Empowering Women Through Peer Support at the Kaleidoscope Center

2026 Women's Giving Circle - Competitive Grant Cycle

Wisconsin Milkweed Alliance, Inc.

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Application Form

Instructions
INSTRUCTIONS

Complete the grant application by responding to the fields below. Note that any fields with an asterisk are required fields and must be completed prior to submitting an application.
As you complete the form, the system will auto-save every 100 characters typed or every time you click out of a field. You may collapse question groups as you go, as an indicator to yourself that you've completed that section and to reduce scrolling.

The system also allows you to Save an application and come back to it before submitting. There is also a Collaborator feature that allows applicants to work together on a single request. https://docs.google.com/document/d/15NsdFgi3lBmBu0_pp1zj2HZ51I4mx8Wryjrx4FYOmdg/edit?usp=sharingContact the Community Foundation at (715) 232-8019 if you have any questions or problems with the form.

Request Overview

Project Title*
Please provide a descriptive Name/Title for this grant request.

Empowering Women Through Peer Support at the Kaleidoscope Center

Amount Requested*
Typical grant amounts range from $500 to $5,000 or more.

$5,000.00

Program Area*
Please check the program area that best categorizes this grant request.

Human Services

Geographic Area Served*
Please select which geographic area is primarily being served by this request.

Dunn and surrounding county/counties

Age Group Served*

Please select the specific age group served by this grant request.

Working-age Adults

Income Level Served*

Please select the income level of the target population being served by this request.

All income levels

Non Discrimination Policy*

In accordance with federal regulations, the Community Foundation of Dunn County does not discriminate based on race, color, creed, sex, religion, age, disability, sexual orientation, marital status or national origin. Do the applicant organization's employment and service practices comply with this policy?

Yes

About Your Organization

1. Organization Overview*

Please provide a brief background about your organization, including a short summary of the organization's history, mission, goals, accomplishments, and challenges.

Wisconsin Milkweed Alliance, Inc. (WIMA) is a peer-run nonprofit serving Dunn County and surrounding communities through compassionate, nonjudgmental support for individuals experiencing mental health challenges, substance use concerns, trauma, recovery, and life stressors. WIMA was founded on the belief that healing happens through connection and shared lived experience.

WIMA's mission is to create space for people to be seen, heard, and supported through peer connection, radical acceptance, and community-rooted care—on their own terms. Through peer-led services grounded in lived experience, mutuality, and self-determination, WIMA works to reduce isolation, improve well-being, and strengthen resilience for individuals and families.

WIMA currently operates several programs in Dunn County, including Monarch House Peer Run Respite, a voluntary peer-based alternative to hospitalization; a 24/7 Warmline; Mobile Outreach Peer Support (MOPS); a Public Health Vending Machine; and the Kaleidoscope Center in Menomonie. Kaleidoscope Center provides peer support, wellness activities, support groups, resource navigation, and community connection in a welcoming, stigma-free environment.

Many women served by WIMA navigate mental health challenges, recovery, parenting stress, trauma, grief, financial instability, or social isolation. WIMA's peer-led model helps women build confidence, supportive relationships, coping skills, and connections to resources that strengthen long-term wellness for themselves and their families.

WIMA has supported hundreds of individuals through thousands of peer support interactions while building strong partnerships with local healthcare providers, schools, county agencies, and community organizations. Like many rural nonprofits, WIMA faces challenges including increasing service demand, transportation barriers, stigma, and limited sustainable funding, yet remains committed to strengthening wellness, hope, and belonging across Dunn County.

2. Current Initiatives*

Please describe your current programs, activities, community impact and the community's involvement or support of your organization.

Wisconsin Milkweed Alliance, Inc. (WIMA) operates several peer-led programs that strengthen wellness, resilience, and community connection across Dunn County. Through all services, WIMA works to reduce isolation, increase access to support, and help individuals build stability during difficult life circumstances. WIMA's programs include the Kaleidoscope Center in Menomonie, Monarch House Peer Run Respite, a 24/7 Warmline, Mobile Outreach Peer Support (MOPS), and a Harm Reduction Public Health Vending Machine. Together, these programs provide low-barrier support for individuals experiencing mental health challenges, substance use concerns, trauma, grief, recovery, housing instability, family stress, and other life disruptions.
The Kaleidoscope Center serves as a welcoming community hub where individuals can access peer support, wellness activities, support groups, social connection, resource navigation, and recovery-oriented programming. Women frequently access the Center while navigating caregiving responsibilities, recovery, relationship challenges, financial stress, social isolation, and emotional wellness needs. Through peer connection and supportive relationships, women gain encouragement, practical resources, coping skills, and a stronger sense of belonging that positively impacts both themselves and their families.
Monarch House Peer Run Respite provides a voluntary, peer-based alternative to hospitalization for individuals experiencing emotional distress or crisis. The Warmline offers 24/7 emotional support over the phone from trained peers with lived experience, ensuring community members always have someone to talk to. MOPS expands access to care by bringing peer support directly into the community, helping individuals connect to services and resources in ways that feel safe and accessible.
WIMA has supported hundreds of individuals through thousands of service interactions while building strong collaborations with healthcare providers, schools, Dunn County Human Services, law enforcement diversion efforts, treatment providers, community organizations, and local nonprofits. Community support has been instrumental to WIMA's growth through volunteers, donated goods, partnerships, local fundraising, and philanthropic investment.
The community continues to demonstrate strong belief in WIMA's work because services are welcoming, stigma-free, and built on trust. By centering lived experience and peer connection, WIMA helps individuals—and especially women and caregivers facing significant stressors—build hope, confidence, and pathways toward greater stability and self-sufficiency.

3. Organizational Structure*

Describe the current structure of your organization, including how the organization functions on a daily basis. (CEO, staff, volunteers, etc.)

Wisconsin Milkweed Alliance, Inc. (WIMA) is a peer-run nonprofit organization governed by a Board of Directors and led by an Executive Director, Program Director, and Financial Director who oversee daily operations, strategic planning, partnerships, financial stewardship, staff supervision, and program development. WIMA's organizational structure is intentionally collaborative and rooted in lived experience, ensuring services remain responsive to community needs.
WIMA employs trained peer support staff across its programs, including the Kaleidoscope Center, Monarch House Peer Run Respite, Warmline, and Mobile Outreach Peer Support (MOPS). Staff members bring lived experience with mental health, substance use, trauma, recovery, or other life challenges, allowing them to provide compassionate, person-centered support grounded in empathy, mutuality, and hope.
On a daily basis, WIMA staff provide peer support, facilitate groups and wellness activities, answer Warmline calls, assist individuals with resource navigation, coordinate referrals, conduct outreach, maintain safe and welcoming spaces, and collaborate with community partners. Staff regularly engage individuals who may be disconnected from traditional systems of care, helping them identify strengths, build confidence, and access meaningful supports.

The Kaleidoscope Center functions as a community hub where trained peer supporters facilitate wellness activities, support groups, and one-on-one peer engagement in a welcoming, stigma-free environment. Many participants—particularly women navigating caregiving responsibilities, recovery, mental health challenges, trauma, or financial stress—benefit from consistent support, encouragement, and opportunities to build healthy community connections.

WIMA also relies on community volunteers, partnerships, and collaborative relationships to strengthen its impact. Volunteers assist with events, programming, outreach, and resource support, while partnerships with healthcare providers, schools, county agencies, treatment providers, and community organizations enhance referral pathways and service coordination.

WIMA's daily operations are guided by strong policies, financial oversight, staff supervision, and a commitment to accountability, accessibility, and high-quality peer support. This structure enables WIMA to respond flexibly to community needs while maintaining a safe, sustainable, and effective system of support for Dunn County residents.

About the Grant

What is the community need that this request addresses?

Dunn County faces a growing need for accessible, low-barrier mental health, recovery, and community support services—particularly for women navigating significant life stressors. Many women in our community are balancing caregiving responsibilities, parenting, employment pressures, financial instability, trauma, grief, recovery, relationship challenges, social isolation, and mental health concerns while struggling to find safe, affordable, and welcoming spaces for support.

Traditional systems of care can feel difficult to access due to cost, stigma, transportation barriers, waitlists, limited availability, or fear of judgment. Women experiencing emotional distress or recovery challenges often report feeling isolated and disconnected, especially in rural communities where opportunities for meaningful social support may be limited.

This request addresses the need for a welcoming, stigma-free space where women can access peer support, build healthy relationships, strengthen coping skills, and reconnect with community. Through Kaleidoscope Center, women can find encouragement, practical resources, wellness activities, support groups, and compassionate peer connection from people with shared lived experience.

When women are supported, families and communities become stronger. By helping women build resilience, confidence, and social connection, Kaleidoscope Center also supports greater stability for individuals, children, caregivers, and households across Dunn County.

Project Goals and Activities*

Describe the specific goals and activities of your project and how they will be carried out or accomplished.

The goal of this project is to strengthen the emotional wellness, resilience, and social connection of women in Dunn County by expanding access to welcoming, low-barrier peer support and wellness opportunities through the Kaleidoscope Center in Menomonie. This project seeks to reduce isolation, increase stability, and help women build confidence, coping skills, and meaningful support networks during difficult life circumstances.

Through this project, the Kaleidoscope Center will provide a safe, stigma-free environment where women can access peer support, wellness activities, support groups, and resource navigation at no cost. Women accessing the Center may be navigating mental health challenges, recovery, trauma, grief, caregiving stress, financial hardship, relationship instability, parenting demands, or social isolation.

