



2015 Homeless Assistance & Public Services Application

Community Development Block Grant - Public Services & Emergency Solutions Grant



Lake County - City of Waukegan - City of North Chicago

2015 Homeless Assistance & Public Services Application

Community Development Block Grant - Public Services & Emergency Solutions Grant

Letter of Intent/Checklist Instructions

The Letter of Intent and Checklist are now available as a separate download to make printing easier. They are available at:

<http://www.lakecountyil.gov/Planning/CommunityDevelopment/Pages/Apply.aspx>

The Letter of Intent and Checklist is universal among all funders. The requested information on the Letter of Intent is self-explanatory. Please fill out the information and email to submit the Letter of Intent. Instructions and examples of how to complete the checklist are present on the actual checklist. Please fill out the checklist to submit it with the Letter of Intent.

Important Dates

Workshops

- Consolidated Application Workshop --- March 24 , 2015, 10 am,
 - Attendance is **required** for all applicants by North Chicago and Lake County. Attendance is **recommended** by Waukegan.
 - Applications will **not be accepted** by North Chicago or Lake County from any agency that does not attend the workshop.
- Program Outcomes Workshop will be included in the March 24 workshop

Deadlines

- Letter of Intent/Checklist due date --- April 2, 2015
 - **Required** for City of North Chicago & Lake County
 - **Recommended** for City of Waukegan

Grant	Due Date/Time	Number of Copies
Lake County CDBG	May 1, 2015 4:00pm	1 original, 5 copies, 1 electronic (CD/email)
Lake County ESG		1 original, 5 copies, 1 electronic (CD/email)
North Chicago CDBG		1 original, 10 copies
Waukegan CDBG		1 original, 10 copies

* Extra copies of attachments (listed on Page 2 of application) not required

Applications are due at the grantor’s office no later than the dates/times listed above. Late applications will NOT be accepted, regardless of circumstances.

General Instructions & Helpful Hints

- All applications must be collated and punched with a standard three-hole punch.
- Applications should be clipped (please no staples, binders, folders, etc.)
- Do not use more than the space requirement listed with the questions. It is not necessary to answer questions paragraph style. Please feel free to use bullets and short answers where appropriate. Keep explanations concise and readable. Font size must be no less than 10.
- Keep in mind that the application reviewers may not be familiar with the details of your agency. Please make sure the program is completely explained and the questions are fully answered.
- If you don't understand a question or form, please call or e-mail the grantor's office. Contact information is on the first page of this packet.

DUNS Number and Central Contractor Registration

All applicants are required to register with Dun and Bradstreet to obtain a DUNS number, if they have not already done so, and complete or renew their registration in the Central Contractor Registration (CCR). Information about this process will be presented at the application workshops.

Budget Instructions

Use budget forms provided. Note: There are *two* different budgets you must submit:

- Agency Budget
 - Should be the budget for the entire organization, separated into Revenue and Direct or Programming Expenses.
- Program Budget
 - Should be the budget for this specific program, separated into Revenue and Direct or Programming Expenses. If the program budget and agency budget are the same, simply check the box on the program budget page indicating that - no need to fill it out again.
 - "Actual Last Year" refers to 2014 Calendar Year or last Fiscal Year
 - "Operating This Year" refers to 2015 Calendar Year or current Fiscal Year
 - "Projected Next Year" refers to 2016 Calendar Year or next Fiscal Year

TOTAL DIRECT EXPENSES

- Refer to the program costs only; in other words, total program costs less administration and fundraising expenses.

ADMINISTRATION AND FUNDRAISING COSTS

- Refer to those items that are not related to direct program expenses. Examples may include supplies for a special event, administrative staff time spent preparing grants, costs associated with budgeting or strategic planning, and all staff and non-personnel costs needed for general management purposes.

ADMINISTRATION AND FUNDRAISING COSTS/TOTAL EXPENSE (%)

- Refers to the percent you get when you divide the Administration/Fundraising costs by the total expenses.

TOTAL EXPENSES

- Equal the total direct expenses plus the administration/fundraising costs.

SURPLUS/DEFICIT

- Is the remainder when you subtract the total expenses from the total revenue. Show negative numbers in parentheses.

Percent of Total Program Budget is calculated by dividing the projected amount for that line by the total expense in the projected year. For CDBG/ESG program funding requests, please refer to the "CDBG/ESG Uses of Funds Statement" for allowable expenses.

Accounts

NOTE

Account items are mostly consistent with those in Accounting and Financial Reporting: A Guide for United Ways and Not-for-Profit Human Service Organizations (revised second edition, 1989). This book is strongly recommended for those who seek further expansion and clarification of accounts, or for guidelines to establish/redesign an agency's internal accounting practices.

CDBG and ESG recipients are subject to the provisions of various OMB circulars related to audits, cost principles, grants and agreements between funders and nonprofit or government agencies. Please check with your finance department and/or your funder if you have questions.

Should you have any questions about any of the line items, please contact the funder.

