



## MENTAL HEALTH BOARD

Saturday, September 23, 2017, 9:00 AM  
Lorraine H. Morton Civic Center, 2100 Ridge Avenue, Room 2402

### AGENDA

#### I. CALL TO ORDER/DECLARATION OF QUORUM

#### II. 2018 MHB PROGRAM — REVIEW OF APPLICATIONS

<u>App.#</u>	<u>EST. TIME</u>	<u>Agency/Program</u>
1	9:10 AM	Impact Behavioral Health Partners/ <i>Clinical Services</i>
2	9:20 AM	Metropolitan Family Services/ <i>Family Support and Prevention</i>
3	9:30 AM	Trilogy Inc./ <i>Behavioral Healthcare Evanston</i>
4	9:40 AM	Center for Independent Futures/ <i>Support for Individuals with Disabilities</i>
5	9:50 AM	Childcare Network of Evanston/ <i>Learning Together</i> <i>Early Childhood Education &amp; Family Support</i>
6	10:10 AM	Learning Bridges / <i>Infant Toddler Program</i> <i>Scholarship Program</i>
7	10:30 AM	Infant Welfare Society/ <i>Teen Baby Nursery</i>
8	10:40 AM	Garrett-Evangelical Theological Seminary/ <i>Freedom Schools Program</i>
<b>BREAK</b>		
9	11:00 AM	CJE/ <i>CJE Senior Life Evanston Care Management Program</i>
10	11:10 AM	PEER Services/ <i>Substance Abuse Treatment &amp; Early Intervention</i>
11	11:20 AM	Connections for the Homeless/ <i>Outreach &amp; Drop-In</i>
12	11:30 AM	Northwest Center Against Sexual Assault/ <i>Sexual Assault Intervention</i>

#### III. PUBLIC/STAFF COMMENT

#### IV. OFFICE TERMS

#### IV. ADJOURNMENT

The next meeting of the Mental Health Board is scheduled for **7:00 p.m. Thursday, October 12, 2017**  
**in room 2402.**

**Order of Agenda Items is subject to change.** Information about the Mental Health Board is available at:  
[www.cityofevanston.org/government/boards-commissions](http://www.cityofevanston.org/government/boards-commissions). Questions can be directed to Jessica Wingader, Public Services –  
Grants & Compliance Specialist, at 847-859-7889 or via e-mail at [jwingader@cityofevanston.org](mailto:jwingader@cityofevanston.org).

The City of Evanston is committed to making all public meetings accessible to persons with disabilities. Any citizen needing mobility or communications access assistance should contact Facilities Management at 847/866-2916 (Voice) or 847/448-8052 (TDD).

La ciudad de Evanston está obligada a hacer accesibles todas las reuniones públicas a las personas minusválidas o las quines no hablan inglés. Si usted necesita ayuda, favor de ponerse en contacto con la Oficina de Administración del Centro a 847/866-2916 (voz) o 847/448-8052 (TDD).



## 2018 MHB Application Review Meeting September 23, 2017

### 1. Impact Behavioral Health Partners – Clinical Services

2017 Request	2017 Award	2018 Request	% Increase of 2018 Request over 2017 Award
<b>\$ 60,000</b>	<b>\$ 60,000</b>	<b>\$ 60,000</b>	<b>0%</b>

**2017 Evanston Residents Served: 87**                      **Evanston % of total served: 98%**

**2018 Evanston Residents Estimated: 94**                      **Evanston % of total served 98%**

**2017 MHB Proportion of Actual Budget: 14%**

**2018 MHB Proportion of Proposed Budget: 12%**

**FY 2016 Audit – Financial statements present fairly**

Impact Behavioral Health Partners, formerly known as Housing Options for the Mentally Ill, offers permanent, supportive housing and individualized mental health services to people 18 and older who have a documented chronic mental illness. Program staff has increased to include a full time nurse (position was part time last year) and an additional clinician. Grant would support the Clinical Services Manager, 4 Clinicians, Benefit Specialist, and Nurse; all positions are filled. Request is 18% of salaries for this program, a decrease from last year (2017 request was 23% staff salaries); program does not anticipate cuts in State funding. Program served 91 residents in 2016 and 83 residents in the first 2 quarters of 2017. In addition to hiring another Mental Health Clinician, program now has an emergency fund for participants. Outcomes are measurable and can be reported quarterly. Agency has received MHB and CDBG awards for different programs in previous years; CDBG funding is requested for their employment program. Program is compliant with all requirements and agency provides timely and accurate programmatic and financial reporting.

### 2. Metropolitan Family Services – Family Support and Prevention

2017 Request	2017 Award	2018 Request	% Increase of 2018 Request over 2017 Award
<b>\$ 80,000</b>	<b>\$ 70,000</b>	<b>\$ 80,000</b>	<b>14%</b>

**2017 Evanston Residents Served: 60**                      **Evanston % of total served: 100%**

**2018 Evanston Residents Estimated: 60**                      **Evanston % of total served: 100%**

**2017 MHB Proportion of Actual Budget: 61%**

**2018 MHB Proportion of Proposed Budget: 59%**

**FY 2016 Single Federal Audit – No findings**

**FY 2016 Audit – Financial statements present fairly**



Metropolitan’s Evanston Family Support and Prevention Program works exclusively with Evanston families to provide individual and group counseling, case management and education programs (Parenting Fundamentals) to families at risk of entry into the child welfare system due to abuse/neglect of children. Parenting Fundamentals is an 8 to 10 week series of parenting classes that focus on child development, non-violent discipline, communication and problem solving. Classes and home-based counseling services are offered in English and Spanish. There is no wait list for services. Program outcomes are clearly defined and measurable; agency has capacity to deliver the program and staff is accredited. Agency is compliant with reporting requirements. Grant will support a percentage of staff salaries/benefits for the Clinical Therapist, the Project Supervisor, and the Parental Practitioner. Parenting Fundamentals has been included in the federal registry of Evidence-based Programs and Practices by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is utilized in prevention efforts. The program served 62 residents in 2016 and 44 residents in the first 2 quarters of 2017.

**3. Trilogy Inc. – Evanston Mental Health Program**

<b>2017 Request</b>	<b>2017 Award</b>	<b>2018 Request</b>	<b>% Increase of 2018 Request over 2017 Award</b>
<b>\$35,000</b>	<b>\$30,000</b>	<b>\$30,000</b>	<b>0%</b>

**2017 Evanston Residents Served: 60**                      **Evanston % of total served: 23%**  
**2018 Evanston Residents Estimated: 60**                      **Evanston % of total served: 23%**

**2017 MHB Proportion of Actual Budget: 49%**  
**2018 MHB Proportion of Proposed Budget: 49%**  
**FY 2016 Audit – Financial statements present fairly**

Trilogy, Inc. provides primary and mental health care to people suffering from mental health and/or substance abuse issues throughout Chicago and surrounding suburbs. In 2017 the agency applied and was awarded MHB funds for a full time Evanston Mental Health Care Coordinator (MHCC) charged with identifying Evanston residents in need of mental health services, completing assessments for at least 60 and connecting at least 30 with best fit services. Based on the 2017 award, agency reduced the full time Community Intake position proposed to work with Evanston residents to a 50% full time equivalent position that is serving non-Evanston residents once the goal for Evanston residents, including intake for clients referred by Presence, is achieved. It is unclear what portion of clients are referrals from other agencies including Albany Care, Greenwood Care, Connections for the Homeless, Housing Options and North Shore Senior Center, to provide unduplicated services. In 2017 program projects services to 260 people, 60 of whom are Evanston residents. For 2018, program added additional outcome of referring at least 32 of the 60 residents to other service providers. Agency provides psychiatric services; application does not specify outcomes for Evanston clients receiving psychiatric services. Budget and unduplicated count projections remain unchanged for 2018; there is no wait list for services. Request is 49% of program budget, above



recommended 30%, but consistent with 2017. Outcomes are defined and measurable. Program served 28 residents in the first 2 quarters of 2017. Staff is working with agency to review source documents for 2017 program.

**4. Center for Independent Futures – Support for Individuals with Disabilities**

2017 Request	2017 Award	2018 Request	% Increase of 2018 Request over 2017 Award
<b>\$14,500</b>	<b>\$7,500</b>	<b>\$14,320</b>	<b>91%</b>

**2017 Evanston Residents Served: 56**                      **Evanston % of total served: 100%**  
**2018 Evanston Residents Estimated: 65**                **Evanston % of total served: 100%**

**2017 MHB Proportion of Actual Budget: 79%**  
**2018 MHB Proportion of Proposed Budget: 30%**  
**FY 2016 Audit – Financial statement presents fairly**

Center for Independent Futures (CIF) works with participants who have intellectual and/or developmental disabilities; participants may also have a documented mental illness. Agency offers life skills tutoring, structured support groups, and drop-in services that foster social activities which reduce depression and isolation. The Conflict Resolution Group started in 2017, worked with 6 Evanston residents to manage and deescalate interpersonal conflict. 2017 program also provided drop-in programming to adults and ETHS transition students ages 18-24 to reduce isolation and depression. 2018 program would continue services for the 56 previous participants and expand to include 9 additional participants. Program includes a crisis management/intervention component and Volunteer Club for ETHS transition students. There is no wait list for services. Award is 30% of program budget and would be used to support staff salaries. Outcomes are clearly defined and include a staff training component. The program served 41 residents in the first 2 quarters of 2017.

**5. Childcare Network of Evanston – Learning Together Program**

2017 Request	2017 Award	2018 Request	% Increase of 2018 Request over 2017 Award
<b>\$50,000</b>	<b>\$35,000</b>	<b>\$40,000</b>	<b>14%</b>

**2017 Evanston Residents Served: 96**                      **Evanston % of total served: 87%**  
**2018 Evanston Residents Estimated: 90**                **Evanston % of total served: 90%**

**2017 MHB Proportion of Actual Budget: 70%**  
**2018 MHB Proportion of Proposed Budget: 44%**  
**FY 2016 Audit – Financial statement presents fairly**  
**FY 2016 Single Federal Audit – Findings identified**



Childcare Network of Evanston’s Learning Together program provides consultants specializing in play therapy, social work, occupational therapy, and speech and language therapy to children with learning and/or developmental disabilities between the ages of 3 and 5 free of charge to 6 different preschool sites in Evanston. Children participate in weekly small group sessions in a classroom with a 1:5 teacher/child ratio. Sessions are 1 to 2 hours for up to 10 months depending on needs and goal attainment. Participants are identified by teachers and families. The agency also offers professional development trainings to teachers and support/training to parents/caregivers. There is no wait list; full services are available September to June with crisis support in July and August. Outcomes are measurable. Request is over 30% of program budget. Majority of award will support consultant fees for therapeutic services. Agency has the capacity to manage program. The program served 95 residents in 2016 and 96 residents in the first 2 quarters of 2017.

**6. Childcare Network of Evanston – Scholarship Program**

2017 Request	2017 Award	2018 Request	% Increase of 2018 Request over 2017 Award
<b>\$110,000</b>	<b>\$65,000</b>	<b>\$ 85,000</b>	<b>31%</b>

**2017 Evanston Residents Served: 110**                      **Evanston % of total served: 100%**

**2018 Evanston Residents Estimated: 100**                      **Evanston % of total served: 100%**

**2017 MHB Proportion of Actual Budget: 81%**

**2018 MHB Proportion of Proposed Budget: 52%**

**FY 2016 Audit – Financial statement presents fairly**

**FY 2016 Single Federal Audit – Findings identified**

Childcare Network of Evanston’s Scholarship Program provides financial assistance to families ineligible for federal and state subsidies. Application clearly states criteria used to further identify and prioritize eligible families including families with children identified as having special needs or who may be emotionally at-risk, experiencing financial hardship (excluding consumer debt), life crisis or hardship, or who are previous scholarship recipients (to provide continuity of care). Families that don’t receive direct financial aid continue to work with staff and receive referrals to additional community supports. Program continues to offer choice of type of care (center-based or in-home) to best meet families’ need and schedules. Program modifications for 2018 include provision of full year scholarships to better support families and childcare providers; agency estimates financial support will be provided to 18 children based on award amount. Outcomes are defined and measurable; agency has received MHB funds in previous years and has the capacity to manage program. Agency has made significant staff change and has addressed the strained working relationships with childcare providers that were prevalent in 2016 and early 2017. Current interim ED has a long history with child care programming in Evanston. The program served 50 residents in 2016 and 20 residents in the first 2 quarters of 2017.



**7. Learning Bridges – Infant Toddler Program**

2017 Request	2017 Award	2018 Request	% Increase of 2018 Request over 2017 Award
\$19,600	\$18,500	\$19,600	6%

**2017 Evanston Residents Served: 30**                      **Evanston % of total served: 65%**  
**2018 Evanston Residents Estimated: 34**                **Evanston % of total served: 65%**  
**2017 MHB Proportion of Actual Budget: 4%**  
**2018 MHB Proportion of Proposed Budget: 5%**

**FY 2016 Audit – Financial statement presents fairly**  
**FY 2016 Single Federal Audit – No findings**

Learning Bridges, formerly Child Care Center of Evanston, provides support services to primarily low to moderate income families with children between the ages of 2 and 5 who are in licensed and credentialed home daycare programs through their Infant Toddler Program (ITP); Evanston residents comprise 65% of participants served. Program provides monthly trainings for providers including CPR and Mandated Reporter training, screenings for children within 45 days of program entry, and early intervention referrals for families when necessary. ITP Manager enrolls families, screens children, performs site visits to ensure care standards, and provides ongoing training to providers; request will support ITP Manager and is 17% of payroll. Outcomes are defined and measurable. Agency has the capacity to manage program.

**8. Learning Bridges – Scholarship Program**

2017 Request	2017 Award	2018 Request	% Increase of 2018 Request over 2017 Award
\$15,000	\$10,000	\$12,500	25%

**2017 Evanston Residents Served: 107**                      **Evanston % of total served: 75%**  
**2018 Evanston Residents Estimated: 111**                **Evanston % of total served: 74%**  
**2017 MHB Proportion of Actual Budget: 1%**  
**2018 MHB Proportion of Proposed Budget: 1%**

**FY 2016 Audit – Financial statement presents fairly**  
**FY 2016 Single Federal Audit – No findings**

Learning Bridges, previously known as Child Care Center of Evanston, offers NAEYC accredited preschool programming to children ages 2 to 5 in five classrooms located at the Center. This award would provide scholarships to an estimated 5 Evanston children whose families are not eligible for state sponsored CCAP, but need assistance to afford quality childcare (they are low or moderate income according to HUD Income Limits). Parents must be working or in school to be eligible and must be able to pay a portion of service fees. Scholarships will be awarded for a



period not to exceed 6 months; families may reapply as needed. Program mirrors the structure of Childcare Network of Evanston’s scholarship program, but awards would be restricted to children enrolled at the Center. The program provided scholarships to 7 children in the first 2 quarters of 2017. Budget submitted and number of beneficiaries reported is for the Early Education Center. MHB funds are passed through to provide direct support to families. It is unclear if additional scholarship funds from other sources (not State/federal) are part of this scholarship program.

**9. Infant Welfare Society – Teen Baby Nursery**

2017 Request	2017 Award	2018 Request	% Increase of 2018 Request over 2017 Award
\$75,000	\$65,000	\$75,000	15%

**2017 Evanston Residents Served: 43**                      **Evanston % of total served: 91%**  
**2018 Evanston Residents Estimated: 41**              **Evanston % of total served: 100%**

**2017 MHB Proportion of Actual Budget: 14%**  
**2018 MHB Proportion of Proposed Budget: 15%**

**FY 2016 Audit – Financial statement presents fairly**  
**FY 2016 Single Federal Audit – No findings**

Infant Welfare Society works with parents 23 years old or younger and their children (under age 3). Core services include accredited early care and education, developmental screening for infants/toddlers and referrals to Early Intervention Services if necessary, weekly home visits, biweekly socialization and parent education groups, and support to parents who are in a work training program or school. Both center based programs (Teen Baby Nursery and Baby Toddler Nursery) are accredited by the National Association for the Education of Young Children; Teen Baby Nursery program provides care for 16 infants/toddlers of parenting teens completing degrees at ETHS. Agency is a long time recipient of MHB funds and has the capacity to provide program. Programmatic and financial reporting is consistent and agency is compliant with all requirements. Program outcomes are clearly defined and measurable. Award supports program staff salaries. The program served 19 residents in 2016 and 20 residents in the first 2 quarters of 2017.

**10. Garrett-Evangelical Theological Seminary – Freedom Schools Program**

2017 Request	2017 Award	2018 Request	% Increase of 2018 Request over 2017 Award
NA	NA	\$21,000	NA

**2017 Evanston Residents Served: 38**                      **Evanston % of total served: 100%**  
**2018 Evanston Residents Estimated: 50**              **Evanston % of total served: 100%**

**2017 MHB Proportion of Actual Budget: NA**



**2018 MHB Proportion of Proposed Budget: %**  
**FY 2016 Audit – Financial statement presents fairly**

Garrett-Evanston CDF Freedom Schools offers a 6-week, summer reading program to District 65 students, 3<sup>rd</sup>-8<sup>th</sup> grade, from 8 AM to 3:30 PM; breakfast and lunch are provided and all services are free. Program goal is to reduce the loss of reading skills during summer and targets a high need population, primarily 5<sup>th</sup> Ward students who are not in summer enrichment programs. Outcomes include participants maintaining or increasing reading levels as measured by pre and post tests and participants showing positive changes to attitude, reading confidence, and skills improvement as measured by parent and participant surveys. Program elements include literacy, parental involvement, nutrition, and intergenerational leadership development. Each group of 10 or fewer participants has Servant Leader Interns, young adults (19-30), responsible for leading activities, chaperoning trips, and providing classroom management support. Servant Leader Intern Program provides leadership development and work experience for college engaged young adults. 2018 budget is 30% larger than 2017 and MHB request is 30% of 2018 program budget; it also helps offset lower contributions from Garrett constituencies. Award would support staff salaries, program supplies and program expenses; would also support training and travel costs in Tennessee.

