COOK COUNTY
BUREAU OF
ECONOMIC
DEVELOPMENT

Toni Preckwinkle, President
Cook County Board of Commissioners

Department of Planning and Development

Emergency Solutions Grants Program (ESG)

2026 Program Year Application

Applicant Agency/Organization

Applicant's Name and Title
(Executive Director, Chief Executive Officer)

Toni Preckwinkle, President
Cook County Board of Commissioners

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

Susan M. Campbell,

Director

January 2026

COOK COUNTY BUREAU OF ECONOMIC DEVELOPMENT

2026 Emergency Solutions Grants Program Application

APPLICATION CHECKLIST

Please 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 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 Form A and Form B at the end of the application for samples.)
- ☐ Matching Funds Certification – (See Form C at the end of the application.)
- ☐ Racial Equity Information - Form D
- ☐ List of Board of Directors 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 financial statements. 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 items in the checklist above that are missing from your submitted application package. For more about application scoring, please see the application guide.

*** Please submit an electronic copy of the completed application PDF, with all related attachments, through the Cook County CDBG application submission page at:**

https://www.cookcountyil.gov/form/2026-esg-grant-application

The deadline for submitting all applications is: ***Friday, March 20, 2026, 5:00PM***
(Applications received after this date and time will not be accepted. No exceptions.)

COOK COUNTY BUREAU OF ECONOMIC DEVELOPMENT

2026 Emergency Solutions Grants Program Application

APPLICANT INFORMATION SHEET

Applicant/Organization Name: _____

Executive Director/CEO: _____

E-mail Address: _____

Project Manager Name & Title: _____

E-mail Address: _____

Telephone: _____ Fax: _____

Applicant Website Address:

Funding Request

ESG Components

Homelessness Prevention:	$
Rapid Rehousing:	$
Street Outreach:	$
Emergency Shelter:	$
HMIS:	$
Total Amount Requested:	$
Total Matching Funds:	$

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

_____ _____

Signature Date

_____

Title

COOK COUNTY BUREAU OF ECONOMIC DEVELOPMENT

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APPLICANT INFORMATION SHEET (CONT'D)

2026 PROGRAM YEAR - October 1, 2026 through September 30, 2027

Please complete all pages for each project, as applicable

Applicant Address:

City: Illinois Zip Code:

County Commissioner District:

Project Title:

Is this project consistent with Cook County's 2025-2029 Consolidated Plan? If no, **"STOP"**.

☐ YES ☐ NO

UEI Number (*Required for Funding):*

CFDA Number: **14.231**

FEIN Number:

Purpose of the Project (check all that apply):

☐ Help Prevent Homelessness ☐ Help the Homeless ☐ Help those fleeing from domestic violence

Type of Applicant (check as many as apply):

☐ Faith Based ☐ Domestic Violence Agency ☐ Youth Agency ☐ Location with Emergency Shelter ☐ Primarily Prevention Agency

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SUMMARY AND PROJECT DESCRIPTION

Project Service Area/Geographic Location *(Specify municipalities or zip codes served, if possible)*:

Shelter Address (when applicable):

Summary of Project (150 words or less):

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PROJECT ELIGIBILITY

How does the project meet all eligible requirements for HUD and Cook County? (See 24 CFR 576 and Application Guide)

CONTINUUM of CARE (CoC) and HMIS PARTICIPATATION PLAN

	Yes	No	Planned
Is your organization an active member of the Cook County Continuum of Care?			
Is your organization active in the local Community Based Service Area (AHAND, SSCH, and WSCH)?			
Is your organization actively participating in the Continuum of Care Homeless Management Information System (HMIS) process?			
(If your organization serves those fleeing from domestic violence) Does your organization use Info Net or another database tracking system?			
Is your organization following Coordinated Entry policies and procedures?			

Describe Continuum of Care activities and participation in detail below:

Describe the program's participation in Coordinated Entry (CE). If not currently partnering with CE, describe how your program will implement CE policies and procedures.

Describe how your program will operate using the principles of Housing First (low barriers to services and support that do not screen clients out of a program)

LEVERAGING OTHER FUNDING

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

Please describe how this ESG funding will help you leverage future funding and/or how your agency will leverage other funds (public or private) over the long term to support your efforts.

