



2017 ALLIANCE APPLICATION RENEWAL FORM

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 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:			
End Date of last agency financial audit (e.g., for year ending 6/30/16):			
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: (Mark N/A for scattered sites.)			
Is this address confidential?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount requested:			
HUD grant number (from GIW):			
End Date of HUD Contract:	____ / ____ / 2018		
Has this program been monitored by HUD since 7/1/2012?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Discuss any findings from that monitoring and actions your agency has taken or plans to take to address any concerns:			

Primary Population(s):

Indicate if **50% or more** of beds/slots are reserved for or are serving any of the following groups. Select all that apply:

<input type="checkbox"/>	Chronically homeless
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Indicate if **25% or more** of beds/slots are reserved for or are serving any of the following groups. Select all that apply:

<input type="checkbox"/>	Families with children
<input type="checkbox"/>	Veterans
<input type="checkbox"/>	Victims of domestic violence
<input type="checkbox"/>	Youth

Program Type (Choose one):

<input type="checkbox"/>	Permanent Supportive Housing / Leasing (scattered apartments)
<input type="checkbox"/>	Permanent Supportive Housing / Rental Assistance (scattered apt's/S+C)
<input type="checkbox"/>	Permanent Supportive Housing / Project-Based (one site/building)
<input type="checkbox"/>	Permanent Housing / Rapid Re-Housing
<input type="checkbox"/>	Safe Haven
<input type="checkbox"/>	Transitional Housing / Rolling Stock (scattered apartments; leavers may stay in apt.)
<input type="checkbox"/>	Transitional Housing/Leasing–Temporary (scattered apartments; leavers must move out)
<input type="checkbox"/>	Transitional Housing/Project-Based (one site/bldg.; leavers must move out)
<input type="checkbox"/>	Supportive Services Only (no housing)

Less Restrictive Eligibility Criteria (Select all that apply):

Program accepts clients with no current source of income.	z
Program accepts clients with active substance use issues.	z
Program accepts clients with history of chronic substance use issues.	z
Program accepts clients with untreated or treated yet with symptoms of mental illness.	z
Program accepts 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 does NOT retain a spot for that participant for that period (up to 90 days).	x
The program retains 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 has adopted 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.

Covenant:

Does this project have a commitment to serve homeless persons for 15 or 20 years as a result of previous HUD funding?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Start date of the commitment:	End date of the commitment:

Continuum Participation:

Is the recipient or subrecipient agency a member of a 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.			
Project has strengthened the Continuum by combining existing project with any other Continuum funded project; by converting to a permanent housing type; or by taking over project from a prior grantee (since calendar year 2012).		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe the change, when it happened, and how this change supports the Continuum's goals.			

Ongoing Evaluation/ Client Feedback:

1. Describe the evaluation plan for the **specific project** in this application. Do not describe agency wide evaluation plans. What will be measured, when, how, and by whom? Include information on expected outcomes for clients served. **Give a good example** of how this **project** has incorporated outcome data to make an improvement in this project.

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

If yes, describe:

Mainstream Program Participation:

Please mark any of the following that apply to this project. 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"/>	(6.1)	Case managers systematically assist clients in completing applications for mainstream benefit programs. If yes, describe how this service is generally provided:
<input type="checkbox"/>	(6.2)	We supply transportation assistance to customers to attend mainstream benefit appointments, employment training, and/or jobs.
<input type="checkbox"/>	(6.3)	We use a single application form (or other screening tool) for 4 or more of the above mainstream programs. If yes, indicate for which mainstream programs the form applies:
<input type="checkbox"/>	(6.4)	We have staff systematically follow up to ensure that mainstream benefits are received. If yes, please describe the follow-up process:
<input type="checkbox"/>	(6.5)	We have staff that has participated in an in person or online SOAR training regarding Social Security benefits in the past 24 months. If so, indicate number of applications completed since certification:

<input type="checkbox"/> (6.6)	<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"/> (6.7)	<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"/> (6.8)	<p>We are working to identify other sources of funding for supportive services in the eventuality that HUD Continuum funds for supportive services are reduced. If yes, please describe the specific steps you are your partners are taking to identify service funding:</p>
<input type="checkbox"/> (6.9)	<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>
<input type="checkbox"/> (6.10)	<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, please describe the staffing (i.e., name, position, responsibilities, full or part-time):</p>