**11. CJE – CJE Senior Life Evanston Care Management Program**

2017 Request	2017 Award	2018 Request	% Increase of 2018 Request over 2017 Award
NA	NA	\$44,282	NA

**2017 Evanston Residents Served: 71**                      **Evanston % of total served: 17%**  
**2018 Evanston Residents Estimated: 95**                      **Evanston % of total served: 22%**

**2017 MHB Proportion of Actual Budget: NA**  
**2018 MHB Proportion of Proposed Budget: 25%**

**FY 2016 Audit – Financial statement presents fairly**  
**FY 2016 Single Federal Audit – No findings**

CJE’s Care Management Program works with older adults most of whom are low/moderate income and their caregivers with the goal of providing supports to enable them to remain in their homes. Program will target people whose income/savings make them ineligible for State-funded care, but who still need assistance accessing support. Support includes: assistance accessing public benefits, affordable housing and food programs; essential transportation; assistance enrolling in healthcare and understanding benefits; and financial services. Services are available Monday-Friday from 8:30 am to 5:00 pm for hour long increments and begin with a needs assessment; frequency of contact and length of service dependent on client needs. CJE terminated its direct contracts with the state as a Managed Care Organization (MCO) and for the Illinois Community Care (ICC) Program due to slow payment and insufficient reimbursement rate based on actual costs, but continues to advocate on behalf of clients



enrolled in those programs. It is not clear if these include their 26 Evanston clients who were transferred to other MCO and ICC providers. CJE seeks to serve 50 new Evanston clients with similar support services through its Care Managers but with non-state funding, including MHB. If clients are ineligible for programs noted above, CJE Care Manager will provide referrals to other services including socialization groups or a friendly visitor program. Program budget is 74% larger than 2017 but serves only 12 more individuals. Requested MHB funding is 59% of the 2018 budget increase. It is unclear why the cost per client served is so much larger. It appears that MHB funds would pay all costs for Evanston clients in 2018 because when the average cost per client of \$420 is multiplied by 95, the 2018 projected number of Evanston clients, the amount is \$39,917, so MHB would fully fund Evanston clients and some non-Evanston as well. Contributions from Medicare, Medicaid, or private pay are not reflected in program budget.

**12. PEER Services – Substance Abuse Treatment & Early Intervention**

2017 Request	2017 Award	2018 Request	% Increase of 2018 Request over 2017 Award
\$111,000	\$98,000	\$111,000	13%

**2017 Evanston Residents Served: 220**                      **Evanston % of total served: 55%**

**2018 Evanston Residents Estimated: 220**                      **Evanston % of total served: 55%**

**2017 MHB Proportion of Actual Budget: 6%**

**2018 MHB Proportion of Proposed Budget: 6%**

**FY 2016 Audit – Financial statement presents fairly**

**FY 2016 Single Federal Audit – Findings identified**

PEER Services has been a long time recipient of City funds; agency is stable and has the capacity to manage programs and comply with programmatic and financial requirements. The 4 programs funded in previous years (Adult Treatment, Adolescent Treatment, DIMENSIONS, and Youth Early Intervention) are running currently; at the encouragement of City staff, the agency consolidated the application process with the additional goal of consolidating reporting for 2018. PEER’s new ED and current staff maintain consistent outcomes for all programs; outcomes are clearly defined and measured at specific intervals during the treatment process. Services are offered on a sliding scale and agency works with those who are uninsured. Adults seeking treatment may have to wait up to 6 weeks if medication is needed to treat opioid dependence. PEER’s DIMENSIONS program is unique in that it works with individuals with a dual diagnosis of substance abuse and mental illness. Youth Early Intervention is not required to be licensed or accredited, but it is the only program in Evanston that addresses early intervention. Request is 8% staff salaries. Agency is licensed by Illinois Dept. of Human Services Division of Alcoholism and Substance Abuse and accredited by the Joint Commission; programs are run by Master’s Level Addiction Counselors. Combined programs served 394 unduplicated residents in 2016 (74% of total population) and 84 residents (38% of total population) in the first 2 quarters of 2017.



**13. Connections for the Homeless – Outreach & Drop-In Program**

2017 Request	2017 Award	2018 Request	% Increase of 2018 Request over 2017 Award
\$45,000	\$45,000	\$60,000	33%

**2017 Evanston Residents Served: 215**                      **Evanston % of total served: 55%**

**2018 Evanston Residents Estimated: 225**                      **Evanston % of total served: 55%**

**2017 MHB Proportion of Actual Budget: 50%**

**2018 MHB Proportion of Proposed Budget: 50%**

**FY 2016 Audit – Financial statement presents fairly**

**FY 2016 Single Federal Audit – NA**

Connections received funding in 2017 for EntryPoint, the Agency’s outreach and drop-in services; Agency is requesting 2018 grant for essentially the same program. Outreach identifies people who are homeless and connects them to supportive services; Drop-In provides case management services, laundry/showers, food and other supports Monday and Wednesday afternoons from 1:30 pm to 4:00 pm. Connections is part of the Continuum of Care which provides coordinated entry services; coordinated entry identifies and matches clients with services in partnership with service providers throughout northern Cook County. This is a federally mandated initiative managed by the Alliance to End Homelessness in Suburban Cook County. As a partner with the Alliance, Connections must maintain services provided by Outreach & Drop-In program. Clients can access services by coming to Connections or calling to request assistance. Goals are clearly defined and measurable. Program served 299 clients in 2016 and 183 in the first 2 quarters of 2017. Agency is compliant with all reporting requirements.

**14. Northwest Center Against Sexual Assault – Sexual Assault Intervention**

2017 Request	2017 Award	2018 Request	% Increase of 2018 Request over 2017 Award
\$18,000	\$18,000	\$18,000	0%

**2017 Evanston Residents Served: 29**                      **Evanston % of total served: 5%**

**2018 Evanston Residents Estimated: 48**                      **Evanston % of total served: 6%**

**2017 MHB Proportion of Actual Budget: 4%**

**2018 MHB Proportion of Proposed Budget: 3%**

**FY 2016 Audit – Financial statement presents fairly**

**FY 2016 Single Federal Audit – NA**

Northwest CASA is the only certified rape crisis center in north/northwest suburban Cook County; the Sexual Assault Intervention program provides comprehensive services (counseling



to victims of sexual assault and their significant others through individual case management plans) free of charge. Services are offered in English and Spanish. Two program components are medical advocacy and counseling. Agency has agreements with Evanston and St. Francis hospitals to provide crisis intervention and advocacy services. Evanston residents are approximately 5% of population served. Northwest CASA has a satellite office at the Civic Center. The majority of the award would support staff salaries including a bi-lingual counselor working exclusively with Evanston residents. Staff is currently working with the agency to understand how 2017 funds are being applied to program. The program served 33 residents in 2016 and 23 residents in the first 2 quarters of 2017.

City of Evanston  
Community Development  
**2018 CDBG Public Services & Mental Health Board - City of Evanston**  
8/18/2017 deadline

## Impact Behavioral Health Partners Impact Behavioral Health Partners Clinical Services Program

**\$ 60,000.00** Requested  
\$ 60,000 MHB Request

Submitted: 8/18/2017 8:24:09 AM (Pacific)

### Project Contact

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### Additional Contacts

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### Impact Behavioral Health Partners

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### Executive Director

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Web [www.impactbehavioral.org](http://www.impactbehavioral.org)  
EIN 36-3611260  
DUNS 829131150  
SAM  
Expires 5/24/2017

## Pre-Application (Letter of Intent)

### All Applicants Complete Questions 1-8 and attach Documents

#### 1. Organization Name and Program for which you are requesting funding.

Impact Behavioral Health Partners Clinical Services Program

#### 2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Other:

#### 3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

#### 4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

Attach the list of local board members as well as the parent organization board below.

NA

#### 5. Is your organization accredited?

- Yes
- No

#### 6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.

CARF (Commission on Accreditation of Rehabilitation Facilities)

**7. People served:**

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other:

**8. 2018 Funding Requested from the City of Evanston**

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

0	CDBG
60000	MHB (Human Services Fund)
60,000.00	<b>TOTAL</b>

**9. Funding request is:**

Programs funded in 2017 should be classified as renewal even if amount requested is different from 2017 grant.

- Renewal of 2017 CDBG funding
- Renewal of 2017 MHB funding
- New request for CDBG
- New request for MHB

**New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)**

**10. NEW APPLICANTS OR AGENCIES FUNDED IN 2016 APPLYING FOR A PROGRAM NOT FUNDED IN 2017 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."**

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

**11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.**

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

NA

**Documents Requested \***

**Required? Attached Documents \***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).

[Impact FY18 Operating Budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards

REQUIRED FOR EXTERNAL APPLICANTS 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](#)

**Application Questions**

**1. Who participates in or benefits from the program or services? Describe them in terms of age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Detail any eligibility requirements.**

Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting

funding.

All of Impact's participants are adults (18 years or older) who have a severe and persistent chronic mental illness, and are within a highly vulnerable population, both medically and economically. The program's eligibility requirements include being 18 years or older and having a documented chronic mental illness. About 40% of the program's participants were considered homeless or chronically homeless prior to entering the program. Impact's participants have extremely low-income status, with 90% of our participants falling below 30% of the AMI. Our participant population is aging, with about 60% of our supportive housing participants being over the age of 50. 43% of participants are female, with 57% being male. 45% of our participants have a diagnosis of Schizophrenia or Schizoaffective Disorder, 26% have a diagnosis of Bipolar Disorder, 19% have a diagnosis of Major Depressive Disorder, with 10% of participants having an other diagnosis (such as Anxiety Disorder or Post-Traumatic Stress Disorder). 25% of our participants have 2 or more diagnoses. All of our current participants in supportive housing are individuals, rather than families. The race/ethnicity composition of our participants is 60% White/Non-Hispanic, 27% Black - African American/Non-Hispanic, 6% White/Hispanic, 1% Native Hawaiian/Pacific Islander/Non-Hispanic, and 4% Other multi-racial/Non-Hispanic.

**2. Describe your program, including the need(s) that it addresses. Describe specific components or services within the program. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.**

*If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses.* Impact utilizes a permanent supportive housing model and a recovery framework in the provision of all housing and services to adults recovering from chronic mental illnesses. Impact provides individualized mental health services to all participants in our supportive housing, along with individuals residing in the community and those not in our housing program. All of Impact's programs and services are integrated to ensure that participants receive the support they need to recover, attain wellness and reclaim his/her life in their community. All services are voluntary. Refusing certain services does not affect a participant's eligibility for housing; however, about 85% of supportive housing participants engage fully in clinical services. The average frequency and duration of services is one hour of service per week. The majority of services occur during the work week of Monday-Friday from 9am-5pm; however, our services can be flexible with time if need be. Impact manages a 24-hour crisis line that all our participants have access to, in case of an emergency. Based on participant driven goals, services include:

- Clinical Counseling Services - to address current individual goals and independent living, utilizing a trauma-informed and harm reduction approach.
- Psychiatric Support - to provide on-going treatment and monitor medications as needed. 82% of participants are connected with a psychiatrist on an on-going basis, and about 40% see Impact's consulting psychiatrist, Dr. Michael Solomon.
- Independent Living Skills Training and Support - (e.g. transportation training for taking public transportation independently)
- Preventative Health Services
- Symptom and Medication Management Training
- Daily Life Skills Training (e.g. housekeeping and hygiene skills)
- Group classes

**3. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.**

*Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.*

<input type="text" value="10"/>	Intake/assessment
<input type="text" value="20"/>	Referrals
<input type="text" value="96"/>	Individual case management plan/services
<input type="text" value="96"/>	Services delivered on an individual basis (e.g. home delivered meals)
<input type="text" value="40"/>	One time event or activity (e.g. field trips, tax preparation)
<input type="text" value="0"/>	Multi-session program (e.g. after school program)
<input type="text" value="30"/>	Focused topic activities (e.g. workshops, trainings)
<input type="text" value="0"/>	Drop in services (e.g. computer lab, tutoring, help desk)
<input type="text" value="25"/>	Phone or online help (e.g. 24-hour help lines)
<input type="text" value="317.00"/>	<b>TOTAL</b>

**4. How long has your program existed and how has it grown or changed? How long do you expect to continue providing this service.**

Impact has been providing individuals with chronic mental illness an alternative to homelessness or hospitalization since 1988, formerly under the name of Housing Options for the Mentally Ill in Evanston. For nearly 30 years, Impact has grown and expanded mental health services by increasing the amount of housing units we offer to individuals for supportive housing, along with continuing to provide mental health services to individuals who graduate from our supportive housing and live independently in the community. Impact is one of only a few organizations in the Chicago area that helps individuals with

mental illnesses find a home, a job, and offers a continuum of supportive services for everything in between. There is an ever increasing demand for our supportive housing and clinical services and we expect to continue providing the mental health services for a long time, along with continuing to grow our program to serve more individuals in need. Recently, Impact's Clinical Services Program established a Client Assistance Fund which Participants have access to in order to ensure that care is uninterrupted. These funds may be used for medication, transportation, food and other basic needs.

**5. Do you maintain a wait list? If yes, provide its size and the average length of wait time for services. If no, describe any resources, including referrals, provided to individuals you are not able to serve.**

Due to the lack of affordable housing in the Evanston area, Impact's Housing Services Program does have a wait list; however, our waitlist is currently closed. Due to the large demand for affordable housing and the nature of Permanent Supportive Housing, it is difficult to estimate the length of wait time or when the waitlist will be open again. There is no time frame that participants need to transition out of our housing, so it is difficult to predict when a housing unit will open up. For any individuals who are homeless we will refer them to Coordinated Entry (HUD) or community agencies such as Connections for the Homeless or Turning Point.

**6. What other agencies address this need, how do you collaborate with them 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.*

Impact has developed strong relationships with social service agencies in Evanston for service coordination and referrals, specifically PEER Services and Connections for the Homeless. We also work closely with Turning Point, Trilogy, and Thresholds, as those agencies work with individuals living in Evanston that are in need of affordable housing. In addition, we work with the Alliance to End Homelessness in Suburban Cook County to help reduce and prevent the number of homeless individuals. Our strong Employment Services Program, formerly referred to as I-WORK, as well as the depth of our clinical services, sets us apart from other providers that may provide housing for individuals who have been homeless.

**7. Describe program goals and outcomes you anticipate in 2018, including any change from 2017. What data are collected and used to analyze your program and measure success? Who is responsible for ensuring the program is implemented as planned?**

In 2018, our focus for program goals and outcomes, is to provide sound clinical wrap-around services to our participants to assist them with enhancing and improving their health and wellness, engaging in clinical services, and increasing connections with medical and psychiatric providers, to increase overall wellness and recovery. These program goals and outcomes include:

- Health - 80% of participants will have a health/wellness goal identified in their Individual Treatment Plan (i.e., weight loss, increased exercise, improved diet, keeping medical appointments, etc.)
- Health - 90% of participants will be connected with a Primary Care Provider for on-going physical health care and treatment
- Health - The program nurse will run a health and wellness group that will be available to all participants to attend. This group will be conducted once a month.
- Health - The program nurse will conduct a Health and Wellness Fair for all participants to increase education about physical health care and to provide resources. The Health and Wellness Fair will be conducted once in 2018.
- Psychiatric - 85% of participants will be connected with a psychiatrist for on-going psychiatric care and medication management.
- Engagement - 90% of participants will be engaged in clinical services by meeting with their clinician on a regular basis, based on their level of services needed.

There have been a couple of changes in our anticipated goals and outcomes from 2017. We would like to increase educational opportunities for participants regarding health and wellness and the impact/effect it has on mental health issues. We would also like to increase the number of participants who are connected with a Primary Care Provider for ongoing medical care. While we continue to want to focus on gathering physical health data and exploring trends, we have found that providing preventative health services and education will be most effective in a group setting.

The data that we will use to analyze the program and measure success will be based on documentation (progress notes, nursing notes, mental health assessments, and treatment plans) in our electronic health record (AWARDS). We will also utilize AWARDS to run reports on data and information gathered, along with gathering data at initial intake. We will utilize sign-in/attendance sheets to track the number of participants utilizing group services related to health/wellness. The Clinical Manager is responsible for effective program implementation and oversight of the Program Nurse and Clinicians, and the services that are delivered to the participants. The Chief Operating Officer is responsible for the general oversight and effectiveness of the program.

**8. Complete the chart below with the unduplicated total of people you expect to serve in 2018, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2017.**

*Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2017 must show an increase in people served if applying for an increase in CDBG funding.*

96 Unduplicated people to be served in 2018

94	Unduplicated Evanston residents to be served in 2018
96	Unduplicated low/moderate income people to be served in 2018
94	Unduplicated low/moderate income Evanston residents to be served in 2018
89	Unduplicated people served in 2017
87	Unduplicated Evanston residents served in 2017
89	Unduplicated low/moderate income people served in 2017
87	Unduplicated low/moderate Evanston residents served in 2017
732.00	<b>TOTAL</b>

**9. Provide a summary of your organization's mission including organizational structure, size and functions of the board, and any significant changes in the last year. Attach current Strategic Plan on the Documents tab.**

*City of Evanston applicants, enter "NA."*

Impact's mission is to develop and champion opportunities for people with serious mental illness by providing comprehensive services in housing, employment, and clinical support so that each person can live as independently as possible.

Impact has 21 staff that include the Chief Executive Officer, the Chief Operating Officer, the Chief Development Officer, the Accounting Manager, the Operations Manager, the Clinical Services Manager, the Employment Services Manager, a Development and Communications Coordinator, 3 Mental Health Clinicians, a Clinical Benefits Specialist, the Program Nurse, 4 Employment Specialist, 2 Housing Coordinators, an Accounting Clerk, and an Executive Coordinator.

The Impact Board of Directors is responsible for leadership and general oversight of the agency. The Executive Director reports to the Board of Directors.

In the last year Impact has undergone an intensive strategic planning process. One of the key results of this strategic planning process was the decision to change the agency's name from Housing Options for the Mentally Ill in Evanston Inc. to Impact Behavioral Health Partners. This thoughtful decision was made in order to better represent the services Impact provides and individuals that Impact serves.