CAPACITY

Has your agency previously executed similar projects (whether with ESG 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 made similar efforts.

COLLABORATION AND INNOVATION

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

☐ Yes ☐ No

If yes, please describe how your agency's efforts are related to regional or sub-regional collaboration.

Are you involved in an Alliance committee or team (which includes Advocacy, Prevention/Diversion, Coordinated Entry, etc.)?

☐ Yes ☐ No

If yes, please describe your involvement.

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?

Please describe how any former or currently homeless person(s) functions in policy or decision-making roles for the organization.

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Homeless Prevention Component Check the boxes below to indicate activities that will be supported by the requested funding, and then briefly describe the specific proposed use of ESG **Homeless Prevention** funds. Be specific in the narrative area below if a portion of the funds are to go to intake workers or persons working directly to house clients. Specify in the narrative area how much of the grant is to be used for staff and how much for client financial assistance.

Rental Assistance

- ☐ *TBRA-Short Term (1-3 months)
- ☐ *TBRA-Medium Term (4-12 months)

Financial Assistance

- ☐ Moving Costs
- ☐ Rental Application Fees
- ☐ Security Deposits
- ☐ Last Month's Rent
- ☐ Utility Deposit
- ☐ Utility Payments
- ☐ Rent Arrears

Services/Staff Salaries

- ☐ Housing Search/Placement
- ☐ Housing Stability
- ☐ Case Management
- ☐ Mediation and Legal Services
- ☐ Credit Repair/ Budgeting/ Money Management

Coordination

- ☐ Call Center
- ☐ Intake

Annual Number of Persons to be served: _____

Tenant Based Rental Assistance*

Brief description:

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Rapid Re-housing Component Check the boxes below to indicate activities that will be supported by the requested funding, and then briefly describe the specific proposed use of ESG **Rapid Re-housing** funds. Be specific in the narrative area below if a portion of the funds are to go to intake workers or persons working directly to house clients. Specify how much in the narrative area of the grant is to be used for staff and how much for client financial assistance.

RentalAssistance

- ☐ *TBRA-Short Term (1-3 months)
- ☐ *TBRA-Medium Term (4-12 months)

Financial Assistance

- ☐ Moving Costs
- ☐ Rental Application Fees
- ☐ Last Month's Rent
- ☐ Utility Deposit
- ☐ Utility Payments
- ☐ Rent Arrears

Services/Staff Salaries

- ☐ Housing Search/Placement
- ☐ Housing Stability
- ☐ Case Management
- ☐ Security Deposits
- ☐ Mediation and Legal Services
- ☐ Credit Repair/ Budgeting/ Money Management

Coordination

- ☐ Call Center
- ☐ Intake

Annual Number of Persons to be served: _____

Tenant Based Rental Assistance

Brief description:

HMIS Component Check the boxes below to indicate activities that will be supported by the requested funding, and then briefly describe the specific proposed use of ESG **HMIS** funds. **Note: if applicant is a victims' services provider, you may apply for funds under this category and specify which data collection system you will be using.** Specify in the narrative below how much funding would be spent in each activity.

- ☐ Staff salaries for operating and being trained to use HMIS (HMIS lead agency only)
- ☐ Providing HMIS training and administering HMIS (HMIS lead agency only)
- ☐ Establishing/operating comparable database (DV Providers only)

Brief description:

Street Outreach Component Check the boxes below to indicate activities that will be supported by the requested funding, and then briefly describe in the narrative below the specific proposed use of ESG **Street Outreach** funds

Services/Staff Salaries

- ☐ Engagement
- ☐ Case Management
- ☐ Transportation
- ☐ Services for Special Needs Populations

Coordination

- ☐ Intake
- ☐ Call Center

Annual Number of Persons to be served: _____

Brief description:

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Emergency Shelter Component Check the boxes below to indicate activities that will be supported by the requested funding, and then briefly describe the specific proposed use of ESG **Emergency Shelter** funds. Specify in the narrative below how much funding would go toward shelter operations and how much would go toward staff salaries:

Essential Services

- ☐ Case Management
- ☐ Childcare, Education, Employment, and Life Skills Services
- ☐ Legal Services
- ☐ Substance Abuse Services
- ☐ Transportation
- ☐ Services for Special Needs Populations

Shelter Operations

- ☐ Maintenance and Repairs
- ☐ Shelter Rent
- ☐ Center Shelter Security
- ☐ Insurance
- ☐ Shelter
- ☐ Utilities Food
- ☐ Furnishings
- ☐ Equipment and Supplies
- ☐ Hotel or Motel Voucher (NO other appropriate shelter is otherwise available)

Coordination

- ☐ Intake
- ☐ Call

Annual Number of Persons to be served: _____

Brief description:

Shelter Type

Enter the annual number of persons served in Emergency Shelter by shelter type that will be housed at least partly through the support of ESG funds:

Barracks (i.e. Open sleeping areas, gymnasiums)
Group/large house
Scattered site apt
Single family detached
Single room occupancy
Hotel/motel
Other (describe)_____

Total number of beds to be available per night by the shelter provider _____

The questions on the next three pages relate to ALL ESG Components for which the applicant is requesting funding (attach additional pages if needed when providing your answers).

Specific Anticipated Accomplishments: (Please incorporate quantitative and qualitative measures. For returning applicants, you are encouraged to highlight any anticipated changes from the prior year. If you are applying for multiple components, please specify your anticipated accomplishments for each component.)

Subpopulations to be Served by ESG Funding:

Enter the annual number of persons anticipated to be served who are identified by the characteristics of the Homeless Subpopulation groups below:

Chronically Homeless
Veterans
Persons with HIV/AIDS
Victims of Domestic Violence
Unaccompanied
Youth

Total (sheltered, unsheltered, persons served under prevention, etc.) to be Served: Enter the annual number anticipated to be served through ESG funds:

Total number of persons
Total number of households

PROJECT COMPLETION SCHEDULE

Please provide a detailed timeline outlining specific plans for completing this project within 12 months from October 1, 2026, the start of the Program Year. Include all activities your agency plans on undertaking in conjunction with ESG funds.

MONTH 1 (October 2026)
MONTH 2
MONTH 3
MONTH 4
MONTH 5
MONTH 6
MONTH 7
MONTH 8
MONTH 9
MONTH 10
MONTH 11
MONTH 12 **PROJECT COMPLETE**

PROPOSED PROJECT BUDGET

STAFF SALARIES (6 Person Limit)

Position	Component Number*	(A) Annual Salary	(B) % of time spent on project	(A) multiplied by (B) Salary allocated for project	Salary ESG Portion	Project Match
TOTAL SALARIES						

*Please indicate (1) for Homeless Prevention, (2) for Rapid Rehousing, (3) for Street Outreach, (4) for Emergency Shelter, and/or (5) for HMIS after each position. A position may carry out multiple components. Please list one position staff per component per line. (A staff person may be repeated on more than one line if they are being funded to carry out more than one component.) **Failure to indicate component number after position may result in positions not being funded.**

LINE-ITEM BUDGET

Homeless Prevention Component	**ESG Funds**	**Matching Funds**	**TOTAL**
Housing Relocation and Stabilization Services (Salaries)			
Tenant Based Rental Assistance **Short Term** ***(1st-3rd months)***			
Tenant Based Rental Assistance **Medium Term** ***(4th-12th months)***			
Coordination: Call Center			
Moving Financial Assistance: Moving, Security Deposit, Last Month's Rent, Rental Applications, Moving Costs			
Utility Financial Assistance: Utility Deposits, Payments, and			
Other Financial Assistance: Rent Arrears			
Total Component Activities:			

Rapid Rehousing Component	**ESG Funds**	**Matching Funds**	**TOTAL**
Housing Relocation and Stabilization Services (Salaries)			
Tenant Based Rental Assistance **Short Term** ***(1st-3rd months)***			
Tenant Based Rental Assistance **Medium Term** ***(4th-12th months)***			
Coordination: Call Center			
Moving Financial Assistance: Moving, Security Deposit, Last Month's Rent, Rental Applications, Moving Costs			
Utility Financial Assistance: Utility Deposits, Payments, and			
Other Financial Assistance: Rent Arrears			
Total Component Activities:			