Lake County Specific Instructions

This application is for CDBG Public Services and for ESG funds. A portion of CDBG Public Services funding is designated for the Lake County-wide Fair Housing Program (for which a Request for Proposals will be released at the same time as this application). Applications for other CDBG funds and HOME funds will be available on the Lake County website.

Funds Available - 2015 Budget Estimates

CDBG Public Services	Lake County Fair Housing Program	2015 Available	2015 Total
Lake County	\$ 70,000	\$ 291,904	\$ 361,904
North Chicago	\$ 6,000	\$ 27,912	\$ 33,912
Waukegan	\$ 10,000	\$ 110,571	\$ 120,571

Each jurisdiction above reserves the right to change the funding amounts above (as permitted by federal regulations).

Emergency Solutions Grant: \$203,423 in program funds available.

Applicant Requirements

Applicants may apply only for *either* one CDBG 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.

Funding Goals

Applicants may apply only for the goals approved for the 2015 Application Process - more details are available in the Consolidated Plan. For CDBG Public Services, the goals with funding available for Lake County and/or North Chicago in 2015 are:

- **Subsidize Housing for Low/Mod Income Families (Goal #4):** *To provide direct assistance to facilitate and expand homeownership among and/or to provide rental assistance to persons of low and moderate income.*
- **Assist People with Disabilities (Goal #7):** *To provide both services to people with disabilities and accessibility modifications to the homes, facilities and workplaces of people with disabilities, including the elderly.*
- **Provide Welcoming Communities (Goal #8):** *To foster welcoming, inclusive and neighborly suburban communities.*
- **Provide Services for Job Stability (Goal #10):** *To support low and moderate income workers in need of job training, of transportation for access to employment or of access to affordable, quality child care.*

For CDBG Public Services in Waukegan, any CDBG-eligible public services will be considered.

For the Emergency Solutions Grant applications, the applicable Consolidated Plan goal is:

- **Assist People Without a Home (Goal #3):** *To end homelessness in Lake County.*

Applicants/programs must:

- be either units of government, public not-for-profit entities or private not-for-profit entities;
- be open to all residents of the county and must target beneficiaries outside North Chicago and Waukegan to be eligible for Lake County CDBG funding;
- have applications for:
 - 1) CDBG: a minimum of \$25,000 and for no more than the maximum of \$50,000
 - 2) ESG: a minimum of \$25,000 and for no more than the maximum of \$50,000

Special Emergency Shelter Grant Program Notes - HMIS

The U.S. Department of Housing & Urban Development requires all recipients of ESG funds to participate in the Lake County Continuum of Care's Homeless Management Information System (HMIS), commonly known as ServicePoint. Contact Brenda O'Connell at 847.377.2331 with any questions related to the HMIS.

Match/Leverage

All applicants must be able to provide funding for a portion of the proposed program from other sources.

- CDBG = at least 20% of the total program cost
- ESG = at least 50% of the total program cost (dollar for dollar match)

Miscellaneous Directions

Application Packets will be made available online on or before March 19, 2015. It is required that all Lake County CDBG and ESG applicants for public services attend the Consolidated Application Workshop on March 24, 2015 and submit a Letter of Intent by April 2, 2015.

Training sessions are intended to provide answers to general questions and to help explain the application. Applicants tend to be much more successful after attending a training session. Please respect RSVP requests for training sessions.

Prior receipt of funding does not ensure or suggest ongoing financial support. Agencies should not become dependent on CDBG or ESG funding to sustain their programs.

Lake County staff and the Housing & Community Development Commission reserve the right to reject from consideration any CDBG or ESG applications that meet any of the following:

- Does not clearly meet a program National Objective;
- Does not clearly meet an approved goal for the 2015 application process;
- Does not comply with the restriction of one CDBG or one ESG request per agency/entity;
- Is deemed incomplete and/or requires significant work to repair the original application submittal;
- Raises questions about an applicant's ability to effectively administer the requested project/program;
- Does not attend the Consolidated Application Workshop;
- Does not submit a Letter of Intent - Checklist on time;

- Does not submit an Application on time.

All complete applications, submitted on time, will be subject to review and evaluation by the Housing & Community Development Commission (HCDC) and Community Development staff. The screening and review process for the program is designed to ensure that limited CDBG/ESG funds are awarded to applicants who demonstrate the need for financial assistance and have a well-designed project. The actual number and types of awards will be subject to available funding. The HCDC and Lake County Board make the final determinations of grant awards and amounts awarded, and reserve the right to modify or to cancel grant awards in part or in their entirety.

Applications receiving below 70% of available points in the Scoring Criteria below may not be recommended for funding. Each jurisdiction reserves the right to consider factors other than those listed in the Scoring Criteria.

Lake County staff is available for one-on-one technical assistance to all applicants, especially new/first-time applicants, until the application deadline. Individual technical assistance appointments with Lake County Staff can be arranged by calling 847.377.2150 Monday through Friday, 8:30 a.m. to 4:30 p.m. Be sure to schedule an appointment early enough to allow sufficient time to complete the application before the deadline.

