



Toni Preckwinkle
President

Cook County Board of Commissioners

COOK COUNTY

Bureau of Economic Development
Community Development Block Grant Program
2020 Program Year

Application for Public Services / Planning

Applicant Agency

Applicant's Name and Title

(Chief Executive Officer, Executive Director)

Toni Preckwinkle, President
Cook County Board of Commissioners

Cook County Department of Planning and Development
69 West Washington, Suite 2900
Chicago, Illinois 60602

Susan M. Campbell, Director

January 2020



2020 Community Development Block Grant Public Services / Planning Application

APPLICATION CHECKLIST

Complete all applicable sections of the application before submitting, and make sure that the person who signed your application is the person authorized to sign in your resolution.

Please use the following checklist to ensure that your application package is complete and includes the requested attachments. Omission of items does not necessarily preclude your application from consideration, but will negatively affect the application score.

Non-Profit Agency (Form samples are attached.)

- Resolution and Certification of Resolution – (See Sample Forms A-1 and A-2)
- Estimated Matching Funds Certification - Form B
- Racial Equity Information - Form C. Complete Form C in the Application PDF.
- List of Board of Directors
- Copy of 501(c)3
- Current Certificate of Good Standing (dated within the last 45 days)
- Copy of Articles of Incorporation or Copy of Amended Articles of Incorporation, if amended, **from the Illinois Secretary of State.**
- Most current Audited 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. Audited financials are preferred.

Note: You will lose 15 points for each of the above items that is missing from your submitted application package. For more about application scoring, please see the application guide.

* Please upload an electronic copy of the completed application PDF and all related attachments through the Cook County CDBG Public Service / Planning application submission page at:
<https://www.cookcountyil.gov/service/2020CDBGPublicService> *

The deadline for submitting all applications is: Friday, March 13, 2020, 5:00PM (Applications received after this date and time will not be accepted. No exceptions.)



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APPLICANT INFORMATION SHEET

Applicant Name: _____

Executive Director / Chief Executive Officer Name: _____

E-mail Address: _____

Project Manager Name & Title: _____

E-mail Address: _____

Telephone: _____ *Fax:* _____

Applicant Website Address: _____

Total Amount Requested: \$ _____

Total Matching Funds, if applicable: \$ _____

Matching funds, though not required for CDBG, are encouraged and will be looked upon favorably during application review.

***The signature below must be from the person authorized to sign the application in your resolution. ***

Signature

Date

Title



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APPLICANT INFORMATION SHEET CONT'D

2020 PROGRAM YEAR - October 1, 2020 through September 30, 2021

Please complete all pages for each project, as applicable.

Applicant Address: _____

City: _____ Illinois Zip Code: _____

(include full ZIP + 4)

DUNS Number (Required For Funding): _____

FEIN Number: _____ CFDA Number: **14.218**

County Commissioner District #: _____

Project Title: _____

Is this project consistent with [Cook County's Current Consolidated Plan](#)? If no, **"STOP"**.

(See related question on page 6.)

Yes

No

Does the requested CDBG funding replace other funding for the same service(s)? If yes, **"STOP"**.

Yes

No

Is your agency a faith-based entity?

Yes

No

Activity Category: (Check One)

___ *Planning Study

___ Public Services

*If Planning Study is selected, you may skip the national objective question on the next page.

If you are interested in applying for an economic development activity, please use the Capital Improvement / Economic Development application.



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National Objective:

CDBG requires that each activity funded, except for program administration and planning activities, must meet one of the CDBG national objectives. An activity that does not meet a national objective is not compliant with CDBG requirements and is therefore ineligible for funding. Benefiting low and moderate income persons is the relevant CDBG national objective for public service projects. Details about the four ways to qualify under this national objective are included below. Applicants are strongly encouraged to consult the application guide and its links to the CDBG regulations for more detailed information.

Benefit to low- and moderate income (LMI) persons

1. **Area Benefit Activities** benefit all residents in a particular area, where at least **51%** of the people are low- and moderate-income. The service area of the project must be specifically identified and the area must be primarily residential (see the Appendix of the application guide for details).
2. **Limited clientele activities** benefit low- and moderate-income persons without regard to the area being served. At least **51%** of the persons participating in the activity must be low- and moderate-income and the activity must meet one of the following criteria (see application guide for details):
 - **Presumption of low- and moderate-income (“presumed benefit”):** the activity serves persons who are presumed to be low- and moderate-income: abused children; battered spouses; elderly persons; severely-disabled adults; homeless persons; illiterate adults; persons living with AIDS and migrant workers; or
 - **Income Guidelines:** the activity must have eligibility requirements which limit the activity exclusively to low- and moderate-income persons, or beneficiary income must be documented.
3. **Housing activities** that are undertaken for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by at least 51% low- and moderate-income households.
4. **Job creation or retention activities** designed to create or retain permanent jobs, at least 51% of which (computed on a full-time equivalent basis) will be made available to or held by low- and moderate-income persons.

