



## 2019 Alliance Application: Renewal Form

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 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:			
End Date of last agency financial audit (e.g., for year ending 6/30/18):			
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.)	N/A		
Is this address confidential?	Yes	No	
Amount requested:			
HUD grant number (from GIW):			
End Date of HUD Contract:	____ / ____ / 2020		
Has this program been monitored by HUD since 7/1/2012?	Yes	No	If yes, provide the date:

Discuss any findings from that monitoring and actions your agency has taken or plans to take to address any concerns:	
Indicate if the project is applying as a:	Renewal Project      Consolidated Project

**Primary Population(s):**

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"/>	Survivors 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 apartment/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 apartment)
<input type="checkbox"/>	Transitional Housing/Leasing–Temporary (scattered apartments; leavers must move out)
<input type="checkbox"/>	Transitional Housing/Project-Based (one site/building; leavers must move out)
<input type="checkbox"/>	Supportive Services Only (no housing)

**Less Restrictive Eligibility Criteria (Select all that apply):**

<input type="checkbox"/>	Program accepts clients with no current source of income.	z
<input type="checkbox"/>	Program accepts clients with active substance use issues.	z
<input type="checkbox"/>	Program accepts clients with history of chronic substance use issues.	z
<input type="checkbox"/>	Program accepts clients with untreated or treated yet with symptoms of mental illness.	z
<input type="checkbox"/>	Program accepts clients with a felony conviction.	z
<input type="checkbox"/>	Within the <i>current year</i> (e.g. last 12 months), the program housed or is housing a person that was convicted of arson and sex offenses	b

**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:**

This project has/had a commitment to serve homeless persons for 15 or 20 years as a result of previous HUD funding?

Yes	No	Start date of the commitment:		End date of the commitment:	
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**Continuum Participation:**

Is the **recipient or subrecipient agency** a member of a Community Based Service Area (CBSA)?

Yes 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.



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, please describe:
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**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.*

	6a. Case managers systematically assist clients in completing applications for mainstream benefit programs. <b>If yes, describe how this service is generally provided:</b>
	6b. We supply transportation assistance to customers to attend mainstream benefit appointments, employment training, and/or jobs. <b>If yes, describe how this service is generally provided:</b>
	6c. We use a single application form (or other screening tool) for 4 or more of the above mainstream programs. <b>If yes, indicate for which mainstream programs the form applies:</b>

	<p>6d. We have staff systematically follow up to ensure that mainstream benefits are received. <b>If yes, please describe the follow-up process:</b></p>
	<p>6e. We have staff that have participated in an in-person or online SOAR training regarding Social Security benefits in the past 24 months. <b>If so, indicate number of applications completed since certification:</b></p>
	<p>6f. We have specialized staff whose primary responsibility is to identify, enroll and follow up with homeless persons on participation in mainstream programs. <b>If yes, please identify these staff members by name and job title:</b></p>
	<p>6g. We are participating in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. <b>If yes, please describe:</b></p>
	<p>6h. We are working to identify other sources of funding for supportive services in the eventuality that HUD Continuum funds for supportive services are reduced. <b>If yes, please describe the specific steps you or your partners are taking to identify service funding:</b></p>

	<p>6i. 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?  Yes    No    N/A <b>If yes, please describe these policies and practices:</b></p>
	<p>6j. 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?  Yes    No    N/A <b>If yes, please describe the staffing (i.e., name, position, responsibilities, full or part-time):</b></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.	



### Coordinated Entry:

This section measures each projects collaboration with Coordinated Entry's (CE) Entry Point, protocols and HUD's expectations for CE compliance for all CoC and ESG funded projects. Answer to the best of your ability. Coordinated Entry will provide the Project Review Panel with their collected data.

17a. Project followed the CE protocols for accepting, returning, or appealing referrals. (Measured for PSH since July 1, 2018 and for RRH since January 1, 2019).

Yes    No    N/A    **If no or N/A, please describe why:**

17b. Project vacancies for PSH and RRH were filled through the CE process in the following ways:

- For PSH – 100% filled through CE system (measured since July 1, 2018)
- For RRH – 100% of households entered into project have VISPDAT score greater than 4 for adult only households or greater than 5 for households with minor children (measured since January 1, 2019)

Yes    No    N/A    **If no or N/A, please describe why:**

17c. What is the average number of days to house a household in PSH after a referral was made? Please select from the time frames below and only measure PSH referrals made since July 1, 2018.

