



2009 ALLIANCE APPLICATION RENEWAL FORM

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: _____

Date of last financial audit: _____

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

PROJECT INFORMATION

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

For Renewal Projects:

HUD Grant #	IL-	
HUD Project Identifier #	IL-	
End Date of Current HUD Contract		

Program Type (Choose one.)

<input type="checkbox"/>	Permanent Supportive Housing / Leasing (scattered apartments)
<input type="checkbox"/>	Permanent Supportive Housing / Project-Based (one site/building)
<input type="checkbox"/>	Safe Haven
<input type="checkbox"/>	Transitional Housing / Rolling Stock (scattered apartments; graduates may stay in apt.)
<input type="checkbox"/>	Transitional Housing/Leasing–Temporary (scattered apartments; graduates must move out)
<input type="checkbox"/>	Transitional Housing/Project-Based (one site/bldg; graduates must move out)
<input type="checkbox"/>	Supportive Services Only (no housing)

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:

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

Does this project have a commitment to serve homeless persons for 20 years as a result of previous HUD funding?

Yes	No	Start date of the commitment	End date of the commitment

Community Based Service Area (CBSA) Participation:

Is your agency a member of your Community Based Service Area (CBSA)?	Yes	No
To which CBSA(s) do you belong?	<input type="checkbox"/> AHAND	<input type="checkbox"/> SSCH <input type="checkbox"/> WSCH

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. If yes describe how this service is generally provided:
(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. If yes indicate to which mainstream programs the form applies:
(4)	We have staff systematically follow up to ensure that mainstream benefits are received. If yes please describe the follow-up process:
(5)	We have staff that has participated in SOAR training regarding Social Security benefits. If so indicate when:
(6)	We have specialized staff whose primary responsibility is to identify, enroll and follow up with homeless persons on participation in mainstream programs. If yes, please identify these staff members by name and job title:

Certification

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

NOTICE CHANGE IN DIRECTIONS FROM PREVIOUS YEARS

APPLICATION SUBMISSION:

1. Please submit the Alliance application form electronically by filling in the form. Save the completed form into "My Documents" using "Save As...". For each renewal project, send an email message to info@suburbancook.org and attach the Alliance application form, the PDF of Exhibit 2, and an electronic copy of the most recently completed APR for the project. Put the Project Name in the Subject line of the email message. Your email message and required attachments must be sent by **5:00 pm on October 16, 2009**.
2. If your APR is NOT available electronically, you must submit a single paper copy of the APR to be RECEIVED by **5pm on October 16** at the Alliance office. These can be sent to the Alliance to End Homelessness, 1107 S. Mannheim Rd., Suite 304, Westchester, IL 60154. You do NOT need to submit paper copies of the Alliance application or Exhibit 2.
3. **Also, your HUD application** (SF-424, Exhibit 2, and attachments) **must be submitted electronically through the e-snaps system by 5:00pm on the October 16 due date.**
4. Any application received on previous years' forms will NOT be accepted and will not be ranked. For questions or concerns call Jennifer at 708-345-4035 *01.
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 according to the Alliance evaluation criteria by the Project Review and Prioritization Committee.
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 do not make changes to your budgets. Use the Budget numbers that appear in the approved Grant Inventory Worksheet, available at <http://www.suburbancook.org/NOFA09.html>.
2. **You do not need to attach your match and leverage letters to your renewal application this year!** You are responsible for the veracity of your match and leverage commitments.
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. **Application Check List:** It is helpful if you submit your application in the order listed on this checklist.
7. If you are submitting multiple renewal applications please send each project's application with attachments in its own email message to info@suburbancook.org. Use the Project Name in the Subject line of the email message.

Renewal Projects Checklist:

	2009 Alliance Application Form, submitted via email.
	PDF of Completed HUD application Exhibit 2 and its attachments as required, submitted via email. You do NOT need to submit SF-424 or the attachments associated with SF-424.
	Most recent HUD APR for the project (via email or hard copy).

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