Scoring Criteria

Community Impact

Community Need (0-30 Points) - Reviewers will score this category based upon the overall impact that the proposed program will have in addressing a community development need identified in the Consolidated Plan. Additional points may be awarded to programs that address pressing needs also documented in community-wide studies and data analysis (e.g. 2014 Behavioral Health Needs Assessment, data related to the Zero to 2016 Campaign to end chronic and veteran homelessness in the next two years, etc.) Reviewers will consider the extent to which the proposed program is needed in the community by considering other known similar programs in the community, the actual number of people to be served, and the impact if the program were not funded.

Lake County Impact (0-25 Points) - A formula will be used to determine 10 points of the score in this category. It is based on the percentage of Lake County entitlement client and the difference between that percentage and the percentage of the budget request. A reminder that Lake County CDBG is able to fund programs that serve Waukegan and North Chicago clients as well, but its emphasis will be placed on clients served in the Lake County entitlement area. The remaining 15 points will be scored by the reviewers and will be based on the overall impact to the County.

Outcomes (0-20 Points) - The reviewers will score this section based upon how well the outcomes are written for the proposed program. The application should include client-based outcomes that identify benefits or changes for individuals or populations as a direct result of participating in the proposed program. Outcomes should be focused, measurable, meaningful, specific, attainable, and identify a change in the clients' knowledge, attitudes, values, skills, behaviors, and/or condition. The strategies, mechanisms for measurement, target dates and

rationale should also be clear and understandable. The long-term effects should reflect a general benefit to the community, in line with what is stated in the Con Plan goals.

Program Quality

Program Design (0-40 Points) - The reviewers will score this section based upon how well the program is expected to efficiently and effectively accomplish its proposed program outcomes. Scoring bonuses may be available to projects that are well-aligned with the recommended action steps in the Lake County Analysis of Impediments to Fair Housing and/or that support the ability of very low- and low-income people to access affordable rental housing. The reviewer may consider whether the program follows a proven model, whether the design seems reasonable, and whether the program has sufficiently prepared to overcome obstacles.

The reviewer will also evaluate the level to which the program is able to collaborate with other agencies in the community. Stronger programs share their resources with others and similarly benefit from collaboration as well.

The reviewer will also consider how well the program is able to follow-up with their clients' progress, assess their levels of satisfaction and provide adequate referrals if further intervention is needed. Programs should be prepared to prevent further escalation of clients' problems.

Staffing and Facilities (0-15 Points) - The reviewer will score this section based upon the program management and the institutional knowledge of the agency and program by considering: the staff levels of experience and training, availability in full-time positions; and the staff turnover. The reviewer will consider how well the agency is equipped to run the program successfully and how accessible (to people with disabilities) their location is.

Agency Capacity

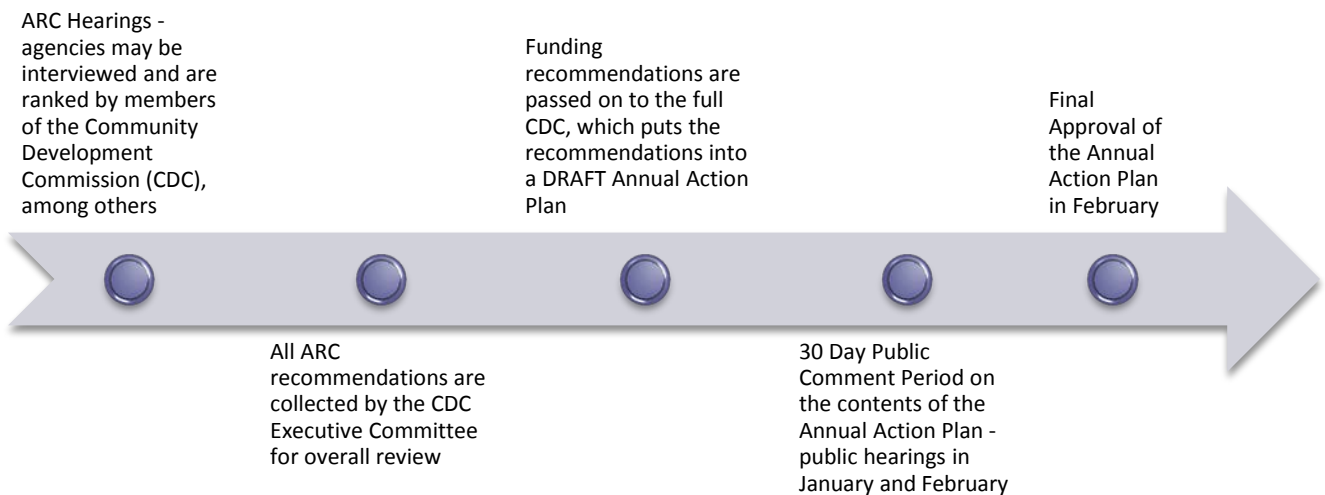
Past Performance (0-30 Points) -The reviewer will score this section based upon the overall history of the program and agency in successfully achieving their outcomes and effectively providing services. The reviewer will assess the program's readiness and capacity to undertake the proposed activity. The reviewer will also consider staff reports regarding the agency's ability to successfully complete its application. If the agency has been funded in the past, reviewers will also take into account the performance in completing quarterly reports and vouchers in a correct, consistent and timely manner.