Does this project meet a National Objective and/or other eligibility requirements, as noted in HUD’s 24 CFR Part 570.201 regulations? (Please refer to the 2020 CDBG Application Guide for details.) If no, **“STOP”**.

Yes

No



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PROJECT NEED AND JUSTIFICATION (35 Points)

For the questions below, please attach additional pages if needed when providing your answers.

Provide a summary of the program for which funds are requested. Describe the designated service area and beneficiaries, including any criteria for your program. For this question, we are interested in learning about the clients and communities your program serves, the challenges they face, and why your program is a critical part of the solution. Please reference data or other supporting information to describe the prevalence of the problem, as well as any evidence-based practices used in your program.

Note: The program must serve Cook County suburbs that do not receive their own CDBG funding – please see the Application Guide for the list of communities that are not eligible.

(Specify municipalities or ZIP codes served, if possible.)

Exact Location/Project Address(es):



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Specific Anticipated Outputs and Outcome(s) to Be Achieved: Describe the outputs and outcome(s) that relate to the overall mission and goals of your agency, including short-term and long-term impacts. ***Example: Output - Agency ABC will provide 8 hours of Housing Counseling to 24 persons; Outcome - Agency ABC anticipates that 15 persons will purchase a home and have the needed tools to maintain home ownership.*** At least one outcome should be identified. Include in your answer how your agency does and/or will measure the desired outcome(s). Please be as specific as possible when specifying the metric(s) used by your agency.

Summarize your program and the related outputs and outcome(s) in the table below.

<u>Need Statement</u> Description of the need to be addressed	<u>Activities</u> What the program does to address the need	<u>Outputs</u> Direct products of program activities	<u>Outcome(s)</u> Short-term and long-term benefits resulting from the program



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Anticipated Number of Persons to be Assisted

(Please provide a projection for the number of persons to be served)

With NEW access to service or benefit _____

With IMPROVED access to service or benefit _____

Please describe how your agency's proposed program is part of a broader organizational strategic plan or vision. (In addition to your narrative response below, please provide a copy of or a link to relevant plans, pages, etc.)

Please describe how your agency's proposed project is consistent with Cook County's Current Consolidated Plan. The plan can be found here: <https://www.cookcountyil.gov/content/planning-progress> Relevant strategies can be found as follows: Housing and Non-Housing Social Services (pg. 89-97), Business and Workforce Development (pg. 80-88), and Planning and Administration (pg. 98-101). If your proposed project is consistent with the County's [Policy Roadmap](#) or [South Suburban Economic Growth Initiative \(SSEGI\)](#), please describe that connection here as well. Documents related to the Policy Roadmap and SSEGI can be found at the links below:
<https://www.cookcountyil.gov/service/policy-roadmap>
<https://www.cookcountyil.gov/content/south-suburban-economic-growth-initiative-ssegi>



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Are there other agencies in the same service area that provide the same service? If so, what agency/agencies, and what is the nature of your collaboration, if any?

CAPACITY AND SKILLS TO EXECUTE THE PROJECT (35 Points)

NEW AND PREVIOUSLY FUNDED APPLICANTS:

Briefly outline the background of your agency, including the length of time your agency has been in operation,



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Describe the types of services provided and the general characteristics of your clients served.

Describe your data collection and reporting systems, and how data is used to inform your agency's work.



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Has your agency previously executed similar projects (whether with CDBG or other funding)?

Yes No

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

If not, please explain how you will successfully administer this program and execute the proposed project given that you have not previously executed similar efforts.



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Complete the following table for **low and moderate income persons** assisted for the primary purpose of the program, excluding complimentary services such as referrals:

	Total Persons Served	Total Suburban Cook County (Non-Entitlement) Residents Served*	Total Suburban Cook County (Non-Entitlement) Residents Served by CDBG Funds*
October 1, 2020-September 30, 2021 (proposed)			
October 1, 2019-Present			
October 1, 2018 -September 30, 2019			

*Please see the application guide for the list of suburbs that are not eligible.

Explain any major changes in persons served in the above table, if needed:

PREVIOUSLY FUNDED APPLICANTS:

Does your agency have any CDBG project balances, with the exception of a current Program Year 2019 grant?