Project goals include:

1. Increase access to peer support and emotional wellness resources for women in Dunn County. Women will have access to one-on-one peer support, informal mentoring, community connection, and assistance navigating local resources in a setting grounded in trust, empathy, and shared lived experience.
2. Reduce social isolation and strengthen healthy support networks. The Kaleidoscope Center will offer peer-led groups, wellness activities, creative opportunities, and community-building events that encourage belonging, confidence, and mutual support among participants.
3. Support women in building resilience and greater self-sufficiency. Through connection to resources, skill-building opportunities, emotional support, and increased social connection, women will be better equipped to navigate challenges, advocate for themselves, and improve overall wellness for themselves and their families.
Activities will include peer-led support groups, wellness programming, resource navigation, social connection opportunities, recovery-oriented supports, and individualized peer engagement. Trained peer supporters with lived experience will facilitate activities and provide encouragement, practical guidance, and compassionate listening.
Project success will be measured through participation, engagement, participant feedback, and stories of increased connection, confidence, and improved well-being. By strengthening women's wellness and support systems, this project will positively impact families and the broader Dunn County community.

Project Outcomes*

Describe the anticipated outcomes resulting from this grant project, its impact and how the community will be better served.

This project will increase access to meaningful peer support, wellness opportunities, and community connection for women in Dunn County who may otherwise experience barriers to support. Through participation in the Kaleidoscope Center, women will experience greater emotional wellness, reduced isolation, increased confidence, and stronger support networks that help them navigate life's challenges.
Anticipated outcomes include:
Increased emotional wellness and resilience. Women accessing the Kaleidoscope Center will have opportunities to strengthen coping skills, receive peer encouragement, and build emotional supports that help them better manage mental health challenges, recovery, grief, trauma, caregiving stress, and other life disruptions.
Reduced isolation and stronger social connection. Many women seeking support report feeling disconnected or alone. Through peer relationships, support groups, wellness activities, and community engagement, participants will develop meaningful connections and a stronger sense of belonging, reducing loneliness and increasing hope.
Improved access to resources and greater self-sufficiency. Women will receive support navigating community resources, identifying strengths, setting personal goals, and building confidence to advocate for themselves and their families. Increased connection to local supports may improve housing stability, emotional wellness, recovery outcomes, and overall quality of life.
Positive impact on children and families. When women feel supported, families benefit. Women experiencing greater stability and wellness are better positioned to care for children, maintain healthy relationships, and contribute positively within their households and communities.
A stronger, healthier community. By offering a welcoming, stigma-free environment grounded in peer support and lived experience, the Kaleidoscope Center helps reduce barriers to care while strengthening community wellness. Participants become more connected, supported, and engaged, contributing to a more compassionate and resilient Dunn County.
Success will be measured through participation, engagement, participant feedback, and stories demonstrating increased confidence, connection, hope, and overall well-being among women served through the project.

Sustainability*

Please describe how you will fund and continue to sustain these activities beyond the grant period.

Wisconsin Milkweed Alliance, Inc. (WIMA) is committed to sustaining the Kaleidoscope Center and its peer-led supports beyond the grant period through a diversified funding strategy, strong partnerships, and community investment. WIMA actively pursues a combination of grants, private donations, fundraising efforts, corporate and foundation support, and local partnerships to maintain and expand services. Kaleidoscope Center is part of WIMA's broader continuum of peer support programming, allowing organizational infrastructure, staffing, partnerships, and operational resources to be shared across programs to maximize sustainability and efficiency. WIMA has demonstrated success securing funding from local foundations, county partnerships, private donors, and state-supported initiatives that strengthen community wellness and recovery supports.
WIMA also benefits from strong community involvement through volunteers, donated goods, collaborative partnerships, and in-kind support to help reduce operational costs and strengthen program reach. Relationships with healthcare providers, community organizations, and county agencies further support long-term program stability through referrals, coordination, and shared investment in community well-being. Funding from the Women's Giving Circle would help strengthen and expand services during the grant period while positioning WIMA to pursue additional funding opportunities to continue and grow supports for women and families in Dunn County.

Staff - Project Summary*

Grant Project Budget

Anticipated Project Income*

Please list out all anticipated sources of income for this specific grant project with amounts and whether the funding is approved or pending.

Ex: Dunn Energy Cooperative: $1,000 - Approved

Wisconsin Department of Health Services Peer Recovery Center (PRC) Funding: $30,000 – Approved
Menomonie Police Department (MPD) Community Oriented and Substance Use Response Support: $39,000 – Approved
Vital Strategies/Opioid Settlement Support: $25,000 – Approved
State Crisis Intervention Program Suicide Prevention Initiatives: $35,000 – Approved
Wisconsin Milkweed Alliance General Operating/Unrestricted Funds: $10,000 – Approved
Community Donations and Individual Giving: $5,000 – Pending/Ongoing
Corporate and Foundation Support: $10,000 – Pending
Women's Giving Circle of Dunn County Request: $5,000 – Pending

Total Project Expenses*

What are the total expenses for this particular grant project? This may be more than your grant request amount and helps us to understand if the Foundation is funding a portion of the project or the full cost of the project.

$159,000.00

Project Expenses Description*

Please itemize the expenses for this grant project, including a short description of each item and the anticipated cost. (Personnel, Materials and Supplies, etc.) If this grant is to cover a portion of the project, please list all expenses of the project and then specify which expenses you anticipate being supported by this CFDC grant.

The Kaleidoscope Center project includes personnel, program supplies, wellness resources, and operational supports necessary to provide welcoming, low-barrier peer support services for women and families in Dunn County.
Personnel/Peer Support Staff: $125,000
Funding supports trained peer support staff who provide one-on-one peer support, facilitate groups and wellness activities, offer resource navigation, and create a safe, welcoming environment for participants. Staff are central to relationship-building, emotional support, and helping women strengthen coping skills, resilience, and community connection.
Program Supplies and Wellness Activities: $9,500
Supplies used for peer support groups, wellness programming, creative activities, recovery supports, community-building events, and participant engagement.
Women's Hygiene and Wellness Supplies: $3,500
Provides women-specific hygiene products and wellness items to help address barriers to participation and support dignity, health, and stability for women accessing the Kaleidoscope Center.
Facility Rent and Utilities: $21,000
Supports maintaining a safe, welcoming, and accessible community space where peer support services and activities can occur. This includes facility rent ($1,100/month) and utilities ($650/month).
Women's Giving Circle Request – $5,000 (Portion of Project Costs):
Funds requested from the Women's Giving Circle will specifically support peer support staff time at $17.50/hour plus fringe benefits (9.45%) to provide direct support and wellness programming for women at the Kaleidoscope Center. Grant funds will also support women-specific hygiene supplies, helping reduce barriers to wellness and ensuring women have access to essential items that support dignity, confidence, and self-sufficiency.

Project Budget Upload

(Optional) You may upload a separate file of your own, representing this grant request's Project Budget. For help creating the document, you can click here to download our Grant Project Budget template.

WGC Kaleidoscope Project Budget.xlsx - Project Budget.pdf

Letter of Support

(Optional) Letters of Support are optional, unless another organization or individual is integral to the purchase or use of the program and/or is a fiscal sponsor. Then it is required.

Additional Supporting Documents

(Optional) You may upload additional supporting documents to your request. If this grant request is to purchase a specific item or equipment, please upload a financial quote or spec sheet about the item here.

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Staff - Project Budget Summary*

Brief sentence about how the grant budget is broken down by item.

Required Organization Financials

Current Board of Directors*

Please upload a list of your current Board of Directors.

WIMA Board Contact List.pdf

Organizational Budget*

Please upload your organization's most recent Operating Budget with projected revenues and expenses.

CY26 WIMA Annual Budget (1) (1).xlsx

Audited Financials

Please upload a copy of your organization's current Audited Financial Statement. If you are not required to prepare an audited financial statement, please skip this upload and see the Audit Upload Opt-Out.

2024 Audit Report (1).pdf

Audit Upload Opt-Out

Under Wis. Stat. § 202.12| a charitable organization with annual contributions over $500,000 must file an audited financial statement and include the opinion of an independent CPA. A charitable organization with annual contributions less than $500,000 and over $300,000 must file a financial statement reviewed by an independent CPA. If you do not upload an audit or financial statement, please verify that your organization is not required to based on this state statute.

Proof of 990 Filing*

Please upload proof of current IRS 990 Filing. You may upload the first page only; the full 990 document is not required.

990 2024.pdf

Authorization

Applicant Agreement*

As the applicant submitting this request on behalf of the organization, you certify that:

- **The information provided in this application is complete and accurate to the best of your knowledge.**
- **Falsification of information will result in termination of any award granted.**
- **You have discussed this project and grant request with the necessary authorized representatives at your organization. They support this request and the proposed allocation of funding.**

If awarded a grant, the organization will:

- **Carry out the activities and expend grant funds as described in the proposal, to the best of their ability.**
- **Submit significant changes in the scope or budget of the project to the Foundation for approval.**
- **Complete and submit written reports as required no later than 12 months from the date the grant is awarded.**
- **Acknowledge the role of the Community Foundation of Dunn County in supporting the organization in communications with their board and the public.**
- **Provide copies of all publicity, press releases or promotional materials. If available, provide photos in digital format.**

I agree

File Attachment Summary

Applicant File Uploads

- WGC Kaleidoscope Project Budget.xlsx - Project Budget.pdf
- WIMA Board Contact List.pdf
- CY26 WIMA Annual Budget (1) (1).xlsx
- 2024 Audit Report (1).pdf
- 990 2024.pdf

Women's Giving Circle of Dunn County
Kaleidoscope Center Project Budget
Wisconsin Milkweed Alliance, Inc.

