Toni Preckwinkle
President
Cook County Board of Commissioners

COOK COUNTY

Department of Planning and Development

Emergency Solutions Grants Program (ESG)

2014 Program Year Application

Applicant Agency/Organization

Applicant's Name and Title
(Executive Director, Chief Executive Officer)

Toni Preckwinkle, President
Cook County Board of Commissioners

Department of Planning and Development
69 West Washington, Suite 2900
Chicago, Illinois 60602

Michael Jasso, Director

Prepared by the Cook County Bureau of Economic Development
February 2014

2014 Emergency Solutions Grants 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 – (See Form A and Form B at the end of the application for samples. Note that an agency seal should be included on the resolution and certification, if available.)

☐ Matching Funds Certification – (See Form C at the end of the application.)

☐ 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 45 days** of the date of submission of the Application. This must be ordered every year.

☐ Audited Financial Statements (most current). Submit your A133 Single Audit, if applicable. Otherwise, submit your latest audited financials. If you do not have audited financials, you may submit other financial documents for consideration. Audited financials are preferred.

Note: You will lose points for each of the above items that is missing from your submitted application package. For more about application scoring, please see the application guide.

Please return completed applications to the following:

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

2014 Emergency Solutions Grants Program Application

APPLICANT INFORMATION SHEET

Applicant/Organization Name: _____

Executive Director/CEO: _____

E-mail Address: _____

Project Manager Name & Title: _____

E-mail Address: _____

Telephone: _____ *Fax:* _____

Applicant Website Address: _____

Funding Request
ESG Components

Homelessness Prevention:	$
Rapid Rehousing:	$
Street Outreach:	$
Emergency Shelter:	$
HMIS:	$
Total Amount Requested:	$ 0
Total Matching Funds:	$

*The signature below must be from the person authorized in the resolution supporting the application.

_____ _____
Signature Date

_____
Title

2014 Emergency Solutions Grants Program Application

APPLICANT INFORMATION SHEET (CONT'D)

2014 PROGRAM YEAR - October 1, 2014 through September 30, 2015

Applicant Address: _____

City: _____ Illinois Zip Code: _____
(include full ZIP + 4)

County Commissioner District #: _____

Project Title: _____

Is this project consistent with Cook County's 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

2014 Emergency Solutions Grants Program Application

SUMMARY AND PROJECT DESCRIPTION

DUNS Number (*Required For Funding):* _____

FEIN Number: _____ CFDA Number: **14.231**

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

_____

_____

Shelter Address (when applicable): _____

Summary of Project (100 words or less): _____

_____

_____

_____

Purpose of the Project (check all that apply): ☐ Help Prevent Homelessness ☐ Help the Homeless ☐ Help those fleeing from domestic violence

2014 Emergency Solutions Grants Program Application

Homeless Prevention Component *Check the boxes below to indicate activities that will be supported by the requested funding, 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.*

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

Annual Number of Persons to be Served: _____

Brief description:

_____

_____

_____

_____

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Rapid Re-housing Component *Check the boxes below to indicate activities that will be supported by the requested funding, 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.*

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

Annual Number of Persons to be Served: _____

Brief description:

_____

_____

_____

_____

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HMIS Component *Check the boxes below to indicate activities that will be supported by the requested funding, and then briefly describe the specific proposed use of ESG* ***HMIS*** *funds.* **Note: if applicant is a victims' services provider, you may apply for funds under this category and specify which data collection system you will be using.** *Specify in the narrative below how much funding would be spent in each activity.*

- ☐ Staff salaries for operating and being trained to use HMIS
- ☐ Providing HMIS training and administering HMIS (HMIS lead agency only)
- ☐ Establishing/operating comparable database (DV Providers only)

Brief description:

_____

_____

_____

_____

_____

_____

Street Outreach Component *Check the boxes below to indicate activities that will be supported by the requested funding, and then briefly describe in the narrative below the specific proposed use of ESG* ***Street Outreach*** *funds.*

Services/Staff Salaries

- ☐ Engagement
- ☐ Case Management
- ☐ Transportation
- ☐ Services for Special Needs Populations

Coordination

- ☐ Intake
- ☐ Call Center

Annual Number of Persons to be Served: _____

Brief description:

