legally or financially bound to a drug user may feel trapped in a relationship, limiting their ability to initiate or implement HIV risk reduction strategies or to leave a relationship.

Sexual partners need to be aware of services available to them that help address their partner's drug problem and risk for HIV infection or assist them in removing themselves

and their children from the relationship. These services need to be accessible to the non-using partner, so partners who wish to leave and their children can plan a departure from the relationship with the risk of ending up "on the streets."

Women may benefit from participating in an intervention through which they can spend time with other women in similar life situations. A multi-session group project would allow for sharing and peer mentoring among a group that may infrequently have this opportunity. Individuals whose partners are IDUs can benefit from specialized group level interventions that go beyond safer sex information to encompass negotiation skills, harm reduction and personal safety in relationships.

Men who have male partners but do not identify as gay may be more likely to have anonymous partners. HIV may be regarded as a homosexual disease, making MSM more likely to deny sex with males and claim to be heterosexual. Often men are raised to believe that men do not acknowledge illness or risks and become reluctant to seek health care.

Partners of MSM are at particular risk of HIV infection. Programs that appeal to men and sexuality in general may be more effective in reaching heterosexual men than those that identify MSM as the audience or those that appear to focus on HIV prevention. Interventions designed to reach heterosexual men should address health and well-being and the need to advocate for their own health care.

Peer-led groups focusing on risk reduction are effective because they provide proof of peer buy-in; heterosexual men see other men in their community participating and may then be more likely to participate themselves. Peer-led groups are especially effective if the target groups are men who have been released from incarceration.

Recruiting men to be peer leaders may be more successful if they approached through and encouraged by employers, mentors, spiritual leaders, social groups, or female partners than if approached individually.

Group level interventions need to be tailored to the lives and schedules of the participating individuals and peer-led sessions add credibility to the intervention, as well as empower the participants. The goal would be that the intervention would eventually be entirely peer-led, with service providers giving guidance, but not actively leading the sessions.

III. Project Goals

One of the goals of this project is to effect behavioral change within the underserved population sector of heterosexual Latino men and women who are at risk of HIV infection. This population has experienced barriers to accessing health and social services resources related to the prevention of HIV infection. These barriers exist in the forms of a general level of poverty within this population, cultural insensitivity, language limitations, lack of job related resources, and lack of medical care access.

An additional goal will be to empower this population with risk-free behavior skill building. Components of skill building will include developing the ability to identify their individual risk environments and behaviors, to learn alternative risk-free behaviors, and ultimately to share their knowledge with their peers and others in similar environments.

These goals will be accomplished through direct client service to include individual level interventions, group level interventions, and outreach. These goals will be accomplished indirectly through the use of health communications and public information dissemination.

Ultimately there will be a sustainability of the goals and activities of this project as the targeted population learns new and healthy behaviors and shares them with their peers after the completion of this project.

Individual level interventions will utilize a client-centered approach which includes engaging the client in three individual counseling sessions. The first session will be in the form of an interview to evaluate the client's environment and level of risk exposure utilizing the Behavioral Risk Assessment Tool (BRAT.) Based on the results of that assessment the needs of the client will be prioritized. Referrals to appropriate community and health resources will be offered to the client as necessary.

During the second individual session, the client will be provided with printed HIV infection, STD, and HCV risk education materials. This session will also provide condom negotiation and demonstration skills.

The third session will consist of a follow-up interview to re-evaluate the client's environment and level of risk exposure utilizing BRAT. Additional referrals to community resources will be offered as appropriate and as necessary, additional sessions with each client may be scheduled.

Incentives will be offered to clients to encourage participation in all scheduled sessions. These incentives may include child care during the interview sessions, bus fare, food certificates, and others.

Participants of individual level interventions will be encouraged to also participate in group level interventions as well as other clients. The activities of group level interventions will include open discussions about topics suggested by participants such as safe sex practices, drugs and alcohol, HIV, STD, HCV and how they may be inter-related and affect their individual safety. At this level of intervention the individuals may share personal experiences which may benefit others in the group. Additionally access to health and community resources would be discussed.

