



2011 ALLIANCE APPLICATION FORM NEW PROJECTS

The 2011 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 2011 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: _____

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
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Indicate if this project is applying as a:

<input type="checkbox"/> Bonus Project	<input type="checkbox"/> Reallocation Project
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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 50% 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., no more than 50% of units/slots are restricted to a homeless subpopulation)	
<input type="checkbox"/> Individuals	<input type="checkbox"/> Chronically homeless	Select one: <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
<input type="checkbox"/> Families	<input type="checkbox"/> Veterans	Select one: <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
<input type="checkbox"/> Unaccompanied Youth (12-17 years)	<input type="checkbox"/> Persons with Mental Illnesses	
	<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	

Community Based Service Area (CBSA) Participation:

Is your agency a member of your Community Based Service Area (CBSA)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, to which CBSA(s) do you belong?	<input type="checkbox"/> AHAND	<input type="checkbox"/> SSCH	<input type="checkbox"/> WSCH
Describe your agency's involvement in Alliance or CBSA committees and/or your agency's leadership in Alliance or CBSA activities, if applicable.			

Briefly describe your project. Be sure to address at least the following questions.

- 1a. Describe the population to be served by the project.
- 1b. What is your plan to find, engage, house and serve the target population?
- 1c. What internal capacity and/or external partnerships or networks will help you do this?

Partnerships:

- 2. 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.**

- 3. 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.**

Intake Criteria:

4. Program will accept clients at intake regardless of length of sobriety and history of substance abuse

Yes No

If no, please explain what the practice of your program will be.

5. Program will accept clients regardless of mental illness

Yes No

If no, please explain what the practice of your program will be.

6. Program will accept clients regardless of criminal history/background (**Exceptions** for sex offenders, if dictated by law)

Yes No

If no, please explain what the practice of your program will be.

7. Program will accept clients regardless of employment or income status

Yes No

If no, please explain what the practice of your program will be.

Harm Reduction:

8. Will the program retain a spot for clients who experience relapse/treatment intervention, brief hospitalization, or brief incarceration (less than 30 days)? Yes No

9. Will the program continue to serve current clients using a harm reduction model who are actively using substances?

Yes No

If no, please explain what the practice of your program will be.

10. Will the program continue to serve current clients using a harm reduction model who are non-compliant with mental health treatment? Yes No

If no, please explain what the practice of your program will be.

HMIS:

11. Please describe the program's ability to collect data electronically and your agency's plan to participate in the Alliance's Homeless Management Information System (HMIS).

Supportive Services to Families:

12. In Exhibit 2, Supportive Services for Participants, did you answer Yes to Question 1 regarding educational rights ?

Yes No

If Yes, please describe those policies and practices:

13. In Exhibit 2, Supportive Services for Participants, did you answer Yes to Question 2 regarding designated staff for enrolling children in school and in services? Yes No

If Yes, please describe that staffing (i.e., name, position, responsibilities, full or part-time):

Mainstream Program Participation:

14. 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.

<input type="checkbox"/>	(1)	Case managers systematically assist clients in completing applications for mainstream benefit programs. If yes describe how this service is generally provided:
<input type="checkbox"/>	(2)	We supply transportation assistance to consumers to attend mainstream benefit appointments, employment training, and/or jobs.
<input type="checkbox"/>	(3)	We use a single application form (or other screening tool) for four or more of the above mainstream programs. If yes indicate for which mainstream programs the form applies:
<input type="checkbox"/>	(4)	We have staff systematically follow up to ensure that mainstream benefits are received. If yes please describe the follow-up process:
<input type="checkbox"/>	(5)	We have staff that has participated in SOAR training regarding Social Security benefits. If so indicate training dates:
<input type="checkbox"/>	(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:

Ongoing Evaluation/ Client Feedback:

15. Describe the evaluation plan for the project. What will be measured, when, how, and by whom? Include information on expected outcomes for clients served. Describe how your agency incorporates outcome data into a quality improvement process for this project and for the agency.

16. Will the program conduct anonymous client satisfaction surveys or alternative methods of anonymous feedback?
 Yes No

17. Will the program provide an opportunity for feedback from all clients at exit regardless of reason for leaving?
 Yes No

Program Outcomes:

18. How will this program help clients obtain and maintain permanent housing?

19. Please describe the type, frequency, and duration of the supportive services proposed for this project.

20. Please describe how the project will help clients become self-sufficient.

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. Please submit the Alliance application form electronically by filling in the form. Save the completed form into "My Documents" using "Save As...". For each new project, address an email message to nofa@suburbancook.org and attach the Alliance application form and attachments, as listed below. Put the Project Name in the Subject line of the email message, and please name your attachments clearly. Your email message and required attachments must be sent by **5:00 pm on October 4, 2011**. Any application received on previous years' forms will NOT be accepted and will not be ranked.
2. **Also, your HUD application (Exhibit 2) must be submitted electronically through the e-snaps system by 5:00pm on the October 4th due date.**
3. Applications for NEW Projects will only be accepted for projects that are eligible as a Bonus Project or as a Reallocation Project, as described in the HUD NOFA. If you have any questions about eligibility for your proposed NEW project, please contact Jennifer Hill at 708/345-4035, ext. 01.
4. Applicants for NEW projects may 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 and that they meet thresholds requirements. 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. Bonus project budgets are limited to the suburban Cook County's eligible bonus amount \$844,532 with a one-year term or longer, depending on the component type. Reallocation projects, if available, will be limited to a one-year term. For more information about reallocation, please contact Jennifer Hill at 708/345-4035, ext. 01.
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. 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.
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 a Con Plan Certification form for all projects and get a signature from Cook County for all the projects at the same time. You will not need to attach this to your SF-424.

New Projects:

<input type="checkbox"/>	2011 Alliance Application Form
<input type="checkbox"/>	IRS 501(c)(3) letter for lead agency
<input type="checkbox"/>	Current Agency Budget for lead agency
<input type="checkbox"/>	Most recent financial audit for lead agency
<input type="checkbox"/>	PDF versions of completed HUD application including Applicant Profile (SF-424), Exhibit 2, and copies of attachments uploaded to esnaps.
<input type="checkbox"/>	All Match and Leverage letters (scanned, with signatures)

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.