Project Income		
Wisconsin DHS Peer Recovery Center (PRC) Funding	$30,000	Approved
Menomonie Police Department (MPD) COSSUP Support	$39,000	Approved
Vital Strategies/Opioid Settlement Support	$25,000	Approved
State Crisis Intervention Program Suicide Prevention Initiatives	$35,000	Approved
WIMA General Operating/Unrestricted Funds	$10,000	Approved
Community Donations and Individual Giving	$5,000	Pending/Ongoing
Corporate and Foundation Support	$10,000	Pending
Women's Giving Circle of Dunn County Request	$5,000	Pending
Total Project Income	$159,000	

Project Expenses	
Personnel/Peer Support Staff	$125,000
Program Supplies & Wellness Activities	$9,500
Women's Hygiene & Wellness Supplies	$3,500
Facility Rent & Utilities	$21,000
Total Project Expenses	$159,000

Women's Giving Circle Request Use	
Peer Support Staff Time	$4,000
Women's Hygiene Supplies	$1,000
Total Grant Request	$5,000

WIMA Board of Directors

Last updated November 2025

Role	Name	Address	Phone	Email
Chair	Melissa (Mel) Smith-Tourville	E2496 350th Ave, Menomonie, WI 54751	715-309-8046	melsmithtourville@gmail.com
Vice Chair	Seren Grace	E1961 250th Ave, Elmwood, WI 54740	209-402-4875	serengrace3@gmail.com
Treasurer	Faith Boersma	527 D'Onofrio Dr #2, Madison, WI 53719	608-282-5600	boersma.faith@yahoo.com
Secretary	Angela Wolf	Menomonie, WI	651-248-3987	angelamariewolf@gmail.com
WIMA Liaison	Mary Lemke	Menomonie, WI	715-520-2181	mary@milkweedalliance.com
Member at Large 1	David Stanley	1703 12th Street SE, Menomonie, WI 54751	715-864-0082	das.stanley82@gmail.com
Member at Large 2	Lacey Heward	W573 US Highway 10, Mondovi, WI 54755	603-856-4879	lace@bravelace.com

WIMA
Overview
Calendar Year: 01/01/26-12/31/26

Category	PRR	PRC	MPD	Vital Strategies	MOPS	SCIP	SCIP2	ECPRC	Total
1. Salary/Personnel Costs	$ 314,463.36	$ 11,830.00	$ 21,000.00	$ 21,361.60	$ 9,620.00	$ 40,404.00	$ 60,535.56	$ 19,110.00	$ 498,324.52
2. Fringe Benefit Costs	$ 52,508.43	$ 1,117.94	$ 1,984.50	$ 2,018.67	$ 909.09	$ 3,818.18	$ 5,720.61	$ 1,805.90	$ 69,883.32
3. Equipment Costs	-	-	-	-	-	-	-	-	$ -
4. Operating Expenses	$ 51,010.80	-	-	$ 29,546.00	$ 324.91	$ 1,329.87	$ 1,289.41	$ 2,250.00	$ 85,750.99
5. Supplies	$ 3,066.60	-	-	$ 7,073.70	$ 896.40	$ 900.00	$ 3,500.00	$ 1,426.50	$ 16,863.20
6. In-State Travel	-	-	-	-	-	$ 9,049.95	$ 1,954.32	-	$ 11,004.27
7. Out-of-State Travel	-	-	-	-	-	-	-	-	$ -
8. Consultant/Contractual Costs	$ 13,116.21	$ 4,474.00	-	-	-	-	$ 9,993.75	-	$ 27,583.96
9. Training	-	-	-	-	-	-	-	-	$ -
10. Insurance & Surety Bonds	$ 7,500.64	-	-	-	-	-	-	$ 407.04	$ 7,907.68
11. Advertising & Public Info	-	-	-	-	$ 896.40	$ 1,080.00	$ 7,000.00	-	$ 8,976.40
12. Consumer/Family Reimb	-	-	-	-	-	-	-	-	$ -
13. Other	-	-	-	-	-	-	-	-	$ -
14. Indirect Costs	-	-	-	-	-	-	-	-	$ -
Total Costs	**$ 441,666.04**	**$ 17,421.94**	**$ 22,984.50**	**$ 59,999.97**	**$ 12,646.80**	**$ 56,582.00**	**$ 89,993.65**	**$ 24,999.44**	**$ 726,294.34**

WIMA
Cumulative
Calendar Year: 01/01/26-12/31/26

	Actual												Cumulative Totals		
	Jan	**Feb**	**March**	**April**	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Total**	**Budget**	**Difference**
1. Salary/Personnel Costs	55,500.20	36,899.62	35,303.70	35,950.73	-	-	-	-	-	-	-	-	163,654.25	498,324.52	334,670.27
2. Fringe Benefit Costs	8,143.68	5,419.58	5,223.80	5,213.56	-	-	-	-	-	-	-	-	24,000.62	69,883.32	45,882.70
3. Equipment Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Operating Expenses	5,223.15	5,133.37	5,775.41	6,356.63	-	-	-	-	-	-	-	-	22,488.56	85,750.99	63,262.43
5. Supplies	679.75	6,056.03	386.38	6,608.96	-	-	-	-	-	-	-	-	13,731.12	16,863.20	3,132.08
6. In-State Travel	40.29	44.88	67.32	29.58	-	-	-	-	-	-	-	-	182.07	11,004.27	10,822.20
7. Out-of-State Travel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Consultant/Contractual	-	-	-	-	-	-	-	-	-	-	-	-	-	27,583.96	27,583.96
9. Training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Insurance & Surety Bonds	2,656.00	-	-	-	-	-	-	-	-	-	-	-	2,656.00	7,907.68	5,251.68
11. Advertising & Public Info	300.91	225.97	10.00	761.35	-	-	-	-	-	-	-	-	1,298.23	8,976.40	7,678.17
12. Consumer/Family Reimb	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13. Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
14. Indirect Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	**72,543.98**	**53,779.45**	**46,766.61**	**54,920.81**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**228,010.85**	**726,294.34**	**498,283.49**

WIMA
PRR
Contract Period: 01/01/26-12/31/26
Budget Period: 01/01/26-12/31/26

	Actual												Cumulative Totals		
	Jan	**Feb**	**March**	**April**	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Total**	**Budget**	**Difference**
1. Salary/Personnel Costs	36,704.41	25,513.81	24,527.93	24,334.16									111,080.31	314,463.36	203,383.05
2. Fringe Benefit Costs	6,351.49	4,333.91	4,196.28	4,105.87									18,987.55	52,508.43	33,520.88
3. Equipment Costs													-		-
4. Operating Expenses	45.40	375.50	799.70	1,162.57									2,383.17	51,010.80	48,627.63
5. Supplies	679.75	6,056.03	311.38	40.60									7,087.76	3,066.60	(4,021.16)
6. In-State Travel													-		-
7. Out-of-State Travel													-		-
8. Consultant/Contractual													-	13,116.21	13,116.21
9. Training													-		-
10. Insurance & Surety Bonds	848.62												848.62	7,500.64	6,652.02
11. Advertising & Public Info													-		-
12. Consumer/Family Reimb													-		-
13. Other													-		-
14. Indirect Costs													-		-
Total	**44,629.67**	**36,279.25**	**29,835.29**	**29,643.20**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**140,387.41**	**441,666.00**	**301,278.63**

WIMA
PRC
Contract Period: 07/01/25-06/30/26
Budget Period: 01/01/26-06/30/26

	Actual												Cumulative Totals		
	Jan	**Feb**	**March**	**April**	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Total**	**Budget**	**Difference**
1. Salary/Personnel Costs	2,598.00	1,674.23	1,575.00	1,662.50									7,509.73	11,830.00	4,320.27
2. Fringe Benefit Costs	247.71	159.65	150.17	158.52									716.05	1,117.94	401.89
3. Equipment Costs													-		-
4. Operating Expenses													-		-
5. Supplies													-		-
6. In-State Travel													-		-
7. Out-of-State Travel													-		-
8. Consultant/Contractual													-	4,474.00	4,474.00
9. Training													-		-
10. Insurance & Surety Bonds													-		-
11. Advertising & Public Info													-		-
12. Consumer/Family Reimb													-		-
13. Other													-		-
14. Indirect Costs													-		-
Total	**2,845.71**	**1,833.88**	**1,725.17**	**1,821.02**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**8,225.78**	**17,422.00**	**9,196.16**

WIMA
MPD
Contract Period: 08/01/25-07/31/26
Budget Period: 01/01/26-07/31/26

	Actual												Cumulative Totals		
	Jan	**Feb**	**March**	**April**	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Total**	**Budget**	**Difference**
1. Salary/Personnel Costs	3,923.76	2,804.38	2,747.50	2,800.00									12,275.64	21,000.00	8,724.36
2. Fringe Benefit Costs	374.13	267.42	262.01	267.01									1,170.57	1,984.50	813.93
3. Equipment Costs													-		-
4. Operating Expenses													-		-
5. Supplies													-		-
6. In-State Travel													-		-
7. Out-of-State Travel													-		-
8. Consultant/Contractual													-		-
9. Training													-		-
10. Insurance & Surety Bonds													-		-
11. Advertising & Public Info													-		-
12. Consumer/Family Reimb													-		-
13. Other													-		-
14. Indirect Costs													-		-
Total	**4,297.89**	**3,071.80**	**3,009.51**	**3,067.01**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**13,446.21**	**22,985.00**	**9,538.29**