**10. Describe your agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.**

*CDBG applicants, 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 Resource Library).*

Impact Behavioral Health Partners has been providing a high level of quality clinical services for many years, along with managing the policies and procedures to the highest standard. Impact receives support from a variety of federal, state and local funding sources, each with their own standard of success. We are proud of the results of those program reviews.

We are also pleased to report that in August 2017, Impact received an additional 3 year accreditation, the highest level of accreditation available, from CARF, the international accrediting body for rehabilitation facilities and programs. We have not yet received the full report from this accreditation; however, included below are some strengths listed in our last available full report from 2014:

- Participants stated they feel heard in terms of their personal goals and preferences
- Staff team members are dynamic and work together to encourage stabilization, reduction of symptoms and skill development
- Funders and colleagues in the community see the participants (and the organization) as successful in achieving stability and contribution to community and employment.

**11. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?**

*All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.*

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

**12. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years?**

*Provide your staff to participant ratio and any requirements for program licensing or accreditation.*

Impact currently has 21 staff (18 full-time and 3 part-time). Our clinical services are delivered by a highly trained multidisciplinary team, allowing participants to receive services from a wide array of experienced staff. The staff for this

program includes:

- 3 full-time Mental Health Clinicians - 1 of these clinicians is a Licensed Professional Counselor, 1 is a Licensed Clinical Social Worker and 1 is a Masters Social Worker. All 3 of these clinicians have Masters Degrees and many years of experience in the clinical and social work field and working with individuals with mental illnesses and multiple needs.
- 1 Clinical Benefits Specialist - a Licensed Clinical Social Worker with a Masters Degree and many years of experience doing direct clinical work with individuals with mental illnesses along with ensuring agency quality control and improvement.
- 1 Program Nurse - a Registered Nurse with many years of providing high quality and compassionate services to individuals with chronic mental illness and multiple needs.
- 1 Clinical Manager - a Licensed Clinical Social Worker with a Masters Degree and several years of experience providing direct service and managing teams of staff in the field of social work and with individuals with mental illness.

As we grow and expand our program, we will need to hire new clinicians to handle an increase in participants. Our staff to participant ratio is about 1 to 20.

Our Program Nurse has been invaluable, as she is the vital conduit between the participant, the psychiatrist, and the primary care provider. Mental Health Board funding is vital to the retention of our Program Nurse position, and our health and wellness objectives can not be met without City financial support.

**13. Provide the name, email and phone number of the individual who attended the pre-application meeting.**

Mary Ellen Ball, meball@impactbehavioral.org, 847 866 2977

**14. All organizations receiving CDBG 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." (City of Evanston applicants, enter 074390907)**

829131150

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

Yes

No

**16. 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

**17. Where (address/location) does your program take place and how will clients get to the location or facility?**

Our program is located at 2100 Ridge Ave Ste. G320, Evanston, IL 60201. Participants are able to access us through public transportation, however, the majority of services are conducted in the community or at our participants' homes.

**18. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2018 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.**

*Enter the name and title of the individual submitting this application.*

Emily Young, Development and Communications Coordinator

## Budget

<b>Funding Sources/Revenues</b>	2017	2018	2018 Committed	
City of Evanston CDBG				
City of Evanston Mental Health Board Funds	\$ 60,000.00	\$ 60,000.00		
HUD and ILDHS	\$ 340,990.00	\$ 385,238.00	\$ 99,120.00	
Evanston Community Foundation		\$ 12,500.00	\$ 12,500.00	
Individual Contributions/In-Kind	\$ 42,160.00	\$ 40,000.00		
<b>Total</b>	<b>\$ 443,150.00</b>	<b>\$ 497,738.00</b>	<b>\$ 111,620.00</b>	

  

<b>Funding Uses/Expenses</b>	2017	2018 Total	2018 CDBG	2018 MHB
Salaries	\$ 266,553.00	\$ 337,198.00		\$ 60,000.00
Benefits	\$ 54,279.00	\$ 64,940.00		\$ 0.00
Specific Assistance to Individuals	\$ 4,260.00	\$ 5,000.00		
Psychiatrist	\$ 57,000.00	\$ 57,000.00		

General Administration (including Occupancy)	\$ 61,058.00	\$ 33,600.00		
<b>Total</b>	<b>\$ 443,150.00</b>	<b>\$ 497,738.00</b>	<b>\$ 0.00</b>	<b>\$ 60,000.00</b>

### Budget Narrative

Housing Options, Dba Impact Behavioral Health Partners' fiscal year is July 1 through June 30. Mental Health Board funds are for clinical services only. Our Clinical program does not anticipate State of Illinois or HUD funding cuts. We plan to use all MHB funds for staffing costs. Positions include a Clinical Services Manager (\$72,767), 4 Clinicians (\$187,487), 1 Benefit Specialist (\$65,873) and 1 full-time Nurse (\$76,010). Approximately 15% of salary/benefit expense is funded with MHB funds. All positions, with the exception of 1 clinician, are currently filled and serve primarily Evanston Clients. State of Illinois funding for our Clinical program is estimated at \$286,100 based on Medicaid Fee for Service billing. New this year is an additional clinical position for which we have received partial funding from the Evanston Community Foundation, and a participant emergency fund for for \$5,000 which we can use to assist individuals in our program with emergency needs for medicine, clothing, or food.

### Program Outcomes

### Program Outcomes

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	By December 2018; 80% of participants will have a health or wellness goal identified in their treatment plan (i.e., weight loss, increased exercise, improved diet, keeping medical appointments, etc.)	Tracked through Individual Treatment Plans and in the Electronic Health Record system (AWARDS).	65	4	4	3	76				0
2	By December 2018; 90% of participants will be connected with a Primary Care Provider for on-going physical health care and treatment.	Tracked through nursing progress notes and reports in AWARDS.	75	4	3	3	85				0
3	By December 2018; The program nurse will conduct and run events to promote and educate health and wellness for participants. There will be at least 13 events for the year 2018 - 1 group per month and 1 annual Health Fair.	Tracked through nursing progress notes in AWARDS and attendance sheets for the groups/event.	3	4	3	3	13				0
4	By December 2018; 85% of participants will be connected with a psychiatrist for on-going psychiatric care and medication management.	Tracked through reports in AWARDS.	75	2	2	1	80				0
5	By December 2018; 90% of participants will be engaged in clinical services by meeting with their clinician on a regular basis, based on their level of services needed	Tracked through reports in AWARDS and clinical staff progress notes.	78	3	2	2	85				0

<b>Total</b>					296	17	14	12	339	0	0	0	0	0
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### Program Line Item Expenditures

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
								\$
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

### Program Line Item Funding

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

### Documents

**Documents Requested \***

REQUIRED FOR ALL EXTERNAL APPLICANTS.  
Audited financial statement and Form 990 for the most recent completed fiscal year.

REQUIRED FOR ALL EXTERNAL APPLICANTS.  
Most recent annual report or a summary of the

Required? **Attached Documents \***

[FY16 Financial Audit](#)

[990 FY16 Form](#)

[Impact Accomplishments](#)

organization's prior year's activities and accomplishments.

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 2017 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2016 only if changed).

Brief biographies of key staff (NEW APPLICANTS and funded agencies with staff changes in 2017).

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](#)

2018 CDBG-MHB Application review Meeting Schedule. Please note that the order in which applications will be reviewed is not finalized.

[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.

[Impact Organization 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.

[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 FY2017.

[UNAUDITED Statement of Activity FY17](#)

## Extra

### **Are all clinical services program clients currently in the Agency's supportive housing?**

No, not all of our participants in the clinical services program are living in our supportive housing. A little more than 30% of all participants in our clinical services program are housed outside of our agency housing, meaning they live independently, or with other supports, in the Evanston area and are receiving clinical services from Impact.

### **How many people are currently housed through the supportive housing program?**

We currently have 60 participants that are housed through our supportive housing program.

**Outcomes- Are any changes expected as a result of meeting goals?**

There are no expected changes as a result of meeting our goals. Our goals are still as follows:

In 2018, our focus for program goals and outcomes, is to provide sound clinical wrap-around services to our participants to assist them with enhancing and improving their health and wellness, engaging in clinical services, and increasing connections with medical and psychiatric providers, to increase overall wellness and recovery. These program goals and outcomes include:

- Health - 80% of participants will have a health/wellness goal identified in their Individual Treatment Plan (i.e., weight loss, increased exercise, improved diet, keeping medical appointments, etc.)
- Health - 90% of participants will be connected with a Primary Care Provider for on-going physical health care and treatment
- Health - The program nurse will run a health and wellness group that will be available to all participants to attend. This group will be conducted once a month.
- Health - The program nurse will conduct a Health and Wellness Fair for all participants to increase education about physical health care and to provide resources. The Health and Wellness Fair will be conducted once in 2018.
- Psychiatric - 85% of participants will be connected with a psychiatrist for on-going psychiatric care and medication management.
- Engagement - 90% of participants will be engaged in clinical services by meeting with their clinician on a regular basis, based on their level of services needed.

**How many of your residents are in the Employment program?**

Of the 60 participants that are in our supportive housing program, 18 of them are receiving employment services from Impact as well.

**Are the 25 calls that your Help Line service expects from current residents of the housing program? How is this staffed? Is this a years' worth of calls?**

The Impact Clinical Services program mans the 24-hour emergency crisis line. This emergency crisis line is available to any participant in our agency, whether they are receiving housing, clinical, or employment services. All Clinical Services staff take a rotation of being on-call for a week at a time, to support any participant having a mental health crisis outside of office hours. The 25 calls is an estimation of the amount of participants (unduplicated number) that will utilize the support of the Crisis Line for the year (2018).

**Does the agency have any plans to expand housing opportunities in the community? Is this part of the strategic plan?**

The agency is currently prospecting housing expansion projects. It is part of our strategic plan to add new housing units each year for the next three years.

**What does the Benefits Specialist do?**

The Clinical Benefits Specialist is a hybrid position of a part-time mental health clinician and part-time benefits specialist. This specialty position is tasked with supporting and assisting participants with getting connected with, and maintaining, eligible benefits, such as Medicaid/Medicare, Social Security, and LINK/SNAP (food stamps). This position provides the participants support and education around steps needed to maintain Medicaid and other entitlements, to ensure continuity of care with medical and psychiatric treatment.

**What is the average length of stay in the housing program?**

Our housing program is considered Permanent Supportive Housing, so there is no time-limit on how long someone can be housed with us. Our participant's length of stay in our housing greatly fluctuates depending on each individual situation and external supports; however, the average length of stay in our housing program is a little over 5 years. We have many participants that have lived with us for over 20 years, and we have many other participants that are able to transition out to a different housing environment after a year or two.

**The 2018 budget has an increase of approximately \$81,000 in Salaries and Benefits. Please explain the need for the increase.**

The increase in 2018 salaries and benefits is due to the addition of new staff members.

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

Application ID: 86703

City of Evanston  
Community Development  
**2018 CDBG Public Services & Mental Health Board - City of Evanston**  
8/18/2017 deadline

## Metropolitan Family Services Family Support and Prevention Program

**\$ 80,000.00** Requested  
\$ 80,000 MHB Request

Submitted: 8/17/2017 4:39:40 PM (Pacific)

### Project Contact

Jennifer Michel  
[michelj@metrofamily.org](mailto:michelj@metrofamily.org)  
Tel: 312-986-4145

### Additional Contacts

rompalav@metrofamily.org,  
frischc@metrofamily.org, navar@metrofamily.org  
jenksj@metrofamily.org

### Metropolitan Family Services

1 North Dearborn  
Suite 1000  
Chicago, IL 60602  
United States

### President and CEO

Ricardo Estrada  
[estradar@metrofamily.org](mailto:estradar@metrofamily.org)

Telephone 312-986-4145  
Fax 312-986-4334  
Web [www.metrofamily.org](http://www.metrofamily.org)  
EIN 36-2167940  
DUNS 079745246  
SAM Expires 1/17/2018

## Pre-Application (Letter of Intent)

### All Applicants Complete Questions 1-8 and attach Documents

#### 1. Organization Name and Program for which you are requesting funding.

Metropolitan Family Services/Skokie-Evanston Center - Family Support and Prevention Program and Parenting Fundamentals

#### 2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Other:

#### 3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

#### 4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

Attach the list of local board members as well as the parent organization board below.

NA

#### 5. Is your organization accredited?

- Yes
- No

#### 6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.

**7. People served:**

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other:

**8. 2018 Funding Requested from the City of Evanston**

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

0	CDBG
80000	MHB (Human Services Fund)
80,000.00	<b>TOTAL</b>

**9. Funding request is:**

Programs funded in 2017 should be classified as renewal even if amount requested is different from 2017 grant.

- Renewal of 2017 CDBG funding
- Renewal of 2017 MHB funding
- New request for CDBG
- New request for MHB

**New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)**

**10. NEW APPLICANTS OR AGENCIES FUNDED IN 2016 APPLYING FOR A PROGRAM NOT FUNDED IN 2017 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."**

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

**11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.**

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

NA

**Documents Requested \***

Required? **Attached Documents \***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).



[MFS Evanston Skokie FY2018 Budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards

[Board of Directors](#)

[MFS Skokie Evanston Community Board](#)

REQUIRED FOR EXTERNAL APPLICANTS 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 Questionnaire](#)

[download template](#)

**Application Questions**

**1. Who participates in or benefits from the program or services? Describe them in terms of age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Detail any eligibility**

**requirements.**

*Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.*

Metropolitan Evanston’s Family Support and Prevention (FSP) Program served 62 families in calendar year 2016 and year to date 2017, the program has served 44 families. All of them are residents of Evanston. There is at least one child per family and all the parents are between the ages of 18 and 64. The percentage breakdown by race is 32% African-American, 49% Latino, 11% white, and 8% Asian; 98 percent of the client population is lower income, with many families being single-parent households. For this program, one eligibility criteria for services is that the client must be a resident of Evanston. At the time of intake, clients are asked to present identifying information including their address and the provision of home-based services ensures that client families meet the criteria.

**2. Describe your program, including the need(s) that it addresses. Describe specific components or services within the program. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.**

*If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses.* Metropolitan Evanston Family Support and Prevention Program (FSP) is an intensive, case management, clinical and education program that works exclusively with Evanston families who struggle with parenting their children because of internal and external barriers and stressors that the family faces. By strengthening the functioning of families, the program reduces the risk that families will enter the child-welfare system due to abuse or neglect of their children. This program has been serving the city of Evanston families for 22 years. Participating clients receive individual/family counseling, advocacy and case management. Parents are supported in learning more effective parenting skills and in creating a stronger home environment with improved family dynamics. Interventions are based on Centers for Disease Control’s (CDC) research reflecting program components essential for effective service delivery for families at risk of abuse and neglect. The services are provided Monday-Friday and include daytime and evening hours, and the average length of service is six months.

Metropolitan Evanston also provides expanded parenting development resources through its Parenting Fundamentals (PF) program for client families. Founded in 1996, Parenting Fundamentals promotes the social-emotional development of children, prevents child abuse, strengthens families and improves school readiness and achievement. The program is an eight-to-ten week series of parenting classes that focuses on positive parenting such as non-violent discipline, knowledge of child development, parent-child communication and problem solving. Group sessions are led by skilled educators in either English or Spanish. PF is developmentally, culturally and linguistically designed. Modules support parents with children 0 to 4, parents with children 4-8, parents with children 8– 12, and parents with children 12 to 18. Evidence from studies conducted through randomized control trials have demonstrated positive outcomes qualifying Parenting Fundamentals to be included in the federal (SAMHSA) registry of Evidence-based Programs and Practices. Program staff have collected data on communication, non-violent discipline, problem solving and knowledge of child development and participating parents have historically shown statistically significant improvements on all measures from pre-to post-tests that are conclusively due to the program. Bilingual Spanish-English and culturally competent services for Latino families will continue to be available under Metropolitan Evanston’s FSP Program. Based on the funding level that was approved for calendar year 2017, FSP was able to partner with Parenting Fundamentals and offer an 8-week session for Evanston parents. The parenting classes were in Spanish and the curriculum covered information for parents with children birth to age 8. Childcare, transportation assistance and lunch were provided to remove barriers to participation. Below are responses to a client survey of what they learned, how the class would change the way they parent and how their child(ren) would benefit translated to English: "I learned what was abuse and what was neglect;" "I learned to not yell and to not spank my children;" "I learned how to listen to my children and to solve problems;" and "I learned to pay more attention to my child and be more involved in games and have more time with her." One parent wrote about her child’s benefit: "My daughter says I am a better mom."

**3. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.**

*Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.*

<input type="text" value="60"/>	Intake/assessment
<input type="text" value="60"/>	Referrals
<input type="text" value="60"/>	Individual case management plan/services
<input type="text" value="0"/>	Services delivered on an individual basis (e.g. home delivered meals)
<input type="text" value="10"/>	One time event or activity (e.g. field trips, tax preparation)
<input type="text" value="NA"/>	Multi-session program (e.g. after school program)
<input type="text" value="0"/>	Focused topic activities (e.g. workshops, trainings)
<input type="text" value="0"/>	Drop in services (e.g. computer lab, tutoring, help desk)
<input type="text" value="10"/>	Phone or online help (e.g. 24-hour help lines)
<input type="text" value="200.00"/>	<b>TOTAL</b>

**4. How long has your program existed and how has it grown or changed? How long do you expect to continue providing this service.**

Metropolitan Evanston has been offering these home-based counseling services to Evanston families for more than 22 years. The program has consistently provided high quality home visiting and counseling services that have produced positive outcomes for participating families. This past year, the FSP therapist worked with Erie Family Health Center in Evanston to identify families that need support and specific interventions to improve their family functioning. With this partnership, the FSP program is reaching many more Evanston residents. The agency with its emphasis on continuous quality improvements reviews agency services/ programs quarterly to ensure scope of service is being met and again annually to respond to client feedback, changing client demographics, informed best practices/evidence-based research, and challenges/successes from the program year. An example of program updates for improving program services has been the change in assessment tools to measure pre-post intervention parent outcomes of success. This past year the program transitioned to the more user friendly Parent Stress Survey tool for both the parents and staff. This change has allowed the program to more effectively measure parent responses and beliefs resulting from their participation in the program. Also this past year, Metropolitan Evanston began offering Parenting Fundamentals to provide parent development and education resources for families participating in the program. Parenting Fundamentals has strengthened amongst parent participants from the FSP program their parenting practices, communications strategy with their children, and understanding of their child's development. This program has also given these parents a network amongst their peers for shared learning and continued peer support. The goal for Metropolitan Evanston is to continue these efforts of providing both the home-based clinical services and community-based parenting education supports.

