



## 2009 ALLIANCE APPLICATION FORM NEW PROJECTS

The 2009 Alliance Application Form is to be submitted to the Alliance to End Homelessness in Suburban Cook County as a supplement to your completed HUD application. **This application form will not be submitted to HUD.** The 2009 Alliance Application Form is used to gather additional information relevant to our Continuum of Care project review process.

### LEAD AGENCY INFORMATION – Project Applicant

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: IL Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the Agency have 501(c)(3) status?  Yes  No

Date of Agency Incorporation: \_\_\_\_\_

Is your agency primarily faith-based? (please check one)  Yes  No

What is your Agency's fiscal year? (e.g., July 1 - June 30) \_\_\_\_\_

Current fiscal year's budgeted income: \_\_\_\_\_ Previous year revenue: \_\_\_\_\_

Current fiscal year's budgeted expenses: \_\_\_\_\_ Previous year expenditures: \_\_\_\_\_

Current year's in-kind budget: \_\_\_\_\_ Previous year in-kind donations: \_\_\_\_\_

Ending Date of last agency financial audit (e.g., for year ending 9/30/2008): \_\_\_\_\_

Discuss any findings from that audit and actions your agency has taken or has planned to address any concerns.

**PROJECT INFORMATION**

Name of Project:	
Project Address, if applicable:	
Amount requested in this proposal:	

**HUD Program Component:**

<input type="checkbox"/>	Supportive Housing Program (SHP)
<input type="checkbox"/>	Shelter Plus Care (S+C)
<input type="checkbox"/>	Section 8 Moderate Rehabilitation SRO (Single Room Occupancy)

**Indicate if this project is a:**

<input type="checkbox"/> New Project	<input type="checkbox"/> Expansion Project
--------------------------------------	--

**Program Type (Choose one.)**

<input type="checkbox"/>	Permanent Supportive Housing / Leasing (scattered apartments)
<input type="checkbox"/>	Permanent Supportive Housing / Project-Based (one site/building)

**Primary Population**

Indicate if 25% or more of the client slots/housing units will be reserved for any of the listed groups. Choose one option from the left column and at least one option from the right column:

	<input type="checkbox"/> General homeless population(i.e., <b>no more than 25% of units/slots are restricted to a homeless subpopulation</b> )	
Individuals	<input type="checkbox"/> Chronically homeless <b>Select one:</b>	25% 70% 100%
Families	<input type="checkbox"/> Veterans <b>Select one:</b>	25% 75% 100%
Unaccompanied Youth (12-17 years)	<input type="checkbox"/> Persons with Mental Illnesses	
Seniors	<input type="checkbox"/> Persons with Substance Abuse Disorder	
	<input type="checkbox"/> Victims of Domestic Violence	
	<input type="checkbox"/> Persons with HIV/AIDS	
	<input type="checkbox"/> Persons with a Physical Disability	

**Narrative:**

1. List the Partner Agencies. Partner Agencies are those agencies that will be receiving HUD funds from this grant application. List lead agency first. Please sequentially number each partnering agency. **After each, describe the role each will play in the project. Give SPECIFIC info on how HUD funds will be used by each partner, including approximate amounts and use of funds.**



List any previous applications for funding through this Continuum of Care. **Explain findings/concerns identified through HUD monitoring. How and when were these (or will these be) resolved? Identify and explain any delays in implementing homeless projects in this or any other Continuum of Care.**

**Mainstream Program Participation:**

Please mark any of the following that apply to this project. Please keep explanations brief (1-2 sentences). **Mainstream Programs** refer to SSI, SSDI, TANF, Medicaid, Food Stamps/Link Card, AllKids, WIA, Veterans Health Care, as well as any applicable state or local benefits.

