



2017 ALLIANCE APPLICATION FORM NEW PROJECTS

The 2017 Alliance Application Form is to be submitted to the Alliance to End Homelessness in Suburban Cook County. **This application form will not be submitted to HUD.** The 2017 Alliance Application Form is used to gather information relevant to our Continuum of Care project review process. See additional instructions on the final page of this form and on the Alliance website.

LEAD AGENCY INFORMATION – Project Applicant/Recipient

Agency Name:			
Agency Address:			
City, State, Zip:			
Contact Person:			
Contact Phone:		e-mail:	
Agency Director:			
Director Phone:			
Does the agency have 501(c)(3) status?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If other than a nonprofit, what type of eligible applicant type is the agency?	<input type="checkbox"/> NA		
Date of Incorporation:			
Current fiscal year (FY) end date (e.g., year ending 6/30/17):			
Current FY projected income:		Current FY projected expense:	
Previous FY's end date:			
Previous FY actual income:		Previous FY actual expense:	
End Date of last agency financial audit (e.g., for year ending 6/30/2016):			
Discuss any findings from that audit and actions your agency has taken or plans to take to address any concerns:			

PROJECT INFORMATION

Name of Project:			
Project Address, if applicable:			
Amount requested in this proposal:			
Indicate if this project is a:	<input type="checkbox"/> New Project <input type="checkbox"/> Expansion Project		
Indicate if the project is applying as a:	<input type="checkbox"/> Reallocation Project <input type="checkbox"/> Bonus Project		

Program Type (Choose one.)

	Permanent Supportive Housing / Leasing (scattered apartments)
	Permanent Supportive Housing / Rental Assistance (scattered apartments)
	Permanent Supportive Housing / Project-Based (one site/building)
	Rapid Re-Housing / Rental Assistance

Primary Population

Indicate if **50% or more** of the client slots/housing units will be reserved for any of the listed groups. Choose one option from the left column and at least one option from the right column:

Individuals	Chronically homeless	Select one:	25%	50%	75%	100%
Families	Veterans	Select one:	25%	50%	75%	100%
	Persons problems related to Substance Use		25%	50%	75%	100%
	Persons with Physical Disabilities		25%	50%	75%	100%
	Persons with Mental Illnesses		25%	50%	75%	100%
	Persons with HIV/AIDS		25%	50%	75%	100%
	Victims of Domestic Violence		25%	50%	75%	100%

Less Restrictive Eligibility Criteria (Select all that apply):

Program will accept clients with no current source of income.	z
Program will accept clients with active substance use issues.	z
Program will accept clients with history of chronic substance use issues.	z
Program will accept clients with untreated or treated yet with symptoms of mental illness.	z
Program will accept clients with a felony conviction.	z

Low Demand Service Model (Select one answer for each):

If a person experiences a relapse, treatment intervention, brief hospitalization, or a brief incarceration (less than 90 days):	
The program will NOT retain a spot for that participant for that period (up to 90 days).	x
The program will retain a spot for the participant for that period (up to 90 days).	z
If a person with a history of alcohol abuse experiences a relapse but is not disruptive to neighbors and/or other participants:	
Program termination begins, and the person may appeal.	x
After a written or verbal warning this time the person is likely to be terminated from the program on the 2nd or 3rd offense.	x
The case manager and participant discuss the potential consequences of future relapses identifying motivators for future sobriety. The service plan will have sobriety as a goal and future lapses may be cause for termination.	y
The relapse will be discussed at the next case management session including identifying motivators for drinking less, but relapse that is not disruptive or dangerous to self or others will not lead to termination.	z
If a person uses an illegal drug off-site but is not disruptive to neighbors and/or other participants:	
Program termination begins, and the person may appeal.	x
After a written or verbal warning this time the person will likely be terminated from the program on the 2nd or 3rd offense.	x
The case manager and participant discuss the potential consequences of future illicit drug use and identify motivators for future abstinence. The service plan will have abstinence as a goal, and future relapses may be cause for termination.	y
The drug use will be discussed at the next case management session and identify motivators for less frequent drug use, but a relapse that is not disruptive or dangerous to self or others will not lead to termination.	z

If a person with a mental illness refuses to participate in counseling, to see the doctor, or to take prescribed medication:	
Program termination begins, and the person may appeal.	x
After a written or verbal warning this time the person will likely be terminated from the program on the 2nd or 3rd offense.	x
The case manager and participant discuss the potential consequences of continuing to not see the doctor or talk with their worker or take recommended medication and identify motivators for further treatment. The treatment plan will have seeing the doctor, talking with the counselor, and taking medication as a goal. Continuing to not work with the mental health team by itself may be cause for termination.	y
The person's mental health status will be discussed at the next case management session and identify motivators for treatment alternatives, but counseling or seeing a doctor or taking medication is not a requirement for continued participation in the program.	z
If a person with a history of substance use problems and/or mental illness and/or criminal involvement exhibits behavior that is disruptive to neighbors and results in a complaint to the landlord/property manager:	
Program termination and/or eviction begins, and the person may appeal.	x
The landlord knows to call the program manager first before proceeding to eviction. After a written or verbal warning this time, the person is likely to be terminated from the program on the 2nd or 3rd offense.	y
The landlord knows to call the program manager first before proceeding to eviction. The case manager and participant discuss the consequences of future disruptive or dangerous behavior and identify eviction prevention steps and motivators to avoid the disruptive/dangerous behavior. The service plan includes specific alternatives to the problematic behavior, and termination or eviction is avoided to the greatest possible extent.	z

Housing First:

Describe the extent to which this project will adopt a Housing First approach, defined as housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals.