WIMA
Vital Strategies
Contract Period: 01/01/26-07/21/26
Budget Period: 01/01/26-07/21/26

	Actual												Cumulative Totals		
	Jan	**Feb**	**March**	**April**	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Total**	**Budget**	**Difference**
1. Salary/Personnel Costs	2,206.50	2,942.64	3,413.35	4,682.47									13,244.96	21,361.60	8,116.64
2. Fringe Benefit Costs	210.38	280.60	325.50	446.50									1,262.98	2,018.67	755.69
3. Equipment Costs													-		-
4. Operating Expenses	5,157.75	4,737.87	4,955.71	5,174.06									20,025.39	29,546.00	9,520.61
5. Supplies			75.00	6,568.36									6,643.36	7,073.70	430.34
6. In-State Travel													-		-
7. Out-of-State Travel													-		-
8. Consultant/Contractual													-		-
9. Training													-		-
10. Insurance & Surety Bonds	455.00												455.00		(455.00)
11. Advertising & Public Info													-		-
12. Consumer/Family Reimb													-		-
13. Other													-		-
14. Indirect Costs													-		-
Total	**8,029.63**	**7,961.11**	**8,769.56**	**16,871.39**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**41,631.69**	**60,000.00**	**18,368.28**

WIMA
MOPS
Contract Period: 01/01/26-07/21/26
Budget Period: 01/01/26-07/21/26

	Actual												Cumulative Totals		
	Jan	**Feb**	**March**	**April**	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Total**	**Budget**	**Difference**
1. Salary/Personnel Costs	4,467.76	1,439.31	736.67										6,643.74	9,620.00	2,976.26
2. Fringe Benefit Costs	426.03	137.23	70.24										633.50	909.09	275.59
3. Equipment Costs													-		-
4. Operating Expenses	20.00	20.00	20.00	20.00									80.00	324.91	244.91
5. Supplies													-	896.40	896.40
6. In-State Travel	40.29	44.88											85.17		(85.17)
7. Out-of-State Travel													-		-
8. Consultant/Contractual													-		-
9. Training													-		-
10. Insurance & Surety Bonds	204.91												204.91		(204.91)
11. Advertising & Public Info	200.00	225.97											425.97	896.40	470.43
12. Consumer/Family Reimb													-		-
13. Other													-		-
14. Indirect Costs													-		-
Total	**5,358.99**	**1,867.39**	**826.91**	**20.00**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**8,073.29**	**12,647.00**	**4,573.51**

WIMA
SCIP
Contract Period: 09/01/25-09/30/26
Budget Period: 01/01/26-09/30/26

	Actual												Cumulative Totals		
	Jan	**Feb**	**March**	**April**	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Total**	**Budget**	**Difference**
1. Salary/Personnel Costs	5,599.77	2,525.25	2,303.25	2,471.60									12,899.87	40,404.00	27,504.13
2. Fringe Benefit Costs	533.94	240.77	219.60	235.66									1,229.97	3,818.18	2,588.21
3. Equipment Costs													-		-
4. Operating Expenses													-	1,329.87	1,329.87
5. Supplies													-	900.00	900.00
6. In-State Travel			67.32	29.58									96.90	9,049.95	8,953.05
7. Out-of-State Travel													-		-
8. Consultant/Contractual													-		-
9. Training													-		-
10. Insurance & Surety Bonds	1,147.47												1,147.47		(1,147.47)
11. Advertising & Public Info	100.91		10.00	761.35									872.26	1,080.00	207.74
12. Consumer/Family Reimb													-		-
13. Other													-		-
14. Indirect Costs													-		-
Total	**7,382.09**	**2,766.02**	**2,600.17**	**3,498.19**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**16,246.47**	**56,582.00**	**40,335.53**

WIMA
SCIP
Contract Period: 04/01/26-09/30/26
Budget Period: 04/01/26-09/30/26

	Actual												Cumulative Totals		
	Jan	**Feb**	**March**	**April**	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Total**	**Budget**	**Difference**
1. Salary/Personnel Costs													-	60,535.56	60,535.56
2. Fringe Benefit Costs													-	5,720.61	5,720.61
3. Equipment Costs													-		-
4. Operating Expenses													-	1,289.41	1,289.41
5. Supplies													-	3,500.00	3,500.00
6. In-State Travel													-	1,954.32	1,954.32
7. Out-of-State Travel													-		-
8. Consultant/Contractual													-	9,993.75	9,993.75
9. Training													-		-
10. Insurance & Surety Bonds													-		-
11. Advertising & Public Info													-	7,000.00	7,000.00
12. Consumer/Family Reimb													-		-
13. Other													-		-
14. Indirect Costs													-		-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**89,994.00**	**89,993.65**

WIMA
ECPRC
Contract Period: 04/01/26-12/31/26
Budget Period: 04/01/26-12/31/26

	Actual												Cumulative Totals		
	Jan	**Feb**	**March**	**April**	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Total**	**Budget**	**Difference**
1. Salary/Personnel Costs													-	19,110.00	19,110.00
2. Fringe Benefit Costs													-	1,805.90	1,805.90
3. Equipment Costs													-		-
4. Operating Expenses													-	2,250.00	2,250.00
5. Supplies													-	1,426.50	1,426.50
6. In-State Travel													-		-
7. Out-of-State Travel													-		-
8. Consultant/Contractual													-		-
9. Training													-		-
10. Insurance & Surety Bonds													-	407.04	407.04
11. Advertising & Public Info													-		-
12. Consumer/Family Reimb													-		-
13. Other													-		-
14. Indirect Costs													-		-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**24,999.00**	**24,999.44**

WIMA
PRR
Contract Period: 01/01/26-12/31/26
Budget Period: 01/01/26-12/31/26

A: SALARY DETAIL SUB-BUDGET

	Position Title
Hourly Employee Salary Item 1	Peer Supporter - Daytime Monarch House Staff Hours (1st/2nd shift)
Hourly Employee Salary Item 2	Peer Supporter - Overnight Monarch House Staff Hours (3rd shift)
Hourly Employee Salary Item 3	Peer Supporter - Daytime Holiday Pay
Hourly Employee Salary Item 4	Peer Supporter - Overnight Holiday Pay
Hourly Employee Salary Item 5	Peer Supporter - Meetings
	Position Title
Monthly Salaried Employee Item 10	Executive Director
Monthly Salaried Employee Item 11	Program Director
Monthly Salaried Employee Item 12	Financial Director

Total Cost (Section A)

B: FRINGE BENEFIT DETAIL SUB-BUDGET

	Position Title
Fringe Benefit Item 1	Peer Supporter - Daytime Monarch House Staff Hours (1st/2nd shift)
Fringe Benefit Item 2	Peer Supporter - Overnight Monarch House Staff Hours (3rd shift)
Fringe Benefit Item 3	Peer Supporter - Daytime Holiday Pay
Fringe Benefit Item 4	Peer Supporter - Overnight Holiday Pay
Fringe Benefit Item 5	Peer Supporter - Meetings
Fringe Benefit Item 6	Executive Director
Fringe Benefit Item 7	Program Director
Fringe Benefit Item 8	Financial Director

Total Cost (Section B)

D: OPERATING COSTS

	Description
Operating Cost Line Item 1	Respite House/ Office Rent
Operating Cost Line Item 2	Software and Services
Operating Cost Line Item 3	Respite House Utilities
Operating Cost Line Item 4	Office Utilities

Total Cost (Section D)

E: SUPPLIES PURCHASE DETAIL SUB-BUDGET

	Description
Supply Item 1	Household Supplies

Total Cost (Section E)

H: CONSULTANT & CONTRACTUAL DETAIL SUB-BUDGET

	Name of Individual Consultant/Contractor
Individual Consultant/Contractor #1	Plunketts Pest Control and Summit Fire Protection
Individual Consultant/Contractor #2	Jake Brake Repair, LLC.
Individual Consultant/Contractor #3	Accountant Fees
Individual Consultant/Contractor #4	Audit - Clifton Larson Allen
Total Cost (Section H)	

J: INSURANCE & SURETY BONDS SUB-BUDGET

	Name of Insurance or Surety Bond
Ins./Surety Bond Line Item 1	Commercial Property and Liability Coverage (includes Auto)
Ins./Surety Bond Line Item 2	Directors and Officers Insurance
Ins./Surety Bond Line Item 3	Worker's Comp Insurance
Total Cost (Section J)	

Hourly Pay Rate	Hours paid per	# of weeks paid in	Total Cost
$17.50	112.50	52.00	$102,375.00
$18.00	56.25	52.00	$52,650.00
$17.50	2.46	52.00	$2,238.60
$18.00	1.24	52.00	$1,160.64
$17.50	4.50	52.00	$4,095.00
1 FTE Monthly Pay Rate	% FTE	# of months paid in	
$4,220.67	100.00%	12.00	$50,648.04
$4,220.67	100.00%	12.00	$50,648.04
$4,220.67	100.00%	12.00	$50,648.04
			$314,463.36

