



**Toni Preckwinkle**  
**President**

Cook County Board of Commissioners

# COOK COUNTY

## Bureau of Economic Development Emergency Solutions Grants Program (ESG) 2020 Program Year Application

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Applicant Agency/Organization

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Applicant's Name and Title

*(Executive Director, Chief Executive Officer)*

**Toni Preckwinkle, President**  
**Cook County Board of Commissioners**

Department of Planning and Development  
69 West Washington, Suite 2900  
Chicago, Illinois 60602

Susan M. Campbell, Director

January 2020



# 2020 Emergency Solutions Grants Program Application

## APPLICATION CHECKLIST

Please complete all applicable sections of the application before submitting, and make sure that the person who signed your application is the person authorized to sign in your resolution.

Please use the following checklist to ensure that your application package is complete and includes the requested attachments. Omission of items does not necessarily preclude your application from consideration but will negatively affect the application score.

**Non-Profit Agency** (Form samples are attached.)

Resolution and Certification of Resolution – (See Form A and Form B at the end of the application for samples.)

Matching Funds Certification – (See Form C at the end of the application.)

Racial Equity Information - Form D

List of Board of Directors

Copy of 501(c)3

Current Certificate of Good Standing (dated within the last 45 days)

Copy of Articles of Incorporation or Copy of Amended Articles of Incorporation, if amended, **from the Illinois Secretary of State.**

Most current Audited Financial Statements – Submit your A133 Single Audit, if applicable. Otherwise, submit your latest audited financials. If you do not have audited financials, you may submit other financial documents for consideration. Audited financials are preferred.

**Note: You will lose 15 points for each of the items in the checklist above that are missing from your submitted application package. For more about application scoring, please see the application guide.**

\* Please submit an electronic copy of the completed application PDF, with all related attachments, through the Cook County CDBG application submission page at: <https://www.cookcountvil.gov/service/2020esg> \*

**The deadline for submitting all applications is: Friday, March 13, 2020, 5:00PM (Applications received after this date and time will not be accepted. No exceptions.)**



# 2020 Emergency Solutions Grants Program Application

## APPLICANT INFORMATION SHEET

Applicant/Organization  
Name: \_\_\_\_\_

Executive Director/CEO: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Project Manager Name & Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant Website Address: \_\_\_\_\_

### **Funding Request**

#### **ESG Components**

Homelessness Prevention:	\$ _____
Rapid Rehousing:	\$ _____
Street Outreach:	\$ _____
Emergency Shelter:	\$ _____
HMIS:	\$ _____

Total Amount Requested: \$ \_\_\_\_\_

Total Matching Funds: \$ \_\_\_\_\_

**\*The signature below must be from the person authorized to sign the application in your resolution.\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



# 2020 Emergency Solutions Grants Program Application

## APPLICANT INFORMATION SHEET (CONT'D)

2020 PROGRAM YEAR - October 1, 2020 through September 30, 2021

*Please complete all pages for each project, as applicable*

Applicant Address:

City: **Illinois** Zip Code:

County Commissioner District:

Project Title:

Is this project consistent with Cook County's 2015-2019 Consolidated Plan?

<https://www.cookcountyil.gov/content/planning-progress>

If no, **"STOP"**. Yes No

DUNS Number (Required For Funding):

FEIN Number: CFDA Number: **14.231**

<b>Purpose of the Project (check all that apply):</b>	Help Prevent Homelessness	Help the Homeless	Help those fleeing from domestic violence
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Type of Applicant (check as many as apply):</b>	Faith Based	Domestic Violence Agency	Youth Agency	Location with Emergency Shelter	Primarily Prevention Agency
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# 2020 Emergency Solutions Grants Program Application

## SUMMARY AND PROJECT DESCRIPTION

**Project Service Area/Geographic Location** *(Specify municipalities or zip codes served, if possible):*

Shelter Address (when applicable):

**Summary of Project** (150 words or less):



# 2020 Emergency Solutions Grants Program Application

## PROJECT ELIGIBILITY

How does the project meet all eligible requirements for HUD and Cook County? (See 24 CFR 576 and Application Guide)

## CONTINUUM of CARE and HMIS PARTICIPATION PLAN

	Yes	No	Planned
Is your organization an active member of the Cook County Continuum of Care?			
Is your organization active in the local Community Based Service Area (AHAND, SSCH, and WSCH)?			
Is your organization actively participating in the Continuum of Care Homeless Management Information System (HMIS) process?			
(If your organization serves those fleeing from domestic violence) Does your organization use InfoNet or another database tracking system?			
Is your organization following Coordinated Entry policies and procedures?			

