PY2024 Lake County Consolidated Application - Cover Sheet

Organization's Name	
Director/CEO	
Program/Project Name	
Contact's Name	
Street Address	
City, State, ZIP	

Phone		Email	

UEI Number:	

Please briefly describe the proposed use of funds in the space provided below.

For Lake County Video Gaming Revenue (VGR) funds, identify one area of focus for the program.

	Assessment, education and outreach for gambling addiction
	Clinical gambling addiction services
	Non-clinical gambling addiction services
	Other behavioral health services

Please fill in the amount requested:

$ _____

I hereby certify that all information contained in this application for funding is true and correct to the best of my knowledge and agree to comply with all requirements of the program if funded:

Authorized Representative	Signature	Date

Application Attachments

Please attach the following (only ONE copy required):

- Certification of non-profit status (copy of IRS letter)

- Articles of Incorporation

- Proof of active profile in SAM (System for Award Management)

- Copy/summary of non-discrimination policy covering recruitment/placement of staff, volunteers and clients. If the organization does practice discrimination in any of the above, please explain.

- Intake forms

- Agency Audit (most recently completed)

- Organization Chart (limited to program itself)

- Board roster including names, years of service, position (chair, vice-chair, etc.)

- Please DO NOT include letters of support

Overall Agency Budget
Applicant Name

REVENUE	Actual Previous Year	Current Operating Year	Projected Next Year
Contributions			
Special Events			
Foundation & Corporate Grants			
Lake County CDBG			
Lake County ESG			
North Chicago CDBG			
Waukegan CDBG			
CDBG Carryover			
Lake County Video Gaming Grant			
Other Governmental Fees & Grants			
Membership Dues - Individuals			
Program Service Fees			
Investment Revenue			
Miscellaneous			
United Way Funding			
TOTAL REVENUE			

EXPENSES			
Salaries			
Benefits			
Payroll Taxes			
Client Wages			
Professional Fees			
Supplies			
Telephone and Facsimile			
Postage & Shipping			
Occupancy (including depreciation)			
Equipment (including depreciation)			
Printing & Publications			
Travel			
Conferences & Meetings			
Specific Assistance to Individuals			
Insurance			
National Organization Dues			
Miscellaneous			
Line Item A			
Line Item B			
TOTAL DIRECT EXPENSES			

Administration & Fundraising Costs			
Admin & FR Costs / Total Expense (%)			
TOTAL EXPENSES			
SURPLUS OR (DEFICIT)			

Program Budget
Applicant Name

☐ *Check here if same as Agency Budget.*

REVENUE	Actual Previous Year	Current Operating Year	Projected Next Year
Contributions			
Special Events			
Foundation & Corporate Grants			
Lake County CDBG			
Lake County ESG			
North Chicago CDBG			
Waukegan CDBG			
CDBG Carryover			
Lake County Video Gaming Received			
Other Governmental Fees & Grants			
Membership Dues - Individuals			
Program Service Fees			
Investment Revenue			
Miscellaneous			
United Way Funding			
TOTAL REVENUE			

EXPENSES			
Salaries			
Benefits			
Payroll Taxes			
Client Wages			
Professional Fees			
Supplies			
Telephone and Facsimile			
Postage & Shipping			
Occupancy (including depreciation)			
Equipment (including depreciation)			
Printing & Publications			
Travel			
Conferences & Meetings			
Specific Assistance to Individuals			
Insurance			
National Organization Dues			
Miscellaneous			
Line Item A			
Line Item B			
TOTAL DIRECT EXPENSES			

Administration & Fundraising Costs			
Admin & FR Costs / Total Expense (%)			
TOTAL EXPENSES			
SURPLUS OR (DEFICIT)			

Budget Narratives

Applicant name

A. Explain any surplus or deficit in either budget.

B. If any line item has increased or decreased by 10% or more, please explain why (programs only).

C. For any grants listed as revenue for the Program Budget, please describe them, the amount, and their status. Please also list the date of award and term, if known.

Applicant Certification   Applicant name

Please mark "YES" or "NO" as appropriate next to each statement and mark initials next to each. Your initials certify the accuracy of each statement. Supporting documents may be requested at a future date and must be supplied upon request.