Fiscal Management (0-20 Points) - The reviewer will score this section based upon their assessment of the audit report and the Budgets and Financial Assessments for the Agency. Reviewers will evaluate the diversity and resilience of the various funding sources that support the agency and program and note the ratio of administrative and fund raising costs to total expenses.

Sustainability (0-20 Points) - The reviewer will score this section based upon whether it seems that there are sufficient resources for the program to complete its objectives within the program year. The reviewer will assess the organizational and fiscal viability of the program and agency in the near future.

Application Review Process

Eligible applicants for Lake County Community Development funding will be reviewed by an Application Review Committee (ARC) composed of members of the Community Development Commission. The ARC for Public Services is scheduled for Friday, May 29 at 9:00am. The ARC for Homeless Assistance (ESG) is scheduled for Friday, May 29 at 1:00pm. ARC recommendations for funding will then be forwarded to the Community Development Commission’s Executive Committee for review for compliance and recommendation to the full Community Development Commission. The Executive Committee meeting is scheduled for Wednesday, June 10 at 3:30 pm, and will be held at Lake County Permit Center, 500 W. Winchester Road, Libertyville, IL 2nd Floor. A public hearing will then take place at the June 10, 2015 Housing & Community Development Commission Meeting (also held at the Lake County Permit Center, 500 W. Winchester Road, Libertyville, IL, 2nd Floor), at which the public may comment on the recommended agencies for funding.



Appeals Process

Any applicant whose application is rejected by staff for any reason may appeal that decision to the Housing & Community Development Commission’s Executive Committee. A hearing for any rejected applications is scheduled for Wednesday, May 13, 2015 at 2:30pm. Any applicant wishing to appeal the rejection must notify staff no later than 4:00pm on Monday, May 11, 2015. All appeals will be heard. More information can be found in the Lake County Citizen Participation Plan and Housing & Community Development Commission by-laws.

A project applicant not initially recommended for funding by the Housing & Community Development Commission Executive Committee may request reconsideration by presentation to the full Community Development Commission. Applicants will be limited to three (3) minutes in which to address the Commission. Public Hearing will be June 10, 2015. Applicants may also submit written comments to: Housing & Community Development Commission Chairperson, Lake County Community Development, 500 W. Winchester Road, Unit 101, Libertyville, IL 60048.

Application Submittal

Hand delivery of applications is recommended. Hand delivered applications should be delivered to:

Lake County Central Permit Facility
500 W. Winchester Road, Unit 101
Libertyville, IL 60048

US Mail, FedEx, UPS or DHL

Mailed or shipped applications should be sent registered or certified mail and must be received by the deadline. All applications should be sent to

Lake County Central Permit Facility
Attn: Community Development Application
500 W. Winchester Road, Unit 101
Libertyville, IL 60048

Acceptance of the application does not obligate the Housing & Community Development Commission to fund the application, nor does it guarantee that the application is complete as submitted.

Timeline

- *Application Workshops*
 - Public Services/Homeless Assistance March 24, - 10:00am
 - Includes Outcomes Training
- *Mandatory Letter of Intent Due Date*
 - April 2, 2015 - 4:00pm
- *Application Due Date*
 - May 1, 2015 - 4:00pm
- *Application Review Committee Meeting*
 - Homeless Assistance (ESG) - May 29, 2015- 9 am
 - Public Services (CDBG) - May 29, 2015 - 1 pm
- *Housing & Community Development Commission approves recommendations*
 - June 10, 2015 3:30 pm
- *Program Year 2015 begins*
 - May 1, 2015

Program Outcomes Specific Instructions

Overview

1) *Previous Program Outcomes*

- Identify 1-3 client-based outcomes achieved for the 2014 calendar year or 2013 Program Year ending in 2014.
- Provide the total number of recipients served during that year. If you use a program year, explain when it begins and ends.
- Information for Outcomes with Incomplete Data.
- When reporting Results, state the number served and percentage of achievement, not just whether they have been "achieved" or "not achieved."
- If you did not set outcomes for the current or most recent years, provide some form of program goals and corresponding results.

2) *Proposed Program Outcomes*

- Identify 1-3 client-based outcomes for the coming Program Year 2015.
- State the Outcome, including the related Strategies, method of Measurement, Target Dates, Rationale and the Long-Term Effects for those activities.
- Outcomes must be specific, measurable, client-based, and realistic. They should measure some of the most significant impacts of the program, rather than encompass every aspect.
- The rationale should explain why the goal was set at that level.

Important Notes:

- The headers at the top of each sheet are labeled, beginning with Past Program Year Outcome #1 (up to #3) and continuing to Projected Outcome #1 (up to #3).
- The Past Program Year Outcomes refer to 2014 calendar year or 2013 Program Year ending in 2014.
- Please make sure that there is only one outcome on each page.

