



2011 Lake County Consolidated Application - Letter of Intent

Community Development Block Grant – Public Services & Emergency Shelter Grant

Lake County - City of Waukegan - City of
North Chicago

2011 Lake County Consolidated Application - Letter of Intent

**Mandatory for each program applying for Lake County and North Chicago
Recommended for Waukegan.**

Type of Application

Check all that apply and email to each funder by October 1, 2010

 Lake County CDBG

Email to Joel Williams
jwilliams@lakecountyil.gov

 Lake County ESG

Email to Joel Williams
jwilliams@lakecountyil.gov

 Waukegan CDBG

Email to Pamela Jeffries
pamjef@northchicago.org

 North Chicago CDBG

Email to Laura Hamilton
laura.hamilton@ci.waukegan.il.us

Information

Agency Name		
Program Name		
Estimated Amount of Request		
Program Contact Name & Title		
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 2011, please check all applicable boxes and fill in the amounts requested (including this request) for all agency programs:

<input type="checkbox"/> Lake County CDBG	\$	<input type="text"/>
<input type="checkbox"/> Lake County ESG	\$	<input type="text"/>
<input type="checkbox"/> North Chicago CDBG	\$	<input type="text"/>
<input type="checkbox"/> Waukegan CDBG	\$	<input type="text"/>

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.

Contact Person Name & Title	Date
<input type="text"/>	<input type="text"/>

Checklist

Complete and submit this Checklist with the Letter of Intent.

The agency has current 501(c)(3) status	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
The program requesting funds has been in operation, serving clients, for at least one year prior to this application. (Since October of 2009)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
This program currently has at least the equivalent of one full-time staff person.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

** If the answer to any of these questions is NO, contact the funder to see if you are eligible.*

1) Number of clients proposed to be served in the program:	<input type="text"/>
2) Number of clients proposed to be served who reside in North Chicago:	<input type="text"/>
3) Number of clients proposed to be served who reside in Waukegan:	<input type="text"/>
4) Number of clients proposed to be served who reside elsewhere in Lake County:	<input type="text"/>
a) Percent of total clients to be served from Lake County CDBG entitlement area <div style="text-align: right;"><i>(divide line 4 by line 1)</i></div>	<input type="text"/>
b) Percent of total clients to be served from North Chicago <div style="text-align: right;"><i>(divide line 2 by line 1)</i></div>	<input type="text"/>
c) Percent of total clients to be served from Waukegan <div style="text-align: right;"><i>(divide line 3 by line 1)</i></div>	<input type="text"/>
d) Percent of total clients to be served from anywhere in Lake County (ESG) <div style="text-align: right;"><i>(add line 2, 3 & 4, then divide sum by line 1)</i></div>	<input type="text"/>
5) The amount of funds to be requested for this program:	<input type="text"/>
6) Total program budget (including funding requests):	<input type="text"/>
e) Percent of funding request to overall program budget <div style="text-align: right;"><i>(divide line 5 by line 6)</i></div>	<input type="text"/>

Is the percentage of clients served (line a, b, c or d) greater than the percentage of funding requested (line e)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**If NO, contact funder to see if you are eligible.*