



**COOK COUNTY
GOVERNMENT**

**Cook County Department of Veterans' Affairs
ARPA Honor Grant**

GRANT APPLICATION

*Application Form for Fiscal Year 2023 American Rescue Plan Act (ARPA)
Funded Grants provided to Veteran Service Organizations in Cook County,
Illinois*

Applicant Organization

Applicant's Name
(Title: Chief Executive Officer; Executive Director)

Application Advertised: May 17, 2023

Questions: Any question may be submitted via email to
the Application Contact below no later than June 21, 2023
Application Contact: Veteran.Affairs@cookcountyil.gov

Application Due Date and Time
June 30, 2023, at 11:59pm Central Time

Application Website:
[LINK](#)



GRANTS OVERVIEW

The Cook County Department of Veterans Affairs (CCDVA) will distribute grant awards to reflect a commitment to support the Veterans (anyone who has served in the active military, naval, or air service) in Chicago and Cook County. Grants are funded via the American Rescue Plan Act, federal COVID-19 recovery initiative. In 2023, the CCDVA seeks to award a total of \$100,000 in grants for not-for-profit organizations which offer veteran services.

Eligibility Criteria

- ✓ Must be recognized as a 501(c)(3), 501(c)(4), 501(c)(19), or a 501(c)(23)
- ✓ Must have a program that has 3 years of experience serving the Veteran population
- ✓ Demonstrated ability and experience in implementing veteran service programs within one of the following priority areas:
 - Benefits Support Services or Resources;
 - Mental Health;
 - Education Services;
 - Veteran Security (Home & Food)
- ✓ Must self-attest to having experienced negative economic impact due to the COVID-19 pandemic
- ✓ Willingness to develop and follow a health equity plan to address disparities in communities the program will serve
- ✓ Willingness and ability to collect and report on impactful data as it relates to program outcomes



APPLICATION CHECKLIST

Please use the following checklist to ensure that your application package is complete and includes the requested attachments. Incomplete attachments and/or failure to submit attachments may result in your application being deemed non-responsive and removed from consideration.

Category	Supporting Documentation
<input type="checkbox"/> Application Form	Application form must be completed in its entirety as applicable including grant award term and applicant eligibility criteria, key application concepts and priorities, monetary funding tracks, racial and health equity plan.
<input type="checkbox"/> Key Personnel	Applicant must identify key personnel and/or volunteers committed to this project.
<input type="checkbox"/> 501(c)	The applicant shall submit a copy of the IRS Determination Letter or Affirmation Letter exhibiting that the Corporation is tax exempt under 501(c)(3),501(c)(4) , 501(c)(19), or 501(c)(23)
<input type="checkbox"/> Current Certificate of Good Standing	Please see Corporation/LLC Search/Certificate of Good Standing (ilsos.gov)
<input type="checkbox"/> Letters of Recommendation	Must submit 1 letter, from individuals not employed by Cook County
<input type="checkbox"/> Financial Statements	Submit your A133 Single Audit, if applicable. Otherwise, submit your latest audited financials. If you do not have audited financials, you may submit other financial documents for consideration.
<input type="checkbox"/> Budget Form and Budget Narrative	Applicants shall provide a detailed Budget using the provided Budget and Budget Narrative Form that includes a cost breakdown for the program plan activities for the full 12-month funding period. The document should be submitted in the Excel form provided.
<input type="checkbox"/> Legal Actions Statement	Provide a list of any pending litigation in which the Applicant may experience significant financial settlement and include a brief description of the reason for legal action. If the Applicant does not have any legal actions, the Applicant shall indicate in a statement that there are no pending Legal Actions in this section.



<input type="checkbox"/> Conflict of Interests Statement	Provide information regarding any real or potential conflict of interest. Failure to address any potential conflict of interest may be cause for rejection of the proposal. If an Applicant is recommended for an award, they will need to complete an Economic Disclosure Statement. If the Applicant does not have any conflicts of interest, the proposer shall indicate "Not Applicable" in this section.
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APPLICATION CHECKLIST (cont'd)

The following documents only need to be submitted if they are applicable:

Category	Supporting Documentation
Letters of Collaboration	If an applicant is partnering with other organizations to propose this program, each partner agency/entity must submit a Letter of Collaboration.
Federal Negotiated Indirect Rate Agreement	This is applicable if an applicant has a Federal Negotiated Indirect Cost Rate Agreement (NICRA) in place

Please upload an electronic copy of the completed application PDF and all related attachments through the Cook County Department of Veterans Affairs website: [LINK](#)

The deadline for submitting the application and all attachments is:
Friday, June 30, 2023, at 11:59pm.

Applications received after this date and time will not be accepted. No exceptions.

Optional capacity building workshops will be available from Tuesday, May 30 at 12pm.



