



**HOUSING & COMMUNITY DEVELOPMENT ACT COMMITTEE
and
MENTAL HEALTH BOARD**
Tuesday, May 18, 2021
Remotely at 7:00 pm

AGENDA

As the result of an executive order issued by Governor J.B. Pritzker suspending in-person attendance requirements for public meetings, HCDA and MHB members and City staff will be participating in this meeting remotely.

Due to public health concerns, residents will not be able to provide public comment in-person at the meeting. Those wishing to make public comments at the joint meeting of the Housing & Community Development Act Committee and the Mental Health Board may submit written comments in advance or [sign up](#) to provide public comment by phone or video during the meeting by completing the Housing & Community Development Act Committee and Mental Health Board online comment form available by clicking [here](#) or visiting the [HCDA webpage](#) or the [Mental Health Board webpage](#) and clicking on Public Comment Form.

Community members may watch the joint meeting online through the Zoom platform:

Please click this URL to join.

<https://zoom.us/j/93377122690?pwd=MHM1NTRyb0NZZFkwbTQ3eFphRVFsdz09>

Passcode: 793955

Or join by phone:

Dial US: +1 312 626 6799

Webinar ID: 933 7712 2690 Passcode: 478279

1. **CALL TO ORDER/DECLARATION OF QUORUM**
2. **SUSPENSION OF THE RULES ALLOWING FOR REMOTE PARTICIPATION**
3. **2021 APPLICATIONS FOR REVIEW:**
 1. **YOU - CASE MANAGEMENT**
 2. **YOU - SAFETY NET**
 3. **CONNECTIONS FOR THE HOMELESS**
 4. **INTERFAITH ACTION**
 5. **JAMES B. MORAN CENTER**
 6. **LEARNING BRIDGE**
 7. **MEALS ON WHEELS**
 8. **NORTHWEST CASA**

Order of agenda items is subject to change

- 9. PEER SERVICES
- 10. YWCA

4. PUBLIC COMMENT

5. OTHER BUSINESS

6. ADJOURNMENT

The meeting to allocate funding is tentatively scheduled for June 15, 2021.

Order of agenda items is subject to change



**2021 Safety Net Services Application Review Meeting
May 18, 2021**

1. Youth & Opportunity United – Case Management and Safety Net Services

YOU’s 2020 program encompassed both case management and safety net services. The agency has broken out these two components separately in the 2021 application in compliance with the new application format. The budgets have been combined in the chart below to reflect this change. Populations served and program descriptions are detailed separately below.

2020 Request	2020 Award	2021 Request	% Increase of 2021 Request over 2020 Award
\$100,000	\$72,391*	\$57,693 Case Mgmt	+67%
		\$63,427 Safety Net	

Case Management Services

2020 Evanston Residents Served: 69

Evanston % of total served: 100%

2021 Evanston Residents Estimated: 104

Evanston % of total served: 100%

2020 City Proportion of Actual Budget: 64%

2021 City Proportion of Proposed Budget: 28%

FY 2019 Audit – Financial statement presents fairly

FY 2019 Single Federal Audit – No findings present

*Prior year funding was for a program that comprised both case management and safety net services, and supported an Afterschool Program Manager and a Youth and Family Counselor.

YOU, a Comprehensive Community Youth Based Services provider, offers after school and summer programming to youth ages 9-22 years old through satellite programs at eight Title 1 schools in Evanston; case management services are provided specifically to youth who have engagement with the juvenile justice system and/or youth residing in congregate living situations. Referrals come from teachers, social workers and staff, Evanston Collective partners (Curt’s Cafe, the Moran Center, Connections for the Homeless, and others) and City staff. All services are offered free of charge and no one is turned away. City award would be used to support clinical team including the Director of Clinical and Outreach Services, Senior Outreach Counselor, Community Case Manager, 6 Youth & Family Counselors, and 2 additional Youth & Family Counselors to be hired; agency received funds in prior years and applied award to similar staff. If additional Youth & Family Counselors are hired, the annual cohort of clinical interns from the University of Chicago could be expanded from 5 to 10 because increased staff would have the capacity to provide increased supervision.



Agency staff is diverse; clinical staff reflect population served and case loads vary by position; counselors are generally responsible for 10-15 clients. Intakes include Strengths and Needs Assessment using the Youth Assessment Screening Instrument and service plans, developed in collaboration with participants, are reviewed routinely, often weekly with client and caregiver as appropriate. Participant goals center around self-sufficiency and most often include addressing housing, education, employment, and healthcare needs. Referrals are most often made to providers within the Evanston Collective for legal support, substance abuse counseling, shelter/housing services, health services and employment. Referrals are tracked in case notes and staff follow up with referral partners to ensure clients connect with service providers.

2. Youth & Opportunity United – Safety Net Services

2020 Evanston Residents Served: 445

Evanston % of total served: 100%

2021 Evanston Residents Estimated: 575

Evanston % of total served: 100%

2020 City Proportion of Actual Budget: 14%

2021 City Proportion of Proposed Budget: 37%

FY 2020 Audit – Financial statement presents fairly

FY 2020 Single Federal Audit – No findings present

Youth are connected to safety net services through the same umbrella of services described above - after school programming (Out of School Time or OST) with integrated mental health services. YOU's clinical and outreach staff run a street outreach and housing crisis response program for youth who are homeless, runaway, and housing insecure. The Safety Net portion of services address immediate needs of youth participants and help staff build trusting relationships with the goal of providing counseling services and referrals to other service providers throughout the community to meet the complex needs of identified participants. Agency projects that of the participants identified as needing safety net services, 50 will require shelter/immediate housing. Information for youth experiencing homelessness is entered into the Homeless Management Information System (HMIS) - a HUD mandated database used by homeless services providers to best connect enrollees to housing. It is unclear if there is overlap between the population identified in the request for Case Management services and this request. In addition to supporting staff identified in the request for Case Management services, award would also support the Housing Crisis Response Team, part of the agency's Street Outreach Program, responsible for connecting with youth throughout the community in partnership with the City's Youth & Young Adults Div. Additionally, a portion of award would be used to buy program supplies and supplies for participants including grocery and transportation cards, clothing, and basic hygiene products. YOU's services are open to all, but staff targets under-resourced and historically marginalized youth including youth of color, those who identify as LGBTQ+, immigrant/refugees, and ESL youth. Staff is diverse and reflects the population served. All services are tracked and data is maintained in a centralized, web-based reporting system; a portion of award would also help agency invest in TherapyNotes, as secure electronic health record software.



3. Connections for the Homeless – Drop-In, Outreach, and Health Services

2020 Request	2020 Award	2021 Request	% Increase of 2021 Request over 2020 Award
\$85,000	\$78,400	\$150,000	91%

2020 Evanston Residents Served: 744

Evanston % of total served: 66%

2021 Evanston Residents Estimated: 845

Evanston % of total served: 65%

2020 City Proportion of Actual Budget: 9%

2021 City Proportion of Proposed Budget: 12%

FY 2020 Audit – Financial statement presents fairly

FY 2020 Single Federal Audit – No findings present

2021 Application is for substantially the same service as 2020.

Connections for the Homeless Drop-In, Outreach and Health Services offers two locations for people, the majority of whom are homeless, to receive basic health and stability services including: showers, laundry, food, clothing, storage, case management and counseling, benefits enrollment assistance, and computer/phone access; 80% of the people served are BIPOC and all are low/no income. No one is turned away and all services are free. Last year 67% (2,345) of the participants were Evanston residents. This program is staffed by two Program Operations Specialists who manage the sites, three full time Outreach Workers, five Case Managers, two Mental Health Workers, a full-time Nurse and Behavioral Health Specialist. Award would provide greater depth of services for highest need populations. Funds would be used to hire another Nurse and Behavioral Specialist and a SOAR-certified Benefits Enrollment Specialist. Each location receives approximately 60 visitors per day. Emergency shelter services have expanded since the pandemic from an 18-bed overnight shelter for men to an 80-bed, 24/7 shelter to all. Housing opportunities take months; the Drop-In, Outreach and Health Services provide a place for people to go and receive care and additional services until more permanent housing is secured. Additionally, staff enter information for participants experiencing homelessness into the Homeless Management Information System (HMIS) - a shared database used by all homeless services providers to best connect enrollees to housing. Participants meet presumed eligibility requirements. Award is 12% of total program expenses and would support three new, necessary positions; increase is reasonable based on increase in numbers served and increased staffing.

The agency is part of the Continuum of Care (CoC), a federally mandated initiative, which provides services that match clients to resources in partnership with service providers throughout suburban Cook County. The CoC is competitive McKinney-Vento homeless funding managed by the Alliance to End Homelessness in Suburban Cook County. As a CoC member, Connections must maintain services provided by the Drop-In and Outreach program. Agency



has received and successfully managed City and federal funds and is compliant with all reporting requirements.

4. Interfaith Action – Emergency Overnight Shelter

2020 Request	2020 Award	2021 Request	% Increase of 2021 Request over 2020 Award
\$40,000	\$33,850	\$42,500	26%

2020 Evanston Residents Served: 130

Evanston % of total served: 100%

2021 Evanston Residents Estimated: 129

Evanston % of total served: 100%

2020 City Proportion of Actual Budget: 33%

2021 City Proportion of Proposed Budget: 41%

FY 2020 Audit – NA

FY 2020 Single Federal Audit – NA

2021 Application is for substantially the same service as 2020.

Interfaith Action provides emergency overnight shelter from 9 pm to 7 am, November through March, and year-round hospitality center located at St. Mark’s Church in Evanston. The emergency overnight shelter rotates 38 cots and overnight set-up among 6 faith-based sites; guests are invited to breakfast each morning at the hospitality center where they can also receive food and hygiene products, employment services and connections to additional community resources including case management services in partnership with Connections for the Homeless. Even with Connections’ ability to provide access to additional overnight beds, IA had a waitlist of 50 people. All services are offered free of charge and participants meet presumed eligibility requirements. All participants complete intake documentation and are entered into the Homeless Management Information System (HMIS) database. This database is used by the Continuum of Care to connect people with housing using the Housing First model. IA staff meet monthly with Connections to help participants connect to permanent housing and additional services through Connections.

Award supports salaries and would provide for additional service hours/nights for participants; loss of funding would mean participants would have no shelter which impacts participants, but also burdens local businesses, Evanston Police Department, and local hospitals. Shelter will be open January through March and November through December 2021 regardless of temperature (in prior years shelter operated during winter months when temperature fell below 20F). The agency’s primary mission is the overnight, cold weather shelter, but a growing number of participants also use the hospitality center to access food; a loss in budget would reduce services across the agency’s scope. Agency has received City funds in prior years, provides consistent programmatic/financial reporting, and is compliant with federal requirements.



5. The James B. Moran Center for Youth Advocacy

2020 Request	2020 Award	2021 Request	% Increase of 2021 Request over 2020 Award
\$86,000	\$75,500	\$50,000*	-34%

2020 Evanston Residents Served: 220

Evanston % of total served: 43%

2021 Evanston Residents Estimated: 330

Evanston % of total served: 44%

2020 City Proportion of Actual Budget: 8%

2021 City Proportion of Proposed Budget: 7%

FY 2020 Audit – Financial statement presents fairly

FY 2020 Single Federal Audit – NA

*Prior year award supported salaries of staff attorneys for the School-Based Civil Legal Clinic and the Education Advocacy Program. 2021 Case Management application is a new request to support their licensed social workers; the Safety Net/Legal Services program is more comparable to 2020 funded program.

The Moran Center provides free legal services including representation and advocacy through two main programs: the Education Advocacy Program (EAP), staffed by two attorneys who provide advocacy and to children with special needs and their families to ensure students get the services needed to thrive in school and the School-Based Civil Legal Clinic (SBCLC) which is run out of three satellite locations (Joseph E. Hill Center, Nichols and Chute middle schools) and supports income-eligible youth up to age 26 who have civil cases. The SBCLC is staffed by one full-time attorney, a grant-funded contract attorney dedicated to eviction prevention, and 28 pro-bono attorneys. The Moran Center also provides criminal record remediation services through their Expungement & Sealing Help Desk at the Skokie Courthouse. For Evanston residents whose records are not eligible for expungement or sealing, agency helps participants apply for certificates that expand employment opportunities and professional licensing; in some cases participants are eligible for clemency which can take six months to a year to receive. People are only redirected to other resources offering similar services if a conflict exists between the new families requesting services and previously enrolled participants.

Demand for services exceeds capacity of programs; exacerbated by the pandemic, SBCLC clients require support with threats of evictions/foreclosures, unemployment benefits issues, guardianship, and consumer rights. The switch to remote learning has further marginalized primarily Black and Brown students in Special Education who relied on in-person support systems. Legal resolution can stabilize families, prevent homelessness, and keep kids in school by ensuring they receive advocacy and appropriate educational services. Agency requested support under case management to support social work staff; this application request is to support staff attorneys working with Evanston youth and their families; if fully funded, in addition to supporting existing staff, a part-time, bilingual staff attorney could be added to the SBCLC program. Goals are clearly defined and include helping families get financial benefits



including child support and unemployment benefits, or improved educational services through advocacy around Individualized Education Plans (IEPs) and reduced school disciplinary actions. Clients from all three programs are low/moderate income; a majority are BIPOC. Agency has received City funds in prior years and provides consistent and timely programmatic/financial reporting in compliance with all requirements.

6. Learning Bridge Early Education Center – Family First

2020 Request	2020 Award	2021 Request	% Increase of 2021 Request over 2020 Award
\$12,000	\$10,692	\$43,270	NA

2020 Evanston Residents Served: 75

Evanston % of total served: 88%

2021 Evanston Residents Estimated: 30

Evanston % of total served: 100%

2020 City Proportion of Actual Budget: 100%

2021 City Proportion of Proposed Budget: 100%

FY 2020 Audit – Financial statement presents fairly

FY 2020 Single Federal Audit – No findings present

*Agency received \$10,692 in 2020 to support an On-site Therapist.

Learning Bridge provides award-winning, high-quality full day care and early childhood education to approximately 150 (100 during pandemic) children under 5 years old; 80% of the served population identifies as a racial minority. This request is for the Family First program which would provide scholarships for children of unemployed or underemployed (working less than 30 hours per week), low/moderate income Black and Latinx and/or female headed households. Eligible Evanston residents would receive free, full day childcare services for up to three months or until head of household is employed and potentially eligible for other subsidies. Award would support 10 total families; adults would also receive job search support. Over the past two years, agency has worked with community partners conducting outreach for McKinney-Vento program to support children of families experiencing homelessness; outreach for the Family First program would use the same network of partners including churches, homeless-serving organizations and shelters, District 65 social workers and the Evanston Early Childhood Council. Scholarship funds would be shared with Infant Welfare Society to provide continued support for children “graduating” from IWS (serving infants and toddlers) and transitioning to Learning Bridge (serving children 2 to 5 years old), both organizations have multiple bilingual staff members and advertising/program materials would be offered in English and Spanish to reach target population. Agency receives tuition reimbursement for families who are homeless or working and income eligible; this program would fill a gap by providing childcare and job search services to stabilize households experiencing recent unemployment that are not eligible for other subsidies. In FY 2019 Agency received \$9,000 for a scholarship



program that served 3 participants for the year; agency has the capacity to provide services and the majority of the award would be pass-through funding provided directly to families.

7. Meals on Wheels – Home Delivered Meals/Low Income At Risk Homebound

2020 Request	2020 Award	2021 Request	% Increase of 2021 Request over 2020 Award
\$30,000	\$23,900	\$30,000	26%

2020 Evanston Residents Served: 124

Evanston % of total served: 59%

2021 Evanston Residents Estimated: 250

Evanston % of total served: 50%

2020 City Proportion of Actual Budget: 5%

2021 City Proportion of Proposed Budget: 5%

FY 2020 Audit – Financial statement presents fairly

FY 2020 Single Federal Audit – NA

2021 Application is for substantially the same service as 2020.

Through a large cadre of volunteers, Meals on Wheels Northeastern Illinois (MWNEI) delivers midday meals between the hours of 11 am and 1 pm, 6 days per week, 52 weeks per year. Clients include homebound seniors and persons with disabilities who often need meals that comply with medically prescribed diets (including diabetic, gluten free, vegetarian, renal, and modified texture when needed). The services offered are especially critical to “elder orphans” who live alone and have no family support. MWNEI volunteers monitor participants, noting any needs or changes in conditions into the ServTracker software, which can help seniors age in place. Volunteers are also able to provide referrals to additional community supports including transportation services and organizations that provide social connections; all referrals are also tracked in ServTracker. A majority of senior participants report having poor vision, balance issues, mild dementia and other issues while participants with documented disabilities may have serious mental illness, multiple sclerosis, cerebral palsy, or other disorders; the agency also provides meal to people who have been newly discharged from the hospital and may need help recovering from illness or surgery.

Clients are charged using a sliding fee scale; 81% of clients are elderly, 45% identify as a racial minority, 50% are on therapeutic diets, 18% have a mental health diagnosis, and 68% receive subsidized meals, an increase from previous years. All eligible participants receive services for as long as desired. The agency receives referrals from area churches, local hospitals and local governments and nonprofit organizations. An award would support staff and food costs and any reduction in funding would impact the agency’s ability to enroll new low income clients. Other agencies performing similar services include Northwestern’s Campus Kitchen and CJE, but they only deliver meals 3 to 5 times a week respectively and are not able to offer subsidized payment options or meet medically prescribed dietary restrictions. Agency has a



new kitchen and headquarters located at 1723 Simpson Street in Evanston. Goals of service include helping clients age in place and reduced rehospitalization of newly discharged patients.

8. Northwest Center Against Sexual Assault - Sexual Violence Intervention

2020 Request	2020 Award	2021 Request	% Increase of 2021 Request over 2020 Award
\$19,000	\$18,810	\$18,800	0%

2020 Evanston Residents Served: 46*

Evanston % of total served: 2%

2021 Evanston Residents Estimated: 50

Evanston % of total served: 5%

2020 City Proportion of Actual Budget: 1%

2021 City Proportion of Proposed Budget: 1%

FY 2020 Audit – Financial statement presents fairly

FY 2020 Single Federal Audit – NA

2021 Application is for substantially the same service as 2020.

Northwest CASA is the only certified rape crisis center in North/Northwest Suburban Cook and McHenry County providing comprehensive sexual violence services; agency provides individual, group and family counseling on a weekly basis or as requested to victims of sexual assault. Agency also provides advocacy as requested at police stations and courthouses throughout Cook County. Services are available in English and Spanish and are offered at no cost to participants. Agency identifies the Hispanic/Latino population as the target population served and two bilingual counselors staff the Evanston office located at the Civic Center. *FY 2020 report shows service to 13 Evanston residents; 30% identified as white, 30% identified as Black, 30% identified as Asian and one person identified as multi-racial. Referrals come primarily from the agency’s 24/7 crisis hotline and local hospitals; application does not detail how staff work with City Victim Advocates staff who provide similar services specifically to Evanston residents. It is unclear if additional referral sources are specific to Evanston. In the past 5 years, agency served an average of 32 residents per year; prior year reports indicate that Latinx population comprised less than 25% of total Evanston participants served.

In-person services are planned to resume in the summer of this year; it is unclear if location of satellite office will change given the ongoing closure of the Civic Center. It is unclear if hours in 2020 reported as direct services to Evanston residents were for advocacy or individual or group counseling, but based on the rate for individual therapy, the highest level of service in State of IL fee schedule for community-based behavioral health services, the cost for direct service hours provided is less than \$3,000.

Award would support staff salaries and occupancy. Agency receives referrals from local hospitals, but it is unclear if agency partners with other organizations that specifically serve



Latinx Evanston residents; it is also unclear if award would expand capacity for Evanston residents. Agency uses InfoNet to track services. Additional client needs can include childcare, immigration support, housing resources, employment needs, and transportation. Agency assists with transportation needs and refers clients for other needs. Referrals are documented, but not tracked, and referral agencies were not defined in application. Last year participants received a total of 134 service hours. If award was reduced or not received, agency anticipates a reduction in services.

9. PEER Services, Inc. – Substance Use Treatment for Evanston Residents

2020 Request	2020 Award	2021 Request	% Increase of 2021 Request over 2020 Award
\$88,200	\$78,586	\$99,500	27%

2020 Evanston Residents Served: 172

Evanston % of total served: 21%

2021 Evanston Residents Estimated: 250

Evanston % of total served: 30%

2020 City Proportion of Actual Budget: 4%

2021 City Proportion of Proposed Budget: 5%

FY 2020 Audit – Financial statement presents fairly

FY 2020 Single Federal Audit – NA

2021 Application is for substantially the same service as 2020.

PEER Services provides individual and group outpatient substance use disorders counseling to adolescents and adults including Intensive Outpatient Program counseling, DUI risk reduction, aftercare counseling (long term treatment), medication-assisted treatment for opioid dependence, and early intervention services. Many individual and group outpatient counseling services were transitioned to telehealth through the pandemic; the agency also provided free virtual recovery support groups. Counselors connect with clients during daytime or evening hours to fit participants’ schedules. The minimum time for effective intervention is 6-8 weeks of individual treatment; length of time in services varies depending on client needs. Approximately 50% of clients are mandated to participate by courts, probation, schools and/or DCFS, 88% are low/moderate income. The agency accepts clients regardless of ability to pay, agency contacts with IL Dept. of Human Services to care for clients who are uninsured and will also accept Medicaid or work out sliding scale fees for income eligible clients. Award would support clinical supervision, care coordination and other infrastructure necessary to provide services that are not often covered by other sources of secured funding; a loss of funding would lead to reduction in staff and reduced services to residents. Agency accepts referrals from Erie Family Health, local nursing homes, through the onsite staff counselor at Amit/St. Francis hospital and many community-based organizations. Counselors work with 20-25 clients per week and carry a caseload of no more than 40; as schools and courts reopen, agency hopes to hire an additional Adult and Adolescent counselor in anticipation of demand for services, staff is diverse (41% BIPOC, 59% white).



Clients include people experiencing homelessness, reentering the community from correctional facilities, and veterans; prior year report indicates that BIPOC residents comprised 43% of the population served. Participants can be housing, employment and food insecure, they may need medical care, childcare, domestic violence services and ongoing psychiatric support. Agency has linkage agreements and service agreements with a number of agencies specializing in all areas of need including Erie Family Health Center, Turning Point, Connections for the Homeless, Impact Behavioral Health Partners, Childcare Network of Evanston, CEDA, and the YWCA; referrals are tracked in an Electronic Health Record system. Outcomes are clearly defined and measured at specific intervals during the treatment process. PEER Services is stable and has the capacity to manage programs which are compliant with all programmatic and financial requirements.

10. YWCA Evanston/North Shore

2020 Request	2020 Award	2021 Request	% Increase of 2021 Request over 2020 Award
\$35,000	\$29,000	\$35,000	-1%

2020 Evanston Residents Served: 128

Evanston % of total served: 27%

2021 Evanston Residents Estimated: 200

Evanston % of total served: 30%

2020 City Proportion of Actual Budget: 2%

2021 City Proportion of Proposed Budget: 2%

FY 2020 Audit – Financial statement presents fairly

FY 2020 Single Federal Audit – No findings present

2021 Application is for substantially the same service as 2020.

YWCA Evanston/North Shore is the only comprehensive domestic violence social services agency in the northeastern Chicago metropolitan area. All services for families fleeing domestic violence are free and accessible through the 24-hour crisis line. Basic DV services include emergency shelter, counseling in English and Spanish and comprehensive case management, housing services (including longer term housing) and programming for children. The YWCA also provides community case management and counseling services for non-residential clients - one hour per week for up to 12 weeks, workforce development including culinary training and YWeb Academy to train women for jobs in tech (40% of participants are Evanston residents, 25% come from DV program), classes on budgeting/money management, education programs for youth and professional community, and legal advocacy at the Skokie Courthouse. Agency receives referrals from schools, police departments, Skokie courthouse, and local community organizations - 85% of clients are referred. Agency has also extended outreach to immigrant populations in partnership with local organizations including Evanston Latinos, early childcare



providers, and community churches; three bi-lingual and bi-cultural staff (case manager, counselor, and legal advocate) are dedicated to improving access for non-native speakers.

Award would support staffing costs for the DV Program Director. The YWCA serves high barrier populations including homeless individuals/families, youth in foster care, people with disabilities and members of the LGBTQ+ community; participants often have additional needs including housing, employment and long-term therapeutic counseling. Agency hired a Housing Specialist and an Employment Specialist to work with participants even after shelter stay ends. As a provider of homeless services, the agency is required as a member of the Continuum of Care to record all information into InfoNet. The agency is also transitioning to a cloud-based case management system that will allow for better tracking and measurement of progress towards goals. Staff is diverse and reflects population served. Agency provides consistent programmatic/ financial reporting and is in compliance with federal requirements.

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City of Evanston

Community Development

CLOSED **Deadline** 4/21/2021

FY 2021 Safety Net Services

[HIDE DESCRIPTION](#)[HIDE REQUIREMENTS](#)[HIDE RESTRICTIONS](#)

Description [\[hide this\]](#)

The City of Evanston is accepting SAFETY NET SERVICES applications for 2021. This application is not for CDBG Public Facilities & Infrastructure (capital) or Housing programs.

SAFETY NET SERVICES address needs of an immediate crisis. These services alone are not meant to ensure people thrive, but to protect individuals/households from additional harm. As part of reaction to and recovery from COVID-19, the City anticipates greater need for Safety Net Services. If your agency is requesting funding for CASE MANAGEMENT SERVICES, you must complete and submit a separate online application.

Guidelines for programs eligible for funding as safety net services:

- Enable individuals/households to cope with a specific, limited-time hardship or unaddressed need to prevent further destabilization, or triage individuals/ households in crisis and serve as a gateway into more comprehensive services, including case management.
- Provide rapid access to free services or services provided on a sliding scale for new Evanston participants with a focus on low/moderate income people with greatest need and fewest resources.
- Result in a measurable improvement to the wellbeing of the participant by addressing a basic need.
- Can be defined using the “but for” rule. Examples: but for home-delivered meals, a low-income person living alone with limited mobility from an accident would be without healthy food.
- Include, but are not limited to: food, domestic violence services, emergency shelter, street outreach and drop in services for the homeless. Examples of other services that could fall under safety net include: benefits enrollment services, legal services, and employment services. (A safety net service provider may also accept direct referrals of clients in case management but would not be eligible for funding as Support Services and paid on a fee for service basis.)

Requirements [\[hide this\]](#)

To be eligible for funding, a Safety Net service must meet the CDBG National Objective of benefiting primarily low- and moderate-income persons (51% or more have family income \leq 80% of the area median income). This may be established in two ways: 1) Limited Clientele - participants' incomes are documented and meet eligibility or 2) Presumed Eligible - includes abused children, battered spouses or homeless. Priorities for funding include safety net services provided to populations and are identified as high need in the 2021 Action Plan: low- and moderate-income Evanston residents, particularly historically underserved people, including people of color. Applications will be evaluated based on the ability to provide immediate, free services to at-risk, underserved residents. All applications will be reviewed using an equity lens.

FULL APPLICATIONS MUST BE COMPLETED AND SUBMITTED IN ZOOMGRANTS BY 5PM CDT ON WEDNESDAY, APRIL 21, 2021. All applications must be submitted online through ZoomGrants. Hard copy, faxed or emailed applications will not be accepted. Applications will be reviewed by a joint HCDA/MHB committee at a public meeting tentatively scheduled for Thursday May 18, 2021. A joint meeting to review applications for CASE MANAGEMENT services is tentatively scheduled for May 13, 2021 at 7:00 PM. Meeting dates are subject to change.

Restrictions [\[hide this\]](#)

All funds must be used in accordance with regulations as set forth in 24 CFR 570. All recipients must comply with CDBG and federal cross-cutting requirements including, but not limited to data collection, reporting, and organizational capacity per the federal Omni Circular. Funding is contingent on the City receiving its 2021 Entitlement grant; timing of the release of those funds is undetermined and, based on historical experience, may not occur until Q3 2021 or later.

Resource Library [\[hide this\]](#)

Applicant View

Application Status: Not Submitted

[Apply Now/Start Application](#)

[Summary](#) [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

[Report](#) [Report Totals](#)

Summary

(answers are saved automatically when you move to another field)

Instructions [Show/Hide](#)

Enter the name of the program/service for which you are requesting funding and the total amount of funding you are requesting from the City of Evanston in "Amount Requested" field.

Program/Service Name

Amount Requested

*Total City of Evanston
Request*

USD\$

Applicant Information

First Name

Last Name

Telephone

Email

Organization Information

(changes to this data will be reflected on all other applications for this organization)

Organization Legal Name/Entity Name

Address 1

Address 2

City

State/Province

ZIP+4/Postal Code

Country

Add Address

Telephone

Fax (optional)

Website (optional)

CEO/Executive Director

First Name

Last Name

Title

Email

Next

City of Evanston
Community Development
FY 2021 Case Management Services
Deadline: 4/21/2021

Youth & Opportunity United (Y.O.U.) Case Management Services

Jump to: [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

USD\$ 57,693.00 Requested

Submitted: 4/21/2021 4:17:14 PM (Pacific)

Project Contact

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Additional Contacts

none entered

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Chief Executive Officer

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Fax 847-866-9143

Web www.youthopportunity.org

Application Questions [top](#)

1. How do individuals or households with complex needs get enrolled in your case management services? Are participants referred by other entities (school social workers, police departments, other social service agencies)? If so, what percentage of new clients are referrals and what are main referral sources?

Y.O.U. reaches youth and families with complex needs in two ways. First, Y.O.U. staff collaborate with school teachers, social workers, and administrative staff at our 8 partnering Title I Evanston schools to identify underrepresented youth and families who would benefit from Y.O.U.'s case management services. As detailed in question 2 below, this enrollment process is facilitated by Y.O.U.'s program model that embeds clinical staff in our out-of-school time (OST) programs and emphasizes building trusting relationships with youth and families to provide low risk entryways. Our presence in schools supports our case managers who provide services in safe, familiar, and accessible locations for families.

Second, as an Evanston youth services provider for nearly 50 years, Y.O.U. has developed robust, longtime collaborative relationships with the full range of community providers and institutions. Since the onset of COVID-19 pandemic, Y.O.U.'s referral process has been strengthened as our leadership staff participate in weekly non-profit leader calls that identify emerging community needs and develop sustainable coordinated response strategies. Thus our case managers have expanded their reach to new populations (e.g., youth discharged early from the juvenile justice system and youth residing in congregate living situations) and our referral systems are increasingly streamlined. In addition Y.O.U.'s case management supports have shifted from primarily meeting emergency needs to providing longer term care, such as linking families with community resources relating to housing, health care, and employment.

As the sole provider of Comprehensive Community Youth Based Services (CCBYS) in Evanston since the program was initiated over 30 years ago Y.O.U. reaches runaway and housing insecure youth by: 1) conducting outreach and engaging with this population to identify needs and determine housing options, 2) providing timely access to safe and appropriate shelter for youth, including 365 days a year 24-7 housing crisis support; 3) implementing a youth-centered service model that addresses social and emotional well-being, 4) building protective factors for youth through individual, family, and group counseling, case management, and evidence-based positive youth development activities; 5) reuniting youth with their families when appropriate, or identifying alternative safe and stable placement if reunification is not possible; and 6) accessing partner networks for additional resources.

Approximately 35% of Y.O.U.'s new clients are external referrals. Our primary referral sources are school social workers and McKinney Vento liaisons, member organizations in the Evanston Collective (e.g., the Moran Center, Connections for the

Homeless, Curt's Café), Evanston's Local Area Network (LAN) 40, and the Evanston Police Department.

2. Describe how agency/staff engage underrepresented populations and how City funds would improve equity of service delivery and/or expand capacity to underserved populations.

Y.O.U. is uniquely positioned to engage underrepresented youth and families and to equitably deliver services through our year round presence in Evanston's highest need schools. Youth and families build trusting relationships with Y.O.U. staff through our daily afterschool and summer programs, as well as during regular family engagement events, where our staff meet informally with parents and caretakers. Each program site has a dedicated clinician who is seamlessly incorporated in the site's regular day-to-day OST activities. This integration of clinical services and emphasis on building relationships is central to successful youth and family engagement. Indeed Y.O.U.'s model lowers access barriers by destigmatizing clinical services, thus mitigating barriers evidenced in studies as persistent among underserved populations.

Y.O.U. also has more than three decades of experience successfully serving runaway, homeless and housing insecure youth and young adults. Our case managers maintain a scheduled presence at Evanston's Robert Crown Community Center, where Y.O.U. implements drop in services in partnership with the City of Evanston's Youth & Young Adults Division. Through their regular presence at this location, our case managers build rapport with these youth and young adults and develop trusting relationships that facilitate a wider range of services to promote well-being and self-sufficiency. Y.O.U.'s approach to engage this population is informed by a deep and holistic understanding of their unique challenges in the community, including obstacles, such as initial engagement and maintaining contact.

Y.O.U.'s engagement strategy for young adults incorporates strategies identified by the U.S. Interagency Council on Homelessness (USICH) as effective for both engaging this population and reducing harm: 1) meeting with youth at locations where they are; 2) involving youth in making decisions about their engagement and services they want to receive by following a strengths-based approach that emphasizes youth's self-determination and strengths; 3) providing a continuum of service linkages to connect youth to all needed services; 4) recognizing youths' strengths and incorporating those into service plans; and 5) accepting youth as they are in a non-judgmental manner.

Y.O.U. will expand case management capacity in Evanston through a fully staffed clinical team and the addition of more graduate-level clinical interns. This will provide Y.O.U. with the capacity to respond to increasing referrals coming through both a new streamlined referral system and deepened awareness/relationships across organizations. Y.O.U. has significantly expanded services over the past year and anticipates continued expansion with funding to support these efforts. Y.O.U.'s services--free of charge and targeted to historically marginalized populations--will foster greater equity in Evanston.

3. Are you turning people who are eligible away? If so, how many and why? Does the agency maintain a wait list, and if so, approximately how many people are on it?

Y.O.U. is not currently turning away eligible individuals in need of case management services and has the capacity to serve additional clients by filling vacant positions and adding additional graduate-level interns

4. Does demand fluctuate throughout the year? If so, please explain.

Demand grew sharply with the pandemic and has remained high. In a typical year demand for youth services increases during school breaks and report card release. Demand for young adults increases during warm weather and post-secondary enrollment.

5. Who participates in or benefits from the case management relationship? Describe participants in terms of age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics (describe household unit - individuals or families). Include any eligibility requirements.

Y.O.U. serves Evanston youth and young adults, ages 9-22, and their families. The vast majority of Y.O.U.'s participants are youth of color, with youth who qualify for the federal free and reduced lunch program and youth who identify as LGBTQ+ also accounting for a sizable percentage. Y.O.U. serves families who are facing housing instability, as well as runaway and homeless youth -- including youth up to the age of 17 experiencing a housing crisis (e.g., locked out) -- and young adults who are homeless or housing insecure. Y.O.U. also serves any immigrant and refugee families who may be particularly marginalized because of language and cultural barriers that present obstacles in connecting to support services and benefits. Many of Y.O.U.'s overall clients do not have health insurance.

Y.O.U. has no eligibility requirements for individual participants and households. All of our services are provided at no cost to families.

6. Complete the chart below with the unduplicated total of people expected to receive case management services in 2021, number who are low/moderate income, and the number who are Evanston residents. Provide the number of clients served in 2020.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2020 must show an increase in people served if applying for an increase in CDBG funding.

Unduplicated people to be served in 2021

Unduplicated Evanston residents to be served in 2021

104	Unduplicated low/moderate income people to be served in 2021
69	Unduplicated people served in 2020
69	Unduplicated Evanston residents served in 2020
69	Unduplicated low/moderate income people served in 2020
69	Unduplicated low/moderate income Evanston residents served in 2020
588.00	TOTAL

7. How many Evanston case management participants were enrolled as of January 1, 2021? How many new Evanston participants do you expect to enroll by December 31, 2021?

69 case management participants were enrolled as of January 1, 2021. We anticipate that 35 new Evanston participants will be enrolled by December 31, 2021.

8. Provide case management staff demographics including gender, race/ethnicity and tenure in role, qualifications and experience, including licensing and accreditation. Will new staff be hired and is this dependent on City funding?

Y.O.U.'s clinical department currently has two vacancies, which we intend to fill to increase capacity. Current case management staff demographics are as follows:

- * 17% Black, 33% Latinx, and 50% white
- * 67% female and 33% non-binary
- * 33% have Y.O.U. tenures of 6-11 years; 50% have more than 2 years; and 17% one year
- * 17% are licensed; 33% are license eligible
- * 83% have Master's degrees in related fields (e.g., Social Work, Psychology)
- * Two staff have accreditation: one as a Licensed Professional Counselor, and another as a Dance Movement Therapist (BC-DMT)
- * Two staff have specialized degrees (one with a Master of Arts in Counseling and Art Therapy, and another an MA in Dance Movement Therapy)
- * Two case managers are bilingual in Spanish

Y.O.U.s' clinical team is led by Melody Rose (MSW and LCSW) who has over 11 years of tenure at Y.O.U., including 7 years in her current role. Each year Y.O.U. hosts a cohort of MSW interns from the University of Chicago's Crown Family School of Social Work, Policy, and Practice. We intend to double the number of MSW interns hosted.

Beyond filling the two current vacancies, Y.O.U. will not hire new staff through City funds.

9. What is the average caseload per case manager? How many case managers are on staff/how many participants are they responsible for?

Average caseloads vary by role. Youth & Family Counselors (YFCs) carry 10-15 clients; interns carry 5-10; Senior YFCs average 15 clients; the Community Case Manager's load is 25-30. Each case manager is responsible for all of their current clients.

10. Describe any recognized methods case managers use when working with participants (i.e. trauma informed care, strengths based assessments, motivational interviewing, participant informed goal setting, etc.)

Y.O.U.'s case managers incorporate multiple evidence-based, best-practice methods when working with participants. Our approach is based on our years of experience serving Evanston's historically marginalized population and is informed by a deep and holistic understanding of the unique challenges they face, as well as obstacles in serving this population. Our methods include:

- * A trauma informed approach that recognizes the impact of trauma on youth and families (e.g., difficulty identifying and describing feelings, and communicating needs to others) and responds with inclusive holistic individualized services. This approach builds upon youths' strengths in building protective factors, such as safety, structure, belonging, membership, resiliency, and self-worth.
 - * A youth-centered, strengths based, harm reduction, Positive Youth Development (PYD) service model that addresses social and emotional well-being, engages youth as active partners in decision making and goal setting, and builds trusting relationships
- Administering holistic assessments that consider multiple life domains. Y.O.U. clinicians primarily implement a Strengths and Needs Assessment (based on Evanston's LAN 40 wraparound model) that covers: family/attachment, physical health, emotional/psychological, socialization, safety, daily living needs, educational/vocational, cultural/spiritual, and legal. This

assessment determines the need for interventions while helping identify safety concerns, risks, strengths, and resources that can lead to the best possible response, including appropriate services and/or referral for further assessment and evaluation.

* A collaborative, community-based approach that regularly engages key partners to strengthen relations, share data and best practices, and stay current on trends impacting underserved youth and families in the community.

11. Does the agency provide training or opportunities for professional development? Is staff development offered internally or through external providers? How often are training opportunities provided? Is there a minimum level of training required? If so, please describe.

Y.O.U. provides extensive, ongoing staff training on such elements as evidence-informed interventions, including trauma informed care, street outreach best practices, mental health first aid, de-escalation techniques, confidentiality, and ethical practices; substance use, human trafficking, cultural competency, and diversity, equity, and inclusion (DEI). Most of these opportunities are provided internally, under the supervision of Y.O.U.'s Director of Clinical and Outreach Services. External providers also facilitate sessions (e.g., Illinois Collaboration on Youth [ICOY], Naomi Ruth Coehn Institute, Aspire, and the Stone Vastine Group [circle practices]), sometimes in partnership with other agencies and/or members of Evanston's Collective, which promotes sharing of best practices and building deeper collaborative connections.

As Y.O.U. is a Federal Youth Services Bureau (FYSB) grantee, Y.O.U.'s case managers are required to complete and track a minimum level of training that entails core competencies. Through FYSB, our staff have individual access to a broad variety of resources provided by FYSB's technical assistance provider, RHYTTAC. This includes ongoing eLearning opportunities (with the ability to download and save materials, including videos, and to track completed trainings); an online Community of Practice peer networking platform that offers group discussions by topic; and access to ongoing research and evidence-based best practices (the University of Chicago's Chapin Hall is a RHYTTAC subcontractor). Y.O.U.'s case managers also supplement their professional development by participating in FYSB's annual conferences.

12. Describe components of case management including the frequency/duration of meetings and enrollment for the average client. How is client engagement measured? What happens to participants who choose not to engage?

The primary components of Y.O.U.'s case management services are: referral, intake, intervention, close, and follow up monitoring. Referrals may be internal (via Y.O.U. OST or other clinical staff) or external (from partnering schools or other community organizations and institutions). At the start of the intake process, Y.O.U.'s OST and clinical staff collaborate to assign a case manager who is an optimal match for the client, based on such considerations as the client's age, school attended, specific identified needs (e.g., language), previous staff interactions, and the case manager's current caseload. At the time of intake a Strengths and Needs Assessment is completed by the assigned case manager, as well as any additionally indicated screening (e.g., the YASI [Youth Assessment Screening Instrument] for youth housing crisis cases, and the Sexual Health Needs/Assessment and Safety Screen to expedite referrals to appropriate sources, particularly in special subpopulations such as pregnant, parenting, and LGBTQ+ clients).

In the event of a youth housing crisis (e.g., lock out), all case managers are scheduled to respond on a rotating, 24/7 basis. After the initial crisis situation is stabilized, a follow up case manager is assigned based on the considerations referenced above.

The intervention process is informed by the findings of the individualized assessment. As detailed in Question 14 below, an individualized service plan is developed to meet the client's identified goals. Interventions may include individualized 1-hour life skills sessions that address assessed needs and support the client's short-term success in achieving service plan goals as well as sustained long-term success. Gateway services (e.g., hygiene kits) are also provided to support basic needs. Case managers and clients typically meet once a week for at least an hour, and all client engagement activities are tracked via case notes. The assigned case manager provides contact information to the client to encourage direct follow-ups and obtains a Release of Information (ROI) to facilitate any referrals needed on behalf of the client.

When a participant chooses not to engage (typically by not responding to calls or emails) after 30 days, the case manager sends a termination letter indicating that the case has been closed at that point in time. The case manager includes their contact information should the client wish to resume services at a later point.

Cases are closed under a variety of circumstances, including:

- the identified goals of treatment/engagement/stabilization have been met
- the client moves out of Y.O.U.'s service area
- the client declines services
- the client disengages

In closing the case, a final meeting with the client is scheduled where the client and Y.O.U. case manager review together the work accomplished and progress/attainment of case goals. To monitor progress, the case manager schedules follow up meetings at 3 and 6 months.

13. Describe the process for creating a service plan with participants. Are participants asked to provide any documents at intake? Or any documents required as part of the service plan?

Y.O.U.'s case management services are client-driven and relationship-oriented. Y.O.U.'s designated case manager works together with the client to provide individualized services that meet identified needs. The client and case manager discuss options to meet client-identified goals, while considering specific challenges and potential obstacles to success. Action steps are developed jointly to ensure the service plan goals are attainable within 60-90 days.

At this time the clients complete and sign:

A mandatory enrollment form that documents the individual's demographics, health insurance status, health conditions and other special needs (e.g., substance abuse, developmental disability), systems involvement (e.g., welfare or juvenile justice) and special circumstances (e.g., housing instability or disability)

A client rights/service consent form that ensures clients are protected in accordance with the State's Mental Health and Developmental Disabilities Act, Confidentiality Act, and the Health Insurance Portability and Accountability Act (HIPPA)

An ROI form is used if for any reason additional personal client information is needed by collaborating agencies to best support the client.

Parents or guardians assist with and/or sign forms for youth age 18 and under. Participants are not required to provide documentation at intake or for eligibility/access to services. As a practice that does not require diagnoses for participant engagement, Y.O.U. clinicians center relationship-building in the intake process that may take between 1-3 sessions depending on client/caregiver engagement to complete a Strengths and Needs Assessment as well as identify on average 3 preliminary treatment goals/interventions for client service plans. The goal of all interactions is to promote client/caregiver agency and for counselors to partner with clients/caregivers to shape their work together.

14. Describe a service plan a participant would create with their case manager (indicate common components such as budgeting, individual and professional goals, etc.). What are the typical outcomes of case management plans? How is progress toward achievement of goals tracked and success measured?

Y.O.U.'s case managers use a standardized service plan template to ensure consistency of service and that all components of the plan are covered in the process. The plan components include: therapeutic focus area, objectives, goals, interventions, and re-evaluation. The first step of Y.O.U.'s client-directed service planning process is to document one or more mutually identified therapeutic focus areas, which are each clarified by including a "behavioral definition". This process includes a discussion focused on identifying underlying circumstances that contribute to the issues being addressed (e.g., where, when, how often, and with whom problems occur).

Next, for each focus at least one correlating client-identified goal is created that is supported by one or more specified behavioral and measurable objectives. To support success, the client and case manager consider ways that the goals can be simplified. Therefore, the goals are typically 1-2 sentences maximum. The short-term objectives are designed to reflect what the desired behavior looks like, what changes the client wants to see, and how the client/case manager will know the objective has been achieved. The types of interventions that will support the plan's objectives are also specified at this time, with mutually agreed upon service frequency and duration included. The client signs off on the service plan once the focus areas and goals/objectives are established. Once the prescribed action steps begin, progress toward all objectives is monitored and documented by the case manager following the agreed upon check in schedule. The service plans also document instances of "re-evaluation(s)", when the case manager and client revisit the plan and make any revisions.

Outcomes and measures of success of case management plans typically reflect the degree to which the plan's goals and objectives are successfully met--for example increased self-sufficiency by the

client in one or more domains (e.g., school attendance for youth or employment for young adults), the client's successful connection to referral sources and services, and the level of continued engagement by the client in the case management process.

Y.O.U.'s case managers currently track progress toward achievement of goals both on the individual service plan forms and on the centralized, internal reporting documents referenced in Question 17. However, Y.O.U. has invested in TherapyNotes, which is a secure electronic health record software that will significantly enhance Y.O.U.'s case managers' efficiency in managing case workflows from intake through closing. TherapyNotes' features include scheduling, customized case note templates, ease of documentation and tracking, and automated reminders. Y.O.U.'s case managers are currently completing training for this transition.

15. How often are service plans reviewed and revised? How are progress notes documented and how often?

When clients are referred to or have an initial interaction with a Y.O.U. case manager, the case manager utilizes a Strengths and Needs Assessment of 9 critical life domains as a comprehensive assessment of client-identified priorities for resources,

referrals, and life skills development. This is conducted with the client and involves the caregiver, as appropriate. The Strengths and Needs Assessment gathers the information used to inform the individualized service plan.

Service plans are reviewed with the client and caregiver, as appropriate, during each client meeting (typically weekly) to center discussions in client goals and are continuously revised to address obstacles or emerging issues. As the service plan objectives and goals are designed for increments of 60-90 days at a time, when that period has elapsed, the plan's goals are revisited to assess for additional needs that require a plan revision and/or updates to treatment goals. The Assessment is updated as client-identified priorities arise or evolve in any of the 9 domains at the time of service plan re-evaluation.

As noted in Question 15 above, the form includes areas to document revisions based on ongoing re-evaluations. The case manager also documents all interactions beyond the scheduled meetings, including any missed appointments and attempts to reach out to the client. Progress notes are maintained by the case manager after each interaction with clients on a contact notes form. The case manager closes work with the client once treatment goals are completed or if the client chooses to discontinue services. In either circumstance, the case manager is responsible for coordinating a closing session to recognize the collaboration to-date with the client and provide information should the client like to re-engage in the future.

