



Toni Preckwinkle
President
Cook County Board of Commissioners

COOK COUNTY

Bureau of Economic Development

Emergency Solutions Grant Program (ESG)

2011 Second Allocation Program Year

Application

Applicant Agency/Organization

Applicant's Name and Title

(Executive Director, Chief Executive Officer, President)

Toni Preckwinkle, President
Cook County Board of Commissioners

Bureau of Economic Development
69 West Washington, Suite 2900
Chicago, Illinois 60602

Herman Brewer, Bureau Chief



2011 Second Allocation Emergency Solutions Grant Program Application

APPLICATION CHECKLIST

The following attachments are required and **must** be submitted as part of this application.

- All required sections of the application are complete.

Non-Profit Agency (Form samples are attached.)

- Resolution and Certification of Resolution
- Matching Funds Certification - Form C
- List of Board of Directors
- Copy of 501(c)3
- Current Certificate of Good Standing (dated within the last 45 days)
- Certified Copy of Articles of Incorporation and Certified Copy of Amended Articles of Incorporation, if amended, **from the Illinois Secretary of State**. The certification must be dated **within 15 days** of the date of submission of the Application. This must be ordered every year.
- Audited Financial Statements (most current)

I hereby verify that the attached application is complete and all required documentation is enclosed.

Print Name (*Designated Project Manager*)

Signature

Date

Please return completed applications to the following:

Cook County Bureau of Economic Development
Department of Planning and Development
Attn: Ms. Laura Carroll, AICP
69 West Washington Street, Suite 2900
Chicago, IL 60602



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APPLICANT INFORMATION SHEET

Applicant/Organization Name: _____

Executive Director Name: _____

E-mail Address: _____

Contact Person Name & Title: _____

E-mail Address: _____

Telephone: _____ *Fax:* _____

Applicant Website Address: _____

ESG Components

Homelessness Prevention: \$ _____

Rapid Rehousing: \$ _____

Total Amount Requested: \$ _____

Total Matching Funds: \$ _____

Executive Director, President, Chief Executive Officer, Signature

Date



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APPLICANT INFORMATION SHEET CONT'D

2011 SECOND ALLOCATION PROGRAM YEAR - October 1, 2012 through September 30, 2013

Applicant: _____

Address: _____

City: _____ Illinois Zip Code: _____

Project Manager: _____

E-Mail: _____

Telephone: _____ Fax: _____

County Commissioner District #: _____

Project Title: _____

Is this project consistent with Cook County's
Bureau Economic Development 2010-2014
Consolidated Plan? If no, **"STOP"**.

Yes

No

Type of Applicant
(Check as many as
apply):

Faith Based

Domestic
Violence
Agency

Youth
Agency

Location with
emergency
shelter

Primarily
Prevention
Agency



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SUMMARY AND PROJECT DESCRIPTION

DUNS Number (Required For Funding): _____

FEIN Number: _____ CFDA Number: 14.231

ESG Dollars Requested: \$ _____

Matching Funds: \$ _____ Source(s): _____

Project Service Area/Geographic Location (Specify municipalities or zip codes served, if possible):

Shelter Address (when applicable): _____

Summary of Project (50 Words or Less): _____

Purpose of the Project:

Help Prevent Homelessness

Help the Homeless

Help those fleeing from domestic violence



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Homeless Prevention Component Check the boxes below, and then briefly describe the specific proposed use of ESG Homeless Prevention funds. Be specific in the narrative area below if a portion of the funds are to go to intake workers or persons working directly to house clients. Specify in the narrative area how much of the grant is to be used for staff and how much for client financial assistance.

- | | | | |
|--|--|---|--------------------------------------|
| <u>Rental Assistance</u> | <u>Other Financial Assistance</u> | <u>Services/Staff Salaries</u> | <u>Coordination</u> |
| <input type="checkbox"/> Tenant Based Rental Assistance Services Short Term (1-3 months) | <input type="checkbox"/> Moving Costs | <input type="checkbox"/> Housing Search/Placement | <input type="checkbox"/> Call Center |
| <input type="checkbox"/> Tenant Based Rental Assistance Medium Term (4-12 months) | <input type="checkbox"/> Rental Application Fees | <input type="checkbox"/> Housing Stability Case Management | <input type="checkbox"/> Intake |
| <input type="checkbox"/> Project Based Rental Assistance Short Term (1-3 months) | <input type="checkbox"/> Security Deposits | <input type="checkbox"/> Mediation and Legal Services | |
| <input type="checkbox"/> Project Based Rental Assistance Medium Term (4-12 months) | <input type="checkbox"/> Last Month's Rent | <input type="checkbox"/> Credit Repair/ Budgeting/ Money Management | |
| | <input type="checkbox"/> Utility Deposit | | |
| | <input type="checkbox"/> Utility Payments | | |
| | <input type="checkbox"/> Rent Arrears | | |

Annual Number of Persons to be Served: _____

Brief description:



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Rapid Re-housing Component Check the boxes below, and then briefly describe the specific proposed use of ESG **Rapid Re-housing** funds. Be specific in the narrative area below if a portion of the funds are to go to intake workers or persons working directly to house clients. Specify how much in the narrative area of the grant is to be used for staff and how much for client financial assistance.

