



LakeCounty

Lake County Human Services Grant Application



**Emergency
Solutions Grant**



CDBG



Video Gaming Funds

*Including Community Development Block Grant (CDBG) Public
Services Application for the Cities of North Chicago and Waukegan*

WAUKEGAN
City of Progress *Illinois*



2017 Lake County Consolidated Application - Cover Sheet

	Lake County CDBG		North Chicago CDBG		Waukegan CDBG		Lake County ESG		Video Gaming Funds
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Organization's Name			
Director/CEO			
Program Name			
Program Contact's Name			
Program Street Address			
City, State, ZIP			
Phone		Email	
DUNS Number:			

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

For Lake County and North Chicago CDBG and ESG funding, identify the consolidated plan goal(s) addressed by the project.

	#3 Assist People without a home		#8 Provide Welcoming Communities
	#4 Subsidized Housing for LMI		#9 Create jobs for LMI workers
	#7 Assist people with disabilities		#10 Services for job stability

For Waukegan CDBG, identify the consolidated plan goal(s) addressed by the project.

#2 Public Services	#5 Economic Development	#1 Public Facilities

For Video Gaming funding, identify the area of focus for the program. For Video Gaming Funds, identify the project focus.

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

Please check all applicable funding sources and fill in the amounts requested for all sources:

	Lake County ESG- Shelter/HP/RRH	\$	
	Lake County CDBG	\$	
	North Chicago CDBG	\$	
	Waukegan CDBG	\$	
	Video Gaming Funds	\$	

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

Agency CEO	Signature	Date

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			
Lake County Video Gaming Grant			
Other Governmental Fees & Grants			
Membership Dues - Individuals			
Program Service Fees			
Investment Revenue			
Miscellaneous			
United Way Funding			
TOTAL REVENUE			
EXPENSES			
Salaries			
Benefits			
Payroll Taxes			
Client Wages			
Professional Fees			
Supplies			
Telephone and Facsimile			
Postage & Shipping			
Occupancy (including depreciation)			
Equipment (including depreciation)			
Printing & Publications			
Travel			
Conferences & Meetings			
Specific Assistance to Individuals			
Insurance			
National Organization Dues			
Miscellaneous			
Line Item A			
Line Item B			
TOTAL DIRECT EXPENSES			
Administration & Fundraising Costs			
Admin & FR Costs / Total Expense (%)			
TOTAL EXPENSES			
SURPLUS OR (DEFICIT)			

Program Budget

[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			
Lake County Video Gaming Received			
Other Governmental Fees & Grants			
Membership Dues - Individuals			
Program Service Fees			
Investment Revenue			
Miscellaneous			
United Way Funding			
TOTAL REVENUE			
EXPENSES			
Salaries			
Benefits			
Payroll Taxes			
Client Wages			
Professional Fees			
Supplies			
Telephone and Facsimile			
Postage & Shipping			
Occupancy (including depreciation)			
Equipment (including depreciation)			
Printing & Publications			
Travel			
Conferences & Meetings			
Specific Assistance to Individuals			
Insurance			
National Organization Dues			
Miscellaneous			
Line Item A			
Line Item B			
TOTAL DIRECT EXPENSES			
Administration & Fundraising Costs			
Admin & FR Costs / Total Expense (%)			
TOTAL EXPENSES			
SURPLUS OR (DEFICIT)			

Budget Narratives

[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 mark initials next to each. Your initials certify the accuracy of each statement. Supporting documents may be requested at a future date and must be supplied upon request.

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

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
- 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.](#)

A. Describe the purpose of the agency, vision and mission statement.

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

C. Describe the strategic plan for the agency. Include the date it was completed.

D. Other pertinent information.

E. Employee Information

How many total employees does the organization have?

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

*Full
Time:*

*Part
Time:*

2) Community Impact

[Click here to enter text.](#)

A. Describe the history of your program's provision of services including a record of performance.

B. Describe the program's services going forward. Identify the target population and explain why individuals are considered to be at risk. Detail the population's particular needs. Include a client to staff ratio, if applicable. How is success tracked? How is follow-up completed?

C. Describe evidence-based practices employed in the program (service delivery models based on research or best-practices that indicate your efforts will have the desired effect). When applicable include details from regional studies (ex. Analysis of Impediments to Fair Housing).