For example, clients frequently come to Y.O.U. to seek something tangible related to employment or education. This initial contact point is the foundation for the intake process where the Assessment indicates that in addition to employment, the youth is also at high risk of housing instability and has unstable relationships with their caregiver in their living situation. Y.O.U.'s case manager will work with the client to understand what actions have led up to the current challenges/barriers and will use this information to inform the service plan. At each meeting, the case manager and client decide which treatment goals they will address during the session that allow for reflection, problem-solving, and action steps (that may include the case manager locating the appropriate resource and the client connecting with corresponding partners/services). Client service plans and Assessments are updated throughout the course of the therapeutic relationship to reflect areas of growth and/or need until treatment goals are completed and the areas the client identified as challenges have stabilized.

16. Describe a typical client's pattern of engagement with their case manager/service plan, including frequency/duration of meetings and ongoing monitoring. Is there an "average progression" within the case management relationship?

As referenced in Question 15 above, the frequency/duration of the client meetings are mutually agreed upon and documented on the service plan form. Meetings are typically weekly and run at least one hour in duration. Service plan monitoring is ongoing, with re-evaluations occurring after a period of 2-3 months.

There are two "average" trajectories of engagement in case management services at Y.O.U.: 1) direct resource connection through referral or basic need service (e.g., gift card) which involves 1-3 meetings and no service plan; and 2) multiple resource connections that require regular meetings to address identified needs. The first scenario occurs in various locations across the community and can occur at community-wide events serving a larger number of people. Scenario #2 is intensive and is the approach when clients are presenting a complex set of needs that require regular partnership and collaboration to address.

Y.O.U.'s focus is on relationship-building and creating person-centered services for resiliency. When making referrals, it is also important that our case managers help our partners build relationships with our clients to ensure a successful experience. As such, we pace our interventions based on client comfort. Due to individual and/or systemic trauma, we seek to support our clients at a pace comfortable to them while also presenting ongoing opportunities for individual growth and development. We know clients are more likely to successfully engage in services when there is a trusting, age/developmentally-appropriate relationship with a provider. Our case managers invest time in relationship-building upon engagement and utilize up to the first month of engagement to focus on building the therapeutic rapport. These relationships lead to a significant number of word-of-mouth referrals among clients, as well as clients returning years after ending services to provide updates on their progress, growth, and stability.

17. Describe the process for documenting and maintaining case records. Include uploaded sample form for documenting case notes (screen shots allowed) under the "Documents" tab.

All contacts, attempted contacts, and session information/debriefs are documented in the case manager's case notes. Data across all clinical services has been maintained in centralized, web-based reporting documents. The addition of an electronic records system (see Question 13) will streamline this process thus expanding capacity of Y.O.U.'s clinical team and allowing Y.O.U.'s supervising Director of Clinical and Outreach Services (DCOS) and organization leadership to aggregate and analyze data across each program – or across all clinical programs – in order to identify service trends, including client dosage, types of services provided, number of beneficiaries reached, and number of referrals. Ongoing monitoring allows our DCOS and Grants Manager to measure success toward reaching specific performance metrics.

18. When does a client graduate from or complete case management services? Include any "check-in" or follow up with those clients.

Case management services are typically considered to be complete once it is mutually agreed that service plan goals have

been successfully met. The case is documented as closed at this time, however, to ensure continued stability, follow-up contacts with clients are scheduled at 3, 6, and 9 months after service completion. The case manager and client work jointly to create a follow-up plan that sets out objectives and goals going forward to reinforce and maintain youth successes. The plan specifies steps to be taken – by both the client and the case manager -- to ensure access to follow-up services, e.g. making appointments and establishing contact with relevant service providers. The follow-up plan includes a list of COSf potential resources (referrals) the participant may need in the future and will help the client transition to self-sufficiency and permanency. Throughout this period the case manager maintains open and active communication as needed through calls, texts, or visits.

19. List the services that participants most often need to achieve service plan goals and become self-sufficient.

What are the barriers to receiving those services?

The primary services most often needed to meet service plan goals and achieve self-sufficiency include housing, education, employment, and health care. However there are a number of service characteristics that also are critical to success, including: flexibility in meeting time; an accessible meeting location; a balance between types of services (e.g., case management and life skills development); creativity in interventions; human-centered, age/developmentally-appropriate relationships; referrals to partner organizations; and safety net services to meet immediate needs. Clients also need stability in accessing providers, such as a consistent way of engaging either in-person or remotely, as well as consistency in the case manager/staff providing the services.

Barriers to receiving services include: client exposure/experience with trauma that creates unstable attachments and require more time/energy to build healthy professional relationships; and clients engaging through instability that may make it difficult for case managers to access them for direct communication; community violence/unrest.

In cases involving referral sources, there may be a limited number of sessions and/or limitations to services offered that do not fully stabilize client's need; or systemic barriers (e.g., partners changing services based on funding, eligibility requirements of various programs that may require a social security number).

20. Describe the referral process, including how it is tracked. What services are generally accessed through referrals and how are participants connected to needed services?

Client referrals are informed by assessment data and by the client-driven objectives of their service plans. With nearly 50 years of service in Evanston as a well-recognized organization, Y.O.U is fortunate to have a well-established referral system. As one of nine Evanston organizations making up the collective impact group, The Collective, Y.O.U. is part of an active network of organizations that have united to support youth success, including those providing youth legal support, substance abuse counseling, health services (including access to insurance), and employment support. Y.O.U. also participates in a network of local shelters with regular on-going contact with point persons at each location. Thus, our numerous collective partnerships can be efficiently engaged to connect clients to external resources.

Y.O.U.s local collaborating agencies coordinate their efforts to ensure a seamless connection between services so that clients receive all appropriate, integrated care based on assessments through our referral system. Y.O.U.'s collaboration leverages and connects the best practices of each organization to create a truly best practice model. In addition Y.O.U.'s core partners convene weekly to discuss client needs identified through screening and assessments, how to strengthen collaborative efforts, and how to adjust service coordination accordingly. (For example, our partnership with the Evanston Police Department, School Resource Officers, McKinney-Vento liaisons, and the Juvenile Administration Hearing Team is aimed at decreasing the number of youth referrals to disciplinary systems within the schools and the broader juvenile justice system.)

Lastly, Y.O.U.'s case managers coordinate referrals and work closely with staff at Y.O.U.'s partnering agencies to eliminate barriers to service and ensure youth follow through on referrals. In addition Y.O.U. ensures that youth who are under the legal jurisdiction of the juvenile justice or child welfare systems receive services from those systems until they are released from their jurisdiction (we identify any system-involved status during intake). Due to Y.O.U.'s relationships with several local healthcare service providers, we are able to track our referrals to partners that will assist with clients obtaining benefits.

In addition to the full array of services provided by Y.O.U.'s partners (substance use, domestic violence, restorative justice, employment), Y.O.U.'s case managers refer youth and young adults to a variety of activities and protocols centered on harm reduction, including: interventions such as Trauma-Focused Cognitive Behavior Therapy and Washington Aggression Interruption Training; PYD activities; and basic needs supports.

After making a referral, the case manager checks in frequently with the referred agency to determine whether clients have acted upon the referral. All referrals are tracked in both the service plan form and centralized clinical reporting documents.

21. Does the agency have service agreements, MOUs, and/or partnership agreements with other organizations?

Describe the nature and purpose of agreements.

Y.O.U. holistically supports the safety, well-being, building of positive relationships, and self-sufficiency of clients through

linkages that ensure availability for referrals and coordination of services. Y.O.U. has formal MOUs with 8 partnering Evanston schools that cover collaboration in providing OST programs. The City of Evanston subcontracts with Y.O.U. to provide services for our Street Outreach Program (SOP), supporting the work of the City's Youth & Young Adults Division outreach staff. Our SOP work is also supported through linkage agreements with 14 local entities providing support services, such as legal, healthcare, substance abuse, and employment. To meet the immediate needs of runaway and homeless youth, Y.O.U. maintains signed linkage agreements with 5 Chicago-area youth emergency shelters.

This coordination of care enhances Y.O.U.'s services by ensuring client access to interventions that meet their complex and multi-faceted needs, while Y.O.U.'s case managers focus on client engagement and internal interventions. Our linkages include the use of program space (e.g., free use during out-of-school time hours at 8 Title 1 schools and our drop-in space at Robert Crown Center), thus providing accessible spaces for clients. In addition, Y.O.U. has an MOU with the National Runaway Safeline that is renewed annually and ensures our organization maintains an updated agency profile on their website, thus providing optimal awareness and coordination of services.

22. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year.

Under the "Documents" tab, attach the current Strategic Plan and a list of current Board members; add Board demographics including approximate age range, race/ethnicity .

Y.O.U. is a youth development agency that provides services and leadership to meet the emerging needs of young people and their families in Evanston. Y.O.U. was incorporated in 1971 after the City of Evanston's Youth Commission and Recreation Board determined the need for a new organization to serve "young people whose needs are not being met by more traditional agencies". Y.O.U.'s programs have grown and adapted to the changing needs of youth and our community. This includes the addition of street outreach services and youth housing crisis services in 1976 and the introduction of OST programming in 1990. Y.O.U.'s overarching goal is to close the opportunity gap by preparing youth for post-secondary and life success.

Today, Y.O.U. provides a continuum of free OST programming for youth from 3rd through 12th grades, as well as support to housing insecure and disconnected youth and young adults. Each year, Y.O.U. partners with a host of organizations to enhance program offerings, connect youth and families to additional community resources, ensure efforts are not duplicated, and work towards collective impact. Y.O.U. works closely with schools, social service agencies, and community-based organizations to empower youth and their families.

Y.O.U.'s 24-member Board of Directors actively participates in Y.O.U. by: 1) participating in board meetings to support organizational strategic direction, planning, and oversight; 2) serving on (or chairing) one or more of seven Board committees (Community Relations, Advancement, Finance, Governance, Program, Nominating, and Executive); 3) supporting the organization through financial contributions; 4) soliciting financial gifts; and 5) selecting and evaluating the organization's CEO. The Board is charged with developing and monitoring the organization's strategic plan, ensuring high quality programs, overseeing all grants and contracts, and making key policy and financial decisions.

Within the past year, Y.O.U. named a new Chief Executive Officer, welcoming Craig Lynch. Craig is an experienced non-profit leader who brings 26 years of experience helping people create better futures through education and access to vital support services. He most recently served as Chief Program Officer at Chicago Child Care Society (CCCS), a 170-year old non-profit organization located in Chicago's Hyde Park. Managing a budget of \$7 million, Craig oversaw early childhood and youth development programs as well as family support services. Previously, Craig held leadership positions with City Colleges of Chicago and Chicago Public Schools. These include Chief of Staff at City Colleges, Interim President of Kennedy King College, and Chief eLearning Officer at Chicago Public Schools. Craig holds a Master of Business Administration from the University of Illinois at Chicago.

23. Describe your agency's capacity to document provision of services, including policies and procedures for managing finances and procurement.

Include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resources Library).

Y.O.U. has decades of experience with federal record keeping, eligible use of funds, procurement, and requirements under the Omni Circular, 2 CFR, with robust fiscal controls, accountability, and financial management procedures.

24. Describe how your agency gets feedback from clients/participants and how that information is incorporated to improve services and service delivery.

Y.O.U. regularly seeks feedback from participating parents/caregivers at our ongoing family engagement events and community events. We seek to learn about what resources they would like to know more about and/or access, as well as feedback about the quality, content, and frequency of Y.O.U.'s events. This data informs our parent engagement planning and improves the effectiveness of our family engagement efforts. Y.O.U. also administers parent/caretaker surveys annually, providing these stakeholders an opportunity to evaluate our program's quality and impact on their children across several indicators (e.g., ability to make healthy decisions, engagement in learning, and goal setting). The needs of these Y.O.U. families are extrapolated to the needs of other youth, youth adults, and families in Evanston.

Y.O.U. is currently completing a Theory of Action activity -- a component of our larger strategic planning process -- that is designed to clarify Y.O.U.'s programmatic goals and develop a set of outcomes that effectively assess our success in meeting goals. In addition, as our clinical staff have completed a year of significantly expanded therapeutic services, we would like to initiate an evaluation process that is particularly focused on client satisfaction and feedback related to overall accessibility of services at Y.O.U.

Y.O.U. is data driven, incorporating data received from a variety of sources to reach identified youth, including community partners (e.g., a 2019 Community Survey completed by The Collective), city administrators (e.g., current data being collected related to the Mental Health is Essential community campaign), and the Evanston Police Department. Y.O.U. staff serve on the City of Evanston's Metrics team and is helping link the City's Mental Health Task force with the work of The Collective. Additionally, our relations with Evanston's McKinney-Vento representatives allow us to identify potential crisis situations and target these youth via a preventative angle.

25. Provide staff demographics including gender, race/ethnicity and range of tenure in role. How many staff members of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

Y.O.U. strives to hire and maintain a staff representative of those served. This is done utilizing an equity lens in the recruitment, hiring, training, and performance management processes. Overall, 55% of Y.O.U. are staff of color (including 31% African American/Black and 16% Latinx). 45% of Y.O.U. staff are white. In terms of gender identity, 73% of staff identify as female, 22% male, 4% non-binary, and 2% transgender. Tenure in the organization ranges from new hires to 11+ years. Y.O.U.'s executive leadership team is 67% female and 50% African American/Black. When expanding to all supervisory positions at the organization, 71% are held by females and 59% are held by staff of color (including 41% African American/Black and 18% Latinx). Y.O.U. is engaging in a process with outside consultants to develop a decision-making model that provides for shared power and disseminates input and decision-making across the organization.

26. All organizations receiving funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA." All organizations receiving funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA."

826322919

27. Is the facility and program in compliance with the Americans with Disabilities Act?

- Yes
- No

28. If "no," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations.

IF "YES," ENTER "NA."

NA

29. Where (address/location) are services provided and how do participants get to the location or facility?

8 Evanston schools, Y.O.U.'s headquarters, Crown Center, and other community locations, including parks and outdoor spaces. Services are provided at the youth's attendance schools. Our headquarters and community locations are near public transit.

30. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2021 City of Evanston funding and that, to the best of my knowledge, the information in this application is true and correct.

Jennifer Simpson Leigh

Budget [top](#)

Funding Sources/Revenues	2020	2021	2021 Committed
City of Evanston Funding Request		USD\$ 57,693.00	
CCBYS	USD\$ 80,407.00	USD\$ 60,000.00	
SOP	USD\$ 13,845.00	USD\$ 15,000.00	
VNA		USD\$ 4,000.00	
United Way	USD\$ 16,000.00	USD\$ 8,000.00	
Individual donations	USD\$ 2,730.00	USD\$ 29,766.00	
Total	USD\$ 112,982.00	USD\$ 174,459.00	USD\$ 0.00

Funding Uses/Expenses	2020	2021 Total	City Funds
Salaries	USD\$ 87,050.00	USD\$ 137,515.00	USD\$ 37,767.00
2.5% Annual Cost of Living Increase	USD\$ 0.00	USD\$ 3,438.00	USD\$ 0.00
FICA and Benefits,	USD\$ 7,202.00	USD\$ 23,257.00	USD\$ 6,231.00
Mileage	USD\$ 276.00	USD\$ 1,353.00	USD\$ 300.00
Program Supplies and Snacks	USD\$ 88.00	USD\$ 2,206.00	USD\$ 700.00
Professional Development	USD\$ 2,420.00	USD\$ 2,977.00	USD\$ 2,900.00
30% of annual cost of TherapyNotes software	USD\$ 0.00	USD\$ 750.00	USD\$ 750.00
Intern appreciation gifts	USD\$ 120.00	USD\$ 100.00	USD\$ 0.00
75% annual cost of 24/7 housing crisis response team pay	USD\$ 3,321.00	USD\$ 8,745.00	USD\$ 8,745.00
Costs of translation of materials into clients' languages	USD\$ 0.00	USD\$ 510.00	USD\$ 300.00
Parent engagement supplies	USD\$ 2,234.00	USD\$ 7,600.00	USD\$ 0.00
Indirect Costs - 10% of Direct Costs	USD\$ 10,271.00	USD\$ 18,845.00	USD\$ 0.00
Total	USD\$ 112,982.00	USD\$ 207,296.00	USD\$ 57,693.00

Budget Narrative

Our fiscal year is July 1 to June 30. We continue to apply to and receive funding from many of our long-term sources, but Case Management needs have seen a considerable uptick as a result of COVID 19 and we wish to reach more clients in need and to keep our dedicated and highly competent staff in place and allow for growth. As indicated in our revenue sources, we have a robust fundraising strategy that pulls from diverse sources.

We currently receive funding through CCBYS, SOP and as a pass-through recipient of Basic Center. We receive funds from ISBE 21st Century that cover our Parent Engagement supplies.

Director of Clinical and Outreach Services - 30% of Total Salary (\$68,141) and benefits (\$11,243)

Senior Outreach Counselor - 25% of total salary (\$47,313) and benefits (\$7,807)

Community Case Manager - 50% of total salary (\$41,000) and benefits (\$6,765)

6 Youth & Family Counselors - 25% of total salary (\$199,150) and benefits (\$32,860)

2 Youth & Family Counselors are to be hired.

Program Outcomes [top](#)

Program Outcomes

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-June	G: July-Dec	Goal Total	Actual # (A): Jan-June	A: Jul-Dec	Actual Total
1	Low-income and marginalized Evanston residents will be engaged in Y.O.U.'s case management services.	# of Evanston residents engaging in case management services.	64	40	104		0
2	Case management clients served beyond a single referral will create a client-led service plan.	% of case management clients served beyond a single referral creating a service plan	100%	100%	0		0
3	Case management clients completing a service plan will demonstrate progress toward their case management goals.	% of clients demonstrating progress on case management goals on their service plans	95%	95%	0		0
4	Low-income and marginalized Evanston residents will be connected to resources.	# of Evanston residents connected to resources	15	15	30		0
5					0		0
Total			79	55	134	0	0

Program Line Item Expenditures

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0
11					\$ 0
12					\$ 0
13					\$ 0
14					\$ 0
15					\$ 0
Total	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0
11					\$ 0
12					\$ 0
13					\$ 0
14					\$ 0
15					\$ 0
Total	0	0	0	0	\$0

Documents [top](#)

Documents Requested *

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies

Required? Attached Documents *



[FY20 Audited Financial Statements](#)

[Annual Report](#)



[Federal 501\(c\)\(3\) Letter](#)

that have not received CDBG or MHB in the last two years).

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (new applicants or previously funded agencies only if changed).

Articles of incorporation/bylaws (new applicants or previously funded agencies only if changed).

Brief biographies of key staff including demographic information.



[Staff Bios](#)

Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).

Supplemental information relating to your program or agency, as applicable.

[Strategic Plan](#)

[Service Plan](#)

Form used to document income of participants to establish eligibility.

HUD Family income limits used to determine eligibility funding and for reporting demographic characteristics of participants.

[download template](#)

Policies/procedures for case management process and case file documentation/maintenance.

REQUIRED FOR ALL EXTERNAL APPLICANTS.



[Chart of Accounts](#)

Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

REQUIRED FOR ALL EXTERNAL APPLICANTS.



[Operating Revenues and Expenses](#)

Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs).

Organizational commitment to equity, diversity and inclusion.

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.

Current year agency operating budget.



[Agency Operating Budget](#)

Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards.

[Board of Directors](#)

[Board Demographics](#)

Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form.



[Conflict of Interest Form](#)

[download template](#)

Duplication of Benefits form. City of Evanston and Federal policies require the disclosure of any duplication of benefits in the provision of Federal, state or local funding. Complete and upload the



[Duplicaton of Benefits form](#)

attached form.
[download template](#)

* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 348321

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City of Evanston
Community Development
FY 2021 Safety Net Services
Deadline: 4/21/2021

Youth & Opportunity United (Y.O.U.) Safety Net

Jump to: [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

USD\$ 63,427.00 Requested

Submitted: 4/21/2021 4:23:56 PM (Pacific)

Project Contact

Leslie Warner

lwerner@youthopportunity.org

Tel: 847-801-0242

Additional Contacts

none entered

Youth & Opportunity United (Y.O.U.)

1911 Church Street
Evanston, IL 60201
United States

Chief Executive Officer

Craig Lynch

clynch@youthopportunity.org

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Fax 847-866-9143

Web www.youthopportunity.org

Application Questions [top](#)

1. Describe your service, including the need(s) addressed. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

Y.O.U. provides safety net services to a broad population of primarily low-income Evanston residents through multiple avenues of approach. With our daily (M-F) year-round presence in Evanston's 8 Title I schools through our out-of-time (OST) programs, our staff develop trusting relationships with youth and their families and maintain regular contact with parents/caregivers. Through these relationships -- alongside our close collaboration with school workers and other school staff --- our OST and clinical staff are able to identify situations of family hardship or crisis. In a typical year, our clinicians respond to the situations of identified individual families, but since the onset of the COVID pandemic our staff have reached out to every OST family to assess each family's unique situation. Staff have continued to follow up with all families through bi-weekly contact. Through this process Y.O.U. staff have provided rapid access to basic need items and/or other safety net services (e.g., referrals for housing and legal advocacy). During the pandemic, the greatest needs have been food (grocery cards) or transportation assistance (gasoline or Ventra cards) which have been distributed via no-contact delivery by our staff at no cost to families. As family resources were especially stretched during the holidays, Y.O.U. provided gift cards to all OST families, in addition to our regular annual holiday assistance to a subgroup that reaches families identified as high need. Safety net services provided to OST families typically address immediate needs, but Y.O.U.'s case managers are available to provide longer term support, which is 3-6 months on average.

Through our clinical and outreach programs -- comprised of 24/7 housing crisis response for youth and unaccompanied runaways and street outreach services for homeless, runaway, and housing insecure young adults -- Y.O.U. provides gateway services to meet immediate needs, including emergency shelter. These services are provided during crisis situations, in outdoor areas where youth meet, at community outreach events, and community locations, including Robert Crown Center, where Y.O.U. operates a drop-in center in collaboration with the City of Evanston's Youth and Young Adults Division. Y.O.U.'s clinical and outreach staff carry basic needs packs (assembled by volunteers) that include food, drink, referrals to shelter, clothing, transportation passes, hygiene products, and other basic needs supplies. Staff also distribute resource cards that provide valuable information to youth and young adults at risk of trafficking or other life-threatening situations. Youth and young adults who need additional resources, such as specific items of clothing, showers, or basic baby care supplies (we serve many young parents), are brought by staff to our drop-in center or main office. As detailed in Question 2 below, a portion of these contacts result in deeper engagement lasting 3-6 months on average.

2. How does the service stabilize participants dealing with an emergency or crisis, or prevent further destabilization? How long does the average participant receive services?

At first contact with each safety net participant, Y.O.U. staff holistically assess the individual's immediate needs, and, if necessary, provide referrals to meet urgent needs (e.g., medical care or shelter). When that is not immediately possible, our staff make a plan with the participant, such as meeting with supplies at a later specified time or informing them of future outreach/drop-in hours.

Based on their previous experiences, participants -- especially runaway, homeless or housing insecure youth and young adults -- are often distrustful of adults and are thus reluctant to access services. The gateway services described above assist our staff in building trusting relationships as these services help meet basic needs with few demands or requirements, and allow the individual to engage with our staff in a non-threatening way. Participants find they can depend on our staff for this support and begin to build trust, which expedites their engagement in more comprehensive services. Following best practices, Y.O.U. staff have a clear understanding of our services' goals and strategies, are representative, and are sensitive to diversities in language, culture, and gender identity among participants in crisis in order to effectively engage. Our staff have credibility in the community which facilitates their sharing valuable information about risks (potential trafficking or life-threatening situations) and resources (e.g., the National Runaway Safeline and National Human Trafficking Hotline, the National Suicide Hotline, and local providers).

Y.O.U. staff focus on incorporating harm reduction strategies that reduce the adverse consequences of high-risk behaviors. Our clinical and outreach staff focus on reducing the negative consequences of specific behaviors, and provide holistic supports to address root issues that may be causing the behaviors. For example, to address specific risks and harm associated with street life, including the risk of sexual exploitation or assault, our staff develop individualized harm reduction safety plans with participants. Staff also help participants create protocols, including appropriate phone numbers to call, if they find themselves in unsafe situations. Y.O.U. connects participants to a variety of activities centered on harm reduction, including Y.O.U.'s holistic OST Program and the full array of services provided by Y.O.U.'s partners (see Question 22 below).

Participants requiring deeper engagement can access appropriate, intensive case management services that address their unique emotional and behavioral health challenges and ensure they develop a plan for permanency. Participants are assigned to a Y.O.U. case manager who works with them to develop and implement an individualized service and action plan to meet self-identified goals for overcoming emotional and behavioral challenges and establishing permanency. On average, this intervention is 3-6 months in duration.

3. Is this service alone enough to resolve the issue?

Y.O.U.'s safety net services successfully address immediate needs. Our program model -- that is grounded in trusting relationships -- facilitates longer term engagement with participants that supports a sustainable resolution of issues.

4. Do beneficiaries of the safety net service have additional, unmet needs?

As many of the individuals Y.O.U. serves have needs across multiple domains, the beneficiaries of our safety net services often have additional unmet needs. Y.O.U. staff have the capacity to address these needs internally or through referral.

5. How will your agency establish income eligibility for this service?

All recipients are required to report the race/ethnicity and household income of participants.

- Limited Clientele (include forms used to document income in document upload section)
- Presumed Eligible (abused children, battered spouses or homeless)

6. Does your agency identify and target people who face barriers to accessing services? (Examples include undocumented residents/ESL households) Describe populations that face barriers to accessing services; how would City funds would improve equity of service delivery and/or expand capacity to those populations?

All of Y.O.U.'s services target under-resourced and historically marginalized populations who typically face barriers accessing clinical services, whether financial, cultural/linguistic, accessibility (hours or location of services), or due to systems distrust or anxiety about stigma.

Examples of Evanston's marginalized subpopulations that face barriers are youth, young adults, and families of of color; low income individuals and families (many do not have health insurance), youth who identify as LGBTQ+ (facing stigma); and immigrant, refugee and ESL individuals and families (facing language and cultural barriers). Homeless and housing insecure individuals may face barriers such as documenting their credit rating to qualify for housing.

City funds would improve the equity of service delivery in Evanston by supporting Y.O.U.'s capacity to fully staff our clinical team and add additional graduate-level clinical interns to provide the vital services that reach these populations across all of our points of entry (e.g., OST programs, drop-in center, housing crisis response, and community outreach). Thus Y.O.U.'s funding would maximize access to services for Evanston's marginalized young residents. Equity is also fostered as all Y.O.U.'s services are provided at no cost to individuals.

7. How will you track expanded participation in services and its impact on these populations? What data are collected and used to analyze services and measure success?

Describe service goals and outcomes anticipated in 2021, including any changes from 2020 if applicable.

Y.O.U.'s clinical and outreach staff track all services. For street outreach services, this process includes documenting the number of youth/young adults contacted, the number and type of gateway services provided, and the number and type of follow up services provided (e.g., safety plans, permanency plans, case management assignments, and referrals).

For cases of housing crisis response, staff's ongoing data collection includes referral source, safety screen/assessments administered, identified areas of client need, client placement (whether emergency shelter, hospital, or family arranged, as needed), duration of placement, service duration for each client with the assigned Y.O.U. staff member (documented in 15 minute increments), and any additional services provided (including type of service).

Safety net services provided to individual OST families are documented by type and value of service (such as the value of gift cards and other concrete support). When case management is provided, all contacts with clients, attempted contacts, referrals, and detailed documentation of each case management session/debrief with the participant is documented in the case manager's case notes.

Data across all clinical services has been maintained in centralized, web-based reporting documents. The addition of an electronic records system (see Question 8 below) will streamline this process thus expanding capacity of Y.O.U.'s clinical team and allowing Y.O.U.'s supervising Director of Clinical and Outreach Services (DCOS) and organization leadership to aggregate and analyze data across each program -- or across all clinical programs -- in order to identify service trends, including client dosage, types of services provided, number of beneficiaries reached, and number of referrals. Ongoing monitoring allows our DCOS and Grants Manager to measure success toward reaching specific performance metrics.

As Y.O.U. also enters client interventions with homeless and housing insecure individuals in the federal Housing Management Information System (HMIS), Y.O.U.'s service data is utilized by both our local Continuum of Care (the Alliance to End Homelessness in Cook County) and at the federal level to analyze service trends both at the region and national level.

Y.O.U.'s anticipated service goals/outcomes for low income Evanston residents for 2021 are as follows:

575 unduplicated people receiving safety net services

750 basic needs resources distributed

50 individuals connected with shelter, safe immediate housing, and/or long-term housing stability resources

50 individuals engaging in intensive case management and follow-up services

These totals represent a 20-30% increase over Y.O.U.'s 2020 outputs, and are reflective of expanded services through increases in external referrals, additional clinical interns, and efficiencies through a new electronic records system.

8. How would an award expand the service to Evanston residents, specifically those who face barriers to receiving services? How would capacity to serve more participants improve?

A City of Evanston award would support expanded services to low income residents in several ways. Y.O.U.'s capacity to serve more Evanston residents would be strengthened by increasing our annual cohort of clinical interns from the University of Chicago's Crown Family School of Social Work, Policy, and Practice from 5 to 10 interns. These interns will primarily be assigned as case managers. A fully staffed clinical team, supported by City of Evanston funds, will ensure capacity to supervise this increased cohort.

Y.O.U.'s expanded service capacity also will be supported by: 1) our streamlined external referral system with Evanston providers; 2) our investment in TherapyNotes, a secure electronic health record software that will significantly enhance Y.O.U.'s case managers' efficiency in managing case workflows; 3) enhanced parent/caregiver engagement events and translation services that support increased awareness of and access to safety net services; and 4) our potential pilot of a mutual aid initiative. This initiative would provide for increased in-depth support towards longer-term stability by integrating caregiver feedback to provide prioritized relief to families recovering economically from the COVID pandemic. This approach can result in improved outcomes of safety net services such as longer-term stability over the need for month-to-month emergency support.

In addition, City of Evanston funds will support flexibility in Y.O.U.'s allocation of clinical funding, thus strengthening Y.O.U.'s full range of programs which serve as low barrier entry points to marginalized residents.

9. Describe the fee structure for services, whether services are free or available on a sliding scale.

Y.O.U. does not charge any fees. All services are provided at no cost to participants.

10. Describe the number, demographics including gender, race/ethnicity and tenure in role, qualifications and experience of staff providing this service. Will new staff be hired and is this dependent on City funding?

Y.O.U.'s clinical department currently has two vacancies, which we intend to fill to increase capacity. Current case management staff demographics are as follows:

17% Black, 33% Latinx, and 50% white

67% female and 33% non-binary

33% have Y.O.U. tenures of 6-11 years; 50% have more than 2 years; and 17% one year

17% are licensed; 33% are license eligible

83% have Master's degrees in related fields (e.g., Social Work, Psychology)

Two staff have accreditation: one as a Licensed Professional Counselor, and another as a Dance Movement Therapist (BC-DMT)

Two staff have specialized degrees (one with a Master of Arts in Counseling and Art Therapy, and another an MA in Dance Movement Therapy)

Two case managers are bilingual in Spanish

Y.O.U.'s clinical team is led by Melody Rose (MSW and LCSW) who has over 11 years of tenure at Y.O.U., including 7 years in her current role. Each year Y.O.U. hosts a cohort of MSW interns from the University of Chicago's Crown Family School of Social Work, Policy, and Practice. We intend to double the number of MSW interns hosted.

Beyond filling the two current vacancies, Y.O.U. will not hire new staff through City funds.

11. What policies/procedures, including supervisory, are in place to ensure services are provided consistently and that goals/outcomes are achieved?

Y.O.U.'s clinical and outreach staff are supervised by Y.O.U.'s DCOS and have weekly, individual supervisory meetings with the DCOS that includes coaching, individual client debriefs (including reports of unusual incidents, unsafe situations), emerging community trends, and obstacles with an equity lens, and an ongoing review of outcomes and outputs.

To ensure the quality of all services, Y.O.U. supports staff through comprehensive professional development. Clinical and outreach staff complete both mandatory orientation and ongoing trainings. By Y.O.U. policy, all counselors are required to complete certification for Trauma-focused Cognitive Behavioral Therapy, a 3-hour training in housing crisis procedures, 3-hour training in building client files from intake through termination, a Trauma 101 course developed by the Illinois Collaboration on Youth (ICOY), Diversity, Equity and Inclusion (DEI) training related to organization-wide work, and a 2.5 hour mandated reporter training (1.5 hours internal and 1 hour DCFS-led).

Y.O.U. provides extensive, ongoing training on evidence-informed interventions, including trauma informed care, street outreach best practices, mental health first aid, de-escalation techniques, confidentiality, ethical practices, substance use, human trafficking, cultural competency, and DEI. Most of the opportunities are provided internally, under the supervision of Y.O.U.'s DCOS. External providers also facilitate sessions (e.g., Aspire, ICOY, and the Stone Vastine Group [circle practices]), sometimes in partnership with other agencies and/or members of Evanston's The Collective, which promotes sharing of best practices and building deeper collaborative connections.

As Y.O.U. is a Federal Youth Services Bureau (FYSB) grantee, our clinical and outreach staff are required to complete a minimum level of training that entails core competencies. Through FYSB, our staff have access to a broad variety of resources provided by FYSB's technical assistance provider, RHYTTAC. This includes ongoing eLearning opportunities (with the ability to download and save materials, including videos); an online Community of Practice peer networking platform that offers group discussions by topic; and access to ongoing research and evidence-based best practices (the University of Chicago's Chapin Hall is a RHYTTAC subcontractor). Y.O.U.'s staff also supplement their professional development by participating in FYSB's annual conferences.

Collectively, these policies and procedures ensure that Y.O.U.'s services are provided consistently, equitably, and following best practices, while our DCOS, leadership team, and the Program Committee of Y.O.U.'s Board of Directors continuously monitor performance metrics toward achieving proposed goals and outcomes.

12. Who participates in or benefits from the services provided? Who participates in or benefits from the services provided?

Describe participants by age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Include any eligibility requirements.

Y.O.U. serves Evanston youth and young adults, ages 9-22, and their families. The vast majority of Y.O.U.'s participants are youth of color, with youth who qualify for the federal free and reduced lunch program and youth who identify as LGBTQ+ also accounting for a sizable percentage. Y.O.U. serves families who are facing housing instability, as well as runaway and homeless youth -- including youth up to age 17 experiencing a housing crisis (e.g., locked out) -- and young adults who are homeless or housing insecure. Y.O.U. also serves many immigrant and refugee families who may be particularly marginalized because of language and cultural barriers that present obstacles in connecting to support services and benefits. Many of Y.O.U.'s overall clients do not have health insurance.

Y.O.U. has no eligibility requirements for individual participants and households. All of our services are provided at no cost to families.

13. Complete the chart below with the unduplicated total of people expected to receive services in 2021, number who are low/moderate income, and the number who are Evanston residents.

Programs funded in 2020 must show an increase in people served. Federal regulations do not allow CDBG funds to replace existing program funding.

575	Unduplicated people to be served in 2021
575	Unduplicated Evanston residents to be served in 2021
575	Unduplicated low/moderate income people to be served in 2021
445	Unduplicated people served in 2020
445	Unduplicated Evanston residents served in 2020
445	Unduplicated low/moderate income people served in 2020
445	Unduplicated low/moderate income Evanston residents served in 2020
3,505.00	TOTAL

14. Are you turning people who are eligible away? If so, how many and why? Does the agency maintain a wait list, and if so, approximately how many people are on it?

Y.O.U. is not currently turning away eligible individuals in need of safety net services and has the capacity to serve additional participants by filling vacant positions and adding additional graduate-level interns.

15. Does demand fluctuate throughout the year? If so, please explain.

Demand grew sharply with the pandemic and has remained high. In a typical year demand for youth services increases during school breaks and report card release. Demand for young adults increases during warm weather and post-secondary enrollment.

16. How do potentially eligible participants find out about your agency's service?

Participants find out about Y.O.U.'s services in multiple ways. First, Y.O.U. reaches more than 600 Evanston families in a typical year through our OST programs. As described in Question 1, relationship building is foundational to our program model and thus our staff are able to reach OST families who need crucial safety net services through our low barrier accessibility.

Second, our close collaboration with social workers and staff at our 8 partnering Evanston Title I schools and a multitude of community partners enhances our ability to identify and reach Evanston's most underserved and high need populations. Y.O.U. receives many referrals directly from school staff and partner organization staff.

Third, Y.O.U.'s clinical and outreach staff continuously develop outreach strategies and materials to reach the broader Evanston population, especially youth and young adults who are runaway, unaccompanied, homeless, or housing insecure. Our staff distribute updated resource cards that include contact information for Y.O.U. staff and our drop-in hours at Robert Crown Center, community events, community locations, and during staff contact with youth and young adults through ongoing street-based outreach.

In addition, Y.O.U. continuously updates its outreach strategies through our active collaboration with Evanston providers (e.g. our participation in Evanston's The Collective). This includes recent plans to enhance providers' response to crises and tragic events in Evanston (such as establishing a "communication tree" to coordinate approaches to affected families), enhanced collaboration in ensuring cross-agency awareness in places/times that youth are meeting up to map out effective locations and times for additional drop in spaces, and planning pop up events to engage youth.

Finally, Y.O.U. has established referral linkages and MOUs with numerous entities, as detailed in

Question 22, that increase awareness of Y.O.U.'s safety net services. There are no eligibility requirements for our free safety net services, although our target populations are youth and young adults up to age 22 and their families.

17. Do other agencies/entities refer people for this service? If so, describe the process including common referral sources and the ratio of participants referred versus those who find your service independently.

Other agencies/entities are increasingly referring people to Y.O.U. for safety net services. Through heightened interagency communication since the onset of the COVID pandemic (e.g., biweekly Evanston non-profit leadership calls and Y.O.U.'s participation in Evanston's The Collective), these entities have a heightened awareness of the full range of services that Y.O.U.

provides at no cost. During this time, agencies have collaboratively identified emerging community needs, and developed sustainable coordinated response strategies, including streamlining the referral process. Thus our clinical and outreach staff have expanded their reach to new populations (e.g., youth discharged early from the juvenile justice system and youth residing in congregate living situations) and our referral systems have been increasingly streamlined.

Y.O.U.'s most common referral sources are school social workers and McKinney Vento liaisons, member organizations in Evanston's The Collective (e.g., the Moran Center, Connections for the Homeless, Curt's Café), Evanston's Local Area Network (LAN) 40, and the Evanston Police Department.

In addition, Y.O.U. launched a new online referral system last fall to ease and centralize external referrals for Y.O.U.'s clinical services. This addition has already led to an increase in referrals, and we anticipate this will be one driver of an expansion of safety net services in 2021.

While the majority of participants find our services independently, through Y.O.U.'s longtime presence in the community and variety of programs that serve as points of entry, approximately 30% of participants are referred to Y.O.U. from outside sources, a share that is increasing due to circumstances described above.

18. Did the agency receive funding from the City of Evanston for this service in FY2020?

Yes

No

19. If "Yes" to the question above, how would your capacity to serve existing or new Evanston residents be affected if funds were not received in FY 2021?

N/A

20. What portion of participants served have additional needs that are not resolved by the safety net service?

List additional services participants most commonly need to achieve self-sufficiency.

Y.O.U. does not see ourselves as a comprehensive provider of all needed direct services/resources. We prioritize addressing participants' most immediate basic needs through resources such as grocery/transportation/gas cards and hygiene kits. We build intentional

relationships with key partners to ensure the greatest client success. For example, if a family has immediate housing needs that are not met through a youth accessing emergency shelter, Y.O.U. works with partner Connections for the Homeless for a warm handoff/referral to

promote longer term housing sustainability. We continue to listen to our families regarding key resources they need in order to identify trends as we maximize our presence in community spaces to learn about new, available services and initiatives. During the COVID pandemic, a presenting trend has been families with a complex configuration of needs within their households that frequently involves building stability through education, housing, employment, and healthcare. Our clinical and outreach staff are constantly seeking new opportunities to engage families through referrals, as well as circulating partner information through our social media, family nights, and caregiver newsletters.

21. Does your agency offer any of these additional services? Is the service for which you are seeking funding an entry point into these deeper services? If so, describe the services. What number or percent of people receiving this service are enrolled? How many are Evanston residents?

Y.O.U.'s additional services for Evanston residents include year-round OST programming, case management, a 24/7 housing crisis response, and street outreach. Y.O.U. also hosts a variety of community based activities (e.g., weekend or evening workshops and series for families and caretakers in such areas as Science, Technology, Engineering and Math [STEM] learning, financial literacy, parenting, and youth employment fairs). As referenced in Question 2, Y.O.U.'s provision of safety net services facilitates further engagement with Evanston residents with unmet needs.

While many youth and families receiving safety net supports are existing clients already enrolled in our OST programming, Y.O.U. reaches approximately 75 new Evanston residents each year through additional entry points. These include clients receiving our street outreach and housing crisis services, as well as referrals from community partners.

22. Are there barriers to people accessing deeper services including program fees, insurance requirements, or location of services, etc.? Describe briefly.

There are no systemic barriers within Y.O.U. to individuals accessing deeper services. All of our services are free, insurance is not required, and our locations are accessible.

23. If your agency does not provide the additional services, describe how you help participants access them and how you track the referrals.

While Y.O.U. provides multiple additional services, in cases where additional resources are needed (e.g., legal services or employment services) Y.O.U.'s clinical and outreach staff make referrals that support the safety, well-being, and self-sufficiency of participants.

Through our MOUs and linkages with numerous local institutions and partner organizations, Y.O.U. ensures their availability for referrals and the ongoing coordination of services. Y.O.U. has service linkages with 14 local entities that provide support to Y.O.U.'s target population in Evanston. This coordination of care enhances our services by ensuring participants have access to a full range of services that meet their complex and multi-faceted needs. Our linkages include the use of program space (e.g., free use during out-of-school time hours at Evanston's 8 Title 1 schools, the Evanston Public Library's Teen Loft, and our drop-in center at Robert Crown Center). This reduces Y.O.U.'s overall costs, while offering programming in accessible spaces that are central to Y.O.U.'s target population.

To ensure client access to follow-up services, Y.O.U. staff assist participants in making appointments and establishing contact with relevant service providers. After making a referral, our staff check in frequently with the referred agency to determine whether clients have acted upon the referral. All referrals are tracked in both the client's service plan form and via centralized clinical reporting documents.

24. What other agencies provide similar services, how do you collaborate with them in order to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

Y.O.U.'s Street Outreach Program is a formal collaboration with the City of Evanston's Youth & Young Adult Division. We communicate regularly with their outreach team to ensure that our schedules and locations within the community are not duplicative. Our collaboration deepens the impact of our work, through our data sharing and ongoing communication about current service trends and local issues/obstacles that have been identified in Evanston. Connections for the Homeless provides safety net services for homeless and housing insecure individuals, but their primary population is adults, while Y.O.U. exclusively serves young adults up to age 22. Y.O.U. collaborates with Connections in securing emergency shelter services for youth adults, but we primarily utilize 5 Chicago area shelters that specialize in supporting youth. Curt's Café, the Moran Center and the other member of Evanston's The Collective also support youth and young adults through safety net services, but their staff do not maintain the broader community presence in Evanston that expand points of entry, as supported by Y.O.U.'s 24/7 crisis response, and street outreach programming at multiple community facilities and street locations. However, once we have engaged with youth and young adults and identified specific needs, our agencies frequently collaborate via referrals.

Both Family Focus and McGaw YMCA provide services that are similar to Y.O.U.'s OST programs; however, we offer complementary services to ensure collective impact rather than duplication of resources. Family Focus provides afterschool services at its Evanston headquarters but focuses on youth at non Title I elementary and middle schools. Y.O.U. serves youth grades 3-12 at Evanston's 8 Title I schools. Because we serve distinct school populations, our services are not duplicative. Meanwhile, we partner closely in order to learn from one another and collaborate on numerous joint projects (e.g., EvanSTEM, Cradle to Career).

While Y.O.U. deeply values the services provided by our peers and our community, we believe that our holistic approach and accessibility set our no-cost services apart. By integrating clinical counseling, family engagement, and wraparound case management into our OST programs, we offer a program model that is uniquely designed to meet the needs of the whole child. Since we are on-site at each school, we uniquely eliminate transportation barriers for our youth and families.

25. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year.

Under the "Documents" tab, attach the current Strategic Plan and a list of current Board members; add Board demographics including approximate age range, race/ethnicity.

Y.O.U. is a youth development agency that provides services and leadership to meet the emerging needs of young people and their families in Evanston. Y.O.U. was incorporated in 1971 after the City of Evanston's Youth Commission and Recreation Board determined the need for a new organization to serve "young people whose needs are not being met by more traditional agencies". Y.O.U.'s programs have grown and adapted to the changing needs of youth and our community. This includes

the addition of street outreach services and youth housing crisis services in 1976 and the introduction of OST programming in 1990. Y.O.U.'s overarching goal is to close the opportunity gap by preparing youth for post-secondary and life success.

Today, Y.O.U. provides a continuum of free OST programming for youth from 3rd through 12th grades, as well as support to

housing insecure and disconnected youth and young adults. Each year, Y.O.U. partners with a host of organizations to enhance program offerings, connect youth and families to additional community resources, ensure efforts are not duplicated, and work towards collective impact. Y.O.U. works closely with schools, social service agencies, and community-based organizations to empower youth and their families.

Y.O.U.'s 24-member Board of Directors actively participates in Y.O.U. by: 1) participating in board meetings to support organizational strategic direction, planning, and oversight; 2) serving on (or chairing) one or more of seven Board committees (Community Relations, Advancement, Finance, Governance, Program, Nominating, and Executive); 3) supporting the organization through financial contributions; 4) soliciting financial gifts; and 5) selecting and evaluating the organization's CEO. The Board is charged with developing and monitoring the organization's strategic plan, ensuring high quality programs, overseeing all grants and contracts, and making key policy and financial decisions.

Within the past year, Y.O.U. named a new Chief Executive Officer, welcoming Craig Lynch. Craig is an experienced non-profit leader who brings 26 years of experience helping people create better futures through education and access to vital support services. He most recently served as Chief Program Officer at Chicago Child Care Society (CCCS), a 170-year old non-profit organization located in Chicago's Hyde Park. Managing a budget of \$7 million, Craig oversaw early childhood and youth development programs as well as family support services. Previously, Craig held leadership positions with City Colleges of Chicago and Chicago Public Schools. These include Chief of Staff at City Colleges, Interim President of Kennedy King College, and Chief eLearning Officer at Chicago Public Schools. Craig holds a Master of Business Administration from the University of Illinois at Chicago.

26. Describe your agency's capacity to document provision of services, including policies and procedures for managing finances and procurement.

Include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resources Library).

Y.O.U. has decades of experience with record keeping, eligible use of funds, procurement, and requirements under the Omni Circular, 2 CFR, with robust fiscal controls, accountability, and financial management procedures.

Our procedures include:

Maintaining a distinct budget for each grant-funded program that is reviewed monthly to ensure full control. Y.O.U.'s leadership staff analyze monthly expense reports for each program in comparison to budgeted numbers and provide updates on spending to program staff.

Operating in accordance with an annual budget that has been approved by our Board of Directors prior to the beginning of each fiscal year. Our Board Finance Committee meets throughout the year to review revenue and expense targets, as well as updated projections.

Maintaining policies for: financial management and internal controls of grant funds, as well as conflicts of interest.

Training all staff at onboarding orientation, as well as through ongoing briefings, on these policies. Staff members charging their time to specific grants are required to attend specialized training on that grant's allowable and prohibited activities.

Reviewing charges made against a grant to ensure compliance with all applicable grant codes and regulations and to ensure that all expenditures align with the programmatic purpose of the grant.

Furthermore, Y.O.U. has systems in place to report our financial information and data to our external constituents. We send clear, accurate, and timely reports to both our public and private funders to meet each entity's reporting requirements. Alongside these accounting procedures, we have a system of oversight aimed at detecting compliance issues. Our system of oversight is led by Y.O.U.'s Executive Director of Finance, who reviews every financial report submitted to a grantor for accuracy and appropriateness.