(1)	Case managers systematically assist clients in completing applications for mainstream benefit programs. <b>If yes describe how this service is generally provided:</b>
(2)	We supply transportation assistance to consumers to attend mainstream benefit appointments, employment training, and/or jobs.
(3)	We use a single application form (or other screening tool) for four or more of the above mainstream programs. <b>If yes indicate to which mainstream programs the form applies:</b>
(4)	We have staff systematically follow up to ensure that mainstream benefits are received. <b>If yes please describe the follow-up process:</b>
(5)	We have staff that has participated in SOAR training regarding Social Security benefits. <b>If so indicate when:</b>
(6)	We have specialized staff whose primary responsibility is to identify, enroll and follow up with homeless persons on participation in mainstream programs. <b>If yes, please identify these staff members by name and job title:</b>

**Certification**

By submitting this application electronically you certify that you are authorized to submit this application and that the information provided is correct.

## APPLICATION SUBMISSION:

1. Three (3) copies of your entire application with attachments PLUS THE ORIGINAL APPLICATION with attachments must be received by the Alliance to End Homelessness, 1107 S. Mannheim Rd., Suite 304, Westchester, IL 60154 by **5:00 PM on the due date October 16, 2009**. Your hard copy should include HUD Exhibit 2 (exported to PDF and printed), the Alliance Application Form, and the attachments listed in the checklist below.
2. **Also, your HUD application** (SF-424, Exhibit 2, and attachments) **must be submitted electronically through the e-snaps system by 5:00pm on the August 28 due date**. Any application received on previous years' forms will NOT be accepted and will not be ranked.
3. Applications for NEW Projects will only be accepted for projects that are eligible as a Bonus Project, as described in the HUD NOFA. If you have any questions about eligibility for your proposed NEW project, please contact Jennifer Hill at the Alliance office.
4. Applicants for NEW projects will be required to give a presentation of their project to a review committee. Applicants will be notified with the date of their presentation.
5. On submission to the Alliance, applications will be reviewed to ensure that they are complete. Incomplete applications may not be accepted.
6. Projects will be scored and ranked according to the Alliance evaluation criteria by the Project Review and Prioritization Committee. The ranking is not final until approval by the Alliance Board.
7. Applications will be compiled by the Alliance and submitted electronically to HUD according to the details and deadlines indicated in the NOFA.

## SPECIAL INSTRUCTIONS:

1. Please use the space given for narrative answers. Longer answers are acceptable if the font remains readable. (The font size will decrease the more you write.) If necessary, attach a SINGLE page with any narrative answers continued from the form itself.
2. Budgets are limited to the suburban Cook County's eligible bonus amount \$731,507. Our Continuum score from HUD will depend in large part on your housing-to-services ratio and your leverage amount, as a new project. Therefore, your budget decisions will impact our overall competitiveness, and so please plan accordingly.
3. Matching funds must be cash and must be committed in writing for Year 1 of your grant term. Leveraged resources include both the cash match plus in-kind contributions, and they must be committed in writing at the time of application. Please remember to include match in your leverage total. See HUD instructions on what elements are required to be included in match and leverage letters.
4. **The Alliance requires 1:1 leveraging.** Each project must provide at least one dollar in leveraging for each dollar requested. Additional points are available for additional leveraging.
5. **Con Plan Certification:** The Alliance will generate Con Plan Certification forms for all projects and get signatures from Cook County for all the projects at the same time. You will not need to attach them to your SF-424.
6. **No Binding:** Please do not use any staples. Use only 8.5" x 11" paper. You will be using the "Export to PDF" button to produce hard copies of your HUD materials to submit to the Alliance. A single binder clip per copy is preferred.
7. **Application Check List:** It is helpful if you submit your application in the order listed on this checklist.

## New Projects:

	2009 Alliance Application Form
	Mission Statement for lead agency
	IRS 501(c)(3) letters for lead agency (ATTACH IN ESNAPS)
	Current Agency Budget for lead agency
	Most recent financial audit for lead agency.
	Completed HUD application, including SF-424, Exhibit 2, and attachments as required.
	All Match and Leverage letters

For questions on completing this application, please contact Jennifer Hill, Executive Director, by email at [jennifer@suburbancook.org](mailto:jennifer@suburbancook.org) or by phone at 708/345-4035, ext. 01.