HMIS/Data Tracking	ESG Funds	Matching Funds	TOTAL
Staff Salaries for Operating HMIS			
Receiving HMIS Training (salary, transportation, etc.)			
HMIS Administration and Providing Training (salary, transportation, etc.)			
Establishing/operating similar database (Victim providers only)			
Total Component Activities:			
Street Outreach	**ESG Funds**	**Matching Funds**	**TOTAL**
Staff Salaries			
Transportation			
Coordination: Call Center			
Total Component Activities:			
Emergency Shelter	**ESG Funds**	**Matching Funds**	**TOTAL**
Staff Salaries (Direct staff services only)			
Transportation			
Shelter Operations: Maintenance and Repairs, Security Costs, Insurance, Utilities, Rent			
Food, Furnishings, Equipment, and Supplies			
Hotel or Motel Vouchers			
Coordination: Call Center			
Total Component Activities:			
Grand Total (All Component Activities and Total Match):			

Fields above do not calculate

Please describe any other funding you currently receive from other departments or agencies of Cook County. If you do receive other Cook County funding, please indicate whether that funding supports the activity(s) you are applying for in this ESG application.

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 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.

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

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

Section 1. That a Request is hereby made to the County of Cook, Illinois for Emergency Solutions Grant ("ESG") funds for Program Year 2026 in the amount of $ for the following project(s):

Project: Amount: $

as identified in ***(insert organization name)***'s ESG 2026 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.

Dated this day of 2026.

By: _____ _____
Print Name – Chairman/President Signature -
Chairman/President

Attest: _____ _____
Print Name – Board Secretary Signature – Board
Secretary

FORM B: SAMPLE CERTIFICATION

Not-for-Profit Organization/Non-Municipal Agency

The undersigned Duly Qualified and Acting Secretary of the Board of Directors of ***(insert organization name)*** hereby certifies that the attached Resolution authorizing execution of the Application for the County of Cook, Illinois 2026 Emergency Solutions Grant ("ESG") Program Year is a true and correct copy of said Resolution as passed by the Board of Directors of ***(insert organization name)*** on ***(insert Board meeting date),*** which Resolution is still in full force and effect.

Dated this day of 2026.

Attest: _____ _____

Print Name – Board Secretary
Secretary

Signature – Board

FORM C: ESTIMATED MATCHING FUNDS CERTIFICATION

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

Note: Cook County ESG requires a dollar-for-dollar match.

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

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

Dated this day of 2026

By: _____ _____

Print Name – Authorized Official Official

Signature – Authorized

_____

Title of Authorized Official

Attest: _____ _____

Print Name – Board Secretary

Signature- Board Secretary

ESG CERTIFICATION ON RELIGIOUS ACTIVITIES

The applicant acknowledges and certifies that the proposed project will comply with the rules and regulations at 24 CFR § 5.109 Equal participation of faith-based organizations in HUD programs and activities. Specifically, the applicant agrees to the following:

1.) Applicant will adopt and follow procedures to ensure the ESG-funded program shall not discriminate against a beneficiary or prospective beneficiary based on religion, religious belief, a refusal to hold a religious belief, or a refusal to attend or participate religious practice. Participation in any religious activity must be voluntary for the beneficiaries of ESG programs.

2.) The applicant will adopt and follow procedures to ensure explicitly religious activities, including activities that involve overt religious content such as worship, religious instruction, or proselytization, are offered separately, in time or location, from the programs or activities supported by ESG funds.

3.) If ESG funds will be used for acquisition, construction, or rehabilitation of structures, the applicant will only request ESG funds for the share of acquisition, construction, or rehabilitation attributable to ESG-eligible activities in accordance with generally accepted cost accounting requirements when a structure is used for both eligible and explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization), ESG funds will not be used for the acquisition, construction, or rehabilitation of sanctuaries, chapels, or other rooms that are used as a principal place of worship.

Authorized Official Date

2026 Emergency Solutions Grants Program Application

AUDITED FINANCIAL STATEMENTS

(Attach most current.)