Applicant's Date of Incorporation [   ]

Initial	Yes	No	
			Applicant maintains a personnel policy manual.
			Applicant has an enforced affirmative action plan.
			Applicant has an enforced non-discrimination policy.
			Applicant has an enforced sexual harassment policy.
			Applicant has a grievance procedure.
			Applicant has the capacity to financially administer grant funds and has an effective fiscal management system in place.
			Applicant maintains liability insurance coverage. If yes, amount of coverage [ ] Name of insuring Applicant [ ]
			Applicant pays all payroll taxes and workers' compensation as required by Federal and State law.
			Applicant maintains fidelity bond coverage for principal staff handling Applicant accounts. If yes, amount of coverage. [ ] Name of insuring Applicant. [ ]
			Applicant has a religious affiliation. If yes, describe fully. [ ]
			An Applicant representative paid or unpaid (staff, board, volunteer, etc.) maintains a family or business tie with an employee, agent, consultant, officer, elected or appointed official of the funding Applicant or personally maintains a dual role. If yes, state the names and positions of the parties involved and define the relationship.
			Applicant has by-laws in place. Date Accepted [ ] Date Last Amended [ ]

_____ | _____
Name & Title of Person Initialing Above | Signature

1) Applicant Description   Applicant name

A. Describe your purpose, vision and mission statement.

B. Provide an overview of all services provided, including number of clients served per program.

C. Describe your strategic plan. Include the date it was initiated.

D. Other pertinent information.

E. Employee Information

How many total employees does the organization have?				
How many employees are full-time and how many are part-time?	Full Time:		Part Time:	

2) Program Community Impact   Applicant name

A. *For the project/program for which you are requesting funding, describe the planned services associated. How will the funds be spent? Identify the target population and explain why individuals are considered at risk.*

B. *For the project/program for which you are requesting funding – How long has the associated program been running? What is the record of performance for the last three years? What is the planned staff to client ratio? How is success tracked? How is follow-up completed?*

C. *Describe how your project/program addresses a VGR goal, including any community wide studies that may indicate a need for your program (ex. Illinois Statewide Gambling and Problem Gambling Needs Assessment https://www.dhs.state.il.us/page.aspx?item=144073).*

D. Describe evidence-based practices employed in the associated program (service delivery models based on research or best-practices that indicate your efforts will have the desired effect).

E. List the eligibility requirements (income, ages, etc.) of the target population. How do you document program eligibility? What are the outreach plans for the target population?

F. Will the grant funds result in an increased number of people receiving services or prevent a reduction in the number of people served? Will funds impact the quality of care? If so how and to what degree (ex. # of additional people served or time spent per client)?

G. *Describe how the associated program can weather adversity (turnover, funding issues) and adapt to changes in community need.*

H. *Explain any fees charged for the associated program, including the use of sliding-scale fees. If the program has a sliding scale fee, it must be attached to the application (1-2 pages).*

3) Collaboration   Applicant name

A. *Provide examples of successful partnerships this program has had, if any. How will collaboration be part of the program going forward?*

B. Provide a description of how your programs assess the needs of participants and how you connect participants to other resources.

4) Staffing and Facilities

A. Describe the associated program's staffing including the rate and effect of the turnover of line staff, staff development initiatives and the role volunteers play. Identify the staff leadership positions for this program, their qualifications and years of service.

B. Employee Information

How many total employees does the PROGRAM have?

How many employees are full-time and how many are part-time?

| Full Time: | | Part Time: | |

C. Are the facilities maintained in a decent safe and sanitary manner that is accessible to persons with disabilities?

Yes   No

Explain below:

Board of Directors   Applicant name

Questionnaire

A.	*How often does your Board of Directors meet?*

B.	*What are the standing Board Committees (add more lines as necessary)?*
	Committee Name

1	
2	
3	
4	
5	
6	
7	
8	

C.	*Board President*
Name	
Mailing Address	
Start Date	
Term Expiration Date	

D.	*Identify any unique characteristics of Board Members as they relate to the agency's mission (i.e., persons with disabilities, persons who were prior agency clients, formerly homeless persons, etc.).*

E. *Explain any recent changes to the composition of the Board, such as turnover, a new President, etc.*

Past Client Data – Prior & Recent Year Applicant name

## Client Numbers - record of performance for the two most recent years for which you have records for the program.

- Definitions
    - i. Recent Year: Most recent twelve months of data for this program. Please use the most current data available
    - ii. Prior Year: Twelve months of data for this program prior to Recent Year
- Include only unduplicated numbers of Lake County clients who received direct services from the program.
- If this program offers more than one distinct type of service, complete a new sheet *for each service* for which you are applying for funding. (Example: counseling and information/referral)

Numbers below represent (check one)　☐ Individual Clients　　☐ Households

	Prior Year			Recent Year		
	mm/yy	to	mm/yy	mm/yy	to	mm/yy
Total Number of Primary Clients						
Average amount of time spent per client		Hours per…			Hours per…	
	Day	Week	Month	Day	Week	Month
	Year	Total program		Year	Total program	
Number of low/moderate income clients (see chart for reference)						
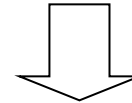
Client Demographics for the **Recent Year** (See Above)

Please indicate the total number of clients served for each of the following categories:

* NOTE:　the total of each question should equal the total number of primary clients in the previous year.

