2011 Lake County Consolidated Application

Community Development Block Grant – Public Services & Emergency Shelter Grant

Lake County - City of Waukegan - City of North Chicago

2011 Lake County Consolidated Application - Cover Sheet

Cover Sheet for (check one box only):

☐ Lake County CDBG ☐ Lake County ESG ☐ Waukegan CDBG ☐ 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)

☐ Non-Profit ☐ Public ☐ Private ☐ Government ☐ Other (specify) ______

DUNS Number: ______

If your *program* is submitting an application for funding to any of the following for PY 2011, please check all applicable boxes and fill in the amounts requested (including this request) for all agency programs:

☐ Lake County CDBG $ ______
☐ Lake County ESG $ ______
☐ North Chicago CDBG $ ______
☐ 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.
- Agency Actual Profit/Loss Statement for past six months
- Agency Projected Profit/Loss Statement for next six months
- Please do NOT include letters of support

1) Agency Description

A. Purpose of the agency
B. Type of entity/corporation
C. Number and overview of services provided
D. Number of clients currently served
E. Vision and mission statements, if applicable
F. Describe your agency's strategic plan – include when completed
G. Other pertinent information

2) Program Description

A. Describe the basic components of the program's direct & indirect services
B. List the program eligibility requirements (income, ages, etc) of the target population
C. How will the target population be reached, and how will the project affect them?
D. Describe the previous and ongoing efforts by your organization to provide this service
E. Identify the data collection mechanisms that the agency has to document eligibility
F. Discuss the program timeframe
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 pgs).

3) Community Need

A. *Describe your targeted population (i.e. socio-economic, cultural, age, family status); explain why they are considered to be at risk and what their particular needs are*
B. *Describe the availability of services for this population currently being provided in the community*
C. *Describe any unmet needs for services, including numbers on waiting lists*

4) Program Impact on Goals & Objectives

A. Discuss how your program addresses the specific goals and objectives of the appropriate funding entity, as described in the Instructions *Any CDBG/ESG application must comply with the CDBG National Objectives and must address a priority Need and Goal approved for the 2011 application process for the funder to which you are applying.*

5) Program Collaboration

A. Discuss any collaborative efforts or networks in which your staff participates to coordinate services, share resources and remain involved in the community
B. Estimate how many referrals are made on a weekly basis and to which agencies they are made
C. How does your program link clients to mainstream resources such as Food Stamps, TANF, Workforce Development, and KidCare?
D. How is your staff kept informed of services to which they can refer clients?

6) Program Management

A. Identity the major staff positions responsible for this program and their qualifications.
B. Indicate the total number of staff (full and part time), and the number of (FTE) hours per week that each of these positions contributes to the program
C. How is staff trained, and evaluated? What is the rate of turnover?
D. Describe the use of volunteers in this program. How are they trained and what is the rate of turnover?
E. Discuss the physical facilities needed to provide these services. In what condition are they? Are they accessible to persons with disabilities?

Overall 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)			

Program Budget

☐ *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)			

Agency Certification

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 Name of insuring agency	
			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 Name of insuring agency	
			Agency has a religious affiliation If yes, describe fully	
			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:	
			Agency has by-laws in place Date Accepted Date Last Amended	

Name & Title of Person Initialing Above	Signature

Board of Directors

Questionnaire

A. How often does your Board of Directors Meet?
B. What are the standing Board Committees? Assign each Committee a number.
C. Indicate the name, mailing address, and term of expiration of the Board President.
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.)

Board Roster

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

Client Information Sheet – Previous & Current Year

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

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 May 2010):

	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Extremely Low Income 0-30%	$15,800	$18,050	$20,300	$22,550	$24,400	$26,200	$28,000	$29,800
Very Low Income 31-50%	$26,300	$30,050	$33,800	$37,550	$40,600	$43,600	$46,600	$49,600
Low Income 51-80%	$42,100	$48,100	$54,100	$60,100	$64,950	$69,750	$74,550	$79,350
100% Median Income	$52,600	$60,100	$67,600	$75,100	$81,100	$87,100	$93,100	$99,100

CDBG Eligibility & National Objective Information

Information in brackets [ ] refers to HUD codes for office use only – applicants should disregard

Number & Type of Clients to be served (5/1/11 – 4/30/12)

(Please choose only one):