Each year, Y.O.U. completes a full financial audit under the supervision of CohnReznick, a nationally recognized C.P.A. firm. This audit is in accordance with all U.S. Government Auditing Standards and includes all OMB Circular A-133 requirements. This audit report is reviewed and approved by Y.O.U.'s Board Finance Committee, and ultimately the Board of Directors. To date, Y.O.U. has received no findings in these audits, indicating the effectiveness of its procedures and system of oversight.

27. Describe how your agency gets feedback from clients/participants and how that information is incorporated to improve services and service delivery.

Y.O.U. regularly seeks feedback from participating parents/caregivers at our ongoing family engagement events and community events. We seek to learn about what resources they would like to know more about and/or access, as well as feedback about the quality, content, and frequency of Y.O.U.'s events. This data informs our parent engagement planning and improves the effectiveness of our family engagement efforts. Y.O.U. also administers parent/caretaker surveys annually, providing these stakeholders an opportunity to evaluate our program's quality and impact on their children across several indicators (e.g., ability to make healthy decisions, engagement in learning, and goal setting). The needs of these Y.O.U. families are extrapolated to the needs of other youth, youth adults, and families in Evanston.

Y.O.U. is currently completing a Theory of Action activity -- a component of our larger strategic planning process -- that is designed to clarify Y.O.U.'s programmatic goals and develop a set of outcomes that effectively assess our success in meeting goals. In addition, as our clinical staff have completed a year of significantly expanded therapeutic services, we would like to initiate an evaluation process that is particularly focused on client satisfaction and feedback related to overall accessibility of services at Y.O.U.

Y.O.U. is data driven, incorporating data received from a variety of sources to reach identified youth, including community partners (e.g., a 2019 Community Survey completed by The Collective), city administrators (e.g., current data being collected related to the Mental Health is Essential community campaign), and the Evanston Police Department. Y.O.U. staff serve on the City of Evanston's Metrics team and is helping link the City's Mental Health Task force with the work of The Collective. Additionally, our relations with Evanston's McKinney-Vento representatives allow us to identify potential crisis situations and target these youth via a preventative angle.

28. Provide staff demographics including gender, race/ethnicity and range of tenure in role. How many staff members of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

Y.O.U. strives to hire and maintain a staff representative of those served. This is done utilizing an equity lens in the recruitment, hiring, training, and performance management processes. Overall, 55% of Y.O.U. are staff of color (including 31% African American/Black and 16% Latinx). 45% of Y.O.U. staff are white. In terms of gender identity, 73% of staff identify as female, 22% male, 4% non-binary, and 2% transgender. Tenure in the organization ranges from new hires to 11+ years. Y.O.U.'s executive leadership team is 67% female and 50% African American/Black. When expanding to all supervisory positions at the organization, 71% are held by females and 59% are held by staff of color (including 41% African American/Black and 18% Latinx). Y.O.U. is engaging in a process with outside consultants to develop a decision-making model that provides for shared power and disseminates input and decision-making across the organization.

29. All organizations receiving funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA."

826322919

30. Is the facility and program in compliance with the Americans with Disabilities Act?

- Yes
- No

31. If "No," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations. If "Yes," enter "NA."

NA

32. Where (address/location) are services provided and how do participants get to the location or facility?

8 Evanston schools, Y.O.U.'s headquarters, Crown Center, and other community locations, including parks and outdoor spaces. Services are provided at the youth's attendance schools. Our headquarters and community locations are near public transit.

33. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2021 City of Evanston funding and that, to the best of my knowledge, the information in this application is true and correct.

Jennifer Simpson Leigh

Budget [top](#)

Funding Sources/Revenues	2020	2021	2021 Committed
City of Evanston Funding Request	USD\$ 0.00	USD\$ 63,427.00	
CCBYS	USD\$ 90,380.00	USD\$ 60,000.00	
SOP	USD\$ 13,873.00	USD\$ 10,000.00	
United Way	USD\$ 20,000.00	USD\$ 4,000.00	
VNA	USD\$ 0.00	USD\$ 2,000.00	
Private Donations	USD\$ 12,310.00	USD\$ 32,979.00	
Total	USD\$ 136,563.00	USD\$ 172,406.00	USD\$ 0.00

Funding Uses/Expenses	2020	2021	City Funds
Salaries - percentage of ED, Youth and Family Counselors, and Case Mgr	USD\$ 87,050.00	USD\$ 112,516.00	USD\$ 41,053.00
2.5% Cost of Living Sal increase after 6/30	USD\$ 0.00	USD\$ 2,813.00	USD\$ 0.00
FICA, Health Ins, 401K, Unemp, Workers Comp @ 16.5% of Salary	USD\$ 7,202.00	USD\$ 19,029.00	USD\$ 7,661.00
Mileage	USD\$ 276.00	USD\$ 1,353.00	USD\$ 300.00
Program Supplies & Snacks - Including for pop-up community-wide youth events	USD\$ 88.00	USD\$ 2,206.00	USD\$ 2,200.00
Professional Development	USD\$ 2,420.00	USD\$ 2,977.00	USD\$ 900.00
Client Assistance - Grocery and transportation cards, clothing, hygiene or other immediate needs	USD\$ 22,390.00	USD\$ 6,080.00	USD\$ 6,080.00
Temporary Shelter costs	USD\$ 3,615.00	USD\$ 5,004.00	USD\$ 758.00
Printing of resource materials for distribution	USD\$ 0.00	USD\$ 480.00	USD\$ 300.00
30% Annual cost of Therapy Notes case mgmt software	USD\$ 0.00	USD\$ 750.00	USD\$ 750.00
Intern appreciation (unpaid interns)	USD\$ 0.00	USD\$ 100.00	USD\$ 0.00
25% Total annual compensation of Housing Crisis Response Team members providing 24/7 response	USD\$ 1,107.00	USD\$ 2,915.00	USD\$ 2,915.00
Translations costs for translation of informational materials into clients' languages	USD\$ 0.00	USD\$ 510.00	USD\$ 510.00
Indirect Cost Rate	USD\$ 12,415.00	USD\$ 15,673.00	USD\$ 0.00
Total	USD\$ 136,563.00	USD\$ 172,406.00	USD\$ 63,427.00

Budget Narrative

Our fiscal year is July 1 to June 30. We continue to apply to and receive funding from many of our long-term sources, but Safety Net needs have seen a considerable uptick as a result of Covid 19 and we wish to reach more clients in need and to keep our dedicated and highly competent staff in place and allow for growth. As indicated in our revenue sources, we have a robust fundraising strategy that pull from diverse sources. We currently receive funding through CCBYS, SOP and as a pass-through recipient of Basic Center.

Director of Clinical and Outreach Services - 30% of Total Salary (\$68,141) and benefits (\$11,243)
 Senior Outreach Counselor - 25% of total salary (\$47,313) and benefits (\$7,807)
 Community Case Manager - 50% of total salary (\$41,000) and benefits (\$6,765)
 6 Youth & Family Counselors - 25% of total salary (\$199,150) and benefits (\$32,860)
 2 YFCs are to be hired.

Program Outcomes [top](#)

Program Outcomes

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-June	G: July-Dec	Goal Total	Actual # (A): Jan-June	A: Jul-Dec	Actual Total
1 Y..O.U. will reach low-income, marginalized Evanston resident through through the provision of safety net services.	# of unduplicated low income, marginalized Evanston resident reached through safety net services.	250	325	575			0
2 Y.O.U. staff will distribute basic need resources to Evanston residents based on identified needs.	# of basic need resources distributed to Evanston residents	300	450	750			0
3 Y.O.U. staff will connect individuals with shelter, safe immediate housing, and/or long-term housing stability resources.	# of individuals connected with shelter, safe immediate housing, and/or long-term housing stability resources	25	25	50			0

4	Y.O.U. will engage safety net service participants in intensive case management and follow-up services.	# of safety net services participants engaged in intensive case management and follow-up services.	25	25	50		0
5					0		0
Total			600	825	1,425	0	0

Program Line Item Expenditures

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0
11					\$ 0
12					\$ 0
13					\$ 0
14					\$ 0
15					\$ 0
Total	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0
11					\$ 0
12					\$ 0
13					\$ 0
14					\$ 0
15					\$ 0
Total	0	0	0	0	\$0

Documents [top](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.	✓	FY 20 Audited Financial Statement
REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.		FY20 Annual Report
Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).	✓	Federal 501(c)(3) Letter
Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).		
Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).		
Brief biographies of key staff including demographic information.	✓	Staff Bios
Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).		
Supplemental information relating to your program or agency, as applicable.		Strategic Plan
Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.		
HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants. download template		
REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.		
REQUIRED FOR ALL EXTERNAL APPLICANTS. Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.	✓	YOU - Chart of Accounts Chart of Accounts
Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.		
REQUIRED FOR ALL EXTERNAL APPLICANTS. Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1-June 30, this will be for FY2019.	✓	YOU - Statement of Op Rev and Exp - FY20 Statement of Operating Revenues, Expenditures
Organizational commitment to equity, diversity and inclusion.		
Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.		
Current year agency operating budget.	✓	Current Year YOU Operating Budget

Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards.

[Board of Directors](#)

[Board Demographics](#)

Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form.

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Duplication of Benefits. City of Evanston and Federal policies require the disclosure of any possible duplication of benefits in the provision of Federal, state or local funding. Complete and upload the attached form.

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City of Evanston
Community Development
FY 2021 Safety Net Services
Deadline: 4/21/2021

Connections for the Homeless, Inc. Connections' Drop-In, Outreach, and Health Services

Jump to: [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

USD\$ 150,000.00 Requested

Submitted: 4/21/2021 11:55:05 AM (Pacific)

Project Contact

Elizabeth Novak

enovak@connect2home.org

Tel: 847-475-7070 ext. 128

Additional Contacts

none entered

Connections for the Homeless, Inc.

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Executive Director

Betty Bogg

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Web www.connect2home.org

Application Questions [top](#)

1. Describe your service, including the need(s) addressed. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

We operate outreach, drop-in and health services that are the primary gateway for people who are unstably housed to engage in our work. Of the 1,135 people we served through these programs in the last year, more than 80% are Black, Indigenous and people of color, and nearly all are low-or no-income.

In the past year, we have expanded our outreach team and now have three (3) full-time staff who conduct street outreach. They identify and connect with people experiencing homelessness via direct street outreach and community partnerships. The team meets people in the community and works to build relationships and trust with those that are least likely to engage in our services. Our outreach specialists also collaborate and partner with providers across Evanston and north suburban Cook County who frequently encounter people who are homeless or housing insecure (libraries, hospitals, police departments, community centers, and park districts for example) so that we can connect with those individuals. Whether directly or through our partners, our outreach goals remain the same. We seek to meet people where they are, build relationships, and encourage them to engage more deeply in our services to assess their overall needs.

Our daytime drop-in services are an extension of our outreach work. Monday through Friday from 9:00am to 2:30pm we operate and staff two drop-in centers located in Evanston. One is located in the basement of the Lake Street Church and the other is located on Dewey Ave in the 5th ward. People experiencing homelessness can access daily services that include case management, showers, laundry, food, clothing, counseling, hygiene supplies, lunches, benefits support, advocacy services, storage, and computer/phone access. We average 60 visitors per day across both locations.

A robust team of case management and support staff manage the drop-in programs. Case managers work to build relationships, begin assessments and identify each individual's unique needs to determine their eligibility for our programs and broader programs available across our region and Continuum of Care (CoC). Our team is skilled at connecting people to the coordinated entry system, a process led and managed by the Alliance to End Homelessness in suburban Cook County to streamline access for people experiencing homelessness to connect to shelter and housing opportunities.

Our direct service team also includes health practitioners. We have a full-time Nurse and Behavioral Health Specialist who are available to meet immediate health needs and discuss short-and long-term health goals. They have an onsite clinic at our Lake Street Church drop-in location and are an essential part of our response team. In the coming months, we are hiring a

second Nurse and Behavioral Health Specialist to better meet the health needs of the people we serve.

2. How does the service stabilize participants dealing with an emergency or crisis, or prevent further destabilization? How long does the average participant receive services?

Our outreach, drop-in, and health programming team are our community's first responders for people experiencing homelessness. Nearly everyone walking through our door or whom we are meeting on the street are experiencing some form of emergency or crisis. In the moment, we seek to meet their most immediate needs while partnering with them to work toward their long-term goals. True stabilization would require having housing available for all who need it. This is not the reality, and thus we have a robust team with a variety of skill sets to help people meet some of their most basic needs while they await connections to shelter and housing. Case managers, support staff, a Nurse, and a Behavioral Health Specialist are all available to support people in achieving this goal. They are helping people access immediate services while completing assessments, making referrals, and partnering with the participant to help them connect with shelter and housing opportunities.

Since transitioning more than a year ago from an 18-bed overnight shelter for male-identifying clients to an 80-bed 24/7 shelter for people of all genders and family configurations, we are making more progress stabilizing people who are homeless. Our expanded shelter capacity and this new model of shelter that is available and staffed 24/7 are helping more people stabilize. Private, safe spaces via hotel rooms are giving people the time they need to rest, recover, and heal as they work to get back on their feet.

We also continue to partner closely with Interfaith Action of Evanston, and through our collaboration, we connect people to their cold weather emergency shelter. We case conference with the Interfaith team and regularly refer participants between agencies.

The length of time people use our outreach, drop-in, and health services varies widely. For some people our outreach team serves, it may take months or even years before they engage more deeply in our services. For others, they may visit our drop-in center on a few occasions, complete assessments, and then wait for a shelter or housing opportunity. The biggest variable in how long someone engages in these services is dependent on whether shelter or housing is available. Our shelter, along with others in the region, are constantly full. Housing opportunities often take a few months to complete all the assessments, documentation, and paperwork and secure a "match" via our region's coordinated entry process. With shelter and housing resources, we can prevent further destabilization.

3. Is this service alone enough to resolve the issue?

No. The availability of shelter and housing are critical.

4. Do beneficiaries of the safety net service have additional, unmet needs?

Yes. They lack safe, stable shelter and housing.

5. How will your agency establish income eligibility for this service?

All recipients are required to report the race/ethnicity and household income of participants.

- Limited Clientele (include forms used to document income in document upload section)
- Presumed Eligible (abused children, battered spouses or homeless)

6. Does your agency identify and target people who face barriers to accessing services? (Examples include undocumented residents/ESL households) Describe populations that face barriers to accessing services; how would City funds would improve equity of service delivery and/or expand capacity to those populations?

85% of the people we served across all our programs in the last year were Black, Indigenous, and people of color. Nearly all the 3,500 people we serve annually are low-or no-income. The pandemic has further exacerbated the deep inequities and racial injustices that exist within our systems and structures. The fragility and lack of basic safety net services amid the crisis has put thousands more people precariously on the edge between housing and homelessness.

In the last year, we have transformed the way in which we deliver services to address these inequities and create a dignity-based safety net for people who are unstably housed. At Connections, we are doing more than ever to directly end and prevent homelessness.

Every element of our eviction prevention, shelter, and housing programs have expanded. In the last year we have:

- Kept more than 500 households in their homes by covering \$1.6M in rent, mortgage and utility payments.
- Launched 24/7 shelter operations via partnerships with local hotels that have served 343 people to date (including 65 children)
- Helped 215 people move from homelessness to housing and helped hundreds more people maintain their homes with ongoing rental subsidies and wrap-around services.

Through our expansion, we are helping more people get back on their feet. We have hired more bilingual staff, especially Spanish-speaking, to increase access to our services. We have also strengthened our communications and community

partner efforts which are increasing awareness about our work, introducing us to new audiences, and helping us connect with those who were least likely to engage in our services.

Funding in support of our outreach, drop-in and health services improves equity and expands our capacity to serve Evanstonians experiencing homelessness. Race and homelessness are inextricably linked. Homelessness is a symptom of a legacy of institutionalized racism that especially puts Black and Indigenous people at greater risk for poverty. Our safety net services are one of many approaches we take to prevent and end homelessness in our area. Together, we can create a community that works for everyone.

7. How will you track expanded participation in services and its impact on these populations? What data are collected and used to analyze services and measure success?

Describe service goals and outcomes anticipated in 2021, including any changes from 2020 if applicable.

On a regular and ongoing basis, we capture data related to demographic and historical information about each person we serve, service participation, activities, intakes, and assessments in a database called the Homeless Management Information System (HMIS). We provide a range of services that include health, employment, education, recreation, counseling, advocacy, benefits support, among others, and all this participation and action is tracked in HMIS.

Service participation tracking is linked to individual service plans our case management and direct service staff develop with the people we serve. These plans are participant directed and centered. It takes into account each participant's unique strengths and possible challenges. Each program participant works with a case manager to create an individual service plan that includes goals and strategies to strengthen their housing stability, increase their income, improve their well-being, and foster greater community connections. This is recorded in HMIS, and our staff and the people we serve are continually assessing progress toward their goals, any barriers, and the need for additional support or services.

For people engaging with our healthcare team, basic information related to health goals and services is tracked in HMIS. Our team also uses an electronic medical record system to record this information and assess progress toward achieving health goals.

We have a full-time data manager who leads efforts to conduct data quality and data analysis. He shares weekly reports and information with program directors, managers, and staff to inform our work and the effectiveness of our programs. We have the capacity and infrastructure to track expanded participation and share the impact our work has on the people we serve.

8. How would an award expand the service to Evanston residents, specifically those who face barriers to receiving services? How would capacity to serve more participants improve?

An award from the City of Evanston will expand the services we deliver to support Evanston residents who are facing homelessness. In the coming year, we anticipate growing our outreach, drop-in, and health services in several ways.

First, we plan to hire a second Nurse and Behavioral Health Specialist. Our health practitioners are essential to our work ending homelessness. We know that people experiencing homelessness are more likely to have acute, chronic, and mental health conditions. The pandemic has exacerbated the deep inequities that exist in a multitude of systems, including healthcare, and Connections is working to address these inequities by expanding services to meet everyone's basic needs.

Additional health capacity will allow us to meet immediate health needs and connect people to long-term community-based care providers to improve health outcomes. With two Behavioral Health Specialists, we will also have more capacity to conduct disability verifications and assessments. Licensed clinical staff spend hours completing this process with participants as part of a requirement for accessing some types of housing. With two staff members, we can maintain the availability of counseling services and complete verifications.

Second, we are hiring a new full-time staff member who is focused on benefits assistance work. We expect to have the staff person SOAR-certified by participating in a best-practice program supported by the federal government to learn how to increase access to Social Security Insurance and Social Security Disability Insurance for the people we serve. In addition, they will also help people across our programs gain access to other benefits like SNAP, TANF, Medicaid, Medicare, and Veteran's Benefits. They will help with applications, reauthorizations, and the appeal process.

Finally, we will continue to develop and strengthen partnerships with other providers to expand services. In the past year we have made strong progress growing relationships with local healthcare providers to remove barriers and connect participants to the healthcare services they need. This has included onsite COVID-19 testing with various healthcare providers, onsite flu shot vaccines with Walgreens, onsite COVID-19 vaccinations in partnership with the City of Evanston, onsite needle exchange and connections to substance abuse treatment programs with Liv4Lali, and onsite art therapy services with Open Studio Art Project, Inc. We are in conversations with other Evanston-based partners about how to improve after-hour access to mental health services and increase direct healthcare services with new partnerships with physicians and residents in training. Through partnerships, there is potential to expand our work and better meet the needs of the people we serve.

9. Describe the fee structure for services, whether services are free or available on a sliding scale.

All programs and services are free to all the people we serve.

10. Describe the number, demographics including gender, race/ethnicity and tenure in role, qualifications and experience of staff providing this service. Will new staff be hired and is this dependent on City funding?

Tina White, Director of Community Programs, joined Connections in February 2020. In her role, she oversees our outreach, drop-in, shelter, health, and eviction prevention programs, managing a team of more than 30 employees. Tina came to the agency with 16 years of experience serving people who are homeless, survivors of domestic violence and sexual assault, and people with disabilities. She most recently served as the Senior Clinical Director at Heartland Alliance Health.

The team of outreach, drop-in, and health staff are diverse across race, ethnicity, gender, and background. Our Outreach Specialists (3) have a range of experience and tenure in their roles. The team works closely and pull on their various professional backgrounds working in hospital-based psychiatric settings, serving young people experiencing homelessness, and providing services to people in shelters. Our Case Managers (5) work collectively across our drop-in centers to meet the needs of people who are homeless. We have staff members who have worked in the agency for more than 6 years to staff who recently started in the past year. Again, staff have a range of experiences and skillsets, and receive ongoing training and support to deliver trauma-informed services. Our direct service staff include Mental Health Workers (2) and Program Operations Specialists (2) who help manage the drop-in spaces, help people connect to services, and maintain a safe, welcoming environment.

This team is managed by a Community Programs Manager and Operations Manager. Collectively, they have more than 9 years of experience working for Connections and backgrounds serving people who are homeless.

Our health team includes a Registered Nurse and a Behavioral Health Specialist. Each staff member is licensed, has more worked in this role at Connections for more than a year, and has previous experience delivering health services to vulnerable populations. In the coming months we are hiring a Community Nurse and a second Behavioral Health Specialist to advance our health work.

We are also hiring a new, full-time Program Benefits Specialist who will support our work connecting people to the benefits they are eligible for.

City funding is essential to supporting these new positions. We are committed to hiring these new positions in the coming months, and City support will be part of a mix of other funding. Hiring these staff is not solely dependent on City funds, currently we are asking the City to cover 12% of our total program expenses.

11. What policies/procedures, including supervisory, are in place to ensure services are provided consistently and that goals/outcomes are achieved?

All our staff meet with their supervisor to discuss their work delivering trauma-informed services that support participants on their path to achieve their goals and share any obstacles toward progress. In these conversations, we use qualitative and quantitative data to evaluate the impact of our programs to create and sustain long-term change. Individual supervision occurs weekly, team meetings occur every-other-week along with all agency meetings. Through these settings, we develop and share a common language, approach, and set of values that guide our work.

We also recognize for staff to be effective and consistent they must have manageable caseloads. The number of people on a case manager or direct service staff member's caseload within our drop-in, outreach, and health programming is fluid given the nature of the work. There are times when a lower staff to participant ratio (1:10 – 1:15) is necessary because of the intensity of services and support needed by participants. There are other times when a higher ratio (1:20 – 25) is manageable because of less need for supports and services. Having staff capacity and multiple positions allows us to meet people where they are and provide comprehensive services tailored to meet the unique needs of each person we serve.

All staff across the agency receive ongoing training and support to serve people experiencing homelessness. Our work is guided by evidence-based best practices including positive youth development, trauma-informed care, housing first and harm reduction. Each approach is soundly integrated into our programs. All programs and services are participant directed and we honor client choice. We intentionally create safe, welcoming spaces and staff are trained to recognize the many ways in which trauma can present itself and how to prevent re-traumatization. We are committed to following a housing first philosophy to move people into housing as quickly as possible without any conditions related to income, sobriety, mental or physical health, or any other limiting factor. Finally, harm reduction is key to our work. We avoid shaming and judging people for their behaviors and instead work with people to develop strategies that reduce the negative consequences of risky behaviors.

12. Who participates in or benefits from the services provided? Who participates in or benefits from the services provided?

Describe participants by age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Include any eligibility requirements.

85% of the people we served in the last year were Black, Indigenous, and people of color. Nearly all were low-or no-income. Of

the 3,500 people we served in the last 12-months, 67% are Evanston residents (or 2,345 people). Of all the people served in the last year, the ages break out as follows:

- 19% are 17 or under
- 9% are 18-24
- 51% are 25-54
- 21% are 55+

Outreach and drop-in services are open to all. Our health services are available to adults. For families accessing our safety net services, we encourage them to visit our Dewey Avenue drop-in location. This is a more family friendly space and we have children's items onsite and available for people in need.

13. Complete the chart below with the unduplicated total of people expected to receive services in 2021, number who are low/moderate income, and the number who are Evanston residents.

Programs funded in 2020 must show an increase in people served. Federal regulations do not allow CDBG funds to replace existing program funding.

1300	Unduplicated people to be served in 2021
845	Unduplicated Evanston residents to be served in 2021
1300	Unduplicated low/moderate income people to be served in 2021
1135	Unduplicated people served in 2020
744	Unduplicated Evanston residents served in 2020
1135	Unduplicated low/moderate income people served in 2020
744	Unduplicated low/moderate income Evanston residents served in 2020
7,203.00	TOTAL

14. Are you turning people who are eligible away? If so, how many and why? Does the agency maintain a wait list, and if so, approximately how many people are on it?

We do not turn people away from our drop-in, outreach, or health programming. On any given day, spots to speak with a case manager or connect with a health practitioner may fill. The participant will be encouraged to come back the next day or schedule an appointment that works with their schedule. Given that these safety net services are available daily, we typically can meet people's needs quickly without starting a waitlist or process.

All of these safety net services feed into our shelter and housing programs. Both of these program areas maintain waitlists. Our shelter currently has a waitlist that hovers around 30 people, especially since Interfaith Action of Evanston's cold weather shelter closed in March. Housing waitlists are managed through our participation in coordinated entry via the Alliance to End Homelessness in Suburban Cook County. There is shortage of permanent supportive housing throughout the region, and we currently have several people we are sheltering who need this type of housing intervention to transition into their own apartment.

15. Does demand fluctuate throughout the year? If so, please explain.

Demand for outreach, drop-in, and health services has remained steady.

16. How do potentially eligible participants find out about your agency's service?

Connections has operated in the Evanston community for more than 37 years. Some of the ways in which people find out about our services is word-of-mouth. The people we serve share with other people they know in their community, and in turn these friends and family seek our services. We also know that people find out about our work via:

1. Street outreach: Our three outreach specialists travel throughout Evanston and north suburban Cook County to connect with those least likely to engage in services. Outreach Specialists also provide assessments and intakes to help people connect to our shelter and other housing resources.
2. Phone: Monday through Friday our full-time Program Assistant manages our phones. The Program Assistant responds directly to people calling in need of services and encourages people to come on-site to our site-based outreach centers for additional screening and intake, especially for shelter and housing services.
3. Referrals/Community Partnerships: We receive in-person, phone call, partner and CoC referrals for our programs. We have robust community engagement and volunteer efforts across the region, and these partners connect people to our programs and services.
4. Communications: Whether through our website or social media, we know people also find us through our communications. As we do more targeted social media work and advertisements throughout the community, more people are aware of the

services we provide.

17. Do other agencies/entities refer people for this service? If so, describe the process including common referral sources and the ratio of participants referred versus those who find your service independently.

Other agencies and organizations refer people to Connections for the Homeless. Our drop-in, outreach, and health programming are intentionally low-barrier (meaning no pre-requisites for entry) so people can connect to the services they need.

We have all kinds of referral sources, from hospitals, police departments, elected officials and library staff, to organizations like the James B. Moran Center for Youth Advocacy, Interfaith Action of Evanston, Family Promise, YWCA Evanston/North Shore, Y.O.U., the Alliance to End Homelessness in Suburban Cook County, among many others. Given that our services are free and open to all, we take a variety of referrals. It's important for our staff to note the relationships and community organizations the participant is already working with and find out if there are ways we can partner to support the participant in getting into shelter and a home.

We also receive referrals directly from our participation in the Alliance to End Homelessness in Suburban Cook County's coordinated entry process and call center. Daily, people across suburban Cook County can call a 1-800 number and explain the supports they are seeking. For those in the north suburban region, we accept all referrals and follow-up with each person to assess the situation. Most of the referrals we receive through the call center are for financial assistance to prevent evictions and foreclosures. As participants in the Alliance's coordinated entry process, we take referrals for open housing spots. All of our housing vacancies are filled through this process.

18. Did the agency receive funding from the City of Evanston for this service in FY2020?

Yes

No

19. If "Yes" to the question above, how would your capacity to serve existing or new Evanston residents be affected if funds were not received in FY 2021?

We prepare annual budgets and program budgets with different scenarios and risks in mind. Less or no funding from the City of Evanston would require us to approach other private and public funders to support our work. We are making incredible strides growing our base of support and increasing awareness about our work. But, ultimately, we know that to prevent and end homelessness, we must have a diverse set of stakeholders invested in this work. The City of Evanston is one of many partners coming together to make this possible. Your investment and support matters as we work together to create a more equitable community.

20. What portion of participants served have additional needs that are not resolved by the safety net service?

List additional services participants most commonly need to achieve self-sufficiency.

The safety net services we provide through our outreach, drop-in, and health programming are not enough for the people we serve to achieve self-sufficiency. We are serving people who are homeless. Housing ends homelessness. When our community has a spectrum of affordable housing available at any given point, in addition to shelter and prevention resources, we have achieved our vision of making homelessness rare, brief, and non-recurring.

This is why we take a multi-prong approach to prevent and end homelessness in Evanston. We prevent homelessness whenever possible by providing financial assistance that covers rent, mortgage and utility bills to help households get back on their feet. If people end up homelessness, we must have a place they can go immediately. Safe, stable shelter that is accessible to people of all genders and family configurations is essential. While in shelter, people need opportunities and quick connections to affordable homes. People need different levels of support and services when they are in their own homes. For some, this is ongoing, intensive case management, for others, short-term rental assistance is enough to help them stabilize and get back on their feet.

21. Does your agency offer any of these additional services? Is the service for which you are seeking funding an entry point into these deeper services? If so, describe the services. What number or percent of people receiving this service are enrolled? How many are Evanston residents?

We take a three-part approach to meet the needs of Evanstonians who are unstably housed.

First, whenever possible, we stop homelessness before we starts. Through our eviction programming we provide financial assistance that covers rent, mortgage and utility bills to keep people in their homes. We prevented more than 200 Evanston households from becoming homeless in the last year.

If people become homeless, we provide safety net services that include like outreach, drop-in and health services, along with shelter. We currently do not have enough shelter capacity in the Evanston area to meet the needs of all our neighbors who are

homeless. In the last year, of the 343 people we served via shelter through local hotel partnerships, 75% were Evanston residents. We want shelter stays to be as brief as possible as we help people connect to a permanent home.

Connections' housing programs have more than doubled over the past year, and we rent approximately 175 housing units from private landlords across the community. We provide short-and long-term housing subsidies coupled with wrap-around services. Our staff work with people as they transition into their home to help them strengthen, stabilize, and secure their future. Approximately 70% of the units we rent are located in Evanston.

The safety net services we seek support for can be an entry into our shelter and housing programs. Our outreach and drop-in teams help complete the assessments and referrals that move people into our shelter and housing programming and others throughout the region.

22. Are there barriers to people accessing deeper services including program fees, insurance requirements, or location of services, etc.? Describe briefly.

There are not enough shelter and housing resources to meet our community's needs.

23. If your agency does not provide the additional services, describe how you help participants access them and how you track the referrals.

In addition to providing shelter and housing services, we work with partners across the region as part of our participation in the coordinated entry process. The Alliance to End Homelessness in Suburban Cook County manages and leads this process and it's how we streamline access to services. Through our outreach, drop-in, and health services, we complete intakes and assessments that help people access shelter and housing opportunities throughout suburban Cook County. Our staff are skilled at working through this process, which can be lengthy and includes a significant amount of documentation because most housing opportunities are publicly funded. However, even when we are working with people through this process, often we have more people in need of housing support than spots available at any given point. Thus, we work with each person to come up with strategies and short-term solutions while they await connections to housing.

All referrals are tracked through HMIS. As part of the coordinated entry process there are prescribed data standards and systems for tracking referrals and data.

24. What other agencies provide similar services, how do you collaborate with them in order to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

Connections has hundreds of other partners we engage in our work and support our mission. In the Evanston community we partner closely with Interfaith Action of Evanston to offer complimentary services. People may utilize Interfaith's daily hospitality services for respite and then transition to Connections' drop-in services in the afternoon. We both offer shelter services, and we know the need exceeds our collective capacity. Even when Interfaith's cold weather shelter was open, there was continually a waitlist for shelter. Beyond Interfaith, we also partner closely with Family Promise, YWCA Evanston/North Shore and Impact Behavioral Healthcare. Our services are complimentary and not duplicative, and we have active referrals and our staff have close relationships. In addition, we work closely with municipal staff, school districts, police departments, among many others in Evanston, all in the effort to connect people to the services they need. This improves outcomes for the people we serve.

Connections is also a member of the Alliance to End Homelessness in Suburban Cook County, our regional CoC. Through the CoC, we actively partner and collaborate with dozens of agencies, municipalities, and local organizations to more effectively and efficiently serve people who are unstably housed. Although there are multiple homeless service agencies working across the suburban region, the need far exceeds each agency's total capacity. As partners, we coordinate service delivery, use a shared database (HMIS) to track who we are serving and prevent duplication, participate in a number of working groups, and utilize a central intake and assessment process to serve those most in need, given our limited resources across the region. Through this work, we streamline resources and services to make the system easier for people to navigate and obtain the assistance they need. North suburban partners in this effort include Catholic Charities, Center of Concern, Northwest Compass, Journeys, among others.

25. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year.

Under the "Documents" tab, attach the current Strategic Plan and a list of current Board members; add Board demographics including approximate age range, race/ethnicity.

Connections was founded in Evanston by volunteers more than 37 years ago as an overnight shelter in the basement of the Lake Street Church. Our programming has grown and evolved since our founding, and today we provide eviction prevention, shelter, and housing services to meet the needs of our neighbors who are unstably housed. Our community remains the critical lifeblood that makes our work possible. 1,200 annual volunteers, thousands of donors, and hundreds of community partners provide the resources and support that advance our work. This is especially true during the past year, where with our community's backing, we have considerably expanded our operations in response to COVID-19.

We take a two-fold approach to prevent and end homelessness in northern Cook County by meeting immediate needs and addressing the root causes of homelessness. We serve 3,500 people each year across three programs: eviction prevention, shelter, and housing. We address systemic causes of homelessness through our advocacy efforts by bringing attention to the affordable housing crisis, identifying where systemic racism shows up in housing policies, and offering a regional coalition and platform to encourage community solutions.

In the last year we have transformed and expanded every program and service we offer at Connections. We are serving 60% more people and doing more than ever to prevent and end homelessness. We have increased from a staff of 48 just one year ago to nearly 80. The agency has grown considerably in the past 12 months from a \$7M organization to a projected \$13.2M this fiscal year. Connections is governed by a volunteer-led Board of Directors. Our Executive Director reports directly to the Board and they provide fiscal and strategic oversight of the agency.

26. Describe your agency's capacity to document provision of services, including policies and procedures for managing finances and procurement.

Include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resources Library).

Connections has provided Outreach and Drop-In services since 1999, and our programs have continued to evolve to meet the changing needs of our community. Our strength and success in moving people from homelessness to housing is a direct result of our experienced staff who have spent their careers providing homeless services in and around Evanston. We offer ongoing professional development and training sessions to ensure our staff are trained in harm-reduction, trauma-informed services and other evidence-based models of care. Using these approaches, we build rapport quickly and increase the safety of our participants. Additionally, our close partnerships with other organizations and the Alliance to End Homelessness in Suburban Cook County allows us to share best-practices and better target our resources to meet the needs of the most vulnerable in our community.

Connections is managed in a manner consistent with comprehensive fiscal standards and maintains an accounting system based on Generally Accepted Accounting Principles (GAAP). The Director of Finance & Administration assures transparent reporting, maintains and oversees all accounting functions and controls, and performs grant management and financial planning for public and private funds in accordance with board-approved financial policies and procedures. Financial statements are prepared by the Director of Finance & Administration and reviewed weekly by the Executive Director and bimonthly by the Finance Committee and Board of Directors. They review actuals compared to Board-approved budgeted revenues and expenses, as well as projections that may positively or negatively impact cash flow. The Board approves the annually operating budget for the entire agency.

We have invested in the agency's finance and administrative capacity in the past year, adding three new full-time staff to our team. These investments were essential as the agency has grown and this team has extensive experience with federal record keeping, grants management, and public contracts.

27. Describe how your agency gets feedback from clients/participants and how that information is incorporated to improve services and service delivery.

Through our programs, we seek to strengthen housing stability, increase income, improve well-being, and foster connections. We use HMIS to track and monitor quantitative data. Staff also regularly provide formal (surveys/in-person questions) and informal (open hours, anonymous feedback boxes) mechanisms for the people we serve to provide feedback about our services. Both the data and the participant feedback are reviewed at least monthly by our program staff to assess service delivery and progress toward outcomes.

We are committed to continuous quality improvement. The expansion of our health programming team is in direct response to the needs of our participants. Between our drop-in, outreach, and shelter, we have more people seeking short-term physical and mental health interventions. Our current staffing is not enough to meet immediate needs and provide ongoing support to remove barriers and help people connect to community-based primary care providers.

Adding a second Community Nurse and Behavioral Health Specialist will allow us to increase services and improve service delivery. At the same time, we are also exploring other partnerships with healthcare providers to reduce barriers and improve access to healthcare services. We have a longtime relationship with a physician at Northwestern Hospital who has provided bi-weekly clinics for shelter residents for years. He is helping us connect with other physicians and residents in training at Northwestern to bring even more healthcare services onsite to the people we serve.

As we expand and introduce new programming, we continue to solicit feedback from the people we serve to determine the impact and improve service delivery. This information is vital as we work to prevent and end homelessness in our community.

28. Provide staff demographics including gender, race/ethnicity and range of tenure in role. How many staff members of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

More than 50% of our staff are people of color and approximately 60% identify as women. We have expanded every department at the agency in the past year, and now have a team of nearly 80 employees.

Our outreach, drop-in, and health work includes 21 staff positions, including 3 new positions we expect to hire in the coming months. Team members have a range of experience and tenure in their roles. We have people on the team who have provided services to people experiencing homelessness for more than 5 years, and others who are newer to Connections and the work. Our staff also includes people who have experienced homelessness and navigated resources via the homeless services system. We value this expertise and background to inform our work, and respect the privacy of our staff to share or not share this information more broadly.

20% of our management team identify as people of color, 50% identify as men and 50% identify as women. We are actively recruiting people with diverse backgrounds, we are committed to increasing the number of Brown and Black voices at all levels of leadership. As part of this commitment, we are investing in new Director level position to support our human resources and diversity, inclusion, and equity work. Not only are we committed to hiring a diverse candidate for this role, but also a candidate with extensive experience developing a strong culture of diversity, inclusion, and equity within organizations.

29. All organizations receiving funds are required to have a DUNS number. Please enter your organization’s DUNS number in the space below. If you do not already have a DUNS number, enter “NA.”

607213295

30. Is the facility and program in compliance with the Americans with Disabilities Act?

- Yes
- No

31. If “No,” explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization’s experience making such accommodations. If “Yes,” enter “NA.”

One of our drop-in locations is not in compliance, and we provide transit and services to connect people to the ADA compliant drop-in location on Dewey Avenue.

32. Where (address/location) are services provided and how do participants get to the location or facility?

1458 Chicago Ave, Evanston, 2121 Dewey Avenue, Evanston, and community-based outreach services. People come to us via transit, walking, or cars. We provide transit passes to the people we serve.

33. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2021 City of Evanston funding and that, to the best of my knowledge, the information in this application is true and correct.

Yes.

Budget [top](#)

Funding Sources/Revenues	2020	2021	2021 Committed
City of Evanston Funding Request	USD\$ 0.00	USD\$ 150,000.00	
City of Evanston MHB & CDBG	USD\$ 78,400.00		
IDHS	USD\$ 197,543.00	USD\$ 347,532.00	
Cook County	USD\$ 53,611.00	USD\$ 48,504.00	
City of Evanston ESG	USD\$ 5,155.00	USD\$ 15,846.00	
IHDA	USD\$ 26,395.00		
Paycheck Protection Program	USD\$ 33,448.00		
Private Funding (individual, foundations)	USD\$ 499,397.00	USD\$ 633,483.00	
FEMA - Emergency Food & Shelter program		USD\$ 39,996.00	
Total	USD\$ 893,949.00	USD\$ 1,235,361.00	USD\$ 0.00

Funding Uses/Expenses	2020	2021	City Funds
Personnel	USD\$ 685,548.00	USD\$ 997,943.00	USD\$ 150,000.00
Direct Support to Individuals	USD\$ 27,099.00	USD\$ 40,215.00	
Operating and other overhead costs	USD\$ 181,302.00	USD\$ 197,203.00	
Total	USD\$ 893,949.00	USD\$ 1,235,361.00	USD\$ 150,000.00

Budget Narrative

Connections' fiscal year is July 1 to June 30.

We are a financially healthy organization that has grown considerably in the last year. We ended fiscal year 2020 with approximately \$7M in revenues, up from \$4.9M the year prior. In our current fiscal year, we are projecting a year-end of \$13.2M. We have made incredible gains and progress in both our private and public fundraising to support our expanded eviction prevention, shelter, and housing operations.

In our current fiscal year, we have \$1.1M in deferred revenue from fiscal year 2020 (July 1, 2019 - June 30, 2020) from a PPP loan we secured and FEMA reimbursement for our hotel-shelter expenses. We also expect to receive additional revenue support from FEMA throughout the remainder of our current fiscal year that is supporting the costs of our hotel shelter operations. This is significant as it was a gap in our operating budget. We have also received some new public fund contracts via federal coronavirus stimulus bills that are paying for rent, mortgage, and utility bills of the people we serve to keep people in their homes and transition people from homelessness to housing.

The annual expenses for our outreach, drop-in, and health programming has increased year-over-year primarily because of staff expansion. We are serving approximately 1,300 people via these services, and we hired additional team members to support this work and help the people we serve make progress on their path to overcome homelessness. A \$150,000 grant from the City of Evanston will support approximately 12% of our total program expenses. We have a diverse range of other public and private funding sources that will support our total program expenses. Evanston funds will be dedicated for the following positions (no positions are exclusively funded by the City):

- Outreach Specialists (3), \$43,000, appx 10% for each position - \$14,400
- Community Case Managers (4), \$43,000, appx 18% for each position - \$32,400
- Behavioral Health Specialists (2), \$48,000, appx 15% for each position - \$14,400 - we are hiring a second behavioral health specialist
- Nursing staff (2), \$48,000- \$67,000, appx 25% for each position - \$27,800 - we are hiring a second nurse position, likely a CNA, our current nurse is a RN
- Benefits Specialist (1), \$45,600, appx 15% - \$6,840 - this is a new staff position that will help the people we serve connect to and maintain public benefits (e.g. Medicaid, Medicare, SSI, SSDI etc.)
- Mental Health Workers and Program Operation Specialists (4), \$34,000, appx 25% for each position - \$33,672
- Community Programs Manager (1), \$65,000, appx 10%, \$6,508
- Operations Supervisor (1), \$48,000, appx 10%, \$4,800
- Director of Community Programs (1), \$91,800, appx 10%, \$9,180

Program Outcomes [top](#)

Program Outcomes

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-June	G: July-Dec	Goal Total	Actual # (A): Jan-June	A: Jul-Dec	Actual Total
1	Foster positive relationships between participants, staff, and volunteers to establish trust and collaboratively develop solutions to end homelessness.	Of the 1,300 people served by the programs, 40% of individuals will engage in ongoing case management	260	260	520		0
2	Improve participants' well-being to help them thrive in our community.	Of the 1,300 people served by the programs, 40% will be served onsite by our health practitioners and/or community health partners.	220	300	520		0
3	Increase opportunities for participants to strengthen their sustainability (coordinated entry documentation, benefits assistance,	Of the 1,300 people served by the programs, 20% will strengthen their sustainability.	130	130	260		0

	employment preparation and connections, education assistance).							
4	Strengthen participants' housing stability to end homelessness.	Of the 1,300 people served by the programs, 20% will exit to shelter or housing.	130	130	260			0
5					0			0
Total			740	820	1,560	0	0	0

Program Line Item Expenditures

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0
11					\$ 0
12					\$ 0
13					\$ 0
14					\$ 0
15					\$ 0
Total	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0
11					\$ 0
12					\$ 0
13					\$ 0
14					\$ 0
15					\$ 0
Total	0	0	0	0	\$0

Documents Requested *Required? **Attached Documents ***

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.



[CFTH FY20 Audit](#)

[CFTH FY20 990](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

[CFTH FY20 Annual Report](#)

Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).



[CFTH IRS Determination Letter](#)

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).

Brief biographies of key staff including demographic information.



[CFTH - Key Personnel](#)

Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).

Supplemental information relating to your program or agency, as applicable.

Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.

[download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.

[CFTH Org Chart 2021](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.



[CFTH Chart of Accounts](#)

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1-June 30, this will be for FY2019.



[CFTH SoRE](#)

Organizational commitment to equity, diversity and inclusion.

[CFTH Equity Statement](#)

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.

Current year agency operating budget.



[CFTH FY21 Operating Budget](#)

Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards.

[CFTH Board of Directors](#)

Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form.

[CFTH Conflict of Interest](#)

[download template](#)

Duplication of Benefits. City of Evanston and Federal policies require the disclosure of any possible duplication of benefits in the provision of Federal, state or local funding. Complete and upload the attached form.

[CFTH Duplication of benefits response](#)

[download template](#)

* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 349546

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City of Evanston
Community Development
FY 2021 Safety Net Services
Deadline: 4/21/2021

Interfaith Action of Evanston Shelter, Food, and Hygiene

Jump to: [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

USD\$ 42,500.00 Requested

Submitted: 4/20/2021 8:24:49 AM (Pacific)

Project Contact

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Application Questions [top](#)

1. Describe your service, including the need(s) addressed. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

With a mission dedicated to homeless and hungry people, Interfaith Action of Evanston (IAE), offers a constellation of shelter services and distribution of food and hygiene products. Shelter services encompass the emergency overnight shelter, Hospitality Center, and warming centers, while distribution systems include soup kitchens, Producemobile, and SNAPGap. IAE requests funding for its emergency overnight shelter.

IAE has operated its Hospitality Center (HC) at St. Mark's Episcopal Church for 35 years. Open year-round, Mon. through Fri., 7am – 11am, the HC offers guests (18+ years) breakfast and safety. A Job counselor and computer trainer guide and assist online job applications, resumes, and interview preparation. In 2019, HC served 541 guests with 8,908 visits; 135 people received 567 sessions of job counseling; 170 participated in 1,091 computer training sessions. The HC has remained open during the pandemic, increasing space for social-distancing and requiring the provided face masks.

With member faith communities, IAE created the emergency overnight shelter to provide a place for up to 38 homeless persons to spend winter nights. For three years, from Nov. through March, the shelter has operated from 9:00 pm to 7:00 am daily, providing warm drinks, a cot, a blanket, and a safe place to sleep. Women and men are separated; professional staff supervise. During the pandemic, Connections for the Homeless opened a 24/7 shelter at the Margarita Inn for up to 80 people. Anticipating overflow, IAE worked with its membership to provide an additional 20 beds each night. Despite efforts, 50 people remained on a waiting list. IAE hopes to return to 38 beds in Nov./Dec.

Pre-pandemic, IAE operated afternoon warming centers at several Evanston faith communities from Nov. through March, four hours per weekday. During the pandemic, with places of worship, fast-food restaurants, and libraries closed, IAE extended its HC hours to offer shelter at St. Mark's for an additional 6 hours daily. During February's extreme cold, the Center operated early hours on weekends as well. On most days between 11:00am and 2:30pm, participants picked up food from soup kitchens, used the laundry and shower facilities at Connections, and met with case managers.

Partnerships with faith communities, Chicago Food Depository, and City of Evanston make possible IAE's food distribution systems through daily soup kitchens and the monthly Producemobile (bimonthly in summer). In 2020, 236,417 lbs. of produce were distributed to nearly 18,350 people, up from 138,968 lbs. and 11,400 people in 2019. SNAPGap, launched in 2020 to provide hygiene and cleaning products (ineligible for purchase with SNAP benefits), distributed more than 1,500 bars of soap

followed by toothpaste, toothbrushes, deodorant, and laundry

2. How does the service stabilize participants dealing with an emergency or crisis, or prevent further destabilization? How long does the average participant receive services?