Outcome measurement is the process of assessing the results of an agency's programs for its participants on a regular basis. By focusing on outcomes, we are seeking information how participants will benefit from the program's activities and outputs.

Key Definitions:

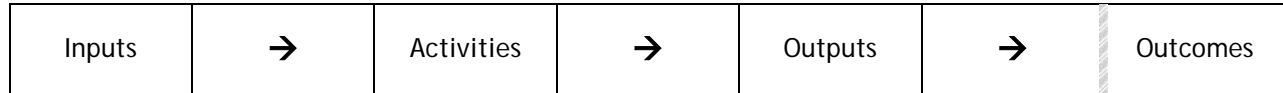
Outcomes are created as a result of programmatic Inputs, Activities and Outputs. Often Outcomes are confused with these other components of programming, which are quite different.

Inputs include resources dedicated to or consumed by the program, such as money, staff and staff time, volunteers and volunteer time, facilities, equipment and supplies.

Activities are what the program does with the inputs to fulfill its mission, such as sheltering and feeding homeless families or training and counseling homeless adults to help them prepare for jobs.

Outputs are the direct products of program activities. They usually are measured in terms of the volume of work accomplished, such as the numbers of participants served and materials distributed.

Outcomes are benefits or changes for individuals or populations during or after participating in program activities. Outcomes may relate to knowledge, attitudes, values, skills, behaviors, conditions, or other attributes.



How to Write Outcomes

An outcome-oriented objective is a problem related, attainable and measurable statement of a program’s intended effect on its client’s knowledge, skills, attitudes, behavior or condition.

Simply put, a client-based outcome is:

- Focused on what the *client* will gain from the program
- Measurable and defines how it will be measured
- Specific
- Attainable and can be attributed to that program
- Understandable to someone outside of the program

The outcome statement must include specific *targets*, how they will be *measured*, and the *strategies* or steps that the program must accomplish in order to meet the targets. The outcomes must be specific, telling what the client will get out of these services (not just that clients will be served, counseled, etc.). When giving level of achievement, state the number served/percent increase, not just "achieved" or "not achieved." They do not need to encompass every aspect of the program.

OUTCOMES - Example

<i>State the Outcome</i>	<i>Strategies</i>	<i>Measurement</i>	<i>Target Dates</i>	<i>Rationale</i>	<i>Long Term Effect</i>
X number of clients will accomplish Y for/in Z amount of time.	Describe how the outcome will be achieved.	Describe the methods used to assess the outcome.	What are the target dates for this outcome?	Explain why the outcome, target and strategies were chosen. Discuss how the results are attributable to this program. For previous outcomes, explain why a goal was overachieved, underachieved and any plans to change in the following year.	Explain how this outcome is beneficial to clients and/or the community; explanation can go beyond the term of your funding request.
50 clients, formerly on TANF, will get and keep a job	200 clients will go through a job skill workshop. 100 clients will be placed in a living wage job.	Caseworker and client report.	6 months after completion of job skill workshop	This goal is attainable because follow-up will be done weekly, and support will be given when needed to all working clients to insure the success of the placement...	Statistics show that the success of the community is proportional to the number of residents making a living wage. Children do better in school, are healthier...



2015 Lake County Consolidated Application

Community Development Block Grant – Public Services | Emergency Solutions Grant



Lake County - City of Waukegan - City of
North Chicago

2015 Lake County Consolidated Application - Cover Sheet

Cover Sheet for (check one box only):

<input type="checkbox"/> Lake County ESG	<input type="checkbox"/> Lake County CDBG	<input type="checkbox"/> Waukegan CDBG	<input type="checkbox"/> North Chicago CDBG
--	---	--	---

Agency & Program Information

Agency Name			
Agency Director/CEO Name & Title			
Program Name			
Program Contact Name & Title			
Program Address			
City, State, ZIP			
Phone		Email	

Please briefly describe the proposed program using only the space provided

Please state the Consolidated Plan goal number under which this program is applying (select only one funder)

Lake County (section 2 & 3)	North Chicago (Section 4)	Waukegan (Section 5)

Type of Applicant (check one box only)

<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Government	<input type="checkbox"/> Other (specify)
-------------------------------------	---	-------------------------------------	--

DUNS Number:

If your program is submitting an application for funding to any of the following for PY 2015, please check all applicable boxes and fill in the amounts requested (including this request) for all agency programs:

<input type="checkbox"/> Lake County ESG- Shelter	\$	
<input type="checkbox"/> Lake County ESG- Homeless Prevention	\$	
<input type="checkbox"/> Lake County ESG- Rapid Rehousing	\$	
<input type="checkbox"/> Lake County CDBG	\$	
<input type="checkbox"/> North Chicago CDBG	\$	
<input type="checkbox"/> Waukegan CDBG	\$	

I/We hereby certify that all information contained in this application for funding is true and correct to the best of my/our knowledge and agree to comply with all requirements of the program if this agency is awarded and accepts funding.

