

2024 Lake County Consolidated Application - Cover Sheet

	Lake County CDBG		North Chicago CDBG		Waukegan CDBG		Lake County ESG
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Organization's Name		
Director/CEO		
Program/Project Name		
Contact's Name		
Street Address		
City, State, ZIP		
Phone		Email
UEI Number:		

Please briefly describe the proposed use of funds in the space provided below.

For Lake County and North Chicago CDBG and ESG funding, identify the consolidated plan goal(s) addressed by the project.

	#1 Improve Homeless Crisis Response System		#2 Assist Persons with Special Needs
	#3 Maximize Affordable Housing		#4 Prioritize Pathways for Upward Economic Mobility

For Waukegan CDBG, identify the consolidated plan goal(s) addressed by the project

	HS-1 Housing Support		HO-1 Housing
	HO-2 Operation/Support		SN-1 Special Needs Housing
	SN-2 Social Services		

Please check all applicable funding sources and fill in the amounts requested for each source:

	Lake County ESG- Outreach/Shelter/HP/RRH	\$	
	Lake County CDBG	\$	
	North Chicago CDBG	\$	
	Waukegan CDBG	\$	

I hereby certify that all information contained in this application for funding is true and correct to the best of my knowledge and agree to comply with all requirements of the program if funded:

Authorized Representative	Signature	Date

Application Attachments

Please attach the following (only ONE copy required):

- Certification of non-profit status (copy of IRS letter)
- Articles of Incorporation
- Proof of Good Standing with the Office of the Illinois Secretary of State/ Certificate of Good Standing
(For Waukegan Only)
- Proof of active profile in SAM (System for Award Management)
- Copy/summary of non-discrimination policy covering recruitment/placement of staff, volunteers and clients. If the organization does practice discrimination in any of the above, please explain.
- Intake forms that include income verification
- Intake forms that include residency verification (For Waukegan Only)
- Agency Audit (most recently completed)
- Organization Chart (limited to program itself)
- Board roster including names, years of service, position (chair, vice-chair, etc.)
- Please DO NOT include letters of support

Overall Agency Budget

REVENUE	Actual Previous Year	Current Operating Year	Projected Next Year
Contributions			
Special Events			
Foundation & Corporate Grants			
Lake County CDBG			
Lake County ESG			
North Chicago CDBG			
Waukegan CDBG			
CDBG Carryover			
Lake County Video Gaming Grant			
Other Governmental Fees & Grants			
Membership Dues - Individuals			
Program Service Fees			
Investment Revenue			
Miscellaneous			
United Way Funding			
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 Organization Dues			
Miscellaneous			
Line Item A			
Line Item B			
TOTAL DIRECT EXPENSES			
Administration & Fundraising Costs			
Admin & FR Costs / Total Expense (%)			
TOTAL EXPENSES			
SURPLUS OR (DEFICIT)			

Program Budget

Check here if same as Agency Budget.

REVENUE	Actual Previous Year	Current Operating Year	Projected Next Year
Contributions			
Special Events			
Foundation & Corporate Grants			
Lake County CDBG			
Lake County ESG			
North Chicago CDBG			
Waukegan CDBG			
CDBG Carryover			
Lake County Video Gaming Received			
Other Governmental Fees & Grants			
Membership Dues - Individuals			
Program Service Fees			
Investment Revenue			
Miscellaneous			
United Way Funding			
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 Organization Dues			
Miscellaneous			
Line Item A			
Line Item B			
TOTAL DIRECT EXPENSES			
Administration & Fundraising Costs			
Admin & FR Costs / Total Expense (%)			
TOTAL EXPENSES			
SURPLUS OR (DEFICIT)			

Budget Narratives

A. Explain any surplus or deficit in either budget.

B. If any line item has increased or decreased by 10% or more, please explain why (programs only).

C. For any grants listed as revenue for the Program Budget, please describe them, the amount, and their status. Please also list the date of award and term, if known.

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.