_____

_____

_____

_____

2014 Emergency Solutions Grants Program Application

Emergency Shelter Component *Check the boxes below to indicate activities that will be supported by the requested funding, and then briefly describe the specific proposed use of ESG* ***Emergency Shelter*** *funds. Specify in the narrative below how much funding would go toward shelter operations and how much would go toward staff salaries:*

Essential Services

- ☐ Case Management
- ☐ Childcare, Education, Employment, and Life Skills Services
- ☐ Legal Services
- ☐ Substance Abuse Services
- ☐ Transportation
- ☐ Services for Special Needs Populations

Shelter Operations

- ☐ Maintenance and Repairs
- ☐ Shelter Rent
- ☐ Shelter Security
- ☐ Insurance
- ☐ Shelter Utilities
- ☐ Food
- ☐ Furnishings
- ☐ Equipment and Supplies
- ☐ Hotel or Motel Voucher (only when no other appropriate shelter is otherwise available)

Coordination

- ☐ Intake
- ☐ Call Center

Annual Number of Persons to be Served: _____

Brief description:

_____

_____

_____

_____

Shelter Type

Enter the annual number of persons served in Emergency Shelter by shelter type that will be housed at least partly through the support of ESG funds:

Barracks (i.e. Open sleeping areas, gymnasiums) _____
Group/large house _____
Scattered site apartment _____
Single family detached house _____
Single room occupancy _____
Hotel/motel _____
Other (describe)_____ _____

Total number of beds to be available per night by the shelter provider 0

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The questions on the next three pages relate to ALL ESG Components for which the applicant is requesting funding (attach additional pages if needed when providing your answers).

Specific Anticipated Accomplishments: (Please incorporate quantitative and qualitative measures. For returning applicants, you are encouraged to highlight any anticipated changes from the prior year. If you are applying for multiple components, please specify your anticipated accomplishments for each component.)

_____

_____

_____

Subpopulations to be Served by ESG Funding:

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

Regional Collaboration

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

☐ Yes ☐ No

If yes, please describe your agency's efforts with regional collaboration.

_____

_____

_____

_____

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?

_____

_____

_____

_____

_____

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.

_____

_____

_____

What is your agency's history with projects similar to ESG?

_____

_____

_____

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Please describe how your agency's proposed project plan is part of a broader organizational strategic plan or vision. (In addition to your narrative response below, you may provide a copy of or a link to relevant plans, pages, etc.)

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 in 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 1, 2014, the start of the Program Year. Include all activities your agency plans on undertaking in conjunction with ESG funds.

MONTH 1 (October 2014)
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
			0%	$0		
			0%	$0		
			0%	$0		
			0%	$0		
			0%	$0		
			0%	$0		
			0%	$0		
			0%	$0		
			0%	$0		
			0%	$0		
			0%	$0		
			0%	$0		
TOTAL SALARIES					$0	$0

*Please indicate (1) for Homeless Prevention, (2) for Rapid Rehousing, (3) for Street Outreach, (4) for Emergency Shelter, and/or (5) for HMIS after each position. A position may carry out multiple components. Please list one staff position per component per line. (A staff person may be repeated on more than one line if they are being funded to carry out more than one component.) **Failure to indicate the component number after the position may result in positions not being funded.**

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LINE ITEM BUDGET

Homeless Prevention Component	**ESG Funds**	**Matching Funds**	**TOTAL**
Housing Relocation and Stabilization Services (Salaries)			$0
Tenant Based Rental Assistance Short Term *(1-3 months)*			$0
Tenant Based Rental Assistance Medium Term *(4-12months)*			$0
Coordination: Call Center			$0
Moving Financial Assistance: Moving, Security Deposit, Last Month's Rent, Rental Applications, Moving Costs			$0
Utility Financial Assistance: Utility Deposits, Payments, and Arrears			$0
Other Financial Assistance: Rent Arrears			$0
Total Component Activities	$0	$0	$0
Rapid Rehousing Component	**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)*			
Coordination: Call Center			
Moving Financial Assistance: Moving, Security Deposit, Last Month's Rent, Rental Applications, Moving Costs			
Utility Financial Assistance: Utility Deposits, Payments, and Arrears			
Other Financial Assistance: Rent Arrears			
Total Component Activities	$0	$0	$0