The emergency overnight shelter, the Hospitality Center and afternoon warming centers each serve people who are homeless. Some receive SSI, SSDI or General Assistance, however most participants have little or no consistent source of income.

Shelter is the first step in a process that seeks to establish permanent housing for all. The goal among homeless and housing experts and advocates focuses on "housing first." This approach "prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life." Research and experience show that until people can be sheltered and housed, other goals—such as finding a job, addressing mental health issues, or overcoming substance abuse—are too difficult to accomplish.

All participants in IAE shelter services are required to complete an intake process at Connections for the Homeless. This action sets them on a path toward permanent housing and access to additional services. Connections' staff also consult with IAE to help identify the next recipients of a bed at Connections' long-term shelter at the Margarita Inn. Since January, at least 10 shelter participants moved from the overnight shelter to the Margarita Inn.

3. Is this service alone enough to resolve the issue?

No. As the City's January 2021 report on Housing and Homelessness revealed, the demand for shelter exceeds supply of beds, and issues of safety, especially for women, are year-round. A year-round drop-in shelter remains a distinct need in Evanston.

4. Do beneficiaries of the safety net service have additional, unmet needs?

Yes. Participants suffer from mental and physical health issues, substance abuse, low wages, job loss, and eviction.

5. How will your agency establish income eligibility for this service?

All recipients are required to report the race/ethnicity and household income of participants.

- Limited Clientele (include forms used to document income in document upload section)
- Presumed Eligible (abused children, battered spouses or homeless)

6. Does your agency identify and target people who face barriers to accessing services? (Examples include undocumented residents/ESL households) Describe populations that face barriers to accessing services; how would City funds would improve equity of service delivery and/or expand capacity to those populations?

Several IAE programs serve people who face barriers to accessing other types of services. This is especially true of the soup kitchens and Producemobile. Questions are not asked and documentation is not required to receive these services. This is important to people who do not speak the language, may have mental health issues, or are concerned about their undocumented status.

Overnight shelters are staffed by social service professionals who help identify and target individuals eligible for additional services. All overnight shelter guests are required to meet with case workers at Connections for the Homeless, where they develop plans for further services as needed.

City funds will help sustain and expand shelter services to an opening date of November 1, and make possible increased opportunities for Producemobile participants to receive SNAPGap products.

7. How will you track expanded participation in services and its impact on these populations? What data are collected and used to analyze services and measure success?

Describe service goals and outcomes anticipated in 2021, including any changes from 2020 if applicable.

In partnership with six faith communities, Interfaith Action of Evanston seeks to provide at capacity emergency overnight shelter to an estimated 130 men and women experiencing homelessness and work with Connections for the Homeless to set them on a path toward a better future.

Anticipated outcomes and indicators in the event of a return to pre-pandemic levels are as follows:

Outcome: Access to drop-in overnight shelter for five winter months (147 days)

Indicator: Number of days open

Outcome: At capacity use of beds (20) for three months (pandemic) and average nightly use of 35 beds (post pandemic) for two winter months (3,855)

Indicator: Number of beds used

Outcome: All participants received Connections' intake assessments (130)
Indicator: Number of overnight shelter participants registering intakes in the HMIS system

Outcome: As many as possible participants are moved to long-term shelter (20)
Indicator: Number of people moved to long-term shelter

If a return to pre-pandemic levels is not possible in 2021, the number of unduplicated participants is anticipated at 95, and the following outcomes and indicators will be used:

Outcome: Access to drop-in overnight shelter for five winter months (147 days)
Indicator: Number of days open

Outcome: At capacity use of 20 beds for five winter months (2,940)
Indicator: Number of beds used

Outcome: All participants received Connections' intake assessments (95)
Indicator: Number of overnight shelter participants registering intakes in the HMIS system

Outcome: As many as possible participants are moved to long-term shelter (20)
Indicator: Number of people moved to long-term shelter

IAE tracks the number of nights the overnight shelter is open, the number and names of people who attend each night, and whether or not the participant has completed an intake with Connections' caseworkers. IAE staff enters participants in the Homeless Management Information System, which allows IAE to track the completed intakes at Connections. However, the opportunity for participants to move to the long-term shelter at the Margarita Inn, with a capacity of 80 people, is dependent upon Connections' success in securing permanent housing for its residents. IAE will monitor the Margarita Inn list of residents to determine if overnight shelter participants have found a long-term placement.

Outcomes for 2020 included volunteers, who are normally always part of IAE programs. However, the majority of IAE volunteers are older adults, a category that CDC guidelines recommended stay away from group situations. In winter 2020-2021, IAE relied on paid staff to operate all shelters. Hopefully, volunteers will be part of the November-December 2021 overnight shelter, but IAE currently plans on having two paid staff and one volunteer for the warming shelters.

8. How would an award expand the service to Evanston residents, specifically those who face barriers to receiving services? How would capacity to serve more participants improve?

Interfaith Action is examining ways to fill any gaps in its shelter and food distribution services. IAE is considering an earlier opening date and closing dates for the overnight shelter (November 1 rather than 15 through April rather than March), warming center times on weekends, or geographic areas of Evanston that aren't being served with a soup kitchen. Support from the City for the emergency overnight shelter will allow IAE to consider these expansions.

For example, in years past, warming centers have not been open on weekends during the day. However, without the library or Burger King during the pandemic there have been no other shelter opportunities, so IAE opened weekend warming centers for the first time in 2021. Additionally, a mapping of soup kitchens reveals an absence of services in parts of the city that might welcome it, Soup kitchen locations developed in areas close to public transportation so that people without cars or housing can more easily benefit. However, many people who attend soup kitchens are living on disability or social security checks and are hungry rather than homeless. Similarly, SNAPGap items might be welcomed in senior housing facilities for people who may not drive to the Producemobile. These service and distribution issues are currently under investigation by IAE committees dedicated to its direct services.

9. Describe the fee structure for services, whether services are free or available on a sliding scale.

All Interfaith Action services are free to participants.

10. Describe the number, demographics including gender, race/ethnicity and tenure in role, qualifications and experience of staff providing this service. Will new staff be hired and is this dependent on City funding?

Interfaith Action employs eight people involved in operating the emergency overnight shelter. IAE's executive director, Sue Murphy, a white female with 24 years of experience at IAE, oversees all operations. She is responsible for securing and sustaining partnerships with the faith communities that host the overnight shelter. She hires all staff and helps solicit and train volunteers.

The Assistant Program Director, Shawn Iles, a white male, is a part-time staff member, working 20-25 hours per week with a tenure of six months in this new position. He is responsible for the nightly operation of the overnight shelter, ensuring that staff is in place and trouble-shooting as necessary. Shawn's leadership experience with the Producemobile and his commitment to and comfort with homeless and hungry people preceded him.

IAE hires six overnight supervisors for the emergency shelter. All six in these seasonal positions have two or more years in these positions. Demographics of these individuals are as follows:

- 2 Black females with 3 years at the overnight shelter, working 2-3 nights weekly
- 1 Black male with 3 years' tenure, working 2 nights weekly
- 1 Hispanic male with 3 years' tenure, working 2 nights weekly
- 1 White female with 2 years' tenure, working 1 night weekly
- 1 White male with 3 years' tenure, working 3 nights weekly

Two overnight supervisors are present each night. Several overnight supervisors work with social service agencies. All are familiar with the challenges and complexities of working with homeless people. All receive de-escalation training to help reduce any tensions among participants. At least one works with Connections for the Homeless and is an important link to accessing additional services for overnight shelter participants.

Most overnight shelter participants also use the Hospitality Center in the mornings. Here they invariably engage with the part-time Employment Counselor and Computer Trainer. The Employment Counselor is a Black male with three years' tenure, working nine hours weekly. The Computer Trainer is a Black male with nine months' tenure, working 9-15 hours weekly. In addition to their stated roles, these individuals offer calm guidance and serve as important role models for people at the Hospitality Center. The most important qualification for all staff is that they are comfortable with the participants that IAE serves.

The most important requirement is that they are comfortable with the participants IAE serves.

11. What policies/procedures, including supervisory, are in place to ensure services are provided consistently and that goals/outcomes are achieved?

The Executive Director is the direct supervisor for all permanent part-time staff. The Assistant Program Director supervises the overnight managers. In this new position, the Assistant Program Director works with the overnight supervisors as a team, reporting to the Executive Director on a daily basis. Procedures and policies have evolved over the three years of operating the overnight shelter every night. The tenure and experience of overnight staff and the presence of the Assistant Program Director every evening ensures that procedures and policies are understood and followed.

12. Who participates in or benefits from the services provided? Who participates in or benefits from the services provided?

Describe participants by age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Include any eligibility requirements.

Interfaith Action services are available to anyone who is homeless and 18 years of age or over. All races and genders are welcome. The emergency overnight shelter, the Hospitality Center and afternoon shelters each serve people who are homeless. Some receive SSI, SSDI or General Assistance however most participants have little or no consistent source of income.

Demographics from the HMIS system reveal that 69% of participants are Black, 11% are white, while 20% do not report their ethnicity. At least 65% are male, 17% are female, and 18% did not identify as one way or another. Ages vary, with 40% under 50 years, 44% between 50 and 62, with one older. Another 15% did not give their age.

According to The National Alliance to End Homelessness, in 2017 about ¼ of all homeless individuals were considered chronically homeless. In other words, they have experienced homelessness for at least a year – or repeatedly – while struggling with a disabling physical or mental condition. Nearly 70 percent of chronically homeless individuals were living on the street, in a car, park or other location unfit for habitation.

People experiencing chronic homelessness typically have complex and long-term health conditions, such as mental illness, substance use disorders, physical disabilities, or other medical conditions. Once they become homeless, it is difficult for them to get back into housing, and they can experience long or repeated episodes. Those experiencing chronic homelessness who have one or more disabilities are disproportionately sleeping in unsheltered locations.

People who have served in the military are more likely to be homeless than the general population. According to the Veteran's Administration, veterans make up about 14% of homeless adult males and 2% of females. Many of these veterans suffer from illnesses that are directly related to their service.

13. Complete the chart below with the unduplicated total of people expected to receive services in 2021, number who are low/moderate income, and the number who are Evanston residents.

Programs funded in 2020 must show an increase in people served. Federal regulations do not allow CDBG funds to replace existing program funding.

Unduplicated people to be served in 2021

130	Unduplicated Evanston residents to be served in 2021
130	Unduplicated low/moderate income people to be served in 2021
129	Unduplicated people served in 2020
129	Unduplicated Evanston residents served in 2020
129	Unduplicated low/moderate income people served in 2020
129	Unduplicated low/moderate income Evanston residents served in 2020
906.00	TOTAL

14. Are you turning people who are eligible away? If so, how many and why? Does the agency maintain a wait list, and if so, approximately how many people are on it?

IAE's ability to serve people who are homeless is primarily dependent on capacity. This is especially true of the overnight shelter where demand exceeds supply of beds, even in pre-pandemic times. Additionally, despite Connections' recently developed long-term shelter at the Margarita Inn, the need for drop-in overnight shelter services persists. Furthermore, during the pandemic the emergency overnight shelter was limited to 20 people rather than 38 pre-pandemic. IAE developed a waiting list of 50 people, some of whom were served once permanent housing was found for residents of the Margarita Inn.

Overnight shelter staff also consider past experience with individuals. Safety for all participants is a primary concern, and individuals who have demonstrated violence may be prohibited from returning.

IAE is able to serve all those who use the Producemobile, soup kitchens, the Hospitality Center, and warming centers, although the same caveat regarding violent behavior is applied for the shelter services.

15. Does demand fluctuate throughout the year? If so, please explain.

Yes. Demand for emergency overnight and warming shelter services increases during the cold weather months, while demand for Producemobile food distribution increases during the summer. Demand also increases from the beginning of the month to the end.

16. How do potentially eligible participants find out about your agency's service?

A full listing of Evanston social services is available on the Interfaith Action website through the Immediate Needs Directory and the Evanston Library's Evanston Cares Network. This is useful for church secretaries, staff, and social service agencies that often receive questions from people seeking shelter and food.

Flyers in English and Spanish regarding dates, times, and locations are distributed at the Producemobile are sometimes available at soup kitchens. A chart of soup kitchen and warming center times, days, and locations is available for distribution at soup kitchens.

However, the most frequently-used method by people who are homeless and hungry is word-of-mouth within the homeless community and referrals from area social service agencies and city services.

17. Do other agencies/entities refer people for this service? If so, describe the process including common referral sources and the ratio of participants referred versus those who find your service independently.

Interfaith Action and Connections for the Homeless work closely together to refer individuals for services. While IAE is committed to emergency services, Connections supports long-term shelter until staff can identify and secure permanent housing for clients. All persons who stay in an IAE emergency overnight shelter are required to register with Connections case workers. Several Connections outreach staff also work as overnight shelter supervisors and provide an important contact for case workers.

Additional referrals come from area hospitals, the police department, 311 calls, and Trilogy Behavioral Healthcare. Pre-pandemic, a Trilogy staff person was present at the Hospitality Center once each week. IAE looks forward to a return to this practice in the future.

The ratio of people who find IAE services independently versus referrals is approximately 60/40 percent.

18. Did the agency receive funding from the City of Evanston for this service in FY2020?

- Yes
- No

19. If "Yes" to the question above, how would your capacity to serve existing or new Evanston residents be affected if funds were not received in FY 2021?

The absence of funding from the City would impact Interfaith Action's budget considerably. While fund raising proved successful in 2020, one major fund-raising activity in 2021 has been cancelled, and the success of the remaining virtual fund-raising event is unknown.

Previously unplanned warming center services have been added to address building closings due to the pandemic. IAE is considering further expansion of warming center services to ensure availability in November/December, and has also approved additional funds for SNAPGap. These expansions require use of reserve funds that only recently have been at levels that allow for such flexibility and response to need.

Without City funds, IAE may need to reconsider these expansions in order to sustain emergency overnight services. This necessity may exacerbate an already difficult situation, increasing pressure on Connections for the Homeless, the Evanston police department, and area hospitals, while impacting downtown businesses and neighborhoods as people seek shelter in areas unintended and unfit for these purposes.

20. What portion of participants served have additional needs that are not resolved by the safety net service?

List additional services participants most commonly need to achieve self-sufficiency.

Virtually 100% of participants in overnight shelters and warming centers have additional needs. People experience homelessness for many reasons, including loss of jobs, evictions, mental health and substance abuse issues, low wages and poverty, and lack of affordable housing. IAE works closely with Connections for the Homeless case workers and consults with Trilogy Behavioral Health to assist with these services.

Figures for participants of food and hygiene services are more difficult to determine. During normal times, soup kitchens are frequented not only by homeless people but also by those living on fixed incomes such as social security and disability or in low-wage jobs. Mental health and substance abuse issues are also evident. Consequently, Connections outreach workers also attend at least one soup kitchen weekly to work with individuals requiring additional assistance.

21. Does your agency offer any of these additional services? Is the service for which you are seeking funding an entry point into these deeper services? If so, describe the services. What number or percent of people receiving this service are enrolled? How many are Evanston residents?

IAE services, especially the overnight shelter and Hospitality Center, are entry points for people needing deeper services. All shelter participants (100%) are required to register with Connections for the Homeless and meet with case workers to continue IAE services. IAE meets with Connections staff monthly to consult on the status and progress made toward permanent housing. Residency status is an oxymoron for homeless people but participants already registered with a Chicago shelter comprise approximately 20%.

The Hospitality Center job counselor consults with Connections' case workers to identify people ready for employment. The HC job counselor offers guidance, resume and application assistance, and interview practice for people ready for work. IAE offers transportation funds for job interviews, haircuts, and uniforms as needed.

22. Are there barriers to people accessing deeper services including program fees, insurance requirements, or location of services, etc.? Describe briefly.

IAE and Connections for the Homeless have a working relationship that makes it easy for participants to access services. Nearly all Connections and IAE facilities are found within walking distance, and all are free.

23. If your agency does not provide the additional services, describe how you help participants access them and how you track the referrals.

All overnight shelter participants are required to meet with Connections for the Homeless case workers at Hilda's Place in the basement of Lake Street Church to determine the need for additional services. IAE registers all participants in the Homeless Management Information System (HMIS) developed by the Alliance to End Homelessness in Suburban Cook County, and Connections' case workers completes an intake assessment. By viewing the intake assessment in the database, IAE knows that participants have met with case workers who will recommend additional services.

24. What other agencies provide similar services, how do you collaborate with them in order to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

Interfaith Action of Evanston is the only organization providing emergency winter overnight shelter, as well as a year-round morning Hospitality Center and seasonal afternoon warming centers in the city of Evanston for men and women, 18 years and older. Connections for the Homeless is now providing long-term shelter at the Margarita Inn for a capacity of 80 residents, relying on IAE's winter drop-in shelter to support the inevitable overflow. IAE collaborates closely with Connections so that individuals can access additional services.

Other area organizations retain their own focus areas. Family Promise Chicago North Shore works with faith communities to keep families together. The YWCA provides shelter for survivors of domestic violence, while the YMCA offers single room occupancies at reasonable rates for men. All are part of the Alliance to End Homelessness in Suburban Cook County.

To facilitate discussion about the needs of Evanston's homeless population, Interfaith Action initiated Community Partnership meetings that convene monthly. During the pandemic, these conversations evolved into weekly meetings via Zoom with a broad constituency of organizations. The conversations that developed have yielded greater awareness and closer relationships among participants.

IAE partners with faith-based communities throughout Evanston to conduct its programs. Partners provide funds, space, supplies, and volunteers. Member faith communities donate space for programs. In a normal year, several hundred volunteers organize and staff four weekly soup kitchens, winter warming centers, and the Hospitality Center. Volunteer groups provide food and prepare the meals at the soup kitchens. Soup kitchen services are coordinated to maximize the impact of funding while minimizing duplication of effort. This structure allows IAE to keep administrative costs at a minimum while making a significant impact with its programs to those who are hungry and/or homeless.

For the ProduceMobile, IAE collaborates with the Greater Chicago Food Depository and the City to coordinate distribution of fresh produce to people in need. During the pandemic, this expanded to include dairy, meat, pet food, and hygiene products. The ProduceMobile has proved to be a successful distribution system for people who may not be homeless but are hungry and in need.

IAE not only serves a critical need for all who are hungry or homeless, it also offers a valuable way for Evanstonians to engage with their community. In addition to providing safety, warm temporary shelter, food, and basic hygiene supplies, IAE offers an entry point for people to access deeper services and a pathway to self-sufficiency. For volunteers, IAE activities are a way to enter relationships with people rarely met in everyday life and an opportunity to better understand the complexities and challenges facing homeless and hungry people. These experiences help broaden the definition of community for all involved.

25. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year.

Under the "Documents" tab, attach the current Strategic Plan and a list of current Board members; add Board demographics including approximate age range, race/ethnicity.

Inspired by diverse faiths and shared values, Interfaith Action of Evanston (IAE) is a nonprofit organization that brings people together to serve hungry and homeless people, pursue interfaith dialogue, and engage in advocacy that promotes social justice for those we serve. This mission motivates Interfaith Action's many activities.

Interfaith Action originated with the Evanston Ecumenical Action Council formed on May 19, 1970 as an association of local Christian Churches, expanding membership in 2006 to all religious and spiritual communities and changing the name to Interfaith Action of Evanston. Membership is open to any faith or spiritual community that actively participates in the mission and affirms that it wants to be a member. In addition to its core membership of 40 faith or spirit-based organizations, IAE collaborates with the City of Evanston, Connections for the Homeless, and the Greater Chicago Food Depository to coordinate and provide services.

IAE pursues its mission with the following objectives:

- Sustain and improve delivery of programs and services, including emergency shelter, food distribution programs, employment counseling, and local advocacy.
- Collaborate with other Evanston social service organizations to coordinate activities that assist homeless and hungry people on a path toward a better future.
- Ensure that IAE's programs and structures are antiracist and serve to combat institutional racism that breeds hunger and homelessness
- Involve Interfaith Action's cadre of volunteers in meaningful opportunities that serve the community and create interfaith engagement on common goals.

IAE advances its goals with a small staff and large network of volunteers. IAE services are operated by one full-time staff member (Executive Director), five permanent part-time staff (Assistant Director of Programs, Job Counselor, Computer Trainer, Administrative Assistant, and Custodial), and six temporary part-time professional staff for the overnight shelter. This organizational structure is augmented by IAE volunteers, who numbered 3,362 people, contributing 19,214 hours in 2020. Due to the pandemic, these numbers are down from 2019, when 5,344 volunteers contributed 23,860 hours of their time. This civic and interfaith engagement of individuals is an important part of IAE's mission, objectives, structure, and character.

The organization's structure consists of a Board of Directors with an Executive Committee of a President, Vice President, Secretary, and Treasurer. IAE's Board maintains four working committees, Executive, Finance, Direct Service, and Community Relations and Human Resource Development. IAE's Board can be characterized as a working board that supports and advances the organizational mission. Many originated as volunteers; membership in a faith or spiritual community is not required. The Board is comprised of 10-20 individuals who serve for three-six years and meet monthly from Sept. through May.

26. Describe your agency's capacity to document provision of services, including policies and procedures for managing finances and procurement.

Include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resources Library).

Since IAE's income has not surpassed \$300,000 until the last year, an independent audit has not been required. However, an independent audit of 2020 figures is currently underway. Based on the recommendations of the auditors, IAE will be reviewing and setting in writing all procedures including internal control, separation of duties, and documentation requirements. Additionally, IAE currently maintains the capacity to separate expenses designated for particular purposes.

27. Describe how your agency gets feedback from clients/participants and how that information is incorporated to improve services and service delivery.

IAE is currently developing and implementing an evaluation system that will provide valuable information and feedback on all direct services. Included are conversations with participants of the overnight shelter and Hospitality Center. For example, recent conversations revealed that all surveyed wanted the overnight shelter open for longer hours and more weeks, but they also wanted bigger blankets--one improvement that is relatively easy to make. Tellingly too, female participants were comfortable in their surroundings when staff were present but nervous if staff had to leave to use the restroom. IAE will use the information to consider how to adjust its program delivery for the future.

Occasionally, IAE secures the services of outside evaluators to help determine what services may be missing or need adjustment. In 2019, IAE commissioned the Executive Service Corps to conduct such as study. Results pointed to an overwhelming need for permanent, 24/7 emergency shelter as well as gaps and opportunities in current services. IAE will be working towards these for the next few years.

28. Provide staff demographics including gender, race/ethnicity and range of tenure in role. How many staff members of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

Interfaith Action of Evanston employs 6 year round staff.

Executive Director – White female, tenure 24 years, full time
Assistant Program Director – White male, tenure 6 months, 20 to 25 hours weekly
Administrative Assistant – White female, tenure 5 years, 10 hours weekly
Employment counselor – Black male, tenure 3 years, 9 hours weekly
Computer trainer – Black male, tenure 9 months, 9 to 15 hours weekly
Custodian -- Black male, tenure 27 years, 5 hours weekly

While the Executive Director is responsible for decision-making, she consults regularly with experienced people on her staff, especially the Employment Counselor.

Working in tandem, six overnight supervisors rotate leadership of the Emergency Overnight Shelter. All supervisors are trained in de-escalation procedures in the event of disagreements among or with participants, and all make the decision as to when to call 911 for additional assistance. Supervisors report daily on overnight events and make recommendations to the Assistant Program Director and Executive Director. All 2021 early winter supervisors plan to return in November.

2 Black females – tenure 3 years at the EOS – 2 to 3 nights weekly
1 Black male – tenure 3 years – 2 nights weekly
1 Hispanic male – tenure 3 years – 2 nights weekly
1 White female – tenure 2 years – 1 night weekly
1 White male – tenure 3 years – 3 nights weekly

There were 7 Warming Center supervisors. All are new this year and may not be available if we reopen next season.
3 Black males, 2 White females, 2 White males

29. All organizations receiving funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA."

607415908

30. Is the facility and program in compliance with the Americans with Disabilities Act?

Yes

No

31. If “No,” explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization’s experience making such accommodations. If “Yes,” enter “NA.”

We are compliant

32. Where (address/location) are services provided and how do participants get to the location or facility?

The overnight shelter is open for 2-3 weeks in each of six faith communities in Evanston's downtown area. All are within walking distance of the HC, Connections offices, and warming centers. In extreme cold, the fire dept. has offered transportation.

33. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2021 City of Evanston funding and that, to the best of my knowledge, the information in this application is true and correct.

Susan Murphy

Budget [top](#)

Funding Sources/Revenues	2020	2021	2021 Committed
City of Evanston Funding Request	USD\$ 33,850.00	USD\$ 42,500.00	
Evanston Community Foundation	USD\$ 9,600.00	USD\$ 0.00	USD\$ 0.00
Individuals/Events	USD\$ 36,767.00	USD\$ 37,970.00	USD\$ 37,970.00
Other Foundations	USD\$ 5,000.00	USD\$ 5,000.00	USD\$ 2,000.00
IAE members	USD\$ 17,549.00	USD\$ 18,730.00	USD\$ 0.00
		USD\$ 0.00	USD\$ 0.00
Total	USD\$ 102,766.00	USD\$ 104,200.00	USD\$ 39,970.00

Funding Uses/Expenses	2020	2021	City Funds
Overnight Managers	USD\$ 58,140.00	USD\$ 53,200.00	USD\$ 35,000.00
Director and office staff	USD\$ 28,162.00	USD\$ 34,000.00	USD\$ 0.00
Food and Supplies	USD\$ 1,356.00	USD\$ 1,000.00	USD\$ 0.00
Laundry Service	USD\$ 14,658.00	USD\$ 15,000.00	USD\$ 7,500.00
Cot and bedding transfer	USD\$ 450.00	USD\$ 1,000.00	USD\$ 0.00
Cot replacement	USD\$ 0.00	USD\$ 0.00	
Blanket and sheet replacement	USD\$ 0.00	USD\$ 0.00	
	USD\$ 0.00		
Total	USD\$ 102,766.00	USD\$ 104,200.00	USD\$ 42,500.00

Budget Narrative

With a fiscal year of January 1 through December 31, Interfaith Action figures reflect not only the scope of need in Evanston but also strong community support of its activities. As advised by City staff, Interfaith Action of Evanston has outlined all its activities and programs that represent safety net services, but as in previous years, funds are requested to help support the emergency overnight shelter.

Funding is requested to support the employment of Overnight Supervisors who alternate spending the night at the shelter. These are fixed costs necessary for operating the shelter and addressing the many challenges of working with people who are homeless. Additional staff funding includes coordinating and training volunteers and managing the transition from one space to another. All of the positions are part-time and seasonal. Volunteers supplement the work of paid staff whenever possible but has not been feasible during the pandemic. Support is also requested for laundry services, which is particularly important during the pandemic.

The major difference between 2020 and 2021 is the absence of Evanston Community Foundation funding for the emergency overnight shelter. Instead, IAE has focused ECF funding requests on expanding warming center services at a time when no other Evanston buildings have been available. Support from the City for the emergency overnight shelter allows IAE to consider expanding other safety net programs such as the warming center and the new SNAPGap initiative to supply hygiene products via the Producemobile.

IAE does not receive funding from the state of Illinois, Cook County, or federal government agencies..

Program Outcomes

	Outcome	Indicator (How was success measured?)	Goal # (G): Jan-June	G: July-Dec	Goal Total	Actual # (A): Jan-June	A: Jul-Dec	Actual Total
1	Access to drop-in overnight shelter during five winter months	# days open	86	61	147			0
2	At capacity use of beds (20) for 3 months; average nightly use of 35 beds for 2 months	# beds used	1,720	2,135	3,855			0
3	All participants received Connections' intake assessments	# overnight shelter participants intakes in HMIS system	130	130	260			0
4	As many as possible participants are moved to Connections' long-term shelter	# participants moved to long-term shelter	10	10	20			0
5					0			0
Total			1,946	2,336	4,282	0	0	0

Program Line Item Expenditures

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0
11					\$ 0
12					\$ 0
13					\$ 0
14					\$ 0
15					\$ 0
Total	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0

5						\$ 0
6						\$ 0
7						\$ 0
8						\$ 0
9						\$ 0
10						\$ 0
11						\$ 0
12						\$ 0
13						\$ 0
14						\$ 0
15						\$ 0
Total	0	0	0	0	0	\$0

Documents [top](#)

Documents Requested *

Required? **Attached Documents ***

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.



[InterfaithActionAuditandForm990Statement.pdf](#)
[2020 990 DRAFT \(1\).pdf](#)
[2019 990.pdf](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).



[IAE 501 \(c\) 3 Letter.pdf](#)

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).

Brief biographies of key staff including demographic information.



[IAEStaffQualifications](#)

Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).

Supplemental information relating to your program or agency, as applicable.

Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.

[download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Chart of Accounts used to define each class of items



[Chart of Accounts 4-3-2021.pdf](#)

for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

REQUIRED FOR ALL EXTERNAL APPLICANTS.



[IAE Combined Income & Balance Sheet 2020.pdf](#)

Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1-June 30, this will be for FY2019.

Organizational commitment to equity, diversity and inclusion.

[IAE Anti-Racism Commitment.pdf](#)

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.

Current year agency operating budget.



[IAE Budget 2021 Final.pdf](#)

Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards.

[Interfaith Action Board](#)

Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form.

[download template](#)

Duplication of Benefits. City of Evanston and Federal policies require the disclosure of any possible duplication of benefits in the provision of Federal, state or local funding. Complete and upload the attached form.

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City of Evanston
Community Development
FY 2021 Safety Net Services
Deadline: 4/21/2021

James B. Moran Center for Youth Advocacy
Moran Center Safety Net Services Program

Jump to: [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

USD\$ 50,000.00 Requested

Submitted: 4/21/2021 1:25:59 PM (Pacific)

Project Contact

Linda Tucker
ltucker@moran-center.org
Tel: 847-492-1410

Additional Contacts

none entered

**James B. Moran Center for
Youth Advocacy**

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Executive Director/Staff Attorney

Patrick Keenan-Devlin
pkeenandevlin@moran-center.org

Application Questions [top](#)

1. Describe your service, including the need(s) addressed. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

The Moran Center for Youth Advocacy zealously works to close the “justice gap” for low-income Evanston youth and their families by providing free holistic legal representation and social work services. We strive to ensure justice in the courtroom, access to the classroom, and support in the community.

The Moran Center respectfully requests funding for the continuation of our legal services including our School-Based Civil Legal Clinic (“SBCLC”) and Education Advocacy Program (“EAP”), as well as our representation of Evanston youth through the age of 26 involved in the criminal (in)justice systems and residents in remediating their criminal records.

Our goal with these programs is to stem the poverty/school-to-institutionalization pipelines and improve opportunities for youth and family success.

The Moran Center’s SBCLC provides free legal advice and representation for disinvested families in District 65 with issues related to basic human needs including safe and affordable housing, consumer protection, family law, public benefits, etc. When legal problems create family instability, there are often negative effects on students’ learning. Launched in 2018, the goal of the SBCLC is to stabilize families so that children can stay on track in school. The Moran Center’s SBCLC is conveniently located in three different school sites (Nichols Middle School, Chute Middle School, and Joseph E. Hill Education Center) and is open to qualifying families three times per month. Families may either make an appointment or walk in while the clinic is in session. Childcare is provided. Since mid-March 2020, operations have shifted to virtual means using telephone and videoconferencing five days a week. Currently, the SBCLC is staffed by one full-time attorney, a grant-funded, contract attorney wholly dedicated to eviction prevention, and a cadre of 28 pro-bono attorneys.

The EAP, staffed by two attorneys, advises and represents low-income students with special needs to obtain the services they need to make progress in school, advocates for students facing school discipline, and empowers families with tools to advocate for their child’s educational rights without representation. Evidence shows that early intervention and social support for families who have children with disabilities is one of the most effective ways to prevent problems of academic failure, disciplinary issues, and delinquency, and improves opportunities for jobs and higher education.

The Moran Center is open Monday-Friday from 9 to 5; however, in crisis situations, our staff can be reached via cell phone

after hours. The frequency and duration of client contact vary depending on the complexity of the situation and the type of legal matter.

2. How does the service stabilize participants dealing with an emergency or crisis, or prevent further destabilization? How long does the average participant receive services?

We provide free, easily accessible civil legal services in such matters as evictions and foreclosures, unemployment benefit issues, guardianship, and consumer rights among others through our innovative School-Based Civil Legal Clinic ("SBCLC"). The need for such legal assistance has become more urgent since the onset of the pandemic with caregivers losing their jobs, confronting eviction threats, wrestling with complex child custody arrangements, and/or being denied public benefits. Resolution of the disruptive impact of legal issues can help stabilize families and enable their children to stay on track in school. Families represented by the SBCLC typically receive such services anywhere from three months to one year.

When struggling youth do not get the services they need in school, they are far more likely to experience academic failure, disciplinary and behavioral issues, and emotional problems increasing their risk of involvement in the juvenile (in)justice system. In Evanston, as is true elsewhere, Black children bear the brunt of systemic problems including the disproportional identification of students of color in Special Education and poor academic outcomes for these students. We view this as an equity issue that further marginalizes youth of color and excludes them from the opportunities that education with appropriate support services can provide. In light of the COVID-19 pandemic and the pivot to remote learning, students with special needs have particularly suffered as a result of losing some of the in-person support systems and services that help them thrive. The Moran Center's Education Advocacy Program ("EAP") zealously represents low-income children to ensure they receive appropriate educational services to make progress in school. On average, cases taken on by the EAP remain open for one year.

In addition to the EAP and SBCLC, the Moran Center represents Evanston youth through the age of 26 involved in the juvenile and criminal (in)justice systems to ensure that our community's youth are not defined by their worst acts and that their youthful "misbehaviors" do not prevent them from seeking opportunities in the future. Again, criminal matters, on average, remain open for one year.

Lastly, the Moran Center provides criminal record remediation services. Through our Expungement & Sealing Help Desk at the Skokie Courthouse, we support anyone to clear their Cook County record which requires anywhere from one to four hours of assistance. For Evanston residents whose records are not eligible for expungement or sealing, we help individuals apply for certificates that expand opportunities for employment and professional licensing, and in some cases, for clemency which requires six months to one year of effort. Engaging in criminal record remediation services, the Moran Center removes barriers that stymie families from gainful employment, education, or access to public benefits due to past criminal records.

3. Is this service alone enough to resolve the issue?

The Moran Center's clients confront multiple complex issues related to housing, healthcare, childcare, etc., necessitating a web of social supports.

4. Do beneficiaries of the safety net service have additional, unmet needs?

Our clients require supports from external nonprofit and governmental agencies to address needs beyond the Moran Center's scope of services. The Moran Center expends significant resources building external referral sources on behalf of our clients.

5. How will your agency establish income eligibility for this service?

All recipients are required to report the race/ethnicity and household income of participants.

- ✓ Limited Clientele (include forms used to document income in document upload section)
- ⊖ Presumed Eligible (abused children, battered spouses or homeless)

6. Does your agency identify and target people who face barriers to accessing services? (Examples include undocumented residents/ESL households) Describe populations that face barriers to accessing services; how would City funds would improve equity of service delivery and/or expand capacity to those populations?

Putting justice into action, the Moran Center works to promote the social, emotional, and developmental needs of the most marginalized children, youth, and families in Evanston. Primarily focusing on low-income Evanston youth and young adults of color up to age 26 and their families, we seek to remedy the injustices they experience while struggling to make ends meet, coping with mental health issues, contending with difficult legal challenges, and hoping to be granted a second chance to stay out of destructive institutions.

All the youth and families we serve come from families stressed by poverty, housing insecurity, unemployment, substance abuse, violence, and mental health challenges, legacies of racial and ethnic oppression. Almost all our clients have experienced Adverse Childhood Experiences, or ACES, such as child abuse or neglect, exposure to violence, and/or parent loss. The Moran Center's Social Work Program works to put protective factors in place, representing youth and families in the courtroom or classroom, while supporting them emotionally as they grapple with past traumas, begin to heal and develop tools to redirect their lives toward a more hopeful and productive future.

As the only legal service provider in Evanston, the Moran Center ensures disinvested residents who otherwise would not have access to high-quality legal services receive justice in the courtroom and access to the classroom.

7. How will you track expanded participation in services and its impact on these populations? What data are collected and used to analyze services and measure success?

Describe service goals and outcomes anticipated in 2021, including any changes from 2020 if applicable.

The Moran Center will use LegalServer, the agency's client data management system, to track client intakes, using the number of new clients within each legal program as an indicator of expanded community participation. We will then utilize data collected by the Moran Center's legal services providers in LegalServer to gauge the impact of our legal services, tracking the following Goals and Objectives:

Goal: Families served by the School-Based Civil Legal Clinic ("SBCLC") will experience greater stability through accrued financial benefits, a decrease in negative financial commitment, and/or averting homelessness.

Objective: During the grant period, 80% of clients who seek and are eligible for financial benefits will accrue said financial benefits (e.g., child support, unemployment benefits, protected/restored assets, etc.) with assistance from an SBCLC attorney.

Objective: 95% of clients facing homelessness will have secured housing because of the SBCLC's assistance during the grant period.

Data Source: Review of records in LegalServer.

Goal: The Education Advocacy Program ("EAP") will investigate the educational needs of Evanston students referred to the EAP program; advocate for appropriate evaluations; create or review an Individualized Educational Program (IEP) with input from the student, caregiver, school, and other professionals; and represent students to ensure that recommended educational services are fully implemented.

Objective: 80% of youth represented by the EAP will achieve their legal goals of increasing or improving educational services, making progress toward IEP goals, improving school attendance, or reducing school disciplinary actions at the conclusion of the case.

Data Source: School records, client and caregiver report, and attorney assessment.

Goal: Criminal/Juvenile Delinquency clients will comply with court orders.

Objective: 70% of legal clients will successfully comply with court orders.

Data source: Review of records in LegalServer.

Goal: Individuals seeking criminal record relief will have their records reviewed and receive assistance in the record-clearing process.

Objective: 100% of Evanston residents seeking criminal remediation assistance will have their records reviewed and receive legal assistance in the record-clearing process.

Data source: Review of client intake forms and LegalServer.

8. How would an award expand the service to Evanston residents, specifically those who face barriers to receiving services? How would capacity to serve more participants improve?

With sufficient funding from the City, the Moran Center would be able to both sustain and grow legal services, specifically, allowing the agency to potentially hire a part-time staff attorney for the School-Based Civil Legal Clinic to address the 300% increase in demand for civil legal services as a result of the economic fallout from the pandemic.

9. Describe the fee structure for services, whether services are free or available on a sliding scale.

The Moran Center does not charge for any of our services.

10. Describe the number, demographics including gender, race/ethnicity and tenure in role, qualifications and experience of staff providing this service. Will new staff be hired and is this dependent on City funding?

Megan McClung, Cis Woman/White/Non-Hispanic; Managing Attorney of the School-Based Civil Legal Clinic since February 2019. Prior to the Moran Center, Ms. McClung trained lawyers and coordinated pro bono programs and trial skills training for the Chicago Bar Association. A former Assistant Corporation Counsel for the City of Chicago, Ms. McClung defended the City in tort-related matters and prosecuted building and land use violations. J.D., Northern Illinois University.

Luca Guacci, Trans Man/Hispanic/Latinx/Middle Eastern/North African/ Multi-Racial/Multi-Ethnic; Managing Attorney of the Education Advocacy Program since October 2018. Prior to joining the Moran Center, Mr. Guacci was a Senior Attorney at Housing Conservation Coordinators representing low-income tenants in eviction proceedings in New York City Housing Court. Prior to working at HCC, Mr. Guacci was a Clinical Faculty member at the University of Miami School of Law's Children & Youth Law Clinic. Mr. Guacci also worked at the Legal Aid Society in NYC defending children in the juvenile justice system. J.D., CUNY School of Law.

Sarah Frudden, Cis Woman/White/Non-Hispanic; Asst. Education Attorney since 2019. Formerly a valued volunteer, Ms. Frudden is assisting part-time with the Education Advocacy Program screening new cases. Ms. Frudden previously worked in real estate finance as a portfolio manager. J.D., University of Wisconsin-Madison Law School.

Thomas Verdun, Cis Man/White/Non-Hispanic; Director of Legal Services since 2003. Mr. Verdun directly serves young adult clients in criminal proceedings and individuals at the Expungement & Sealing Help Desk. Previously, Mr. Verdun served for 25 years as an attorney for the Cook County Public Defender's Office. J.D., John Marshall Law School.

Patrick Keenan-Devlin, Cis Man/White/Non-Hispanic; Executive Director/Attorney. Since 2013, Mr. Keenan-Devlin has represented youth in juvenile delinquency proceedings. Formerly, Mr. Keenan-Devlin served as the Health Policy Advocate for the Shriver Center and as Legislative Director of Citizen Action/Illinois. J.D., Loyola University Chicago School of Law.

Ina Silvergleid, Cis Woman/White/Non-Hispanic; Criminal Records Remediation Attorney since 2020. Ms. Silvergleid supports the Moran Center's criminal record remediation activities. Ms. Silvergleid served as an employment lawyer for twenty years prior to establishing her expertise in criminal record relief. She first served as a volunteer at the Moran Center's Expungement & Sealing Help Desk beginning in 2009, and in 2013 took on a contract position, focusing on extraordinary criminal record relief services. J.D., Chicago-Kent College of Law.

With additional and sufficient funds from the City of Evanston, the Moran Center could maintain and expand legal services by setting up the agency to potentially hire a part-time, bilingual attorney for the School-Based Civil Legal Clinic, helping to meet the increased demand for civil leg

11. What policies/procedures, including supervisory, are in place to ensure services are provided consistently and that goals/outcomes are achieved?

The Program Managers of each legal program meet one-on-one with the Executive Director every month to report out on the goals and objectives, utilizing data retrieved from LegalServer, Moran Center's client data management system, to validate progress. Additionally, the entire Program Staff of the Moran Center meet monthly on the first Monday of each month to troubleshoot complex legal issues and to ensure coordination of services.

12. Who participates in or benefits from the services provided?Who participates in or benefits from the services provided?

Describe participants by age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Include any eligibility requirements.

To qualify for the Moran Center's core legal services - civil legal services, educational advocacy, and criminal defense - users must earn less than 80% of the median income level, though 98% of Moran Center clients have incomes below the poverty level, and reside in Evanston Township.

Approximately 60% of the Moran Center's School-Based Civil Legal Clinic clients identify as Black/African-American, 14% as multi-racial, 25% as white, and 1% as "other." Twenty-one percent identify as Hispanic.

With respect to demographics for the Education Advocacy Program, 54% of youth served by the EAP identified as Black/African-American, 25% as white, 8% as multi-racial, 8% as multi-racial "other," and 4% as Asian. Thirteen percent identified their ethnicity as Hispanic.

For the Emerging Adult-Juvenile Criminal Defense Program, 76% of clients identified as Black/African-American, 17% as white, 2% as multi-racial, 4% as multi-racial "other", and 1% as Asian. Ten percent identified their ethnicity as Hispanic.

68% of users for the Moran Center's criminal remediation services, including the Expungement & Sealing Help Desk, are from suburban Cook County, primarily the north and northwest suburbs, including 12% from Evanston, with remaining users from the City of Chicago. With respect to race, in 2019-2020 10% of users identified as Asian/Pacific Islander, 29% as Black/African American, 4% as African American and White, 18% as multiracial, and 39% as white. Almost half (48%) of users earn below 30% of HUD's median income level, and 95% earn below 80%.

13. Complete the chart below with the unduplicated total of people expected to receive services in 2021, number who are low/moderate income, and the number who are Evanston residents.

Programs funded in 2020 must show an increase in people served. Federal regulations do not allow CDBG funds to replace existing program funding.

748	Unduplicated people to be served in 2021
330	Unduplicated Evanston residents to be served in 2021
710	Unduplicated low/moderate income people to be served in 2021
506	Unduplicated people served in 2020
220	Unduplicated Evanston residents served in 2020
482	Unduplicated low/moderate income people served in 2020
216	Unduplicated low/moderate income Evanston residents served in 2020
3,212.00	TOTAL

14. Are you turning people who are eligible away? If so, how many and why? Does the agency maintain a wait list, and if so, approximately how many people are on it?

The Moran Center is committed to serving all low-income youth and families who qualify for our services. We do not have a formal waiting list. We receive many calls from individuals who for one reason or another are not eligible for our services and those individuals are referred to organizations such as Legal Aid Chicago ("LAC") or Coordinated Advice & Referral Program for Legal Services ("CARPLS"), among others. Occasionally a client is "conflicted out" of our services. For example, if we are representing one person involved in an incident, we cannot represent another involved in the same affair.

15. Does demand fluctuate throughout the year? If so, please explain.

Since the pandemic, we've experienced a 300% increase in requests for civil legal services. Historically, requests for education advocacy increase at the beginning and end of the school year, while criminal defense referrals increase during the summer.

16. How do potentially eligible participants find out about your agency's service?

Eligible participants learn about the Moran Center's legal services through community presentations, EvanstonCareNetwork.com, Moran Center's website/social media platforms, school staff, nonprofit and government partners, as well as from other community members.

17. Do other agencies/entities refer people for this service? If so, describe the process including common referral sources and the ratio of participants referred versus those who find your service independently.

Individuals are frequently referred to the Moran Center's legal services through the Evanston Collective (City of Evanston's Youth & Young Adult Division, Connections for the Homeless, Curt's Café, Erie Family Health Centers, Infant Welfare Society of Evanston, PEER Services, Youth Job Center, and Youth & Opportunity United), [See Memorandum of Understanding between the Collective agencies attached], as well as the Local Area Network (LAN-40) Member Organizations, etc.

Referrals from external agencies are frequently accompanied by a Consent for Release of Information so that pertinent information may be shared, and continuity of care provided. Referrals are documented in our case management database, LegalServer, which can track referrals for reporting purposes.

In 2020, 29% of the Moran Center's users were returning clients and 23% self-referred with the balance stemming from Illinois Legal Aid Online (17%), family/friends (8%), school personnel (7%), social service partners (5%), court (4%), and then varied other sources (7%).

18. Did the agency receive funding from the City of Evanston for this service in FY2020?

- Yes
 No

19. If "Yes" to the question above, how would your capacity to serve existing or new Evanston residents be affected if funds were not received in FY 2021?

Without City funding, we would have to reduce services and cut back attorney hours.

20. What portion of participants served have additional needs that are not resolved by the safety net service?

List additional services participants most commonly need to achieve self-sufficiency.

Nearly all of our clients have additional needs beyond their immediate legal case. To be effective in closing the opportunity gap for low-income youth and families of color in Evanston, the Moran Center relies on strong connections with Evanston partners to foster family stability, support the social-emotional and developmental needs of marginalized youth and their families, and promote academic and job success. We work in partnership with Y.O.U. for youth development; Connections for the Homeless for housing homeless youth and families and pay back rent; Youth Job Center, Curt's Café, and Evanston Rebuilding Warehouse for essential employment and job training skills; and PEER Services, Metropolitan Family Services, Turning Point, the Family Institute at Northwestern University, Trilogy, Thresholds, and Erie Family Health Center for primary care, psychiatric, and substance abuse services.

The Moran Center also works closely with the City of Evanston's Youth & Young Adult Division to provide mentorship, employment opportunities, and outreach to youth regarding their legal rights and responsibilities.

21. Does your agency offer any of these additional services? Is the service for which you are seeking funding an entry point into these deeper services? If so, describe the services. What number or percent of people receiving this service are enrolled? How many are Evanston residents?

Referred to in the agency's Case Management Application, the Moran Center innovatively provides legal clients with integrated therapeutic social work services. The Moran Center's core legal services - civil legal services, educational advocacy, and criminal/juvenile defense - serve as an entry point to our Social Work/Case Management services. The Moran Center's core legal services exclusively support Evanston residents. Presently, 97 current/former legal clients are being served through the Moran Center's Social Work/Case Management services.

22. Are there barriers to people accessing deeper services including program fees, insurance requirements, or

location of services, etc.? Describe briefly.