Describe Continuum of Care activities and participation in detail below:



## 2020 Emergency Solutions Grants Program Application

Describe the program's participation in Coordinated Entry (CE). If not currently partnering with CE, describe how your program will implement CE policies and procedures.

Describe how your program will operate using the principles of Housing First (low barriers to services and support that do not screen clients out of a program)

### **LEVERAGING OTHER FUNDING**

Please describe any matching funds for the proposed project and how they are being used.



## 2020 Emergency Solutions Grants Program Application

Please describe how this ESG funding will help you leverage future funding and/or how your agency will leverage other funds (public or private) over the long-term to support your efforts.

### **CAPACITY**

Has your agency previously executed similar projects (whether with ESG or other funding)?    Yes    No

If yes, please describe the project(s) previously completed and the outcome(s).

If not, please explain how you will successfully administer this program and execute the proposed project given that you have not previously executed similar efforts.





# 2020 Emergency Solutions Grants Program Application

## COLLABORATION AND INNOVATION

Does your agency's proposed project offer or support a plan for regional or sub-regional collaboration?

Yes

No

If yes, please describe how your agency's efforts are related to regional or sub-regional collaboration.

Are you involved in an Alliance committee or team (which includes Built for Zero, Advocacy, Prevention/Diversion, Coordinated Entry, etc.)?

Yes

No

If yes, please describe your involvement.

## **Innovative (Creative) Nature of Proposal**

Does your agency's proposed project include innovative aspects?

Yes

No

If yes, please describe the creative elements of your proposal?



## 2020 Emergency Solutions Grants Program Application

Please describe how any formerly or currently homeless person(s) function in policy or decision making roles for the organization.



# 2020 Emergency Solutions Grants Program Application

**Homeless Prevention Component** Check the boxes below to indicate activities that will be supported by the requested funding, and then briefly describe the specific proposed use of ESG **Homeless Prevention** funds. Be specific in the narrative area below if a portion of the funds are to go to intake workers or persons working directly to house clients. Specify in the narrative area how much of the grant is to be used for staff and how much for client financial assistance.

<u>Rental Assistance</u>	<u>Financial Assistance</u>	<u>Services/Staff Salaries</u>	<u>Coordination</u>
*TBRA- Short Term Term (1-3 months)	Moving Costs Rental Application Fees	Housing Search/Placement Housing Stability Case Management	Call Center Intake
*TBRA-Medium Term (4-12 months)	Security Deposits Last Month's Rent Utility Deposit Utility Payments Rent Arrears	Mediation and Legal Services Credit Repair/ Budgeting/ MoneyManagement	

Annual Number of Persons to be served: \_\_\_\_\_

*\*Tenant Based Rental Assistance\**

**Brief description:**



## 2020 Emergency Solutions Grants Program Application

**Rapid Re-housing Component** Check the boxes below to indicate activities that will be supported by the requested funding, and then briefly describe the specific proposed use of ESG **Rapid Re-housing** funds. Be specific in the narrative area below if a portion of the funds are to go to intake workers or persons working directly to house clients. Specify how much in the narrative area of the grant is to be used for staff and how much for client financial assistance.

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<u>Rental Assistance</u>	<u>Financial Assistance</u>	<u>Services/Staff Salaries</u>	<u>Coordination</u>
*TBRA-Short Term (1-3 months)	Moving Costs	Housing Search/Placement	Call Center
*TBRA-Medium Term (4-12 months)	Rental Application	Housing Stability Case	Intake
	Fees	Management	
	Security Deposits	Mediation and Legal Services	
	Last Month's Rent	Credit Repair/ Budgeting/ Money	
	Utility Deposit	Management	
	Utility Payments		
	Rent Arrears		

Annual Number of Persons to be served: \_\_\_\_\_

***\*Tenant Based Rental Assistance\****

**Brief description:**



# 2020 Emergency Solutions Grants Program Application

**HMIS Component** Check the boxes below to indicate activities that will be supported by the requested funding, and then briefly describe the specific proposed use of ESG **HMIS** funds. **Note: if applicant is a victims' services provider, you may apply for funds under this category and specify which data collection system you will be using.** Specify in the narrative below how much funding would be spent in each activity.