FSP makes a difference as evidenced by the case highlighted here. The client is a 44-year-old Mexican female and is the single mother of a 15-year-old daughter. The client was referred by her daughter's school. The client was seeking services because of her frustration with her daughter's behavior and attitude at home. Her daughter had also been hospitalized for suicidal ideation in the past. The client wanted services to improve the communication at home. She and her daughter were not able to have conversations without ending up in an argument. The client was not happy with the way they were living and wanted things to change for the better. The client did not understand why her daughter acted the way she did towards her and wanted support and guidance. The FSP therapist has worked with the client for the past year and has helped the client set boundaries with her daughter and understand that she was not at fault for her daughter's father not being involved. The client reports significant change in her home and feels happier with the way things are because she is able to have positive conversations with her daughter. She has also been able to acknowledge her daughter's strengths and is learning to praise and encourage her daughter. The client and her daughter have participated in family sessions for the past few months and these have been successful allowing each other to express their feelings.

**5. Do you maintain a wait list? If yes, provide its size and the average length of wait time for services. If no, describe any resources, including referrals, provided to individuals you are not able to serve.**

There is no waiting list for the program.

**6. What other agencies address this need, how do you collaborate with them 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.*

There are no other agencies in the community that provide a similar home-based parenting service model like Metropolitan Evanston. The FSP Program provides needed services for client families who are difficult to outreach or engage and is unique because it combines home-based services with community supports for families in reducing family stressors and increasing family functioning. Other agencies provide case management and counseling but do not target parents and the issues of preventing child abuse and neglect. Only Metropolitan Evanston FSP Program offers at-risk families a well-coordinated, comprehensive, and individualized array of services that are both community-based and in the home to strengthen their overall family functioning and development. Metropolitan also offers FSP families the opportunity to participate in the agency's Parenting Fundamentals program. This curriculum is recognized by the National Review of Evidence-Based Practices where a randomized control trial was conducted with results showing that experimental group participants had a better understanding of parenting strategies, fostered a better home environment for their children, and reported better child behavior after 8 weeks of intervention and at 4 months of follow-up. Behavior improved in the following categories: internalizing problems (anxiety, depression, somatization), adaptive skills (adaptability, activities of daily living, functional communication, social skills), and the behavioral symptoms index (hyperactivity, aggression, depression, attention problems, atypicality, withdrawal).

In support of coordination with other partners, Metropolitan Evanston engages the community to: introduce services, strengthen partnerships/linkages, and identify service recipients. Staff actively participate in community activities, sit on community-wide coalitions and networks, and are active via presentations, dissemination of materials/brochures, attendance at conferences/fairs and participating at meetings with the local schools and other community-based agencies. Direct service staff are cross-trained to know all program requirements and resources available in the community so they can help clients transition from one program to another and provide the necessary referrals to meet client needs. Metropolitan Evanston continues to be a member and leader of LAN 40 and currently, the FSP program supervisor is on the LAN 40 Executive Committee. Metropolitan staff organize the annual resource fair of the LAN, held in October. Staff provide leadership to older adult collaborations through the Adult Protective Services program. Specific examples of partnerships are the District 65 Early Childhood Center where the FSP therapist co-facilitates a parent-support group in English and Spanish; and the Erie Family Health Center-Evanston, where Metropolitan Evanston staff spend time each week at Erie consulting on behavioral health,

receiving referrals and assisting clients. The FSP therapist is one of the staff members who is credentialed by Erie for this work. The FSP program staff also offer parent workshops, assist with resource fairs; and participate on the District 65 Family Center's Advisory Committee. Metropolitan Evanston has a partnership with the McGaw YMCA in Evanston to provide financial support for children and families in Metropolitan's programs, including FSP, to attend Camp Echo. Metropolitan also participates in the Cradle to Career initiative in Evanston.

**7. Describe program goals and outcomes you anticipate in 2018, including any change from 2017. What data are collected and used to analyze your program and measure success? Who is responsible for ensuring the program is implemented as planned?**

The overarching goal of Metropolitan's FSP is to prevent child abuse and neglect, strengthen families, improve parent-child difficulties and provide intensive individualized case management. Outcomes for the program will be similar to 2017 outcomes and include: reports of abuse and neglect will be prevented; family functioning and parent-child difficulties will improve; and parents will improve parenting, self-care, and coping skills. For data collection and reporting, Metropolitan Evanston's parent organization has a Department of Quality and Outcomes led by a Director of Quality and Outcomes and supported by three full-time Masters Evaluation Associates. The primary purpose of this department is to collect, analyze, and use outcome/satisfaction data to support continuous program improvements. Logic model review, client satisfaction surveys, and data base systems to collect client data, service utilization and costs create customized data reports for program evaluation and analysis.

The FSP evaluation uses multiple assessments to identify treatment gains and provide valid and reliable reporting. 1) A structured clinical assessment interview observes the family/parent in their environment and identifies challenges/strengths. 2) The Global Assessment of Functioning (GAF) rates a person's psychological, social and occupational functioning on a point scale of 1 (lowest) to 100 (highest), is linked to diagnostic criteria from the DSM and is used pre-post intervention. 3) Treatment goals are defined in partnership with client families and along with other tools determine client progress/changes resulting from services. 4) The Parenting Stress Inventory (PSI) determines the service delivery impact on parental mental health and family functioning. The PSI Short Form is written at a 5th-grade reading level for parents of children 12 years and younger and yields a Total Stress score from three scales: Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child. Administered at baseline, every 6 months, and closing, this tool gathers multiple data points to see changes that occur and is recognized as a valid measurement for at-risk families (ACF, 2010). All Parenting Fundamentals participants are assessed in group settings at two points in time: before the first class (pre-test) and at the conclusion of the series (post-test). All surveys are available in Spanish and English and are expected to take participants less than 20 minutes to complete at each time point- therefore the survey completion will take less than an hour of the participants' time (including pre-and-post).

Metropolitan Evanston's leadership staff are responsible for ensuring that the FSP program is implemented as planned. The Center Director of Skokie Evanston is a master's level clinician with more than 20 years of experience working in the community and in leadership positions. The Senior Program Supervisor is the direct supervisor of the program and meets with the clinician weekly to review assessments, service plans, case review plans, and to provide general overall support. Outcome data collected is shared and used to compare against targeted objectives for the program at least quarterly to ensure that services are on track.

**8. Complete the chart below with the unduplicated total of people you expect to serve in 2018, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2017.**

*Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2017 must show an increase in people served if applying for an increase in CDBG funding.*

60	Unduplicated people to be served in 2018
60	Unduplicated Evanston residents to be served in 2018
58	Unduplicated low/moderate income people to be served in 2018
58	Unduplicated low/moderate income Evanston residents to be served in 2018
60	Unduplicated people served in 2017
60	Unduplicated Evanston residents served in 2017
58	Unduplicated low/moderate income people served in 2017
58	Unduplicated low/moderate Evanston residents served in 2017
472.00	<b>TOTAL</b>

**9. Provide a summary of your organization's mission including organizational structure, size and functions of the board, and any significant changes in the last year. Attach current Strategic Plan on the Documents tab.**

*City of Evanston applicants, enter "NA."*

Metropolitan, a 501 (c) 3 not-for-profit corporation, has served Chicago and its suburban communities for 160 years. Its

mission is to provide and mobilize the services needed to strengthen families and communities. Metropolitan uses a community-centered service delivery model, concentrating resources in over 70 communities within Chicago, suburban Cook and DuPage counties. Metropolitan Evanston is one of seven centers and has served the Evanston community for 20 years. In FY2016, Metropolitan Evanston/Skokie Valley served over 2,900 clients annually through a comprehensive range of services to include Family Support and Prevention, Child and Adolescent Mental Health, Adult Protective Services, General Counseling, Substance Abuse Prevention and Adoption Preservation. Clients range in age from newborn babies of teen mothers to older adults needing care. Metropolitan reaches a diverse population: 68% are minorities (African American, Latino/Hispanic), 54% are women, and the vast majority of clients are low-income, with approximately 80% earning less than \$20,000 annually.

The parent agency has a 61-member board of business and community leaders who are fully engaged and committed and who oversee all aspects of agency finances. The agency also has numerous auxiliary boards. Metropolitan's Evanston local board has 12 members that represent the Evanston/Skokie Valley community. The local board provides direction for programming, helps identify emerging community issues, and assists with fundraising. Metropolitan Evanston is led by a Center Director who is responsible for staffing, budget and meeting agency strategic goals. This Center Director reports to the Executive Director of North/Evanston/Skokie Valley who reports to Metropolitan's Chief Operating Officer. Evanston Supervisors hire their own staff and set program goals based on community needs, funder requirements, quality/accreditation standards and agency goals. The Senior Program Supervisor and direct service master's level clinician have been with the program since 2014. Local staff are given significant authority because of their experience, expertise, and community history/knowledge. All revenue for Metropolitan Evanston programs are deposited directly into its program accounts and are fully accounted for in Metropolitan Evanston budgets and agency wide audits. Metropolitan Evanston is expected to be fully-funded. Programs are financed by public funding, the United Way, foundations and private donations. Locally, Metropolitan Evanston raises funds through direct appeals, board support and community events and are designated specifically to the Evanston site. The parent organization completes agency-wide fundraising and raises over \$6 million annually. The money raised in Evanston directly supports Evanston-based programs. Metropolitan has strong accounting and auditing procedures to ensure all restricted dollars are used as directed by the funder. Unrestricted funds raised by the parent organization provide monetary support for the Evanston site. Administrative services are centralized with the parent agency and include: HR; financial management; continuous quality/evaluation; fundraising; technology; and program support. Costs are allocated across all Metropolitan programs based on the full-time employees assigned to each site. 11% of Metropolitan Evanston's budgeted costs are allocated for these administrative support expenses.

**10. Describe your agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.**

*CDBG applicants, 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 Resource Library).*

Metropolitan has significant administrative, technological, programmatic and financial capacity as one of the largest, most respected social service agencies in Illinois. Metropolitan is a Council on Accreditation (COA) certified organization. COA is an objective and reliable verification that provides confidence and support to an organization's service recipients, board members, staff, and community partners. The COA reaccreditation process involves a detailed review and analysis of both the organization's administrative operations and its service delivery practices. All are measured against national standards of best practice. These standards emphasize services that are accessible, appropriate, culturally responsive, evidence-based, and outcomes-oriented, in addition, they confirm that the services are provided by a skilled and supported workforce and that all individuals are treated with dignity and respect.

Metropolitan manages a budget of just over 50 million and has a staff team of more than 900 full- and part-time professional staff. The portfolio of funding is varied and extensive. For its most recently completed fiscal year (2017), Metropolitan had over 78 programs that received governmental funding from a variety of state, local and federal funding sources. For all programs, Metropolitan has maintained compliance in all programmatic and fiscal auditing requirements. Fiscal staff are experienced in completing the necessary vouchers for reimbursement of contracts in a timely manner and well-versed for fiscal reporting purposes. Metropolitan has the necessary fiscal controls and accounting procedures in place to oversee and monitor expenditures for all of its services. Metropolitan uses Financial Edge Accounting software and Ceridian manages payroll. Program expenditures are reviewed quarterly to ensure their alignment with budgeted projections. Budget reports are provided to funders as required. Metropolitan is audited annually by an external independent auditing firm, McGladrey and Pullum. The most recent audit shows a continued pattern of financial stability.

**11. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?**

*All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.*

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

**12. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this**

**dependent on City funding? Will the staff be retained if City funding is not received in future years?***Provide your staff to participant ratio and any requirements for program licensing or accreditation.*

Metropolitan Evanston requests \$80,000 to fund a full-time equivalent Program Therapist who will provide 1050 direct service hours to 60 families and their children to include comprehensive home-based family intervention and counseling/case management support; and to fund 2 series of Parenting Fundamentals to be targeted towards parents/families enrolled in FSP. The direct staff designated to FSP is master's level clinician who is bilingual Spanish-English to meet the cultural and linguistic service needs for the Spanish-speaking families in this program. This staff member is also a 40-hour trained domestic violence counselor. The Senior Program Supervisor is a Licensed Clinical Social Worker and an Illinois Certified Domestic Violence Professional. The supervisor provides trauma-informed direct supervision and case consultation regularly. The average length of service for the FSP Program is six months, so the estimated staff to participant ratio is 1 to 30. Staff work one-on-one with these families throughout their enrollment. For the PF component, expenses will cover the implementation of the program curriculum by a trained group of Parenting Education Practitioners who have extensive knowledge and experience of providing education resources on child development, effective communication tools, non-violent discipline, and anger management techniques. There are members of this education team who are bilingual/bicultural Spanish-English to provide the Parenting Fundamentals curriculum in Spanish as well as English.

**13. Provide the name, email and phone number of the individual who attended the pre-application meeting.**

Jennifer Jenks, jenksj@metrofamily.org

**14. All organizations receiving CDBG 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." (City of Evanston applicants, enter 074390907)**

NA

**15. Is the facility and program in compliance with the Americans with Disabilities Act?** Yes No**16. 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

**17. Where (address/location) does your program take place and how will clients get to the location or facility?**

The address is 820 Davis Street, Suite 218, Evanston Illinois 60201. FSP Therapist provides services in the home and community-site where client families are best served. Parenting Fundamentals provides transportation stipends for parents.

**18. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2018 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.***Enter the name and title of the individual submitting this application.*

Thresa C. Nihill, LCSW

**Budget**

<b>Funding Sources/Revenues</b>	2017	2018	2018 Committed
City of Evanston CDBG			
City of Evanston Mental Health Board Funds	\$ 70,000.00	\$ 80,000.00	
Fund Raising	\$ 39,500.00	\$ 42,500.00	
Metropolitan Family Services Unrestricted	\$ 9,450.00	\$ 12,709.00	
<b>Total</b>	<b>\$ 118,950.00</b>	<b>\$ 135,209.00</b>	<b>\$ 0.00</b>

<b>Funding Uses/Expenses</b>	2017	2018 Total	2018 CDBG	2018 MHB
Salaries	\$ 68,386.00	\$ 79,052.00	\$ 0.00	\$ 64,402.00
Benefits	\$ 17,343.00	\$ 19,143.00	\$ 0.00	\$ 15,598.00
Professional Fees	\$ 0.00	\$ 0.00	\$ 0.00	
Staff Development	\$ 575.00	\$ 100.00		
Program expenses	\$ 425.00	\$ 425.00		
Staff Travel	\$ 975.00	\$ 1,225.00		
Technology expenses	\$ 3,876.00	\$ 5,427.00		
Occupancy	\$ 11,567.00	\$ 10,373.00		
Other	\$ 3,227.00	\$ 5,059.00		

Administrative	\$ 12,576.00	\$ 14,405.00		
<b>Total</b>	<b>\$ 118,950.00</b>	<b>\$ 135,209.00</b>	<b>\$ 0.00</b>	<b>\$ 80,000.00</b>

## Budget Narrative

Metropolitan's fiscal year is July 1 to June 30th. Funds are requested for the Family Support and Prevention Program (FSP). The most significant change in expenses relates to the provision of the Parenting Fundamentals education series for participating parents in the FSP program. Metropolitan proposes to provide at least one 8-10 week series per quarter (4 total series) for the FSP families. Revenue sources are anticipated to be consistent. These additional services justifies the increase request from 2016 of \$63,305 to the 2017 request of \$80,000. Locally, Metropolitan Evanston raises funds through direct appeals, board support and community event and are designated specifically to the Evanston site. The parent organization completes agency-wide fundraising and raises over \$4.5 million annually. The monies raised in Evanston directly support Evanston-based programs. Metropolitan has strong accounting and auditing procedures to ensure all restricted dollars are used as directed by the funder. Furthermore, unrestricted funds raised by the parent organization provide monetary support for the Evanston site.

The MHB request will support program salary and fringe benefits. Positions: Clinical Therapist who provides direct services to the families in the FSP program - Salary \$38,700. The Project Supervisor who provides direct supervision, case consultation and support for the Clinical Therapist at 20% of annual salary (\$64,065) is \$12,813. 30% of Parental Practitioner to provide 4 series of Parenting Fundamentals (\$42,963 salary) is \$12,889. Allocated fringe for health and retirement benefits is 16.57% and allocated fringe for payroll taxes is 7.65%. All services covered by staff allocations will benefit Evanston clients exclusively..

## Program Outcomes

### Program Outcomes

	Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	1. Founded reports of abuse and neglect will be prevented	DCFS confirmation of indicated report of abuse or neglect. PSI at baseline, 6 months, and/or closing (if service beyond 6 months).	25	6	11	14	56					0
2	2. Family functioning and parent-child difficulties will improve.	Treatment Plan Goals-baseline and 3-month intervals until closing. PSI collected at baseline, 6 months, and/or closing (if in service beyond 6 months).	22	6	10	12	50					0
3	3. Parents will improve parenting, self-care, and coping skills.	GAF scores collected at baseline, 3-month intervals and closing. PSI collected at baseline, 6 months, and/or closing (if in service beyond 6 months).	19	5	8	10	42					0
4							0					0
5							0					0
<b>Total</b>			<b>66</b>	<b>17</b>	<b>29</b>	<b>36</b>	<b>148</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Program Line Item Expenditures

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
								\$
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

## Program Line Item Funding

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1 City of Evanston Mental Health Board Funds	80,000	0	80,000					\$ 0
2 Fund Raising	42,500							\$ 0
3 Metropolitan Unrestricted	9,450							\$ 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
<b>Total</b>	<b>131,950</b>	<b>0</b>	<b>80,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

## Documents

### Documents Requested \*

REQUIRED FOR ALL EXTERNAL APPLICANTS.  
Audited financial statement 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.

