

2020 CARES Act Application

The funding will be used to prevent, prepare for, and respond to the coronavirus (COVID-19). This allocation was authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Public Law 116-136, which was signed by President Trump on March 27, 2020, to respond to the growing effects of this historic public health crisis.

The CDBG Department will work with organizations to provide direct essential resources and human services such as rental, utility, food and child care assistance, case management, business loan/grant assistance, and a broad range of activities to residents who qualify as low and moderate income and live in the City of Waukegan. You as the organization must identify the proposed use of all funds and how the funds will be used to prevent, prepare for, and respond to coronavirus.

INSTRUCTIONS FOR APPLICATION

Applicant Requirements

- Must be a 501(c)3 non-profit organization or a unit of government.
- Must be in existence for more than one (1) year.
- Complete System for Award Management registration (www.sam.gov)
- Possess or obtain a Certificate of Good Standing with the State of Illinois (if applicable)
- Must have the capacity to administer the program.
- Must identify the proposed use of all funds and how the funds will be used to prevent, prepare for, and respond to coronavirus.
- Are encouraged to contact Community Development staff prior to submission of the application if there are additional questions.
- Must submit a copy of your most recent fiscal audit with the application

Application Procedures & Deadline

The City of Waukegan reserve the right to reject from consideration any applications that meet any of the following:

- Does not clearly meet a program National Objective;
- Does not clearly meet the COVID-19 goal and requirements;
- Is deemed incomplete and/or requires significant work to repair the original application submittal;
- Raises questions about an applicant's ability to effectively administer the requested program;
- Does not submit an Application on time.

All complete applications submitted on time will be subject to review and evaluation by the staff and review panel of the City. The screening and review process for the program is designed to ensure that CDBG-CV funds are awarded to applicants that address COVID-19 goals and requirements. The actual number and types of awards will be subject to available funding. The City and their representatives make the final determination of grant award and amount of funds awarded.

Acceptance of the application does not obligate the City to fund the application, nor does it guarantee that the application as submitted is complete.

Applications must be complete when submitted. Incomplete applications will not be reviewed for funding.

Application Formatting

- All applications must be collated
- All paperwork must be three-hole punched
- Applications should not be stapled or bound
- Do not type beyond the space provided for questions

- Provide one (1) original and eight (8) copies of the application
- Include an electronic copy of the application along with the application
- **Application submission deadline is Thursday, July 30, 2020 at 4:00pm**. Late or incomplete applications will not be accepted
- All applications must be submitted to the **CDBG Department located at 100 N. Martin Luther King Jr., 3rd Floor, Waukegan, Illinois 60085**
- Mailed applications must be sent registered or certified mail (return receipt requested) and **must be received by Thursday, July 30, 2020 at 4:00pm**

Budget Instructions

Use budget forms provided.

- Overall Agency Budget
 - ✓ Should be the budget for the entire organization, separated into Revenue and Direct or Programming Expenses.
- Program Budget
 - ✓ Should be the budget for this specific program associated with the request, separated into Revenue and Direct or Programming Expenses.
- “Actual Previous Year” refers to 2019 Calendar Year or last fiscal Year.
- “Current Operating Year” refers to 2020 Calendar Year or current fiscal Year.
- “Projected Next Year” refers to 2021 Calendar Year or next fiscal Year.

2020 CARES Act Application

List the Agency's Name, Director/CEO, Program/Project Name, Contact's Name, Street Address, City, State, ZIP, Phone, Email, and DUNS Number:

List the CARES Act (CDBG-CV) Funding Request:

\$

List the total amount of the Program Budget:

\$

Check the type of Agency:

- Non-Profit Unit of Government Other

Have you received an adverse or no opinion audit in the last two years?

- Yes No

Describe the Agency's Mission and Program Services:

Describe the population served by this program:

List the eligibility criteria used to provide services to clients?

Agency Budget

REVENUE	Actual Previous Year	Current Operating Year	Projected Next Year
Contributions			
Special Events			
Foundation & Corporate Grants			
Lake County CDBG-CV			
Lake County ESG-CV			
North Chicago CDBG-CV			
Waukegan CDBG-CV			
Other Governmental Fees & Grants			
Membership Dues - Individuals			
Program Service Fees			
Investment Revenue			
Miscellaneous			
TOTAL REVENUE			
EXPENSES			
Salaries			
Benefits			
Payroll Taxes			
Client Wages			
Professional Fees			
Supplies			
Telephone and Facsimile			
Postage & Shipping			
Occupancy (including depreciation)			
Equipment (including depreciation)			
Printing & Publications			
Travel			
Conferences & Meetings			
Specific Assistance to Individuals			
Insurance			
National Agency Dues			
Miscellaneous			
TOTAL DIRECT EXPENSES			
SURPLUS OR (DEFICIT)			

Program Budget

Check here if the same as Agency Budget

REVENUE	Actual Previous Year	Current Operating Year	Projected Next Year
Contributions			
Special Events			
Foundation & Corporate Grants			
Lake County CDBG-CV			
Lake County ESG-CV			
North Chicago CDBG-CV			
Waukegan CDBG-CV			
Other Governmental Fees & Grants			
Membership Dues - Individuals			
Program Service Fees			
Investment Revenue			
Miscellaneous			
TOTAL REVENUE			
EXPENSES			
Salaries			
Benefits			
Payroll Taxes			
Client Wages			
Professional Fees			
Supplies			
Telephone and Facsimile			
Postage & Shipping			
Occupancy (including depreciation)			
Equipment (including depreciation)			
Printing & Publications			
Travel			
Conferences & Meetings			
Specific Assistance to Individuals			
Insurance			
National Agency Dues			
Miscellaneous			
TOTAL DIRECT EXPENSES			
SURPLUS OR (DEFICIT)			

Describe the specific activities your agency would perform to address the COVID-19 pandemic.