Groups would be encouraged to attend consecutive sessions where new or recurring topics may be discussed. The aim would be to maintain an average group size of five to ten participants. Individuals in the group may be encouraged to participate in individual intervention sessions if they have not participated at that prior to joining the group.

Incentives will be offered to participants similar to those offered at the individual level, An open and friendly atmosphere will be maintained to encourage freedom of discussion. Refreshments may be offered.

All intervention sessions, whether at the individual or group level, will be conducted in complete confidence. The importance of confidentiality is so crucial to the success of these sessions that the intervention leaders will reinforce that aspect during all sessions.

Sessions will also be conducted in English or Spanish depending on the language commonly spoken by participants. Additionally demographic information will be collected on all participants to include sex, age, ethnic origin, address, and other information.

The third goal of this project will be to inform the target population in general about healthy and risk-free sexual behavior. This will be in the form of health communications and public information through the distribution of printed materials at various locations throughout the targeted area.

Individual participants from GLI sessions who have demonstrated leadership potential and an understanding of the discussion topics will be enlisted to act as peer leaders for successive GLIs. Peer-led groups are recognized to be more effective with some groups of individuals, particularly groups of men.

Those peer leaders will be invited and encouraged to attend training sessions in risk behavior and group leadership. The goal of enlisting the assistance of peer leaders is not only to increase the effectiveness of group sessions but to develop leadership within the targeted populations that may continue outside of the scheduled GLIs and after this project has reached completion.

Agency representatives will be available for speaking engagements at various community meetings as well as engaging representatives of collaborating agencies. Additionally the agency will publish public service announcements in the local printed media, particularly those newspapers specifically targeted at the Latino community, The Spanish Journal, The Spanish Times, and El Conquistador.

Anticipated measurable outcomes

Individual Level Interventions (ILI)

<i>Activity</i>	<i>Number of Clients</i>	
	<i>Year 1</i>	<i>Year 2</i>
Number engaging in initial ILI:	150	200
Number engaging in second ILI:	90	120
Number engaging in third ILI:	75	100
Number completing BRAT #1:	150	200
Number completing BRAT #2:	75	100
Number with some behavior change between BRAT #1 and BRAT #2:	25	30
Number able to demonstrate a risk reduction skill:	25	30
Referrals to community agencies and health care providers:	50	60
CTS (counseling testing services for HIV) referrals:	25	35

Service delivery mode:

- ILI with goal of 3 sessions per client
- ILI with goal of 1 initial BRAT per client and 50% follow-up BRAT

Time of day;

- 9AM TO 5PM, Mondays through Fridays, or as needed by client

Service area;

- Zip codes: 53204, 53207, 53215

Setting / location:

- Latino Health Organization office or other location requested by client

Anticipated measurable outcomes

Group Level Interventions (GLI)

<i>Activity</i>	<i>Number of Clients</i>	
	<i>Year 1</i>	<i>Year 2</i>
Number GLI sessions per year:	10	12
Number participants, each GLI:	10	10
Total number participating in at least one GLI:	50	55
Number attending one session and Returning for at least 4 more sessions:	4	4
Number attending sessions invited by Gatekeepers:	8	10
Referrals to community agencies and health care providers:	30	35
CTS (counseling testing services for HIV) referrals:	20	25

Time of day;

- Evening hours, Mondays through Fridays, or weekend days

Service area;

- Zip codes: 53204, 53207, 53215

Setting / location:

- Latino Health Organization office or other locations

IV. Evaluation

Charts will be maintained for each participant of the Individual Level Intervention sessions. Information from client charting will be used to compile data in a master data base of all participants and to prepare narrative reports.

BRAT will be completed for all participants of the initial ILI session and will be repeated for those participants during their third ILI session. BRAT will be available in Spanish or English as required by individual participants.

Pre and post-surveys will be completed for all participants completing three sessions to determine knowledge of risk behaviors and changes in risk behavior. Surveys will remain a part of individual charts as well as BRAT results.

Charts and data base will include participant demographic information as well as number of referrals offered to other community agencies and health care providers and the number of those referrals that were completed by participants.