Applicant's Date of Incorporation

Initial	Yes	No	
			Applicant maintains a personnel policy manual.
			Applicant has an enforced affirmative action plan.
			Applicant has an enforced non-discrimination policy.
			Applicant has an enforced sexual harassment policy.
			Applicant has a grievance procedure.
			Applicant has the capacity to financially administer grant funds and has an effective fiscal management system in place.
			Applicant maintains liability insurance coverage. If yes, amount of coverage <input type="text"/> Name of insuring Applicant <input type="text"/>
			Applicant pays all payroll taxes and workers' compensation as required by Federal and State law.
			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"/>
			Applicant has a religious affiliation. If yes, describe fully. <input type="text"/>
			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"/>
			Applicant has by-laws in place. Date Accepted <input type="text"/> Date Last Amended <input type="text"/>

Name & Title of Person Initialing Above

Signature

1) Applicant Description

<i>A. Describe your purpose, vision and mission statement.</i>			
<i>B. Provide an overview of all services provided, including number of clients served per program.</i>			
<i>C. Describe your strategic plan. Include the date it was initiated.</i>			
<i>D. Other pertinent information.</i>			
E. Employee Information			
<i>How many total employees does the organization have?</i>			
<i>How many employees are full-time and how many are part-time?</i>		<i>Full Time:</i>	
		<i>Part Time:</i>	

2) Program Community Impact

A. For the project/program for which you are requesting funding, describe the planned services associated. How will the funds be spent? Identify the target population and explain why individuals are considered at risk.

B. For the project/program for which you are requesting funding - How long has the associated program been running? What is the record of performance for the last three years? What is the planned staff to client ratio? How is success tracked? How is follow-up completed?

C. Describe how your project/program addresses a Consolidated Plan Goal or VGR area of focus including any community wide studies that may indicate a need for your program (ex. Analysis of Impediments to Fair Housing). (For Lake County only, specifically state how program incorporates a Fundable Tactic identified in the Consolidated Plan)

D. Describe evidence-based practices employed in the associated program (service delivery models based on research or best-practices that indicate your efforts will have the desired effect).

E. List the eligibility requirements (income, ages, etc.) of the target population. How do you document program eligibility? What are the outreach plans for the target population? ESG applicants, discuss coordinated entry and diversion efforts including the effectiveness at each.

F. Will the grant funds result in an increased number of people receiving services or prevent a reduction in the number of people served? Will funds impact the quality of care? If so how and to what degree (ex. # of additional people served or time spent per client)?

G. Describe how the associated program can weather adversity (turnover, funding issues) and adapt to changes in community need.

H. Explain any fees charged for the associated program, including the use of sliding-scale fees. If the program has a sliding scale fee, it must be attached to the application (1-2 pages).

3) Collaboration

A. Provide examples of successful partnerships this program has had, if any. How will collaboration be part of the program going forward?

B. Provide a description of your referral system and how referrals may be sent and received using the ServicePoint Referral Network.

4) Staffing and Facilities

A. Describe the associated program’s staffing including the rate and effect of the turnover of line staff, staff development initiatives and the role volunteers play. Identify the staff leadership positions for this program, their qualifications, and years of service.

B. Employee Information				
<i>How many total employees does the PROGRAM have?</i>	<input style="width: 100%;" type="text"/>			
<i>How many employees are full-time and how many are part-time?</i>	<i>Full Time:</i>	<input style="width: 100%;" type="text"/>	<i>Part Time:</i>	<input style="width: 100%;" type="text"/>
C. Are the facilities maintained in a decent safe and sanitary manner that is accessible to persons with disabilities?				
	Yes	<input style="width: 100px;" type="text"/>	No	<input style="width: 100px;" type="text"/>
<i>Explain below:</i>				

Board of Directors

Questionnaire

A. How often does your Board of Directors meet?	
B. What are the standing Board Committees (add more lines as necessary)?	
<i>Committee Name</i>	
1	<input style="width: 100%;" type="text"/>
2	<input style="width: 100%;" type="text"/>
3	<input style="width: 100%;" type="text"/>
4	<input style="width: 100%;" type="text"/>
5	<input style="width: 100%;" type="text"/>
6	<input style="width: 100%;" type="text"/>
7	<input style="width: 100%;" type="text"/>
8	<input style="width: 100%;" type="text"/>
C. Board President	
<i>Name</i>	<input style="width: 100%;" type="text"/>
<i>Mailing Address</i>	<input style="width: 100%;" type="text"/>
<i>Start Date</i>	<input style="width: 100%;" type="text"/>
<i>Term Expiration Date</i>	<input style="width: 100%;" type="text"/>

D. Identify any unique characteristics of Board Members as they relate to the agency's mission (i.e., persons with disabilities, persons who were prior agency clients, formerly homeless persons, etc.).