N/A

23. If your agency does not provide the additional services, describe how you help participants access them and how you track the referrals.

As previously referenced, the Moran Center relies on the Evanston Collective (City of Evanston's Youth & Young Adult Division, Connections for the Homeless, Curt's Café, Erie Family Health Centers, Infant Welfare Society of Evanston, PEER Services, Youth Job Center, and Youth & Opportunity United) and Local Area Network (LAN-40) Member Organizations for other critical social services that neither the Moran Center's legal or Social Work/Case Management providers offer.

Again, one of the indicators that we track in LegalServer is the percentage of clients who want additional services and are then able to secure those services.

24. What other agencies provide similar services, how do you collaborate with them in order to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

The Moran Center is the only organization in Evanston that provides free, holistic legal and social work services for disinvested youth and families. We are also the only legal aid agency in the northern suburbs to provide assistance with criminal record remediation. Given the wide range of services we offer and our deep connections to the community, the Moran Center is viewed as a critical and unique resource for struggling youth and their families. Yet, we could not be effective in our work without close collaboration with other Evanston agencies to ensure youth and their families get the wrap-around services they need and the network of support that can help them move from crisis to stability to hope.

25. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year.

Under the "Documents" tab, attach the current Strategic Plan and a list of current Board members; add Board demographics including approximate age range, race/ethnicity.

A 19-year-old African American father was charged with the death of his two-year-old son while attempting to revive him after his son stopped breathing. Two days later, the young father was found hanging in his jail cell and subsequently died after being transferred to three different medical facilities. This young man had no advocate, no access to family; he was dehumanized. This tragedy propelled then Alderman James B. Moran among others to create the Evanston Defender Project in 1976. Five years later, the organization was incorporated as the Evanston Community Defender Office, Inc. Renamed the James B. Moran Center for Youth Advocacy in 2010 in honor of Judge Moran, the agency serves as a zealous advocate for thousands of marginalized youth and their families in need of legal and social work services in Evanston.

Championing justice and restoring hope, the Moran Center's mission is to provide free, integrated legal and social work services to disinvested youth and their families in Evanston to improve their quality of life at home, at school, and within the community. Central to our mission is the belief that all children and their families deserve justice in the courtroom, access to the classroom, and restoration in the community to thrive. The Moran Center innovatively works to dismantle the local poverty-to-institutionalization pipelines.

The Moran Center's six staff attorneys, advocate for and represent youth in the courts and schools. Our three master's level Social Workers support the emotional needs of the youth we serve by providing trauma-informed therapy, crisis intervention, and case management. Our Development Team, led by the Director of Development & Communications, engages community members, corporations, and foundations in our mission; raises funds to support our work, and communicates our impact to the community at large. Promoting restorative practices, our Restorative Justice Coordinator advocates for and offers training to entities in employing restorative practices. Our Director of Operations and Administrative Manager oversee the internal workings of the agency, including human resources, technology, and finances. The Executive Director provides vision and leadership within and outside of the organization.

This year, we hired an AmeriCorps VISTA who serves as the Data Manager, helping streamline the Moran Center's data collection process and expand the utility of LegalServer's functionality.

The Moran Center has an active, 20-member Board of Directors with four working committees: Advocacy, Board Advancement, Fundraising, and Evaluation & Strategic Planning Committees. The Board works diligently to promote the Moran Center's mission and impact, increase and diversify our funding streams, and provide general oversight of operations. To deepen community involvement, the Moran Center also has a diverse and engaged 22-member Advisory Council which provides feedback and guidance on our programming and activi

26. Describe your agency's capacity to document provision of services, including policies and procedures for managing finances and procurement.

Include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resources Library).

The Moran Center's successful track record of exceeding our goals for clients and catalyzing systems change demonstrates

our ability to rise to complex challenges.

Taking seriously our accountability both to clients and funders, the Moran Center has been diligent in meeting reporting and compliance requirements. Our case management database, LegalServer, has been invaluable in tracking client services and outcomes. We have conscientiously fulfilled procurement and reporting requirements not only for CDBG-MHB, but also for the Access to Justice Initiative, Chicago Bar Foundation, Cook County Justice Advisory Council, Evanston Community Foundation, and the Illinois Equal Justice Foundation along with other funding entities.

The Moran Center's financial records are reviewed monthly by our Board Treasurer, audited annually by an independent audit firm, and reported publicly through both state and federal reporting processes. We are current and fully compliant with all financial and legal reporting requirements. We have organizational protocols that include the handling of incoming mail, processing of received donations, and the review of monthly financial statements to ensure fiscal transparency. The Moran Center is confident in our ability to be efficient, effective, and trustworthy managers of public funds entrusted to our organization for the benefit of Evanston youth and families.

27. Describe how your agency gets feedback from clients/participants and how that information is incorporated to improve services and service delivery.

The Moran Center has surveyed clients to receive their feedback on service delivery, satisfaction with services, unmet needs, and what the Moran Center could be doing better to help inform our current Strategic Planning process. The feedback will be incorporated into our new three-year strategic plan set to begin July 2021.

The Moran Center is currently working with data experts and educators from Northwestern University to create a text survey that will be sent directly to clients every three months to gather data pertaining to clients' experience, the progress they have made, and the impact that the Moran Center services have had on their day-to-day life. The text survey will be launched within the next two months.

The information gathered from the surveys will inform the Moran Center's ongoing effort to fill any relevant service gap that our clients are experiencing, as the Moran Center has historically done.

Relevant, specifically, to the Moran Center's School-Based Civil Legal Clinic, we recently designed an eight-question survey which is now auto-sent to clients after their legal case is closed in our client data management system, Legal Server. The result is an optimal tracking system for case data and reported client satisfaction.

28. Provide staff demographics including gender, race/ethnicity and range of tenure in role. How many staff members of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

Patrick Keenan-Devlin, Cis Man/White/Non-Hispanic, Executive Director (2016)/Juvenile Justice Attorney (2013).

Kristen Kennard, Cis Woman/White/Non-Hispanic, Deputy Director (2016)/Director of Social Work Services (2010).

Donna Masini, Cis Woman/White/Non-Hispanic, Director of Operations (2014).

Linda Tucker, Cis Woman/Black/Non-Hispanic, Director of Development & Communications (2020).

Thomas Verdun, Cis Man/White/Non-Hispanic, Director of Legal Services (2016)/Attorney (2003).

Lin-Wei Bonney, Cis Woman/Asian/Non-Hispanic, Administrative Manager (2021).

Pam Cytrynbaum, Cis Woman/White/Non-Hispanic, Restorative Justice Coordinator (2018).

Sarah Frudden, Cis Woman/White/Non-Hispanic, Assistant Education Attorney (2017).

Åsa Gezelius, Cis Woman/White/Non-Hispanic, Social Worker (2014).

Luca Guacci, Trans Man/Hispanic/Latinx/Middle Eastern/North African/Multi-Racial/Multi-Ethnic, Managing Attorney, Education Advocacy Program (2018).

Anya Joseph, Cis Woman/Asian/Asian American, Data VISTA (2020).

Megan McClung, Cis Woman/White/Non-Hispanic, Managing Attorney, School-Based Civil Legal Clinic (2018).

Chloe Reyes, Cis Woman/Asian/Asian American Caucasian/White Multi-Racial/Multi-Ethnic, Social Worker (2019).

Ina Silvergleid, Cis Woman/White/Non-Hispanic, Criminal Record Remediation Attorney (2020).

Recognizing that this continues to be an area of growth for the Moran Center, through the board and staff recruitment, we have

been intentional in cultivating leadership among people of color. We strongly believe that to move the needle toward greater racial equity, leadership needs to be more reflective of the people we serve. Currently, 25% of our Board members including the Vice-Chair, 28% of staff leadership/decision-making positions, and 37.5% of our program staff are persons of color. When positions on our staff or Board are open, we have made it a priority to recruit persons of color.

As part of the Moran Center's DRAFT 2021-2024 Strategic Plan, the Moran Center has prioritized including former clients and family members of clients/former clients in the organizational decision making of the Moran Center, building on our recent experience in hiring former clients to participate in the process of reimagining youth services as part of the Evanston Collective (City of Evanston's Youth & Young Adult Division, Connections for the Homeless, Curt's Café, Erie Family Health Centers, Infant Welfare Society of Evanston, PEER Services, Youth Job Center, and Youth & Opportunity United).

29. All organizations receiving funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA."

085865483

30. Is the facility and program in compliance with the Americans with Disabilities Act?

- Yes
- No

31. If "No," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations. If "Yes," enter "NA."

NA

32. Where (address/location) are services provided and how do participants get to the location or facility?

The Moran Center is in the Evanston Plaza, which is accessible, easily reached by public transportation, and convenient to Evanston Township High School. Our current address is 1900A Dempster Street, Evanston, IL. 60202.

33. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2021 City of Evanston funding and that, to the best of my knowledge, the information in this application is true and correct.

Patrick Keenan-Devlin, Executive Director

Budget [top](#)

Funding Sources/Revenues	2020	2021	2021 Committed
City of Evanston Funding Request	USD\$ 75,500.00	USD\$ 50,000.00	
Program Fees	USD\$ 2,500.00	USD\$ 0.00	
Other Government Funds(Cook Cnty/A2J/IEJF)	USD\$ 0.00	USD\$ 161,626.00	USD\$ 134,126.00
Foundation Grants	USD\$ 169,650.00	USD\$ 180,000.00	USD\$ 180,000.00
Corporate Sponsorships	USD\$ 0.00	USD\$ 0.00	
Individual Contributions	USD\$ 638,486.00	USD\$ 190,015.00	
Special Events	USD\$ 45,000.00	USD\$ 29,160.00	
Misc Income-PPP		USD\$ 97,006.00	
Total	USD\$ 931,136.00	USD\$ 707,807.00	USD\$ 314,126.00

Funding Uses/Expenses	2020	2021	City Funds
Salaries, Payroll Taxes and Benefits	USD\$ 718,161.00	USD\$ 518,958.00	USD\$ 50,000.00
Professional Fees & Contract Services	USD\$ 26,750.00	USD\$ 52,770.00	
Program Supplies/Materials	USD\$ 13,200.00	USD\$ 2,360.00	
Office/Program Space	USD\$ 91,090.00	USD\$ 84,968.00	
General Operating	USD\$ 75,085.00	USD\$ 47,059.00	
Equipment & Other Fixed Assets	USD\$ 6,850.00	USD\$ 1,692.00	
Total	USD\$ 931,136.00	USD\$ 707,807.00	USD\$ 50,000.00

Budget Narrative

The 2020 City of Evanston CDBG/MHB grant budget included all programs within The Moran Center. The significant drop

in the 2021 budget is a result of splitting the organization into two buckets for the 2 CDBG grants this year. The Safety Net Services budget reflects the legal services only provided by The Moran Center and detailed in the grant application. The total of the Case Management budget and Safety Net budget reflects the total increase projected for the organization's wrap-around programs.

The \$50,000 ask in the Safety Net Services grant application will cover 65% of the School-Based Civil Legal Clinic Managing attorney's salary and benefits. The School-Based Civil Legal Clinic serves students and families of students in D65 and this funding would allow us to assist in areas where we are seeing the greatest need.

Program Outcomes [top](#)

Program Outcomes

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-June	G: July-Dec	Goal Total	Actual # (A): Jan-June	A: Jul-Dec	Actual Total
1	Families served by the School-Based Civil Legal Clinic ("SBCLC") will experience greater stability through accrued financial benefits, decrease in negative financial commitment, and/or averting homelessness.	95% of clients facing homelessness will have secured housing because of the SBCLC's assistance during the grant period. Data Source: Review of records in LegalServer.	15	15	30		0
2	Families served by the School-Based Civil Legal Clinic ("SBCLC") will experience greater stability through accrued financial benefits, decrease in negative financial commitment, and/or averting homelessness.	During the grant period, 80% of clients who seek and are eligible for financial benefits will accrue said financial benefits (e.g., child support, unemployment benefits, protected/restored assets, etc.) with assistance from SBCLC attorney. Data Source: Review of records in LegalServer.	51	51	102		0
3	The Education Advocacy Program ("EAP") will investigate the educational needs of Evanston students referred to the EAP program; advocate for appropriate evaluations; create or review an Individualized Educational Program (IEP) with input from the student, caregiver, school and other professionals; and represent students to ensure that recommended educational services are fully implemented.	80% of youth represented by the EAP will achieve their legal goals of increasing or improving educational services, making progress toward IEP goals, improving school attendance, or reducing school disciplinary actions at the conclusion of the case. Data Source: School records, client and caregiver report, and attorney assessment.	17	17	34		0
4	Criminal/Juvenile Delinquency clients will comply with court orders.	70% of legal clients will successfully comply with court orders. Data Source: Review of records in LegalServer.	60	60	120		0
5	Individuals seeking criminal record relief through the Moran Center's Help Desk will have their records reviewed and receive assistance in the record-clearing	100% of Evanston residents seeking Help Desk assistance will have their records reviewed and receive legal assistance in the record-clearing process. Data source: Review of client intake forms and LegalServer.	30	30	60		0

Total			173	173	346	0	0	0
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Program Line Item Expenditures

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0
11					\$ 0
12					\$ 0
13					\$ 0
14					\$ 0
15					\$ 0
Total	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0
11					\$ 0
12					\$ 0
13					\$ 0
14					\$ 0
15					\$ 0
Total	0	0	0	0	\$0

Documents [top](#)

Documents Requested *

REQUIRED FOR ALL EXTERNAL APPLICANTS.
 Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.

REQUIRED FOR ALL EXTERNAL APPLICANTS.

Required? Attached Documents *



[990 FY END 6.30.20](#)

[AUDIT FY END 6.30.20](#)

[Annual Report](#)

Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.		Strategic Plan
Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).	✓	501 C3 LETTER
Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).		Non-Discrimination Policy
Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).		
Brief biographies of key staff including demographic information.	✓	Biographies
Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).		Client Complaint Procedure
Supplemental information relating to your program or agency, as applicable.		Evanston Collective
Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.		Client Intake Form
HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants. download template		
REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.		Org Chart 20-21
REQUIRED FOR ALL EXTERNAL APPLICANTS. Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.	✓	Chart of Accounts 20-21
Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.		Grants and Foundations over \$20,000
REQUIRED FOR ALL EXTERNAL APPLICANTS. Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1-June 30, this will be for FY2019.	✓	REV/EXP YR END 6.30.20
Organizational commitment to equity, diversity and inclusion.		Diversity Statement
Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.		
Current year agency operating budget.	✓	BUDGET FY 20-21
Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards.		Board of Directors Board demographics

Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form.

[download template](#)

[Conflict Of Interest](#)

Duplication of Benefits. City of Evanston and Federal policies require the disclosure of any possible duplication of benefits in the provision of Federal, state or local funding. Complete and upload the attached form.

[download template](#)

[Duplication of Benefits Form](#)

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City of Evanston
Community Development
FY 2021 Safety Net Services
Deadline: 4/21/2021

Learning Bridge Early Education Center Family First

Jump to: [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

USD\$ 43,270.00 Requested

Submitted: 4/21/2021 2:47:28 PM (Pacific)

Project Contact

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Additional Contacts

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Learning Bridge Early Education Center

1840 Ridge Avenue
Evanston, IL 60201

Executive Director

Lindsay Percival
percivall@lbeec.org

Telephone(847) 869-2680
Fax
Web lbeec.org

Application Questions [top](#)

1. Describe your service, including the need(s) addressed. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

The Illinois Department of Employment reported in March 2021 that unemployment rates were up while jobs were down in January across the state. The Chicago-Naperville-Arlington Heights Metropolitan Division (including Evanston/Cook County) experienced some of the largest over-the-year changes. Unemployment increased by 6% to more than 9%, and more than 300,000 nonfarm jobs were lost.

These statistics paint a picture of dire challenges for the vast majority of low-income, Black, Latinx and single-parent households served by Learning Bridge. As one mom told us, her family was just one flat tire away from being homeless.

The Family First program is a new strategic initiative to help stabilize Evanston's low-income families with young children. The program's goal is to stabilize families with unemployed or underemployed parents through tuition scholarships for outstanding, full-day care and early learning for their infants and toddlers, work readiness training and job search support, and, upon employment, direct assistance to qualify for the Child Care Assistance Program (CCAP) administered through the Illinois Department of Human Services (IDHS).

Currently, unemployed individuals have no access to subsidized full-day early childhood education. IDHS requires that all parents in the home must have proof of employment of at least 30 hours a week in order to receive a CCAP subsidy for full-day care for infants and toddlers. Individuals whose work hours drop below 30 hours a week are considered underemployed and no longer qualified to receive the subsidy for full-time, full-day care.

The instability created by these situations has far-reaching impact on all family members. Many adults in this situation will try to cobble together a set of "watchers" for their infants and toddlers, putting consistent early learning at risk and compounding the likelihood of adverse childhood experiences (ACES) that can contribute to developmental and early learning delays. These delays carry great costs for our families, school districts, and communities.

The Family First program proposes to use CDBG Safety Net funding to provide a tuition scholarship for up to ninety days of excellent, full-day infant and toddler care to families with one or more unemployed or underemployed parents. Following IDHS program guidelines, participants would "reapply" every thirty days for renewal of the scholarship and verify engagement in work readiness training and/or employment support services. Participants would meet with an on-site IDHS program administrator

to begin to prepare for CCAP enrollment and be partners in their children's transition to full-day care.

The successful implementation of the Family First program will primarily leverage existing, proven successful services in an entirely new way. It will remove barriers to full-time employment imposed on adults with young children and create new opportunities for positive contributions to our community.

2. How does the service stabilize participants dealing with an emergency or crisis, or prevent further destabilization? How long does the average participant receive services?

Stability, safety and security for low- and mid-income families rests in large part on full-time employment. Crises erupts in all directions when families cannot earn income and when children lose the critical first five years of early learning. Research demonstrates that full-day, high quality care for children aged 0-5 years can begin to break entrenched cycles of family instability. The Family First program strives to address the inequities that create these cycles.

Learning Bridge has seventy-six years of experience in this arena that demonstrates how our community's persistent opportunity gap begins with inequitable access to outstanding full-day early learning. Without job and income security, overall family stability and wellness quickly crumbles. Young children lose access to the consistent early education opportunities that impact future academic success. As stressors increase so do mental and physical health challenges.

Learning Bridge saw this first hand within the first six months of the pandemic. One-on-one conversations between teachers and the eighty-six families who had been enrolled prior to the state-required shut-down told us that more than 60% of our parents had either been furloughed or lost their jobs entirely. Families led by single women were deeply impacted; many had to move to shared living situations, young children lost stability in their care and learning.

When woven into a safety net with other intentional support services, tuition scholarships have the power to create far-reaching impact to stabilize entire families. The outcomes that are created when young children can receive safe, consistent, and excellent full-day care have a measurable ripple effect. Tuition scholarships also directly relieve a significant financial burden for a low-income family on the cliff.

Learning Bridge measures the gains and losses on family stability throughout the year. Among the most important outcomes to be measured is kindergarten readiness. More than 86% of children on average leave Learning Bridge at or above readiness skill levels as determined by District 65, with generally 40% or less meeting readiness at the start of the year. Measurements include more than thirty buckets of skill sets that cover social, emotional, cognitive and physical abilities. These statistics fly in the face of outcomes in early learning associated with poverty. They demonstrate the power of partnership between Learning Bridge leaders, classroom teachers, parents, and community collaborators to offer safety net services and develop the parenting capacity and abilities within working families.

With these services, all family members benefit. When young learners are happy and thriving, parents have less to worry about. When parents worry less and build confidence and happiness through trauma-informed therapy and workforce engagement, they become more stable and are able to make stronger contributions to home and community life.

3. Is this service alone enough to resolve the issue?

Yes, assuming that the specific issue to be addressed is the lack of full-day care for young children of unemployed or underemployed low- and mid-income Black and Latinx and/or single women led households.

4. Do beneficiaries of the safety net service have additional, unmet needs?

Yes, in the sense that unemployment can impact family wellness and create new needs on an ongoing basis and for an undetermined length of time. For example, homelessness or medical needs may be present even after employment and full-day care is secured.

5. How will your agency establish income eligibility for this service?

All recipients are required to report the race/ethnicity and household income of participants.

- ✓ Limited Clientele (include forms used to document income in document upload section)
- ✓ Presumed Eligible (abused children, battered spouses or homeless)

6. Does your agency identify and target people who face barriers to accessing services? (Examples include undocumented residents/ESL households) Describe populations that face barriers to accessing services; how would City funds would improve equity of service delivery and/or expand capacity to those populations?

Both Learning Bridge and the Infant Welfare Society of Evanston actively identify and target people who face barriers to accessing services. This activity is baked into many aspects of existing services, beginning with outreach in the community to other centers of service to low-income families with young children. Both organizations have multiple bilingual staff members and create communications materials in Spanish and English.

A strong example of this at Learning Bridge was seen over the last two years as we set out to make use of the McKinney-Vento Act to enroll homeless families at Learning Bridge. The McKinney-Vento program addresses the problems that

homeless children and youth face in enrolling, attending, and succeeding in school. It opens CCAP tuition reimbursement for families who are experiencing homelessness regardless of whether or not they are employed.

Learning Bridge staff actively reached out to homeless-serving organizations and local shelters to provide them with the correct information on early learning subsidies for people who were homeless. , Communications were sent to District 65 social workers, also to the Evanston Early Childhood Council, LAN 40 and LAN 41, and our partners at churches, homeless-serving organizations and shelters, and job centers. The Learning Bridge Center Manager was prepared for these specific inquiries.

We were able to enroll a small number of families as a result and are proud of the quality of this McKinney-Vento outreach work. One of the families enrolled had four children under the age of five years old, and their mom was able to return to school and improve her employment skill set!

Following this model, Learning Bridge and the Infant Welfare Society of Evanston would conduct targeted outreach with Family First information, and would add social media messaging as well. The message would highlight that the City of Evanston CDBG grant will provide unemployed individuals with young children tuition scholarships for full-day early childhood care and also provide them with employment search support..

City funds would make the essential cost of scholarships possible while Learning Bridge and IWSE would simply amplify current messaging and outreach and expand the message.

7. How will you track expanded participation in services and its impact on these populations? What data are collected and used to analyze services and measure success?

Describe service goals and outcomes anticipated in 2021, including any changes from 2020 if applicable.

Participants in the Family First program will begin with an intake/qualifying discussion with an on-site IDHS Program Administrator. The Admin will refer them to either Learning Bridge Early Education Center or to the Infant Welfare Society of Evanston depending on the needs for infant and/or toddler care. Assuming that enrollment slots are available, a minimum of one month or twenty days of full-day care and education will be provided for children in the household aged five and under, including meals and snacks, and as-needed supplies. Participants will meet with the Center Manager at Learning Bridge or the Family Advocate at IWSE in the first week of the program. In week two, participants will sign-up for employment search support at either the Youth Job Center of Evanston or National Able.

Each of these steps will be tracked during the program. IWSE will be responsible for monthly reporting on the data to Learning Bridge so that overall impact can be tracked. Success will be measured by participants' successful engagement in each step as well as the ability to secure full-time employment by the end of the ninety-day period or sooner.

From the perspective of the young children in the program, this program creates important and measurable transitional events that have the power to impact each child's social and emotional development going forward. These are more qualitative than quantitative measurements. Both IWSE and Learning Bridge will assess aspects of the program's success based on how children and parents navigate and successfully move through these transitions.

At Learning Bridge, for example, each child will be assigned to an attachment teacher. The success of this relationship is measured through anecdotal data through teacher observations. Teachers nurture children's abilities to adapt to daily routines that include set meal and nap times, enjoy outdoor play and neighborhood walks, and engage in peaceful and creative play with peers. The attachment teachers' communications with team members in regular meetings and via Google documents contributes to an intentional plan for each child's progress and success. When these simple activities are challenging or plan objectives are not met, teachers work with each other to adapt and try new social and emotional strategies, and also may consult with therapists or center leadership for support.

The big picture of success of the Family First program is measured by the number of people who can enroll children in high quality early learning; secure and hold a job; be accepted for the CCAP subsidy; remain enrolled in full-day early childhood education. The impact of completing this significant transition to parents working and young children in consistent, high-quality care can be understood as significant in terms of the opportunity gap and educational equity, as well as greater financial stability and overall family wellness.

8. How would an award expand the service to Evanston residents, specifically those who face barriers to receiving services? How would capacity to serve more participants improve?

The greatest barrier to receiving services - in this case excellent full-day care and early childhood education during a child's most important years for brain development - is employment. This award expands existing services to Evanston residents who are caught in an inability to find work while also having to provide full-time care for an infant or toddler. The CDBG grant dollars would increase the capacity of all partnering organizations (Learning Bridge, IWSE, YJC, and National Able) to improve delivery of services because of the incentives build in to the program itself.

Tuition scholarship is a safety net service that carries the strongest message of equity and compassion. It truly recognizes

that economic recovery, or any sustainable equity initiative, rests in large part on the participation and success of families with young children. This group has the greatest needs and many of these needs are most quickly ameliorated with intentional interventions that build self-esteem and confidence with other skills. Fixing these needs in young families and young children now means that precious communal resources can be directed elsewhere in the future. In that way, capacity and impact are amplified.

9. Describe the fee structure for services, whether services are free or available on a sliding scale.

All of the services in the FAMILY FIRST program are offered at no cost to participants.

10. Describe the number, demographics including gender, race/ethnicity and tenure in role, qualifications and experience of staff providing this service. Will new staff be hired and is this dependent on City funding?

The work for this grant will be directed and managed by the Executive Director, the Program and Education Manager, the Center Manager and the Director of Development. Classroom teachers who have direct contact with Learning Bridge families and know them intimately will provide critical information on individual needs and existing barriers to services, collect data on child attachment and transition, and partner with parents on strategies to help families make the adjustment to the new resource of consistent, full-day care and learning.

The Executive Director will create the structure of the program with all the necessary paperwork to document our success. She has been at Learning Bridge for ten years. The Center manager who will oversee the enrollment of the families has been here twenty-six years. The Director of Development, now in his first year at Learning Bridge, will be responsible for reporting on the progress of the program.

No new staff will be hired to implement or document the Family First program.

11. What policies/procedures, including supervisory, are in place to ensure services are provided consistently and that goals/outcomes are achieved?

Learning Bridge works with more than 100 low-income families each year. We have the systems to assess needs and distribute or refer services. Most importantly, staff and teachers slowly cultivate the trust of our parents who can then truthfully share their challenges and hopes for the future. It is through these parent-centric relationships that safety net services, as described above, can be intentionally referred and followed-up on both for the period of the tuition scholarship and after as the parent steps back into the workforce.

Learning Bridge prides itself on being a research-based and data-dedicated nonprofit organization, which will be an important aspect of our successful execution of the Family First program. The proof of the existence and habitual use of the policies and procedures around data gathering and reporting is in the many consecutive years that Learning Bridge has earned the GOLD Level award from "My Teaching Strategies," a nationally-recognized system that provides innovative, effective resources to empower and inspire early childhood educators as they teach and care for the youngest learners in our community during the critical, formative first five years of life.

My Teaching Strategies requires strong supervisory relationships between Center management and classroom teachers to meet important data checkpoints throughout the year. These checkpoints provide the sources of information that determine whether Learning Bridge children are moving steadily toward (and beyond) the goal of kindergarten readiness.

Regular leadership team meetings and individual classroom team meetings are required of all staff members. Adjusting to a continued pandemic-oriented life, all meetings are on Zoom and some have had to be scheduled in the evening. Teachers and managers also contribute to a classroom shared Google docs, logging observations on children's progress or needs shared by parents.

This system will help to ensure, in the most subtle and effective of ways, that Family First goals are achieved. It is often in a quiet conversation between a trusted teacher and parent, for example, where we will learn about a family's likelihood of continued or interrupted employment. It is also in these conversations where referrals are made to other safety net organizations and services in Evanston, and where follow-up is done to check-in on the results of having asked for or received those services.

12. Who participates in or benefits from the services provided? Who participates in or benefits from the services provided?

Describe participants by age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Include any eligibility requirements.

Learning Bridge Early Education Center typically serves close to 150 infants and young children annually from six weeks to 5 years old. In the pandemic year, the service number was just over 100 children aged two to five years old, as well as their parents and guardians with additional support services.

Based on past engagement in family-centric services offered at Learning Bridge, we can project the following assumptions

about those who will participate in or benefit from the services provided:

- Participants will be Evanston residents.
- Close to 80% of them are racial minorities, with an estimated 70% Black and 7% Latinx, and 3% Biracial.
- All households have parents or guardians are low-income, unemployed or underemployed (meaning working less than 30 hours per week).
- The group is just about evenly divided between male and female.
- At least 75% of participating households will be led by single women.
- Upon employment, all participants will meet the requirements to qualify for Child Care Assistance Program subsidies.

It is likely that the adults in this group share other defining characteristics that include:

- More than half do not own or have access to a car and depend on public transportation.
- Participants face multiple hidden barriers to employment and early childhood center enrollment, in part tied to a lack of accessible transportation, and/or to speaking a language other than English, and/or to being undocumented individuals. These are just some of the many challenges they must address in order to gain access to the often-required medical exams and vaccination records, birth certificates, and employee background checks.
- More than two-thirds will be in a shared living situations with friends or extended family members.
- Family nutrition in this group is often challenged, and childhood development of young children may show signs of negative impact.

Broadly speaking, the benefits from providing tuition scholarship are far-reaching. Historically, preschool tuition subsidies have been recognized by city, state and federal governments as a workforce development program. Among the simplest solutions to bring down barriers to employment is secure, safe full-day care for pre-school age children. In today's world, however, research demonstrates that high-quality care is the differentiating factor in outcomes for children, families, and communities. It is not enough to provide safe care, it must be thoughtful, intentional, and research-driven early childhood education that can truly prepare a child for kindergarten and bring long-term benefits to entire families and communities. This is the service at the heart of the Family First program.

13. Complete the chart below with the unduplicated total of people expected to receive services in 2021, number who are low/moderate income, and the number who are Evanston residents.

Programs funded in 2020 must show an increase in people served. Federal regulations do not allow CDBG funds to replace existing program funding.

<input type="text" value="30"/>	Unduplicated people to be served in 2021
<input type="text" value="30"/>	Unduplicated Evanston residents to be served in 2021
<input type="text" value="30"/>	Unduplicated low/moderate income people to be served in 2021
<input type="text"/>	Unduplicated people served in 2020
<input type="text"/>	Unduplicated Evanston residents served in 2020
<input type="text"/>	Unduplicated low/moderate income people served in 2020
<input type="text"/>	Unduplicated low/moderate income Evanston residents served in 2020
<input type="text" value="90.00"/>	TOTAL

14. Are you turning people who are eligible away? If so, how many and why? Does the agency maintain a wait list, and if so, approximately how many people are on it?

Family First is a new program to address the barriers to full-day early learning enrollment for unemployed low-income individuals with young children. We are currently unable to completely serve this group of people, because they cannot afford full-day care without some level of income, and cannot receive tuition subsidy until they are employed. For this particular program, however, there is no precedent and no wait list.

We anticipate that a portion of families receiving Family First benefits will find employment prior to the expiration of benefits. In anticipation of these cases, we will maintain a list of families that are eligible for program enrollment but have been wait listed. As space and funding permit we will invited those families into the program on a "next up" progression.

Learning Bridge has a wait list for enrollment in our current program for slots in the fall of 2021, but this is often the case and it is our experience that people shift around at the start of the school year, leaving some of our enrollment slots open. As the pandemic eases, we will open more enrollment slots and have the capacity to serve the additional families likely to enroll through Family First.

15. Does demand fluctuate throughout the year? If so, please explain.

Demand for enrollment increases in the fall. This is likely tied to school-age children returning to classes. However, during the pandemic, we experienced parents needing the support of full-day early learning year-round.

16. How do potentially eligible participants find out about your agency's service?

As mentioned above, we will pursue the model developed in the case of individuals who were homeless. For many years, individuals who were homeless were also unemployed, and therefore were ineligible CCAP tuition subsidies. We needed to educate the public about the McKinney-Vento Act implications in this area. We did this through targeted meetings and outreach.

One of the great strengths of Learning Bridge is the investment of our leadership in sincere community collaboration and thoughtful equity strategy. We have mentioned many of the agencies but a short list includes: Infant Welfare Society of Evanston, Childcare Network of Evanston, Evanston's Early Childhood Council, LAN 41 and LAN 42, COFI, and Funding for Early Childhood Coalition. We also have contacts and easy communication with staff at the YWCA, Connections for the Homeless, Night Ministry, and Chicago Furniture Bank among others. If funded, the Family First program will pursue a wide distribution of information via social media platforms.

We had considered bringing in additional early childhood centers for this program, but opted to run this as a trial year with the Infant Welfare Society and create a replicable model for the future. Neither organization anticipates being inundated with requests for scholarships from unemployed or underemployed parents and both have the capacity to work to meet all of the arising needs.

17. Do other agencies/entities refer people for this service? If so, describe the process including common referral sources and the ratio of participants referred versus those who find your service independently.

Again, as this is a new program, no precedent exists. Learning Bridge does regularly receive referrals from other agencies. The YWCA, CNE, IWSE, social workers in the LAN networks, and others are regular referrers to our Center. We anticipate that the vast majority of participants in the Family First program will come from referrals at the start, and hope that over time, more inquiries will be generated as word spreads in the community,

18. Did the agency receive funding from the City of Evanston for this service in FY2020?

- Yes
- No

19. If "Yes" to the question above, how would your capacity to serve existing or new Evanston residents be affected if funds were not received in FY 2021?

Our overall capacity will remain as it is if funds are not received in FY2021. This means that the ability to serve unemployed parents with young children will remain unaddressed due to other critical operating needs. This is a high priority for our work, and we will continue to seek grants and other private funding, but it will exist among a laundry list of needs.

20. What portion of participants served have additional needs that are not resolved by the safety net service?

List additional services participants most commonly need to achieve self-sufficiency.

At least 70 percent will have additional needs. Stable housing remains an issue, transportation needs are high, access to healthy and affordable groceries, and essentials of life especially those that are not covered by SNAP support.

We also anticipate that even as the job marketing opens up, wages may be rolled back as companies recover from pandemic losses. This may create a new wave of underemployment needs.

21. Does your agency offer any of these additional services? Is the service for which you are seeking funding an entry point into these deeper services? If so, describe the services. What number or percent of people receiving this service are enrolled? How many are Evanston residents?

Our agency does not offer these services, but we are a portal to these other services.

In requesting a grant for the Family First program, we seek tuition scholarship funding for low-income families, which often allows us to help them secure these services from other agencies in Evanston. We find that our referral rates to other agencies are highly successful because of the collaborative nature of our approach. For example, we have been told by clients that they pursued a referral to Connections for the Homeless because we called the agency ahead of time, described the client's needs to a counselor, and connected the client to that person. A connection was established in advance of that client walking through the other agency door, which alleviated the shame and discomfort this single mother was experiencing.

100% of clients in the first year of Family First will be Evanston residents. In the example of our referrals to other agencies for services to low-income families, the large majority are Evanston residents but some live in Chicago or nearby communities and work in Evanston.

22. Are there barriers to people accessing deeper services including program fees, insurance requirements, or location of services, etc.? Describe briefly.

The Family First program has no barriers to accessing deeper services. A copy of a child's birth certificate and most recent medical exams and vaccinations are required, and a short amount of time is allowed for parents to provide the information to us.

23. If your agency does not provide the additional services, describe how you help participants access them and how you track the referrals.

Learning Bridge Early Education Center is at the nexus of safety net services to unemployed low-income families. High quality, full-day care is itself a critical safety net for any working family. Multiple, long-term, gold-standard research studies demonstrate the proven positive outcomes of high quality, full-day care for children, families, school systems, and communities.

Participants who need help accessing medical records are referred to Erie Health in Evanston. We have close relationships with staff members there who help to fast-track our requests, and the proof that appointments are being kept is in the submission of medical records needed for continued enrollment.

Any other perceived administrative barriers to enrollment are addressed with the support of the Learning Bridge Center Manager, who assists families in completing and submitting paperwork. This is done with great care and respect, so that each client feels the warm welcome and the hope that is created with the knowledge that a young child will be in the best care and early learning environment.

24. What other agencies provide similar services, how do you collaborate with them in order to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

As noted in previous answers, Learning Bridge staff collaborate closely with all other nonprofit early education centers in Evanston. Duplication of services is not an issue as the number of enrollment slots is, at times, not sufficient to meet the needs.

We collaborate in many ways: advocacy, funding, human resources, community events. We all recognize the importance of helping to build awareness in Evanston and beyond of the fantastic results of early childhood education on the lives of low-income families and young children. As well, we all agree that our classroom teachers, many of who are still fighting to earn a living wage, deserve much better than they receive as lifelong students and dedicated professionals.

What sets our services apart at Learning Bridge is the intentional planning and measured impact of our work to help every child aged two-to five years old be ready for kindergarten on day one. As noted, the improvements we can measure in our young learners is a forecast for future academic success.

As well, Learning Bridge occupies a large, historic mansion on an acre of land. Our outdoor classroom is wholly unique in Evanston. It promotes physical health, coordination, teamwork, creativity, STEAM activities and explorations, gardening and nutrition lessons, and so much more. We are proud of this site and committed to bringing our classrooms physical renovations to fruition, so that the excellence of our programs is reflected in the beauty and comfort of our classrooms.

25. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year.

Under the "Documents" tab, attach the current Strategic Plan and a list of current Board members; add Board demographics including approximate age range, race/ethnicity.

Learning Bridge Education Center is a 501(c)(3) nonprofit organization whose mission is to strengthen families and communities by providing the highest quality, affordable, full-day early learning experience for their children. We reserve 70-80% of our enrollment for low-income families receiving CCAP subsidies.

The pandemic significantly cut service levels in 2020, but we anticipate being at pre-pandemic levels by the end of 2021. As of this writing, 62 families are enrolled and a waiting list exists for slots to open in the fall.

Aside from the Evanston School District, Learning Bridge continues to be our city's largest provider to families of color with children aged two to five years old. Children from all socioeconomic backgrounds gain the skills they need to succeed in school and to learn the shared community values of cooperation and respect.

The Center has long been focused on educational equity. Using kindergarten readiness standards and collaborating with many other agencies in Evanston allows Center staff to open doors to support that helps to drive the achievement of each child and to support each family's plans for the future.

The Center received the Award of Excellence in Preschool Teaching and Learning from ExceleRate Illinois in 2016, the last year these awards were made. We continue to operate on a model of continuous quality improvement in the classroom, which requires strong partnerships between parents and classroom staff, as well as strategies to foster equity in all aspects of our operations and governance. For families who face multiple barriers to equity, we:

- Create a positive and safe climate in which children, parents and staff can grow together;
- Pivot to an online communications and payment platform for parents that is easily accessible from any device, while remaining in close contact through print materials and daily check-ins;
- Meet families where they are to nurture the physical, intellectual, social, and emotional development of children through on-site and early intervention resources;

- Expend resources to get the message of our extensive support services to families experiencing homelessness or who are unemployed or on the verge of unemployment.

Through the pandemic year, Center leadership chose to keep our staff of 25 members intact. Many of our team are the sole providers for themselves and their extended families. This required staff members to take on multiple operating roles and receive extensive training in new sanitization and communications procedures. Our dedicated team stepped in to provide essential in-person work to benefit the most vulnerable families in Evanston.

Two new members joined our 16-person board in 2020, who meet six times annually. Five board committees guide and actively support the investment fund, fundraising campaigns, communication and marketing, and house and ground expenditures. All other volunteer activities are currently and unfortunately s

26. Describe your agency's capacity to document provision of services, including policies and procedures for managing finances and procurement.

Include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resources Library).

Learning Bridge Early Education Center has a long history in Evanston of providing quality childcare and family support services. Our agency has a mixed-blend of income from private donors, foundation grants, as well as state and federal funds. We have well-defined financial policies, systems and procedures in place to ensure several levels of checks and balances. This meets the highest standards of fiscal responsibility and financial integrity as is expected by our stakeholders, and also to ensure that we are able to easily meet ongoing reporting requirements for our audit and funders.

Generally, payments for parents are handled by one person, deposits by another, recording a third and reconciliation a fourth. Expenditures are kept in tight control and reviewed weekly. We receive and track many donations of goods and pro bono services that help to supplement our resources.

Our Board of Directors works diligently behind the scenes to build funding and advocacy to sustain Learning Bridge services. They bring with them a wealth of expertise. The Center's financial statements are monitored on a monthly basis. The Board reviews all debit card purchases as well as other expenditures as part of their fiduciary responsibility.

The Center Manager, Program Manager and Executive Director work with vendors to provide the best value for services and whenever possible we purchase from local Evanston vendors. The Center keeps purchases to a minimum and obtains three bids for any items exceeding \$2,500 in expense.

While our current program capacity is fairly stretched, we have long recognized and implemented strategic support to obtain funds for emergency tuition scholarship funding for our low-income families. One small scholarship fund was established in-house, and we have secured additional ongoing support from clubs and associations as well as individuals over the years. Reviews of similar programs at other sites have been conducted, and obstacles and opportunities carefully weighed to ensure that funds are distributed equitably.

Generally speaking, those most often in a crisis situation regarding employment and ability to pay tuition are Black and Latinx single women head of households. At Learning Bridge, each case is carefully examined and discussed by support teams so that connections are made to other safety net services in the community. The Center's Program and Education Manager Ann Rappelt, Executive Director Lindsay Percival, and Center Manager Joy Torres will lead the scholarship decision-making process and track results.

Families First is a pathway to true equity that grows from decades of intimate, respectful and individualized support for low-income families in Evanston. With the strong system of internal and external communications and implementation already created to support the complex needs of families doing all they can to survive and thrive, we are confident in our ability to undertake the proposed program.

27. Describe how your agency gets feedback from clients/participants and how that information is incorporated to improve services and service delivery.

Learning Bridge receives feedback from participants through a number of channels. This information is aggregated and presented weekly in Leadership Team meetings and quarterly in all-staff meetings, discussed and reflected on, and appropriately responded to either by a classroom teacher or Center leadership.

Some of the channels for feedback include:

- Twice yearly Zoom parent/teacher conferences;
- The classroom communications platform called Class Dojo;
- Information greeting time at morning check-in of children;
- Twice yearly emails and outreach to parents specifically seeking/nviting input.

Anecdotal conversations are regularly recorded in internal communications logs. We appreciate and use this feedback. An example of this was in the development of on-site speech therapy programs. We had been referring families to off-site

therapists and had very low follow-up from parents. By asking for input, we learned that many parents could not take time off from work to bring their child to therapy. Some did not have transportation, others had cultural or religious reasons for not wanting to take part. But nearly 100% of parents signed waivers to allow Learning Bridge to provide the intervention on site.

The ability of our staff members to listen and respond to client input shows itself repeatedly being a valuable asset in the development of new programs that have better parent engagement, and is a strategy that is baked in to all that we do.

28. Provide staff demographics including gender, race/ethnicity and range of tenure in role. How many staff members of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

The staff at Learning Bridge is comprised of twenty-two women and two men; all are Cisgender. The racial breakdown of staff is 42% white, 29% African American, 16% Latinx and 13% Asian.

Staff is about evenly split between individuals who have been here for more than 15 years, and those whose tenure is five years or less.

The Learning Bridge leadership team is comprised of four women of whom one is Black. All have more than fifteen years in the field, and between five and 22 years at Learning Bridge.

Learning Bridge is actively dedicated to engaging people of color in decisions. Part of the essence of our success depends on taking input from all staff members prior to creating or shifting policies that impact their daily work lives and our educational outcomes.

A great example of this approach is the ways in which COVID-19 protocols were designed and developed. Many drafts of processes were created by the leadership team, and each version was brought to all-staff and individual teaching team meetings. Every teacher's voice, perspective and experience was encouraged as the protocols were developed. This process significantly enriched teacher participation in the protocols as well as their successful outcomes; Learning Bridge had only four COVID-19 exposures between July 2020 and March 2021, and at no time was the Center completely closed as a result.

This decision-making approach encourages every staff member to actively participate in decisions and exercise the power of diverse voices in creating an equitable learning culture.

29. All organizations receiving funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA."

115747271

30. Is the facility and program in compliance with the Americans with Disabilities Act?

Yes

No

31. If "No," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations. If "Yes," enter "NA."

Our Center is currently not ADA accessible. We serve young children and have been able to easily accommodate mild physical disabilities. The Center is planning to reaching ADA compliance in the next three years.

32. Where (address/location) are services provided and how do participants get to the location or facility?

1840 Asbury Ave. Evanston, IL 60201 - most of our clients drive here however we are easily accessible by bus, metro and the RTA.

33. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2021 City of Evanston funding and that, to the best of my knowledge, the information in this application is true and correct.

Yes (Lindsay Percival, Jenny Merdinger and David Wolf, collaborators)

Budget [top](#)

Funding Sources/Revenues	2020	2021	2021 Committed
City of Evanston Funding Request		USD\$ 43,270.00	
Total	USD\$ 0.00	USD\$ 43,270.00	USD\$ 0.00

Funding Uses/Expenses	2020	2021	City Funds
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Tuition Scholarship @\$300/week for three months		USD\$ 38,970.00	USD\$ 38,970.00
Admin Cost @\$3/day for three months		USD\$ 1,800.00	USD\$ 1,800.00
Learning Bridge Family First program management		USD\$ 2,500.00	USD\$ 2,500.00
Total	USD\$ 0.00	USD\$ 43,270.00	USD\$ 43,270.00

Budget Narrative

No numbers are given for 2020 as Family First is a new program.

Tuition reimbursement figures are based on a projection of ten total families in the program, averaging three members in each family, paying \$300/weekly rates. Scholarship dollars will be shared between Learning Bridge Early Education Center and the Infant Welfare Society of Evanston (IWSE). The IWSE primarily serves infants and toddlers, and Learning Bridge serves children who "graduate" from IWSE, or toddlers and young children aged two to five years old. In this way there is no duplication or competition for tuition reimbursement, and both organizations can share the work of outreach to service providers and potential referrers.

Admins at Learning Bridge already complete CCAP intake and provide support for clients both for IWSE and Learning Bridge Early Education Center.

Program management will occur largely at Learning Bridge, and with the cooperation of the Family Advocate already providing services to all IWSE families.

Program Outcomes [top](#)

Program Outcomes

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-June	G: July-Dec	Goal Total	Actual # (A): Jan-June	A: Jul-Dec	Actual Total
1	Parents are employed, able to remain in their homes and stabilize their families	Accepted to Child Care Assistance Program.	3	7	10		0
2	Parents work with job search and/or work readiness program such as Youth Job Center or National Able	Provide written documentation of participation in the program	2	8	10		0
3	Young children successfully adapt to full-day early childhood education environment.	Child attends 80% of full-day weeklong care and begins to show positive social skills and attachment behaviors.	4	6	10		0
4					0		0
5					0		0
Total			9	21	30	0	0

Program Line Item Expenditures

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0

8						\$ 0
9						\$ 0
10						\$ 0
11						\$ 0
12						\$ 0
13						\$ 0
14						\$ 0
15						\$ 0
Total	0	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0
11					\$ 0
12					\$ 0
13					\$ 0
14					\$ 0
15					\$ 0
Total	0	0	0	0	\$0

Documents [top](#)

Documents Requested *

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).

Brief biographies of key staff including demographic information.

Plan to address accessibility issues, including who

Required? Attached Documents *



[Audit and Form 990](#)



[LBEEC FEIN Letter](#)



[Brief Biographies of Key LB Staff](#)

to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).

Supplemental information relating to your program or agency, as applicable.

[2019 Annual Report](#)

[Infant Welfare Society of Evanston Partnership letter](#)

[Wage Verification Form](#)

Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.

[download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.



[LBEEC Chart of Accounts](#)

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1-June 30, this will be for FY2019.



[Operating Revenues and Expenditures for FY2019](#)

Organizational commitment to equity, diversity and inclusion.

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.

Current year agency operating budget.



