



2012 Lake County Consolidated Application

Community Development Block Grant – Public Services | Emergency Solutions Grant

Lake County - City of Waukegan - City of
North Chicago

2012 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)
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DUNS Number:

If your program is submitting an application for funding to any of the following for PY 2012, please check all applicable boxes and fill in the amounts requested (including this request) for all agency programs:

<input type="checkbox"/> Lake County ESG		
<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.
- Agency Actual Profit/Loss Statement for past six months
- Agency Projected Profit/Loss Statement for next six months
- Organization Chart
- Agency Strategic Plan (include most recent Annual Report, if applicable)
- Please do NOT include letters of support

1) Agency Description

<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 - include date when it was completed</i>	
<i>E. Other pertinent information</i>	
<i>F. Employee Information</i>	
<i>How many employees does the organization have?</i>	
<i>How many FTE's does the organization have?</i>	
<i>How many positions are currently vacant due to lack of funds?</i>	
<i>How many employees have been hired since January 1?</i>	

2) Program Description

A. Describe the program's services. Also, what is the impact on the target population?

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 this service

How many UNDUPLICATED clients were served by this program in:	2006?	2008?	2010?

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 pgs).

3) Community Need

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

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 2012 application process for the funder to which you are applying.

5) Program Collaboration

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.

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 program link clients to mainstream resources such as Food Stamps, TANF, Workforce Development, and KidCare? If so, how?

E. How is your staff kept informed of services to which they can refer clients?

6) Program Management

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

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B. Employee Information

How many employees does the program have?

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How many FTE's does the program have?

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How many positions are currently vacant due to lack of funds?

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How many employees have been hired since January 1?

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C. How is staff trained and evaluated?

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D. What is the client-to-staff ratio? How does this compare to industry standards?

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E. Describe the use of volunteers in this program. How are they trained and what is the rate of turnover?

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F. Discuss the physical facilities used to provide these services. In what condition are they? Are they accessible to persons with disabilities?

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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)			

Budget Narratives

A. Explain any surplus or deficit in either budget

B. If any life item has increased or decreased by 10% or more, please explain why

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

<i>Grant</i>	<i>Amount</i>	<i>Status</i>	<i>Date & Term (ex. 3/1/12 for 3 years)</i>

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 <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

Questionnaire

A. How often does your Board of Directors meet?

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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:

<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.)

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

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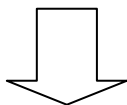
Client Information Sheet - Previous & Current Year

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	of whom	Number	Ethnicity
White/Caucasian				are Hispanic/Latino
Black/African American				are Hispanic/Latino
Asian				are Hispanic/Latino
American Indian/Alaska Native				are Hispanic/Latino
Native Hawaiian/Other Pacific Islander				are Hispanic/Latino
African American & White				are Hispanic/Latino
Asian & White				are Hispanic/Latino
American Indian & White				are Hispanic/Latino
American Indian & African American				are Hispanic/Latino
Other Multi-Racial				are Hispanic/Latino
TOTAL				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 2011):

	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Extremely Low Income 0-30%	\$15,750	\$18,000	\$20,250	\$22,450	\$24,250	\$26,050	\$27,850	\$29,650
Very Low Income 31-50%	\$26,200	\$29,950	\$33,700	\$37,400	\$40,400	\$43,400	\$46,400	\$49,400
Low Income 51-80%	\$31,440	\$35,940	\$40,440	\$44,880	\$48,480	\$52,080	\$55,680	\$59,280
100% Median Income	\$41,900	\$47,900	\$53,900	\$59,850	\$64,650	\$69,450	\$74,250	\$79,050

CDBG/ESG 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 (5/1/12 - 4/30/13)

(Please choose only one):

<input type="checkbox"/>	People (General) [01]	<input type="checkbox"/>	Small Households (≤ 4) [06]
<input type="checkbox"/>	Youth [02]	<input type="checkbox"/>	Elderly Households [07]
<input type="checkbox"/>	Elderly [03]	<input type="checkbox"/>	Businesses [08]
<input type="checkbox"/>	Households (General) [04]	<input type="checkbox"/>	Organizations [09]
<input type="checkbox"/>	Large Households (5+) [05]	<input type="checkbox"/>	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]

<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) [LMH/J]:

<input type="checkbox"/>	Housing	<input type="checkbox"/>	Jobs
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Use of Funds

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

What were the 2010 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 2010 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 2010 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

What are the PROJECTED 2012 Program Year (5/1/12-4/30/13) 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 2012 Program Year (5/1/12-4/30/13) 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>	
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<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

What are the PROJECTED 2012 Program Year (5/1/12-4/30/13) 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>	