E. Explain any recent changes to the composition of the Board, such as turnover, a new President, etc.

Past Client Data - Prior & Recent Year

Client Numbers - record of performance for the two most recent years for which you have records for the program.

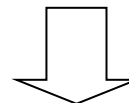
- Definitions
 - i. Recent Year: Most recent twelve months of data for this program. Please use the most current data available
 - ii. Prior Year: Twelve months of data for this program prior to Recent Year
- Include only unduplicated numbers of Lake County clients who received direct services from the program.
- If this program offers more than one distinct type of service, complete a new sheet ***for each service*** for which you are applying for funding. (Example: counseling and information/referral)

Numbers below represent (check one)

Individual Clients

Households

	Prior Year (mm/yy)			Recent Year (mm/yy)		
		to			to	
Total Number of Primary Clients						
Average amount of time spent per client	Hours per...			Hours per...		
	Day	Week	Month	Day	Week	Month
	Year	Total program		Year	Total program	
Number of low/moderate income clients						



Client Demographics for the Recent Year (See Above)

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

* NOTE: the total of each question should equal the total number of primary clients in the previous year.

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

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

Client Demographics for the Recent Year of the program (continued)

D) Number of Clients with disabilities:

E) 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

Residents outside Lake County

Of all persons above, how many are homeless clients

please specify: estimated

actual

F) 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

Low/Moderate Area Median Income Limits

2023 Income & Rent Limits

Income Limits ^[1]								
AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$23,200	\$26,500	\$29,800	\$33,100	\$35,750	\$38,400	\$41,050	\$43,700
50%	\$38,650	\$44,150	\$49,650	\$55,150	\$59,600	\$64,000	\$68,400	\$72,800
60%	\$46,380	\$52,980	\$59,580	\$66,180	\$71,520	\$76,800	\$82,080	\$87,360
80%	\$61,800	\$70,600	\$79,450	\$88,250	\$95,350	\$102,400	\$109,450	\$116,500
100%	\$77,300	\$88,300	\$99,300	\$110,300	\$119,200	\$128,000	\$136,800	\$145,600
120%	\$92,760	\$105,960	\$119,160	\$132,360	\$143,040	\$153,600	\$164,160	\$174,720

CDBG and HOME Effective: June 15, 2023

^[1] Income limits for 30%, 50%, and 80% AMI as published by HUD. Income limits for all other income levels are calculated based on Very Low Income (50% AMI) limit.

Eligibility & National Objective Information

Number & Type of Clients expected to be served (5/1/24 - 4/30/25)

(Please choose only one category i.e. youth, elderly, businesses – put the **number** to be served in each jurisdiction):

Lake County (outside Waukegan and North Chicago)

<input type="text"/>	People (General)	<input type="text"/>	Small Households (≤ 4)
<input type="text"/>	Youth	<input type="text"/>	Elderly Households
<input type="text"/>	Elderly	<input type="text"/>	Businesses
<input type="text"/>	Households (General)	<input type="text"/>	Organizations
<input type="text"/>	Large Households (5+)	<input type="text"/>	Housing Units

North Chicago

<input type="text"/>	People (General)	<input type="text"/>	Small Households (≤ 4)
<input type="text"/>	Youth	<input type="text"/>	Elderly Households
<input type="text"/>	Elderly	<input type="text"/>	Businesses
<input type="text"/>	Households (General)	<input type="text"/>	Organizations
<input type="text"/>	Large Households (5+)	<input type="text"/>	Housing Units

Waukegan

<input type="text"/>	People (General)	<input type="text"/>	Small Households (≤ 4)
<input type="text"/>	Youth	<input type="text"/>	Elderly Households
<input type="text"/>	Elderly	<input type="text"/>	Businesses
<input type="text"/>	Households (General)	<input type="text"/>	Organizations
<input type="text"/>	Large Households (5+)	<input type="text"/>	Housing Units

National Objective

(Please mark only one with an "x"):

1)

This program requests information on family size and income from all clients to determine whether clients are low income. Please attach a copy of your intake forms which include income verification and describe how the information is gathered and verified.

2)

This program benefits only a clientele presumed by HUD to be low-income. Who are the beneficiaries?