<u>Rental Assistance</u>	<u>Other Financial Assistance</u>	<u>Services/Staff Salaries</u>	<u>Coordination</u>
<input type="checkbox"/> Tenant Based Rental Assistance Services Short Term (1-3 months)	<input type="checkbox"/> Moving Costs <input type="checkbox"/> Rental Application Fees	<input type="checkbox"/> Housing Search/Placement <input type="checkbox"/> Housing Stability Case Management	<input type="checkbox"/> Call Center <input type="checkbox"/> Intake
<input type="checkbox"/> Tenant Based Rental Assistance Medium Term (4-12 months)	<input type="checkbox"/> Security Deposits <input type="checkbox"/> Last Month's Rent <input type="checkbox"/> Utility Deposit	<input type="checkbox"/> Mediation and Legal Services <input type="checkbox"/> Credit Repair/ Budgeting/ Money Management	
<input type="checkbox"/> Project Based Rental Assistance Short Term (1-3 months)	<input type="checkbox"/> Utility Payments <input type="checkbox"/> Rent Arrears		
<input type="checkbox"/> Project Based Rental Assistance Medium Term (4-12 months)			

Annual Number of Persons to be Served: _____

Brief description:



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Specific Anticipated Accomplishments *(50 Words or Less):*

Subpopulations to be Served:

Enter the annual number of persons anticipated to be served who are identified by the characteristics of the Homeless Subpopulation groups below:

Chronically Homeless	_____
Veterans	_____
Persons with HIV/AIDS	_____
Victims of Domestic Violence	_____
Unaccompanied Youth	_____

Total (Sheltered, Unsheltered, Persons served under prevention, etc.) to be Served:

Enter the annual number anticipated to be served through ESG funds:

Total number of persons	_____
Total number of households	_____



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CAPACITY AND INNOVATION

Inter-jurisdictional Regional Collaboration

Does your agency's proposed project offer a plan for regional collaboration?

- Yes No

If yes, please describe how your agency's efforts are related to inter-jurisdictional regional collaboration. (50 words or less)

Innovative (Creative) Nature of Proposal

Does your agency's proposed project include innovative aspects?

- Yes No

If yes, please describe the creative elements of your proposal? (50 words or less)

Please describe how your agency will leverage other funds, public or private, over the long-term to support similar projects and reduce reliance upon Cook County ESG funding. (50 words or less)

What is your agency's history with similar projects?



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Please describe how your agency's proposed project plan is part of a broader strategic plan or vision. (50 words or less)

PROJECT ELIGIBILITY

Please describe how any formerly or currently homeless person(s) function in policy or decision making roles for the organization.

Continuum of Care and HMIS Participation Plan

	Yes	No	Planned
Is your organization an active member of the Cook County Continuum of Care?			
Is your organization active at the local Community based Service Area (AHAND, SSCH, WSCH)?			
Is your organization actively participating in the Continuum of Care Homeless Management Information System (HMIS) process?			
(If your organization serves those fleeing from domestic violence:) Does your organization use InfoNet or another database tracking system?			

Describe Continuum of Care and HMIS/database tracking activities and participation in detail below:



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PROJECT COMPLETION SCHEDULE

Please provide a detailed timeline outlining specific plans for completing this project within 12 months from October 1st, the start of the Program Year. Include all activities your agency plans on undertaking in conjunction with ESG funds.

MONTH 1
MONTH 2
MONTH 3
MONTH 4
MONTH 5
MONTH 6
MONTH 7
MONTH 8
MONTH 9
MONTH 10
MONTH 11
MONTH 12 PROJECT COMPLETE



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PROPOSED PROJECT BUDGET

STAFF SALARIES (6 Person Limit)

Position	Component Number	(A) Annual Salary	(B) % of time spent on project	(A) multiplied by (B) Salary allocated for project	Salary ESG Portion	Project Match
TOTAL SALARIES						

Please indicate (1) for Homeless Prevention or (2) for Rapid Rehousing after each position. A position may carry out multiple components. **Failure to indicate component number after position may result in positions not being funded.**



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LINE ITEM BUDGET

<u>Homeless Prevention</u>			
<u>Component</u>	ESG Funds	Matching Funds	TOTAL
Housing Relocation and Stabilization Services (Salaries)			
Tenant Based Rental Assistance Short Term (1-3 months)			
Tenant Based Rental Assistance Medium Term (4-12months)			
Project Based Rental Assistance Short Term (1-3 months)			
Project Based Rental Assistance Medium Term (4-12months)			
Coordination: Call Center			
Moving Financial Assistance: Moving, Security Deposit, Last Month's Rent, Rental Applications			
Utility Financial Assistance: Utility Deposits and Payments			
Other Financial Assistance: Rent Arrears			
Total Component Activities			
<u>Rapid Rehousing</u>			
<u>Component</u>	ESG Funds	Matching Funds	TOTAL
Housing Relocation and Stabilization Services (Salaries)			
Tenant Based Rental Assistance Short Term (1-3 months)			
Tenant Based Rental Assistance Medium Term (4-12months)			
Project Based Rental Assistance Short Term (1-3 months)			
Project Based Rental Assistance Medium Term (4-12months)			
Coordination: Call Center			
Moving Financial Assistance: Moving, Security Deposit, Last Month's Rent, Rental Applications			
Utility Financial Assistance: Utility Deposits and Payments			
Other Financial Assistance: Rent Arrears			
Total Component Activities			
Grand Total (All Component Activities and Total Match)			



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FORM B: SAMPLE CERTIFICATION Not-for-Profit Organization/Non-Municipal Agency

The undersigned Duly Qualified and Acting Secretary of the Board of Directors of (insert full name) hereby certifies that the attached Resolution authorizing execution of the Application for the County of Cook, Illinois' Second Allocation of the 2011 Emergency Solutions Grant ("ESG") Program Year is a true and correct copy of said Resolution as passed by the Board of Directors of (insert organization name) on (insert Board meeting date) which Resolution is still in full force and effect.

Dated this _____ day of _____ 2012

Attest: _____
Print Name - Board Secretary

Signature - Board Secretary

{SEAL}



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AUDITED FINANCIAL STATEMENTS
(Attach most current.)