Salary	Fringe Rate	Total Cost
$102,375.00	9.450%	$9,674.44
$52,650.00	9.450%	$4,975.43
$2,238.60	9.450%	$211.55
$1,160.64	9.450%	$109.68
$4,095.00	9.450%	$386.98
$50,648.04	24.450%	$12,383.45
$50,648.04	24.450%	$12,383.45
$50,648.04	24.450%	$12,383.45
		$52,508.43

# of Units	Cost per Unit	Total Cost
9.00	$3,450.00	$31,050.00
12.00	$264.90	$3,178.80
12.00	$755.50	$9,066.00
12.00	$643.00	$7,716.00
		$51,010.80

# of Units	Cost per Unit	Total Cost
12.00	$255.55	$3,066.60
		$3,066.60

Description of Service	Cost
	$435.00
	$815.00
	$1,200.00
	$10,666.21
	$13,116.21

Purpose	Cost	
	$2,082.00	
	$495.00	
	$4,923.64	
	$7,500.64	
	Grand Total	**$441,666.04**

WIMA
PRC
Contract Period: 07/01/25-06/30/26
Budget Period: 01/01/26-06/30/26

A: SALARY DETAIL SUB-BUDGET

	Position Title	Hourly Pay Rate
Hourly Employee Salary Item 1	Peer Supporter - Center Hours	$17.50
Total Cost (Section A)		

B: FRINGE BENEFIT DETAIL SUB-BUDGET

	Position Title	Salary
Fringe Benefit Item 1	Peer Supporter - Center Hours	$11,830.00
Total Cost (Section B)		

H: CONSULTANT & CONTRACTUAL DETAIL SUB-BUDGET

	Name of Individual Consultant/Contractor	Description of Service
Individual Consultant/Contractor #1	Audit - Clifton Larson Allen	
Total Cost (Section H)		

Hours paid per	# of weeks paid in	Total Cost
26.00	26.00	$11,830.00
		$11,830.00

Fringe Rate	Total Cost
9.450%	$1,117.94
	$1,117.94

Cost
$4,474.00
$4,474.00

Grand Total	**$17,421.94**

WIMA
MPD
Contract Period: 08/01/25-07/31/26
Budget Period: 01/01/26-07/31/26

A: SALARY DETAIL SUB-BUDGET

	Position Title	Hourly Pay Rate	
Hourly Employee Salary Item 1	Peer Supporter - Center Hours		$17.50
Total Cost (Section A)			

B: FRINGE BENEFIT DETAIL SUB-BUDGET

	Position Title	Salary	
Fringe Benefit Item 1	Peer Supporter - Center Hours		$21,000.00
Total Cost (Section B)			

Hours paid per	# of weeks paid in	Total Cost
40.00	30.00	$21,000.00
		$21,000.00

Fringe Rate	Total Cost
9.450%	$1,984.50
	$1,984.50

Grand Total	$22,984.50

WIMA
Vital Strategies
Contract Period: 01/01/26-07/21/26
Budget Period: 01/01/26-07/21/26

A: SALARY DETAIL SUB-BUDGET

	Position Title	Hourly Pay Rate
Hourly Employee Salary Item 1	Mobile Peer Supporter - Hours	$18.50
Hourly Employee Salary Item 2	Mobile Peer Supporter - Holiday Hours	$18.50
Hourly Employee Salary Item 3	Center Peer Supporter - Hours	$17.50
Hourly Employee Salary Item 4	Center Peer Supporter - Holiday Hours	$17.50
Total Cost (Section A)		

B: FRINGE BENEFIT DETAIL SUB-BUDGET

	Position Title	Salary
Fringe Benefit Item 1	Mobile Peer Supporter - Hours	$9,620.00
Fringe Benefit Item 2	Mobile Peer Supporter - Holiday Hours	$889.85
Fringe Benefit Item 3	Center Peer Supporter - Hours	$10,010.00
Fringe Benefit Item 4	Center Peer Supporter - Holiday Hours	$841.75
Total Cost (Section B)		

D: OPERATING COSTS

	Description	# of Units
Operating Cost Line Item 1	Respite Rent	6.00
Operating Cost Line Item 2	Center Rent	6.00
Operating Cost Line Item 3	Respite Utilities	6.00
Operating Cost Line Item 4	Center Utilities	6.00
Operating Cost Line Item 5	Insurance (Worker's Compensation)	1.00
Total Cost (Section D)		

E: SUPPLIES PURCHASE DETAIL SUB-BUDGET

	Description	# of Units
Supply Item 1	Bus Passes	371.00
Supply Item 2	Program Supplies	6.00
Total Cost (Section E)		

Hours paid per	# of weeks paid in	Total Cost
20.00	26.00	$9,620.00
1.85	26.00	$889.85
22.00	26.00	$10,010.00
1.85	26.00	$841.75
		$21,361.60

Fringe Rate	Total Cost
9.450%	$909.09
9.450%	$84.09
9.450%	$945.95
9.450%	$79.55
	$2,018.67

Cost per Unit	Total Cost
$2,350.00	$14,100.00
$1,100.00	$6,600.00
$755.50	$4,533.00
$643.00	$3,858.00
$455.00	$455.00
	$29,546.00

Cost per Unit	Total Cost
$15.00	$5,565.00
$251.45	$1,508.70
	$7,073.70

Grand Total	**$59,999.97**

WIMA
MOPS
Contract Period: 01/01/26-07/21/26
Budget Period: 01/01/26-07/21/26

A: SALARY DETAIL SUB-BUDGET

	Position Title	Hourly Pay Rate	
Hourly Employee Salary Item 1	Mobile Peer Supporter - Hours		$18.50
Total Cost (Section A)			

B: FRINGE BENEFIT DETAIL SUB-BUDGET

	Position Title	Salary	
Fringe Benefit Item 1	Mobile Peer Supporter - Hours		$9,620.00
Total Cost (Section B)			

C: OPERATING COSTS

	Description	# of Units	
Operating Cost Line Item 1	Insurance (Worker's Compensation)		1.00
Operating Cost Line Item 2	Mobile Outreach Phone		6.00
Total Cost (Section D)			

D: SUPPLIES PURCHASE DETAIL SUB-BUDGET

	Description	# of Units	
Supply Item 1	Program Supplies		6.00
Total Cost (Section E)			

E: ADVERTISING & PUBLIC INFORMATION SUB-BUDGET

	Description	# of Units	
Supply Item 1	Program Marketing Supplies		6.00
Total Cost (Section E)			

Hours paid per	# of weeks paid in	Total Cost
20.00	26.00	$9,620.00
		$9,620.00

Fringe Rate	Total Cost
9.450%	$909.09
	$909.09

Cost per Unit	Total Cost
$204.91	$204.91
$20.00	$120.00
	$324.91

Cost per Unit	Total Cost
$149.40	$896.40
	$896.40

Cost per Unit	Total Cost
$149.40	$896.40
	$896.40

Grand Total	$12,646.80

WIMA
SCIP
Contract Period: 09/01/25-09/30/26
Budget Period: 01/01/26-09/30/26

A: SALARY DETAIL SUB-BUDGET

	Position Title	Hourly Pay Rate	
Hourly Employee Salary Item 1	Mobile Peer Supporter - Hours		$18.50
Total Cost (Section A)			

B: FRINGE BENEFIT DETAIL SUB-BUDGET

	Position Title	Salary	
Fringe Benefit Item 1	Mobile Peer Supporter - Hours		$40,404.00
Total Cost (Section B)			

D: OPERATING COSTS

	Description	# of Units	
Operating Cost Line Item 1	Payroll Software (annual pay)		12.00
Operating Cost Line Item 2	Insurance (workers comp)		1.00
Total Cost (Section D)			

E: SUPPLIES PURCHASE DETAIL SUB-BUDGET

	Description	# of Units	
Supply Item 1	Supplies for program		9.00
Total Cost (Section E)			

F: IN-STATE TRAVEL DETAIL SUB-BUDGET

	Mileage Rate	# of Miles	
Mileage Reimbursement	$0.510		17,745
Total Cost (Section F)			

K: ADVERTISING & PUBLIC INFORMATION SUB-BUDGET

	Description	# of Units	
Ad/Public Info. Line Item No. 1	Marketing for program		9
Total Cost (Section K)			

Hours paid per	# of weeks paid in	Total Cost
56.00	39.00	$40,404.00
		$40,404.00

Fringe Rate	Total Cost
9.450%	$3,818.18
	$3,818.18

Cost per Unit	Total Cost
$15.20	$182.40
$1,147.47	$1,147.47
	$1,329.87

Cost per Unit	Total Cost
$100.00	$900.00
	$900.00

Total Cost
$9,049.95
$9,049.95

Cost per Unit	Total Cost
$120.00	$1,080.00
	$1,080.00

Grand Total	$56,582.00

WIMA
SCIP
Contract Period: 04/01/26-09/30/26
Budget Period: 04/01/26-09/30/26

A: SALARY DETAIL SUB-BUDGET

	Position Title	Hourly Pay Rate
Hourly Employee Salary Item 1	Mobile Peer Supporter - Hours	$18.50
Hourly Employee Salary Item 2	Mobile Peer Supporter - Holiday Hours	$18.50
Hourly Employee Salary Item 3	Center Peer Supporter - Hours	$17.50
Hourly Employee Salary Item 4	Center Peer Supporter - Holiday Hours	$17.50
Total Cost (Section A)		