[Current Year LBEEC Operating Budget](#)

Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards.

[LBEEC Board Roster](#)

Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form.

[download template](#)

Duplication of Benefits. City of Evanston and Federal policies require the disclosure of any possible duplication of benefits in the provision of Federal, state or local funding. Complete and upload the attached form.

[download template](#)

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City of Evanston
Community Development
FY 2021 Safety Net Services
Deadline: 4/21/2021

Meals on Wheels Northeastern Illinois
**Home Delivered Meals as a Gateway to Safety Net Services for Low Income
At Risk Homebound**

Jump to: [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

USD\$ 30,000.00 Requested

Submitted: 4/22/2021 12:57:54 PM
(Pacific)

Project Contact

Deborah Morganfield
executivedirector@mealsonwheelsnei.org
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Additional Contacts

none entered

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Illinois**

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Application Questions [top](#)

1. Describe your service, including the need(s) addressed. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

Needs

1. Nutrition support for seniors and persons with disabilities

Twenty percent of elderly persons are malnourished. 30 percent of seniors skip at least one meal a day. They need regular, nutritious meals.

*How Addressed

Between 11 a.m. and 1 p.m., 6 days per week, 52 weeks a year, including holidays MWNEI volunteers deliver fully cooked, nutrient dense meals to clients' homes.

2. Need for help complying with medically prescribed diets

Individuals with kidney failure and or diabetes or other illness or who cannot chew cannot adhere to their medically prescribed meals. They need ready to eat meals tailored to their medical needs.

*Addressed by

MWNEI offers therapeutic diets that include calorie controlled, salt free, gluten free, and mechanical chopped or pureed food.

3. Need support services

The vast majority of seniors do not live in nursing homes or assisted living facilities, but in the community. To age in place, they need support services such as help with bathing, safety features e.g., grab bars, mental health care, and more. But the do not get the help they need.

*Addressed by

While our signature program is home delivered meals, MWNEI provides more. During deliveries and using iPads uploaded with ServTracker software, MWNEI volunteers note signs of changes in clients' status and record their observations. If clients need help, staff follow up with clients and their families, locate available services, and arrange referrals.

Also, MWNEI's fully cooked, delivered meals have an intrinsic safety value. Recipients do need to turn on the gas, touch raw meat, open cans, or worry about safe food handling.

4. Need for affordable regular meals

Individuals who are under financial pressure often skip meals and get by on unhealthy snacks. When they do eat, their meals often are jam-packed with calories and lack protein and fresh fruits and vegetables. Their health and independence are jeopardized

*Addressed by

MWNEI provides subsidies for low-income persons who need help paying for their meals. They get regular, nutrient dense meals on a sliding scale plus all the other social services offered by MWNEI, including food for their pets.

5. Community service

a. Control of healthcare costs –

*Addressed by

>MWNEI delivers meals to newly discharged patients from Amita Health Saint Francis Hospital in Evanston and will expand this service to other hospitals

>Monitoring clients' conditions and intervening prior to crises, results in cost savings, e.g., reduced unnecessary 911 and ER visits, costly rehospitalization, etc.

>Aging in place is less expensive than living in an institutional setting

b. Food for other agencies

*Addressed by

>MWNEI's community kitchen is becoming a designated source of food by other agencies e.g., the area Red Cross and is being considered by others e.g., Family Focus

c. Advocacy and education

*Addressed by

>MWNEI offers advocacy and educational programs on food insecurity

2. How does the service stabilize participants dealing with an emergency or crisis, or prevent further destabilization? How long does the average participant receive services?

MWNEI intervenes in crises as described below. Then, in consultation with clients and their representatives, MWNEI connects participants to experts to follow up services.

The most obvious crisis is potential malnutrition which may show itself in a client's physical and cognitive struggles. Simple delivering our nutritious meals remedies these situations in some and prevents it in others.

When a MWNEI volunteer encounters a client experiencing an emergency the volunteer would immediately act and

1. Dial 911
2. Remain with client until help arrives
3. Offer comfort
4. Call the MWNEI office which would notify family or designed contact

MWNEI rarely encounter 911 emergencies. More common would be a case where the volunteer sees something amiss such as a red blotch on the client's mask that could be blood. In this case, the volunteer notified the office and a family member was called for advice.

In another case, the volunteer did not get a response when attempting a delivery. So, he phoned the client, repeatedly. She finally answered, said she had been sleeping. She subsequently came to the door.

On another occasion, no one answered the door and when the volunteer called there was no answer. He peered into the window and saw the individual lying on the floor. He called 911.

In another instance, the volunteer who, as do others, got to know his client reported that the client looked poorly. The office contacted the family that eventually hired a care giver for the client.

MWNEI takes a longer view and connects clients with services they need. MWNEI volunteers who deliver means record clients' "changes of condition." If the client appears to be in distress or changed, the click of a button alerts the MWNEI office. A sequence of events is triggered that further assesses the client's condition and then links the client with indicated resources such as: cooling or heating as needed, household help (with laundry, etc.), managing medications (getting prescriptions filled) handyman help to add safety features etc.), and so on.

MWNEI meal and associated services are provided as long as the client chooses or as family requests same. Duration of services from outside agencies are determined by the client and providers.

3. Is this service alone enough to resolve the issue?

Not entirely. Within 24 to 48 hours, MWNEI will deliver nutrient rich foods (offering subsidies if appropriate) to the homes of persons in need of food. In many cases clients who are malnourished will need multiple additional services.

4. Do beneficiaries of the safety net service have additional, unmet needs?

MWNEI's clients need a wide range of additional services such as legal e.g., to prevent evictions, elimination of safety

hazards that are risks to their falling, transportation, and more. Referral services need to be tailored individual conditions.

5. How will your agency establish income eligibility for this service?

All recipients are required to report the race/ethnicity and household income of participants.

- Limited Clientele (include forms used to document income in document upload section)
- Presumed Eligible (abused children, battered spouses or homeless)

6. Does your agency identify and target people who face barriers to accessing services? (Examples include undocumented residents/ESL households) Describe populations that face barriers to accessing services; how would City funds would improve equity of service delivery and/or expand capacity to those populations?

Yes

MWNEI serves the elderly and persons with disabilities who cannot provide for their own good nutrition and often are homebound.

Nearly 2 million older adults are completely or mostly homebound, and another 5.5 million are semi-homebound.

Nationally, the homebound are likely to be African American, Medicaid beneficiaries, with chronic illness, symptoms of depression or mild dementia, limited mobility, and who live alone. Their families may check on them sporadically. Or they are "elder orphans" who have no children or relatives. Many who have difficulty performing daily activities do not get the help they need, such as help with bathing, medication management, and more.

Although rates of malnutrition are highest among low-income seniors, homebound adults of all incomes may experience malnutrition. They may be skipping meals, eating unhealthy snacks, foregoing expensive protein and fruits and vegetables, too little vitamin D, too few fluids. Or, they are not complying with their diabetic or other medically prescribed diets. They risk illness or suboptimal cognitive function, and their ability to recover from illness is lowered. They too need nutrition-dense meals.

Populations that face barriers to accessing services include

- >The elderly who often have poor vision, balance issues, very low energy, mild dementia, etc.
- >Younger adults with disabilities such as serious mental illness, multiple sclerosis, cerebral palsy, etc.
- >Persons who need help while recovering from illness or surgery, are undergoing chemotherapy, etc.
- >Individuals who require special therapeutic diets
- >Individuals living in SROs limited cooking facilities, e.g., the Evanston Y
- >Caregivers who need respite
- >Persons newly discharged from the hospital
- >Victims of disasters

Especially persons who are low income.

They self-identified members of the public who read about MWNEI in the newspaper, a brochure, or on line. They are referred by home health agencies, staff of dialysis clinics, social workers, physical therapists, psychologists, donors, and more.

b. City funds might improve equity of service delivery and/or expand capacity to those populations by

Widely disseminating information to the public and professionals about safety net and supportive services to the community perhaps by peer community health workers might help.

Increasing the availability of digital media to low income and other groups that have been left out of this connection.

Providing/lending equipment and internet access to help connect persons gain health information, medical monitoring, and more. A program for teaching computer skills might involve volunteers or students.

7. How will you track expanded participation in services and its impact on these populations? What data are collected and used to analyze services and measure success?

Describe service goals and outcomes anticipated in 2021, including any changes from 2020 if applicable.

a. MWNEI tracks client status and participation in program services using

Software programs

Interviews with clients

Anecdotal feedback from volunteers in the field

b. Data collected to measure success (specifics listed below)

For the year 2021

1) Goal/Objective: To improve health and wellbeing for the homebound elderly and persons with disabilities so they may continue to live in the community for as long as possible.

Outcome: 95% of clients will age in place. 40 clients will be linked to community services to enhance their wellbeing and/or safety. [All clients will have been screened to determine the needs.] The current percentage of clients aging in place (95) is expected to remain the same, but the actual number of clients who do not move to a nursing home or other restrictive

institution will rise to about 475.

Measuring success by:

- a. Client records entered upon registration
- b. "Stop Report" which indicates discontinued service and
- c. ServTraker client service and referral data

2)Goal/Objective: To provide clients with identified social needs such as transportation, social connections, corrective safety conditions, the opportunity to achieve greater self sufficiency

Outcome: 95% of clients with identified needs will be offered referral with community resources that can provide needed supportive services

Data source:

Follow up interviews with clients

ServTracker computerized data as well as the MWNEI program manager's notes on client progress

3)Goal/Objective: Clients with social needs will achieve greater self sufficiency

Measurable Outcome: 85% of clients who have been linked to community services will report enhanced quality of life.

Data Source

Anecdotal evidence provided by clients

Client surveys of re: their sleep, self-care, feelings of loneliness, sense of independence, etc.

4) Goal/Objective: Help reduce rehospitalization of newly discharged hospital patients by providing them with nutritious home delivered meals

Measurable outcome: Newly discharged patients from AMITA Saint Francis Hospital who are receiving MWNEI services will show 10% fewer (costly) rehospitalizations than during a comparable period.

Data Source/Measuring Tool: AMITA Saint Francis Hospital admission records.

8. How would an award expand the service to Evanston residents, specifically those who face barriers to receiving services? How would capacity to serve more participants improve?

Award money will be applied to the cost of food for subsidized clients which is budgeted this year at \$389,990. With more funds, MWNEI could help more low-income persons pay for regular, nutritious meals.

In addition to home delivered meals – both regular and medically tailored meals -- subsidized clients receive all the other services the MWNEI offers clients: Regular monitoring of their well-being, connections to safety net services, a community of Meals on Wheels members (other clients, volunteers, staff), and free food for their pets. These low-income individuals will be receiving more than meals. They get help to improve the quality of their lives or perhaps even assures their survival.

9. Describe the fee structure for services, whether services are free or available on a sliding scale.

Persons who need help paying for their meals are offered subsidies based on 11.5 percent of their daily income. Some pay as little as 25 cents for a set of meals (lunch and dinner). Those in dire circumstances pay nothing at all.

10. Describe the number, demographics including gender, race/ethnicity and tenure in role, qualifications and experience of staff providing this service. Will new staff be hired and is this dependent on City funding?

Executive Director, Deborah Morganfield, BA, has headed Meals on Wheels Northeastern Illinois since 2013. Previously, she served as the first Executive Director of Interfaith Caregivers of Washington County, Wisconsin, a not-for-profit network of volunteers which serving more than 1,200 seniors with transportation, access to food, and good neighbor deeds such as snow shoveling. Earlier, she worked at the American Heart Association as both an Area Director and a Fund-Raising Specialist in the Milwaukee region. Demographic: Female/White/7 years

Food Services Director, Sam Landsman, BS, learned cooking at Johnson and Wales University College of Culinary Arts. He has led food service efforts as executive kosher chef at a Meals on Wheels program in Denver, has served at Bridgeway Senior Living in Bensenville, Ill., was Executive Chef at Park Plaza Retirement Center in Chicago, and was executive kosher chef for Aramark at the University of Chicago. Male/White/1 year

Program Coordinator, William Donnelly, BA has worked at the Muscular Dystrophy Association (MDA) for which he trained and supported more than 50 Volunteer Program Coordinators across the country. He also managed information and data metrics for more than 31,000 of their volunteers. Earlier, he served on the development team at the Elks National Foundation. Mr. Donnelly has delivered presentations on volunteer management at several professional conferences. He also has worked on the AmeriCorps NCCC, which works to revitalize neighborhoods throughout the U.S. Mr. Donnelly has also achieved the rank of Eagle Scout. Male/White/1 year

Client Coordinator, open

Kitchen staff/Line Cooks

Malaika Marion Lebin, previously owned the Brown Sack restaurant in Logan Square, Chicago and Heavenston in Evanston, and was manager of others. She trained at CHIC (Cooking and Hospitality Institute of Chicago) and Le Cordon Bleu, and has worked at some major restaurants in Chicago. Female/Black/1 year

Joel Peterson, is former executive chef of 8 years at the Hilton Chicago/

Magnificent Mile Suites and former sous chef at other Chicago restaurants. Trained at Kendall College Bachelor of Arts – BA Culinary Arts/Chef Training.

Male/White/1 year

Volunteers are de facto staff: MWNEI volunteers are the heart of the organization. There are about 800 of them, some serving for 20 or more years.

11. What policies/procedures, including supervisory, are in place to ensure services are provided consistently and that goals/outcomes are achieved?

A. The governing structure of the organization ensures that services are provided effectively

MWNEI policies and procedures are guided by an active and independent governing board with ultimate oversight authority for the organization. It also has a legal structure that dictates policies including Articles of incorporation and bylaws.

A budget is created annually and approved and then monitored by the MWNEI Executive Director and Board. They monitor income and expenditures, track funding sources, and review and approves the annual audit.

Board committees are invaluable planning. In addition, a strong advisory council including a caterer, a restaurant chain operations manager, an expert in food production in the Chicago area, and a dietitian advise on excellence in food production of the community kitchen.

B. Internal operations ensure that quality services are provided to MWNEI clients and to the community.

MWNEI operates with a staff which includes the executive director (ED) and 5 additional employees. They have experience in volunteer management and client relations and in contributing to a culture of excellence. De facto members of the staff are MWNEI's 800 plus volunteers who receive no compensation -- not for auto usage, not for gas -- for their remarkable service. Bookkeeping responsibilities are handled by a contract accountancy firm. All report to the executive director who, in turn, reports to the Board of Directors.

Because the staff is small, supervision of staff performance and effectiveness takes place during everyday activities. The ED works in close physical proximity, side by side with staff and, thus, easily monitors activities. In addition, formal weekly staff meetings take place at which the ED also supervises operations.

Tracking outcomes also is aided by IT. The ED uses the data to follow overall organizational and individual project goals. An important means of assuring quality service is client feedback. Volunteers in the field regularly report on client status and input, and clients call regularly with requests, comments, or just to talk. Every call is responded to individually and, where indicated, follow up measures are taken. Clients' input and MWNEI responses are the most important elements in assuring ever-improving service.

12. Who participates in or benefits from the services provided? Who participates in or benefits from the services provided?

Describe participants by age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Include any eligibility requirements.

Primary beneficiaries are adults who are undernourished, frail, recovering from illness, need special diets, and the like. Meals on Wheels Northeastern Illinois ensures they do not go without a nutritious meal and a friendly check-up.

Among them are

- The homebound. About 1.9 million persons in the U.S. age 65 or older are completely or mostly homebound.
- Individuals who live alone or are without anyone to assist them with meal preparation. These may include persons who are frail, arthritic, or blind, or younger persons with serious mental illness, MS, cerebral palsy, or other disabilities. Twenty percent of MWNEI clients are younger.
- Adults who require medically prescribed diets. Diabetics, persons with kidney disease, those who have difficulty swallowing, and others with medical conditions which are dependent on special diets benefit.
- Those who need help on a short-term basis after hospitalization, accident, illness
- Persons in the MWNEI service area who live in SRO facilities where there are limited cooking facilities

And the broader public benefits:

A national study concluded that home delivered meals resulted in lower health care costs. The community benefits when the elderly or persons with disabilities remain in their midst to contribute to the stability of the community. They pay local taxes, support local churches and organizations, and build bridges with younger generations.

MWNEI Demographics

- Age: The elderly make up 81% of MWNEI clients.
- Gender: Male 40%; Female 60%
- Ethnicity: Caucasian 64%, African American 30%, Asian 3% Hispanic 3%.
- Incomes: 48% live on less than \$15,500. 21% have incomes between \$15,500 and \$25,800. 31% have higher incomes. We have noticed an increase in the number of low-income clients recently, climbing as high as 68%.
- Health status: About 50% of MWNEI clients are on therapeutic diets. Roughly 18% have a mental health diagnosis.

Eligibility requirements:

All individuals who are over 18 and reside in the MWNEI service area are eligible and can complete an application online or over the phone. The MWNEI delivery area includes all of Evanston as well as Skokie, New Trier Township, Northbrook, Glenview and portions of eastern Lake County.

Steps have been taken to increase participation of minorities.

MWNEI

- Maintains delivery routes serving persons in Evanston, Skokie, and Waukegan, in which large minority populations live
- MWNEI's kitchen is located at 1723 Simpson St. in Evanston's 5th ward, with a predominance of residents identified as minority. Volunteerism and requests for service in this largely African American neighborhood have already increased.
- Culturally conscious menu items benefit all clients by encouraging them to eat the nourishing food they get from MWNEI
- Relationships with leaders in minority organizations have grown as a result of menu discussion for possible future partnerships

13. Complete the chart below with the unduplicated total of people expected to receive services in 2021, number who are low/moderate income, and the number who are Evanston residents.

Programs funded in 2020 must show an increase in people served. Federal regulations do not allow CDBG funds to replace existing program funding.

<input type="text" value="500"/>	Unduplicated people to be served in 2021
<input type="text" value="250"/>	Unduplicated Evanston residents to be served in 2021
<input type="text" value="300"/>	Unduplicated low/moderate income people to be served in 2021
<input type="text" value="211"/>	Unduplicated people served in 2020
<input type="text" value="124"/>	Unduplicated Evanston residents served in 2020
<input type="text" value="181"/>	Unduplicated low/moderate income people served in 2020
<input type="text" value="104"/>	Unduplicated low/moderate income Evanston residents served in 2020
<input type="text" value="1,335.00"/>	TOTAL

14. Are you turning people who are eligible away? If so, how many and why? Does the agency maintain a wait list, and if so, approximately how many people are on it?

No

We are accommodating all eligible callers, that is to say those who live in our delivery area and are not able to make meals/go to a food pantry or congregate program for their daily nutrition.

15. Does demand fluctuate throughout the year? If so, please explain.

Yes, it is always present but does seem to move in waves.

16. How do potentially eligible participants find out about your agency's service?

They find out by or from:

Word of mouth from clients' relatives and clients themselves and from former clients

Our website www.mealsonwheelsnei.org (Google searches)

Press – articles in local newspapers about MWNEI

Professionals: care managers, social workers, physical therapists, police, and more

Donors and volunteers

Written materials – MWNEI brochures

Social media: MWNEI's Facebook, Twitter, Instagram, and LinkedIn

17. Do other agencies/entities refer people for this service? If so, describe the process including common referral sources and the ratio of participants referred versus those who find your service independently.

Other entities refer their clients to MWNEI. They include

Area Churches

*Christ Church Winnetka; First United Methodist Church of Evanston; First Congregational Church of Evanston; First Presbyterian Church of Evanston; Saints Faith Hope & Charity Catholic Church Winnetka; Saint Joan of Arc Catholic Church Evanston; Saint Joseph Church, Wilmette, Trinity United Methodist Church, Wilmette; Winnetka Congregational Church, St. Joseph Catholic Church in Libertyville and Holy Cross Catholic Church in Deerfield.

Organizations

*Hospital discharge planners at the Presence St Francis, NorthShore University HealthSystems Hospitals, Vista Hospitals in Waukegan, Advocate Condell in Libertyville, rehab facilities such as The Grove locations, and NorthShore Kellogg Cancer Center

*Physicians, Nurses, Psychologist, Physical Therapists and clinicians at DaVita Dialysis clinic, Alden physical therapy, psychologists in private practice

Government Agencies

*The 311 Evanston information - call center and an online citizen support center and the Cook County Area Agency on Aging, Wilmette Police Department, Illinois Department of Human Services

Other relationships lead to referrals

*The MWNEI Executive Director had been involved with of the North Shore Senior Center before the pandemic. MWNEI becomes top of the mind to its members.

*MWNEI has participated in the Allstate Volunteer Expo, Evanston Farmers Market, Skokie Festival of Cultures, CROP hunger walk where the public asks about our services.

18. Did the agency receive funding from the City of Evanston for this service in FY2020?

Yes

No

19. If "Yes" to the question above, how would your capacity to serve existing or new Evanston residents be affected if funds were not received in FY 2021?

If funding were not forthcoming, MWNEI would not cut back on meals delivery or on subsidies to its current low-income clients. However, it might have to offer smaller dollar support to new low-income clients.

If MWNEI doesn't receive the requested funding, we would need to find other funders which may not happen quickly enough to keep pace with the organization's growth.

20. What portion of participants served have additional needs that are not resolved by the safety net service?

List additional services participants most commonly need to achieve self-sufficiency.

Most MWNEI clients have additional needs that, if met, would help them maintain or achieve self-sufficiency. They include:
>Information about supportive services. The elderly, especially, need help gaining access to information about for example, about COVID-19 vaccination. If individuals knew about or had help obtaining services, they could launch early intervention and forestall possible grave and costly consequences. Countless resources are available to bridge the health and human service worlds but mechanisms to access them are not easily available to the public and often to professionals as well.

And they need encouragement to ask for help. Some are too proud to ask for help. Some assume they are not eligible or couldn't afford the services they need; so, they don't ask.

Or MWNEI clients could benefit from the ability to access information on their own. More than one in three people of color aged 65 to 79 in Illinois have no home access to high-speed internet, necessary for telehealth services, e-learning, and other essentials. Further, 48% of older adults lack skills to help connect them with health information and medical monitoring. A bridge is needed between the elderly and digital media.

>Paid, trained caregivers who could provide personal services such as help with getting dressed or bathing. Expanding the caregiver workforce would fill in gaps in safety net programs or the availability of services.

>Increased health and nutrition literacy programs. Many persons do not understand how to choose nutritious foods or the importance of hydration, for example. In the elderly, dehydration compounds the predisposition for dementia, falls, and more.

>The existence and status of homebound need to be better appreciated. The need to vaccinate them at last has brought them out of the shadows. These approximately 2 million people in the US – the homebound -- have been virtually invisible and overlooked. The most rapidly growing segment in this age group is not just people 65 and older – it's those 85 and older, 100 and older. The vast majority of Americans over 65 do not live-in nursing homes or assisted living facilities, but in the community. And this number is rising.

"For too long, too many Americans have faced the impossible choice between moving to an institution or living at home

without the long-term services and supports they need," the former Secretary of Health & Human Services, Kathleen Sebelius, said. "These support needs go well beyond health care and include the availability of appropriate housing, employment, education, meaningful relationships and social participation," she declared.

21. Does your agency offer any of these additional services? Is the service for which you are seeking funding an entry point into these deeper services? If so, describe the services. What number or percent of people receiving this service are enrolled? How many are Evanston residents?

MWNEI is seeking funding for subsidies for low income, homebound adult persons who need help paying for their meals. MWNEI provides them with subsidies for meals and also keeps track of their well-being. During deliveries volunteers also perform well being checks and connect clients with deeper services.

During daily meal deliveries, using iPads uploaded with ServTracker software, MWNEI volunteers note signs of changes in clients' health, appearance, or mental status and record their observations. Volunteers document clients' physical and mental health, self-care capability, mobility, issues in the home environment, and more. Volunteers get to know clients and pick up on the subtle changes that often occur before more serious conditions develop.

If clients need help, staff follow up with clients and their families, locate available services, and arrange referrals. Clients may get help with homemaker services, personal assistance with bathing, legal aid, handyman services, follow up in cases of suspected elder abuse, and much more.

The additional services are tailored to individual clients' unique and varied needs.

Attention is paid to needs for social engagement. Loneliness is a major health hazard with physical and mental damaging effects. Clients need to be connected with opportunities for social interaction.

Clients with pets get free food from MWNEI for their cats or dogs. This service may give them access to an animal shelter which has provided custodial care for pets whose owners have fallen on hard times.

This is a modest example of meal delivery program is an entry point into deeper services.

22. Are there barriers to people accessing deeper services including program fees, insurance requirements, or location of services, etc.? Describe briefly.

There are frequent barriers to people accessing deeper fees. With help, however, they may find workarounds to give them access to fulfill their needs.

23. If your agency does not provide the additional services, describe how you help participants access them and how you track the referrals.

During deliveries and using iPads uploaded with ServTracker software, MWNEI volunteers note signs of changes in clients' status and record their observations. If clients appear to need help, staff will follow up with clients and their families, locate available services, and arrange referrals.

After an appropriate period of time, the recipient of the referral will be asked whether the client actually took advantage of the referred service i.e., followed up, and whether his/her issue was addressed to his/her satisfaction.

24. What other agencies provide similar services, how do you collaborate with them in order to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

Similar services

Prior to the pandemic, others only partially addressed the need and on a much smaller scale. They included:

*Campus Kitchens uses student volunteers from Northwestern University who collect excess food from dining halls, repackage it, and deliver it to needy Evanston residents 3 times a week.

*Council for Jewish Elderly (CJE) delivers kosher meals only 5 days a week between 10 a.m. and 3 p.m. -- but not on Jewish or national holidays

*Home Chef and other commercial delivered meals are expensive, usually require patrons to cook meals, commonly do not offer therapeutic diets, and the delivery driver will not take time to visit with the senior.

*Food banks and SNAP are of great value – for those who can get out to pick up food. But the homebound cannot leave home, may be physically unable to prepare meals, cannot comply with their medical diets, or are not aware of dietary guidelines.

Collaboration to avoid duplication of services

MWNEI and CJE refer clients to each other, especially when individuals require a Kosher diet, MWNEI refers to CJE.

Successes and Challenges:

Successes MWNEI

- * Launched its own food production program which has the ability to please more palates, the capacity to serve 1,000 clients, collaborate with more agencies to satisfy their food needs, and will offer MWNEI financial benefits.
- * 95% of MWNEI clients continue to live independently in the community
- * Subsidized increasing numbers of clients
- * Is the food provider for community organizations e.g., the area Red Cross
- * Is meeting the needs of new groups e.g., persons newly discharged from the hospital – Amita St. Francis Hospital in Evanston

Challenges

1) Aging is often accompanied by a loss of appetite. Meals must be tasty and attractively presented, so that clients will eat the nutritious meals they get. Response to the challenge:

The MWNEI kitchen's meals have been taste tested and receive high marks

2) To obtain adequate financial resources required to cover the costs of operations. Response: Due to increased efforts, foundations, corporations, and individuals have risen to the challenge and MWNEI has had a banner year of donations

3) MWNEI would like to provide food to appeal to different cultures. Response: MWNEI plans to collaborate with local ethnic organizations and employs staff who have had experience preparing meals that appeal to many populations.

What sets MWNEI apart

MWNEI

- *Furnishes freshly prepared meals, not frozen or leftover food.
- *Delivers daily between 11 a.m. and 1 p.m. 6 days/week, 52 weeks/year, including Saturdays
- *Offers medically prescribed diets supervised by dietitians
- *Subsidizes persons who need help paying for their meals
- *Conducts regular well-being checkups to assure client well being
- *Provides clients with vital social support
- *Provides nutrition education

25. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year.

Under the "Documents" tab, attach the current Strategic Plan and a list of current Board members; add Board demographics including approximate age range, race/ethnicity.

a) History in Evanston

In 1968, CEDA of Cook County and concerned citizens saw that numbers of Evanston seniors, particularly those with limited incomes were at risk of malnutrition. They arranged for the Saint Francis Hospital kitchen to prepare meals for home delivery. Volunteers were recruited and trained and schedules and delivery routes were laid out. Meals on Wheels Northeastern Illinois' (MWNEI) first deliveries were made in October 1968 to residents of Evanston and nearby Chicago.

MWNEI's service area expanded so that by 2017, New Trier Township Skokie, Deerfield, Glenview, Golf, Morton Grove, Northbrook and eastern Lake County communities were added

In 2002, to avert isolation, a Friendly Visit program was introduced, and a Grocery Shopping program was added the following year. In 2013, MWNEI set up an office in Evanston.

To assure reliable, high quality, cost effect food, MWNEI explored the possibility of a self-run MWNEI kitchen and the raising of nearly \$500,000 required for implementation.

The same year saw the name change to Meals on Wheel Northeastern Illinois in order to increase public recognition of the organization's services.

In May of 2020, MWNEI established its self-run community kitchen in Evanston's 5th ward.

With the advent of the COVID-19 crisis MWNEI faced what could have been insurmountable obstacles. However, it has continued to fulfill its mission.

b) Mission

The mission of Meals on wheels Northeastern Illinois is to foster health and contribute to individual well-being and independence by delivering nutritious meals and medically prescribed diets and by providing other support services to the homebound, elderly, disabled, and persons unable to care for their nutritional needs.

Organizational Structure

The 12-member Board has primary responsibility for the agency. It approves policies, programs and practices as well as the budget and financial reports.

c) Changes in the last year

>MWNEI is subsidizing a growing number of low-income persons who need help paying for meals. For many years, MWNEI subsidized about 60% of its low-income clients, however, the pandemic has driven the number up as high as 78%.

>MWNEI volunteers are calling clients to allay loneliness and fear. With the advent of the pandemic, clients' anxiety and fears have escalated. MWNEI volunteers are calling them to provide a reassuring voice and well-being checkups.

>Volunteers are being recruited and trained in order to replace those furloughed by the pandemic. Unexpectedly, new volunteers have come forward. They are being vetted, trained, and supervised while recruitment efforts continue, as well.

>The MWNEI kitchen is making meals for other community organizations such as for area Red Cross' disaster victims and meals at being delivered to newly discharged patients of Amita Saint Francis hospital. Talks are continuing with others about making our community kitchen services available to them.

26. Describe your agency's capacity to document provision of services, including policies and procedures for managing finances and procurement.

Include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resources Library).

Without a pause during the past 53 years, Meals on Wheels Northeastern Illinois has been providing services to the homebound elderly and persons with disabilities in northeastern Illinois. And despite the formidable challenges due to the COVID-9 crisis, it continues to do so. Indeed, it has become stronger in response to the demands.

This testifies to the ability of Meals on Wheels Northeastern Illinois to carry out the program is borne out by its stable finances and greater service to those in need. MWNEI is serving increasing numbers of clients in an extended geographical area. The organization has a strong financial base and growing fundraising success. Its Executive Director is strengthening the administration.

Leadership

The Executive Director is applying her many years of relevant experience providing services to seniors. The Board of Directors is increasingly diverse and knowledgeable and dedicated to promoting the success of the organization.

Volunteers

Its volunteers who are the heart of the organization continue to be the powerhouse that executes the complex daily logistics. Its pool is replenished regularly and growing in number in preparation for the many additional delivery routes that will be needed to accommodate anticipated client growth.

Quality of Service

MWNEI's social impact is growing. With its new self-run kitchen, it will improve the quality of meals and more than double its capacity to produce food. With new software and iPads its volunteers will be able to track clients' changes of condition and to link them with social services as needed.

Administration

Its ServTracker software platform, a single integrated solution that enables MWNEI to manage all aspects of its operations including delivery, billing, and reporting in a secure and efficient manner. ServTracker arms MWNEI with the critical digital tools that streamline operations.

Financial management

Procedures for management of finances include:

- 1) An annual audit prepared by a certified accounting firm and is available for inspection.
- 2) The board of directors approves an annual budget for its current fiscal year, outlining projected expenses for major program activities, fund raising, and administration.
- 3) Meals on Wheels Northeastern Illinois complies with all Federal, State, and local financial regulations
- 4) The Executive Director of Meals on Wheels Northeastern Illinois has managed government grants previously including a federal Department of Transportation grant. She has experience complying with appropriate record keeping, and other federal grants' requirements

27. Describe how your agency gets feedback from clients/participants and how that information is incorporated to improve services and service delivery.

Sources of feedback

Volunteers get feedback during deliveries

MWNEI maintains very close contact with clients. During daily deliveries, volunteers chat with and get to know clients well. After a delivery, one volunteer remarked that Mrs. X did not look as well as usual. Clients offer direct feedback and volunteers pick up evidence from clients' subtle behavior.

Another source of feedback from volunteers is their use of iPads to screen clients for their social care needs. The data generated is the basis for connecting clients with needed safety net and other resources.

Feedback during phone calls

Phone contact is very important to clients. They do not hesitate to call about a missing beverage or with a question or a complaint. They often use a trivial matter ("What are we getting?") as an opportunity just to speak to someone.

From surveys

From time to time, formal phone and paper surveys have been conducted. The questions have covered clients' satisfaction with meals' taste, delivery schedules, health status, and the like. Comments have been very illuminating such as, "without meal deliveries, I wouldn't have been able to stay home, I would have had to go to a care [rehab] facility until I was completely recuperated." One wife does not have to worry about preparing meals for her diabetic husband. She feels sure his needs are being met properly. A son said that he likes that someone checks up on his mom when he is at work.

Although the MWNEI Facebook page has room for feedback, few clients use this opportunity

b. How incorporated

Some feedback reinforces what we are doing

Some client input leads to making changes in the organization or in our practices.

Some information generated is the basis for MWNEI taking action to connect clients with safety net and other resources to answer their needs.

There are innumerable examples of client input that confirmed MWNEI activities and prompted continuation:

In a survey, one client said that consistency was important. She said, "Meals come promptly, keep my blood sugars intact."

Clients also often need to take their medication with food and at regular times. So, volunteers adhere to delivering meals regularly between 11 and one.

Another client said that it MWNEI meal deliveries are important to him because he has only limited cooking facilities at the Y where he lives. Although the logistics are complex, this comment reinforced the value of continuing deliveries to these residents.

One of the many reasons MWNEI embarked on the major undertaking of building a self-run kitchen was in response to client feedback. Clients were lukewarm about the taste and appeal of the meals that were provided to MWNEI by outside vendors. Meals must be appealing so that clients finish their meals and get adequate nutrition. MWNEI built a kitchen which offers choices of menus and tasty, attractively presented, nutrition dense meals. The response to these meals has been overwhelmingly positive

28. Provide staff demographics including gender, race/ethnicity and range of tenure in role. How many staff members of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

Staff demographics

Of the 5 members of the staff, 2 are female and 3 are male. Four are white, and one is Black

How many staff members of color are in leadership/decision-making positions?

There are no staff members of color in leadership positions. However, two persons of color sit on the Board of Directors which is highest level of decision making in the organization

If less than 25%, describe how the agency is engaging people of color in decisions?

>MWNEI has representation of people of color throughout the organization including clients, volunteers, committees, and consultants, and it is certain to include their input

>Board member diversity is consistently sought. Two current members of the Board are people of color.

>MWNEI's kitchen and headquarters are located at 1723 Simpson St. in Evanston's 5th ward. Volunteerism and requests for service in this largely minority neighborhood have increased as a result of MWNEI being located in their midst.

> Delivery routes serve clients in neighborhoods in Evanston, Skokie, and Waukegan, in which large minority populations reside. 30% of clients are Black, 3% are Hispanic, and 3% are Asian. Input is solicited by phone and by volunteers during deliveries. Moreover, in an attempt to enroll even more members of underserved communities, MWNEI will be conducting meal tastings in targeted areas.

> Relationships have developed with leaders of minority organizations, places of worship, and more in the community.

> While hiring is done on the basis of qualifications, the need to engage people of color is top of mind.

29. All organizations receiving funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA."

164242562

30. Is the facility and program in compliance with the Americans with Disabilities Act?

Yes

No

31. If "No," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations. If "Yes," enter "NA."

NA

32. Where (address/location) are services provided and how do participants get to the location or facility?

The office is at 1723 Simpson, Evanston. Meals are delivered to the homes of our clients. We speak to clients on the telephone.

33. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2021 City of Evanston funding and that, to the best of my knowledge, the information in this application is true and correct.

Deborah Morganfield

Budget [top](#)

Funding Sources/Revenues	2020	2021	2021 Committed
City of Evanston Funding Request	USD\$ 14,000.00	USD\$ 30,000.00	USD\$ 0.00
Total	USD\$ 14,000.00	USD\$ 30,000.00	USD\$ 0.00

Funding Uses/Expenses	2020	2021	City Funds
Payroll	USD\$ 363,912.00	USD\$ 400,000.00	USD\$ 15,000.00
Food Costs	USD\$ 133,000.00	USD\$ 200,000.00	USD\$ 15,000.00
Total	USD\$ 496,912.00	USD\$ 600,000.00	USD\$ 30,000.00

Program Outcomes [top](#)

Program Outcomes

	Outcome	Indicator (How was success measured?)	Goal # (G): Jan-June	G: July-Dec	Goal Total	Actual # (A): Jan-June	A: Jul-Dec	Actual Total
1	Evanston clients remain in their homes longer	Tracking reason for discontinuing service in ServTracker	100	50	150	50	25	75
2	Number of Evanston clients served	Tracking in ServTracker	50	50	100	75	75	150
3	Number of referrals given to clients	Number of referral suggestions requested from volunteers reported in ServTracker	12	12	24	12	12	24
4					0			0
5					0			0
Total			162	112	274	137	112	249

Program Line Item Expenditures

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0

11						\$ 0
12						\$ 0
13						\$ 0
14						\$ 0
15						\$ 0
Total	0	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0
11					\$ 0
12					\$ 0
13					\$ 0
14					\$ 0
15					\$ 0
Total	0	0	0	0	\$0

Documents [top](#)

Documents Requested *

Required? Attached Documents *

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.



[Audit](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).



[501\(c\)\(3\)](#)

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).

Brief biographies of key staff including demographic information.



[Staff](#)

Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or

previously funded agencies only if changed).

Supplemental information relating to your program or agency, as applicable.

Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.

[download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS.

Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.

REQUIRED FOR ALL EXTERNAL APPLICANTS.

Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.



[chart of accounts](#)

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

REQUIRED FOR ALL EXTERNAL APPLICANTS.

Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1- June 30, this will be for FY2019.



[FY 2020 P&L](#)

Organizational commitment to equity, diversity and inclusion.

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.

Current year agency operating budget.



[Operating budget](#)

Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards.

Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form.

[download template](#)

Duplication of Benefits. City of Evanston and Federal policies require the disclosure of any possible duplication of benefits in the provision of Federal, state or local funding. Complete and upload the attached form.

[download template](#)

* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 350297

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City of Evanston
Community Development
FY 2021 Safety Net Services
Deadline: 4/21/2021

Northwest Center Against Sexual Assault Sexual Violence Intervention

Jump to: [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

USD\$ 18,800.00 Requested

Submitted: 4/21/2021 10:21:36 AM (Pacific)

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Application Questions [top](#)

1. Describe your service, including the need(s) addressed. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

According to the National Center for Victims of Crime, 1 in 4 girls and 1 in 6 boys will be sexually abused before they reach the age of 18. 18% of adult women report being raped or having had an attempted rape. Many of these crimes go unreported because victims often experience shame, guilt or fear. For many survivors, the traumatic effects of sexual violence require professional help. Victims can experience depression, anxiety, flashbacks, phobias, and interpersonal problems. Victims of sexual violence have a higher incidence of substance abuse, depression, and poverty. These problems can undermine a survivor's ability to work or engage in school. Sexual assault can create stress in a family and can strain marriages and interpersonal relationships. Many victims do not have the financial resources to obtain quality professional help to address the traumatic effects of sexual violence. Many social service providers do not have the experience or training to provide effective interventions for survivors. This is why NWCASA's services are vital to the community.

NWCASA's Sexual Violence Intervention Program provides: 1. Trauma informed individual, family, and group counseling to victims of sexual violence of all ages and their significant others. This service is provided in English and Spanish. Counseling services are generally provided on a weekly basis for as long as the victim needs to resolve their trauma. On average, a victim is in counseling for 6 months. 2. 24/7 telephone crisis intervention through out hotline. 3. 24/7 in-person victim centered medical advocacy in response to hospital emergency room requests when a victim seeks out emergency room medical care. 4. 24/7 criminal justice advocacy at local police stations and at the Skokie, McHenry, and Rolling Meadows courthouses. 5. We provide professional training to allied professionals and first responders.

2. How does the service stabilize participants dealing with an emergency or crisis, or prevent further destabilization? How long does the average participant receive services?

NWCASA is a first responder when a victim presents themselves in the emergency room due to sexual violence. A NWCASA advocate being on scene makes an impact on how the victim perceives their trauma and begins to heal. NWCASA's advocates are able to answer questions and inform victims when working with medical personnel and law enforcement. In addition, our Legal Advocates are able to gather information from the courts and attend hearings in lieu of the client which minimizes the impact of seeing the perpetrator every month in court. Our counseling program creates a space where clients are able to set goals and process their trauma. According to the Rape, Abuse, and Incest National Network, 94% of women who are raped experience PTSD symptoms during the first two weeks following the rape. 30% report PTSD symptoms 9 months after the rape. The average counseling client is six months but the healing process can be different for individual

clients. For example, if a client is involved in a criminal case it can take several years to resolve. NWCASA is committed to walking beside survivors through the entire journey.

3. Is this service alone enough to resolve the issue?

Yes, NWCASA services are comprehensive in nature to address many needs that Survivors present with.

4. Do beneficiaries of the safety net service have additional, unmet needs?

Yes such as safe childcare, affordable transportation, housing, food, adequate employment and immigration needs.

5. How will your agency establish income eligibility for this service?

All recipients are required to report the race/ethnicity and household income of participants.

- ✓ Limited Clientele (include forms used to document income in document upload section)
- Presumed Eligible (abused children, battered spouses or homeless)

6. Does your agency identify and target people who face barriers to accessing services? (Examples include undocumented residents/ESL households) Describe populations that face barriers to accessing services; how would City funds would improve equity of service delivery and/or expand capacity to those populations?

NWCASA has identified the Hispanic/Latino population as our target population that have barriers to accessing services. We employ 2 bilingual/bicultural staff in Evanston to assist with outreach as well as service delivery in a culturally competent manner eliminating language needs as a barrier.

Our site participates in numerous community groups that target such marginalized populations. By building these community networks, we are able to inform the community of our services as well as having professional relationships that make referrals streamlined. The focus of these groups is to address the needs of the community we serve. Because our services are specialized, free of charge and offered in English and Spanish we have a seat at many community coalitions.

Our Advocates participate in Local Area Network meetings in Evanston and Niles. We have a Case Manager who focuses on building our referral network to address the basic needs of marginalized clients in McHenry. Our Executive Director serves as a Committee Chair for the Northwest Suburban Alliance Against Domestic Violence which is comprised of approximately 30 other social service providers serving the underserved. We also participate in a Latino Service Provider meeting, quarterly, to stay connected to the needs of our Latinx community. We have a linkage agreement with Kenneth Young Center who serves LGBTQIA+ youth in our community.

Furthermore, our brochures and agency documents are in both English and Spanish. We have multiple bicultural and bilingual staff to address the non-English language needs of our clients. We make efforts to have our social media include closed captioning and Spanish translation whenever possible.

7. How will you track expanded participation in services and its impact on these populations? What data are collected and used to analyze services and measure success?

Describe service goals and outcomes anticipated in 2021, including any changes from 2020 if applicable.

NWCASA uses Infonet to track comprehensive data. Infonet is the state database overseen by the Illinois Criminal Justice Information Authority (ICJIA). Infonet collects information including service hours, services received and client demographics.

On a micro level, counselors use evidence based assessment measures to determine if counseling is progressing or if goals need to be adjusted.

8. How would an award expand the service to Evanston residents, specifically those who face barriers to receiving services? How would capacity to serve more participants improve?

NWCASA has been servicing the Evanston location for over 45 years and has maintained a satellite office in Evanston since 2014. The Evanston office is easily accessible in the Civic Center. Our Evanston staff attend local area network meetings to further embed NWCASA into the service delivery network. We offer transportation assistance for clients without reliable transportation. Our services are offered in English and Spanish and free of charge, eliminating many barriers the Latino population face. An award from Evanston would ensure that NWCASA does not need to limit services to Evanston residents during this crucial time.

9. Describe the fee structure for services, whether services are free or available on a sliding scale.

All services provided by NWCASA are free.

10. Describe the number, demographics including gender, race/ethnicity and tenure in role, qualifications and experience of staff providing this service. Will new staff be hired and is this dependent on City funding?

For FY22, NWCASA's Sexual Violence Intervention Program will have a total of 15 staff. All counseling staff (9) have Masters degrees in social work or counseling and specialized training in working with victims of sexual trauma. Counseling staff are trained to provide EMDR, Cognitive Processing Therapy and Trauma Informed CBT. Staff also receive training in child and play

therapy. Five of the counseling staff are bi-lingual and fluent in Spanish and English. All are licensed in their profession. Four have clinical licenses in their profession.

All Advocacy staff (6) have Bachelors degrees and specialized training working with victims of sexual violence. Our SART Coordinator has a law degree. Advocates receive additional training on providing medical and criminal justice advocacy to victims of sexual violence.

Four NWCASA staff work out of the Evanston office. All for are women; two are Hispanic and Spanish speaking while two are White. Their ages range from mid-twenties to forties. NWCASA expended counseling and advocacy services in Evanston in FY19 and ongoing funds from the City of Evanston are used to support the counseling and advocacy staff who work out of the Evanston office providing services to Evanston residents. If the City of Evanston funding were significantly reduced there would most likely be a reduction in staff serving Evanston survivors.

11. What policies/procedures, including supervisory, are in place to ensure services are provided consistently and that goals/outcomes are achieved?

NWCASA has a long history of providing sexual violence services. Founded in 1975 and incorporated in 1978, NWCASA was one of 12 founding members of the Illinois Coalition Against Sexual Assault (ICASA). NWCASA has 19 professional staff, 25 hotline volunteers, 3 volunteer counselors, and 1 intern.

NWCASA evaluates its counseling and advocacy/crisis intervention services on a regular basis. In our Spring 2021 evaluation of counseling, 96% of clients reported an increased capacity to cope; 96% improved quality of life and 88% reported less fear & anxiety. Advocacy/Crisis Intervention evaluations show that 96% of clients felt supported, respected, & received useful information.

In addition to client surveys, NWCASA provides weekly clinical supervision to discuss therapy outcomes and other casework, and weekly leadership meetings. NWCASA Counseling and Advocacy teams also meet as a department weekly or biweekly for training and additional support.

NWCASA also has in place a robust grievance policy that is explained in depth to each client during intake.

12. Who participates in or benefits from the services provided?Who participates in or benefits from the services provided?

Describe participants by age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Include any eligibility requirements.

NWCASA provides comprehensive services to victims of sexual violence and their significant others who live in North/Northwest Suburban Cook County and in McHenry County. Over 30% of our clients are under the age of 18 with our youngest client being under 1 year old. 35% of the clients we serve are Hispanic/Latino and many have a need for Spanish language services. 8% of our clients are Black/African American. While the majority of clients are age 18-64, we do serve several seniors who are victims of sexual violence. In 2020, NWCASA served 9 clients over the age of 65 who experienced sexual violence.

NWCASA's services are designed to ensure that lower income households, persons in need of Spanish speaking services and persons without access to public or private transportation have access to services. NWCASA accomplishes this by providing all services at no cost to the client; providing services either off site if needed, in a nursing home or school so long as confidential space is provided and within COVID limitations; providing taxi fare to and from appointments for clients who do not have access to public/private transportation; providing Spanish speaking counseling and advocacy services at each NWCASA location; having interpreter services available so that staff can communicate with any non English/Spanish speaking client in need our our services; having literature and forms available in English and Spanish.

13. Complete the chart below with the unduplicated total of people expected to receive services in 2021, number who are low/moderate income, and the number who are Evanston residents.

Programs funded in 2020 must show an increase in people served. Federal regulations do not allow CDBG funds to replace existing program funding.