Describe the client intake process to obtain services.

Please describe how your agency provides information and referral services to clients:

Are clients charged for any portion of the program? If yes, which portion and how much do you charge?

Are the facilities maintained in a decent, safe, and sanitary manner that is accessible to person with disabilities? Yes
No

What financial internal controls are in place in your agency and program to ensure that CDBG-CV funds are utilized for only their intended purpose?

Describe the program's staffing by identifying the staff leadership positions for this program, their qualifications and years of service:

How many total employees does the agency have? How many are full-time and how many are part-time?

Applicant Certification

Please mark “YES” or “NO” as appropriate next to each statement and mark initials next to each. Your initials certify the accuracy of each statement. Supporting documents may be requested at a future date and must be supplied upon request.

Agency Date of Incorporation

Initial	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	Applicant maintains a personnel policy manual.
	<input type="checkbox"/>	<input type="checkbox"/>	Applicant has an enforced affirmative action plan.
	<input type="checkbox"/>	<input type="checkbox"/>	Applicant has an enforced non-discrimination policy.
	<input type="checkbox"/>	<input type="checkbox"/>	Applicant has an enforced sexual harassment policy.
	<input type="checkbox"/>	<input type="checkbox"/>	Applicant has a grievance procedure.
	<input type="checkbox"/>	<input type="checkbox"/>	Applicant has the capacity to financially administer grant funds and has an effective fiscal management system in place.
	<input type="checkbox"/>	<input type="checkbox"/>	Applicant maintains liability insurance coverage. If yes, amount of coverage <input type="text"/> Name of insuring Applicant <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Applicant pays all payroll taxes and workers’ compensation as required by Federal and State law.
	<input type="checkbox"/>	<input type="checkbox"/>	Applicant maintains fidelity bond coverage for principal staff handling Applicant accounts. If yes, amount of coverage. <input type="text"/> Name of insuring Applicant. <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Applicant has a religious affiliation. If yes, describe fully. <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	An Applicant representative paid or unpaid (staff, board, volunteer, etc.) maintains a family or business tie with an employee, agent, consultant, officer, elected or appointed official of the funding Applicant or personally maintains a dual role. If yes, state the names and positions of the parties involved and define the relationship. <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Applicant has by-laws in place. Date Accepted <input type="text"/> Date Last Amended <input type="text"/>

Name & Title of Person Initialing Above

Signature

Client Demographics for the Recent Year

Please indicate the total number of clients served for each of the following categories:

A) Age		0-18years		19-24 years				
		25-64 years		65 years & older		Unknown		
	TOTAL of all above							
B) Sex		Female		Male		Transgender		Refused/ missing information

Race/Ethnicity – Please indicate how many clients in each race category were served. In addition to race, HUD requires information about the number of people who are of Hispanic/Latino ethnicity in each race category.

Race Category	Number		Number	Ethnicity
White/Caucasian		of whom		are Hispanic/Latino
Black/African American		of whom		are Hispanic/Latino
Asian		of whom		are Hispanic/Latino
American Indian/Alaska Native		of whom		are Hispanic/Latino
Native Hawaiian/Other Pacific Islander		of whom		are Hispanic/Latino
African American & White		of whom		are Hispanic/Latino
Asian & White		of whom		are Hispanic/Latino
American Indian & White		of whom		are Hispanic/Latino
American Indian & African American		of whom		are Hispanic/Latino
Other Multi-Racial		of whom		are Hispanic/Latino
TOTAL		of whom		are Hispanic/Latino

Number of Clients with Disabilities:

Geographic Location:

Residents of Waukegan

Residents of North Chicago

Residents elsewhere in Lake County (outside Waukegan and North Chicago)

Total Number of Lake County Residents

Low/Moderate Income Clients (Use Income Limits below as guide):

Extremely Low Income (0-30%)

Low Income (31-50%)

Moderate Income (51-80%)

Above 80%

TOTAL

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% AMI	\$19,150	\$21,850	\$24,600	\$27,300	\$29,500	\$31,700	\$33,900	\$36,050
50% AMI	\$31,850	\$36,400	\$40,950	\$45,500	\$49,150	\$52,800	\$56,450	\$60,100
60% AMI	\$38,220	\$43,680	\$49,140	\$54,600	\$58,980	\$63,360	\$67,740	\$72,120
80% AMI	\$51,000	\$58,250	\$65,550	\$72,800	\$78,650	\$84,450	\$90,300	\$96,100