Board Chairperson or Representative Name	Signature	Date
Chief Executive Officer Name	Signature	Date

Agency Attachments

Please attach the following (only ONE copy required):

- Agency Audit (most recently completed)
- Certification of non-profit status (copy of IRS letter)
- Articles of Incorporation
- Proof of Central Contractor Registration
- 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.
- Organization Chart, limited to program itself
- Please do NOT include letters of support

1) Agency Description

[Click here to enter text.](#)

<i>A. Purpose of the agency</i>			
<i>B. Overview of services provided, including number of clients served per service</i>			
<i>C. Vision and mission statements, if applicable</i>			
<i>D. Describe strategic plan for the lowest level: agency, department, program, etc. Include date when it was completed.</i>			
<i>E. Other pertinent information</i>			
<i>F. Employee Information</i>			
<i>How many total employees does the organization have?</i>			
<i>How many employees are full-time and how many are part-time?</i>		<i>Full Time:</i>	<i>Part Time:</i>

2) Program Description

[Click here to enter text.](#)

A. Describe the program's services. Also, what is the impact on the target population? Include client to staff ratio, if applicable.

B. List the eligibility requirements (income, ages, etc.) of the target population.

C. How do you document program eligibility? How is that documentation maintained?

D. What are the outreach plans for the target population?

E. Describe the history of your organization's provision of the services in the program, including your record of performance.

<i>How many UNDUPLICATED clients were served by this program in:</i>	<i>2008?</i>	<i>2010?</i>	<i>2012?</i>

F. What is the program timeframe

to

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

3) Community Need

[Click here to enter text.](#)

A. Describe your target population; explain: 1) why they are considered to be at risk and 2) what their particular needs are.

B. What other services are currently available to this population?

C. Describe any unmet needs for services, including numbers on waiting lists.

4) Program Impact on Goals & Objectives

[Click here to enter text.](#)

A. *Discuss how your program addresses the specific goals and objectives of the appropriate funding entity, as described in the Instructions.*

Any application must comply with the CDBG/ESG National Objectives and must address a priority Need and Goal approved for the 2015 application process for the funder to whom you are applying.

5) Program Collaboration

[Click here to enter text.](#)

A. Provide any examples of successful partnerships this program, or a similar one at your agency, has had.

B. Provide a description of your referral system and how you are aware of to whom to refer.

Provide a monthly average of how many referrals are:	Sent?	Received?

C. Does your program keep track of the results of the referrals it makes? If so, how?

D. Does your agency link clients to mainstream resources such as Food Stamps, TANF, Workforce Development, and AllKids? If so, how?

6) Program Management

[Click here to enter text.](#)

A. Identify the major staff positions for this program and their qualifications.

--

B. Employee Information

How many total employees does the PROGRAM have?

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

<i>Full Time:</i>		<i>Part Time:</i>	
-----------------------	--	-----------------------	--

C. Staff Training & Evaluation

How often is staff reviewed/evaluated?

How often and what type of training does staff receive?

--

D. Describe the use of volunteers in this program. How are they trained? If there are no volunteers, explain why.

--

E. Is the facility/ies accessible to persons with disabilities?

Yes

No

If no, please explain how persons with disabilities can receive services.

--

Overall Agency Budget

[Click here to enter text.](#)

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			
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

[Click here to enter text.](#)

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			
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

[Click here to enter text.](#)

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.

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.

Agency Certification

[Click here to enter text.](#)

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

Agency's Date of Incorporation CEO Initials

Initial	Yes	No	
			Agency maintains a personnel policy manual
			Agency has an enforced affirmative action plan
			Agency has an enforced non-discrimination policy
			Agency has an enforced sexual harassment policy
			Agency has a grievance procedure
			Agency has the capacity to financially administer grant funds and has an effective fiscal management system in place.
			Agency maintains liability insurance coverage
			If yes, amount of coverage <input type="text"/>
			Name of insuring agency <input type="text"/>
			Agency pays all payroll taxes and workers' compensation as required by Federal and State law
			Agency maintains fidelity bond coverage for principal staff handling agency accounts
			If yes, amount of coverage <input type="text"/>
			Name of insuring agency <input type="text"/>
			Agency has a religious affiliation
			If yes, describe fully <input type="text"/>
			An agency 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 agency or personally maintains a dual role. If yes, state the names and positions of the parties involved and define the relationship:
			<input type="text"/>
			Agency has by-laws in place
			Date Accepted <input type="text"/>
			Date Last Amended <input type="text"/>

Name & Title of Person Initialing Above

Signature

Board of Directors

[Click here to enter text.](#)

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

1	
2	
3	
4	
5	
6	
7	
8	

C. Board President:

<i>Name</i>	
<i>Mailing Address</i>	
<i>Start Date</i>	
<i>Term Expiration Date</i>	

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.

