



2019 Alliance Application: New Projects

The 2019 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 2019 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.

Text will resize based on the length of your answer. Please make sure that text is readable. Use the text box on the last page of this application to continue any narrative.

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?	Yes	No	N/A
If not a nonprofit, what type of eligible applicant is the agency?			
Date of Incorporation:			
Current fiscal year (FY) end date (e.g., year ending 6/30/18):			
Current FY projected income:		Current FY projected expense:	
Previous FY end date:			
Previous FY actual income:		Previous FY actual expense:	
End date of last agency financial audit (e.g., for year ending 6/30/2018):			
Discuss any findings from that audit and actions your agency has taken or plans to take to address any concerns:			
Project agrees to fill 100% of beds through the Coordinated Entry System	Yes	No	
(Note: Projects must fill 100% of vacancies through Coordinated Entry)			

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 <input type="checkbox"/> Transition Grant
Indicate if the project is applying as a:	<input type="checkbox"/> Reallocation Project <input type="checkbox"/> Bonus Project <input type="checkbox"/> Domestic Violence Bonus

Program Type (Choose one)

<input type="checkbox"/>	Permanent Supportive Housing / Leasing (scattered apartments)
<input type="checkbox"/>	Permanent Supportive Housing / Rental Assistance (scattered apartments)
<input type="checkbox"/>	Permanent Supportive Housing / Project-Based (one site/building)
<input type="checkbox"/>	Rapid Re-Housing / Rental Assistance (RRH)
<input type="checkbox"/>	Joint Transitional Housing/Rapid Re-Housing Project (TH/RRH)
<input type="checkbox"/>	Supportive Services Only (no housing)

Units and Beds

Indicate the maximum number of units and beds available for project participants.

Units:	
Beds:	

Primary Population

Please identify the project's specific population focus. Select **ALL** that apply.

<input type="checkbox"/> Chronic Homeless	<input type="checkbox"/>	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/>
<input type="checkbox"/> Veterans	<input type="checkbox"/>	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/>
<input type="checkbox"/> Unaccompanied Youth (under 25)	<input type="checkbox"/>	<input type="checkbox"/> Mental Illness	<input type="checkbox"/>
<input type="checkbox"/> Families	<input type="checkbox"/>	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/>
Other:			

Region Served

Please identify the suburban Cook County region the project will serve. Check all that apply.

North

West

South

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 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 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 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, 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 a CBSA?	Yes	No	
To which CBSA(s) do you belong?	AHAND (North)	SSCH (South)	WSCH (West)
Describe your agency's involvement in Alliance or CBSA committees. If applicable, describe the subrecipient agencies' involvement in Alliance or CBSA committees.			

PROJECT NARRATIVE

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

- 1a. Describe the population to be served by the project.
- 1b. What is your plan to engage, house, and serve the target population?
- 1.c What is your experience housing the target population?
- 1d. 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/subrecipients. Partner Agencies, or subrecipients, are those agencies that will be receiving HUD funds from this grant application. 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) or equivalent database for Domestic Violence service providers (i.e. InfoNet). Include information about current or planned equipment, internet access, and staff capacity. If your agency is not already an HMIS participant or DV provider through the Alliance, describe your staffing plan to collect required data through HMIS/InfoNet. Please indicate whether you currently collect data in another electronic system.

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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 staff to provide linkages. Please keep explanations brief (1-2 sentences). **Mainstream Programs** refer to SSI, SSDI, TANF, Medicaid, SNAP (Food Stamps/Link Card), AllKids, employment, Veterans Health Care, as well as any applicable state or local benefits.

	5a. Case managers systematically assist clients in completing applications for mainstream benefit programs. If yes, describe how this service is generally provided:

	<p>5b. We supply transportation assistance to customers to attend mainstream benefit appointments, employment training, and/or jobs. If yes, describe how this service is generally provided:</p>
	<p>5c. 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:</p>
	<p>5d. We have staff systematically follow up to ensure that mainstream benefits are received. If yes, please describe the follow-up process:</p>
	<p>5e. We have staff that have participated in an in-person or online SOAR training regarding Social Security benefits. If so, indicate date certificate was received:</p>
	<p>5f. 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>

	<p>5g. 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>
	<p>5h. 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?</p> <p>Yes No N/A If yes, please describe these policies and practices:</p>
	<p>5i. Supportive Services to Families with Children: Does the proposed project have a staff person to ensure that children are enrolled in school and receive educational services, as appropriate?</p> <p>Yes No N/A If yes, please describe the staffing (i.e., name, position, responsibilities, full or part-time):</p>

Ongoing Evaluation/ Client Feedback:

6a. 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.

6b. Will the program conduct anonymous client satisfaction surveys or alternative methods of anonymous feedback?

Yes No

6c. Will the program provide an opportunity for feedback from all clients at exit regardless of reason for leaving?

Yes No

6d. Will the program present customer feedback to their Board of Directors?

Yes

No

6e. Are there individuals with lived experience involved in your agency's decision-making process?

