COOK COUNTY GOVERNMENT

Cook County Department of Veterans Affairs
ARPA Honor Grant

GRANT APPLICATION

Application Form for Fiscal Year 2022 American Rescue Plan Act (ARPA) Funded Grants provided to Veteran Service Organizations in Cook County, Illinois

Applicant Organization

Applicant's Name and Title

Application Advertised: September 8, 2022

Questions: Any question may be submitted via email to the Application Contact below no later than September 27, 2022
Application Contact: Veterans.Affairs@cookcountyil.gov

Application Due Date and Time
September 30, 2022, at 11:59pm Central Time

Application Website:

www.cookcountyil.gov/service/honor-grants

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GRANTS OVERVIEW

The Cook County Department of Veterans Affairs (CCVA) will distribute grant awards to reflect a commitment to support the veterans (anyone who has served in the active military, reserves, or national guard) in Chicago and Cook County. Grants are funded via the American Rescue Plan Act, the federal government's COVID-19 recovery initiative signed into law in March of 2021. In 2022, the CCVA seeks to award a total of $1,500,000 in multi-year grants to nonprofit organizations that serve Cook County veterans.

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 three 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 (including housing and 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 data on 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
❑ **Application Form**	Application form must be completed in its entirety, including grant award term and applicant eligibility criteria, key application concepts and priorities, monetary funding tracks, racial and health equity plan.
❑ **Key Personnel**	Applicant must identify key personnel and/or volunteers committed to this project.
❑ **501(c)**	The applicant shall submit a copy of the IRS Determination Letter or Affirmation Letter demonstrating that the Corporation is tax exempt under 501(c)(3),501(c)(4) , 501(c)(19), or 501(c)(23).
❑ **Current Certificate of Good Standing**	Please see Corporation/LLC Search/Certificate of Good Standing (ilsos.gov).
❑ **Letters of Recommendation**	Must submit one letter from a recommender who is not employed by Cook County.
❑ **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.
❑ **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 24-month funding period. The document should be submitted in the Excel form provided.
❑ **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.

☐ **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, no document is required.

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 documents through the Cook County Department of Veterans Affairs website:

www.cookcountyil.gov/service/honor-grants

The deadline for submitting the application and all attachments is:
Friday, September 30, 2022, at 11:59pm.

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

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):

Total Amount Requested: $

Applicant Headquarter Address:

Applicant Service Address (If Applicable):

City: *Illinois   Zip Code:*

DUNS: 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 of the CCVA Honor Grant is to provide financial support to enhance nonprofits' programming supporting the veteran population within Cook County. These programs can support veteran mental health, veteran housing, and a range of other 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 ARPA Honor Grant
Application Due Date(s) and Time(s)	Friday, September 30, 2022, at 11:59pm
Award Funding Source	These awards will be funded with Federal American Rescue Plan Act funds
Estimated Total Program Funding	$1,500,000.00 for 24-month project period
Anticipated Number of Awards	Dependent on size of applicant pool in each track
Award Amount	Range award amount: $25,000 - $100,000 for 24-month project period
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
Questions	Due date for submitting questions: Tuesday, September 27, 2022.

Optional recorded application assistance workshop will be available at

www.cookcountyil.gov/service/honor-grants

on Thursday, September 15, from 11am-12pm and 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 (one page maximum)**

   ➢ The letter should indicate the applicant's commitment to provide the services proposed at the price and schedule proposed. Also, the cover letter should identify critical members of the team charged with managing the program and delivering outcomes. The letter should also indicate the organizational relationship of the team members.

Please provide cover letter below.

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2. **Executive Summary, Organization Chart, and Organization Capacity (five pages maximum)**

➢ The Executive Summary should include a description of the organization, 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 description of the organization may include an overview 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 may provide a brief explanation of your previous experience dealing with veterans (we will ask you for more detail on your experience serving veterans in a following section).

➢ The organizational chart should 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.