Community Based Service Area (CBSA) Participation:

Is the recipient or subrecipient agency a member of your Community Based Service Area (CBSA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
To which CBSA(s) do you belong?	AHAND	SSCH	WSCH
Describe your agency's involvement in Alliance or CBSA committees. If applicable, describe the subrecipient agencies' involvement in Alliance or CBSA committees.			

Briefly describe your project. Be sure to address at least the following questions.

- 1 a. Describe the population to be served by the project.
- 1 b. What is your plan to find, engage, house and serve the target population?
- 1 c. What internal capacity and/or external partnerships or networks will help you do this? Include projected staffing plan for the project.

Partnerships:

- 2. List the Partner Agencies. Partner Agencies are those agencies that will be receiving HUD funds from this grant Application (Subrecipients). List lead agency first. Please sequentially number each partnering agency. **After each, describe the role each will play in the project. Give SPECIFIC info on how HUD funds will be used by each partner, including approximate amounts and use of funds.**

3. List any previous applications for funding through this Continuum of Care. Explain findings/concerns identified through HUD monitoring. How and when were these (or will these be) resolved? Identify and explain any delays in implementing homeless projects in this **or in any other** Continuum of Care.

HMIS:

4. Please describe the program's ability to collect data electronically and your agency's plan to participate in the Alliance's Homeless Management Information System (HMIS). Include information about current or planned equipment, internet access, and staff capacity. If your agency is not already a current HMIS participant, also describe your staffing plan for HMIS participation and whether you currently collect data in another electronic system.

Mainstream Program Participation:

*Please mark any of the following that apply to this project, and include narrative that demonstrates the proposed project will have the capacity to coordinate with mainstream resources, including adequate staffing to provide linkages. Please keep explanations brief (1-2 sentences). **Mainstream Programs** refer to SSI, SSDI, TANF, Medicaid, Food Stamps/ Link Card, AllKids, WIA, Veterans Health Care, as well as any applicable state or local benefits.*

<input type="checkbox"/>	(5.1)	Case managers will systematically assist clients in completing applications for mainstream benefit programs. If yes, describe how this service is generally provided:
<input type="checkbox"/>	(5.2)	We will supply transportation assistance to customer to attend mainstream benefit appointments, employment training, and/or jobs.

<input type="checkbox"/> (5.3)	<p>We use a single application form (or other screening tool) for four or more of the above mainstream programs. If yes, indicate for which mainstream programs the form applies:</p>
<input type="checkbox"/> (5.4)	<p>We will have staff systematically follow up to ensure that mainstream benefits are received. If yes, please describe the follow-up process:</p>
<input type="checkbox"/> (5.5)	<p>We have staff that has participated in an in person or online SOAR training regarding Social Security benefits. If so, indicate date certificate was received:</p>
<input type="checkbox"/> (5.6)	<p>We have specialized staff whose primary responsibility is to identify, enroll and follow up with homeless persons on participation in mainstream programs. If yes, please identify these staff members by name and job title:</p>
<input type="checkbox"/> (5.7)	<p>We are participating in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. If yes, please describe.</p>
<input type="checkbox"/> (5.8)	<p>Supportive Services to Families with Children: Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, please describe these policies and practices:</p>

- (5.9) Supportive Services to Families with Children: Does the proposed project have a d staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?
 Yes No NA
If yes, please describe the staffing (i.e., name, position, responsibilities, full or part-time):

Ongoing Evaluation/ Client Feedback:

6. Describe the evaluation plan for the project. What will be measured, when, how, and by whom? Include information on expected outcomes for clients served. Describe how your agency incorporates outcome data into a quality improvement process for this project and for the agency.

7. Will the program conduct anonymous client satisfaction surveys or alternative methods of anonymous feedback?
 Yes No
8. Will the program provide an opportunity for feedback from all clients at exit regardless of reason for leaving?
 Yes No
9. Will the program present customer feedback to the Board of Directors?
 Yes No
10. Is there a person with lived experience involved in your agency's decision making process?
 Yes No

If yes, describe:

Program Outcomes:

11. How will this program help clients obtain and maintain permanent housing?

12. How will this project assist clients who are achieving their goals to move to other permanent housing at the appropriate time?

