

# City of Peoria – 2016/2017 Emergency Solutions Grant (ESG) Application

## A. GENERAL INFORMATION

Program Title:			
Agency Name:			
Mailing Address:			
Contact Person and Title:	Email Address:		
Phone Number and Fax Number:	Employer FEIN:		
Applicant's DUNS Number:	Applicant's Fiscal Year:	FROM:	TO:
Does the agency own any debt to the City?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>TOTAL ESG AMOUNT REQUESTED:</b>		\$	
If applicable, indicate the following:		<input type="checkbox"/> Female- Owned	<input type="checkbox"/> Minority-Owned
If Minority-Owned, then check the appropriate Race/Ethnicity group box.		Black/African Americans	<input type="checkbox"/>
		Hispanic Americans	<input type="checkbox"/>
		Native Americans	<input type="checkbox"/>
		Asian-Pacific Americans	<input type="checkbox"/>
		Asian-Indian Americans	<input type="checkbox"/>

## B. ESG FUNDING COMPONENTS (Check all components and activities that apply):

### Emergency Shelter Operations Component

*(Check all activities that apply):*

- Rent                       Food/Meals                       Security                       Utilities  
 Cost of Maintenance- *Including minor or routine repairs*

### Rapid Re-Housing Assistance Component

*(Check all activities that apply):*

- Housing Search and Placement                       Housing Stability Case Management  
 Financial Assistance Costs                       Tenant-Based Short-Term Rental\*  
 Tenant-Based Medium-Term Rental\*\*                      \*Assistance up to 3 months of rent  
 \*\*Assistance for more than 3 months but not more than 24 months of rent

### Homeless Management Information System (HMIS) Component

*(Check all activities that apply):*

- Participation fees charged by the Lead Agency

***Please note that HMIS Participation Fees is the only eligible activity under the HMIS Component.***

# City of Peoria – 2016/2017 Emergency Solutions Grant (ESG) Application

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## C. PROGRAM SUMMARY:

*For each ESG Component and activities checked above, briefly explain how funds will be used for the program:*

*Describe the community needs of the homeless population in Peoria and describe the agency's specific needs and gaps in services that the program will address with ESG funding:*

*Describe how the program will address preventing or ending homelessness:*

# City of Peoria – 2016/2017 Emergency Solutions Grant (ESG) Application

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**D. PROGRAM OUTCOMES AND SERVICES:**

*Indicate the type of homeless population to be served – include any targeted group(s). Include the expected number of individuals, households, adults and/or children.*

*Check all subpopulations served by the proposed program:*

<input type="checkbox"/>	Elderly
<input type="checkbox"/>	Frail Elderly
<input type="checkbox"/>	Persons with Disabilities
<input type="checkbox"/>	Alcohol/Drug Addiction
<input type="checkbox"/>	Victims of Domestic Violence
<input type="checkbox"/>	Chronically Homeless Individuals
<input type="checkbox"/>	Chronically Homeless Families
<input type="checkbox"/>	Veterans
<input type="checkbox"/>	Unaccompanied Youth
<input type="checkbox"/>	Individuals with HIV/AIDS
<input type="checkbox"/>	Other:

*Is there a waiting list for the program? If yes, include the number of individuals currently on the waiting list and the actions taken by the agency to reduce the number on the list.*

# City of Peoria – 2016/2017 Emergency Solutions Grant (ESG) Application

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*List **no more than 2** services provided by the organization: (These may include this service.)*

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*How does the organization advertise the proposed activity to clients and/or other providers?*

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## E. ORGANIZATION OVERVIEW:

*Provide the organization's Mission Statement:*

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*How is the proposed program tied to the Mission Statement of the organization?*

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*How long has the organization served the Peoria community?*

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## City of Peoria – 2016/2017 Emergency Solutions Grant (ESG) Application

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*In the past twelve months, have there been any changes in the following key staff?  
Check all that apply. Provide detail for any boxes checked including names of the person who left the position and the name of their replacement. Indicate the number of months the position has been vacant if the position is currently vacant.*

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | CEO/Executive Director/Chief Elected Official                                   |
| <input type="checkbox"/> | CFO/Controller  |
| <input type="checkbox"/> | Grant Administrator   |
| <input type="checkbox"/> | Grant Administrative Support (i.e. Reporting, Correspondence, document control) |
| <input type="checkbox"/> | Bookkeeper/Accountant for Grant   |
| <input type="checkbox"/> | No Changes  |

Provide detail for any checked boxes:

*Provide information about the board of directors and/or advisory council, such as the regularity of meetings, list of subcommittees and the regularity of their meetings. How does the board utilize recommendations from a homeless or formerly homeless individual(s) in the development and/or revision of the agency's policies, practices or services?*

*Is this program certified and/or monitored by an outside entity? If yes, what entity and the frequency of the monitoring?*

