



2011 ALLIANCE APPLICATION RENEWAL FORM

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: _____

Ending date of last agency financial audit (e.g., for year ending 6/30/11): _____

Discuss any findings from that audit and actions your agency has taken or plans 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-	_____
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:

	<input type="checkbox"/> General homeless population (i.e., no more than 25% 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 yrs)	<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	

Does this project have a commitment to serve homeless persons for 20 years as a result of previous HUD funding?			
<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
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.			

Supportive Services to Families:

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:

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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):

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Intake Criteria:

- 1. Program accepts clients at intake regardless of length of sobriety and history of substance abuse.
 Yes No
- 2. Program accepts clients regardless of mental illness.
 Yes No
- 3. Program accepts clients regardless of criminal history/background (**Exceptions** for sex offenders, if dictated by law)
 Yes No
- 4. Program accepts clients regardless of employment or income status.
 Yes No

Harm Reduction:

- 5. Does the program retain a spot for clients who experience relapse/treatment intervention, brief hospitalization, or brief incarceration (less than 30 days)?
 Yes No
- 6. Does the program continue to serve current clients using a harm reduction model who are actively using substances?
 Yes No
- 7. Does the program continue to serve current clients using a harm reduction model who are non-compliant with mental health treatment?
 Yes No

Ongoing Evaluation/ Client Feedback:

- 8. 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.

- 9. Does the program conduct anonymous client satisfaction surveys or alternative methods of anonymous feedback?
 Yes No
- 10. Does the program provide an opportunity for feedback from all clients at exit regardless of reason for leaving?
 Yes No
- 11. Does the program present consumer feedback to the Board of Directors?
 Yes No

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.

<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:

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 renewal project, address an email message to nofa@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 4, 2011**.
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 October 4th due date.**
3. If your APR is NOT available electronically, we request that you scan it and save it as a PDF file. Jeremy Heyboer at 708-345-4035 ext. 03 may be able to assist you in doing this. If you are simply unable to create an electronic version of your APR after requesting our help, we will accept a single paper copy of the APR to be RECEIVED by **5pm on October 4th** 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.
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 ext. 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/NOFA11.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. 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.
3. **Con Plan Certification:** The Alliance will create a Con Plan Certification form for all projects and get a signature from Cook County for all the projects at the same time.
4. If you are submitting multiple renewal applications please send each project's application with attachments in its own email message to nofa@suburbancook.org. Use the Project Name in the Subject line of the email message.

Renewal Projects Checklist:

<input type="checkbox"/>	2011 Alliance Application Form, submitted via email.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.