Group Level Intervention sessions will be monitored for data gathered at each session. Information to be recorded will include the number of participants at each of the sessions, the number of participants returning to subsequent sessions and the frequency of attendance by repeat clients.

Additional collected data for GLI will include the number of participants brought to the sessions by gatekeepers, the number of self-referred participants, and those participants referred by other agencies and sources. Topics discussed at each session will be noted as well as recommendations for future topics.

GLIs will be tracked regarding the number and types of referrals of participants to other community agencies and health care providers. Specifically the number of referrals to counseling testing services for HIV will be recorded for ILI and GLI sessions.

Individual participants in ILI and GLI sessions will be asked during informal discussions for feed-back on the effectiveness of their participation as well as suggestions for future sessions. Similar discussions will also take place with gatekeepers.

Project personnel will periodically review literature on the target population as well as updated information regarding intervention curriculum. Additional training sessions will be attended by personnel in an effort to continually evaluate the effectiveness of the project and refine the process.

Throughout the first year and particularly as the first year nears completion all of the data and reference material collected will be used to evaluate the overall effectiveness of the project in order to make necessary and recommended changes to the project as it enters the second year.

V. Community sensitivity, involvement and support

Latino Health Organization (LHO) is entering its 20th year of providing health related services to the Milwaukee Latino community and the near south side. Recognizing that many individuals have and are yet experiencing barriers to accessing health care, LHO has provided interpreters for Spanish speaking individuals and families in health care environments as well as legal and social service.

Beyond those direct services to individuals, LHO has been involved in numerous initiatives that have promoted access to health care for Spanish speaking individuals including the distribution of printing materials about various health topics and sponsoring focus groups to address specific health care topics.

The success of LHO's activities can be attributed to a number of factors. LHO has collaborated with strong partners to provide input and guidance in the development stages of projects as well as throughout the duration of projects. LHO's current staff and a majority of the current Board Directors are of Latino origin. All Latino staff and Board members are bilingual Spanish and English. Printed materials distributed to the community are almost always available in Spanish and English; if Spanish versions are not available, LHO staff members most often develop Spanish versions.

LHO's services have been available to all people of Milwaukee's near south side, regardless of ethnic background or income. Clients served have included individuals with origins from many Spanish speaking countries including Mexico, Puerto Rico, the Dominican Republic, South and Central American countries, as well as African Americans, Caucasians, and people of Asian origin.

Throughout its history LHO has collaborated with many private and government agencies in its efforts to accomplish the mission of the organization. Among collaborating partners are the City of Milwaukee Health Department, State of Wisconsin Department of Health and Family Services, Milwaukee Public Schools, Medical College of Wisconsin, Visiting Nurse Association, 16th Street Community Health Center, and the Aids Resource Center of Wisconsin.

As it has in the past LHO will seek the assistance of strong partners throughout the planning and execution of this project. It will look primarily to the Aids resource Center of Wisconsin for potential training of project personnel. Additionally printed material to be distributed to intervention session participants and the community at large will be sought from ARCW, City of Milwaukee Health Department, CDC and other sources.

LHO will invite outside agencies to review the progress of this project and will seek input from those sources to improve the effectiveness of the activities. Additionally LHO will utilize many agencies as resources to refer clients and intervention session participants for additional consultation, testing, and follow-up treatment and care. Among those agencies will be:

- Aids Resource Center of Wisconsin
- 16th Street Community Health Center
- United Community Center for AODA
- Womens' Center
- La Causa Family Resource Center
- Milwaukee County for GAMP enrollment and social service
- City of Milwaukee Health Department

VI. Description of Applicant

The Latino Health Organization, Inc. (LHO), incorporated in 1993 as a private, non-profit organization, has grown to meet the gaps in health care prevention, education and treatment for Milwaukee's Latino community. In 1994, LHO developed its signature program, the Health Promoters Program, which trains indigenous community leaders and volunteers to provide health promotion, outreach and education on health care issues important to Latino men, women and children. LHO has also initiated collaborative programming with several community-based organizations as well as health care facilities and teaching/research institutions. Collaboration has resulted in the creation of services such as immunization outreach and education, prenatal care coordination, and language translation and interpretation for community members as well as health care institutions. The goal of the organization is to promote healthy behaviors and environments as well as provide job opportunities for Health Promoters who want to remain with LHO as employees.