### Required? Attached Documents \*

[Audited Financial Statement](#)

[990](#)

[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).

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2017 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2016 only if changed).

Brief biographies of key staff (NEW APPLICANTS and funded agencies with staff changes in 2017).

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](#)

2018 CDBG-MHB Application review Meeting Schedule. Please note that the order in which applications will be reviewed is not finalized.  
[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.

[Organization 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.

[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 FY2017.

[Financial Statement](#)

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

Application ID: 86929

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City of Evanston  
Community Development  
**2018 CDBG Public Services & Mental Health Board - City of Evanston**  
8/18/2017 deadline

## Trilogy Inc Evanston Mental Health Program

**\$ 30,000.00** Requested  
\$ 30,000 MHB Request

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### Project Contact

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DUNS  
SAM Expires

## Pre-Application (Letter of Intent)

### All Applicants Complete Questions 1-8 and attach Documents

#### 1. Organization Name and Program for which you are requesting funding.

Trilogy Behavioral Healthcare - Evanston Mental Health Program

#### 2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Other:

#### 3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

#### 4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

Attach the list of local board members as well as the parent organization board below.

NA

#### 5. Is your organization accredited?

- Yes
- No

#### 6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.

CARF - the most recent accreditation was in December 2016 and is good through February 2020.

### 7. People served:

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other:

### 8. 2018 Funding Requested from the City of Evanston

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

<input type="text" value="0"/>	CDBG
<input type="text" value="30000"/>	MHB (Human Services Fund)
<input type="text" value="30,000.00"/>	<b>TOTAL</b>

### 9. Funding request is:

Programs funded in 2017 should be classified as renewal even if amount requested is different from 2017 grant.

- Renewal of 2017 CDBG funding
- Renewal of 2017 MHB funding
- New request for CDBG
- New request for MHB

## New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)

### 10. NEW APPLICANTS OR AGENCIES FUNDED IN 2016 APPLYING FOR A PROGRAM NOT FUNDED IN 2017 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

### 11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

NA

### Documents Requested \*

### Required? Attached Documents \*

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).

[FY 2018 Operating Budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards

[FY 2018 Board of Directors List](#)

REQUIRED FOR EXTERNAL APPLICANTS 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](#)

## Application Questions

1. Who participates in or benefits from the program or services? Describe them in terms of age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Detail any eligibility requirements.

*Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.*

The direct beneficiaries of Trilogy's Evanston Mental Health Program are Evanston adults who are living with mental illness. This includes homeless adults, many of whom have never been assessed for mental health issues and have never received mental health services; people with untreated substance abuse issues who don't know what treatment options exist; people living in one of Evanston's nursing homes that house people with mental illness; and other adults with undiagnosed and untreated mental illness.

During FY 2017, the first year that the Evanston Mental Health Program received funding from the Evanston Mental Health Board, Trilogy provided services to 244 Evanston residents, with over 95% having annual incomes of less than \$10,000. More than half (52%) of Evanston clients were White, while 32% were Black/African-American and 11% were Hispanic. There were more male clients (57%) than female. By age, 7% of clients were under 30 years old, 36% were between 30 and 49 years old, and 57% were over 50 years old.

To be eligible for services and become a Trilogy client, there must be a diagnosis of a mental illness. The primary mental health diagnosis for Evanston clients in FY 2017 was bipolar disorder (29%), schizoaffective disorder (26%), schizophrenia (21%), major depression (19%), and other (ADHA, mood disorder, PTSD, or anxiety) (5%). Further, more than one in three (36%) clients have mental illness with co-occurring substance use disorders, a key focus of the organization's Integrated Dual Disorders Treatment program.

With Trilogy's Mental Health Care Coordinator reaching out to Evanston social services organizations, primary care providers, first responders, schools, libraries, and businesses, the broader Evanston community also benefits from this program. The Coordinator provides education to community members on best practices for responding when someone presents with a mental health issue and receives referrals from throughout the Evanston community. In addition, she serves as a resource to providers in the community who may be unfamiliar with working with people with mental illness; for example, she has worked with Erie Family Health Center to assist doctors and nurses who have patients who may have a mental illness.

In 2017, Trilogy received a grant from the Evanston Community Foundation to provide Mental Health First Aid training in Evanston. While not directly under the purview of the Evanston Mental Health Care Coordinator, Trilogy considers this a key component of the Evanston Mental Health Care Program, as the trainings will provide Evanston community members with vital knowledge to build their "mental health literacy," which is so important in being able to identify, understand, and respond to signs of mental illness.

**2. Describe your program, including the need(s) that it addresses. Describe specific components or services within the program. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.**

*If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses.* Trilogy addresses the need of adults who are showing the signs of mental illness to receive services to help them on their road to recovery. This includes an initial assessment to determine a mental health diagnosis, if any; an individualized treatment plan; and linkage to services, including psychiatric and psychological support, primary medical care, substance use treatment, intensive case management, housing, supported employment, and peer support. Trilogy refers clients to community providers to receive additional services; in Evanston, this includes Connections for the Homeless, PEER Services, Eric Family Health Center, Impact Behavioral Health Partners, and the Vet Center.

The Program has been developed and modified in response to the Evanston community wishing to compassionately and effectively support people with mental illness. These are highlighted in the priorities of the Mental Health Board, focusing on programs and services that:

- Respond to mental health and substance abuse needs, including crisis intervention and mental health promotion,
- Provide food, shelter, and health care to promote mental health and welfare,
- Enhance the mental health, safety, and protection of children, youth, and families,
- Promote the mental health, diversity, and inclusion of all, including refugees and immigrants.

Recent initiatives highlight Trilogy's commitment to these priorities. For example, we are expanding our focus from adults with mental illness to include children and youth with behavioral health issues; Trilogy was recently awarded a state grant to assess youth with histories of arrest or incarceration or identified as at-risk. Further, Trilogy is expanding services to underserved members of the Latino community, many of whom are unable to obtain health insurance and are facing unprecedented discrimination, stigma, and stress.

The Coordinator works closely with Evanston social service agencies, health care providers, businesses, government agencies (e.g., police and fire departments, public library, and parks and recreation), and schools to identify people who may have mental health issues. She conducts intake assessments on Monday at Hilda's Place and Thursday at the library. She also administers assessments elsewhere in Evanston and at Trilogy's Evanston and Rogers Park offices. If she is not present, another intake worker will conduct an assessment rather than having the person return another day.

Prior to conducting an assessment, it may take several contacts for the Coordinator to earn the trust of a person who is experiencing symptoms of mental illness. The Coordinator works hard to maintain contact with the person during this phase, including determining locations the person frequents and connecting with family members, friends, businesses, and providers that have contact with the person.

The frequency and duration of contacts between the Coordinator and clients varies based on the level of rapport building and the time required to transfer them to other Trilogy service providers for ongoing services. There are three phases in this process: intake (including relationship building), assessment, and transfer (including development of a treatment plan and soft hand off for services).

If the assessment indicates that the person does not have a mental health diagnoses that qualifies for Trilogy services, the Coordinator will refer the person to the appropriate services within or near Evanston.

**3. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.**

*Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.*

60	Intake/assessment
32	Referrals
44	Individual case management plan/services
	Services delivered on an individual basis (e.g. home delivered meals)
	One time event or activity (e.g. field trips, tax preparation)
	Multi-session program (e.g. after school program)
	Focused topic activities (e.g. workshops, trainings)
40	Drop in services (e.g. computer lab, tutoring, help desk)
	Phone or online help (e.g. 24-hour help lines)
176.00	<b>TOTAL</b>

**4. How long has your program existed and how has it grown or changed? How long do you expect to continue providing this service.**

Trilogy was founded in 1971 to provide services and support to adults with mental illness living on the far north side of Chicago in Rogers Park. Due to its proximity to Evanston, Trilogy has from its inception also served Evanston residents.

In recent years, Trilogy has grown significantly in terms of number of clients served and, most significantly, programs offered to clients, including:

- Beginning in 2009, Trilogy received significant public and private funding to open an integrated healthcare clinic in Rogers Park with Heartland Health Centers. The clinic provides physical and behavioral healthcare and substance abuse treatment in one location to address the health issues of people with mental illness.
- In 2010, Trilogy opened a peer-run drop-in center in Rogers Park for clients and other people with mental health issues. The Trilogy Beacon, open every day, receives 1,500 visitors per month and is a special place for adults living with mental illness to work on their recovery.
- In 2011, Trilogy contracted with the State, under the Williams and Colbert Consent Decrees, to assess the ability of nursing-home residents with mental illness to live independently. We have assisted hundreds of people in their transition to living in their own apartments, including residents of Albany Care and Greenwood Care in Evanston.
- In 2014, Trilogy began offering occupational therapy to clients, an innovative approach in behavioral healthcare to address deficits in individual's day-to-day living skills.

Several factors have led to an increase in Evanston clients from fewer than 75 in FY 2010 to nearly 250 in FY 2017, including the Consent Decrees against the State of Illinois, the Affordable Care Act which allows single adults with mental illness to obtain Medicaid, and the expansion in services and support offered by Trilogy.

With the hiring of the Evanston Mental Health Care Coordinator in January 2017, Trilogy's presence in Evanston will continue to grow. The Coordinator is giving Trilogy a significant presence throughout the Evanston community by reaching out to and connecting with people who may have mental illness, as well as developing relationships with key gatekeepers in the community, including first responders, social service and primary care providers, business people, school staff, and more.

As the Evanston community is an integral part of Trilogy's past and present, we will continue to provide services to Evanston residents to meet the demand for intensive, community-based mental health services to adults with mental illness. In addition, with the addition of a new Trilogy program, Impact Youth and Family Services, and significant funding from the State of Illinois to address the behavioral and mental health needs of youth and adolescents and to divert youth from the juvenile justice system, we expect to serve Evanston teenagers and young adults in the coming years.

**5. Do you maintain a wait list? If yes, provide its size and the average length of wait time for services. If no, describe any resources, including referrals, provided to individuals you are not able to serve.**

There is no wait list.

As mentioned above, if the mental health assessment indicates that the person does not have a mental health diagnoses that qualifies for Trilogy services, the Coordinator will refer the person to the appropriate services within or near Evanston.

**6. What other agencies address this need, how do you collaborate with them 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.*

Several Evanston organizations work with people with mental health issues, including Presence St. Francis Hospital, Evanston Hospital, Erie Family Health Center, Connections with the Homeless, the Vet Center, PEER Services, and Impact Behavioral Health Partners. Trilogy works closely with these agencies, referring clients to them for supportive services and receiving referrals of potential clients. In addition, if an Evanston resident who receives an assessment is not diagnosed with a mental illness, Trilogy will seek to find the appropriate services in or near Evanston for that person.

With the expansion of the client base to include children, youth, and families, Trilogy will develop relationships with youth- and family-serving organizations in Chicago, Evanston, and neighboring suburbs, including Districts 65 and 202, Y.O.U, Youth Job Center, the Moran Center, and Family Focus. Likewise, as the organization reaches out to more immigrants and undocumented individuals who may have experienced significant discrimination, stigma, stress, and trauma, staff will work with the school districts, primary care providers, and organizations that reach out to this population, including Asian Human Services and Hamdard Center for Health and Human Services,

Through close and ongoing communications with the organizations listed above, Trilogy seeks to avoid duplication of services and works to assure that services are unique and needed by community members. Trilogy is the only organization on the far north side of Chicago and in Evanston, Skokie, and other neighboring suburbs that provides intensive outreach services where staff members, who are part of Assertive Community Treatment teams and Community Support Teams, work with clients in their homes and elsewhere in the community to provide a wide range of supportive services and assistance, including helping clients get to appointments and shop for groceries and other necessities, safely take prescribed medications, obtain benefits and housing, and improve their independent living skills and quality of life. Further, Trilogy is unique in providing a wide range of integrated services, including primary and behavioral health, substance use treatment, supported employment, housing, and peer support.

In the first 6 months of the Program, the Coordinator has been successful in communicating with and establishing partnerships with individuals and organizations that provide services to adults with mental health issues, This has led to a system of receiving and providing referrals, which is so important in addressing the needs of people with mental health issues.

There has been some concern that Trilogy is duplicating services provided by other organizations, as well as having the Coordinator spend time in locations where these providers also have staff. Trilogy has reached out to these providers, as well as worked with City of Evanston staff, to assure them that Trilogy's services and support to adults with mental illness are highly unique and the organization works hard to avoid duplicating services.

**7. Describe program goals and outcomes you anticipate in 2018, including any change from 2017. What data are collected and used to analyze your program and measure success? Who is responsible for ensuring the program is implemented as planned?**

The Coordinator will complete at least 60 mental health assessments of Evanston residents referred by the Evanston Department of Health and Human Services or by other members of the Evanston community, as well as by residents who self-refer. Depending on the needs of the individual, the initial assessments can take place at their residence, in the community (for example, at the library, Hilda's Place, Erie, or a coffee shop), or at Trilogy's Evanston or Rogers Park offices.

Following the assessment, people who receive a primary mental health diagnosis, typically bipolar disorder, depression, schizoaffective disorder, schizophrenia, or anxiety, are eligible to become Trilogy clients. The Coordinator will link at least 44 individuals to services at Trilogy based on their need for care. Levels of care include Assertive Community Treatment (ACT), Community Support Teams (CST), Recovery Services (RS), and Outpatient Services (OPS). All individuals who are engaged in services will be offered Trilogy's wide array of programming including Supported Employment, Family Services, Therapy, Psychiatry, Case Management, Group Therapy, Integrated Dual Disorders Treatment, and Drop-In Center.

The Coordinator will work with the team that the client is assigned (ACT, CST, RS, OPS) to assure the handoff from Intake to a care team is done with the highest level of attention to the client's needs. In addition, the Coordinator will work with the care team in the development of individualized treatment plans for each client.

The Coordinator will refer at least 32 people to outside providers, including people who are not eligible to become a Trilogy client (e.g., not having a primary mental health diagnosis) and clients who need services not provided by Trilogy.

In addition, at least 40 clients will use the Beacon, Trilogy's peer-run drop-in center in Rogers Park, which has a computer lab, daily activities, and access to peer support and recovery counselors, all in a safe, supportive environment.

Several instruments are used to gather data to measure program outcomes. Intake staff gathers monthly statistics which track the number of crisis contacts, assessments completed, and clients who enroll in Trilogy's services. Staff track the number of individuals living with mental illness who are engaged through community outreach efforts. Trilogy's Mental Health Assessment is a comprehensive tool that includes a diagnostic assessment, information on family background, trauma history, and suicide and violence risk screenings as well as interests and goals.

Trilogy recognizes the importance of data collection and analysis for program development, enhancement, and evaluation to ensure participant access to quality services. In 2012 Trilogy began using CareLogic, an electronic medical record system. CareLogic improves the quality of care, improves consumer safety, and eliminates inefficiencies to reduce the cost of care. CareLogic allows Trilogy to quickly and accurately report on a variety of demographics and outcomes.

Trilogy is committed to evaluating the performance of all clinical programs. Trilogy employs a full-time Program Evaluation Coordinator whose job entails developing evaluation designs and instrumentation; collecting, coding, analyzing and interpreting quantitative and qualitative data; conducting interviews, focus groups and systematic observations as directed; and reporting evaluation reports to funders and other interested pa

**8. Complete the chart below with the unduplicated total of people you expect to serve in 2018, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2017.**

*Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2017 must show an increase in people served if applying for an increase in CDBG funding.*

<input type="text" value="325"/>	Unduplicated people to be served in 2018
<input type="text" value="75"/>	Unduplicated Evanston residents to be served in 2018
<input type="text" value="325"/>	Unduplicated low/moderate income people to be served in 2018
<input type="text" value="75"/>	Unduplicated low/moderate income Evanston residents to be served in 2018
<input type="text" value="260"/>	Unduplicated people served in 2017
<input type="text" value="60"/>	Unduplicated Evanston residents served in 2017
<input type="text" value="260"/>	Unduplicated low/moderate income people served in 2017
<input type="text" value="60"/>	Unduplicated low/moderate Evanston residents served in 2017
<input type="text" value="1,440.00"/>	<b>TOTAL</b>

**9. Provide a summary of your organization's mission including organizational structure, size and functions of the board, and any significant changes in the last year. Attach current Strategic Plan on the Documents tab.**

*City of Evanston applicants, enter "NA."*

Trilogy is a private not-for-profit behavioral healthcare organization with nine offices in Chicago and one office in Evanston. The organization also has five group homes housing 45 clients, with four homes on the north side of Chicago and one on the south side.

Trilogy's mission is to assist people in their recovery from mental illness by helping them discover and reclaim their own capabilities, life direction and well-being. Central to the philosophy of all Trilogy services is a belief in the possibility of long-term recovery from mental illness and mental illness with co-occurring substance use issues. We operate under the assumption that people can and do make good choices for themselves when offered accurate information, a wide array of recovery options, acceptance, and support. Our services are designed to maximize individuals' independence, self-sufficiency, and quality of life by helping people identify their own strengths, talents and interests and to develop their own wellness recovery plans.

Trilogy makes a significant effort to ensure that peers are well-represented throughout the organization. There are 17 individuals on the Board of Directors of which 25% percent can be described as primary or secondary consumers. One Board member self-identifies as a peer, which helps ensure that the consumer viewpoint is articulated and represented. Trilogy currently employs 38 primary consumers, most of whom are service providers and several frequently speak at presentations

and on panels across the country about the impact that working as peer specialists at Trilogy has on them and the people we serve.

During FY 2017, Trilogy's Board of Directors, with the input of senior staff, updated the organization's strategic plan for the period from 2017 to 2020, which is included as supplemental information in the documentation section.

Trilogy's Board of Directors has 17 members from Chicago and the suburbs, including three who reside in Evanston. The Board oversees the President and CEO, assures that the long-range goals of the organization are being met, and works with senior staff through committees, including Finance, Development, Program Quality, and Human Resources.