APPLICANT CONTACT INFORMATION SHEET

Applicant Name:

Executive Director/Chief Executive Officer Name:

E-mail Address:

Project Director/Manager Name & Title:

E-mail Address:

Phone:

Applicant Website Address (if

applicable):

Applicant Headquarter Address:

Applicant Service Address (If Applicable):

City:

Illinois Zip Code:

UEI Number:

FEIN Number:

CFDA Number:

Project (or Organization) Title:

The signature below must be from the organization's authorized representative.

Signature

Date

Title



Purpose

The purpose CCDVA ARPA Grant is to provide financial support to enhance not-for-profits programming aimed towards serving the Veteran population within Cook County through a diverse array of program models ranging from mental health to benefit support services.

Grant Opportunity Summary

Awarding Agency Name	Cook County Department of Veterans Affairs
Application Contact(s)	Deanna M. Love Veterans.Affairs@cookcountyil.gov
Announcement Type	Initial Announcement - Grant
Funding Opportunity Title	Cook County Department of Veterans Affairs Program Enhancement ARPA Grant
Application Due Date(s) and Time(s)	Friday, June 30, 2023, at 11:59pm
Award Funding Source	These awards will be funded with Federal American Rescue Plan Act funds
Estimated Total Program Funding	\$100,000 for 12-month project period
Anticipated Number of Awards	10
Award Amount	\$10,000
Cost Sharing or Matching Requirement	Cost sharing or matching is allowed but is not required.
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	Indirect Costs are allowed. Please see Application Guide for Indirect cost requirements
Questions	Due date for submitting questions: Wednesday, June 21, 2023.

Optional capacity building workshops will be available from Tuesday, May 30.

Workshops will be facilitated by Guidehouse, a Cook County partner.



**SECTION A: GRANT AWARD TERM AND APPLICANT ELIGIBILITY CRITERIA –
(20 points)**

In this section the Applicant should give an overview of the proposed grant application and demonstrate the Applicant's ability and experience to execute the proposed project.

1. Cover Letter - (1 page maximum, with original ink signature by the organization's chief executive officer)

- *The cover letter shall be signed by an authorized representative of the Applicant. The letter shall indicate the Applicant's commitment to provide the services proposed at the price and schedule proposed. Also, the cover letter shall identify the members of the team that comprise the Applicant. The letter shall also indicate the organizational relationship of the team members.*



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2. Executive Summary, Organization Chart, & Organization Capacity - (5 pages maximum)

- *The Executive Summary should include an organization description, summary of the proposed program enhancements that highlight the key program components, activities, and key personnel who will be responsible for the services to be provided, and an organizational chart specific to the program. Applicants' description of the organization should also include the organization's track record, including history, number of employees, number of years in business, and a list of projects relevant to this Application.*
- *The agency description may include a description of your experience with programs similar to the proposed program and provide evidence of a successful track record with the administration/implementation of current and/or previous programs. It should also explain your previous experience dealing with Veterans, with specifics about how your organization helped to meet this population's needs.*
- *The Organizational Chart shall be specific to the proposed program and illustrate where the program will be housed within your organizational structure and which organizational units will manage and implement the program.*

Inset Organization Chart Image Here (if image is applicable):



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- Has your agency previously executed similar projects (whether with Cook County or other funding)?

- Yes
- No

If yes, please describe the project(s) previously completed and outcome(s).

If no, please explain how you will successfully administer this program and execute the proposed project.

- Has your agency experience negative economic harm due to the COVID-19 pandemic?

- Yes
- No



3. Subcontracting, Teaming, or Partnerships_- (1 page maximum)

- *If the Application proposes to subcontract and/or team with one or more organizations, please identify each organization and their specific role in the proposed project. If an applicant is partnering with other organizations to propose this program, each partner agency/entity must submit a Letter of Collaboration.*



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SECTION B: KEY APPLICATION CONCEPTS AND PRIORITIES - (45 points)

1. Description of Programmatic Enhancement- (2 pages maximum)

- *Indicate specifically how Veterans are serviced by your organization and how Veterans will benefit from your proposed enhancement strategies.*
- *Specifically state and define the shortfalls present within the organization and/or surrounding Veteran community that can be impacted by enhancements to your organization.*
- *Specifically describe all the types of services your organization will address and or provide for Veterans, and how these enhancements can impact the quality of life for Veterans, improve or increase their benefits usage and strengthen Veteran to community relations within your area.*
- *Explain any service gaps or barriers to service access that your proposed enhancements will address.*



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2. Proposed Program & Implementation Schedule - (6 pages maximum)

All Proposed Programs require at least one of the priorities identified in the Application Guide Key Concepts and Priorities section. Please select *at least* one of the following priorities that reflects the proposed program.