B: FRINGE BENEFIT DETAIL SUB-BUDGET

	Position Title	Salary
Fringe Benefit Item 1	Mobile Peer Supporter - Hours	$32,116.00
Fringe Benefit Item 2	Mobile Peer Supporter - Holiday Hours	$665.26
Fringe Benefit Item 3	Center Peer Supporter - Hours	$27,125.00
Fringe Benefit Item 4	Center Peer Supporter - Holiday Hours	$629.30
Total Cost (Section B)		

D: OPERATING COSTS

	Description	# of Units
Operating Cost Line Item 1	Insurance (workers comp)	1.00
Total Cost (Section D)		

E: SUPPLIES PURCHASE DETAIL SUB-BUDGET

	Description	# of Units
Supply Item 1	Supplies for program	7.00
Total Cost (Section E)		

F: IN-STATE TRAVEL DETAIL SUB-BUDGET

	Mileage Rate	# of Miles
Mileage Reimbursement	$0.510	3,832
Total Cost (Section F)		

H: CONSULTANT & CONTRACTUAL DETAIL SUB-BUDGET

	Name of Individual Consultant/Contractor	Description of Service
Individual Consultant/Contractor #1	Suicide Prevention Education	$81.25/hour x 123 hours
Total Cost (Section H)		

K: ADVERTISING & PUBLIC INFORMATION SUB-BUDGET

	Description	# of Units
Ad/Public Info. Line Item No. 1	Marketing for program	7

Total Cost (Section K)

Hours paid per	# of weeks paid in	Total Cost
56.00	31.00	$32,116.00
1.16	31.00	$665.26
50.00	31.00	$27,125.00
1.16	31.00	$629.30
		$60,535.56

Fringe Rate	Total Cost
9.450%	$3,034.96
9.450%	$62.87
9.450%	$2,563.31
9.450%	$59.47
	$5,720.61

Cost per Unit	Total Cost
$1,289.41	$1,289.41
	$1,289.41

Cost per Unit	Total Cost
$500.00	$3,500.00
	$3,500.00

Total Cost
$1,954.32
$1,954.32

	Cost	
s for program	$9,993.75	*NOTE: 6 hours of program delive
	$9,993.75	

Cost per Unit	Total Cost
$1,000.00	$7,000.00

	$7,000.00
Grand Total	$89,993.65

ry, 10 hours of marketing, 103 hours of program

WIMA
ECPRC
Contract Period: 04/01/26-12/31/26
Budget Period: 04/01/26-12/31/26

A: SALARY DETAIL SUB-BUDGET

	Position Title	Hourly Pay Rate	
Hourly Employee Salary Item 1	Center Peer Supporter - Hours		$17.50
Total Cost (Section A)			

B: FRINGE BENEFIT DETAIL SUB-BUDGET

	Position Title	Salary	
Fringe Benefit Item 1	Center Peer Supporter - Hours		$19,110.00
Total Cost (Section B)			

D: OPERATING COSTS

	Description	# of Units	
Operating Cost Line Item 1	Rent		9.00
Total Cost (Section D)			

E: SUPPLIES PURCHASE DETAIL SUB-BUDGET

	Description	# of Units	
Supply Item 1	Supplies for program		9.00
Total Cost (Section E)			

J: INSURANCE & SURETY BONDS SUB-BUDGET

	Name of Insurance or Surety Bond	Purpose
Ins./Surety Bond Line Item 1	Worker's Comp Insurance	

Hours paid per	# of weeks paid in	Total Cost
28.00	39.00	$19,110.00
		$19,110.00

Fringe Rate	Total Cost
9.450%	$1,805.90
	$1,805.90

Cost per Unit	Total Cost
$250.00	$2,250.00
	$2,250.00

Cost per Unit	Total Cost
$158.50	$1,426.50
	$1,426.50

Cost
$407.04
$407.04

Grand Total	$24,999.44

WISCONSIN MILKWEED ALLIANCE, INC.

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

YEARS ENDED DECEMBER 31, 2024 AND 2023

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WISCONSIN MILKWEED ALLIANCE, INC.
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YEARS ENDED DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITORS' REPORT

Board of Directors
Wisconsin Milkweed Alliance, Inc.
Menomonie, Wisconsin

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Wisconsin Milkweed Alliance, Inc. (a nonprofit organization), which comprise the statements of financial position as of December 31, 2024 and 2023, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Wisconsin Milkweed Alliance, Inc. as of December 31, 2024 and 2023, and the changes in its net assets and its cash flow for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and the *Department of Health Services Audit Guide,* issued by the Wisconsin Department of Health Services. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Wisconsin Milkweed Alliance, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Wisconsin Milkweed Alliance, Inc.'s ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards* and the *Department of Health Services Audit Guide* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, *Government Auditing Standards,* and the *Department of Health Services Audit Guide*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Wisconsin Milkweed Alliance, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Wisconsin Milkweed Alliance, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The DHS Cost Reimbursement Award Schedules and Schedule of Expenditures of Federal and State Awards are required by the *Wisconsin Department of Health Services Audit Guide* and are presented for purposes of additional analysis and are 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 GAAS. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards and the Department of Health Services Audit Guide*

In accordance with *Government Auditing Standards* and the *Department of Health Services Audit Guide*, we have also issued our report dated May 23, 2025, on our consideration of Wisconsin Milkweed Alliance, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Wisconsin Milkweed Alliance, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and the *Department of Health Services Audit Guide* in considering Wisconsin Milkweed Alliance, Inc.'s internal control over financial reporting and compliance.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Eau Claire, Wisconsin
May 23, 2025

WISCONSIN MILKWEED ALLIANCE, INC.
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
CURRENT ASSETS		
Cash	$ 99,334	$ 78,716
Accounts Receivable	34,531	60,875
Other Current Assets	3,438	3,438
Prepaid Expenses	4,034	6,686
Total Current Assets	141,337	149,715
OPERATING RIGHT-OF-USE ASSET - NET	-	6,074
PROPERTY AND EQUIPMENT - NET	25,743	14,898
Total Assets	$ 167,080	$ 170,687
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Current Lease Liability - Operating	$ -	$ 6,074
Accrued Payroll	20,895	19,439
Total Current Liabilities	20,895	25,513
Total Liabilities	20,895	25,513
NET ASSETS		
Without Donor Restrictions	143,685	145,174
With Donor Restrictions	2,500	-
Total Net Assets	146,185	145,174
Total Liabilities and Net Assets	$ 167,080	$ 170,687

See accompanying Notes to Financial Statements

WISCONSIN MILKWEED ALLIANCE, INC.
STATEMENTS OF ACTIVITIES
YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024			2023		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
REVENUE						
Contributions and Grants	$ 536,452	$ 2,500	$ 538,952	$ 493,577	$ -	$ 493,577
eCPR Fees	-	-	-	1,885	-	1,885
Miscellaneous Revenue	95	-	95	7,906	-	7,906
Net Assets Released from Restrictions:	-	-	-	2,800	(2,800)	-
Total Revenues	536,547	2,500	539,047	506,168	(2,800)	503,368
EXPENSES						
Program Services	382,551	-	382,551	336,288	-	336,288
Management and General	155,485	-	155,485	155,547	-	155,547
Total Expenses	538,036	-	538,036	491,835	-	491,835
CHANGE IN NET ASSETS	(1,489)	2,500	1,011	14,333	(2,800)	11,533
Net Assets - Beginning of Year	145,174	-	145,174	130,841	2,800	133,641
NET ASSETS - END OF YEAR	$ 143,685	$ 2,500	$ 146,185	$ 145,174	$ -	$ 145,174

See accompanying Notes to Financial Statements

WISCONSIN MILKWEED ALLIANCE, INC.
STATEMENTS OF FUNCTIONAL EXPENSES
YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024			2023		
	Program Services	Management and General	Total Services	Program Services	Management and General	Total Services
Salaries	$ 253,173	$ 89,544	$ 342,717	$ 228,733	$ 81,990	$ 310,723
Payroll Taxes	23,253	3,924	27,177	23,562	6,028	29,590
Employee Benefits	10,123	14,327	24,450	11,075	11,765	22,840
Total Personnel Costs	286,549	107,795	394,344	263,370	99,783	363,153
Supplies	36,223	3,460	39,683	8,579	76	8,655
Travel	-	-	-	-	1,426	1,426
Occupancy	28,200	-	28,200	28,200	-	28,200
Operating Expenses	9,517	17,430	26,947	10,441	15,393	25,834
Insurance	6,605	3,864	10,469	5,917	3,014	8,931
Depreciation	2,155	-	2,154	1,722	-	1,722
Advertising and Promotion	2,605	2,387	4,992	265	250	515
Interest and Bank Charges	-	-	-	-	39	39
Conferences, Seminars and Training	9,065	-	9,065	17,114	19,534	36,648
Consult/Contracting Fees	1,632	19,930	21,562	680	2,451	3,131
Repairs and Maintenance	-	560	561	-	789	789
Miscellaneous Expense	-	59	59	-	12,792	12,792
Total Expenses	$ 382,551	$ 155,485	$ 538,036	$ 336,288	$ 155,547	$ 491,835

See accompanying Notes to Financial Statements

WISCONSIN MILKWEED ALLIANCE, INC.
STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	$ 1,011	$ 11,533
Adjustments to Reconcile Change in Net Assets to Net Cash Provided (Used) by Operating Activities:		
Depreciation	2,155	1,721
(Increase) Decrease in:		
Accounts Receivable	26,344	(999)
Other Assets	-	-
Prepaid Expenses	2,652	1,274
Increase (Decrease) in:		
Accounts Payable	-	(2,490)
Accrued Payroll	1,456	(175)
Deferred Revenue	-	(14,293)
Net Cash Provided (Used) by Operating Activities	33,618	(3,429)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of Property and Equipment	(13,000)	-
Net Cash Used by Investing Activities	(13,000)	-
NET CHANGE IN CASH	20,618	(3,429)
Cash - Beginning of Year	78,716	82,145
CASH - END OF YEAR	$ 99,334	$ 78,716
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash Paid for Interest	$ -	$ 39

See accompanying Notes to Financial Statements

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Wisconsin Milkweed Alliance, Inc. (the Organization) is a nonprofit organization based out of Menomonie, Wisconsin. The Organization is governed by a board of directors, and 100% managed and run by people with lived experience of mental health or substance use challenges, trauma backgrounds, or other difficult experiences. Monarch House peer run respite is a short-term, voluntary overnight crisis program where people can receive peer support while navigating and self-directing their healing experience.