D. List the eligibility requirements (income, ages, etc.) of the target population. ESG applicants, discuss coordinated entry efforts and diversion efforts including the effectiveness at each.

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

F. How do you document program eligibility? How is that documentation maintained? What measures are taken to protect the confidentiality of the individuals being served?

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 application (1-2 pages).

3) Program Collaboration

[Click here to enter text.](#)

A. Provide any examples of successful partnerships this program has had, or other relevant programs within your agency have had, if any.

B. Provide a description of your referral system and how you are aware of to whom to refer. Video Gaming applicants, discuss how ServicePoint may be integrated into service provision.

4) Staffing and Facilities

[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?*Full
Time:Part
Time:**C. Describe the employee evaluation process and the employee development (training) program.****D. Describe the rate and effect of employee turnover in the program for which you are applying for funding.****E. Describe the use of volunteers in this program. How are they trained? If there are no volunteers, explain why.****F. Are the facilities accessible to persons with disabilities?**

Yes

No

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

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	
C. Board President	
Name	
Mailing Address	
Start Date	
Term Expiration Date	
D. Identify any unique characteristics of Board Members as they relate to the agency's mission (i.e., persons with disabilities, persons who were prior agency clients, formerly homeless persons, etc.).	
E. Explain any recent changes to the composition of the Board, such as turnover, a new President, etc.	

[illegible]

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)

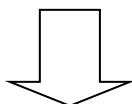
☐

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

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

Race Category	Number	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

[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 Waukegan or North Chicago)

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%)

Low Income (31-50%)

Moderate Income (51-80%)

Above 80%

TOTAL

Low/Moderate Income Limits (as of June 2016):

Income Limits								
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% of Median	\$16,150	\$18,450	\$20,750	\$24,300	\$28,440	\$32,580	\$36,730	\$40,890
50% of Median	\$26,950	\$30,800	\$34,650	\$38,450	\$41,550	\$44,650	\$47,700	\$50,800
60% of Median	\$32,340	\$36,960	\$41,580	\$46,140	\$49,860	\$53,580	\$57,240	\$60,960
80% of Median	\$43,050	\$49,200	\$55,350	\$61,500	\$66,450	\$71,350	\$76,300	\$81,200

Eligibility & National Objective Information

[Click here to enter text.](#)

Number & Type of Clients to be served (5/1/17 - 4/30/18)

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

Lake County

	People (General)
	Youth
	Elderly
	Households (General)
	Large Households (5+)

	Small Households (≤ 4)
	Elderly Households
	Businesses
	Organizations
	Housing Units

North Chicago

	People (General)
	Youth
	Elderly
	Households (General)
	Large Households (5+)

	Small Households (≤ 4)
	Elderly Households
	Businesses
	Organizations
	Housing Units

Waukegan

	People (General)
	Youth
	Elderly
	Households (General)
	Large Households (5+)

	Small Households (≤ 4)
	Elderly Households
	Businesses
	Organizations
	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"/>	Elderly Persons
<input type="checkbox"/>	Illiterate Adults
<input type="checkbox"/>	Migrant Farm workers

<input type="checkbox"/>	Battered spouses
<input type="checkbox"/>	Severely disabled adults (Census definition)
<input type="checkbox"/>	Persons with HIV/AIDS
<input type="checkbox"/>	Homeless persons

3)

☐

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

☐ Housing

☐ Jobs


Use of Funds

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

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

CDBG and Video Gaming Budget

EXPENSES	Video Gaming Funds	Lake County CDBG	North Chicago CDBG	Waukegan CDBG	TOTAL
Salaries					\$0
Benefits					\$0
Payroll Taxes					\$0
Client Wages				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, Conferences & Meetings	not allowed	not allowed	not allowed	not allowed	
Specific Assistance to Individuals				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

