APPENDIX A: RECIPIENT CONTACT INFORMATION

Name of Recipient Eau Claire County						
Street Address 721 Oxfo	ord Avenue					
City Eau Claire			State wi	Zip Code 54703		
Name of Individual Designated a Sara Bronstad	s contact for Civil Rights Co	,	S:			
Address Date Signed						
721 Oxford Avenue			115)2017			
Telephone Number (715)839 - 6445	Email Address sara.bronstad@co.eau-claire.wi.us					
Name of individual designated Sue Schleppenbach	to assist with LEP individ	uals and individua	Is with disabilities	3:		
Address		Date Signed	1			
721 Oxford Avenue		1/2	/18			
Telephone Number	Email Address					
718 839 - 1885	sue.schleppenbach@co.eau-claire.wi.us					
Name of Authorized Represent	ative					
Address	Date Signed					
Telephone Number () -	Email Address					

Instructions for completing Recipient Contact Information

- Fill in all the blanks on this form.
- Some smaller entities may not have dedicated LEP/ADA Coordinators or Civil Rights Compliance
 Officers. The individuals designated above can be (but don't have to be) same person (e.g., the
 Authorized Representative).

APPENDIX B: FUNDING RELATIONSHIP TO DHS / DCF / DWD

- Recipients may receive Federal funding through one or more State Agency to administer one or more Federal programs or activities.
- Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine oversight and coordination between the State Agencies.

	Contract or Program Name	Funding Amount (\$)		
			1. Community Aids	4,904,059
Our agency/entity has a direct contract, direct grant,	DHS	١	2. Children's Waiver	855,588
funding agreement or purchase order (PO) with	<u>Yes</u>	No	3. ADRC Grant	741,300
DHS to receive Federal funding.			4. MIPPA	5,470
Our agency/entity has a direct contract, direct grant,			1. Child Welfare	3,036,569
funding agreement or purchase order (PO) with	<u>Yes</u>	No	2. Child Care	361,944
DCF to receive Federal funding.			3. Child Support	596,294
Our agency/entity has a direct contract, direct grant,			1.	
funding agreement or purchase order (PO) with	Yes	No	2.	
DWD to receive Federal funding.			3.	
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with a			1. Income Maintenance	4,181,805
			2.	
County or Consortium that receives Federal funding from DCF/DHS/DWD.	Yes	No	3.	
Holli DCF/DH3/DWD.				
Name of County or Consortium? Great Rivers				
Our agency/entity has a subcontract with another entity that receives Federal funding from DCF/DHS/DWD.		No	1. TAP	135,600
			2. Older Americans Act	415,888
			3.	
Name of the entity/entities: Lutheran Social Services;				
Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR)				

Instructions for completing Funding Relationship to DHS, DCF or DWD

Fill in all the blanks on the above form. Your response should identify all Federal funding you receive from each of the State Agencies or recipients.