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Staff salaries for operating and being trained to use HMIS (HMIS lead agency only)

Providing HMIS training and administering HMIS (HMIS lead agency only)

Establishing/operating comparable database (DV Providers only)

**Brief description:**

**Street Outreach Component** Check the boxes below to indicate activities that will be supported by the requested funding, and then briefly describe in the narrative below the specific proposed use of ESG **Street Outreach** funds.

---

Services/Staff Salaries

Engagement

Case Management

Transportation

Services for Special Needs Populations

Coordination

Intake

Call Center

Annual Number of Persons to be served: \_\_\_\_\_

**Brief description:**



## 2020 Emergency Solutions Grants Program Application

**Emergency Shelter Component** Check the boxes below to indicate activities that will be supported by the requested funding, and then briefly describe the specific proposed use of ESG **Emergency Shelter** funds. Specify in the narrative below how much funding would go toward shelter operations and how much would go toward staff salaries:

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Essential Services

- Case Management
- Childcare, Education, Employment,  
and Life Skills Services
- Legal Services
- Substance Abuse Services
- Transportation
- Services for Special Needs Populations

Shelter Operations

- Maintenance and Repairs
- Shelter Rent
- Shelter Security
- Insurance
- Shelter Utilities
- Food
- Furnishings
- Equipment and Supplies
- Hotel or Motel Voucher (only when no other  
appropriate shelter is otherwise available)

Coordination

- Intake
- Call Center

Annual Number of Persons to be served: \_\_\_\_\_

**Brief description:**

**Shelter Type**

Enter the annual number of persons served in Emergency Shelter by shelter type that will be housed at least partly through the support of ESG funds:

- Barracks (i.e. Open sleeping areas, gymnasiums)
- Group/large house
- Scattered site apartment
- Single family detached house
- Single room occupancy
- Hotel/motel
- Other (describe) \_\_\_\_\_

Total number of beds to be available per night by the shelter provider \_\_\_\_\_



## 2020 Emergency Solutions Grants Program Application

The questions on the next three pages relate to ALL ESG Components for which the applicant is requesting funding (attach additional pages if needed when providing your answers).

**Specific Anticipated Accomplishments:** (Please incorporate quantitative and qualitative measures. For returning applicants, you are encouraged to highlight any anticipated changes from the prior year. If you are applying for multiple components, please specify your anticipated accomplishments for each component.)

**Subpopulations to be Served by ESG Funding:**

Enter the annual number of persons anticipated to be served who are identified by the characteristics of the Homeless Subpopulation groups below:

- Chronically Homeless\*
- Veterans\*
- Persons with HIV/AIDS
- Victims of Domestic Violence
- Unaccompanied Youth

\* Targets of the Sub-Cook Zero (formerly Zero: 2016) Campaign

**Total (sheltered, unsheltered, persons served under prevention, etc.) to be Served:**

Enter the annual number anticipated to be served through ESG funds:

Total number of persons \_\_\_\_\_

Total number of households \_\_\_\_\_



# 2020 Emergency Solutions Grants Program Application

## PROJECT COMPLETION SCHEDULE

*Please provide a detailed timeline outlining specific plans for completing this project within 12 months from October 1, 2020, the start of the Program Year. Include all activities your agency plans on undertaking in conjunction with ESG funds.*

MONTH 1 (October 2020)
MONTH 2
MONTH 3
MONTH 4
MONTH 5
MONTH 6
MONTH 7
MONTH 8
MONTH 9
MONTH 10
MONTH 11
MONTH 12 <b>PROJECT COMPLETE</b>





# 2020 Emergency Solutions Grants Program Application

## PROPOSED PROJECT BUDGET

### STAFF SALARIES (6 Person Limit)

Position	Component Number*	(A) Annual Salary	(B) % of time spent on project	(A) multiplied by (B) Salary allocated for project	Salary ESG Portion	Project Match
<b>TOTAL SALARIES</b>						

\*Please indicate (1) for Homeless Prevention, (2) for Rapid Rehousing, (3) for Street Outreach, (4) for Emergency Shelter, and/or (5) for HMIS after each position. A position may carry out multiple components. Please list one position staff per component per line. (A staff person may be repeated on more than one line if they are being funded to carry out more than one component.) **Failure to indicate component number after position may result in positions not being funded.**