Basis of Presentation

The financial statements of the Organization are prepared on an accrual basis of accounting. Net assets and revenues, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Organization and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions – Net assets available for use in general operations and not subject to donor restrictions.

Net Assets With Donor Restrictions – Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could vary from those estimates.

Cash

For purposes of the statements of cash flows, the Organization considers all highly liquid debt instruments with an initial maturity of three months or less to be cash equivalents. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to certain limits. At times, cash in bank may exceed the FDIC insurable limits.

Accounts Receivable

The accounts receivable arise in the normal course of business and are considered past due after 30 days. Accounts receivable are charged to the allowance for credit losses when they are determined to be uncollectible based upon a periodic review of the accounts by management. Recoveries of receivables previously written-off are recorded when received. There was no allowance for credit losses at December 31, 2024 and 2023.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Leases

The Company leases office space in Wisconsin. The Company determines if an arrangement is a lease at inception. Operating leases are included in operating lease right-of-use (ROU) assets, other current liabilities, and operating lease liabilities on the balance sheets. Finance leases are included in property and equipment, other current liabilities, and other long-term liabilities on the balance sheets.

ROU assets represent the Company's right to use an underlying asset for the lease term and lease liabilities represent the Company's obligation to make lease payments arising from the lease. ROU assets and liabilities are recognized at the lease commencement date based on the present value of lease payments over the lease term. As most of leases do not provide an implicit rate, the Company uses its incremental borrowing rate or a risk-free rate based on type of asset and the information available at commencement date in determining the present value of lease payments. The operating lease ROU asset also includes any lease payments made and excludes lease incentives. The lease terms may include options to extend or terminate the lease when it is reasonably certain that the Company will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term. The Company has elected to recognize payments for short-term leases with a lease term of 12 months or less as expense as incurred and these leases are not included as lease liabilities or right-of-use assets on the balance sheet.

In evaluating contracts to determine if they qualify as a lease, the Company considers factors such as if the Company has obtained substantially all of the rights to the underlying asset through exclusivity, if the Company can direct the use of the asset by making decisions about how and for what purpose the asset will be used and if the lessor has substantive substitution rights. This evaluation may require significant judgment.

The individual lease contracts do not provide information about the discount rate implicit in the lease. Therefore, the Company has elected to use a risk-free discount rate or the incremental borrowing rate determined using a period comparable with that of the lease term for computing the present value of lease liabilities.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Property and Equipment and Depreciation

Property and equipment are valued at cost. Items of property and equipment with a cost greater than $5,000 and a useful life of more than one year are capitalized. Maintenance and repair costs are charged to expense as incurred. Gains or losses on disposition of property and equipment are reflected in income. Depreciation is computed on the straight-line method based on the estimated useful lives of the assets as follows:

Equipment	7 Years
Leasehold Improvements	15 Years

Revenue Recognition

Organization recognizes revenue by providing eCPR training or other services to individuals. No signed contracts are entered into with program participants and the performance obligation is met over time as services are performed. Revenue is recognized over time due to the continuous transfer of control to the customer as the services are performed. The transaction price is determined based on the amount in the agreement and allocated to the performance obligation over time.

For the years ended December 31, 2024 and 2023, the Company recognized service revenue of $0 and $1,885, respectively, from services that transfer to the customer over time.

The opening and closing contract balances were as follows:

	Accounts Receivable
Balance as of January 1, 2023	59,876
Balance as of December 31, 2023	60,875
Balance as of December 31, 2024	34,531

Contributions

Contributions are recognized when the donor makes a promise to give that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as Net Assets Released from Restrictions.

Government Contracts

A portion of the Organization’s revenue is derived from cost-reimbursable contracts and grants. Amounts received are recognized as earned and are reported as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received but not yet earned are reported as a refundable advance in the statement of financial position. The Organization did not received any cost-reimbursable grants during the years end December 31, 2024 and 2023, for which qualifying expenditures have not yet been incurred.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Donated Services, Materials, and Supplies

Donated services meeting the requirements for recognition (i.e., requiring a specialized skill or creating or enhancing nonfinancial assets) have been reflected in the financial statements. The value of these services was determined objectively using the market value for similar services. The Organization did not receive any donated services for the years ended December 31, 2024 and 2023.

Functional Expense Allocation

Functional expenses have been allocated between program services and management and general based on the actual expenditures of personnel time and space utilized for the related activities. Fundraising expenses are insignificant and are included with management and general expenses.

Income Tax Status

The Organization is a nonprofit organization exempt from paying corporate federal income tax under Section 501 (c)(3) of the Internal Revenue Code. The Organization is also exempt from Wisconsin franchise or income taxes.

The Organization has evaluated its tax positions and determined it has no significant uncertain tax positions as of December 31, 2024 and 2023.

Subsequent Events

In preparing these financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through May 23, 2025, the date the financial statements were available to be issued.

NOTE 2 PROPERTY AND EQUIPMENT

Property and equipment as of December 31, 2024 and 2023 consist of the following:

	2024	2023
Equipment	$ 3,000	$ 3,000
Leasehold Improvements	32,400	19,400
Less: Accumulated Depreciation	(9,657)	(7,502)
Total	$ 25,743	$ 14,898

Depreciation expenses for the years ended December 31, 2024 and 2023 was $2,155 and $1,723, respectively.

NOTE 3 LINE OF CREDIT

The Organization has available a bank line of credit of up to $25,000 at December 31, 2024, with interest computed at 11.500%. Interest is due monthly, and principal is due on demand. The credit agreement expires May 15, 2026. There were no outstanding balances at December 31, 2024.

NOTE 4 NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions consisted of the following at December 31, 2024:

	2024	2023
United Way - Vending Machine and Harm Reduction Supplies	$ 2,500	$ -
Total	$ 2,500	$ -

NOTE 5 CONCENTRATIONS OF CREDIT RISK

At December 31, 2024, the majority of accounts receivable are due from local governmental entities. One customer accounted for approximately 99% and 100% of total revenue and receivables, respectively, for the year ended December 31, 2024. One customer accounted for approximately 93% and 100% of total revenue and receivables, respectively, for the year ended December 31, 2023.

NOTE 6 LIQUIDITY AND AVAILABILITY

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, comprise the following:

	2024	2023
Cash	$ 99,334	$ 78,716
Accounts Receivable	34,531	60,875
Less: Net Assets With Donor Restrictions	-	-
Total	$ 133,865	$ 139,591

NOTE 7 RELATED PARTY TRANSACTIONS

The Organization has engaged a board member to provide training services for employees during the years ended December 31, 2024 and 2023 totaling $200 and $3,755, respectively.

NOTE 8 OPERATING LEASES – ASC 842

The Company leases its facilities for various terms under long-term noncancelable lease agreements. The leases expire at various dates through 2024. In the normal course of business, it is expected that these leases will be renewed or replaced by similar leases.

NOTE 8 OPERATING LEASES – ASC 842 (CONTINUED)

The following table provides quantitative information concerning the Company's leases for the year ended December 31, 2024.

	2024	2023
Operating Lease Costs	$ 6,044	$ 12,088
Other Information:		
Operating Cash Flows from Operating Leases	$ 6,092	$ 12,088
Right-of-Use Assets Obtained in Exchange for New Operating Lease Liabilities	-	-
Weighted-Average Remaining Lease Term - Operating Leases	-	0.40
Weighted-Average Discount Rate - Operating	N/A	1.04%

The Company classifies the total discounted lease payments that are due in the next 12 months as current. No discounted lease payments were due in future years.