--	--

Board Roster

[Click here to enter text.](#)

Name	Sex		Race/Ethnicity								Town of Residence	# of Years on Board	# Meetings attended in past year	From the numbers in "B," what committees are they on?
	Male	Female	Caucasian/Non-Hispanic	Black/Non-Hispanic	Asian/Pacific Islander	Hispanic/Caucasian	Hispanic/Black	American Indian/Alaskan Native	Other					

Client Information Sheet - Previous & Current Year

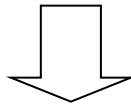
[Click here to enter text.](#)

Client Numbers

- Include only unduplicated numbers of clients who receive direct services from the program, as identified in the program description.
- If this program offers more than one distinct type of service, complete a client information sheet ***for each service***. (Example: counseling and information/referral)
- In “Average amount of time spent per client” be very specific (e.g. 24 hours/year or 1 hour/week for 6 weeks)
- Do the number of clients/ time per client refer to each time service is provided or only once for the duration of the program? Please be clear.
- You may use either the calendar year or your fiscal year, but please specify the dates in the column headings.

Numbers below represent (check one) Individual Clients Households

	Previous Year			Current 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						



Client Demographics for the Previous 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	0-4 years	5-17 years	18-24 years
	25-64 years	65 years & older	Unknown
	TOTAL of all above		
B) Sex	Female	Male	TOTAL

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

[Click here to enter text.](#)

Client Demographics for the Previous Year (continued)

D) Number of Clients with disabilities:

E) Geographic location:

Total Number of Lake County Residents
Of persons above, how many are:

Residents of Waukegan

Residents of North Chicago

Residents elsewhere in Lake County (outside Wkgn or NC)

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):

Extremely Low Income (0-30%)

Very Low Income (31-50%)

Low Income (51-80%)

Above 80%

TOTAL

Low/Moderate Income Limits (as of Dec 2014):

Income Limits								
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% of Median	\$15,200	\$17,400	\$19,550	\$21,700	\$23,450	\$25,200	\$26,950	\$28,650
50% of Median	\$25,350	\$29,000	\$32,600	\$36,200	\$39,100	\$42,000	\$44,900	\$47,800
60% of Median	\$30,420	\$34,800	\$39,120	\$43,440	\$46,920	\$50,400	\$53,880	\$57,360
80% of Median	\$40,550	\$46,350	\$52,150	\$57,900	\$62,550	\$67,200	\$71,800	\$76,450

CDBG/ESG Eligibility & National Objective Information

[Click here to enter text.](#)

Number & Type of Clients to be served (5/1/13 - 4/30/14)

*(Please choose only one – put the **number** to be served in each jurisdiction):*

Lake County

<input type="text"/>	People (General)	<input type="text"/>	Small Households (≤ 4)
<input type="text"/>	Youth	<input type="text"/>	Elderly Households
<input type="text"/>	Elderly	<input type="text"/>	Businesses
<input type="text"/>	Households (General)	<input type="text"/>	Organizations
<input type="text"/>	Large Households (5+)	<input type="text"/>	Housing Units

North Chicago

<input type="text"/>	People (General)	<input type="text"/>	Small Households (≤ 4)
<input type="text"/>	Youth	<input type="text"/>	Elderly Households
<input type="text"/>	Elderly	<input type="text"/>	Businesses
<input type="text"/>	Households (General)	<input type="text"/>	Organizations
<input type="text"/>	Large Households (5+)	<input type="text"/>	Housing Units

Waukegan

<input type="text"/>	People (General)	<input type="text"/>	Small Households (≤ 4)
<input type="text"/>	Youth	<input type="text"/>	Elderly Households
<input type="text"/>	Elderly	<input type="text"/>	Businesses
<input type="text"/>	Households (General)	<input type="text"/>	Organizations
<input type="text"/>	Large Households (5+)	<input type="text"/>	Housing Units

National Objective

(Please mark only one with an “x”):

1) This program requests information on family size and income from all clients to determine whether clients are low income. Please attach a copy of your intake forms which include income verification, and describe how the information is gathered and verified.

2) This program benefits only a clientele presumed by HUD to be low-income. Who are the beneficiaries?

<input type="checkbox"/>	Abused Children	<input type="checkbox"/>	Battered spouses
<input type="checkbox"/>	Elderly Persons	<input type="checkbox"/>	Severely disabled adults (Census definition)
<input type="checkbox"/>	Illiterate Adults	<input type="checkbox"/>	Persons with HIV/AIDS
<input type="checkbox"/>	Migrant Farm workers	<input type="checkbox"/>	Homeless persons

3) This program benefits low-income people through the provision of (check one):

<input type="checkbox"/>	Housing	<input type="checkbox"/>	Jobs
--------------------------	---------	--------------------------	------

Use of Funds

[Click here to enter text.](#)