The mission of the Latino Health Organization (LHO) is to improve the quality of life for people of Latin descent by promoting healthy behaviors and environments. The agency provides leadership, research and community education on health issues affecting Milwaukee's Latino community which totals more than 70,000 individuals (more than 10% of the city's residents) and over 100,000 throughout Southeastern Wisconsin. The Latino community also represents the fastest growing population segment in the area.

LHO was formed in response to needs assessments that indicated that non-English speaking health care patients have a serious problem accessing or discussing their health care needs with medical personnel. The primary purpose of LHO is preventive health care designed to increase the understanding of the health care system and to promote appropriate utilization of health care facilities and services for consistent long-term health and wellness of individuals and families.

The Latino Health Center reaches more than 2,500 individuals and their families with health education and promotion services on an annual basis. LHO has been involved in collaborative projects with many organizations including the City of Milwaukee Health

Department and the Immunization Outreach Program, The State of Wisconsin Health Check Project, Milwaukee Public Schools Immunization Outreach Project, Medical College of Wisconsin HIV Outreach and Prevention Program and Visiting Nurse Association "Shoo the Flu" project.

The Latino Health Organization has also been involved with the 16th Street Community Health Center in the HIV Outreach Project, and The Planning Council of Milwaukee and UW-Milwaukee Urban Research Center in the Survey and data collection of the Latino population in Milwaukee. LHO currently provides the Aids Resource Center of Wisconsin (ARCW) with a full time bilingual HIV case manager and regularly provides interpreters to the Visiting Nurse Association of Wisconsin, Milwaukee County, Lutheran Social Service, and the Bureau of Milwaukee Child Welfare.

During the last year LHO has collaborated with IQ Solutions and NEI staff to host Focus Groups for the Latino Community regarding eye health care awareness. The focus was on various groups within the Latino community, i.e., Central American, Southern American, Caribbean, Puerto Rican and Mexican. Latino Health Organization also hosted Focus Groups for the National Campaign on Immunization and collaborated with HMA and Associates for this project. That project focused on young Latina mothers. For both of these projects separate focus groups were conducted for predominately English speaking persons and for predominately Spanish speaking persons.

Most recently Latino Health Organization collaborated with Prevent Blindness Wisconsin to provide an eye care information and glaucoma-screening booth at Milwaukee's Mexican Fiesta, an annual three-day event that was attended by 70,000 people this year. A wide variety of literature in Spanish and English was distributed to visitors at the booth. Literature was provided to LHO for this event by the American Diabetes Association, GlaxoKleinSmith, NEI and IQ Solutions.

Attachments:

- Combined 2000 and 2001 Audit
- Unaudited Financial Statements, January through September, 2002
- Current roster of Board of Directors

**CITY OF MILWAUKEE HEALTH DEPARTMENT
MILWAUKEE AIDS INITIATIVE
EXHIBIT II
2003 BUDGET**

AGENCY NAME: |

LATINO HEALTH ORGANIZATION

PROJECT TITLE: |

HRH HIV INTERVENTION

Number of Positions	FTE Equivalent	Line Description	Monthly Salary	TOTAL
		PERSONNEL COSTS (Include positions title(s) here)		
1	1	INTERVENTION COUNSELOR	2253.33	27040.00
1	.15	PROGRAM DIRECTOR	562.50	6750.00
		TOTAL PERSONNEL COSTS		\$33790.00
		FRINGE BENEFITS (Include fringe benefit rate for your agency)		
		EMPLOYER PAID FICA/MEDICARE, ST. UI, WRE COMP. INS., GROUP HEALTH INS.	24.0%	7830.00
		TOTAL FRINGE BENEFITS		\$7830.00
		SUPPLIES AND MATERIALS (Include brief description and amount of supply items)		
		PARTICIPANT INCENTIVES: FOOD COUPONS, BUS PASSES ETC @ \$1.50/month	1500.00	1800.00
		TOTAL SUPPLIES AND MATERIALS		\$1800.00
		SERVICES (Include brief description and amount of service)		
		CHILD CARE FOR PARTICIPANTS @ \$200/month	200.00	2400.00
		PROJECT CONSULTANTS @ \$300/month	300.00	3600.00
		TOTAL SERVICES		\$6,000.00
		EQUIPMENT (Include brief description and amount of each equipment item)		
		TOTAL EQUIPMENT		\$