	People (General) [01]		Small Households (≤ 4) [06]
	Youth [02]		Elderly Households [07]
	Elderly [03]		Businesses [08]
	Households (General) [04]		Organizations [09]
	Large Households (5+) [05]		Housing Units [10]

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. [LMC]
2)		This program benefits only a clientele presumed by HUD to be low-income. Who are the beneficiaries? [LMC-PB] ☐ Abused Children ☐ Battered spouses ☐ Elderly Persons ☐ Severely disabled adults (Census definition) ☐ Illiterate Adults ☐ Persons with HIV/AIDS ☐ Migrant Farm workers ☐ Homeless persons
3)		This program benefits low-income people through the provision of (check one) [LMH/J]: ☐ Housing ☐ Jobs

Use of Funds

Budget

EXPENSES	Lake County CDBG	Lake County ESG	North Chicago CDBG	Waukegan CDBG	TOTAL
Salaries					$0
Benefits					$0
Payroll Taxes					$0
Client Wages	not allowed			not allowed	$0
Professional Fees					$0
Supplies				not allowed	$0
Telephone and Facsimile				not allowed	$0
Postage & Shipping				not allowed	$0
Occupancy (exc depreciation)				not allowed	$0
Equipment (exc depreciation)				not allowed	$0
Printing & Publications				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	$0
Insurance				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

Each line item for which funds are requested should be explained in the USES OF FUNDS 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. Make sure the reviewers understand your request.

Past Program Year Outcome #1	
What were the 2009 Program Year client-based outcomes and results for this program?	
State the Outcome: State benefits for participants as a result of being in the program	
Results: What are the results for this outcome?	
Strategies: Describe the strategies used to achieve the outcome	
Measurement: Indicate method(s) used to measure results	
Changes: Changes to be made to the program as a result of the outcome	
For outcomes with incomplete data: A) What are the current numbers? B) What is the date by which you will submit the final results?	

Past Program Year Outcome #2	
What were the 2009 Program Year client-based outcomes and results for this program?	
State the Outcome: State benefits for participants as a result of being in the program	
Results: What are the results for this outcome?	
Strategies: Describe the strategies used to achieve the outcome	
Measurement: Indicate method(s) used to measure results	
Changes: Changes to be made to the program as a result of the outcome	
For outcomes with incomplete data: A) What are the current numbers? B) What is the date by which you will submit the final results?	

Past Program Year Outcome #3	
What were the 2009 Program Year client-based outcomes and results for this program?	
State the Outcome: State benefits for participants as a result of being in the program	
Results: What are the results for this outcome?	
Strategies: Describe the strategies used to achieve the outcome	
Measurement: Indicate method(s) used to measure results	
Changes: Changes to be made to the program as a result of the outcome	
For outcomes with incomplete data: A) What are the current numbers? B) What is the date by which you will submit the final results?	

Proposed Program Year Outcome #1	
What are the PROJECTED 2011 Program Year (5/1/11-4/30/12) client-based outcomes and results for this program?	
State the Outcome: State benefits for participants as a result of being in the program	
Strategies: Describe how the outcome will be achieved.	
Measurement: Indicate method(s) used to measure results.	
Target Dates: What are the target dates for this outcome?	
Rationale: What is the rationale for setting the outcome at the projected level?	
Long Term Effect: Explain how this outcome is beneficial to clients and/or the community, beyond the terms of the grant.	

Proposed Program Year Outcome #2	
What are the PROJECTED 2011 Program Year (5/1/11-4/30/12) client-based outcomes and results for this program?	
State the Outcome: State benefits for participants as a result of being in the program	
Strategies: Describe how the outcome will be achieved.	
Measurement: Indicate method(s) used to measure results.	
Target Dates: What are the target dates for this outcome?	
Rationale: What is the rationale for setting the outcome at the projected level?	
Long Term Effect: Explain how this outcome is beneficial to clients and/or the community, beyond the terms of the grant.	

Proposed Program Year Outcome #3	
What are the PROJECTED 2011 Program Year (5/1/11-4/30/12) client-based outcomes and results for this program?	
State the Outcome: State benefits for participants as a result of being in the program	
Strategies: Describe how the outcome will be achieved.	
Measurement: Indicate method(s) used to measure results.	
Target Dates: What are the target dates for this outcome?	
Rationale: What is the rationale for setting the outcome at the projected level?	
Long Term Effect: Explain how this outcome is beneficial to clients and/or the community, beyond the terms of the grant.	