## City of Peoria – 2016/2017 Emergency Solutions Grant (ESG) Application

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*How many full-time equivalent (FTE) employees are employed by this proposed program?*

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*List the staff involved with the proposed activity and their qualifications:*

Staff Name and Title	Education	Experience (Years on the Job)

*If the agency's proposed budget includes any staff costs for the ESG funds, please indicate the type of documentation that will be maintained and used to allocate staff costs to the City ESG grant.*

<input type="checkbox"/>	Time Sheets
<input type="checkbox"/>	Cost Allocation Plans
<input type="checkbox"/>	Certifications of Time Spent
<input type="checkbox"/>	No staff costs requested from ESG Funds
<input type="checkbox"/>	Other, please describe:

*Does your program use volunteers/in-kind service?*

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### F. CONTINUUM OF CARE COLLABORATION

*Is the agency a voting member of the Continuum of Care?*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No (If no, please explain)

## City of Peoria – 2016/2017 Emergency Solutions Grant (ESG) Application

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*Describe the agency's collaboration with the Heart of Illinois Homeless Continuum of Care. Include the agency's involvement in subcommittees and general membership attendance.*

*Has the agency adopted the written standards and procedures regarding the administration of ESG developed by the Heart of Illinois Homeless Continuum of Care? If yes, please describe how the agency has incorporated the written standards in its program design and implementation.*

### G. ENVIRONMENTAL FACTORS

*Will the proposed activity take place on a historic property, jeopardize endangered species, or take place in a 100 year flood plain? If Yes, please explain below:*

# City of Peoria – 2016/2017 Emergency Solutions Grant (ESG) Application

## H. COMPLETE ATTACHMENTS

The following attachments must be completed and submitted as a part of the final application. Any incomplete application will NOT be accepted.

### ATTACHMENT A – LOGIC MODEL

(U.S. Department of Housing and Urban Development)

Instructions for the Logic Model:

1) Complete columns 1 (a & b), 2, 3, 4, 6, 8 and 9 of the Logic Model

Column Name/Number	Instructions
Program Name	Type the Agency's Name
Component Name	Type the name of the program
Column 1a	The Strategic Goal for all activities is "Goal 2- HUD Strategic Plan FY 2010-2015" <i>(Meet the Need for Quality, Affordable Rental Homes)</i>
Column 1b	The Policy Priority for all activities is "Subgoal 2A- HUD Strategic Plan FY 2010-2015" <i>(End homelessness and substantially reduce the number of families and individuals with severe housing needs)</i>
Column 2	Describe the need that frames the rationale for the activity. (i.e.- Homeless persons need nutritious meals for their health and survival.)
Column 3	Identify the activity that addresses the need, in <b>15 words or less</b> .
Column 4	Output goals are the proposed number and type of persons served, annually.
Column 5	LEAVE BLANK
Column 6	Outcomes are the measurable impacts the organization hopes to achieve for each person. Outcomes may relate to greater knowledge, skills, attitudes, behavior, condition or status.
Column 7	LEAVE BLANK
Column 8	<p>List the measurement reporting tools that will be used for the stated outputs and outcomes, including:</p> <ul style="list-style-type: none"> <li>• Where they will be maintained;</li> <li>• How often it will be collected;</li> <li>• Who will maintain the complete measurement tools; and</li> <li>• The method for retrieving data;</li> <li>• Participation in Homeless Management Information System (HMIS) is required.</li> </ul> <p>Measurement tools must be specific and easily available, for example:</p> <ul style="list-style-type: none"> <li>• Intake forms asking # of meals with and without the activity;</li> <li>• Verification of the number of meals served; and</li> <li>• % of students who participate in a tutoring/mentoring program and improvements of grades the preceding semester</li> </ul> <p>The number of percentage that show improvements are indicators of the success of the outcome.</p>
Column 9	Identify how the organization will evaluate, if measured outputs, outcomes and expected results are met. The evaluation may be used to adjust the activity so it is successful.



# City of Peoria – 2016/2017 Emergency Solutions Grant (ESG) Application

## ATTACHMENT A – LOGIC MODEL

### U.S. Department of Housing and Urban Development Office of Departmental Grants Management and Oversight

<b>Program Name:</b>					<b>Component Name:</b>				
Strategic Goals	Policy Priorities	Problem, Need, Situation	Service or Activity	Benchmarks		Outcomes		Measurement Reporting Tools	Evaluation Process
				Output Goal	Output Result	Achievement Outcome Goals	End Result		
Column 1a	Column 1b	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
Policy		Planning		Intervention		Impact		Accountability	
				Quarterly:		Quarterly:			
				Annually:		Annually:			