Insert organization chart image here (if image is applicable):

Please provide the Executive Summary and agency description below. Scrolling is enabled until limit is reached.

➢ 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 briefly explain how you will successfully administer this program and execute the proposed project.

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

☐ Yes
☐ No

3. Subcontracting, Teaming, or Partnerships (one 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.

Please provide subcontracting, teaming, or partnership information below. If not applicable, type N/A.

SECTION B: KEY APPLICATION CONCEPTS AND PRIORITIES (40 points)

1. Description of Organization's Programmatic Support for Veterans (two pages maximum)

- ➢ Explain how veterans are supported by your organization.

- ➢ Specifically define challenges within the veteran community that can be better addressed by your organization, if awarded an Honor Grant.

- ➢ Describe how your organization impacts the quality of life for veterans, improves or increases their benefits usage, and strengthens veteran community relations within Cook County, if awarded an Honor Grant.

- ➢ Explain any service gaps or barriers to service access that your organization addresses.

Please describe your organization's veteran programmatic support below. Scrolling is enabled until limit is reached.

2. Proposed Program and Implementation Schedule (six pages maximum)

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

- ☐ Benefits Support Services Resources
- ☐ Mental Health
- ☐ Education Services
- ☐ Veteran Security (Housing and 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, and how will the proposed program address the priorities in a way that will improve and sustain the quality of live 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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Please describe proposed program below. Scrolling is enabled until limit is reached.

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	
Year 2, Qtr 1	
Year 2, Qtr 2	
Year 2, Qtr 3	
Year 2, Qtr 4	

4. Impact Data Report (two pages maximum)

Applicants who receive funding from the CCVA 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 one goal of the proposed project.**

➢ **Objectives:** Objectives are the specific steps that will lead to achieving the goal. **Please provide at least one objective 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 one 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 CCVA.

Please describe impact data below. Text box will provide scrolling option until limit is reached.

SECTION C: FUNDING TRACKS, REQUIREMENTS, AND RESTRICTIONS (10 points)

Applicants will design a two-year budget based on the specific needs of their proposed program. Proposed budgets must fall within the following range:

- Minimum grant award: $25,000 (total over two years)
- Maximum grant award: $100,000(total over two years)

All proposed program budgets must fall within one of the following ranges: $25,000, $50,000, or $100,000. Please select which grant award funding that reflects your proposed budget (only choose one).

☐ $25,000
☐ $50,000
☐ $100,000

***The total proposed budget is based on a two-year period**. Equal distribution of the proposed budget over the two-year period is not required.

Examples
(for illustrative purposes)

Total Proposed Grant Amount	Year 1	Year 2
$25,000	$15,000	$10,000
$100,000	$50,000	$50,000

SECTION D: FINANCIAL AND HEALTH EQUITY PLAN (three pages) (15 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?

- If applicable, identify any financial barriers or undue health burdens the proposed program 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?

Please describe financial and health equity plan below. Text box will provide scrolling until limit is reached.

➢ How many people does your organization employ?

☐ 1-10
☐ 11-100
☐ 101-250
☐ 251-500
☐ 500+

Please complete the following table with applicable demographic data:

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

SECTION E: 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 provided Budget and Budget Narrative in Excel. Further information on Budget Requirements and Guidance, can be found on the spreadsheet.

Upload provided 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 for this program since 2020, please list those awards. Please document funding for previous phases but do not count it as match for the grant request. **Project funding awarded under this program cannot be used for staff salaries unless deemed necessary for veteran programming.**

SECTION F: APPLICATION PREPARATION AND SUBMITTAL GUIDANCE
Please be sure to submit the application no later than September 30, 2022, at 11:59 p.m. via the CCVA Honor Grant Website. No applications will be accepted after this time.

Please ensure the following documents have been submitted on the CCVA Honor Grant Website:
- ❑ **Application narrative**
- ❑ **Application supporting documents**
- ❑ **Budget form and narrative (upload as an Excel document)**