



**Toni Preckwinkle**  
**President**

Cook County Board of Commissioners

# COOK COUNTY

## Bureau of Economic Development Emergency Solutions Grants Program (ESG) 2015 Program Year Application

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**Applicant Agency/Organization**

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**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, Bureau Chief



# 2015 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.
- Most current Audited Financial Statements – 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 are missing from your submitted application package. For more about application scoring, please see the application guide.**

Please return one hard copy of all application materials to the following:

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

**New this year:** In addition to the hard copy, please submit an electronic copy of the application PDF (as well as any additional pages used to answer application questions) to [laura.carroll@cookcountyil.gov](mailto:laura.carroll@cookcountyil.gov)

***The deadline for submitting all applications is: Wednesday, MARCH 18, 2015, at 4:00PM (Applications received after this date and time will not be accepted. No exceptions.)***



# 2015 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:

\$

Total Matching Funds:

\$

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



# 2015 Emergency Solutions Grants Program Application

## APPLICANT INFORMATION SHEET (CONT'D)

2015 PROGRAM YEAR - October 1, 2015 through September 30, 2016

Applicant Address: \_\_\_\_\_

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

County Commissioner District #: \_\_\_\_\_

Project Title: \_\_\_\_\_

Is this project consistent with [Cook County's 2015-2019 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

Is this a joint application with other organizations? (If it is, please attach additional sheets detailing who the other organizations are, their involvement, and your plan for the joint process. Please note that the only components eligible for joint applications are Homelessness Prevention and Rapid Re-housing. Please contact [laura.carroll@cookcountyil.gov](mailto:laura.carroll@cookcountyil.gov) to discuss your joint application.)  Yes  No



# 2015 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): \_\_\_\_\_

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**Purpose of the  
Project (check all  
that apply):**

Help Prevent Homelessness

Help the Homeless

Help those fleeing from  
domestic violence



# 2015 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.

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<u>Rental Assistance</u>	<u>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"/> Security Deposits	<input type="checkbox"/> Mediation and Legal Services	
	<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:**



# 2015 Emergency Solutions Grants Program Application

**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.

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- | <u>Rental Assistance</u>   | <u>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<br><input type="checkbox"/> Rental Application Fees  | <input type="checkbox"/> Housing Search/Placement<br><input type="checkbox"/> Housing Stability Case Management<br><input type="checkbox"/> Mediation and Legal Services<br><input type="checkbox"/> Credit Repair/ Budgeting/ Money Management | <input type="checkbox"/> Call Center<br><input type="checkbox"/> Intake |
| <input type="checkbox"/> Tenant Based Rental Assistance Medium Term (4-12 months)        | <input type="checkbox"/> Security Deposits<br><input type="checkbox"/> Last Month's Rent<br><input type="checkbox"/> Utility Deposit<br><input type="checkbox"/> Utility Payments<br><input type="checkbox"/> 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.**

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

**Brief description:**

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**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.

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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:**



# 2015 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 \_\_\_\_\_



## 2015 Emergency Solutions Grants Program Application

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	_____

\* Targets of the Zero : 2016 Campaign

**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	_____



# 2015 Emergency Solutions Grants Program Application

## CAPACITY AND INNOVATION

### Regional Collaboration

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

- Yes  No

If yes, please describe how your agency's efforts are related to regional or sub-regional collaboration.

Are you involved in the Zero : 2016 Campaign?

- Yes  No

If yes, please describe your involvement.

### 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.



# 2015 Emergency Solutions Grants Program Application

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

Please describe how your agency's proposed project plan is part of a broader organizational strategic plan or vision.

## 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 activities and participation in detail below:



# 2015 Emergency Solutions Grants Program Application

## PROJECT COMPLETION SCHEDULE

*Please provide a detailed timeline outlining specific plans for completing this project within 12 months from October 1, 2015, the start of the Program Year. Include all activities your agency plans on undertaking in conjunction with ESG funds.*

MONTH 1 (October 2015)
MONTH 2
MONTH 3
MONTH 4
MONTH 5
MONTH 6
MONTH 7
MONTH 8
MONTH 9
MONTH 10
MONTH 11
MONTH 12 <b>PROJECT COMPLETE</b>





## 2015 Emergency Solutions Grants Program Application

### LINE ITEM BUDGET

<u><b>Homeless Prevention Component</b></u>	<b>ESG Funds</b>	<b>Matching Funds</b>	<b>TOTAL</b>
Housing Relocation and Stabilization Services (Salaries)			
Tenant Based Rental Assistance Short Term (1 <sup>st</sup> -3 <sup>rd</sup> months)			
Tenant Based Rental Assistance Medium Term (4 <sup>th</sup> -12 <sup>th</sup> months)			
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			
<b>Total Component Activities</b>			
<u><b>Rapid Rehousing Component</b></u>	<b>ESG Funds</b>	<b>Matching Funds</b>	<b>TOTAL</b>
Housing Relocation and Stabilization Services (Salaries)			
Tenant Based Rental Assistance Short Term (1 <sup>st</sup> -3 <sup>rd</sup> months)			
Tenant Based Rental Assistance Medium Term (4 <sup>th</sup> -12 <sup>th</sup> months)			
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			
<b>Total Component Activities</b>			



## 2015 Emergency Solutions Grants Program Application

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



## 2015 Emergency Solutions Grants Program Application

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.



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## 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.





# 2015 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' 2015 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 \_\_\_\_\_ 2015

Attest: \_\_\_\_\_  
Print Name – Board Secretary

\_\_\_\_\_  
Signature – Board Secretary

{SEAL}



# 2015 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 \_\_\_\_\_ 2015

By: \_\_\_\_\_  
Print Name – Authorized Official

\_\_\_\_\_  
Signature – Authorized Official

\_\_\_\_\_  
Title of Authorized Official

Attest: \_\_\_\_\_  
Print Name – Board Secretary

\_\_\_\_\_  
Signature – Board Secretary

{SEAL}



# 2015 Emergency Solutions Grants Program Application

AUDITED FINANCIAL STATEMENTS  
(Attach most current.)