A) Age		0-18years		19-24 years			
		25-64 years		65 years & older		Unknown	
		TOTAL of all above					
B) Sex		Female		Male		Transgender		Refused/ missing information

C) Race/Ethnicity – Please indicate how many clients in each race category were served. In addition to race, HUD requires information about the number of people who are of Hispanic/Latino ethnicity in each race category.

Race Category	Number		Number	Ethnicity
White/Caucasian		of whom		are Hispanic/Latino
Black/African American		of whom		are Hispanic/Latino
Asian		of whom		are Hispanic/Latino
American Indian/Alaska Native		of whom		are Hispanic/Latino
Native Hawaiian/Other Pacific Islander		of whom		are Hispanic/Latino
African American & White		of whom		are Hispanic/Latino
Asian & White		of whom		are Hispanic/Latino
American Indian & White		of whom		are Hispanic/Latino
American Indian & African American		of whom		are Hispanic/Latino
Other Multi-Racial		of whom		are Hispanic/Latino
TOTAL		of whom		are Hispanic/Latino

Applicant Name

Client Demographics for the **Recent Year** of the program (continued)

D) Number of Clients with disabilities: ☐

E) Geographic location: ☐

Total Number of Lake County Residents ☐

Residents outside Lake County ☐

Of all persons above, how many are homeless clients ☐

please specify: ☐ estimated ☐ actual

F) Low/Moderate Income Clients (Use Income Limits below as guide):

TOTAL ☐

2023 Low/Moderate Area Median Income Limits

Income Limits[1]								
	1 Person	**2 Person**	**3 Person**	**4 Person**	**5 Person**	**6 Person**	**7 Person**	**8 Person**
80% AMI	$61,800	$70,600	$79,450	$88,250	$93,350	$102,400	$109,450	$116,500

CDBG and HOME Effective: May 15, 2023

[1] Income limits as published by HUD.

Use of Funds

Applicant name

Using the table(s) below, please detail the funding request(s) listed on page 1

Applicants may apply for *either* one Lake County CDBG Public Services funding request *OR* one ESG funding request per agency/entity, **_but not both_**. Applicants may apply for more than one program if they are applying for homeless prevention or rapid rehousing programs under ESG.

Video Gaming Budget

EXPENSES	Video Gaming Funds	TOTAL
Salaries		$0
Benefits		$0
Payroll Taxes		$0
Client Wages		$0
Professional Fees		$0
Supplies		$0
Telephone and Facsimile		$0
Postage & Shipping		$0
Occupancy (except depreciation)		$0
Equipment (except depreciation)		$0
Printing & Publications		$0
Travel, Conferences & Meetings	not allowed	
Specific Assistance to Individuals		$0
Insurance		$0
National Organization Dues	not allowed	
Miscellaneous		$0
		$0
		$0
		$0
		$0
		$0
		$0
TOTAL		**$0**

= may not be allowed

Narrative

Explain what is included in each line item for which funds are requested. For example, if salaries are requested, give the position, the full-time equivalent (FTE) and the amount. Do the same with benefits. For other line items, give a detailed description including the amount to be expended for each item. Please make all explanations brief, but thorough. Attach <u>one</u> additional page if necessary.

Outcomes Agency name		
	Previous Year- (please include # and %)	**Proposed Year- (please include # and %)**
Outcome 1: Number/Percentage of clients with a completed Liie-Bet gambling assessment within one month of enrollment.		
Results - Outcome 1: What were the results for the previous year? What is your target for the proposed year?		
Outcome 2: Number/Percentage of Clients who show improvement in at least one area of the Measurement of Life Goals assessment.		
Results - Outcome 2: What were the results for the previous *year?* What is your target for the proposed year?		
Outcome 3: Write the outcome: Targeted measurable effect on the knowledge, skills, attitudes, behavior, or condition of the people served by your program		
Results - Outcome 3: What were the results for the previous *year?* What is your target for the proposed year?		