Yes

No

If yes, describe:

Program Outcomes:

7a. Describe your plan to help clients obtain and maintain permanent housing. Your plan can include a description of your expertise and experience connecting the target population to housing, staff support and specialization, community resources, understanding of best practices, etc.

7b. Please describe the type, frequency, and duration of the supportive services proposed for this project and how this is appropriate for the population being served (i.e. families, survivors of domestic violence, youth, individuals who are chronically homeless, etc.)

7c. Please describe how the project will increase client income and/or connect the client to employment and economic opportunities when applicable.

Coordinated Entry:

8. Please describe the program's participation in Coordinated Entry (CE). If not currently partnering with the CE system in suburban Cook County, describe how your program will interact with CE, implement CE policies and procedures, ensure staff attends required training, and participate in case conferencing.

Fair Housing & Equal Opportunity:

9. 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).

Estimated Program Budget:

Budget Term (number of years):

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			
<i>Subtotal</i>			
Administration (not to exceed 10% of subtotal)			
Total			

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.

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Match Summary

All grant funds must be matched with an amount no less than 25% of the awarded grant amount (excluding the amount awarded to the leasing budget line item) with cash or in-kind resources.

Cash or In-Kind	Government or Private	Contributor	Date of Commitment	Value of Commitment
Total Value of Cash Commitments:				
Total Value of In-Kind Commitments:				
Total Value of All Commitments:				

DV BONUS FUNDING

Please answer the following questions if you are applying for DV Bonus funding.

1. Describe your project's previous performance in serving survivors of domestic violence, dating violence, sexual assault or stalking. Specifically describe:

1a. **The rate of housing placement of DV survivors** for the *last fiscal year* from emergency shelter, outreach, transitional housing, or rapid re-housing (*if applicable*). Of the total number of DV survivors that exited your program, what percentage exited to a permanent destination, which includes housing owned or rented by the client or permanently living with family or friends. If your organization does not currently provide the above services to DV survivors, indicate that in your response. If your organization provides the above services to other homeless populations, provide performance outcomes for those programs. *Please show math (i.e. 8 DV survivors exited TH to a permanent destination/10 DV survivors who exited total x 100 = 80% exited to permanent destination) and indicate which program(s) and time period this represents.*

1b. **The rate of housing retention of DV survivors** for the *last fiscal year* in permanent housing. Of the total number of DV survivors who exited the program, what percentage remained in housing some time period later (one month, six months, one year). If your organization does not currently provide housing to DV survivors, indicate that in your response. If your organization provides housing to other populations, provide performance outcomes for those programs. *Please show math (i.e. 9 DV survivors remained in housing at end of one year/10 DV survivors who exited program x 100 = 90% of DV survivors retained their housing after one year), the data source for the information (i.e. follow up calls) and indicate which program(s) and time period this represents (six months after exit, one year after exit).*

1c. Improvements in safety of DV survivors for the last fiscal year. Describe how your program improves the safety of DV survivors and include any relevant measures that indicate your performance (safety planning, connection to resources, etc.).

1d. How your project addresses multiple barriers faced by DV survivors, especially barriers to housing. Please provide a narrative response indicating the barriers DV survivors face (i.e. poor credit, eviction history) and strategies your organization uses to address those barriers, with a focus on strategies used to move clients into permanent housing and/or helping them maintain their housing.

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 Application 2019 [YourAgencyInitials] [YourProgramName]" or similar. (No quotes or brackets.) You can save your work as you go.
2. 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.
3. Your email message and required attachments must be sent **by 5:00pm on the date listed on the Alliance website.** * Any application received on previous years' forms will NOT be accepted and will not be ranked. **NOTE: Dates are subject to change. Please refer to <http://www.suburbancook.org/nofa> for updates on the timeline.**
4. Applications for NEW Projects will only be accepted for projects that are eligible as a Reallocation Project, Bonus Project, Domestic Violence Bonus Project, or Transition Grant Project as described in the HUD Continuum of Care NOFA. If you have any questions about eligibility for your proposed NEW project, please contact Kurt Runge at 708-384-9020.
5. 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.
6. 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.
7. Projects will be scored and ranked according to the Alliance evaluation criteria by the Project Review Panel. The ranking is not final until it is approved by the Alliance Board.
8. 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. If necessary, continue any narrative answers in the box on the final page of this application. Please label answers with the appropriate question number or description.
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.

REQUIRED ATTACHMENTS:

	2019 Alliance Application Form
	IRS 501(c)(3) letter for lead agency
	Current Agency Budget for lead agency
	Most recent financial audit for lead agency
	PDF versions of completed HUD application including Applicant Profile, Project Application in eSnaps, and copies of attachments uploaded to eSnaps.
	All Match letters (scanned, with signatures)

***The deadline for submitting HUD project applications within e-snaps 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 Kurt Runge, Continuum of Care Program Director, by email at kurt@suburbancook.org or by phone at 708-384-9020.

Continued Narrative Answers:

Please label answers with the corresponding question number.