**PLEASE BE CAREFUL OF LOGIC MODEL SPACING AND FORMATTING**

# City of Peoria – 2016/2017 Emergency Solutions Grant (ESG) Application

## ATTACHMENT B – DETAILED BUDGET

Agency Name:		
Program Title:		
Total ESG Request:	\$	
<b>Project Budget</b>	<b>Total Project Amount</b>	<b>ESG Request Only</b>
<b>Emergency Shelter Component</b>		
Essential Services Including: Case Management, Child Care, Education Services, Employment assistance and job training, Outpatient health services, Legal Services, Life Skills Training, Mental health services, Transportation and Services for special populations.		Not an applicable ESG activity for funding application 2016-2017. Funds used by agency to provide Essential Services can be counted as match requirement.
Shelter Operations – Cost of Maintenance Including minor or routine repairs		
Shelter Operations – Rent		
Shelter Operations – Security		
Shelter Operations – Insurance		
Shelter Operations – Utilities		
Shelter Operations – Food/Meals		
Other:		
<b>SUB-TOTAL</b>	\$	\$
<b>Rapid Re-Housing Assistance</b>		
Housing Search and Placement		
Housing Stability Case Management		
Financial Assistance Costs – Rental Application Fees		
Financial Assistance Costs – Security Deposits		
Financial Assistance Costs – Last month’s rent		
Financial Assistance Costs – Utility deposits		
Financial Assistance Costs – Utility Payments		
Financial Assistance Costs – Moving Costs		
Short-term Rental Assistance- Assistance for up to 3 months of rent		
Medium-term Rental Assistance- Assistance for more than 3 months but not more than 24 months of rent		
Other:		
<b>SUB-TOTAL</b>	\$	\$
<b>HMIS</b>		
Participation Fees charged by HMIS Lead Agency		
<b>SUB-TOTAL</b>	\$	\$
<b>PROJECT TOTAL</b>	\$	\$

# City of Peoria – 2016/2017 Emergency Solutions Grant (ESG) Application

## ATTACHMENT C – MATCH SOURCE

**Instructions for Match Source:**

- 1) Include all projected revenue sources of the proposed activity.
- 2) Identify matching funds by typing (MATCH) next to the source line item.
  - a. ESG funds required a 100% cash match contribution
  - b. Match obtained by other means, with dollar value, are to be listed below.

Agency Name:	
Program Title:	
Total ESG Request:	\$
Total Matching Funds:	\$
<b>PROJECT REVENUES FOR TOTAL PROPOSED ACTIVITY COSTS</b>	
<b>SOURCE</b>	<b>AMOUNT</b>
<b>TOTAL</b>	<b>\$</b>

**PROGRAM BUDGET SUMMARY**

Total Program Costs:	\$	ESG Funds Requested:	\$
Confirmed Funding from Other Sources:	\$	Total Match Available:	\$
		100% of ESG funds required as cash match	
<b><i>ESG FUNDING COMPONENTS (Check all components and activities that apply)</i></b>			
<input type="checkbox"/>	Emergency Shelter Operations	<input type="checkbox"/>	Rapid Re-Housing Assistance
		<input type="checkbox"/>	HMIS

# City of Peoria – 2016/2017 Emergency Solutions Grant (ESG) Application

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## I. APPLICATION CHECKLIST

Please ensure the following is included in your agency's application submission:

- 1) 1 original application (signed in [blue ink](#) and dated) and submit to:  
City of Peoria – Community Development Department  
ATTN: Nicole Frederick, Grants Manager  
City Hall - 419 Fulton Street, Suite 300  
Peoria, IL 61602
- 2) Attachments **A** (Logic Model), **B** (Detailed Budget) and **C** (Match Source);
- 3) 1 copy of the agency's most recent audit;
- 4) Emailed PDF copy of the entire Application, including Attachments to Nicole Frederick ([nfrederick@peoriagov.org](mailto:nfrederick@peoriagov.org)). An email response from Ms. Frederick to your agency will confirm this requirement.

Applications must be submitted to Community Development **no later than 5:00 p.m. on DATE PENDING. LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

## APPLICATION CERTIFICATION

- To the best of my knowledge, the content of this completed application is true and correct.
- I hereby acknowledge that ESG funds are provided to the City by the U.S. Department of Housing and Urban Development (HUD) and payment of ESG awarded funds are made on a quarterly, reimbursement basis only. Therefore, I certify that the agency has enough reserved capital revenue to continue the proposed activity until such funds are made available by the City.
- I further agree that all activity services provided with ESG funds will assist individuals that meet the homeless definition as described in 24 CFR Parts 91 and 576. Additionally, accurate record keeping will be retained by the agency to document an individual's homelessness. All individuals served will be residents of the City of Peoria.
- I certify that all participants served by the proposed activity will be entered into the local Homeless Management Information System (HMIS) or a comparable database.
- I certify to the Secretary of HUD and the City that the agency will provide at least 100% cash match to awarded ESG funds provided during the grant year.
- I certify that background checks are conducted for all proposed activity employees and volunteers that render a service to or are in contact with youth.

Signatures: (Please sign in [blue ink](#))

Agency Name: \_\_\_\_\_

Board President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_