Program Outcomes from Most Recent Annual Performance Report (APR):

(7.) End date of most recently submitted APR:	
(8.) Total leavers:	
(9.) Total stayers:	
(10.) Q24a: How many participants (leavers and stayers) had NO income at exit/follow-up?	
(11.) Q24b1: How many stayers had earned income at follow-up?	
(12.) Q24b2: How many leavers had earned income at exit?	
(13.) Q24b1: How many stayers increased their monthly income (earned or other) between entry and follow-up?	
(14.) Q24b2: How many leavers increased their monthly income (earned or other) between entry and exit?	
(15.) Q29a1 & a2: Leavers with any permanent destination at program exit:	
(16.) Q36a-e, Measure 1: Actual percent who accomplished Housing Stability Measure.	

Fair Housing & Equal Opportunity:

17. 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).

Recapture:

18. Complete the chart with information about the three most recently completed grant terms for this project. If the grant term just ended in March, April or May July 2017, and you have not completed the APR for that grant term, you may choose the 2016 end date as your most recently completed term. If a project was recently combined, include the three most recent renewals for each project.

Grant Number	End Date	Renewal or Initial Grant Term?	Grant Amount Awarded	Unused/recaptured amount

19. Three-Year Recapture Average: Calculate the average unused dollar amount from the three most recently completed renewal grant years. If the grant has only renewed twice, average those two recaptured amounts. If the grant has only renewed once, enter the recapture amount from the single renewal. If the grant has not yet renewed, enter zero. If the grant is a combination of more than one previous grant, add all the unused amounts together from the last three years' worth of renewals for all the grants, and then divide by three.

\$

20. What was the amount made available for reallocation in 2015 and 2016?

\$

21. Please explain any contributing factors to this recapture history.

22. Project Budget

Project Activities	CoC Program Funding	Cash or In-Kind Match	Total Estimated Project Budget
Leasing			
Rental Assistance			
Supportive Services			
Operations			
HMIS			
Subtotal			
Administration			
Total			

***The CoC program funding column in this budget must match the Grant Inventory Worksheet (GIW), minus any funds being cut for reallocation.

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 form to your computer using "Save As..." and name the file "Alliance app 2017 [YourAgencyInitials] [YourProgramName]" or similar. (No quotes or brackets.) Repeat this for each project you will be submitting. You can save your work as you go.
2. **When you have completed and saved your Alliance application form, click the "Submit" button on the top right of this 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 renewal project, address an email message to nofa@suburbancook.org and attach the Alliance application form, the PDF of your HUD project application from e-snaps*, and an electronic copy of the most recently completed APR for the project. Put your program's name in the Subject line of the email message. If you are submitting multiple applications, send each project's application with attachments in its own email message. Use the Project Name in the Subject line of each email message.
4. Your email message and required attachments must be sent by **5:00 pm on the deadline shown on the Alliance website**. Also, your HUD project application must be submitted electronically through the e-snaps system by the date specified on the Alliance website.*
5. Any application received on previous years' forms will NOT be accepted and will not be ranked.
6. On submission to the Alliance, applications will be reviewed to ensure that they are complete. Incomplete applications may not be accepted.
7. Projects will be scored according to the Alliance evaluation criteria by the Project Review Panel.
8. Applications will be compiled by the Alliance and submitted electronically to HUD according to the details and deadlines indicated in the NOFA.

SPECIAL INSTRUCTIONS:

1. Please do not make changes to your budgets unless you are cutting funds to be used for reallocation. Use the Budget numbers that appear in the approved Grant Inventory Worksheet, available at <http://www.suburbancook.org/NOFA>
2. **You do not need to attach your match letters to your renewal application.** You are responsible for the veracity of your match commitments. Please consult the CoC interim rule and the Notice of Funding Availability (NOFA) for details on match requirements.

Renewal Projects Checklist:

<input type="checkbox"/>	2017 Alliance Application Form, submitted.
<input type="checkbox"/>	PDF of Completed HUD Project Application from e-snaps.* You do NOT need to attach the Applicant Profile or any attachments you uploaded to e-snaps.
<input type="checkbox"/>	PDF of Most Recently Submitted HUD APR for the project.

****The deadline for submitting the HUD project application within esnaps is subject to change depending on the date the NOFA is released by HUD. See Alliance website for updates.***

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#.