Yes No

If so, please explain why the project(s) currently have balances and the planned steps to expend remaining funds. Please specify expected deadlines for expending the remaining funds.



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Does your agency have any outstanding
CDBG performance reports?

Yes No

If so, please identify the project(s) via project number(s) and explain why the project(s) currently have outstanding performance reports. Cook County maintains reporting records and will be verifying this information. Outstanding performance reports can be submitted with the application, or preferably prior to submission of the application.

Under your most recent CDBG project, did you meet your projections for the anticipated number of persons to be assisted? If not, please explain any variance between your projection and actual performance.

LEVERAGING OTHER FUNDING (10 Points)

Please describe any matching funds for the proposed project and how they are being used.



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Please describe how your agency will leverage other funds, public or private, over the long-term to support similar projects and reduce reliance upon Cook County CDBG funding.

COLLABORATION AND INNOVATION (5 Points)

In this section, we are interested in how your program/organization ensures clients are linked to needed services that are provided by other organizations.

Regional Collaboration

Does your agency's proposed project offer or support a plan for regional or sub-regional collaboration?

Yes

No

Please describe how your agency's efforts are related to regional or sub-regional collaboration.

If your project relates to the United Way Neighborhood Network in Blue Island/Robbins, describe the connection.



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Innovative/Creative Nature of Proposal

Does your agency's proposed project include innovative aspects?

Yes

No

If yes, please describe the creative elements of your proposal.

Does your agency's proposed project facilitate or foster economic development?

Yes

No

Please describe how your agency's efforts are contributing to economic development.

Does your agency's proposed project provide supportive services that address barriers that prevent people from participating in workforce programs (e.g., transportation)?

Yes

No

Please briefly describe these services.



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Does your agency provide any workforce development or job readiness services? Do you have any relationship with the Chicago Cook Workforce Partnership or other workforce development providers? If so, please describe your services and relationships.



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PROJECT ELIGIBILITY

Please see the Application Guide for more information on eligibility.

A. AREA BENEFIT: *(if applicable)*

Total Number of low and moderate-income persons served in area:

Census Tract	Block Group	% Low/Mod Income

(Please see the 2020 CDBG Application Guide for appropriate website

links.) **B. LIMITED CLIENTELE BENEFIT:** *(if applicable)*

1. Presumed Benefit	2. Low- and Moderate-Income Persons** Served
Qualifying group* _____	Moderate-income (61-80% of AMI) _____
Number of persons served _____	Low-income (51-60% of AMI) _____
	- OR -
	Very Low (31-50% of AMI) _____
	Extremely Low (<30% of AMI) _____
	Total Served (add above lines) _____
	Number of Female-Headed Households _____

*See page 4 for the presumed benefit groups.

**How will income be verified? Check below:

- Income Verification Request Forms *(Attach a sample of the form you will use.)*
- Eligibility Status for other Governmental Assistance program
- Self-Certification *(You must request source documentation for 20% of certifications and must inform the beneficiary that all sources of income and assets must be included when calculating annual income)*



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PROJECT COMPLETION SCHEDULE

Please provide a detailed timeline outlining specific plans for completing this project within the program year (10/1/20 – 9/30/21), including but not limited to social service activities, program outreach, case management, housing counseling, the scope of a planning study, and your completion schedule.

October 2020
November
December
January 2021
February
March
April
May
June
July
August 2021
September (Project Completion, if not earlier)



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PROPOSED PROJECT BUDGET (15 Points) (Clarity and Reasonableness of Proposed Costs)

Please complete the following table:

Program Year	Agency Budget	Program Budget	Cook County CDBG Portion
2020 (Proposed)	\$	\$	\$
2019	\$	\$	\$
2018	\$	\$	\$

STAFF SALARIES (5 Person Limit)

Position	(A) Annual Salary	(B) % of time spent on project	(C)- (A) multiplied by B) Salary allocated for project	(D) Salary CDBG Portion	(E) Project Match (In-Kind)
TOTAL SALARIES					

Please note: Fringe benefits are no longer applicable.

The salary totals of columns D and E should carry over to the appropriate columns on the Public Services line of the next table



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PROPOSED PROJECT BUDGET (CONT'D)

LINE ITEM BUDGET

Project Activity	CDBG Funds	Matching Funds	TOTAL
Public Services			
Plans and Studies			
Total Project Activity			

Project Delivery	CDBG Funds	Matching Funds	TOTAL
Office Rent and Utilities			
Postage			
Printing			
Publication/Notices			
Project Travel @ \$0.565 per mile			
Other:			
Total Project Delivery			
Grand Total (Project Activity + Project Delivery)			

Fields above do not calculate

Are client fees collected*?