13. Please describe the type, frequency, and duration of the supportive services proposed for this project.

14. Please describe how the project will increase client income and help clients become self-sufficient.

15. What activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons (Section 3)? **If project does not include construction or rehab, mark NA.**

Fair Housing & Equal Opportunity:

16. Describe the procedures used to market housing and supportive services to eligible persons regardless of gender identity, sexual orientation, color, national origin, religion, race, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. Explain what steps have been taken to improve access to program services for persons with Limited English Proficiency (LEP).

17. Estimated Program Budget:

Budget Term:

Project Activities	CoC Program Funding	Cash or In-Kind Match	Total Estimated Project Budget
Acquisition			
Rehabilitation			
New Construction			
Leasing			
Rental Assistance			
Supportive Services			
Operations			
HMIS			
Subtotal			
Administration (not to exceed 7% of subtotal)			
Total			

18. Program Budget Narrative: Explain cost calculations for each Budget Line Item, e.g., number of units, staff FTE by function, eligible costs to be covered by Continuum grant.

19. Summarize the funds that will be used as Match or Leverage for the project in charts below.

Summary for Match

Total Value of Cash Commitments:	\$
Total Value of In-Kind Commitments:	\$
Total Value of All Commitments:	\$

Summary for Leverage

Total Value of Cash Commitments:	\$
Total Value of In-Kind Commitments:	\$
Total Value of All Commitments:	\$

Match/ Leverage	Cash/In-Kind	Government/Private	Contributor	Date of Commitment	Value of Commitment

For any continuation of narratives, list the Question Number(s), then fit the remaining narrative(s) in this space.

CERTIFICATION: *By submitting this application electronically you certify that you are authorized to submit this application and that the information provided is accurate.*

APPLICATION SUBMISSION:

1. Please submit the Alliance application form electronically by filling in the form. Save the completed form to your computer using "Save As...", and name the file "Alliance app 2017 [YourAgencyInitials] [YourProgramName]" or similar. (No quotes or brackets.) You can save your work as you go.
2. **When you have completed and saved this application form, click the "Submit" button on the top right of the form. This will prompt you to choose a type; please select "Internet Email" so that you can send the file to us with attachments.**
3. For each project, address an email message to nofa@suburbancook.org and attach the Alliance application form and attachments, as listed below. Put your Program Name in the Subject line of the email message, and please name your attachments clearly.
4. Your email message and required attachments must be sent **by 5:00pm on the deadline shown on the Alliance website. You must also click Submit on your HUD Project Application within esnaps by this deadline. (NOTE: the deadline for submitting the HUD project application in esnaps is subject to change depending on date of NOFA release. See Alliance website for updates.)** Any application received on previous years' forms will NOT be accepted and will not be ranked.
5. Applications for NEW Projects will only be accepted for projects that are eligible as a Reallocation Project or Bonus Project as described in the HUD Continuum of Care NOFA. If you have any questions about eligibility for your proposed NEW project, please contact Jennifer Hill at 708.236.3261, ext. 1#.
6. Applicants for NEW projects will be required to give a presentation of their project to a review panel. Applicants will be notified with the date of their presentation.
7. On submission to the Alliance, applications will be reviewed to ensure that they are complete and that they meet threshold requirements. Incomplete applications may not be accepted.
8. Projects will be scored and ranked according to the Alliance evaluation criteria by the Project Review Panel. The ranking is not final until its approval by the Alliance Board.
9. Applications will be compiled and submitted electronically to HUD by the Alliance according to the details and deadlines indicated in the NOFA.

SPECIAL INSTRUCTIONS:

1. Please use the space given for narrative answers. Longer answers are acceptable if the font remains readable. (The font size will decrease the more you write.) If necessary, continue any narrative answers in the box on the final page of this application.
2. Reallocation projects, if available, will be limited to a one-year term. The amount available for Reallocation projects will depend on what funding is cut from existing renewals. Expect to be asked if your project can be scaled up or down.
3. Match requirements are described in the CoC interim rule. We require written match commitments as an attachment to this application.
4. **The Alliance requires 1:1 leveraging.** Each project must provide at least one dollar in leveraging for each dollar requested from HUD.

New Projects:

<input type="checkbox"/>	2017 Alliance Application Form
<input type="checkbox"/>	IRS 501(c)(3) letter for lead agency
<input type="checkbox"/>	Current Agency Budget for lead agency
<input type="checkbox"/>	Most recent financial audit for lead agency
<input type="checkbox"/>	PDF versions of completed HUD application including Applicant Profile, Project Application in esnaps, and copies of attachments uploaded to esnaps. (NOTE: the deadline for submitting the HUD project application in esnaps is subject to change depending on the date of the NOFA release. See Alliance website for updates.)
<input type="checkbox"/>	All Match and Leverage letters (scanned, with signatures)

For questions on completing this application, please contact Jennifer Hill, Executive Director, by email at jennifer@suburbancook.org or by phone at 708.236.3261, ext. 1#.