- Benefits Support Services and Resources;
- Mental Health
- Education Services;
- Veteran Security (Home & Food)

Applicants must provide a detailed description of the proposed program including the following:

- *The activities that will be funded, how the Veteran population will be engaged, how will the proposed program address the priorities in a way that will improve and sustain the quality of life for Veterans.*
- *Each program component should be identified and explained, including the number of participants to be served and staff members involved and responsible for each program component.*
- **Collaboration and Innovation:** *Please describe how your project/organization collaborates and coordinates services to ensure clients are linked to needed services that are provided by other agencies?*



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3. Implementation Schedule

- At a minimum, Applicants must include a detailed Implementation Schedule for the first year of the contract period as well as any projected changes that are anticipated for the second year. A full two-year schedule must be submitted.
- The Implementation Schedule should specifically plot out planning, coordination, implementation, and follow up activities on a monthly timeline (with start and completion date projections). The Implementation schedule should also include an indication of who will be responsible for each actionable item listed.

Please complete the following Implementation Schedule and provide a detailed timeline outlining specific plans and activities for completing the project.

Timeline	Activities
Year 1, Qtr 1	
Year 1, Qtr 2	
Year 1, Qtr 3	
Year 1, Qtr 4	



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4. Impact Data Report - (2 pages maximum)

Applicants who receive funding from the CCDVA would like organizations to consider sharing impact data and prepare to share the program's success through quarterly online surveys and town halls with the county and other grant recipients. This information should include:

- **Realistic Goals:** Goals are high level statements that describe what the project will accomplish. Goals should be related to the problem description and convey the program's final intended impact that will demonstrate that the problem has been addressed. **Please provide at least (1) goal of the proposed project.**
- **Objectives:** Objectives are the specific steps that will lead to achieving the goal. **Please provide at least (1) objectives for each goal for the proposed object.**
- **Outcomes:** Outcomes are the "achieved" results that demonstrate the degree to which the objectives have been met. Outcomes must be measurable. A successful proposal has outcome measures that are quantitative. For example, an unacceptable outcome would be "Participants will be better prepared for job placement." This example would be considered unacceptable because there is no quantifiable measure of success that indicates what "better prepared" means. Examples of acceptable outcomes are 1) "Of those participants placed in employment, 75% will retain employment for six months or longer" or 2) 60% of those referred to the program will become eligible for VA benefits or see an increase in VA benefits they qualify for." **Please provide at least (1) outcome for the proposed project.**
- An explanation of the process your organization will follow to measure outcomes, including an explanation of all measurement tools that will be used to collect data, the frequency of data collection, and how data will be used to report outcomes to the CCDVA.



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SECTION C: FINANCIAL AND HEALTH EQUITY PLAN - (3 pages) (20 points)

- *How will the Applicant organization ensure equity in access to its supports/services as well as equity in outcomes?*
- *How will the proposed program address both financial and health disparities in the communities that will be served by the program?*
- *Identify any financial barriers or undue health burdens the proposed intervention strategy may impose upon disparately impacted communities that would limit the effectiveness of the intervention strategy.*
- *How will members of disparately impacted communities be engaged and consulted in the planning and implementation of the intervention strategy?*
- *How will the proposed intervention be assessed to determine the impact on disparately impacted communities over time?*



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➤ *How many people does your organization employ?*

- 0-10
- 11-100
- 101-250
- 251-500
- 500+

If applicable, please complete the following table with demographic data on your Board, staff and clients:

RACE	# of Board Members	# of Staff Members	# of Clients
White			
African American			
Native American			
Asian			
Other			
ETHNICITY			
Hispanic/Latino			
Not Hispanic or Latino			



SECTION D: APPLICATION BUDGET DEVELOPMENT AND REQUIREMENTS- (15 points)

The Application must include a two-year budget that thoughtfully reflects the cost to implement the proposed program. Please complete the attached Budget and Budget Narrative in Excel. Further information on Budget Requirements and Guidance, can be found on the spreadsheet.

Upload budget onto attached Excel spreadsheet.

Please provide a funding summary that aligns with the project schedule submitted as part of the project application. If you have already received grant funding, please list those awards. Please document funding for previous phases but do not count it as match for the grant request. If you are requesting County assistance in developing a cost estimate, you may leave the table blank, but consult with staff through Veteran.Affairs@CookCountyIL.gov before submitting your application.

Project funding awarded under this program cannot be used for staff salaries unless deemed necessary for Veteran programming.

SECTION E: APPLICATION PREPARATION AND SUBMITTAL GUIDANCE

Please be sure to submit the application no later than May 31, 2023, at 11:59pm. No applications will be accepted after this time.

Please submit the following documents as follows:

- Application Narrative**
- Application Appendices- (upload all appendices in one PDF document)**
- Budget Form- (upload as an Excel document)**