<input type="checkbox"/>	Abused Children	<input type="checkbox"/>	Battered spouses
<input type="checkbox"/>	Elderly Persons	<input type="checkbox"/>	Severely disabled adults (Census definition)
<input type="checkbox"/>	Illiterate Adults	<input type="checkbox"/>	Persons with HIV/AIDS
<input type="checkbox"/>	Migrant Farm workers	<input type="checkbox"/>	Homeless persons


Use of Funds

Using the table(s) below, please detail the funding request(s) listed on page 1

Applicants may apply for *either* one Lake County CDBG Public Services funding request *OR* one ESG funding request per agency/entity, *but not both*. Applicants may apply for more than one program if they are applying for homeless prevention or rapid rehousing programs under ESG.

CDBG Budget

EXPENSES	Video Gaming Funds	Lake County CDBG	North Chicago CDBG	Waukegan CDBG	TOTAL
Salaries					
Benefits					
Payroll Taxes					
Client Wages				not allowed	
Professional Fees					
Supplies			not allowed		
Telephone and Facsimile			not allowed	not allowed	
Postage & Shipping			not allowed	not allowed	
Occupancy (exc depreciation)			not allowed	not allowed	
Equipment (exc depreciation)			not allowed	not allowed	
Printing & Publications			not allowed	not allowed	
Travel, Conferences & Meetings	not allowed	not allowed	not allowed	not allowed	
Specific Assistance to Individuals				not allowed	
Insurance			not allowed		
National Organization Dues	not allowed	not allowed	not allowed	not allowed	
Miscellaneous					
TOTAL					


 = may not be allowed

Narrative

Explain what is included in each line item for which funds are requested. For example, if salaries are requested, give the position, the full-time equivalent (FTE) and the amount. Do the same with benefits. For other line items, give a detailed description including the amount to be expended for each item. Please make all explanations brief, but thorough. Attach one additional page if necessary.

ESG Budget

EXPENSES	Street Outreach & Shelter Services	Shelter Operations	Rapid Rehousing/ Homelessness Prevention Services	Direct Assistance to Individuals (RRH/HP Only)	TOTAL
Salaries				not allowed	
Benefits				not allowed	
Payroll Taxes				not allowed	
Client Wages	not allowed	not allowed	not allowed	not allowed	
Professional Fees				not allowed	
Supplies				not allowed	
Telephone and Facsimile				not allowed	
Postage & Shipping				not allowed	
Occupancy (exc depreciation)	not allowed			not allowed	
Equipment (exc depreciation)	not allowed			not allowed	
Printing & Publications				not allowed	
Travel, Conferences & Meetings	not allowed	not allowed	not allowed	not allowed	
Short-Term Rental Assistance	not allowed	not allowed	not allowed		
Medium-Term Rental Assistance	not allowed	not allowed	not allowed		
Rental Arrears Assistance	not allowed	not allowed	not allowed		
Rental Application Fee & Moving Costs	not allowed	not allowed	not allowed		
Rental Security Deposits	not allowed	not allowed	not allowed		
Utility Deposits/Payments	not allowed	not allowed	not allowed		
Insurance	not allowed			not allowed	
National Organization Dues	not allowed	not allowed	not allowed	not allowed	
Miscellaneous				not allowed	
				not allowed	
				not allowed	
				not allowed	
TOTAL					

 = may not be allowed

Narrative

Explain what is included in each line item for which funds are requested. For example, if salaries are requested, give the position, the full-time equivalent (FTE) and the amount. Do the same with benefits. For other line items, give a detailed description including the amount to be expended for each item. Please make all explanations brief, but thorough. Attach one additional page if necessary.

Outcomes (CDBG only)		
	Previous Year- (please include # and %)	Proposed Year- (please include # and %)
<p>Outcome 1: Write the outcome: Targeted measurable effect on the knowledge, skills, attitudes, behavior, or condition of the people served by your program</p>		
<p>Results - Outcome 1: What were the results for the previous year? What is your target for the proposed year?</p>		
<p>Outcome 2: Write the outcome: Targeted measurable effect on the knowledge, skills, attitudes, behavior, or condition of the people served by your program</p>		
<p>Results - Outcome 2: What were the results for the previous year? What is your target for the proposed year?</p>		
<p>Outcome 3: Write the outcome: Targeted measurable effect on the knowledge, skills, attitudes, behavior, or condition of the people served by your program</p>		
<p>Results - Outcome 3: What were the results for the previous year? What is your target for the proposed year?</p>		