EXHIBIT 11, PAGE 2

Number of Positions	FTE Equivalent	Line Description	Monthly Salary	TOTAL
		OTHER COSTS		
		TELEPHONE @ \$75/MONTH	75.00	900.00
		OFFICE AND MEETING SPACE @ \$75/MONTH	75.00	900.00
		MILEAGE REIMBURSEMENT AND TRAVEL @ \$40/MONTH	40.00	480.00
		PRINTING + DUPLICATION		300.00
		TOTAL OTHER COSTS		
		INDIRECT COSTS (if applicable) (please attach backup document for any indirect cost calculations included)		2,580.00
		TOTAL INDIRECT COSTS		\$
		TOTAL COSTS		\$52,000.00

OTHER SOURCES OF INCOME (if applicable) (Both anticipated or confirmed)				
		TOTAL OTHER SOURCES OF INCOME		\$

NOTES:

- * Include additional pages if necessary with header page including totals of each budget area.
- * Budget document available by email attachment on Excel by contacting Yvette Rowe at 286-3997
- * Attach documentation of 501(c)(3) status for your agency and annual fiscal report

CITY OF MILWAUKEE HEALTH DEPARTMENT
MILWAUKEE AIDS INITIATIVE
EXHIBIT III
2004 BUDGET

AGENCY NAME: |

LATINO HEALTH ORGANIZATION

PROJECT TITLE: |

ARH HIV INTERVENTION

Number of Positions	FTE Equivalent	Line Description	Monthly Salary	TOTAL
PERSONNEL COSTS (Include positions title(s) here)				
1	1	INTERVENTION COUNSELOR	234	2812.60
1	.15	PROGRAM DIRECTOR	562.30	6,750.00
TOTAL PERSONNEL COSTS				\$34,871.60
FRINGE BENEFITS (Include fringe benefit rate for your agency)				
		EMPLOYER FICA/MEDICARE ST. U.I., WRLC COMP. INS., GROUP HEALTH INS.	2.3%	7948.40
TOTAL FRINGE BENEFITS				\$7948.40
SUPPLIES AND MATERIALS (Include brief description and amount of supply items)				
		PARTICIPANT INCENTIVES: FOOD COUPONS, BUS PASSES, ETC. @ 125/month	125.00	1500.00
TOTAL SUPPLIES AND MATERIALS				\$
SERVICES (Include brief description and amount of service)				
		CHILD CARE FOR PARTICIPANTS @ 150.00/month	150.00	1800.00
		PROJECT CONSULTANT(S) @ 300.00/month	300.00	3600.00
TOTAL SERVICES				\$5,400.00
EQUIPMENT (Include brief description and amount of each equipment item)				
TOTAL EQUIPMENT				\$

EXHIBIT III, PAGE 2

Number of Positions	FTE Equivalent	Line Description	Monthly Salary	TOTAL
		OTHER COSTS		
		TELEPHONE @ \$75/MONTH	75.00	900.00
		OFFICE AND MEETING SPACE @ \$75/MONTH	75.00	900.00
		MILEAGE REIMBURSEMENT + TRAVEL @ \$40/MONTH	40.00	480.00
		TOTAL OTHER COSTS		2,280.00
		INDIRECT COSTS (if applicable) (please attach backup document for any indirect cost calculations included)		
		TOTAL INDIRECT COSTS		\$
		TOTAL COSTS		\$52,000.00

OTHER SOURCES OF INCOME (if applicable) (Both anticipated or confirmed)				
		TOTAL OTHER SOURCES OF INCOME		\$

NOTES:

- * Include additional pages if necessary with header page including totals of each budget area.
- * Budget document available by email attachment on Excel by contacting Yvette Rowe at 286-3997
- * Attach documentation of 501(c)(3) status for your agency and annual fiscal report