Trilogy's Intake Department, displayed in the attached organizational chart, is overseen by the Director of Intake, Megan Miller, and has seven intake workers. The Intake Department is a key segment of the clinical services provided by Trilogy, essentially the warm welcome to Trilogy services to potential clients. The Chief Clinical Officer, Susan Doig, oversees Intake and recovery-focused client services, including Outpatient Services, Intensive Outreach Services, Residential Services, Peer Services, and Employment Services. Additional services overseen by other senior staff include Williams and Colbert Implementation (consent decrees to assess and move nursing home residents into the community), Occupational Therapy, Impact Youth and Family Services, Integrated Health Care, and Integrated Dual Disorders Treatment. The clinical services organization chart is also included in the documentation.

#### **10. Describe your agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.**

*CDBG applicants, 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 Resource Library).*

Trilogy is well established to support the financial roles needed to carry out the proposed program. Trilogy's Financial Department operates organization finances through Sage MIP Fund Accounting and manages purchases with Sage's Account Receivable module. The department is overseen by the Chief Financial Officer, who has more than 20 years of financial management experience. He supervises an Accounting Manager (currently vacant and being advertised); an Accounts Payable Clerk; and a Staff Accountant.

Trilogy's financial policies lay out an authorization matrix with proper authorizations and documentation to complete any transaction. The policies cover 14 areas, including document retention, conflict of interest, whistleblower, governance, information technology, budgeting and financial reporting, grants and contracts, personnel and payroll, accounts payable and cash disbursements, purchasing, the control environment, and the accounting system. Additionally, Trilogy's Board Finance Committee is comprised of several finance experts, who meet once a month to review the previous month's financial results. Trilogy Annual Audits are completed within four months of year-end and have all been unqualified.

Trilogy is licensed by the Illinois Department of Human Services Division of Mental Health (DMH) as a Medicaid provider. Trilogy staff assists clients with enrolling in healthcare plans made available through the Affordable Care Act. Trilogy has provider contracts signed with eleven Managed Care Organizations. We continue to develop workflows and procedures to efficiently and accurately bill through these contracts. Trilogy's Vice President works closely with the Managed Care Department to oversee administrative needs of this area.

Government contracts and grants comprise 95% of Trilogy's funding. Through building strong relationships with a diverse range of funders including foundations, corporations, and individual donors, Trilogy works to strengthen and expand our current programming while developing innovative initiatives that further increase access to quality care for those we serve. Trilogy receives philanthropic support from foundations such as the Helen Brach Foundation, the Polk Bros Foundation, the Crown Family Foundation, and Baxter International Foundation. Trilogy also works to strengthen and expand our current programming while developing innovative initiatives that further increase access to quality care for those we serve. For example, Trilogy plans to build and sustain our Evanston Mental Health Care Coordinator through a combination of third party funding as well as seeking specialized grants.

#### **11. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?**

*All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.*

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

#### **12. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years?**

*Provide your staff to participant ratio and any requirements for program licensing or accreditation.*

There will be one staff member on this program. Ms. Rebecca Bossin, MSW, has been the Evanston Mental Health Care Coordinator since the funding from EMHB began in early 2017. Ms. Bossin has been with Trilogy for 2 years, gaining

significant experience working with adults with mental illness. She will be overseen by Trilogy's Director of Intake, Ms. Megan Miller, who has been with Trilogy for 5 years, including the last 2 as the Manager and then Director of Intake. Highlighting the importance of this program, Trilogy will frequently have its Chief Clinical Officer, Ms. Susan Doig, and/or Vice President, Ms. Samantha Handley, attend EMHB meetings and meet with EMHB staff.

No new or additional staff will be hired for this program. The position will not be retained as it currently exists without City funding, unless another public or private funding source replaces it. There still would be intake of Evanston residents seeking mental health services, as well as the provision of these services to eligible clients. There would, however, be significantly less outreach within the Evanston community to identify adults, and eventually children, youth, and adolescents, who would benefit from receiving a mental health assessment and services and support from Trilogy.

**13. Provide the name, email and phone number of the individual who attended the pre-application meeting.**  
Megan Miller, mmiller@trilogyinc.org, (773) 382-4005

**14. All organizations receiving CDBG 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." (City of Evanston applicants, enter 074390907)**  
040888943

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

- Yes
- No

**16. 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

**17. Where (address/location) does your program take place and how will clients get to the location or facility?**  
The Coordinator will be based at 565 Howard Street in Evanston which is accessible by train and bus. In addition, she has open access at the library and Hilda's Place and is available at Trilogy's main office in Rogers Park.

**18. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2018 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.**

*Enter the name and title of the individual submitting this application.*  
Samantha Handley, Vice President

## Budget

<b>Funding Sources/Revenues</b>	2017	2018	2018 Committed	
City of Evanston CDBG	\$ 0.00	\$ 0.00	\$ 0.00	
City of Evanston Mental Health Board Funds	\$ 30,000.00	\$ 30,000.00	\$ 0.00	
Medicaid Billing	\$ 31,300.00	\$ 31,300.00	\$ 0.00	
	\$ 0.00	\$ 0.00	\$ 0.00	
<b>Total</b>	<b>\$ 61,300.00</b>	<b>\$ 61,300.00</b>	<b>\$ 0.00</b>	

  

<b>Funding Uses/Expenses</b>	2017	2018 Total	2018 CDBG	2018 MHB
Mental Health Care Coordinator	\$ 40,000.00	\$ 40,000.00	\$ 0.00	\$ 20,000.00
Fringe Benefits	\$ 9,200.00	\$ 9,200.00	\$ 0.00	\$ 4,600.00
Telecommunications	\$ 900.00	\$ 900.00	\$ 0.00	\$ 450.00
Supplies	\$ 300.00	\$ 300.00	\$ 0.00	\$ 0.00
Occupancy	\$ 2,720.00	\$ 2,720.00	\$ 0.00	\$ 1,360.00
Training	\$ 1,000.00	\$ 1,000.00	\$ 0.00	\$ 0.00
Mileage Reimbursement	\$ 1,300.00	\$ 1,300.00	\$ 0.00	\$ 650.00
Administrative Costs	\$ 5,880.00	\$ 5,880.00	\$ 0.00	\$ 2,940.00
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Total</b>	<b>\$ 61,300.00</b>	<b>\$ 61,300.00</b>	<b>\$ 0.00</b>	<b>\$ 30,000.00</b>

## Budget Narrative

Trilogy's \$30,000 funding request to the Evanston Mental Health Board is the same as what we received in 2017. Additional funds to support the Evanston Mental Health Program are from Medicaid billings.

Expenses that are covered by the EMHB are the same as they are in the revised budget from 2017. This is for a 50% FTE Community Intake worker with a full-time equivalent salary of \$40,000/year Ms. Bossin will continue serving as Trilogy's Evanston Mental Health Care Coordinator in 2018. The Coordinator will serve only Evanston clients for the 50% of her salary funded by the EMHB.

Trilogy's fiscal year is from July 1 to June 30.

## Program Outcomes

### Program Outcomes

	Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	Complete mental health assessments for 60 Evanston residents.	Completed mental health assessments.	15	15	15	15	60					0
2	Complete 44 individual recovery plans and "soft handoff" of client to Trilogy recovery teams.	Completed individual recovery plans.	11	11	11	11	44					0
3	Refer 32 Evanston residents to outside service providers.	Completed outside referrals.	8	8	8	8	32					0
4	Have 40 Evanston residents visit the Trilogy Beacon, the organization's drop-in center.	Beacon attendance and use of facilities (computer lab, job search assistance, social activity, etc.).	10	10	10	10	40					0
5							0					0
<b>Total</b>			<b>44</b>	<b>44</b>	<b>44</b>	<b>44</b>	<b>176</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Program Line Item Expenditures

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
									\$
<b>Total</b>	<b>0</b>	<b>\$0</b>							

### Program Line Item Funding

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

### Documents

#### Documents Requested \*

#### Required? Attached Documents \*

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement and Form 990 for the most recent completed fiscal year.

[FY 2016 Audit](#)

[FY 2016 Form 990](#)

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

[FY 2016 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).

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2017 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2016 only if changed).

Brief biographies of key staff (NEW APPLICANTS and funded agencies with staff changes in 2017).

[Biographies of Key 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.

[Strategic Plan 2017-2020](#)

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](#)

2018 CDBG-MHB Application review Meeting Schedule. Please note that the order in which applications will be reviewed is not finalized.

[download template](#)

[Applicant Schedule](#)

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

[Intake - August 2017](#)

[Clinical Organization 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.

[2017 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 FY2017.

[Statement of Operating Revenues and Expenditures](#)

## Extra

**Please clarify the number of Evanston residents served. Program anticipates serving 290 Evanston residents in 2018. Other anticipated numbers are 60 Intake, 32 Referrals, 44 case management, and 40 drop in.**

Based on feedback from City of Evanston staff, we have revised our answer for Question 8 to reflect all people and Evanston residents who will be seen by the Evanston Mental Health Care Coordinator.

Unduplicated people to be served in 2018 – 325

Unduplicated Evanston residents to be served in 2018 – 75

Unduplicated low/moderate income people to be served in 2018 – 325

Unduplicated low/moderate income Evanston residents to be served in 2018 – 75

For unduplicated Evanston residents, this includes 60 people receiving intakes and assessments and 15 people who did not receive an intake and assessment, but were referred to other organizations for services.

In addition to the 75 Evanston residents, the Coordinator will see an additional 250 people, primarily Chicago residents, through her conducting intakes at Trilogy's open access sites (primarily in Rogers Park), going to hospitals for intakes with the Front Door Diversion Pilot Project, and performing case management duties.

### **What part of services does Medicaid cover?**

Medicaid will cover the time spent on the initial mental health assessments, individual recovery plans, and "soft hand off" of clients to other Trilogy services.

Medicaid, however, will clearly not cover these expenses if a potential client is not Medicaid eligible or not yet enrolled in Medicaid. Trilogy will use a portion of the EMHB funding to provide the above services (assessment, recovery plan, and referrals) to people from Evanston without insurance. We anticipate that there will be 5 to 10 Evanston residents who are not Medicaid eligible or not yet enrolled in Medicaid. The Coordinator will work with clients to get them enrolled in Medicaid if they are eligible.

The connections and ongoing communications with a wide range of Evanston individuals and groups that are so important in

identifying and reaching out to people who may be in need of mental health services are not covered by Medicaid. In addition, the initial contacts and relationship building with Evanston residents who may have mental illness is not covered by Medicaid.

**How do program services to 60 Evanston residents identified in Outcomes differ to services offered to the rest of the Evanston population projected to be served by program?**

The Evanston Mental Health Care Coordinator will conduct intensive outreach services throughout Evanston to reach out to residents who may have mental illness and in need of services that can be provided by Trilogy and/or other service providers. Sixty residents will receive an initial assessment conducted by the Coordinator or another Trilogy intake worker if the Coordinator is not available.

Of these 60 Evanston residents, we estimate that 44 will receive a primary mental health diagnosis. For these people, the Coordinator will develop an individual case management plan with support from the Trilogy team that the person will be referred to for further services. This assures that the hand off of the client from the Coordinator to other Trilogy staff is done in a way that best supports the new client.

Services to all Trilogy clients, including the 44 Evanston residents that are part of this program and become Trilogy clients, include the wide range of services offered by Trilogy - primary health care, psychiatric care, therapy, residential support, supported employment, substance use treatment, and peer support. Therefore, services to Evanston residents, once they become Trilogy clients, do not differ from services provided to other clients.

**Are the 60 Evanston residents projected to receive program services in 2018 unduplicated from 2017 people served?**

Yes, though with the revisions in the table for Question 8 of the application, we are now listing 75 Evanston residents as receiving program services, as explained in the first Extra question above.

**Who received the Mental Health First Aid training?**

Trilogy did a training for 25 Evanston city employees in 2016, prior to receiving the grant from the Evanston Community Foundation (ECF).

The funding from ECF is beginning in July 2017. Trilogy has trainings in Evanston scheduled on September 29, October 13, and October 28. Anyone who lives and/or works in Evanston is invited to attend. These MHFA sessions have been marketed to not-for-profit organizations, the Evanston Public Library, Erie Family Health Center, City of Evanston employees, and District 65.

Trilogy also may offer a MHFA training at Northwestern in the spring.

**Why do you expect to serve fewer clients in 2018?**

Trilogy expects to serve more clients in 2018 than in 2017. For example, we listed 75 intake clients expected to be served in 2018, compared with 60 in 2017.

**Please provide more information about the partnership with Presence that emerged in 2017.**

Trilogy has partnered since Spring 2017 with Presence at the Evanston Public Library to provide intake and linkage services to Evanston residents and individuals. The Evanston Public Library social worker identified the mental health needs of the patrons coming to the library, specifically for intensive community supports to provide linkage to services in the community of their choice. There appeared to be a gap in services for homeless people with mental health needs given their transient lifestyle, along with other factors.

One key element to providing services was to create a consistent presence at the library to establish rapport and build trust as many individuals have experienced stigma regarding their mental health issues. Trilogy started Open Access hours every Thursday, initially from 11am to 1pm, with the hours later changed to 1pm-3pm to reach a larger crowd. This was from feedback given by the social worker at the library based on the frequency of patron attendance. The social worker also emphasized the importance of establishing a presence by walking around the library and creating opportunities for conversation to create a higher level of rapport and comfort, especially with regard to library patrons, who may be in need of mental health care, obtaining mental health services and support.

Trilogy e-mails Presence monthly to obtain any information about potential referrals. To date, we have not received any referrals outside that of the linkages from the library.

**How many clients has the Evanston Mental Health Care Coordinator worked with to date who have no form of insurance?**

Nearly all of the people that we have seen have had insurance.

Beginning in the 3rd quarter of 2017, we are broadening the scope of services to include people without insurance. We are moving forward with uninsured people to help them complete the Medicaid Application. We have seen one person without insurance in the last month, and we're assisting him with enrolling for Medicaid.

The vast majority (at least 90%) of the people that we have been in contact with are on Medicaid. We expect that during 2018, 5 people will be without insurance when we begin working with them. Trilogy will help these people enroll for Medicaid, conduct an initial assessment, and start basic mental health services while we wait for them to be enrolled in Medicaid.

**Describe outreach efforts of Mental Health Care Coordinator.**

The Coordinator has designated hours set aside each week to conduct outreach activities at different agencies in Evanston. These outreach efforts are designed to share information about Trilogy and to find out ways in which we can help support the community needs through a variety of channels. Through those outreach efforts, the Coordinator has been able to provide information to the community about our presence at the Library and establish relationships for potential future partnerships. Outreach efforts have included churches, pantries, various community agencies, Erie Family Health Clinic, the YWCA, Northwestern, and downtown businesses. The Coordinator has also attended the Refugee Task Force meetings to better understand the needs and specific supports of the refugee populations.

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

Application ID: 86000

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City of Evanston  
Community Development  
**2018 CDBG Public Services & Mental Health Board - City of Evanston**  
8/18/2017 deadline

## Center for Independent Futures Supporting Individuals with Intellectual/Developmental Disabilities and Mental Health Needs

**\$ 14,320.00** Requested  
\$ 14,320 MHB Request

Submitted: 8/18/2017 9:50:40 AM (Pacific)

### Project Contact

Gerilyn Miller-Brown  
[gmliller-brown@independentfutures.com](mailto:gmliller-brown@independentfutures.com)  
Tel: 847-328-2044

### Additional Contacts

*none entered*

### Center for Independent Futures

1015 Davis St.  
Evanston, IL 60201

### Executive Director

Ann Sickon  
[asickon@independentfutures.com](mailto:asickon@independentfutures.com)

Telephone 847-328-2044  
Fax 847-328-2665  
Web [www.independentfutures.com](http://www.independentfutures.com)  
EIN 36-4492994  
DUNS 112474973  
SAM  
Expires

## Pre-Application (Letter of Intent)

### All Applicants Complete Questions 1-8 and attach Documents

#### 1. Organization Name and Program for which you are requesting funding.

Center for Independent Futures: Supporting Individuals with Intellectual/Developmental Disabilities and Mental Health Needs

#### 2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Other:

#### 3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

#### 4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

*Attach the list of local board members as well as the parent organization board below.*

NA

#### 5. Is your organization accredited?

- Yes
- No

#### 6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.

NA

**7. People served:**

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other:

**8. 2018 Funding Requested from the City of Evanston**

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

	CDBG
14320	MHB (Human Services Fund)
14,320.00	<b>TOTAL</b>

**9. Funding request is:**

Programs funded in 2017 should be classified as renewal even if amount requested is different from 2017 grant.

- Renewal of 2017 CDBG funding
- Renewal of 2017 MHB funding
- New request for CDBG
- New request for MHB

**New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)**

**10. NEW APPLICANTS OR AGENCIES FUNDED IN 2016 APPLYING FOR A PROGRAM NOT FUNDED IN 2017 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."**

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

**11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.**

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

NA

**Documents Requested \***

**Required? Attached Documents \***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).



[CIF - 2017 Budget Overview](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards

[CIF - Board of Directors](#)

REQUIRED FOR EXTERNAL APPLICANTS 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

[CIF - Conflict of Interest Disclosure](#)

[download template](#)

**Application Questions**

**1. Who participates in or benefits from the program or services? Describe them in terms of age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Detail any eligibility requirements.**

*Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.*

Center for Independent Futures (CIF) has built and supports a growing community of young adults with varied disabilities living independently within and near Evanston. They include 60 young adults receiving 1:1 Life Skills Tutoring (some also living in CIF supported community living residences), and another 50+ attending CIF activities. About 40% of CIF participants have a mental health dual diagnosis, and experience behavioral and emotional challenges that impact their community and work participation, family and peer relationships, and quality of life.

FY2017 Mental Health Board grant funding has been instrumental in enabling CIF to offer programs and services that address participant mental health issues. This funding has enabled facilitation of Conflict Resolution Group, including monthly facilitation by a licensed clinical psychologist, to help participants build strategies for managing and deescalating interpersonal conflict. It has also enabled facilitation of Social Hour and other free CIF drop-in programming, to help participants expand social connections for reducing social isolation, loneliness and depression. To date in 2017, CIF has supported the mental health needs of 40+ participants through Conflict Resolution Group and Social Hour drop-ins, and anticipates serving a total of 56 participants by year end.