1000	Unduplicated people to be served in 2021
50	Unduplicated Evanston residents to be served in 2021
500	Unduplicated low/moderate income people to be served in 2021
982	Unduplicated people served in 2020
46	Unduplicated Evanston residents served in 2020
500	Unduplicated low/moderate income people served in 2020
46	Unduplicated low/moderate income Evanston residents served in 2020
3,124.00	TOTAL

14. Are you turning people who are eligible away? If so, how many and why? Does the agency maintain a wait list, and if so, approximately how many people are on it?

No one is refused services at NWCASA. 24/7 telephone crisis intervention, 24/7 medical advocacy, 24/7 criminal justice advocacy are available to any survivor of sexual violence.

In the instance of a waitlist for counseling services, NWCASA will provide crisis intervention with a trauma informed counselor and 24/7 telephone crisis intervention to support the survivor while they wait for counseling services to begin. A waiting list is partly determined by when a client is available for counseling services and what type of counseling service is needed. For example, clients requiring an evening appointment may have a wait for service if no evening counseling spots are available. In addition, if a client needs Spanish speaking counseling services then they must be assigned to a Spanish speaking counselor or if a child client needs trauma therapy then it is incumbent that a therapist with play and child therapy experience and training be assigned. NWCASA is currently seeing all clients virtually with an ongoing plan to return to in-person services this summer. NWCASA is currently experiencing an influx of survivors seeking counseling services. Although all staff positions have been retained, NWCASA currently has a waiting period of 3-6 months for counseling services.

15. Does demand fluctuate throughout the year? If so, please explain.

Hotline demand is consistent throughout the year however, social movements or high profile sexual assault stories in the media will yield an increase in request for services.

16. How do potentially eligible participants find out about your agency's service?

In 2020, majority of our referrals came from the hospitals that we serve. NWCASA has a networking agreement with 11 area hospitals as they are required by SASETA law to contact a rape crisis center when a victim presents themselves. In addition to the hospital, NWCASA receives referrals through our center hotline, social media platforms, DCFS, school systems, State's Attorney office, law enforcement, and social service agencies. It is also common for clients to be referred by friends or family.

Staff participation in local coalitions and professional development networks also increase referrals for services.

17. Do other agencies/entities refer people for this service? If so, describe the process including common referral sources and the ratio of participants referred versus those who find your service independently.

Yes, we have a wide network of professional relationships throughout the communities we serve. When a social service provider discovers a person is a Survivor of sexual assault they will tell the client about our services and provide our contact information. This professional network includes hospital nursing staff, Department of Children and Family Services, police departments, school personnel and other social service agencies.

18. Did the agency receive funding from the City of Evanston for this service in FY2020?

Yes

No

19. If "Yes" to the question above, how would your capacity to serve existing or new Evanston residents be affected if funds were not received in FY 2021?

If the City of Evanston funding were significantly reduced there would most likely be a reduction in staff serving Evanston survivors.

20. What portion of participants served have additional needs that are not resolved by the safety net service?

List additional services participants most commonly need to achieve self-sufficiency.

Most clients have other needs to help support their recovery from sexual violence. These other needs may include childcare, immigration support, housing resources, employment needs, and transportation.

21. Does your agency offer any of these additional services? Is the service for which you are seeking funding an entry point into these deeper services? If so, describe the services. What number or percent of people receiving this service are enrolled? How many are Evanston residents?

NWCASA does offer some transportation assistance to access our services. We also partner with other social service agencies to address childcare, employment, immigration and housing needs.

22. Are there barriers to people accessing deeper services including program fees, insurance requirements, or location of services, etc.? Describe briefly.

Yes. Clients often find cost and location to be a barrier of services. In addition, the COVID-19 pandemic has created additional barriers.

23. If your agency does not provide the additional services, describe how you help participants access them and how you track the referrals.

We are not responsible for tracking such referrals as we believe in client self determination and provide the clients with a trusted referral source. We have trusted referral sources due to our community engagement and partnerships with local social

service agencies. All referrals are documented in the client file for follow up.

24. What other agencies provide similar services, how do you collaborate with them in order to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

NWCASA is the only certified rape crisis center providing comprehensive sexual violence services in North/Northwest Suburban Cook County. What sets NWCASA apart from other providers is that all of our staff/volunteers receive specialized training to work with victims of sexual violence of all ages. We also are the only provider offering: 1. 24/7 telephone crisis intervention; 2. 24/7 medical advocacy at 8 Cook County hospitals including Evanston and St. Francis; 3. Specialized counseling that is free and unlimited; 4. specialized counseling services in both English and Spanish; 5. Services that are certified by the Illinois Coalition Against Sexual Assault (ICASA) that audit both the programmatic performance and fiscal performance of NWCASA; 6. Services that provide absolute confidentiality to victims of sexual violence by statute. This can be critical in protecting clients in court matters.

Other agencies in North/Northwest Suburban Cook County that serve victims of sexual violence are Porch Light Counseling which offers counseling to college age victims but charges a fee for services. Northwestern University has a crisis response team for students who have been sexually assaulted on campus but does not provide follow up advocacy and limited counseling services. Children's Advocacy Center provides forensic, advocacy and counseling services but only serves children; Zacharias Center has a counseling center in Skokie but does not provide comprehensive sexual assault services in Cook County and enforces time restrictions for counseling services. Women Care is a group private practice in Evanston which charges fees for services. All of these agencies are aware of NWCASA's services and make referrals to NWCASA.

25. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year.

Under the "Documents" tab, attach the current Strategic Plan and a list of current Board members; add Board demographics including approximate age range, race/ethnicity.

NWCASA (originally called Northwest Action Against Rape) was formed in 1975 by community members in response to the need for victim centered services for sexual assault victims and the need for community education and awareness about sexual violence in our communities. Our mission is to end sexual violence in our communities and facilitate healing from the traumatic affects of sexual assault. Our guiding philosophy is to be victim centered and to empower victims. We advocate for victims and their rights, promote social change through education and training and reach out to victims in under served populations. A voluntary board of 11 community representatives meet ten times annually to oversee NWCASA. The Executive Director reports to the board and is responsible for the development of an annual budget which the board approves at its annual meeting in June. The board of directors has four standing committees: 1.Executive. 2 Governance. 3. Fundraising. 4. Finance. Committees report to the full board at board meetings. At each board meeting, board members receive a productivity report of NWCASA services for the prior month, a report of community contacts and grant applications' status, and a financial report. NWCASA maintains two offices that serve North/Northwest suburban Cook County-Arlington Heights and Evanston. Evanston has always been one of the communities served by NWCASA since formed in 1978. In the late 1990's NWCASA, with a special federal grant, opened a satellite office in Skokie to better serve sexual assault survivors in need of trauma services who lived in the North suburbs. The Skokie satellite office closed around 2001 as a result of budget cuts. In 2014, NWCASA revisited providing a satellite office in the North suburbs to better serve survivors living in the North suburbs and opened an office at the YWCA in Evanston providing trauma informed counseling services. In 2015, NWCASA moved its satellite from the YWCA to the Civic Center in Evanston. This provided NWCASA with more office space so that additional staff could be hired to address the community's need for these services. Currently the Evanston satellite office has a full time advocate and three part time counselors providing services to residents of Evanston and nearby communities. NWCASA had two significant changes in 2020. One major change was the adjustment to providing services virtually. A separate grant was received to provide staff with the equipment and software necessary to perform remote services. NWCASA is working towards returning to in-person services by summer 2021. Another significant change was the departure of the Executive Director, Jim Huenink in September 2020. The Executive Director position was filled by Carrie Estrada who comes to NWCASA with over 20 years of experience and a dedicated passion for working with survivors of sexual violence and the community at large.

26. Describe your agency's capacity to document provision of services, including policies and procedures for managing finances and procurement.

Include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resources Library).

NWCASA has over 45 years of experience managing state, federal and local government grants. NWCASA receives several grants from local 708 mental health boards as well. NWCASA also has a long history of providing sexual assault services. Founded in 1975 and incorporated in 1978, NWCASA was one of 12 founding members of the Illinois Coalition Against Sexual Assault (ICASA). Since it's inception, NWCASA has grown from an all volunteer service agency to an operation with 19 professional staff, 36hotline volunteers, 1 graduate school intern, and 3 volunteer counselors, working out of three offices (Arlington Heights, Evanston, McHenry) to provide direct services to over 900 victims of sexual violence and educate more than 29,000 youth in our communities.

Each year NWCASA obtains a financial audit from an independent certified public accountant and each year the audit

demonstrates that NWCASA is a good shepherd of the grants and contributions it receives. In Fall 2020, ICASA conducted programmatic audit of NWCASA's operations and found it in complete compliance with ICASA programmatic standards.

NWCASA has a diligent board of directors who take seriously their responsibility to oversee NWCASA's operations. The board meets 10 times a year and receives monthly program and financial reports. NWCASA has updated its by-laws and personnel policies to reflect changes in federal and state laws as well as changes due to COVID.

27. Describe how your agency gets feedback from clients/participants and how that information is incorporated to improve services and service delivery.

NWCASA evaluates its counseling and advocacy/crisis intervention services on a regular basis. In our Spring 2021 evaluation of counseling, 96% of clients reported an increased capacity to cope; 96% improved quality of life and 88% reported less fear & anxiety. Advocacy/Crisis Intervention evaluations show that 96% of clients felt supported, respected, & received useful information.

28. Provide staff demographics including gender, race/ethnicity and range of tenure in role. How many staff members of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

NWCASA is comprised of an all female staff of 19 individuals. 7 of the 19 staff members are Hispanic/Latina (37%). NWCASA has a wide range of tenure with our most tenured staff member having 13 years at NWCASA and the most recent being the Executive Director in December 2020. NWCASA was able to successfully retain all staffing positions with all staff working to adjust programming to a virtual setting.

The current leadership structure consists of an all-white leadership team. The team acknowledges this disparity and is actively working to make space for staff of color and thoughtfully develop staff as the next leaders of NWCASA. The leadership team rarely makes a decision without the consultation of staff whether in a staff meeting or one-on-one setting. The culture of NWCASA is a servant style of leadership and employees are valued on all levels and encouraged to speak their truth for the betterment of the agency and services provided.

29. All organizations receiving funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA."

933788663

30. Is the facility and program in compliance with the Americans with Disabilities Act?

- Yes
- No

31. If "No," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations. If "Yes," enter "NA."

NA

32. Where (address/location) are services provided and how do participants get to the location or facility?

NWCASA at the Civic Center is located at 2100 Ridge Ave, Evanston, IL. 60201. Services are currently virtual but for clients who do not have access to public or private transportation upon return to in-person services, NWCASA can provide taxi service.

33. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2021 City of Evanston funding and that, to the best of my knowledge, the information in this application is true and correct.

Rebecca Plascencia

Budget [top](#)

Funding Sources/Revenues	2020	2021	2021 Committed
City of Evanston Funding Request	USD\$ 18,800.00	USD\$ 18,800.00	
Townships/Cities	USD\$ 45,500.00	USD\$ 36,900.00	USD\$ 36,900.00
Attorney General	USD\$ 46,420.00	USD\$ 51,688.00	
Cook County	USD\$ 40,000.00	USD\$ 0.00	USD\$ 0.00
McHenry County 708	USD\$ 25,000.00	USD\$ 25,000.00	USD\$ 25,000.00
Fundraising/Contributions	USD\$ 82,042.00	USD\$ 127,871.00	
ICASA	USD\$ 1,044,755.00	USD\$ 989,571.00	USD\$ 989,571.00
United Way	USD\$ 13,575.00	USD\$ 13,575.00	USD\$ 13,575.00
Total	USD\$ 1,316,092.00	USD\$ 1,263,405.00	USD\$ 1,065,046.00

Funding Uses/Expenses	2020	2021	City Funds
Salaries	USD\$ 901,788.00	USD\$ 893,337.00	USD\$ 15,149.00
Benefits	USD\$ 157,533.00	USD\$ 157,976.00	USD\$ 2,269.00
Accounting	USD\$ 18,000.00	USD\$ 18,000.00	
Audit	USD\$ 7,000.00	USD\$ 7,000.00	
Contractual Staff	USD\$ 22,952.00	USD\$ 21,522.00	
Technology	USD\$ 3,000.00	USD\$ 3,000.00	
Dues & Subscriptions	USD\$ 1,800.00	USD\$ 1,800.00	
Equipment Lease	USD\$ 3,000.00	USD\$ 3,000.00	
Fundraising	USD\$ 7,500.00	USD\$ 7,500.00	
Insurance - D&O Liability	USD\$ 6,650.00	USD\$ 6,650.00	
Payroll Processing	USD\$ 3,200.00	USD\$ 3,200.00	
Postage	USD\$ 1,000.00	USD\$ 1,000.00	
Occupancy (3 offices)	USD\$ 81,817.00	USD\$ 83,199.00	USD\$ 1,382.00
Staff Development	USD\$ 7,930.00	USD\$ 6,500.00	
Telecommunications	USD\$ 14,200.00	USD\$ 14,200.00	
Miscellaneous	USD\$ 15,997.00	USD\$ 7,000.00	
Travel (Staff & Clients)	USD\$ 15,000.00	USD\$ 15,000.00	
Supplies (Office & Program)	USD\$ 46,725.00	USD\$ 12,521.00	
Printing	USD\$ 1,000.00	USD\$ 1,000.00	
	USD\$ 0.00		
Total	USD\$ 1,316,092.00	USD\$ 1,263,405.00	USD\$ 18,800.00

Budget Narrative

NWCASA's fiscal year runs July 1 through June 30. One major revenue change was the loss of our Cook County grant which was funded through the health department. In addition to the Cook County grant, NWCASA received several one time grants related to the COVID-19 pandemic through ICASA which increased revenue in 2020 and several expense categories including Supplies (Office & Program). This was due to the ICASA ICJIA grant which provided funding to purchase laptops and other technology needs to best provide virtual services.

We plan to use the mental health funds to support direct services to Evanston residents who are victims of sexual violence. About 35% of Evanston staff time is spent serving Evanston residents who are victims of sexual violence. A small amount of the Evanston funds (\$1750) will be used for occupancy. 92% of the Evanston grant will be used to support Evanston staff salaries and benefits. The specific positions that will be funded with this grant are: 1. 15% of the salary (\$47,663) and benefits (\$11,743) of a Bi-lingual Counselor who currently works 3 days a week in the Evanston office. 2. 10% of the salary (\$47,663) and benefits (\$10,289) of a full time Bi-lingual counselor who will work 4 days a week in the Evanston office. 3. 7.0% of the salary (\$41,000) and benefits (\$4231) of a full time advocate who works in Evanston 5 days a week and also provides 24/7 crisis intervention. These three positions receive most of their funding from State (General Revenue) and Federal (VOCA,) sources that pass through our state coalition, ICASA. All of these positions are currently filled and serve Evanston and the surrounding area.

Program Outcomes [top](#)

Program Outcomes

	Outcome	Indicator (How was success measured?)	Goal # (G): Jan-June	G: July-Dec	Goal Total	Actual # (A): Jan-June	A: Jul-Dec	Actual Total
1	Provide trauma informed counseling to 28 Evanston residents who are victims of sexual violence or significant others	85% of 28 counseling clients will report reduced anxiety/improved coping/improved quality of life.	14	14	28			0
2	Provide 24/7 victim centered advocacy services to 12 Evanston	85% of 12 advocacy clients will report feeling supported and helped.	6	6	12			0

	victims of sexual violence.						
3	Provide trauma informed crisis services to 10 Evanston residents who are victims of sexual violence or significant others.	85% of 10 crisis clients will report feeling supported and helped.	5	5	10		0
4					0		0
5					0		0
Total			25	25	50	0	0

Program Line Item Expenditures

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0
11					\$ 0
12					\$ 0
13					\$ 0
14					\$ 0
15					\$ 0
Total	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0
11					\$ 0
12					\$ 0
13					\$ 0
14					\$ 0
15					\$ 0
Total	0	0	0	0	\$0

Documents Requested *

Required? **Attached Documents ***

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.



[FY20 Financial Audit 990](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

[Agency Statement Strategic Plan](#)

Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).



[IRS Determination Letter](#)

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).

Brief biographies of key staff including demographic information.



[Staff Biographies](#)

Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).

Supplemental information relating to your program or agency, as applicable.

Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants. [download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.

[Org Structure](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.



[Chart of Accounts](#)

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1-June 30, this will be for FY2019.



[FY20 Statement of Accounts](#)

Organizational commitment to equity, diversity and inclusion.

[Statement Nondiscrimination Policy](#)

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.

Current year agency operating budget.



[Current Budget](#)

Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards.

[Board of Directors](#)

Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form.

[Conflict of Interest Disclosure](#)

[download template](#)

Duplication of Benefits. City of Evanston and Federal policies require the disclosure of any possible duplication of benefits in the provision of Federal, state or local funding. Complete and upload the attached form.

[Duplication of Benefits Disclosure](#)

[download template](#)

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Application ID: 350633

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City of Evanston
Community Development
FY 2021 Safety Net Services
Deadline: 4/21/2021

PEER Services, Inc.
Substance Use Treatment for Evanston Residents

Jump to: [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

USD\$ 99,500.00 Requested

Submitted: 4/21/2021 2:51:14 PM (Pacific)

Project Contact

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Additional Contacts

none entered

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Web www.peerservices.org

Executive Director

Maureen McDonnell
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Application Questions [top](#)

1. Describe your service, including the need(s) addressed. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

PEER is the primary provider of treatment to low-income residents of Evanston and surrounding communities who struggle with substance use disorders (SUD). We offer a path out of crisis and danger and back into productive engagement in the community to hundreds of people, ages 12-90+, each year.

During Covid-19, the needs of individuals with SUD increased. Data showed that they were more likely to contract and suffer greater consequences from Covid-19 than those without SUD. Additionally, according to a 2020 CDC study, anxiety, depression, suicidal ideation and substance use increased, especially among adults aged 18-44, Black and Hispanic people, essential workers and unpaid adult caregivers. In Cook County, opioid-related deaths were at an all-time high in 2020. Fortunately, opioid-related deaths in Evanston were relatively low. Nonetheless, they increased 33% from 2019 according to IL Department of Public Health data.

TREATMENT SERVICES

PEER Services provides individual and group outpatient SUD counseling to adolescents and adults, including Intensive Outpatient Program counseling, DUI risk reduction, after-care counseling and early intervention services. We also provide medication-assisted treatment (MAT) for opioid dependence, including methadone administration and counseling to support recovery. Our consulting psychiatrist provides short-term stabilization care to clients with psychiatric needs.

During the COVID-19 pandemic, our MAT clinic continued to offer in-person services 6 days per week. We transitioned many of our individual and group outpatient counseling services to telehealth. To meet the community's needs during this challenging time, we added a free virtual recovery support groups open to all community members and a support group for parents.

Counseling is offered during daytime or evening hours to adjust to client's varying schedules. Duration varies depending on the severity of substance use, co-occurring mental health conditions and degree of family/community support. The minimum time for effective intervention for a client with low severity and substantial support is 6-8 weeks of individual treatment. This is sufficient to help the client identify what triggers their use, adopt new coping skills to manage triggers, and test reducing their use. People with more severe conditions may continue in treatment far longer.

In December 2020, we expanded our outreach to people in crisis by stationing a PEER counselor at AMITA St. Francis Hospital to meet with patients who have significant substance use disorders to encourage and help them connect with ongoing treatment at PEER or other treatment providers following hospital release.

PEER Services is also the primary substance use prevention provider to Evanston and surrounding communities. We work closely with ETHS and other community partners to provide high-quality prevention information campaigns and training to students, parents, teachers and staff.

2. How does the service stabilize participants dealing with an emergency or crisis, or prevent further destabilization? How long does the average participant receive services?

The first contact from a client or a parent is often a crisis call, lasting 15-30 minutes as we listen to the client's concerns and match them to the right services, with a first appointment time as soon as possible, often in the next 1-2 days. We also focus on safety planning to help our clients avoid overdose and avoid unsafe activities such as driving under the influence between the first call and first appointment. We answer their questions and welcome them to call back before their first appointment if they need support.

The core work of SUD treatment lies in helping clients to develop healthy coping skills that allow them to decrease the amount and frequency of use. This builds in stages. In the first few weeks of treatment, we work with clients to build a shared understanding about the severity/frequency of their current use, what triggers their need to use, strengths they can use to build recovery (family, sober friends, jobs, inner strengths, etc.) and their goals. We emphasize continued safety and listen closely for other related challenges a client may raise and work to integrate them into the treatment plan.

Productive activity and positive social support are foundational to lasting recovery. Once clients have established stability and reduced their use, we work actively with them on establishing or re-establishing work, school or volunteer work, and broadening their network of positive social support and sober recreational activities. We work with a number of organizations to help our clients obtain job skills and to secure jobs.

Our treatment team, which includes a medical director, clinical director, a psychiatrist, nurses and master's level counselors who provide therapy and case management, focus holistic care for every client. This team's expertise allows them to assess clients' health conditions, work with clients on chronic disease management, link clients to a primary care provider with a track record with our client population and to many other resources in the community, as needed, and to empower clients to take a more proactive approach to managing their own health and recovery.

The relationship with PEER and our counselors and nurses is central to stabilization. We focus on progress, not perfection, with the understanding that people take different paths out of crisis and into recovery. As with many health conditions, the journey can include relapses even after many years of health and sobriety. For this reason, clients are welcome to return to PEER at any time.

Duration varies depending on the severity of substance use, co-occurring mental health conditions, degree of family/community support and contributing factors such as poverty. There is no average participant, but many clients will participate in outpatient counseling for 3-6 months. Medication-assisted treatment participants will often stay with us for several years while they build stability and gain the support they need to progress in life.

3. Is this service alone enough to resolve the issue?

When substance use is identified and addressed early, before brain circuitry/reward circuits are significantly disrupted, this can be enough. This is more likely if the client also has strong family support and financial stability.

4. Do beneficiaries of the safety net service have additional, unmet needs?

Yes. Most of our clients are low-income. Most struggle to attain stable jobs, safe housing and enough food to feed their families. Sometimes they need help leaving unsafe relationships. They may also need medical care and/or ongoing psychiatric support.

5. How will your agency establish income eligibility for this service?

All recipients are required to report the race/ethnicity and household income of participants.

- Limited Clientele (include forms used to document income in document upload section)
- Presumed Eligible (abused children, battered spouses or homeless)

6. Does your agency identify and target people who face barriers to accessing services? (Examples include undocumented residents/ESL households) Describe populations that face barriers to accessing services; how would City funds would improve equity of service delivery and/or expand capacity to those populations?

For the past 45 years, PEER has served as a point of entry for individuals who have often felt invisible to and unwelcomed by the traditional healthcare system. We are skilled at engaging individuals who are homeless, reentering the community from correctional facilities, involved with the child welfare system and veterans, particularly those impacted by trauma, interpersonal and community violence, policing violence, racial/ethnic discrimination and the stress of poverty.

Approximately 50% of our clients are required to participate in our services by the courts, probation, the Illinois Department of Children and Family Services (DCFS) or their school. These clients succeed as well as or better than our voluntary clients.

In 2020, 88% of our Evanston clients earned 80% of the area's median income or less. We work with low-income clients to assure that they can participate fully in treatment regardless of their personal finances. We assist our clients in applying for Medicaid and public benefits to increase their access to care. This year, we were able to obtain a grant to provide some clients with mobile phones and service so they could participate in telehealth and virtual support groups.

Working effectively with our clients requires that we do several things. First, we use trauma-informed strategies because research in our field shows that the vast majority of people with substance use disorders have experienced sexual abuse, sexual assault, family violence, community violence and/or incarceration. Second, we prioritize building alliances and trust with our clients as this is the most important healing step for people who experience trauma and systematic oppression. Third, we allow our clients the space to address their experiences without judgement, find support that helps heal, and build strategies for coping that do not rely on drugs/alcohol.

Our counselors use Motivational Interviewing, an evidence-based practice that meets clients' experiences with curiosity rather than judgement and allows our clients the space to form new responses to old wounds. This is what allows them to form new coping strategies and decrease their drug/alcohol use.

Evanston Mental Health Board (EMHB) funding will help us to meet the needs for SUD treatment of marginalized Evanston residents, including Black, Latinx and other residents of color, low-income individuals, justice-involved individuals and individuals experiencing homelessness, domestic violence and other barriers to treatment. It will allow us to avoid a waiting list so that we can promptly assess and begin treatment for clients in crisis. By addressing the funding gap between Medicaid and state funding and the true cost of services, EMHB funding will allow PEER to fund clinical supervision, care coordination and infrastructure which are necessary to provide consistent, high-quality care for all clients, regardless of their individual ability to pay or the type of insurance they possess.

7. How will you track expanded participation in services and its impact on these populations? What data are collected and used to analyze services and measure success?

Describe service goals and outcomes anticipated in 2021, including any changes from 2020 if applicable.

PEER Services tracks client information, including age, race/ethnicity, gender, income level, housing status, city of residence, and other relevant client data; diagnoses, treatment goals and progress, participation in services and drug test results; and insurance and billing information in our electronic health record system (EHR).

The outcomes we measure for our SUD treatment clients draw from the core measures used nationally in our field. They are:

- Reduce/eliminate drug and alcohol use;
- Engage in work, school or volunteer work; and
- Establish positive networks of support.

Numerical goals for these outcomes are included in Program Outcomes section.

Clinicians establish a baseline for each client at assessment and then review with the client and record progress every 30-60 days, depending on program, and at conclusion of services. We use a standardized instrument called the Brief Addiction Monitor to measure critical factors that contribute to substance use disorder, including cravings, anxiety, depression and sleep.

If the client is not progressing toward their goals, the clinician and client explore other referral options that may be needed to supplement treatment at PEER. The Clinical Director evaluates cases with counselors cases weekly during clinical supervision and, as needed, identifies and suggests interventions to help counselors improve their practice and meet individual client and organizational goals. We monitor data across programs regularly and address challenges or modify practice as needed to achieve our goals. This includes weekly discussions of critical incidents, client census, clinical productivity and client engagement, retention and progress at Leadership Team meetings, and regular discussion in team meetings.

We survey our clients each year in April/May to gather their thoughts about the services they are receiving. Our clients make great suggestions for improvement, and we have used many of their recommendations to improve our services over the years. Survey results are also reviewed annually with our Board of Directors.

One important example of using data to improve programming comes from a cluster of overdose deaths in the fall of 2017. We developed two strategies. With clients in treatment, we added conversations about the risk of overdose, how to prevent it and how to get a Narcan kit. We also encouraged current clients to spread the word and to always carry their Narcan kit in case they needed to assist someone else. We also added testing for Fentanyl to our drug tests and secured a consistent supply of Narcan kits so our patients can obtain them easily from our clinic.

During the Covid-19 pandemic, we closely monitored attendance data, drug testing reports and anecdotal reports from our clients to understand how all parts of the pandemic were affecting them and how we could adapt our work to better support our clients under these uniquely challenging conditions.

8. How would an award expand the service to Evanston residents, specifically those who face barriers to receiving services? How would capacity to serve more participants improve?

PEER Services is grateful for the long-standing support of the City and its Mental Health Board. These funds have allowed us to guarantee that no Evanston resident will be turned away due to lack of ability to pay. Thus we are able to serve many Evanston residents each year, contributing to health and healing in this community.

Providing the high-quality care Evanston residents deserve requires strong clinical, nursing and medical staff, ongoing clinical supervision, administrative supervision, a billing and payment infrastructure and staff, compliance management and information technology systems as well as facility upkeep and repair. Costs for staff, support and repairs continue to grow -- even when reimbursement does not.

PEER Services is an in-network provider with all Illinois Medicaid health plans and accepts all other public insurance programs. We also accept BCBSIL private insurance, which only a small percentage of our clients have. For those who are uninsured, we hold fee-for-service contracts with the State of Illinois Department of Human Services that allow us to provide care.

Extensive analysis of our operational costs reveals that it costs PEER Services \$144 to provide one hour of individual substance use counseling. This is so even though we keep our administrative costs very low -- our FY20 audit found that our administrative costs (including fundraising) were only 13.4% of our total costs, within the 0-15% range that is accepted as an indicator of effectiveness by Charity Navigator.

Medicaid and State of Illinois fee-for-service contracts pay only \$65.00 for that same hour of service. There is no way for PEER to secure reimbursement for critical activities such as clinical supervision, care coordination meetings and the other infrastructure vital to providing high-quality care and managing billing and payments from these sources.

In the past, grants from the Evanston Mental Health Board have provided us with a portion of the resources needed to pay for clinical supervision and the costs related to providing each hour of service. In the new Safety Net Services plan, agencies are asked to bill for specific safety net services that are delivered to Evanston residents. Since we are able to receive payment from Medicaid and State of Illinois fee-for-service contracts for a portion of the cost of each hour of service, we request that the City pay the difference between that reimbursement and the actual cost of care. For example, one hour of individual counseling costs PEER \$144 to provide; Medicaid/State contracts reimburse PEER for \$65.00; PEER will bill the City for the difference (\$79/hour).

We believe this approach will help the City meet its goals of supporting the vital safety net services at PEER while also allowing the City to spend its resources only on services to Evanston residents.

Greater detail on our proposed funding approach are located in the Budget and Budget Narrative sections.

9. Describe the fee structure for services, whether services are free or available on a sliding scale.

Services are free to many clients. PEER Services accepts clients regardless of their ability to pay. In addition to accepting public and private insurance, we offer sliding scale fees based on client income, including assisting with co-pays if needed.

10. Describe the number, demographics including gender, race/ethnicity and tenure in role, qualifications and experience of staff providing this service. Will new staff be hired and is this dependent on City funding?

Substance use treatment services are provided and supported by 17 staff members, including our Adult and Adolescent Counseling Team (Clinical Director and 3 counselors), our Medication-Assisted Treatment Team (Nursing Supervisor, 2 nurses, MAT Program Coordinator and 3 MAT counselors), supported by our Executive Director, Operations Manager, Office Manager and Receptionist. Our Community Outreach Specialist at AMITA St. Francis Hospital also plays an important role in connecting Evanston residents with severe SUD to treatment at PEER and other agencies. Additionally, we contract with a doctor specializing in addiction medicine to serve as our medical director and contract with a psychiatrist, who also specializes in addiction medicine, to provide short-term psychiatric services.

Executive Director, Maureen McDonnell has a Master's in Public Health and significant experience in the fields of public health, substance use treatment, public health care finance and criminal justice reform. She joined PEER four years ago in 2017. Our Clinical Director holds an MSW, LCSW and CADC (Certified Alcohol and Drug Counselor) and has worked at PEER for 8 years. The MAT Program Coordinator holds an MSW and LCSW, and has been with PEER for 20 years. All of our counselors hold master's degrees and either have or are working towards their full clinical licenses. Other counselors, nurses and other administrative staff described here have served at PEER for less than a year to 3 years, and most have prior experience in their fields.

Our counselors see 20-25 clients per week and provide extensive case management and care coordination as well. Our

staff:client ratio varies, but a full caseload is 40 clients. One of our current counselors will be leaving PEER in May and another will be going on maternity leave. A new counselor will start later this month and we anticipate hiring at least one additional Adult and Adolescent counselor as our client numbers grow due to increased outreach and referrals (as schools and courts re-open fully).

We will not be able to maintain staffing sufficient to meet demand from Evanston residents without Evanston Mental Health Board funding. Without funding, at the very least, we would be forced to serve fewer clients and would need to maintain a wait list, which would be problematic or even dangerous since the people who come to us are in crisis.

Among the 17 staff members providing and supporting treatment services, 14 are female and 3 male. 5 are Black, 1 is biracial, 1 is Latinx and 10 are white. (41% BIPOC, 59% white).

11. What policies/procedures, including supervisory, are in place to ensure services are provided consistently and that goals/outcomes are achieved?

We manage our substance use treatment services through both clinical and administrative approaches. Both are handled through:

- Training;
- Regular individual supervision;
- Regular team meetings;
- Weekly Leadership Team meetings across all services; and
- Monthly care coordination meetings focusing on our highest-need patients

To ensure consistent services, we provide training to counselors on the Stages of Change model, Motivational Interviewing, psychoeducation, and 12-step facilitation, among other evidence-based models, and encourage external professional development. Likewise, new nurses are trained by the Nursing Supervisor and new administrative staff are trained by their supervisors.

Clinical supervision is provided by Licensed Clinical Social Workers. This work focuses on assuring that all clients receive proper care, including addressing barriers to progress towards recovery. Clinical supervision also addresses barriers each counselor may experience in supporting clients in their progress and provides an opportunity for reframing, brainstorming and additional education around specific challenges. This is especially important to assure high-quality care for patients with significant, co-occurring mental health and medical conditions.

Administrative supervision focuses on the volume and pace of activities and documentation required for compliance and billing for services. We track clinical productivity (the number of services provided) and problem-solve to increase productivity when needed, including looking at larger issues like increasing referral volume through outreach.

Leadership Team meetings address client situations and any critical incidents within a few days. This assures that all staff have the same information and that we collaborate effectively on solutions, as well as integrating important improvements into our ongoing processes.

Monthly care coordination meetings are led by our Clinical Director (LCSW/CADC) and are attended by our Medical Director, Consulting Psychiatrist, Nursing Supervisor and MAT Counseling Supervisor (LCSW). These meetings address the patients whose needs are very high or whose care needs greater coordination across the team.

As described in question 7 above, we continually analyze treatment and operational data in order to identify and address challenges, provide additional support or guidance to staff, as needed, and continually improve our practice and operations.

12. Who participates in or benefits from the services provided? Who participates in or benefits from the services provided?

Describe participants by age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Include any eligibility requirements.

PEER Services is the primary substance use disorder (SUD) treatment provider for low-income residents in Evanston and surrounding communities. We serve clients across the lifespan, from age 12-90+, who suffer from SUD. We also serve adolescents in our Early Intervention program whose alcohol or other drug use does not meet the definition of addiction in order to help them reduce or stop use entirely before it develops into SUD.

Our clients struggle with SUDs related to alcohol, marijuana, opioids and other drugs. Among those who have opioid use disorders, many became addicted to legally prescribed opioid medications, and many of these later progressed to use illicit opioids.

The vast majority of our clients earn less than 80% of the local median income, including 80% our clients in Evanston in 2020. 59% of our Evanston clients earned less than 50% of the median income.

10% of our Evanston clients in 2020 were between 12 and 17 years old, 80% were 18-64, and 10% were 65 years old or older. In addition to providing treatment to adolescents, we often work with their parents to help them support their teen, improve communication, and develop strategies for managing family conflicts, which often contribute to teen substance use.

Approximately 30% of our Evanston clients were female and 70% are male. This is consistent with prior years. Adolescent and adult males are still more likely to become involved with the criminal justice system and to be referred to treatment by police, or court professionals than females are. Many of our clients are involved with the criminal justice system, including clients on probation and those who have re-entered the community after serving time in prison.

With respect to race and ethnicity, about 50% of our Evanston clients are white, about 34% are Black, about 8% Hispanic and approximately 9% multi-racial.

Our clients in Evanston include individuals who are homeless and many more who experience housing instability. We work closely with Connections for the Homeless to help these clients access shelter and move toward secure housing solutions. During Covid-19, this included coordinating with Connections to provide take-home medication to be administered by Connections' nurse for a client of who was quarantined in Connections housing.

Most of our clients have experienced significant trauma in their lives, which is often an underlying or contributing cause to their substance use. Our counselors provide trauma-informed care and work with clients to process their trauma and develop healthy coping skills.

We will be conducting more outreach in Evanston to connect with residents in need of treatment before they experience the most severe consequences of SUD, including incarceration, family separation, serious illness, financial hardship, overdose and death, which disproportionately impact people of color and low-income individuals.

We have no restrictions on eligibility, apart from their need for

13. Complete the chart below with the unduplicated total of people expected to receive services in 2021, number who are low/moderate income, and the number who are Evanston residents.

Programs funded in 2020 must show an increase in people served. Federal regulations do not allow CDBG funds to replace existing program funding.

<input type="text" value="820"/>	Unduplicated people to be served in 2021
<input type="text" value="250"/>	Unduplicated Evanston residents to be served in 2021
<input type="text" value="660"/>	Unduplicated low/moderate income people to be served in 2021
<input type="text" value="631"/>	Unduplicated people served in 2020
<input type="text" value="137"/>	Unduplicated Evanston residents served in 2020
<input type="text" value="507"/>	Unduplicated low/moderate income people served in 2020
<input type="text" value="110"/>	Unduplicated low/moderate income Evanston residents served in 2020
<input type="text" value="3,115.00"/>	TOTAL

14. Are you turning people who are eligible away? If so, how many and why? Does the agency maintain a wait list, and if so, approximately how many people are on it?

PEER Services rarely has a waiting list, except during times of unusual demand or during staffing transitions. We had no waiting list for the past year, and the medication-assisted treatment program (MAT) continues to have no waiting list. This April, we placed 6 people on a waiting list for Adult and Adolescent counseling program due to several overlapping staffing transitions on that team, including a medical leave, that are occurring within a short timeframe. To best serve our clients, we delayed starting these new clients with counselors who will be leaving shortly. We have hired a new counselor who will start in late April, which will eliminate the current waiting list. Generally, we are able to meet increased client demand by hiring additional counselors when needed and anticipate being able to do so going forward.

15. Does demand fluctuate throughout the year? If so, please explain.

Demand does fluctuate during the year. Our busiest times are January-May and October-December. This mirrors trends in most mental health services in our region.

16. How do potentially eligible participants find out about your agency's service?

In recent years, we have relied on referral relationships with courts, probation officers, DCFS and schools to connect with about 50% of our clients, after an infraction that requires substance use treatment in conjunction with or in place of other consequences. Through our Prevention and treatment work with schools, schools have also referred clients or their families to PEER of their own accord. Many clients learn about PEER Services through word of mouth from current or past clients.

We have also developed referral relationships with community-based organizations, such as Erie Family Health, local hospitals, Connections for the Homeless, Y.O.U., the Moran Center, and other youth-serving organizations. A partnership launched with AMITA St. Francis Hospital in December, through which we have a full-time counselor onsite meeting with patients experiencing substance use challenges (especially severe intoxication) and helping to connect them to ongoing treatment at PEER or other agencies following hospital release has also generated new clients. We also regularly publicize our services through our connections with local organizations via the Evanston Executive Directors Roundtable, the Evanston Nonprofit Leaders Covid-19 response group, the Local Area Network, the Evanston Substance Use Prevention Coalition and to supporters on our email outreach list.

We experienced a sudden, significant decline in referrals at the beginning of Covid-19 when courts and schools closed. The decrease in referrals, which has not yet fully reversed, prompted us to re-evaluate our outreach practices. Volunteer MBA students from the Kellogg Impact Consulting Club helped us assess our practices and developed recommendations, including increasing outreach to local organizations and connecting with authority figures, such as physicians and faith leaders, who may be able to identify and influence individuals in need of help to seek treatment. We will be contracting with an agency to conduct this outreach by mid-May.

We are also seeking grant funding to build deeper relationships with communities of color, beginning with Black residents in Evanston and Rogers Park, through which we would develop messaging tailored to specific communities and evaluate and adapt our practices to better serve Black and brown residents. We have convened a racially diverse Outreach Advisory Committee including experts in substance use treatment, healthcare and program evaluation to guide this work, to which we will add community representatives. We have already begun connecting with Black residents in Evanston to assist in outreach to local businesses, such as barbershops and CW Market, frequented by Black residents.

17. Do other agencies/entities refer people for this service? If so, describe the process including common referral sources and the ratio of participants referred versus those who find your service independently.

In the past, about 50% of clients were referred to PEER by a public system such as the courts, probation, DCFS or their school. This percentage declined during the pandemic due to court and school closures. As described above, we also receive referrals from partners like Erie Family Health, local nursing homes, through our onsite counselor at AMITA St. Francis Hospital and from many other community-based organizations. The referring agency may call to arrange a first appointment or may send a document via fax or email that formally establishes the need for services.

Currently about one third of our clients are coming to us via referral, about 1/6th are previous clients who return, and the remaining half are finding us themselves, including via word of mouth and online searches. We anticipate receiving an increased number of referrals again from previous and new sources, once we implement our outreach plans beginning in May.

Referred clients and those who find us independently typically reach out to us by phone, by walking into our clinic (pre-Covid), or by emailing us at contact@peerservices.org (an email address they can also access by completing a form on our website). We follow up with inquiries quickly and are usually able to arrange a first appointment within 1-2 days.

Clients generally call us in crisis, so our first contact is often 15-30 minutes as we learn about their needs and set a first appointment. We emphasize safety planning to help our clients avoid drug overdose and avoid unsafe activities such as driving under the influence before their first appointment. We answer their questions and welcome them to call back before their first appointment if they need support. If our clinicians are concerned about the client's mental health, including severe depression, anxiety and/or suicidal thoughts, we will recommend additional care including explaining how to access care through a local emergency room.

18. Did the agency receive funding from the City of Evanston for this service in FY2020?

- Yes
- No

19. If "Yes" to the question above, how would your capacity to serve existing or new Evanston residents be affected if funds were not received in FY 2021?

As described in our response to Question 8, there is a sizeable gap between the cost of providing each hour of service and the (lower) reimbursement we receive from Medicaid and the State of Illinois' fee-for-service contracts. Should we receive no funding or substantially lower funding in FY2021 than in FY20, it will make it quite difficult for us to sustain our counseling and medication management services. Certainly, we will have to reduce staffing, which would force many Evanston residents seeking services onto a waiting list. As we know, any delay in receiving crisis safety net services endangers the person in crisis and everyone close to them. This would be a very unfortunate outcome.

Further, like many non-profit organizations and small businesses in the area, PEER was hit very hard by the COVID-19 pandemic. Expenses rose while revenues fell, and emergency financial relief was not sufficient to make up the difference. Like all small organizations, we eliminated every possible cost, including closing our office in Glenview and some small programs

outside of Evanston. Yet we are still challenged financially.

While we are hopeful that 2021 holds more health and safety and freedom of movement for us all, we expect that it will be some time until we fully recover from the excess costs of COVID-19 and our direct service revenues return to their pre-pandemic "normal". Most emergency COVID-19 relief has ended, so we do not expect more help in this manner.

Should we lose funding from the City and its Mental Health Board at this very difficult time, the consequences to Evanston residents could be substantial.

20. What portion of participants served have additional needs that are not resolved by the safety net service?

List additional services participants most commonly need to achieve self-sufficiency.

Often, our clients need primary medical care, additional mental health services, help meeting basic needs, job skills and job search support, and positive recovery support. Our counselors do extensive case management to organize additional care, make firm connections to services, and follow up to problem-solve and coordinate care as needed.

For additional medical and/or mental health care, we connect our clients with community health centers such as Erie Family Health Center, Turning Point, Heartland Health Center and Heartland Alliance. For emergency medical and mental health services, we link clients to St. Francis Hospital and the NorthShore Health System hospitals.

Nearly all of our clients are low-income and many require assistance in meeting basic needs such as finding jobs, safe housing and sufficient food for their families. Helping our clients meet basic needs is vital, as it is quite difficult to change behavior when you are worried about where you will sleep at night and where your next meal is coming from. We regularly connect our clients with a broad network of agencies, depending on their situation and location, including food pantries, soup kitchens, sources for warm winter clothes, housing providers like Connections for the Homeless and other human service organizations.

Once clients have established stability and reduced their use, we work actively with them on establishing or re-establishing work, school or volunteer work, and broadening their network of positive social support. Finding sober recreational opportunities is an important and, often, significant challenge for people in recovery so we support them in this area as well. We work with a number of organizations help our clients obtain job skills and find employment, including the Evanston Rebuilding Warehouse, Asian Human Services, IMPACT Behavioral Health and CEDA.

We also hold service agreements with the Childcare Network for Evanston and YWCA Evanston/North Shore for providing specific care and housing for young children, and women and children who are victims of domestic violence.

21. Does your agency offer any of these additional services? Is the service for which you are seeking funding an entry point into these deeper services? If so, describe the services. What number or percent of people receiving this service are enrolled? How many are Evanston residents?

While we do not provide additional services ourselves, in many cases, PEER Services serves as an entry point into deeper/additional services. For example, if a client requires psychiatric services, our consulting psychiatrist is available to provide psychiatric evaluation and will prescribe medications to help our client attain some greater stability. At the same time, the client's counselor will work with the client to find a psychiatrist in the community that can provide long-term support and medication management. We recently established an agreement with AMITA Health's outpatient mental health clinic in Evanston so that our clients can enter continued psychiatric care with their psychiatrist. We have similar an agreement with Erie Family Health Center in Evanston.

When a client's housing becomes unstable or they suddenly become homeless, we work with Connections for the Homeless to find safe housing or other appropriate support. We work together with Connections' case workers and the client on solutions that make sense. For example, if a client needs to move further away from PEER to obtain stable housing, we may need to vary their treatment times or find transportation support so they can continue their care.

In any month, 33-50% of our clients are Evanston residents. Nearly all are low-income and our counselors are actively supporting most of them to connect with support for their basic needs, receive needed medical and psychiatric care and are work towards returning to school and/or work.

22. Are there barriers to people accessing deeper services including program fees, insurance requirements, or location of services, etc.? Describe briefly.

We help uninsured clients access public insurance and facilitate connections to local agencies for deeper services. Limited capacity at local agencies can be a barrier, which we collaborate with our partners to address, when possible.

23. If your agency does not provide the additional services, describe how you help participants access them and

how you track the referrals.

PEER Services utilizes linkage agreements with local agencies to ensure that clients receive holistic care. We are connected with CARITAS, Chicago Treatment & Counseling Centers, the Cook County Department of Public Health, Erie Family Health Center, AMITA St. Francis Hospital, NorthShore Health System and Turning Point in order to refer our clients to emergency services and medical or dental services. We also hold service agreements with the Childcare Network for Evanston and YWCA Evanston/North Shore for providing specific care and housing for young children, and women and children victims of domestic violence. Additionally, we receive substance abuse counseling and treatment referrals from CORNELL, Erie Family Health Center, Evanston Teen Reach, Gateway Foundation, Lake County, National Runaway Switchboard and Turning Point.

Depending on the situation and our client's level of ability, we will either coordinate access to the additional services actively with the clients or provide the client with the information and means to access services themselves.

Clinicians track referrals in our Electronic Health Record and regularly check with clients to follow up on referrals. Clients complete a Release of Information Form that allows us to contact the other agencies to discuss their case.

24. What other agencies provide similar services, how do you collaborate with them in order to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

Large substance use treatment agencies such as Rosecrance and Gateway provide services within the northern suburbs. They limit the number of low-income clients they serve and so usually have a long wait list.

Erie Family Health System and Northshore/Evanston Hospital offer limited substance use treatment services to Evanston residents. Northshore emphasizes patients with commercial insurance. Erie serves patients regardless of ability to pay but services are limited to individual counseling, so they refer people needing the higher intensity service of Intensive Outpatient Program (IOP) group counseling to PEER. Erie also offers two medications that treat addiction that PEER does not, so we refer people seeking those medications to Erie.

PEER accepts all clients, regardless of their ability to pay. A small nonprofit organization created in order to respond the need for opioid use disorder treatment identified by the City of Evanston 45 years ago, we have continued to be responsive to changing community needs, from the addition of alcohol and other drug counseling and our Prevention program, to current efforts such as our partnership with AMITA St. Francis Hospital.

We prioritize personal connections with our clients and, using a harm reduction approach, meet clients where they are and help them to achieve their treatment and recovery goals, including case management to connect clients with external resources and services, as needed. We focus on understanding root causes and working through trauma as well as teaching clients coping skills to help manage SUD. We are the only medication-assisted treatment (MAT) clinic providing methadone in Evanston and provide a high level of counseling and case management to support our MAT clients, which we have learned is not the case in most nearby MAT clinics.

All of our counselors are Master's-level professionals. We have expertise in working with adolescents, adults and older adults, as well as with dual diagnosis clients. We provide bridge psychiatric services at PEER and have developed a partnership with AMITA Health to provide ongoing psychiatric care, as needed.