 = may not be allowed

ESG Budget

EXPENSES	Shelter Services	Shelter Operations	Rapid Rehousing/ Homelessness Prevention Services	Direct Assistance to Individuals (RRH/HP Only)	TOTAL
Salaries				not allowed	\$0
Benefits				not allowed	\$0
Payroll Taxes				not allowed	\$0
Client Wages	not allowed	not allowed	not allowed	not allowed	\$0
Professional Fees				not allowed	\$0
Supplies				not allowed	\$0
Telephone and Facsimile				not allowed	\$0
Postage & Shipping				not allowed	\$0
Occupancy (exc depreciation)	not allowed			not allowed	\$0
Equipment (exc depreciation)	not allowed			not allowed	\$0
Printing & Publications				not allowed	\$0
Travel, Conferences & Meetings	not allowed	not allowed	not allowed	not allowed	
Short-Term Rental Assistance	not allowed	not allowed	not allowed		\$0
Medium-Term Rental Assistance	not allowed	not allowed	not allowed		\$0
Rental Arrears Assistance	not allowed	not allowed	not allowed		\$0
Rental Application Fee & Moving Costs	not allowed	not allowed	not allowed		\$0
Rental Security Deposits	not allowed	not allowed	not allowed		\$0
Utility Deposits/Payments	not allowed	not allowed	not allowed		\$0
Insurance	not allowed			not allowed	\$0
National Organization Dues	not allowed	not allowed	not allowed	not allowed	
Miscellaneous				not allowed	\$0
TOTAL	\$0	\$0	\$0	\$0	\$0

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 2016 Program Year client-based outcomes and results for this program?		
<i>State the Outcome:</i> State benefits for participants as a result of being in the program.		
<i>Results:</i> What are the results for this outcome?		
<i>Strategies:</i> Describe the strategies used to achieve the outcome.		
<i>Measurement:</i> Indicate method(s) used to measure results.		
<i>Changes:</i> Changes to be made to the program as a result of the outcome.		
<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?		

Past Program Year Outcome #2		Click here to enter text.
What were the 2016 Program Year client-based outcomes and results for this program?		
<i>State the Outcome:</i> State benefits for participants as a result of being in the program.		
<i>Results:</i> What are the results for this outcome?		
<i>Strategies:</i> Describe the strategies used to achieve the outcome.		
<i>Measurement:</i> Indicate method(s) used to measure results.		
<i>Changes:</i> Changes to be made to the program as a result of the outcome.		
<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?		

Past Program Year Outcome #3		Click here to enter text.
What were the 2016 Program Year client-based outcomes and results for this program?		
<i>State the Outcome:</i> State benefits for participants as a result of being in the program.		
<i>Results:</i> What are the results for this outcome?		
<i>Strategies:</i> Describe the strategies used to achieve the outcome.		
<i>Measurement:</i> Indicate method(s) used to measure results.		
<i>Changes:</i> Changes to be made to the program as a result of the outcome.		
<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?		

Proposed Program Year Outcome #1		Click here to enter text.
What are the PROJECTED 2017 Program Year (5/1/17-4/30/18) client-based outcomes and results for this program?		
<i>State the Outcome:</i> State benefits for participants as a result of being in the program.		
<i>Strategies:</i> Describe how the outcome will be achieved.		
<i>Measurement:</i> Indicate method(s) used to measure results.		
<i>Rationale:</i> What is the rationale for setting the outcome at the projected level?		
<i>Long-Term Effect:</i> Explain how this outcome is beneficial to clients and/or the community, beyond the terms of the grant.		

Proposed Program Year Outcome #2		Click here to enter text.
What are the PROJECTED 2017 Program Year (5/1/17-4/30/18) client-based outcomes and results for this program?		
<i>State the Outcome:</i> State benefits for participants as a result of being in the program.		
<i>Strategies:</i> Describe how the outcome will be achieved.		
<i>Measurement:</i> Indicate method(s) used to measure results.		
<i>Rationale:</i> What is the rationale for setting the outcome at the projected level?		
<i>Long-Term Effect:</i> Explain how this outcome is beneficial to clients and/or the community, beyond the terms of the grant.		

Proposed Program Year Outcome #3		Click here to enter text.
What are the PROJECTED 2017 Program Year (5/1/17-4/30/18) client-based outcomes and results for this program?		
<i>State the Outcome:</i> State benefits for participants as a result of being in the program.		
<i>Strategies:</i> Describe how the outcome will be achieved.		
<i>Measurement:</i> Indicate method(s) used to measure results.		
<i>Rationale:</i> What is the rationale for setting the outcome at the projected level?		
<i>Long-Term Effect:</i> Explain how this outcome is beneficial to clients and/or the community, beyond the terms of the grant.		