30 days or less    30-45 days    46-60 days    61 days or more    N/A

17d. Participation in 75% of required Case Conferencing (in-person or by phone) by PSH program staff or representative knowledgeable about status of current housing referrals (measured since July 1, 2018).

Yes    No    N/A

17e. Participation in CE trainings by project staff – including all project partners (May 1, 2017 – June 30, 2019):

- At least half of the staff responsible for housing placement and case management and one direct supervisor from each partner attended CE Basic Training (CEBT). See note 1 below:  
Yes    No
- Did the people included above also attend at least 3 other CE Core Training topics? See note 1 below.  
Yes    No
- Did at least 1 person of the people included above (for projects of 7 or less staff including partners) or at least 2 persons of the people included above (for projects with 8 or more staff including partners) attend all CE Core Training topics (see Entry Point Operations Manual for list of CE Core Training topics):  
Yes    No

**Note 1:** CEBT includes CE Basic Training Parts 1 & 2, Annual CE Update and DV 101; CE Core Training topics include CC 1-3 and EPB 1-4 (see page 48-49 of Entry Point Operations Manual).

**Note 2:** Staff attending CEBT parts 1 & 2 between February 19, 2019 – June 30, 2019 are exempted from 2018 CE Annual Update.

**Note 3:** If a staff person attended training but is no longer with the project, the project may claim that person during the year of staff transition. If that staff goes to another C of C project both projects can claim that person during the year of staff transition.

**Fair Housing & Equal Opportunity:**

18. 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

19. Complete the chart with information about the three most recently completed grant terms for this project. If the grant term just ended in May, June, or July 2019, and you have not completed the APR for that grant term, you may choose the 2018 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

20. 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.

21. What was the total amount cut from the project in the 2016, 2017, and 2018 competitions?

22. Please explain any contributing factors to this recapture history, including why the recapture occurred and what steps were taken so that the future recapture average will be below 2%.

## Project Budget

23. Please complete the chart below.

Project Activities	CoC Program Funding*	Cash or In-Kind Match	Total Estimated Project Budget
Leasing			
Rental Assistance			
Supportive Services			
Operations			
HMIS			
<i>Subtotal</i>			
Administration			
<b>Total</b>			

\*The CoC Program Funding column must match the Grant Inventory Worksheet (GIW), minus any funds being cut for reallocation.

24. This question will not be scored, however please complete.

What was the cost per household served of the project using the following formula:

**HUD Award divided by (project unit capacity + household discharges to Permanent Housing)**

**Example A:** The RRH project receives a HUD award of \$200,000. It is contracted for 10 units. 6 households moved to Permanent Housing during the year 7/1/18 - 6/30/19.

**\$200,000 divided by (10 + 6) equals cost per unit of \$12,500**

### COMPLETE COST PER UNIT FORMULA FOR THIS PROJECT.

A) HUD Award	
B) Project Unity Capacity	
C) Discharges to permanent housing (7/1/18 – 6/30/19)	
<b>Cost per Unit = A/(B+C)</b>	

**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 2019 [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. For each renewal project, address an email message to [nofa@suburbancook.org](mailto: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.
3. Your email message and required attachments must be sent by **5:00pm 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\*. **NOTE: Dates are subject to change. Please refer to <http://www.suburbancook.org/nofa> for updates on the timeline.**
4. Any application received on previous years' forms will NOT be accepted and will not be ranked.
5. On submission to the Alliance, applications will be reviewed to ensure that they are complete. Incomplete applications may not be accepted.
6. Projects will be scored according to the Alliance evaluation criteria by the Project Review Panel.
7. 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:**

	2019 Alliance Application Form, submitted.
	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.
	PDF of Most Recently Submitted HUD APR for the project.

**\*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](mailto:kurt@suburbancook.org) or by phone at 708-384-9020.

**Continued Narrative Answers:**

*Please label answers with the corresponding question number.*