For adolescent clients, we offer Early Intervention support for those without a formal diagnosis, and often work with parents and guardians to help them learn improved communication skills and other strategies for supporting teens.

While collaborating can be challenging, we have found great success in building partnerships, including with agencies providing similar services. Our focus is on meeting the needs of each individual client and understanding which organization can best serve them. For example, if a client requests buprenorphine to treat their opioid addiction, we connect them with a partner like Erie that provides it. Likewise, if a client needs a greater level of care than we can provide, we may refer them to an inpatient provider, like Gateway. We also accept clients returning to Evanston from residential treatment pr

25. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year.

Under the "Documents" tab, attach the current Strategic Plan and a list of current Board members; add Board demographics including approximate age range, race/ethnicity.

PEER Services' mission is to alleviate and prevent, to the greatest degree possible, the problems related to substance abuse in our community. Our goal is to improve the quality of life for everyone in Evanston by working to eliminate substance abuse in our community.

We do this by educating our community and preventing substance abuse from developing, intervening early in emerging substance abuse problems, and providing treatment for those teens and adults struggling with abuse or addiction. PEER Services, Inc. was founded October 7, 1975 as a result of recommendations made to the Evanston City Council. These

recommendations were based on a report submitted by a task force assigned to study the problem of drug abuse in Evanston.

We are the only freestanding, community-based program in Evanston that focuses on the prevention and treatment of substance abuse. Our agency is comprised of 25 staff members and 7 board members. Our goal is to have 10-12 board members; we are in active recruitment.

Our Board of Directors meets 8 times yearly. The board sets policy and organizational goals, provides fiscal oversight, provides legal and financial expertise, raises funds, evaluates the executive director, and moves the organization forward in achieving our mission.

In June of 2017, Maureen McDonnell, replaced our previous longtime Executive Director, Kate Mahoney. Maureen has a Masters of Public Health and brings much experience with the health and law enforcement systems as they relate to substance abuse and treatment. Through Maureen's leadership, we have continued to strategize how to navigate the changing environment, as well as improve our agency infrastructure to better serve Evanston and other communities. We have also continued to grow our referral relationships with local hospitals, first-responders, nursing homes, schools and other treatment providers.

26. Describe your agency's capacity to document provision of services, including policies and procedures for managing finances and procurement.

Include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resources Library).

PEER Services has been delivering substance use services to Evanston residents for the past 45 years. We are licensed by Illinois Department of Human Services Division of Alcoholism and Substance Abuse (DASA) and accredited by the Joint Commission. We have a strong management team. Our current Director has over 30 years of experience working with the treatment and criminal justice systems in Illinois.

PEER Services has managed government funding for the past 45 years. We utilize an external accountant to review all of our financial transactions and prepare a monthly financial statement. We undergo an external financial audit in compliance with the Office of Management and Budget A-133 circular.

The board's audit/finance committee works closely with the executive director and external accountant to monitor and manage our finances, make financial projections, build budgets and adjust to changes in the environment. Together, they monitor operational and financial key performance indicators so we know when adjustments need to be made.

Our financial policies and procedures are documented in our internal administrative operating manual.

PEER services has managed many federal grants over the years including grants that support Drug-Free Community Coalitions and supplemental treatment services. In 2020, we engaged an external bookkeeping and accounting firm with extensive expertise in managing the financial requirements of government grants, which adds to our capacity to manage grants and assure that all federal, state and local requirements are met.

27. Describe how your agency gets feedback from clients/participants and how that information is incorporated to improve services and service delivery.

The most important way we get feedback from clients is listening to them every day and in every session. As we explore their needs, goals and concerns with them, we learn about how we can better support our clients in achieving their goals, including durable recovery. Our staff meet regularly in teams and for clinical supervision to explore these issues and develop ways to better meet our clients needs. Our Leadership Team meets weekly and regularly explores these issues.

One of the most significant opportunities to change our work based on client feedback started in May 2020. After we all witnessed the murder of George Floyd and the response in communities across the country, we knew we needed to support our clients differently. This began by working out ways to discuss their experiences in witnessing these events and grew into a fuller exploration of each client's own experiences with police. Many of our clients opened up about very painful and dangerous experiences they had or witnessed with police. We now address trauma from police violence and incarceration as independent sources of trauma that need attention and support in order for our clients to achieve their goals.

In addition, each spring, PEER Services conducts client satisfaction surveys with all current clients. These surveys are extensive and ask for feedback in many areas of their treatment and experience with PEER. We analyze the survey results and compare them with previous years. We also look for specific concerns, which we address as appropriate, and suggestions for ways we can improve. Over the years, we have implemented suggestions such as changing the times of group counseling sessions, implementation of an anger management treatment component for teens, and identifying staff training needs.

Our clients also offer feedback and suggestions in conversation with their counselors, nurses and other staff. We discuss

these in our weekly leadership team meetings and in program team meetings.

Prior to Covid-19, we had a "Suggestions" box in our lobby area. Clients would occasionally leave suggestions or concerns in this box. We anticipate re-introducing this "Suggestions" box this year.

28. Provide staff demographics including gender, race/ethnicity and range of tenure in role. How many staff members of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

PEER Services' staff consists of 25 employees.

Gender: 21 female (84%), 4 male (16%)

Race/Ethnicity: 1 Asian, 8 Black, 1 Biracial -- Black and white, 1 Latinx, and 14 white. In all 44% are people of color and 56% are white.

Tenure: Our MAT Program Coordinator has been with PEER for 20 years, our Clinical Director for 8, and our Prevention Project Manager for 7. Our Executive Director joined PEER 4 years ago, in 2017. Five staff members have been employed at PEER for 3 years, five for 2 years, four for 1 year, and five joined PEER within the last year.

Our leadership team, which includes all managers on staff, is comprised of eight members, 3 (38%) of whom are Black and 5 of whom are white (63%).

29. All organizations receiving funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA."

169685161

30. Is the facility and program in compliance with the Americans with Disabilities Act?

Yes

No

31. If "No," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations. If "Yes," enter "NA."

NA

32. Where (address/location) are services provided and how do participants get to the location or facility?

MAT and counseling services are provided at 906 Davis Street in Evanston. Currently, most counseling is provided via telehealth. We are located across the street from the CTA/Metra stations. Clients also travel to PEER through medical transport (Medicaid)

33. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2021 City of Evanston funding and that, to the best of my knowledge, the information in this application is true and correct.

Maureen McDonnell, Executive Director

Budget [top](#)

Funding Sources/Revenues	2020	2021	2021 Committed
City of Evanston Funding Request	USD\$ 78,586.00	USD\$ 99,500.00	USD\$ 0.00
Direct Services	USD\$ 1,111,264.00	USD\$ 1,246,700.00	USD\$ 750,000.00
Grants: Local Government & Prevention	USD\$ 438,106.00	USD\$ 440,707.00	USD\$ 35,000.00
Fundraising	USD\$ 183,233.00	USD\$ 150,000.00	USD\$ 44,000.00
Miscellaneous (Fed/State COVID Relief)	USD\$ 115,481.00	USD\$ 0.00	USD\$ 0.00
In-Kind Revenue	USD\$ 15,152.00	USD\$ 0.00	USD\$ 0.00
Interest Income	USD\$ 5,350.00	USD\$ 400.00	USD\$ 400.00
Total	USD\$ 1,947,172.00	USD\$ 1,937,307.00	USD\$ 829,400.00

Funding Uses/Expenses	2020	2021	City Funds
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Personnel Costs	USD\$ 1,211,883.00	USD\$ 1,282,215.00	USD\$ 99,500.00
Professional Services	USD\$ 266,128.00	USD\$ 272,750.00	USD\$ 0.00
Occupancy	USD\$ 208,692.00	USD\$ 109,753.00	USD\$ 0.00
Insurance	USD\$ 14,494.00	USD\$ 23,931.00	USD\$ 0.00
Program Expenses	USD\$ 57,933.00	USD\$ 147,985.00	USD\$ 0.00
Printing/Supplies	USD\$ 34,682.00	USD\$ 51,140.00	USD\$ 0.00
Staff Training/Meetings/Dues	USD\$ 8,419.00	USD\$ 23,338.00	USD\$ 0.00
Other	USD\$ 58,636.00	USD\$ 38,040.00	USD\$ 0.00
Special Event	USD\$ 1,277.00	USD\$ 5,000.00	USD\$ 0.00
In-Kind Expense	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Total	USD\$ 1,862,144.00	USD\$ 1,954,152.00	USD\$ 99,500.00

Budget Narrative

Fiscal Year is July 1 to June 31.

CY2020 included the first 9 1/2 months of the Covid-19 pandemic. We received Covid-19 relief funds from the Evanston Community Foundation, the federal CARES Act and the State of Illinois/Department of Human Services. These are reflected in our fundraising and miscellaneous revenue lines. We do not expect these to recur in CY2021. Because community movement remains low, school participation is just starting to return to "normal" and the courts remain largely closed down, we do not expect our referrals for direct services (and therefore our direct service revenues) to grow significantly in CY2021. The outlook for CY 2022 is more positive.

In CY2021, we expect our direct service revenue to rise somewhat as we added two programs. We received funding from St. Francis Hospital to provide onsite outreach and engagement services for people with substance use disorders treated in their ER and Inpatient floors. We also received a federal Drug Free Communities Grant.

We receive IL DHS funding for: Opioid Maintenance Therapy, Global Addiction Services, DCFS and Prevention Services. We also receive IL HFS funds for services through the state's Medicaid program. Federal funds form a portion of each of these state funding streams. We also receive federal funds through the Centers for Disease Control and Prevention (Drug Free Communities Grant) in CY2021.

We continue to seek funds from all available sources, including new parts of the American Rescue Plan and state Covid-19 relief funds as well as corporate and foundations grants focusing on the overdose crisis and health equity.

On the Expense side, the return to more in-person services results in projected increases in Program Expenses, Training/Meetings, Printing/Supplies and possibly a live Fundraising Special Event. The projected increase in Salaries is due to our new programs (see above) and also due to the significant increase in the market compensation rate for counselors and nurses. We expect that we will need to increase salaries overall by 15% in CY2021 to retain our excellent staff. The projected reduction in Occupancy results from closing our office in Glenview in August 2020. The projected increase in insurance results from proper alignment in budgeting as directed by our Accounting firm, not actual increase in insurance rates or costs.

In response to the change in Evanston Mental Health Board funding approach, we developed a new approach to our funding request. Simply put, we are asking the Evanston Mental Health Board to support the difference between the actual cost of care and the reimbursement we received from Medicaid and the State of Illinois for care to low-income Evanston residents. The detailed methodology for this request is provided on an additional document in the Documents section. The list of positions these funds will support is also included in this document. (See Documents section.)

Program Outcomes [top](#)

Program Outcomes

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-June	G: July-Dec	Goal Total	Actual # (A): Jan-June	A: Jul-Dec	Actual Total	
1	At least 55% of Evanston clients will be drug-free at time of re-assessment	Measured through regular drug screens and assessment summary. Numbers indicate # of Evanston clients.	82	83	165	100	110	210

2	At least 60% of Evanston clients will have a positive support network at time of re-assessment	Measured every 60 days as part of the intervention plan review. Numbers indicate # of Evanston clients.	99	99	198	148	149	297
3	At least 75% of Evanston clients will demonstrate improved decision-making skills at time of re-assessment.	Measured every 60 days as part of the intervention plan review. Numbers indicate # of Evanston clients.	123	123	246	148	149	297
4					0			0
5					0			0
Total			304	305	609	396	408	804

Program Line Item Expenditures

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0
11					\$ 0
12					\$ 0
13					\$ 0
14					\$ 0
15					\$ 0
Total	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0
11					\$ 0
12					\$ 0
13					\$ 0
14					\$ 0
15					\$ 0

Total

0

0

0

0

\$0

Documents [top](#)

Documents Requested *

Required? **Attached Documents ***

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.



[Audited Financial Statement](#)
[Form 990](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

[2020 Accomplishments & 2021 Strategic Plan](#)

Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).



[Federal 501c3 determination letter](#)

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).

Brief biographies of key staff including demographic information.



[Key Staff Bios](#)

Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).

Supplemental information relating to your program or agency, as applicable.

[The Collective MOU](#)
[PEER Services Brochure](#)
[Sliding Scale Fee Schedules](#)

Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.

[Financial Registration Form](#)

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.
[download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.

[Org Chart](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.



[PEER Services Chart of Accounts](#)

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

[Budget request detail](#)
[Sources of Revenue Over \\$20,000 \(CY2020\)](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1-June 30, this will be for FY2019.



[Operating Revenues and Expenses - Most Recent Fiscal Year \(FY20\)](#)

Organizational commitment to equity, diversity and inclusion.

[Commitment to Equity](#)

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.

Current year agency operating budget.



[Current Year Operating Budget \(FY21\)](#)

Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards.

[Board List](#)

Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form.

[Conflict of Interest Form - Completed](#)

[download template](#)

Duplication of Benefits. City of Evanston and Federal policies require the disclosure of any possible duplication of benefits in the provision of Federal, state or local funding. Complete and upload the attached form.

[download template](#)

* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 348988

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City of Evanston
Community Development
FY 2021 Safety Net Services
Deadline: 4/21/2021

YWCA Evanston/North Shore
YWCA Evanston/North Shore Safety Net CY21

Jump to: [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

USD\$ 35,000.00 Requested

Submitted: 4/20/2021 3:56:20 PM (Pacific)

Project Contact

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Application Questions [top](#)

1. Describe your service, including the need(s) addressed. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

Reaching over 700 survivors annually, direct services include: crisis intervention and emergency shelter, community services, legal advocacy, and longer-term housing. The Program provides violence prevention and outreach and education services.

Domestic Violence Family Support Center operates 24-hours/day, 7 days/week. Services include: individual and group counseling in English and Spanish; comprehensive case management to help clients access resources needed to stabilize their lives; financial education to assist survivors in obtaining a sound understanding of ways to attain financial independence and security; comprehensive children's programming that includes music, art and play therapy, parent-child sessions that focus on helping clients better understand the impact that violence has had on their children and learn positive parenting techniques; health education for adults and children.

Legal Advocacy Services operates at the District 2 Skokie Courthouse on Monday-Friday from 8:30am-4:30pm and focuses on helping victims of domestic violence understand the complex maze of criminal justice remedies and the process for getting an order of protection. Community-Counseling Services for non-residential clients operates at YWCA's Family Support Center on Monday-Friday from 9:00am -9:00pm. Clients are being seen for one hour per week for up to 12 weeks. Program offers survivors bi-lingual one-on-one and group counseling and support. Counselors work with clients to: create a safety plan; conduct individual assessments that will identify any issues outside of the domestic violence arena; build confidence that will enable a client to leave their abuser if they so choose; provide referrals to resources; and address parenting issues.

The Longer-Term Housing program operates a 16-unit apartment building for domestic violence survivors and their children coming out of emergency shelter and provides safe and supportive housing to further stabilize these individuals. Comprehensive services connect them to valuable resources that will close the barrier in actualizing their ability to live full and productive lives.

Relationship Violence Prevention Program operates throughout YWCA service area in partnership with school districts, local social service agencies, and universities. Operates on Monday-Friday during the school year. We help students build the social-emotional skills they need to treat one another with respect as they mature and how to recognize what healthy relationships are as they begin to engage in dating and intimate relationships. The Men's Leadership Project prepares men and boys to work as allies with women and girls to prevent gender-based violence.

Education and Outreach efforts raise public awareness about domestic violence and educate the professional community about the dynamics of domestic violence, legal options for victims, and appropriate resources for help.

2. How does the service stabilize participants dealing with an emergency or crisis, or prevent further destabilization? How long does the average participant receive services?

YWCA Evanston/North Shore's case management and emergency services serve to stabilize families urgently fleeing domestic abuse. Through our comprehensive wrap around service delivery, and referral as needed, we address the myriad challenges faced by families escaping abuse. We come at the issue from a variety of angles and, after addressing the immediate safety needs of families or individuals in crisis, we can offer many resources that assist with longer-term stability: financial education, employment and housing supports, and legal advocacy. The anticipated length of stay in our emergency shelter is 90 days but extensions are routinely granted to families that have a line on a safe housing situation in the near future. Survivors can choose to continue to receive counseling and support services after they have left shelter. Our longer-term housing, Bridges, and our now ten transitional housing units allow us to work with these families for extended periods of time (on average 2-3 years at Bridges and 12-18 months for those in transitional housing). These programs have proved successful in not only preventing further destabilization but also supporting survivors in their longer-term progress toward safe, independent futures that include financial stability.

3. Is this service alone enough to resolve the issue?

Emergency services are not enough to resolve the impact of abuse, physical, emotional and financial, on family stability. Survivors also need affordable housing, employment and long-term therapeutic counseling.

4. Do beneficiaries of the safety net service have additional, unmet needs?

Yes, and we address those needs by connecting survivors with resources available, both within the YWCA and in the community at large, to address needs beyond domestic violence.

5. How will your agency establish income eligibility for this service?

All recipients are required to report the race/ethnicity and household income of participants.

- Limited Clientele (include forms used to document income in document upload section)
- Presumed Eligible (abused children, battered spouses or homeless)

6. Does your agency identify and target people who face barriers to accessing services? (Examples include undocumented residents/ESL households) Describe populations that face barriers to accessing services; how would City funds would improve equity of service delivery and/or expand capacity to those populations?

YWCA serves a substantial geographic area in the northeastern Chicago metropolitan area, extending from Chicago (Devon Avenue) north to Lake Cook Rd and west from Lake Michigan to Interstate 294 and covers Chicago's northern boundary and 16 communities in Cook County, Illinois. Our services are available regardless of race, ethnicity, national origin, age, creed, sexual orientation, gender identity, income, marital status, citizenship status, spoken language, disability, or religion.

YWCA does targeted outreach to various communities in the City by engaging with community organizations, first responders, and the school districts. Our Domestic Violence Services serve high barrier populations including homeless individuals and families, youth in foster care, people with disabilities, and the LGBTQ community.

YWCA-ENS has recently begun extensive outreach to immigrant populations, both documented and undocumented. Three bilingual and bi-cultural staff are dedicated to this effort – case manager, counselor, and legal advocate. We are partnering with Evanston Latinos and local faith-based organizations to distribute information, resources, and support around family violence in ways that are culturally sensitive and are enlisting community organizers and known community leaders to help us gain access and earn trust.

YWCA Evanston/North Shore also works with local early childhood providers (District 65, Learning Bridge, and The Childcare Network) to reach teachers and parents of small children with education, training, and resources around family violence.

7. How will you track expanded participation in services and its impact on these populations? What data are collected and used to analyze services and measure success?

Describe service goals and outcomes anticipated in 2021, including any changes from 2020 if applicable.

All clients complete intake documents for all residential shelter, legal advocacy, community counseling services, longer-term supportive services, and transitional housing services. All service interactions with a client are documented on a client services contact form and entered into the InfoNet database.

Performance management occurs in various steps including program planning, data collection, data reporting and analysis followed by utilizing data findings and insights for future planning. This series of steps occurs on annual basis. The program evaluation plan, which is developed in conjunction with direct service staff and management staff, will assess the scope of the program and the appropriateness of services.

This plan accurately reflects the core activities within each service area, outcomes for each activity with short/medium-term goals, data collection needs, and appropriate benchmarks for each activity that accurately measure program success. All service areas have a data collection plan that includes data sources (from whom will the data be collected), methods (specific

tools used), timeframe for data collections, and the person responsible for collecting the data. The tools are generally self-report surveys or pre/post tests. Completed evaluation forms and surveys are entered into Survey Monkey.

The Impact and Compliance Team, comprised of the Impact Measurement Manager and the Data and Compliance Coordinator, work to ensure the evaluation plan is implemented as intended and work to collaborate with direct service staff regularly to monitor progress and analyze success.

We are in the process of transitioning to a cloud-based case management system, set to launch in May 2021, which will enable us to track more metrics and have more real-time information about client services and clients' progress on reaching their self-determined goals. Staff will be able to get a 360 view of clients' interactions across our agency and see real-time data. We will be able to more easily identify trends and gaps and services and adjust accordingly. We can also determine the expanded participation in services by comparing current information to over 10 years' worth of historical data we have captured.

2021 goals are as follows:

- To provide information & referrals to the victims of DV from Evanston by offering toll-free hotline/or any incoming line to service 120 callers
- To provide victims of DV from Evanston with a wide variety of services by offering safe shelter, legal advocacy, community counseling, and LTH services to 200 unduplicated clients
- To provide victims of DV from Evanston with individual, group, advocacy, and legal services by offering 1600 hours of services.
- As a result of receiving individual, group counseling, advocacy, and legal advocacy services 48 victims of domestic violence from Evanston will self-report an increase in their awareness and utilization of safety planning strategies.

8. How would an award expand the service to Evanston residents, specifically those who face barriers to receiving services? How would capacity to serve more participants improve?

YWCA Evanston/North Shore's staff is skilled at addressing the mental and emotional health challenges faced by survivors of domestic violence, be they adult or child. However, survivors need many more supports as they are more onto safe, self-determined lives. Funding from the City will allow us greater flexibility and capacity to address the complex needs of our survivors by providing supports around childcare, transportation, housing, and employment.

YWCA Evanston/North Shore continues to grow its domestic violence program and is committed to reaching more survivors, especially in underserved communities. For example, outreach through a new partnership with Evanston Latinos will target immigrant populations, both documented and undocumented, to increase their knowledge and access to resources for families experiencing abuse.

Our new Family Support Center for Survivors of Domestic Violence will double our shelter capacity. Support at this time will allow us to match the anticipated increased survivor caseload with an increase in supports and resources available to them.

9. Describe the fee structure for services, whether services are free or available on a sliding scale.

All of our Domestic Violence Services are free to survivors of abuse.

10. Describe the number, demographics including gender, race/ethnicity and tenure in role, qualifications and experience of staff providing this service. Will new staff be hired and is this dependent on City funding?

The Domestic Violence Services employs 24 full and part-time employees. All of the direct service staff members have a minimum of a bachelor's degree; all clinical staff has MA, MFT, LCSW, LPC, and LCPC. All staff providing domestic violence services to adults and children have 40-hour domestic violence training certificates. Our agency is certified by the ICDVP as an approved 40-hr in-person training site, approved supervision site, and approved ICDVP CEU site. All direct service staff in leadership positions hold ICDVP certificates. We currently have ten staff ICDVP certified.

In addition to the 40-hour domestic violence training, staff continuously receives training about confidentiality, working with clients who have mental health issues and/or substance abuse issues, and working effectively with clients of diverse populations. We have received and continue receiving training about trauma-informed care service. We continue our partnership with the National Center on Domestic Violence, Trauma, and Mental Health. We continue to provide ongoing and specialized training for staff, especially front-line staff who play the most visible role in our shelter.

No new staff will be hired with CDBG funding but in order to sustain our work we continue to rely on all our partners. The CDBG funding plays a significant role in providing these services because it meets a vital community need. The funding enables domestic violence clients to receive counseling and case management, remain safe, access community resources they need in order to become self-sufficient, and receive the education and support needed to break free and remain free from their abuser.

DV staff Demographics:

Age: 20-29 - 4; 30-39 - 8; 40-49 - 4; 50-59 - 5; 60 + - 3

Race: AA - 7; W - 9; Hispanic - 6; Asian - 1; Other - 1
Gender: Female - 19; Male - 2; Other - 2

Our caseload for a full-time counselor is approximately 20 open cases and 30 open cases for legal advocates in the legal advocacy program.

11. What policies/procedures, including supervisory, are in place to ensure services are provided consistently and that goals/outcomes are achieved?

The Domestic Violence team holds weekly case reviews to discuss cases, collaborate on issues providers and clients are facing, and ensure services are provided consistently in a trauma-informed, survivor-centered manner. All domestic violence staff also receive regular supervision to discuss service provision. As discussed in question 7, the Impact and Compliance team meets regularly with the Domestic Violence Program Director to review progress towards grant goals and outcomes and meets quarterly with the full Domestic Violence team to discuss progress to date on all goals and outcomes.

12. Who participates in or benefits from the services provided? Who participates in or benefits from the services provided?

Describe participants by age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Include any eligibility requirements.

YWCA's Domestic Violence Program serves victims of domestic violence and their children. Clients are racially, educationally, and economically diverse with the majority being employed but living on low wage salaries and often having more than one job. The majority of survivors of domestic violence and their children served through the Program are of disadvantaged socioeconomic status and are suffering from the effects of long-term and progressive domestic abuse. Of the clients in the Program: 37% are African American, 34% are Caucasian, 19% are Hispanic, 9% are Asian, and the remainder are comprised of individuals with other ethnicities; 45% are women between 20-40 years old; 62% of children under the age of 5 years old; 35% unemployed, though more than 81% have at least graduated from high school, and more than 73% are mothers, many of whom have multiple children; 75% report physical and/or sexual abuse as their primary reason for fleeing their abuser.

13. Complete the chart below with the unduplicated total of people expected to receive services in 2021, number who are low/moderate income, and the number who are Evanston residents.

Programs funded in 2020 must show an increase in people served. Federal regulations do not allow CDBG funds to replace existing program funding.

670	Unduplicated people to be served in 2021
200	Unduplicated Evanston residents to be served in 2021
670	Unduplicated low/moderate income people to be served in 2021
480	Unduplicated people served in 2020
128	Unduplicated Evanston residents served in 2020
480	Unduplicated low/moderate income people served in 2020
128	Unduplicated low/moderate income Evanston residents served in 2020
2,756.00	TOTAL

14. Are you turning people who are eligible away? If so, how many and why? Does the agency maintain a wait list, and if so, approximately how many people are on it?

Every year up until now, YWCA's emergency housing sheltered over 200 victims of domestic violence and their children seeking refuge from domestic violence. But the need for emergency shelter far exceeds our supply: each year, over 600 women and children are turned away due to lack of space. In FY 20, due to the pandemic, we were forced to close our shelter and move resident families into hotels and we worked to locate them safe, affordable housing.

We do not maintain a waiting list. We serve clients on a first-call first-served basis. When we are not able to serve eligible domestic violence victims because the shelter is full, we refer them to the DV Helpline, help them create a safety plan if needed, and connect them to community resources that may assist them in securing safety. When a caller determines that our services are not aligned with their current needs, regardless of the reason, we give the caller at least three referrals to other organizations that might be more appropriate for their needs. If we are not able to assist victims who come to our legal advocacy program for walk-in services, we attempt to schedule an appointment with them on another date and we also provide them with an abbreviated explanation of orders of protection and offer an information sheet with instructions on how to proceed on their own if they chose to go forward without an Advocate.

YWCA Evanston/North Shore has long desired to expand our capacity and so embarked on a capital campaign to launch our next phase of growth and service to our communities. This milestone effort will: expand and upgrade our campus; enhance our services to women and children; increase our impact through new, innovative programming; and accelerate our transformation to a community catalyst, thought leader, and advocate for racial and gender equity. As part of the capital campaign, YWCA

has built a new trauma-informed Family Support Center for Survivors and Their Families with double the number of rooms and innovative design to help women and children heal from the trauma of domestic violence and abuse. The new building will open May/June 2021. We expect the number of shelter residents served to grow steadily through the year ahead as COVID restrictions lift.

15. Does demand fluctuate throughout the year? If so, please explain.

Demand for our Domestic Violence Services generally remains steady throughout the year. Sometimes we see an up tic in crisis line calls after the holidays or during times of financial downturn when families are experiencing increased stress.

16. How do potentially eligible participants find out about your agency's service?

All clients, except those who walk in for legal advocacy services at the Skokie Courthouse, access our comprehensive domestic violence services through our 24-hour crisis line. Staff is trained to listen carefully for what the caller is experiencing and what they might need both in the immediate moment and thereafter. The only criteria used to determine eligibility is whether or not the caller self-identifies as having experienced domestic violence. We take them at their word and once they have disclosed this information staff explain what we provide and how our services work so the caller can determine if we are an appropriate fit for their needs. Because of our trauma-informed change process, we have significantly reduced the time and volume of questions we ask at the initial point of contact in an effort to prevent re-traumatization. We seek to screen people into shelter, not out of shelter. Our policies and practices comply with federal and state fair housing laws: regardless of the type of service or where it is provided, all services are gender-neutral, accepting both women, men, and transgender individuals.

17. Do other agencies/entities refer people for this service? If so, describe the process including common referral sources and the ratio of participants referred versus those who find your service independently.

We receive referrals from DCFS, schools, police departments, the District 2 courthouse, local community organizations, Evanston LAN (Local Area Network), local hospitals and clinics, faith-based communities, and individuals. Initial contact might be by email or phone but all referred survivors are directed to the 24-hour crisis line where a simple in-take takes place and their needs are accessed. Around 85% of our clients are referred to us while 15% find us independently.

18. Did the agency receive funding from the City of Evanston for this service in FY2020?

- Yes
- No

19. If "Yes" to the question above, how would your capacity to serve existing or new Evanston residents be affected if funds were not received in FY 2021?

Funding at this time would support YWCA Evanston/North Shore as it embarks on an unprecedented expansion of our domestic violence services. When the new Family Support Center opens in early June 2021, the capacity of our shelter will double. Throughout the coming year, we anticipate serving more and more survivors as COVID restrictions lift. At the same time, we are initiating targeted outreach to immigrant populations, both documented and undocumented, with the intent of offering bilingual domestic violence services to their communities. It is very clear that YWCA's reach and impact will grow exponentially in the immediate future. We are already engaged in identifying additional funding streams to support this growth but we will still need the support of funders such as the City of Evanston as we serve more Evanston residents.

20. What portion of participants served have additional needs that are not resolved by the safety net service?

List additional services participants most commonly need to achieve self-sufficiency.

All domestic violence survivors have a range of needs for medical, legal, mental health, and social services. Because often their needs are complex, their resources are few, their housing is transient, collaboration with other social service providers ensures that clients are connected to appropriate resources.

Additional needs addressed via internal and external referral include: counseling for adults and children, financial education, affordable housing, family-sustaining employment, substance abuse intervention, mental and physical healthcare, legal advocacy, education, and job training.

21. Does your agency offer any of these additional services? Is the service for which you are seeking funding an entry point into these deeper services? If so, describe the services. What number or percent of people receiving this service are enrolled? How many are Evanston residents?

YWCA Evanston North Shore is well-versed in providing a comprehensive range of services to survivors and their children who represent diverse life experiences, a variety of cultural backgrounds, and who may lack access to basic resources. Our Domestic Violence Program provides referrals within our organization and to the other agencies as well. For example, if the client receiving legal advocacy services at the Skokie Courthouse in need of community counseling or shelter, the legal advocate will refer them to contact our crisis line; or if the residential client needs legal advocacy services, the client advocate will refer them to our legal advocacy program; or if the client in need of financial coaching they will be referred to our Women's Leadership & Economic Advancement program. The presence of the Equity Institute and its racial and gender equity programming enhances staff knowledge and service delivery.

In the past, YWCA has relied heavily on referrals to outside agencies to assist our clients with their employment and housing needs. However, outside agencies with little or no training on the myriad of issues facing survivors of DV can be challenged to provide our clients with solutions that will protect their safety and guarantee their ability to succeed long-term in a new job or apartment. The reliance on outside referral agencies limited our ability to measure a client's accountability and follow-through in their housing or employment search. In 2016, YWCA Evanston/North Shore hired both a Housing and an Employment Specialist to assist survivors of domestic violence in accessing stable housing and employment opportunities after they leave our emergency housing. Our goal is for our clients to continue working with these specialists beyond their limited shelter stay, giving us the ability to better support their transition from crisis to self-sufficiency and to measure both short and long-term outcomes. This program also has been expanded to meet the needs of tenants residing in the Longer-term Housing program with an emphasis in job readiness training and job placement. YWCA-ENS now has a Culinary Program that is a 12-week workforce training program designed to prepare low to moderate-income women for success in the food service industry. This year we launched YWeb Academy in partnership with Oakton Community College to prepare women of color for lucrative, family-sustaining employment in the tech field. These programs are available to interested participants in both our residential programs. Around 40% of workforce development participants are Evanston residents, and around 25% are survivors from the Domestic Violence Program.

22. Are there barriers to people accessing deeper services including program fees, insurance requirements, or location of services, etc.? Describe briefly.

No

23. If your agency does not provide the additional services, describe how you help participants access them and how you track the referrals.

Our Domestic Violence staff will use their skills and expertise to advocate for program participants while also identifying valuable community resources that best meet their needs. If we find that a participant's needs are beyond the scope of our expertise, we work alongside the client to connect them to appropriate services. For instance, a client's issues related to child custody will likely present intricacies beyond the scope of services provided by the YWCA's Legal Advocates; in these cases, clients are referred to organizations such as the LAF, one of many agencies with whom the YWCA maintains networking agreements. Program staff have established relationships in the community with local organizations and are in regular communication with them to keep them informed of our array of services. Often the residents are working with other case managers before coming to us. We sign releases of information for as many agencies as the client permits, and we talk with the other case managers such as DCFS to coordinate service plans and make sure the client is doing what is requested by all case managers.

Our legal advocates also refer and provide case consultation regularly to Lifespan and Legal Assistance Foundation attorneys for divorce action for victims. Many clients are referred to us by DCFS. We advocate on behalf of those clients via education of DCFS workers regarding the IDVA, clarifying legal options and eligibility requirements to pursue orders of protection. We work closely with Metropolitan Family Senior Services staff to promote safety for elderly clients in the District 2 courthouse communities, and we have established effective referral relationships with specific case managers who routinely access our office. Every victim who accesses our services and requests our advocacy with other agencies they are involved with receives our support with regards to IDVA education, information, and connection with or referral to needed collateral services.

All referrals are documented and entered into the InfoNet database.

24. What other agencies provide similar services, how do you collaborate with them in order to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

YWCA Evanston/North Shore provides the only comprehensive residential domestic violence program in the northeastern Chicago metropolitan area, in a service area that extends from Chicago (Devon Avenue) north to Waukegan and west from Lake Michigan to I-294. For residents in these areas, the next closest domestic violence shelter is as far away as Waukegan, and for Chicago residents, the YWCA Evanston/North Shore is their primary option if they need to find shelter in a city other than that of their abuser. Furthermore, of the few shelters that are in operation in the northern Chicago metropolitan area, some do not have the range and reach of domestic violence services offered by YWCA Evanston/North Shore.

To best meet the needs of our clients, to make sure survivors and their children are connected to the resources they need to get through their domestic violence crisis and avoid duplication, the agency has 33 networking agreements with service providers. For assistance with transitional housing, we collaborate with Connections for the Homeless, the City of Evanston, Kan Win, Access Living, Heartland Alliance, and a Safe Place. To assist with employment, we work with Dress for Success, Score, Next Group LLC, National Able, Employer Employment Service, Inspiration Kitchen, and Symbol Institute. We connect residents to longer-term support and public benefits including SNAP, WIC, and TANF. We secure CHIP medical insurance for uninsured children who are in the shelter. We partner with the LAF to provide attorneys who can help clients with more complex issues including divorce, child custody, and immigration. Agencies that we have networking agreements serve as the basis for our information and referral services. Further, in working with the local Neighborhood Network, Evanston Cradle to Career, YWCA has been able to strengthen relationships with community partners who could provide viable services to program participants.

25. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year.

Under the "Documents" tab, attach the current Strategic Plan and a list of current Board members; add Board demographics including approximate age range, race/ethnicity.

Dedicated to eliminating racism and empowering women, YWCA E/NS has worked for over six decades to foster gender, racial and economic equity. We do this by focusing on three key areas: health and safety for women and girls, women's empowerment and economic advancement, and racial justice and civil rights.

YWCA provides a range of programs and services to meet the diverse needs of the community it serves: Domestic Violence Program, Women's Economic Advancement, Racial Equity, and Flying Fish Aquatics.

Members of the Board of Directors are required to have views in line with the mission of the organization, as well as a belief in and ability to advocate for that mission and is morally, legally, and fiscally responsible for the organization. Members represent diversity in terms of ethnic, economic, social and professional definition. The board is responsible for developing, implementing and monitoring the governing policies and procedures of the organization, paying particular attention to the financial status and strategic development. The current size of the full Board is 18 members.

In FY 2019-20 YWCA Evanston/North Shore Domestic Violence Services provided services to 537 survivors of domestic violence and their children. Despite COVID, we continued to expand our partnerships, sustain our programs and deepen our impact:

- Successfully moved shelter residents into hotels to comply with COVID social distancing measures and subsequently moved most into transitional or permanent housing
- In response to COVID, rapidly moved all service delivery to virtual platforms and began transitioning to a cloud-based case management system
- Staff continued to engage in ongoing professional development opportunities as a means of enhancing their knowledge and skill in working through a trauma-informed lens.
- Restructured our community counseling program to deepen our reach in the community. Developed the structure for community-based groups to be implemented and began planning coordinated outreach to immigrant populations, both documented and undocumented
- Expanded service delivery at Bridges, our long-term housing for survivors of domestic violence
- Legal advocates began working more closely with the Evanston PD in order to offer a greater level of support to police advocates and officers
- Expanded our Women's Economic Advancement program to include YWeb Academy, a coding a job training program
- Moved quarterly 40-hour Domestic Violence training to a virtual platform to provide a solid base of knowledge for anyone working with individuals affected by domestic violence
- Hosted our fourth, this time virtual, Equity Summit and drew an attendance of over 450
- Continued a capital campaign that will allow us to deepen our impact in our communities
- Broke ground and accelerated the construction timeline for a campus expansion that includes a new Family Support Center for Domestic Violence Survivors that will double our capacity to serve

26. Describe your agency's capacity to document provision of services, including policies and procedures for managing finances and procurement.

Include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resources Library).

As a leading provider for domestic violence and violence prevention services in the area for over 35 years, YWCA Evanston/North Shore has extensive expertise serving this population and addressing the issues discussed. Karen Singer, President/CEO, now in her 16th year, has more than doubled the size of the organization and grown the revenue base to support and sustain the growing programs and staff; Kristen White, CIO, has 15+ years' nonprofit executive level experience overseeing programs, operations, public grant compliance, and program evaluation; Laura Moorehead, CFO, has over 25 years of general accounting procedures and functions working in privately owned and nonprofit sectors; Hillary Douin, Domestic Violence Services Director, has 12+ years developing and managing trauma-informed care victim services for adults and youth including policy and procedure development and staff training; Rachel Sax, Impact Management Director, has 5+ years' experience managing program evaluation, reporting and compliance for federal and state grants/contracts; Rachelle Ellis, Data and Compliance Coordinator, has 6 years' experience in grants and data management for federal and state funding. Our experienced staff make us confident in our ability to direct the organization, develop our programs, provide proposed services, manage the fiscal resources, provide grant management, program evaluation, and administrative oversight and comply with fiscal and administrative requirements. YWCA has written fiscal procedures and the Board of Directors is ultimately responsible for the financial outcomes of the organization. We are the recipient of multiple public grants and have a history of meeting compliance standards and receiving positive public grant audits. We have been praised by municipal leaders and national YWCA leaders as being one of the most stable and sustainable nonprofit organizations in Evanston and YWCA associations nationally.

YWCA uses the following fiscal auditing standards: (1) Auditing standards generally accepted in the United States of America; (2) Government auditing standards; (3) Single Audit Act Amendments of 1996; and (4) OMB Circular A-133 Standards for States, Local Governments and Non-Profit Organizations. YWCA Evanston/North Shore is compliant with the

procurement guidelines set forth in Section 200.320 of the Omni Circular and are limited to procurement by small purchase procedures.

For FY2020, Miller, Cooper and Co. Ltd provided the annual audit of the financial statements of YWCA, which comprised the statement of financial position as of June 30, 2020, the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, for the purpose of expressing an opinion on whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

27. Describe how your agency gets feedback from clients/participants and how that information is incorporated to improve services and service delivery.

We regularly solicit feedback from clients/participants through satisfaction surveys at different points in their engagement. Domestic Violence program staff also discuss and collaborate on client progress during weekly case reviews. These discussions can lead to changes in service delivery to best accommodate clients.

YWCA is committed to using data regularly to inform programming and understand the impact of programs on clients' lives. YWCA's Impact Measurement Manager (IMM) oversees continuous quality improvement (CQI) within the organization. At the beginning of each fiscal year, staff work together to set department-wide goals. The IMM convenes CQI meetings on a quarterly basis to review program data from the quarter and year-to-date. CQI meetings involve staff at all levels from leadership to direct service. Quantitative data and qualitative feedback from clients are reviewed and successes and barriers are discussed. At the end of each fiscal year, the IMM writes an annual report which summarizes the agency's impact. The IMM works with staff to interpret the data and make recommendations for the following fiscal year. This regular data review is helpful in keeping all staff on the same page about goals and program implementation. The quarterly meetings also empower staff to ask questions about how they can use the data collected to review and adjust programming and plan for the future.

28. Provide staff demographics including gender, race/ethnicity and range of tenure in role. How many staff members of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

YWCA has 40 full-time employees and 49 part-time employees. Tenure ranges from less than 1 year to over 26 years. Most of the senior leadership has been with the organization for over 10 years.

Demographic breakdown of organizational staff:

74 % female; 24 % male; 2% non-binary

49% Caucasian; 18% African American; 14% LatinX; 2% Asian; 6% two or more races; 11% Not Defined

Out of 10 staff who are currently in leadership/decision-making positions, 3 are people of color. YWCA Evanston/North Shore is committed to creating an anti-racist, equitable work environment. In keeping with our mission, we invest significant resources in engaging all staff in creating an equitable organization. We do this work through our internal equity committee where staff assesses areas for growth and offers recommendations for moving the organization ahead in the areas of organizational culture and policies and procedures. All staff and Board members are asked to participate in programming offered by YWCA's Equity Institute and regularly engage in internal trainings and conversations focused on ways we can bring the organization's mission-driven commitment to racial and gender equity to life within our agency and our communities.

29. All organizations receiving funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA."

077025724

30. Is the facility and program in compliance with the Americans with Disabilities Act?

Yes

No

31. If "No," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations. If "Yes," enter "NA."

NA

32. Where (address/location) are services provided and how do participants get to the location or facility?

The Family Support Center is located on the YWCA Evanston/North Shore campus. Legal services are delivered at the District 2 Skokie Courthouse, 5600 Old Orchard Road, Skokie. Our Longer-Term Housing Program is located at 241 Callan Street, Evanston.

33. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2021 City of Evanston funding and that, to the best of my knowledge, the information in this application is true and correct.

Rachel Sax, Impact Measurement Manager

Budget [top](#)

Funding Sources/Revenues	2020	2021	2021 Committed
City of Evanston Funding Request	USD\$ 35,000.00	USD\$ 35,000.00	
City of Evanston Mental Health Board Funds	USD\$ 0.00	USD\$ 0.00	
City of Evanston ESG	USD\$ 15,000.00	USD\$ 15,000.00	
Other Government Grants	USD\$ 1,072,258.00	USD\$ 1,105,938.00	USD\$ 528,000.00
United Way	USD\$ 86,100.00	USD\$ 60,270.00	USD\$ 75,000.00
Foundation Grants	USD\$ 78,000.00	USD\$ 137,000.00	
Individual Gifts	USD\$ 97,500.00	USD\$ 84,000.00	
Business, Civic and Church	USD\$ 87,400.00	USD\$ 20,000.00	
HACC	USD\$ 160,000.00	USD\$ 158,000.00	
Total	USD\$ 1,631,258.00	USD\$ 1,615,208.00	USD\$ 603,000.00

Funding Uses/Expenses	2020	2021	City Funds
Personnel	USD\$ 1,366,886.00	USD\$ 1,268,842.00	USD\$ 35,000.00
Professional Fees & Contractual Service	USD\$ 22,153.00	USD\$ 31,294.00	
General Operating	USD\$ 60,432.00	USD\$ 72,432.00	
Repair and Maintenance	USD\$ 84,548.00	USD\$ 80,690.00	
Occupancy	USD\$ 31,517.00	USD\$ 52,000.00	
Specific Assistance	USD\$ 40,410.00	USD\$ 50,710.00	
Equipment	USD\$ 14,072.00	USD\$ 50,000.00	
Other Expenditures	USD\$ 11,240.00	USD\$ 11,240.00	
Total	USD\$ 1,631,258.00	USD\$ 1,617,208.00	USD\$ 35,000.00

Budget Narrative

Our Fiscal Year is July 1st through June 30th. We do not anticipate increases in funding levels for our from other government grants in FY2021. Funding from the IL Dept of Human Services will likely decrease slightly. The ICADV grant will remain the same in FY2021. We will hold overall personnel expenses steady over the course the year unless there are funding increases to cover additional salaries. There continue to be repairs of the Bridges residential Facility at 240 Callan as the building units are turned over for new residents. The increase in the size of the facility for the second half of the calendar year will see increased occupancy Occupancy costs over 2020 since the building has been empty and under-occupied between March 2020 and April 2021.

The staff funded by CDBG is:Hillary Douin, DV Program Director, Annual Salary plus Benefits \$98,883 of which 35.4% will be covered by CDBG for a total of \$35,000.

Program Outcomes [top](#)

Program Outcomes

	Outcome	Indicator (How was success measured?)	Goal # (G): G: July-Jan-June	Goal # (G): G: July-Dec	Goal Total	Actual # (A): A: Jul-Jan-June	Actual # (A): A: Jul-Dec	Actual Total
1	To provide information & referrals to the victims of DV from Evanston by offering toll free hotline/or any incoming line to service 120 callers	Report from case management system data	60	60	120			0
2	To provide victims of Report from case	Report from case	100	100	200			0

	DV from Evanston with wide variety of services by offering safe shelter, legal advocacy, community-counseling, and LTH services to 200 unduplicated clients	management system data					
3	To provide victims of DV from Evanston with individual, group, advocacy, and legal services by offering 1600 hours of services.	Report from case management system data	800	800	1,600		0
4	As a result of receiving individual, group counseling, advocacy, and legal services 48 victims of domestic violence from Evanston will self-report an increase in their awareness and utilization of safety planning strategies.	Via participant self-report surveys	24	24	48		0
5					0		0
Total			984	984	1,968	0	0

Program Line Item Expenditures

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0
11					\$ 0
12					\$ 0
13					\$ 0

14						\$ 0
15						\$ 0
Total	0	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total Budget	City of Evanston Funds	Jan-June	July-Dec	Spent to Date
1					\$ 0
2					\$ 0
3					\$ 0
4					\$ 0
5					\$ 0
6					\$ 0
7					\$ 0
8					\$ 0
9					\$ 0
10					\$ 0
11					\$ 0
12					\$ 0
13					\$ 0
14					\$ 0
15					\$ 0
Total	0	0	0	0	\$0

Documents [top](#)

Documents Requested *

Required? Attached Documents *

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.

✓ [FY20 Audit](#)
[FY20 990](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

[FY20 Annual Report](#)

Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).

✓ [501\(c\)\(3\) Letter of Determination](#)

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).

[Equal Opportunity Employment](#)

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).

[Bylaws](#)
[Articles of Incorporation](#)

Brief biographies of key staff including demographic information.

✓ [Staff Bios](#)

Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).

[Client Rights & Grievance Procedures](#)

Supplemental information relating to your program or agency, as applicable.

Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.

[download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS.
Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.

[FY21 Org Chart - DV Focused](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS.
Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.



[Chart of Accounts](#)

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

REQUIRED FOR ALL EXTERNAL APPLICANTS.
Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1-June 30, this will be for FY2019.



[FY20 Revenues and Expenses](#)

Organizational commitment to equity, diversity and inclusion.

[Equity and Inclusion Vision](#)

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.

Current year agency operating budget.



[FY21 Budget](#)

Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards.

[Board of Director Information](#)

Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form.

[Conflict of Interest Disclosure Form](#)

[download template](#)

Duplication of Benefits. City of Evanston and Federal policies require the disclosure of any possible duplication of benefits in the provision of Federal, state or local funding. Complete and upload the attached form.

[Duplication of Benefits Form](#)

[download template](#)

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Application ID: 348339