Budget

EXPENSES	Lake County ESG	Lake County CDBG	North Chicago CDBG	Waukegan CDBG	TOTAL
Salaries					\$0
Benefits					\$0
Payroll Taxes					\$0
Client Wages		not allowed	not allowed	not allowed	\$0
Professional Fees					\$0
Supplies			not allowed	not allowed	\$0
Telephone and Facsimile			not allowed	not allowed	\$0
Postage & Shipping			not allowed	not allowed	\$0
Occupancy (exc depreciation)			not allowed	not allowed	\$0
Equipment (exc depreciation)			not allowed	not allowed	\$0
Printing & Publications			not allowed	not allowed	\$0
Travel	not allowed	not allowed	not allowed	not allowed	
Conferences & Meetings	not allowed	not allowed	not allowed	not allowed	
Specific Assistance to Ind.			not allowed	not allowed	\$0
Insurance			not allowed	not allowed	\$0
National Organization Dues	not allowed	not allowed	not allowed	not allowed	
Miscellaneous					\$0
TOTAL	\$0	\$0	\$0	\$0	\$0

 = may not be allowed
not allowed = not 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 one additional page if necessary.

Past Program Year Outcome #1	Click here to enter text.
What were the 2014 Program Year client-based outcomes and results for this program?	
<p><i>State the Outcome:</i> State benefits for participants as a result of being in the program.</p>	
<p><i>Results:</i> What are the results for this outcome?</p>	
<p><i>Strategies:</i> Describe the strategies used to achieve the outcome.</p>	
<p><i>Measurement:</i> Indicate method(s) used to measure results.</p>	
<p><i>Changes:</i> Changes to be made to the program as a result of the outcome.</p>	
<p><i>For outcomes with incomplete data:</i> A) What are the current numbers? B) What is the date by which you will submit the final results?</p>	

Past Program Year Outcome #2	
What were the 2014 Program Year client-based outcomes and results for this program?	
<p><i>State the Outcome:</i> State benefits for participants as a result of being in the program.</p>	
<p><i>Results:</i> What are the results for this outcome?</p>	
<p><i>Strategies:</i> Describe the strategies used to achieve the outcome.</p>	
<p><i>Measurement:</i> Indicate method(s) used to measure results.</p>	
<p><i>Changes:</i> Changes to be made to the program as a result of the outcome.</p>	
<p><i>For outcomes with incomplete data:</i> A) What are the current numbers? B) What is the date by which you will submit the final results?</p>	

Past Program Year Outcome #3	
What were the 2014 Program Year client-based outcomes and results for this program?	
<p><i>State the Outcome:</i> State benefits for participants as a result of being in the program.</p>	
<p><i>Results:</i> What are the results for this outcome?</p>	
<p><i>Strategies:</i> Describe the strategies used to achieve the outcome.</p>	
<p><i>Measurement:</i> Indicate method(s) used to measure results.</p>	
<p><i>Changes:</i> Changes to be made to the program as a result of the outcome.</p>	
<p><i>For outcomes with incomplete data:</i> A) What are the current numbers? B) What is the date by which you will submit the final results?</p>	

Proposed Program Year Outcome #1		Click here to enter text.
What are the PROJECTED 2015 Program Year (5/1/15-4/30/16) client-based outcomes and results for this program?		
<p><i>State the Outcome:</i> State benefits for participants as a result of being in the program.</p>		
<p><i>Strategies:</i> Describe how the outcome will be achieved.</p>		
<p><i>Measurement:</i> Indicate method(s) used to measure results.</p>		
<p><i>Target Dates:</i> What are the target dates for this outcome?</p>		
<p><i>Rationale:</i> What is the rationale for setting the outcome at the projected level?</p>		
<p><i>Long Term Effect:</i> Explain how this outcome is beneficial to clients and/or the community, beyond the terms of the grant.</p>		

Proposed Program Year Outcome #2	
What are the PROJECTED 2015 Program Year (5/1/15-4/30/16) client-based outcomes and results for this program?	
<p><i>State the Outcome:</i> State benefits for participants as a result of being in the program.</p>	
<p><i>Strategies:</i> Describe how the outcome will be achieved.</p>	
<p><i>Measurement:</i> Indicate method(s) used to measure results.</p>	
<p><i>Target Dates:</i> What are the target dates for this outcome?</p>	
<p><i>Rationale:</i> What is the rationale for setting the outcome at the projected level?</p>	
<p><i>Long Term Effect:</i> Explain how this outcome is beneficial to clients and/or the community, beyond the terms of the grant.</p>	

Proposed Program Year Outcome #3		Click here to enter text.
What are the PROJECTED 2015 Program Year (5/1/15-4/30/16) client-based outcomes and results for this program?		
<p><i>State the Outcome:</i> State benefits for participants as a result of being in the program.</p>		
<p><i>Strategies:</i> Describe how the outcome will be achieved.</p>		
<p><i>Measurement:</i> Indicate method(s) used to measure results.</p>		
<p><i>Target Dates:</i> What are the target dates for this outcome?</p>		
<p><i>Rationale:</i> What is the rationale for setting the outcome at the projected level?</p>		
<p><i>Long Term Effect:</i> Explain how this outcome is beneficial to clients and/or the community, beyond the terms of the grant.</p>		