For FY2018, CIF proposes offering expanded programming for individuals with disabilities and mental health needs, and projects serving 65 participants. This will enable continuity of service to those currently supported through FY2017 MHB funded programming, plus engagement of new individuals. We expect FY2018 client demographics to closely mirror demographics of FY2017 clients served. As such, all individuals would be Evanston residents age 18-64, about half-and-half male and female. All would have an intellectual/developmental disability, such as Autism, Down Syndrome, cerebral palsy, Fragile X/other genetic disorder, profound learning disability, etc. Many will have a mental health dual diagnosis. Race/ethnic mix would be approximately 40% White, 37% Black-African American, 15% Hispanic, 5% Asian, and 3% Other Multi-Racial. Regarding income status, approximately 70% would be from "very low income" households (less than 30% of median income), 20% from "low income" households (less than 50% of median income), and 10% from "moderate and higher income households." Some individuals would be from female-headed households, and a few may be homeless.

Of participants age 22+ living independently in community, the majority to be served through FY2018 MHB funding would be at poverty level, un/underemployed, unmarried and living alone. Reflecting the mix of ETHS transition students currently served through FY2017 MHB funding, the majority to be served in FY2018 would be Black-African American from "very low" and "low" income households (most receiving free-and-reduced lunch).

There would be no eligibility requirements for programs and services to be provided through FY2018 MHB funding.

**2. Describe your program, including the need(s) that it addresses. Describe specific components or services within the program. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.**

*If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses.* Nationally, 33% of individuals with intellectual/developmental disabilities are dually diagnosed with mental illness. Many are socially isolated, 25% have no friends (only paid staff and family) and 40% feel lonely at least half the time (National Core Indicators), increasing their vulnerability to underlying mental illness. Many lack interpersonal skills and self-regulating behaviors, leading to conflict escalation and need for crisis intervention. Those with chronic and acute mental illness require episodic crisis intervention and coordination with their mental health care team.

Separate mental health and disability service systems leave many underserved. Illinois' disability services system leaves 19,000+ waitlisted for services on the PUNS Active list, including 5,600+ with emergency/critical need for Behavioral Supports (<http://www.dhs.state.il.us/page.aspx?item=51905>). While most with disabilities are Medicaid-eligible, finding a mental health practitioner accepting Medicaid is hard. Few clinicians are trained to recognize mental illness in those with disabilities, and often attribute presenting behaviors as developmental delay rather than underlying mental illness. Few, too, have worked with individuals with speech, language and cognitive challenges.

CIF is grateful for having received FY2017 MHB funding. Through Conflict Resolution Group, participants are learning to use positive strategies for handling interpersonal conflict. Attendance is strong in Social Hour for adults age 25+, and is growing regarding pilot afterschool Social Hour and drop-in programming for ETHS transition students and recent graduates age 18-24. Transition students have few social connections apart from school peers. This programming offers them a safe and welcoming community space to connect and build social skills, and provides recent graduates a much needed lifeline for engaging with former classmates. Program need is high, as students with disabilities exit special education with few programs or services to help them adjust to adult living, leaving many isolated, lonely and prone to depression.

40% of CIF participants with disabilities have a mental health dual diagnosis. For FY2018, we propose expanding programs and services that address their mental health needs, and serving additional individuals. Through leveraging an earmarked donation, a grant-funded project, specific fee-for-service dollars, and MHB funding, our program would include:

- Conflict Resolution Group facilitated 1 hour a week by a licensed clinical psychologist, and supported 4+ hours a week by a CIF facilitator to help participants process and practice learned strategies for managing conflict. Increasing clinician

intervention from monthly to weekly increases group focus and participant progress.

- Social Hour, Walking Club and other free weekly/monthly drop-in programming for transition students and young adults living in community, to reduce social isolation, loneliness and depression.
- Afterschool Volunteer Club, provided free and monthly for ETHS transition students, to build self-esteem and social connection through community service for local nonprofits.
- Ongoing and episodic Crisis Management/Intervention, to address participant chronic and acute mental health issues.
- 4 staff in-service trainings by experts on anger, borderline personality, schizoaffective disorder, hoarding, etc., to expand staff skills for supporting participant mental health issue

**3. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.**

*Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.*

<input type="text"/>	Intake/assessment
<input type="text"/>	Referrals
<input type="text"/>	Individual case management plan/services
<input type="text"/>	6 Services delivered on an individual basis (e.g. home delivered meals)
<input type="text"/>	One time event or activity (e.g. field trips, tax preparation)
<input type="text"/>	9 Multi-session program (e.g. after school program)
<input type="text"/>	Focused topic activities (e.g. workshops, trainings)
<input type="text"/>	50 Drop in services (e.g. computer lab, tutoring, help desk)
<input type="text"/>	Phone or online help (e.g. 24-hour help lines)
<input type="text" value="65.00"/>	<b>TOTAL</b>

**4. How long has your program existed and how has it grown or changed? How long do you expect to continue providing this service.**

CIF staff continues to support sizeable numbers of individuals with disabilities impacted by chronic and acute mental health issues. Our MHB-funded programs and services complement what is provided for these individuals by the traditional mental health system.

Conflict Resolution Group was begun in 2016 to support a close-knit group of 6 individuals with disabilities and mental health challenges in building strategies to manage anxiety and interpersonal conflict. This group has expanded to 9 individuals, and there is growing interest in forming additional therapy groups.

Social Hour for adults with disabilities age 25+ was begun in 2012, now drawing an average of 20 participants a month and unduplicated count of 50 a year. Social Hour for ETHS transition students and recent graduates, ages 18-24, was begun in 2017, averaging 15 students per program with interest growing. There were 24 ETHS transition students this past school year, and higher numbers projected for 2017-18, generating higher anticipated program participation. Walking Club engages all ages and was begun in 2017. These free drop-in programs keep individuals with disabilities engaged in community with peers to alleviate social isolation, loneliness and depression.

Volunteer Club for ETHS transition students is new, with programming beginning fall 2017 through an ECF Responsive Grant. It expands our free drop-in programming for transition age individuals with disabilities, and is modeled on our very popular Volunteer Club for adults age 25+ begun in 2012. This programming brings individuals with disabilities and community members together in volunteer projects for local nonprofits, building self-esteem and reducing social isolation.

CIF staff work 1:1 with 60 direct service participants. For those with chronic or acute mental health conditions, staff collaborate with their medical and mental health providers, and provide crisis management and crisis intervention, as needed. This support can be ongoing or episodic, and is vital in helping individuals maintain/regain their community and work participation, relationships and quality of life.

To expand direct services staff's skills in supporting acute and chronic mental illness, 4 in-service trainings by experts on anger, borderline personality, schizoaffective disorder, hoarding, etc. will be provided. CIF is invested in its staff's development and will engage its full and part-time direct services staff in these trainings.

**5. Do you maintain a wait list? If yes, provide its size and the average length of wait time for services. If no, describe any resources, including referrals, provided to individuals you are not able to serve.**

Currently, there is no wait list for these programs and services. We have collaborative relationships with Turning Point, Thresholds, Josselyn Center and Peer Services. Should we reach a point where we are unable to meet demand for service, we would refer individuals to these agencies, as appropriate, and stay engaged in their plan of care.

**6. What other agencies address this need, how do you collaborate with them 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.*

CIF collaborates with traditional mental health agencies and therapists on behalf of individuals mutually served, as a partner in their care. Numerous CIF participants are currently served by Turning Point and Albany Care. Additionally, CIF has collaborative relationships with Turning Point, Thresholds, Josselyn Center and Peer Services.

In this regard, CIF's role is complementary rather than duplicative. It supports the mental health needs of the disability population in its many complexities, and in ways most traditional mental health care practitioners have been unable to do. CIF staff is knowledgeable about behaviors and functional challenges associated with various disabilities. They also understand how social stigma and low expectation of those with disabilities negatively impact self-worth and self-esteem. In this regard, CIF staff can often help distinguish between behaviors stemming from disability and/or societal stigma, from those associated with underlying mental illness.

CIF values this complementary role of supporting individuals with disabilities dually diagnosed with mental health conditions, providing a level of expertise and awareness generally not found within the traditional mental health care field.

**7. Describe program goals and outcomes you anticipate in 2018, including any change from 2017. What data are collected and used to analyze your program and measure success? Who is responsible for ensuring the program is implemented as planned?**

Executive Director, Ann Sickon, and Program Director, Megan Madigan, will provide project leadership, oversight and supervision to ensure that programs and services are implemented as intended.

Conflict Resolution Group outcomes are measured through participant responses to a Conflict Resolution Self Questionnaire developed by the clinical psychologist working with Conflict Resolution Group this year. It will continue to be used to track outcomes and as baseline data.

Goal: To reduce needed engagement of CIF staff or public service personnel for diffusing participants' escalating anxiety and conflict, as measured by participants' efforts to better control escalating emotions and interactions on their own.

Outcomes: 6 of 9 Conflict Resolution Group participants will better manage escalating anxiety and conflict on their own 50% of the time encountered.

Indicator: Decreased incidence of escalating negative behaviors and decreased frequency of needed crisis intervention.

Goal: To expand participants' strategies for self-regulating anxiety and conflict, as measured by their use of more appropriate behaviors and communication approaches.

Outcomes: 6 of 9 Conflict Resolution Group participants will better manage anxiety and conflict 50% of the time encountered utilizing learned strategies.

Indicator: Participant self-report of exercising more appropriate behaviors and communication approaches for managing anxiety and conflict – per Conflict Resolution Self Questionnaire.

Goal: To reduce participants' social isolation and risk of loneliness and depression, as evidenced by their increasing and sustaining social connections.

Outcomes: 75% of 50 participants attending Social Hour and other free CIF drop-in programming will engage with group peers within the community.

Indicator: Participant self-report of engaging with group peers apart from CIF-facilitated programming.

Goal: To expand direct services staff's skills for supporting acute and chronic mental illness, as measured by their scores on pre-post learning indicators, and implementation of learned interventions.

Outcomes: 100% of 30 staff attending mental health in-service trainings will demonstrate expanded knowledge of mental health issues and interventions.

Indicator (How was success measured?) Comparison of scores on pre-post learning indicators, and implementation of learned interventions. (Target of 30 staff to be met each in-service training).

**8. Complete the chart below with the unduplicated total of people you expect to serve in 2018, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2017.**

*Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2017 must show an increase in people served if applying for an increase in CDBG funding.*

Unduplicated people to be served in 2018

Unduplicated Evanston residents to be served in 2018

Unduplicated low/moderate income people to be served in 2018

65	Unduplicated low/moderate income Evanston residents to be served in 2018
56	Unduplicated people served in 2017
56	Unduplicated Evanston residents served in 2017
56	Unduplicated low/moderate income people served in 2017
56	Unduplicated low/moderate Evanston residents served in 2017
484.00	<b>TOTAL</b>

**9. Provide a summary of your organization's mission including organizational structure, size and functions of the board, and any significant changes in the last year. Attach current Strategic Plan on the Documents tab.**

*City of Evanston applicants, enter "NA."*

Center for Independent Futures upholds a vision for the future where individuals with disabilities have access to all opportunities of a full life. Regarding mission, Center for Independent Futures creates innovative product and service models that give individuals with disabilities and their families the skills and opportunities to realize full lives.

CIF has been a part of Evanston since 2002 supporting individuals with disabilities in living full lives within community. Its person-centered service models help individuals pursue hopes and dreams for the future, and build life skills, natural supports and social connections for increased independence, community engagement and quality of life.

CIF's Full Life Process™ helps individuals identify hopes and dreams, set goals, and create action plans for achieving them. Life Skills Tutors help individuals learn skills and gain new experiences for independent living. A person-centered employment process matches an individual's skills and interests to employer need, and cultivates natural supports to promote job success. In 4 Evanston residences, individuals are supported to live independently and participate in community. CIF's Community Connectors and Bridge Builders Program pairs individuals with and without disabilities based on shared interests, facilitating inclusion of individuals with disabilities in mainstream groups, hobbies and volunteer roles. Ongoing social, cultural and educational activities offer opportunities to socialize and explore new interests, reducing social isolation. Conflict Resolution Group and crisis management/intervention supports are also provided.

CIF also collaborates with schools, agencies and organizations helping them implement its best-practice models. At Evanston Township High School, CIF helps transition students with disabilities increase preparedness for community living after graduation. Throughout the country, CIF helps families create housing options for individuals with disabilities in their own neighborhoods through a step-by-step process to create community partnerships. And, it is developing web-based and Spanish-language tools for a wider diversity of individuals and families.

CIF serves hundreds of individuals with a range of disabilities (Autism, Down syndrome, Cerebral Palsy, learning disability, etc.) within the Chicagoland area, across Illinois and nationally, youth to adult, and of varied ethnicities/income levels. Locally, CIF serves a growing community of individuals with disabilities living independently within Evanston. 40% have a mental health dual diagnosis, and the majority are low income.

Organizationally, CIF has 4 primary areas of operation: Program (direct service, housing, employment, activities); Schools and Agencies (implementation of CIF models); Operations (HR, finance, development, marketing); and Special Projects.

CIF has 40 staff (FT, PT and consultative): includes 23 Evanston residents; 3 Hispanic; 3 Black; 1 Asian; 1 multi-racial.

CIF currently has a dedicated and talented 12-member Board of Directors, with 4 subcommittees: Development; Governance; HR and Finance. They set policy and strategic direction, are fiduciaries of the organization's financial and legal interests, evaluate organizational performance and progress, fundraise, and are ambassadors to raise awareness on behalf of CIF for supporting individuals with disabilities in building full lives within community.

**10. Describe your agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.**

*CDBG applicants, 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 Resource Library).*

CIF has proven expertise and years of experience developing innovative best-practices and collaborative relationships in supporting individuals with varied disabilities, and is among a handful of organizations providing high-level customized supports and services to address individual needs. Staff has backgrounds in special education, psychology, social work, healthcare and vocational rehabilitation, and supports individuals with disabilities dually diagnosed with anxiety, depression and other mental health issues. CIF is increasingly sought for its expertise, innovative approaches, and person-centered models, and is a valued resource to many agencies, schools, organizations and families.

CIF has proven experience with federal record keeping, eligible uses of federal funds, procurement and other requirements per "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards." It has received and fiscally managed Illinois Council on Developmental Disabilities federal grant dollars, as well as flow-through federal funds

through the Illinois Department of Human Services. Additionally, CIF complies with FY2017 MHB record keeping and reporting specifications.

CIF maintains customary and accurate accounting and record keeping systems, and undergoes an annual audit by a certified accounting firm. In this regard, its auditor for FY2015 and FY2016, stated, "in our opinion, the financial position of Center for Independent Futures as of December 31, 2016 and 2015, and the changes in net assets and its cash flows for the years then ended, are in conformity with accounting principles generally accepted in the United States of America."

**11. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?**

*All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.*

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

**12. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years?**

*Provide your staff to participant ratio and any requirements for program licensing or accreditation.*

Mental Health Board funded programs and services would be implemented by a team of 7 CIF staff and 1 consultant licensed clinical psychologist, who provide strong qualifications and experience for this work with this dually diagnosed population.

Executive Director, Ann Sickon, provides strong leadership and program oversight, and has experience in community health nursing, conflict resolution and mediation. Program Director, Megan Madigan, provides supervision and program management, and has 9 years of direct service experience supporting individuals with disabilities dually diagnosed with mental illness, and collaborating with mental health providers engaged in their care.

Conflict Resolution Group will have a staff to participant ratio of 2:9. Dr. Samantha Fox, Psy. D., who began working with this group in 2017, will provide 1 hour weekly group psychotherapy and psychoeducation. CIF facilitator, Joe Jackson, will provide 4+ hours of facilitation a week to help participants process and practice learned strategies for managing conflict. He has 15 years of experience working with individuals with disabilities dually diagnosed with anxiety, depression, bi-polar, schizoaffective and other mental health issues, and completed both Individual Rights training and Conflict Resolution training. Both Dr. Fox and Joe have worked collaboratively in facilitating Conflict Resolution Group in 2017.

Social Hour for age 25+ and other adult community drop-in programming will be led by CIF Activities Director, Jeff Morthorst. Jeff facilitates groups, as well as connections among individuals, to reduce social isolation. Transition programming will be led by CIF School Consultation staff, Sharon Purdy. Sharon is a special educator who supports students in transition planning, self-advocacy and building of life skills. She has years of experience helping students with varied disabilities, behavioral challenges, and mental health issues. Additional program staff will help facilitate these programs, yielding a staff to participant ratio averaging 1:10.

1:1 Crisis Management/Intervention will be facilitated by 5 CIF staff who support individuals dually diagnosed with borderline personality disorder, chronic anxiety, depression, schizophrenia, and other mental health conditions. Megan Madigan has 9 years of experience providing life skills tutoring and community building to individuals with disabilities dually diagnosed with mental illness; Joe Jackson has 15 years of experience working with individuals with disabilities dually diagnosed with mental health issues, and completed both Individual Rights and Conflict Resolution training; Rob Larson has 10 years of experience providing life skills tutoring and supports to individuals with disabilities dually diagnosed with mental health issues; Jeff Morthorst is a Certified Nurse Assistant with 10 years of experience providing life skills tutoring and supports to individuals with disabilities dually diagnosed with mental health issues; Cynthia Witherspoon is a special educator with years of experience working with individuals with varied disabilities, behavioral challenges, and mental health challenges, including students with IEPs and adults living in community.

Seven CIF staff engaged in program implementation will be retained beyond this funding. One licensed clinical therapist would be hired as an independent contractor. Her ongoing engagement would be dependent on continued funding.