WISCONSIN MILKWEED ALLIANCE, INC.
SCHEDULE OF FEDERAL AND STATE AWARDS
YEAR ENDED DECEMBER 31, 2024
(SEE INDEPENDENT AUDITORS' REPORT)

State Grantor/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Amount
U.S. Department of Health Services		
Passed thru Wisconsin Department of Health Services		
Division of Care and Treatment Centers		
Block Grants for Community Mental Health Services	93.958	
Peer Recovery Centers		$ 27,978
Peer Run Respite		454,008
Total		481,986
Total Federal Awards		$ 481,986

WISCONSIN MILKWEED ALLIANCE, INC.
NOTE TO SCHEDULE OF FEDERAL AND STATE AWARDS
DECEMBER 31, 2024 AND 2023
(SEE INDEPENDENT AUDITORS' REPORT)

NOTE 1 BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal and state awards includes the federal and state contract activity of Wisconsin Milkweed Alliance, Inc. and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of the *Department of Health Services Audit Guide.* Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

WISCONSIN MILKWEED ALLIANCE, INC.
DHS COST REIMBURSEMENT AWARD SCHEDULE
PEER RUN RESPITE
YEARS ENDED DECEMBER 31, 2024 AND 2023
(SEE INDEPENDENT AUDITORS' REPORT)

DHS identification number YEARS ENDED DECEMBER 31, 2024 AND 2023	**CARS profile or PO #: 43500-0000037688**	**CARS profile or PO #: -2500 00000435500**
Award amount	**$ 441,666**	**$ 441,664**
Award period	**7/1/23-6/30/24**	**7/1/24-6/30/25**
Period of award within audit period	**1/1/24-6/30/24**	**7/1/24-12/31/24**
A. Expenditures reported to DHS or revenue received	$ 240,803	$ 213,205
B. Total operating costs of award		
1. Employee Salaries and Wages	135,624	153,489
2. Employee Fringe Benefits	22,127	25,879
3. Payroll Taxes	-	-
4. Rent or Occupancy	14,100	14,100
5. Professional Services	19,849	80
6. Employee Travel	-	-
7. Conferences, Meetings or Education	999	-
8. Employee Licenses and Dues	-	-
9. Supplies	19,016	531
10. Telephone	-	-
11. Equipment	-	-
12. Depreciation	-	-
13. Utilities	26,185	14,150
14. Bad Debts	-	-
15. Postage and Shipping	-	-
16. Insurance	2,841	4,976
17. Interest	-	-
18. Bank Fees and Charges	-	-
19. Advertising and Marketing	62	-
20. Other	-	-
B. Total operating costs of award	240,803	213,205
C. Less disallowed costs	-	-
D. Less program revenue and other offsets to costs	-	-
E. Total allowable costs: If the agency is for profit, enter this number in Figure 10 - Allowable Profit Schedule, Line 1, "Net allowable operating costs" to calculate allowable profit	240,803	213,205
F. Gain or (Loss) = Line A - Line E	$ (0)	$ -

WISCONSIN MILKWEED ALLIANCE, INC.
DHS COST REIMBURSEMENT AWARD SCHEDULE
PEER RECOVERY CENTERS
YEARS ENDED DECEMBER 31, 2024 AND 2023
(SEE INDEPENDENT AUDITORS' REPORT)

DHS identification number YEARS ENDED DECEMBER 31, 2024 AND 2023	**CARS profile or PO #: 43500-0000037669**	**CARS profile or PO #: -2500 0000035500**
Award amount	**$ 30,000**	**$ 30,000**
Award period	**7/1/23-6/30/24**	**7/1/24-6/30/25**
Period of award within audit period	**1/1/24-6/30/24**	**7/1/24-12/31/24**
A. Expenditures reported to DHS or revenue received	$ 18,652	$ 9,326
B. Total operating costs of award		
1. Employee Salaries and Wages	10,303	7,256
2. Employee Fringe Benefits	1,262	646
3. Payroll Taxes	-	-
4. Rent or Occupancy	-	-
5. Professional Services	1,632	-
6. Employee Travel	-	-
7. Conferences, Meetings or Education	-	-
8. Employee Licenses and Dues	-	-
9. Supplies	5,258	718
10. Telephone	-	-
11. Equipment	-	-
12. Depreciation	-	-
13. Utilities	197	-
14. Bad Debts	-	-
15. Postage and Shipping	-	-
16. Insurance	-	-
17. Interest	-	-
18. Bank Fees and Charges	-	-
19. Advertising and Marketing	-	646
20. Other	-	60
B. Total operating costs of award	18,652	9,326
C. Less disallowed costs	-	-
D. Less program revenue and other offsets to costs	-	-
E. Total allowable costs: If the agency is for profit, enter this number in Figure 10 - Allowable Profit Schedule, Line 1, "Net allowable operating costs" to calculate allowable profit	18,652	9,326
F. Gain or (Loss) = Line A - Line E	$ (0)	$ -

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INDEPENDENT AUDITORS' 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* AND THE *DEPARTMENT OF HEALTH SERVICES AUDIT GUIDE*

Board of Directors
Wisconsin Milkweed Alliance, Inc.
Menomonie, Wisconsin

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 and the *Department of Health Services Audit Guide*, issued by the Wisconsin Department of Health Services, the financial statements of Wisconsin Milkweed Alliance, Inc., which comprise the statements of financial position as of December 31, 2024 and 2023, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements, and have issued our report thereon dated May 23, 2025.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Wisconsin Milkweed Alliance, Inc.'s internal control over financial reporting (internal control) as a basis for designing 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 Wisconsin Milkweed Alliance, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Wisconsin Milkweed Alliance, Inc.'s internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as described in the accompanying schedule of findings and responses, we identified certain deficiencies in internal control that we consider to be material weaknesses.

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. We consider the deficiencies described in the accompanying schedule of findings and responses as items 2024-001 and 2024-002 to be material weaknesses. 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.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Wisconsin Milkweed Alliance, Inc.'s 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 financial statements. 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* or the *Wisconsin Department of Health Services Audit Guide.*

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 result of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* and the *Wisconsin Department of Health Services Audit Guide* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Eau Claire, Wisconsin
May 23, 2025

WISCONSIN MILKWEED ALLIANCE, INC.
SCHEDULE OF FINDINGS AND RESPONSES
YEARS ENDED DECEMBER 31, 2024 AND 2023

A. Summary of Auditor's Results

Financial Statements

1. Type of auditors' report issued?	Unmodified
2. Internal control over financial reporting:	
a. Material weakness(s) identified?	Yes
b. Significant deficiencies identified not considered to be material weaknesses?	No
3. Noncompliance material to the financial statements noted?	No

B. Financial Statement Findings

2024-001 ANNUAL FINANCIAL REPORTING UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPALS (GAAP)

Statement of Condition:	The Company does not have an internal control policy in place over the schedule that would enable management to conclude its schedule and related footnote disclosures are completed and presented in accordance with accounting principles generally accepted in the United States of America (GAAP).
Criteria:	The Company must be able to prevent a material misstatement in the schedule, including footnote disclosures.
Cause of Condition:	The Company relies on the audit firm to prepare the schedule and related footnote disclosures.
Effect of Condition:	The potential exists that a material misstatement of the schedule could occur and not be prevented or detected by the Company's internal controls.
Recommendation:	The Company should continue to evaluate their internal staff and expertise to determine if an internal control policy over financial reporting is beneficial.
Management's Response:	Due to the cost outweighing the benefit of these services, Wisconsin Milkweed Alliance has decided they are not cost beneficial at this time due to the size of the organization.

B. Financial Statement Findings (Continued)

2024-002 MATERIAL AUDIT ADJUSTMENTS

Statement of Condition: The auditors made several significant journal entries to bring the accounting records into compliance with GAAP including adjusting accounts receivable, prepaid expenses, fixed assets and related depreciation, accounts payable, and accrued liabilities.

Criteria: The Company's accounting records should comply with generally accepted accounting principles (GAAP).

Cause of Condition: The Company's personnel did not record journal entries to adjust those accounts at year-end.

Effect of Condition: Significant journal entries were identified and recorded during the audit to bring the accounting records in compliance with GAAP.

Recommendation: We recommend the Company review journal entries made as part of the audit to avoid entries in future audits.

Management's Response: The Company will review the entries posted in this audit to produce accounting records in accordance with generally accepted accounting principles.

WISCONSIN MILKWEED ALLIANCE, INC.
SCHEDULE OF FINDINGS AND RESPONSES
YEARS ENDED DECEMBER 31, 2024 AND 2023

Other Issues

1. Does the auditor have substantial doubt as to the auditee's ability to continue as a going concern? No

2. Does the audit report show audit issues (i.e., material noncompliance, nonmaterial noncompliance, questioned costs, material weakness, reportable condition, management letter comment, excess revenue or excess reserve) related to grants/contracts with funding agencies that require audits to be in accordance with the *Department of Health Service Audit Guide*:

   Wisconsin Department of Health Services No

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

4. Signature of Principal in Charge:

   Kelley LeMay, CPA
   Signing Director

5. Date of report: May 23, 2025

WISCONSIN MILKWEED ALLIANCE, INC.
SCHEDULE OF PRIOR YEAR FINDINGS
YEAR ENDED DECEMBER 31, 2023

Finding 2023-001 Annual Financial Reporting Under Generally Accepted Accounting Principles (GAAP)

Status: Finding is being reported again as 2024-001.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20 _____

Do not send to the IRS. Keep for your records.

Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2024

Name of filer
Wisconsin Milkweed Alliance Incorporated

EIN or SSN
83-1842339

Name and title of officer or person subject to tax
Melissa Smith-Tourville — Chair

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	[X]	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	536,548
2a	**Form 990-EZ** check here	[ ]	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here	[ ]	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here	[ ]	**b** **Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a	**Form 8868** check here	[ ]	**b** **Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here	[ ]	**b** **Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here	[ ]	**b** **Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here	[ ]	**b** **FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a	**Form 5330** check here	[ ]	**b** **Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here	[ ]	**b** **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) Wisconsin Milkweed Alliance Incorporated, (EIN) 83-1842339 and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize Michael Fekete CPA LLC to enter my PIN 42339 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

39220525148

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Michael Fekete Date 6/19/2025

ERO Must Retain This Form—See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So