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HMIS/Data Tracking	**ESG Funds**	**Matching Funds**	**TOTAL**
Staff Salaries for Operating HMIS			$0
Receiving HMIS Training (salary, transportation, etc.)			$0
HMIS Administration and Providing Training (salary, transportation, etc.)			$0
Establishing/operating similar database (Victim providers only)			$0
Total Component Activities	$0	$0	$0
Street Outreach	**ESG Funds**	**Matching Funds**	**TOTAL**
Staff Salaries			$0
Transportation			$0
Coordination: Call Center			$0
Total Component Activities	$0	$0	$0
Emergency Shelter	**ESG Funds**	**Matching Funds**	**TOTAL**
Staff Salaries (Direct staff services only)			$0
Transportation			$0
Shelter Operations: Maintenance and Repairs, Security Costs, Insurance, Utilities, Rent			$0
Food, Furnishings, Equipment, and Supplies			$0
Hotel or Motel Vouchers			$0
Coordination: Call Center			$0
Total Component Activities	$0	$0	$0
Grand Total (All Component Activities and Total Match)	$0	$0	$0

Please describe any other funding you currently receive from other departments or agencies of Cook County. If you do receive other Cook County funding, please indicate whether or not that funding supports the activity(ies) you are applying for in this ESG application.

APPLICATION RESOLUTION AND CERTIFICATION

Instructions

A sample of the authorizing resolution is included in this application. The person signing the application must be the same person authorized by the resolution.

The resolution must be adopted by your governing body and a **certified** copy submitted with the application. A sample form for certification by non-municipal agencies is included.

An agency seal should be included on both the resolution and the certification. If an agency does not have a seal, please indicate that on the forms.

2014 Emergency Solutions Grants Program Application

FORM A: SAMPLE RESOLUTION

Not-for-Profit Organization/Non-Municipal Agency

NOW, THEREFORE BE IT RESOLVED by the Board of Directors of ***(insert organization name)*** as follows:

Section 1. That a Request is hereby made to the County of Cook, Illinois for Emergency Solutions Grant ("ESG") funds for Program Year 2014 in the amount of $_____ for the following project(s):

Project: _____ Amount: $_____

as identified in ***(insert organization name)***'s ESG 2014 Program Year application.

Section 2. That the ***(insert position title of person signing the application)*** are hereby authorized to sign the application and various forms contained therein, make all required submissions and do all things necessary to complete the application for the funds requested in Section 1 of this Resolution, a copy of which application is on file with the Secretary.

Dated this _____ day of _____ 2014

By: _____ _____

Print Name – Chairman/President Signature - Chairman/President

Attest: _____ _____

Print Name – Board Secretary Signature – Board Secretary

{SEAL}

2014 Emergency Solutions Grants Program Application

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 organization name)*** hereby certifies that the attached Resolution authorizing execution of the Application for the County of Cook, Illinois' 2014 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 _____ 2014

Attest: _____ _____

Print Name – Board Secretary Signature – Board Secretary

{SEAL}

2014 Emergency Solutions Grants Program Application

FORM C: ESTIMATED MATCHING FUNDS CERTIFICATION

Matching funds are defined as any local, county, state, federal (other than ESG) or private funds used in conjunction with ESG funds to implement a proposed project. This form must be filled out to document matching funds entered on the budget pages of this application.

Note: Cook County ESG requires a dollar-for-dollar match.

1. Amount of Matching Funds to Assist Project _____

2. Source(s) of Matching Funds to Assist Project _____

3. Timetable of Availability of Matching Funds _____

4. Designated Use of Matching Funds _____

An authorized official of the applicant must certify the availability of the above matching funds by signing in the designated area below. The organization's seal is also required, if available. If there is no seal, please note that below.

Dated this _____ day of _____ 2014

By: _____ _____
Print Name – Authorized Official Signature – Authorized Official

_____
Title of Authorized Official

Attest: _____ _____
Print Name – Board Secretary Signature – Board Secretary

{SEAL}

AUDITED FINANCIAL STATEMENTS
(Attach most current.)