## 2020 Emergency Solutions Grants Program Application

### LINE ITEM BUDGET

<i><b>Homeless Prevention Component</b></i>	<b>ESG Funds</b>	<b>Matching Funds</b>	<b>TOTAL</b>
Housing Relocation and Stabilization Services (Salaries)			
Tenant Based Rental Assistance Short Term ( <i>1<sup>st</sup>-3<sup>rd</sup> months</i> )			
Tenant Based Rental Assistance Medium Term ( <i>4<sup>th</sup>-12<sup>th</sup> months</i> )			
Coordination: Call Center			
Moving Financial Assistance: Moving, Security Deposit, Last Month's Rent, Rental Applications, Moving Costs			
Utility Financial Assistance: Utility Deposits, Payments, and			
Other Financial Assistance: Rent Arrears			
<b>Total Component Activities</b>			
<i><b>Rapid Rehousing Component</b></i>	<b>ESG Funds</b>	<b>Matching Funds</b>	<b>TOTAL</b>
Housing Relocation and Stabilization Services (Salaries)			
Tenant Based Rental Assistance Short Term ( <i>1<sup>st</sup>-3<sup>rd</sup> months</i> )			
Tenant Based Rental Assistance Medium Term ( <i>4<sup>th</sup>-12<sup>th</sup> months</i> )			
Coordination: Call Center			
Moving Financial Assistance: Moving, Security Deposit, Last Month's Rent, Rental Applications, Moving Costs			
Utility Financial Assistance: Utility Deposits, Payments, and			
Other Financial Assistance: Rent Arrears			
<b>Total Component Activities</b>			



## 2020 Emergency Solutions Grants Program Application

HMIS/Data Tracking	ESG Funds	Matching Funds	TOTAL
Staff Salaries for Operating HMIS			
Receiving HMIS Training (salary, transportation, etc.)			
HMIS Administration and Providing Training (salary, transportation, etc.)			
Establishing/operating similar database (Victim providers only)			
<b>Total Component Activities</b>			
<i>Street Outreach</i>	ESG Funds	Matching Funds	TOTAL
Staff Salaries			
Transportation			
Coordination: Call Center			
<b>Total Component Activities</b>			
<i>Emergency Shelter</i>	ESG Funds	Matching Funds	TOTAL
Staff Salaries (Direct staff services only)			
Transportation			
Shelter Operations: Maintenance and Repairs, Security Costs, Insurance, Utilities, Rent			
Food, Furnishings, Equipment, and Supplies			
Hotel or Motel Vouchers			
Coordination: Call Center			
<b>Total Component Activities</b>			
<b>Grand Total</b> (All Component Activities and Total Match)			

**\*Fields above do not calculate\***



## 2020 Emergency Solutions Grants Program Application

Please describe any other funding you currently receive from other departments or agencies of Cook County. If you do receive other Cook County funding, please indicate whether or not that funding supports the activity(s) you are applying for in this ESG application.



# 2020 Emergency Solutions Grants Program Application

## APPLICATION RESOLUTION AND CERTIFICATION

### Instructions

A sample of the authorizing resolution is included in this application. The person signing the application must be the same person authorized by the resolution.

The resolution must be adopted by your governing body and a **certified** copy submitted with the application. **A sample form for certification by non-municipal agencies is included.**





# 2020 Emergency Solutions Grants Program Application

## FORM B: SAMPLE CERTIFICATION Not-for-Profit Organization/Non-Municipal Agency

The undersigned Duly Qualified and Acting Secretary of the Board of Directors of (insert organization name) hereby certifies that the attached Resolution authorizing execution of the Application for the County of Cook, Illinois' 2020 Emergency Solutions Grant ("ESG") Program Year is a true and correct copy of said Resolution as passed by the Board of Directors of (insert organization name) on (insert Board meeting date), which Resolution is still in full force and effect.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2020

Attest: \_\_\_\_\_  
Print Name – Board Secretary

\_\_\_\_\_  
Signature – Board Secretary







# 2020 Emergency Solutions Grants Program Application

## FORM D: RACIAL EQUITY INFORMATION

Please answer the following question and complete the table below.

How is your organization and/or this project advancing racial equity?

Please complete the following table with demographic data on your Board, staff and clients/beneficiaries.

RACE	Number of Board Members	Number of Staff Members	Number of Clients/Beneficiaries
White			
Black or African American			
American Indian or Alaska Native			
Asian			
Native Hawaiian or Other Pacific Islander			
Some other race			
Two or more races			
ETHNICITY			
Hispanic or Latino			
Not Hispanic or Latino			



# 2020 Emergency Solutions Grants Program Application

**AUDITED FINANCIAL STATEMENTS**  
(Attach most current.)