 Yes

 No

*Any client fees collected must be used for program costs.

If yes, describe how the client fees are used:



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List all other funding sources received for this program and portion allocated for Cook County (Non entitlement) residents:

Source	Total Funds	Amount Utilized for Cook County (Non Entitlement) Residents
Section 108 Loan Guarantee	\$	\$
CDBG-Capital Improvement Funds	\$	\$
ESG Funds	\$	\$
HOPWA Funds	\$	\$
Other Federal Funds	\$	\$
State/Local Funds	\$	\$
Private Funds	\$	\$
Program Income(Client Fees)	\$	\$
	\$	\$



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APPLICATION RESOLUTION AND CERTIFICATION

Instructions

A sample of the authorizing resolution is included in this application.

The person signing the application must be the same person authorized to sign by the resolution.

The resolution must be adopted by your governing body and a **certified** copy submitted with the application. A sample form for certification by non-municipal agencies is included.



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FORM A-1: SAMPLE RESOLUTION Not-for-Profit Organization/Non-Municipal Agency

NOW, THEREFORE BE IT RESOLVED by the Board of Directors of (insert agency name) as follows:

Section 1. That a Request is hereby made to the County of Cook, Illinois for Community Development Block Grant ("CDBG") funds for Program Year 2020 in the amount of \$_____ for the following project(s):

Project: _____ Amount: \$ _____

as identified in agency's CDBG 2019 Program Year application.

Section 2. That the (insert position title of person signing the application) is hereby authorized to sign the application and various forms contained therein, make all required submissions and do all things necessary to complete the application for the funds requested in Section 1 of this Resolution, a copy of which application is on file with the Secretary.

-B Optional -B

Section 3. That the (insert position title of person signing the matching funds certification) is hereby authorized to certify that matching funds which have been identified as supporting its projects as set out within its application will be made available upon the approval of the projects by the County of Cook, Illinois or the prorated share thereof.

Dated this _____ day of _____ 2020

By: _____
Print Name – Chairman/President

Signature - Chairman/President

Attest: _____
Print Name – Board Secretary

Signature – Board Secretary

{SEAL}



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FORM A-2: SAMPLE CERTIFICATION **Not-for-Profit Organization/Non-Municipal Agency**

The undersigned Duly Qualified and Acting Secretary of the Board of Directors of *(insert agency name)* hereby certifies that the attached Resolution authorizing execution of the Application for the County of Cook, Illinois' 2020 Community Development Block Grant ("CDBG") Program Year is a true and correct copy of said Resolution as passed by the Board of Directors of *(insert agency name)* on *(insert Board meeting date)* which Resolution is still in full force and effect.

Dated this _____ day of _____ 2020

Attest: _____
Print Name – Board Secretary

Signature – Board Secretary

{SEAL}



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FORM B: ESTIMATED MATCHING FUNDS CERTIFICATION

Matching funds are defined as any local, county, state, federal (other than CDBG) or private funds used in conjunction with CDBG funds to implement or construct a proposed project. This form must be filled out to document matching funds entered on the project budget (page 13).

In the event that the proposed project is funded at a lesser amount than requested, the matching funds will be reduced in the same proportion. For example, if you request \$100,000 with a \$30,000 (30%) match, and actually receive \$50,000 in block grant funds, your required match will be \$15,000 (30% x \$50,000).

Subrecipients are urged to use matching funds whenever possible

- 1. Project Type _____
- 2. Amount of Matching Funds to Assist Project _____
- 3. Source(s) of Matching Funds to Assist Project _____
- 4. Timetable of Availability of Matching Funds _____
- 5. Designated Use of Matching Funds _____

The authorized official of the applicant must certify the availability of the above matching funds by signing in the designated area below. The agency's seal is also required, if available. If there is no seal, please note that below.

Dated this _____ day of _____ 2020

By: _____
Print Name - Authorized Official

Signature - Authorized Official

Title of Authorized Official

Attest: _____
Print Name - Board Secretary

Signature - Board Secretary

{SEAL}



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FORM D: RACIAL EQUITY INFORMATION

Please answer the following question and complete the table below.

How is your organization and/or this project advancing racial equity?

Please complete the following table with demographic data on your Board, staff and clients/beneficiaries.

RACE	Number of Board Members	Number of Staff Members	Number of Clients/Beneficiaries
White			
Black or African American			
American Indian or Alaska Native			
Asian			
Native Hawaiian or Other Pacific Islander			
Some other race			
Two or more races			
ETHNICITY			
Hispanic or Latino			
Not Hispanic or Latino			



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AUDITED FINANCIAL STATEMENTS
(Attach most current.)