**13. Provide the name, email and phone number of the individual who attended the pre-application meeting.**

Gerilyn Miller-Brown; gmilller-brown@independentfutures.com; 847-328-2044

**14. All organizations receiving CDBG 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." (City of Evanston applicants, enter 074390907)**

112474973

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

✓ Yes

⊖ No

**16. 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

**17. Where (address/location) does your program take place and how will clients get to the location or facility?**  
Programs and services take place at CIF (1015 Davis St.), its HUB 930 venue (930 Chicago Ave.) and within Evanston. Participants are supported in accessing public transportation and using handicapped-accessible Metra and CTA bus/train routes.

**18. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2018 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.**

*Enter the name and title of the individual submitting this application.*

Ann Sickon, Executive Director

## Budget

<b>Funding Sources/Revenues</b>	2017	2018	2018 Committed	
City of Evanston CDBG				
City of Evanston MHB (#4043 Chart of Accounts)	\$ 7,500.00	\$ 14,320.00		
Development (#4000 Chart of Accounts)	\$ 2,000.00	\$ 18,509.00	\$ 6,000.00	
Grants (#4040 Chart of Accounts)		\$ 8,500.00	\$ 8,500.00	
Personal Support Services (#4125 Chart of Accts)		\$ 6,000.00		
<b>Total</b>	<b>\$ 9,500.00</b>	<b>\$ 47,329.00</b>	<b>\$ 14,500.00</b>	

  

<b>Funding Uses/Expenses</b>	2017	2018 Total	2018 CDBG	2018 MHB
Salaries (#5010 Chart of Accounts)	\$ 8,893.60	\$ 39,359.00		\$ 13,852.00
Fringes @ 8% (#5015 Chart of Accounts)	\$ 606.40	\$ 2,686.00		\$ 468.00
Occupancy (#5310 & #5320 Chart of Accounts)	\$ 0.00	\$ 1,080.00		\$ 0.00
Administration @ 10% (#5400 Chart of Accounts)	\$ 0.00	\$ 4,204.00		\$ 0.00
<b>Total</b>	<b>\$ 9,500.00</b>	<b>\$ 47,329.00</b>	<b>\$ 0.00</b>	<b>\$ 14,320.00</b>

## Budget Narrative

CIF's Fiscal Year is January – December.

FY2018 Program Budget is \$47,329.

\$14,320 in FY2018 Mental Health Board funding is requested for staffing costs regarding Conflict Resolution Group, and Social Hour for adults age 25+.

\$13,000 for Conflict Resolution Group.

Licensed Clinical Psychologist/independent contractor (\$160/hr x 50 weeks = \$8000).

CIF Facilitator/current staff member (\$25/hr x 4 hrs/week x 50 weeks = \$5000).

Please note: Increasing clinical psychologist intervention, from monthly to weekly, is intended to increase group focus and participant progress. Most individuals with disabilities live at or near poverty level on public benefits, and are un/underemployed. While they would benefit from weekly group intervention, they would be unable to afford the cost.

\$1320 for Social Hour for adults age 25+.

(2 staff x \$20/hr x 12 programs a year x 2.75 hrs each = \$1320)

\$15,725 for various Transition drop-in programming.

(2 staff x \$20/hr x 7.5-8.0 hrs a week x 50 weeks = \$15,725)

\$6000 for Crisis Management/Intervention.

(5 staff x \$20/hr x 15 hrs per quarter x 4 quarters = \$6000)

\$6000 for 4 In-Service Trainings on mental health issues.  
 Staff attendance (30 staff x \$20/hr x 2.25 hrs x 4 trainings = \$5400)  
 Honorariums (\$150 each x 4 trainers = \$600)

CIF will cover occupancy and administrative costs in-kind.

\$1080 for Occupancy.  
 (\$3600/20 days/half of office space = \$90/day)  
 Average of 1 day a month for all programs (\$90/day x 12 months = \$1080)

\$4204 for Administrative Overhead @ 10%.

## Program Outcomes

### Program Outcomes

	Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	6 of 9 Conflict Resolution Group participants will better manage escalating anxiety and conflict on their own 50% of the time encountered.	Decreased incidence of escalating negative behaviors and decreased frequency of needed crisis intervention.	2	2	1	1	6					0
2	6 of 9 Conflict Resolution Group participants will better manage anxiety and conflict 50% of the time encountered utilizing learned strategies.	Participant self-report of exercising more appropriate behaviors and communication approaches for managing anxiety and conflict -- per Conflict Resolution Self Questionnaire.	2	2	1	1	6					0
3	75% (38) of 50 participants attending Social Hour and other free CIF drop-in programming will engage with group peers within the community.	Participant self-report of engaging with group peers apart from CIF-facilitated programming.	10	10	10	8	38					0
4	100% of 30 staff attending mental health in-service trainings will demonstrate expanded knowledge of mental health issues and interventions.	Comparison of scores on pre-post learning indicators, and implementation of learned interventions. (Target of 30 staff to be met each in-service training).	30	30	30	30	120					0
5							0					0
<b>Total</b>			<b>44</b>	<b>44</b>	<b>42</b>	<b>40</b>	<b>170</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Program Line Item Expenditures

Budget CDBG Funds MHB Funds Q1 Jan-Mar Q2 Apr-Jun Q3 Jul-Sep Q4 Oct-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
										\$
<b>Total</b>	<b>0</b>	<b>\$0</b>								

### Program Line Item Funding

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

### Documents

#### Documents Requested \*

REQUIRED FOR ALL EXTERNAL APPLICANTS.  
Audited financial statement 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.

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).

#### Required? Attached Documents \*

[CIF - 2015-2016 Audited Financials & 2016 Form 990](#)

[CIF 2016 Annual Report](#)

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2017 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2016 only if changed).

Brief biographies of key staff (NEW APPLICANTS and funded agencies with staff changes in 2017).

[CIF - Key Staff Bios FY2018](#)

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.

[CIF - 2016-2018 Operational Goals](#)

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

[CIF - Intake Form for MHB funded services](#)

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

[download template](#)

2018 CDBG-MHB Application review Meeting Schedule. Please note that the order in which applications will be reviewed is not finalized.

[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.

[CIF - Project Org Chart FY2018](#)

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.

[CIF - Chart of Accounts 2017](#)

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 FY2017.

[CIF - 2016 P&L](#)

## Extra

**The agency is projecting an increase to the program budget from \$9,500 to over \$43,000. Please explain new sources of funding and levels of commitments.**

CIF serves 60 direct service participants and over 50 activities participants, nearly all Evanston residents. 40% of these adults with IDD have a mental health dual diagnosis. We are committed to offering a range of mental health supports to help them live full and productive lives within our community.

Additionally, we collaborate with ETHS and Transition House in helping students with IDD build readiness for adult community living. There are 31 Transition House students this 2017-2018 school year. Many transition students lack social connection, exit special education without programs or services to support adult living, and experience social isolation, loneliness and depression. As a community resource, CIF is committed to offering programming for enabling current Transition House students to build valuable connections and social skills, and for enabling recent Transition House graduates to stay engaged with peers.

A combination of existing and new funding sources would be used in FY2018 to address the mental health needs of individuals with IDD. This includes both recurring and one-time funding sources. Crisis management/intervention will be provided, as needed, to direct service participants with annual service contracts through fee-for-service. Four staff in-service trainings on mental health issues will be provided through a one-time restricted donation. This training will build staff capacity for ongoing implementation of learned strategies. A new Volunteer Club for ETHS transition students begins fall 2017 through an Evanston Community Foundation 2017-2018 Responsive Grant. Along with building skills and self-esteem, it will expand connections and reduce social isolation for these students. CIF Development dollars will fund Social Hour, Walking Club and other free drop-in programming for transition students, to reduce social isolation, loneliness and depression.

MHB funds are sought for facilitation of Conflict Resolution Group 1 hour a week by a licensed clinical psychologist, and supported 4+ hours a week by a CIF facilitator to reinforce learned strategies for managing conflict. MHB funds are also sought for adult Social Hour programming.

CIF is committed to supporting those dually diagnosed with IDD and mental illness in living full and productive lives within our community. We would like to sustain and grow capacity for addressing the mental health needs of the disability population within Evanston, and will continue to pursue grant and donor support in this regard.

**How many staff members who serve Evanston clients are involved in Objective #4: 100% of 30 staff attending mental health in-service trainings will demonstrate expanded knowledge of mental health issues and interventions.**

All 30 staff members will be serving Evanston residents.

**How many individuals over 65 years of age were served last year?**

0

**Budget-Revenue Sources-What sources make up Support Services Revenue?**

Support Services Revenue represents fee-for-service through participant service contracts. It will fund crisis management/intervention, as needed, for individuals with a current service contract.

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

Application ID: 86925

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City of Evanston  
Community Development  
**2018 CDBG Public Services & Mental Health Board - City of Evanston**  
8/18/2017 deadline

## Childcare Network of Evanston Learning Together

**\$ 40,000.00** Requested  
\$ 40,000 MHB Request

Submitted: 8/17/2017 1:21:05 PM (Pacific)

### Project Contact

Carol Teske  
[deepam@childcarenetworkofevanston.org](mailto:deepam@childcarenetworkofevanston.org)  
Tel: (847) 475-2661

### Additional Contacts

[teskec@childcarenetworkofevanston.org](mailto:teskec@childcarenetworkofevanston.org)  
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### Childcare Network of Evanston

1335 Dodge  
Evanston, IL 60201  
United States

### Interim Executive Director

Carol Teske  
[teskec@childcarenetworkofevanston.org](mailto:teskec@childcarenetworkofevanston.org)

Telephone 8474752661

Fax 8474752699

Web <http://www.childcarenetworkofevanston.org/>

EIN 23-7108030

DUNS 859013336

SAM

Expires 10/17/2017

## Pre-Application (Letter of Intent)

### All Applicants Complete Questions 1-8 and attach Documents

#### 1. Organization Name and Program for which you are requesting funding.

Childcare Network of Evanston - Learning Together

#### 2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Other:

#### 3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

#### 4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

Attach the list of local board members as well as the parent organization board below.

NA

#### 5. Is your organization accredited?

- Yes
- No

#### 6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.

NA

#### 7. People served:

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years

€ Other:

**8. 2018 Funding Requested from the City of Evanston**

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

	CDBG
40,000	MHB (Human Services Fund)
40,000.00	<b>TOTAL</b>

**9. Funding request is:**

Programs funded in 2017 should be classified as renewal even if amount requested is different from 2017 grant.

- € Renewal of 2017 CDBG funding
- ✓ Renewal of 2017 MHB funding
- € New request for CDBG
- € New request for MHB

**New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)**

**10. NEW APPLICANTS OR AGENCIES FUNDED IN 2016 APPLYING FOR A PROGRAM NOT FUNDED IN 2017 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."**

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

**11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.**

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

NA

**Documents Requested \***

**Required? Attached Documents \***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).



[CNE Budget 2017-18](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards

[CNE Board of Directors](#)

REQUIRED FOR EXTERNAL APPLICANTS 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

[CNE Conflict of Interest](#)

[download template](#)

**Application Questions**

**1. Who participates in or benefits from the program or services? Describe them in terms of age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Detail any eligibility requirements.**

Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.

Learning Together ("LT") provides mental health therapeutic services and supports to 3- to 5-year old children from low and moderate income families in Evanston who are enrolled in a full-day preschool where LT is offered. Each year, LT supports approximately 105 unduplicated individual children with LT services, 57% whom are African-American, 27% Caucasian, 12% Hispanic, 3% Asian, and 1% are identified as being of "other" races. In 2016, 60% of children served were from single-parent households that are primarily female-headed, 1% identified as homeless, and 82% identified as having children with disabilities or special needs. In 2016, 72% of children served came from families whose income was very low to low (based on the "median area household income" criteria), 20% of children served came from families whose income was moderate, and 8% of children served came from families whose income was not low/moderate. Over the years, approximately 75% of children served are male and 25% are female.

Eligibility for the program is based on the need for these specialized and innovative services. Children are identified as needing LT support by their teacher, an LT consultant, or a family member. After obtaining parent consent for service, an LT consultant observes the child and an intervention plan is developed collaboratively with the teacher and parent if possible. Children receiving LT support generally present with one or more of the following: social-emotional challenges, aggressive behavior, self-harming behaviors, self-regulation difficulties, trauma-related problems, excessive tantrums, sadness/depressed mood, socialization issues, difficulty with transitions, withdrawal/lack of engagement, developmental regression, and developmental delays. Addressing these issues in young children is critical to improving their chances for future success, which is why funding for a program like LT is so important.

LT is impacting the three key players in the learning process at their point of greatest need by bringing services directly to children, teachers, and families in their natural environment. The results are not only efficient and cost-effective, but also long-lasting. The LT program teaches important self-regulation skills to children, who are then better prepared for kindergarten, and schools are thus better positioned to maximize students' learning.

**2. Describe your program, including the need(s) that it addresses. Describe specific components or services within the program. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.**

*If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses.*

As the poverty rate and complexity of families' needs increase, children served by CNE are more likely to experience trauma, mental health issues, behavioral problems, and developmental delays. At the same time, parents with limited resources struggle to access adequate special services for their children because they are unable to take time off from work, are unfamiliar with options for support, and federal and state funding has been decreased. Furthermore, teachers often lack the capacity to address children with challenges because of limited funds for professional development and inadequate classroom and staff supports. Without intervention, children with behavioral or developmental problems are often expelled from their early learning programs, which further disrupts their learning and home life as parents are left to patch together alternative early learning services while maintaining employment and a steady income. The U.S. Dept. of Education has reported that suspensions disproportionately affects boys of color, but noted that "suspension and expulsion rates plunge when teachers feel competent about working with challenging young children and supporting their emotional development." LT's support of early childhood educators in this way is an additional vital need it addresses.

LT supports preschool children with highly qualified consultants specializing in child mental health, speech-language therapy and occupational therapy in the classroom environment. Children who are identified by their teachers or parents as needing support are assessed by an LT consultant. Goals for each child are established at intake. The LT consultant uses best practices for early intervention to accomplish these goals, which include observation, assessment, individual intervention, group intervention, collaboration with preschool teachers, staff and families, referrals/resource linkage, collaboration with outside providers, and transition support to kindergarten or other preschool program.

LT supports are provided at no charge on a weekly basis, with time spent at each preschool dependent on the needs and number of children. The amount of time each child receives per week can vary over the course of the child's participation and also depends on the child's needs at the time. Typically, children receive LT services for a duration of 1-10 months depending on each child's need. Additional consultant time is spent collaborating with teachers, staff, parents and other partners. Children typically receive more intensive services at the outset with a gradual reduction in services as they progress towards their goals. In addition to working with the children and teachers, consultants also meet with parents and provide feedback and support regarding their child's needs. Referrals for outside services are provided as needed.

LT consultants collaborate closely with the preschool teachers and administrative staff at LT sites, helping them to better support the children and families they serve. Through professional development, modeling and training, they help expand teachers' knowledge of child development and provide effective tools for working with children who need additional social-emotional support. This approach gives teachers skills and confidence, designed to reduce staff turnover, which can negatively impact families and children. Finally, LT consultants might provide periodic family meetings about self-care, child development and transitions.

**3. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.**

*Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.*

<input type="text" value="130"/>	Intake/assessment
<input type="text" value="50"/>	Referrals
<input type="text" value="90"/>	Individual case management plan/services
<input type="text" value="90"/>	Services delivered on an individual basis (e.g. home delivered meals)
<input type="text" value="40"/>	One time event or activity (e.g. field trips, tax preparation)
<input type="text" value="0"/>	Multi-session program (e.g. after school program)
<input type="text" value="0"/>	Focused topic activities (e.g. workshops, trainings)
<input type="text" value="0"/>	Drop in services (e.g. computer lab, tutoring, help desk)
<input type="text" value="0"/>	Phone or online help (e.g. 24-hour help lines)
<input type="text" value="400.00"/>	<b>TOTAL</b>

**4. How long has your program existed and how has it grown or changed? How long do you expect to continue providing this service.**

LT is a ground breaking program which, while small in size, has been providing innovative and critically needed services for our children and families since 2001. LT provides therapeutic support to children by addressing their developmental needs and working to prevent their expulsion from preschool. LT utilizes highly qualified consultants specializing in play therapy, social work, speech and language therapy, and occupational therapy. While in the past LT consultants focused primarily on direct service to individual children at the centers, in recent years the shift has been towards group services, enabling more children to receive intervention and involving teachers in the intervention process. As a result, the consultation approach has grown to encompass not only children and families but classroom teachers as well – the people that interact most with the children and have the greatest opportunity to facilitate growth and change.

The group support for the children includes whole classroom intervention and small groups, while the services for the teachers include group training, ongoing reflective supervision, case consultation, development of intervention plans and ongoing support and problem solving around classroom situations. This approach is not only cost-effective, but also serves the children in a variety of ways. Children benefit from direct interaction with the consultants and are able to practice new skills in an authentic social context, increasing the likelihood that they will transfer skills into everyday social interactions. In addition, the small group support familiarizes children with the approach currently being implemented in District 65 kindergarten classrooms. Teachers learn strategies that can be used with all children, and as a result feel able to more successfully respond to and support all children, not just those who are identified with special needs. Several improvements have been

made to the program, including increased family involvement and strengthened partnerships between families, preschools and LT consultants. All therapists receive regular clinical supervision and are working together as an interdisciplinary team. Procedures were implemented to improve the overall effectiveness, efficiency and quality of services. We intend to continue to build on our current success and request the City of Evanston to invest in this effective program.

**5. Do you maintain a wait list? If yes, provide its size and the average length of wait time for services. If no, describe any resources, including referrals, provided to individuals you are not able to serve.**

Children who need support at any LT preschool will receive services in relation to the amount of funding available. We do not maintain a wait list, but rather strive to serve all children who have a need for the services provided by the program. The magnitude of the services the program is able to provide, however, is dependent on available funding. Also due to limited funds at this time, we are only able to provide services during the school year (September through June) with crisis support as needed during July and August. Additional funding would allow us to enhance the LT program in a variety of ways. First, LT consultants could provide year-round, continuous services, instead of just during the school year. Second, more children and families could be served, and all would benefit from the increased intensity of the services our consultants could provide. Third, the program could support more advanced professional development and training, providing teachers with access to more targeted classroom strategies to address student behavioral needs, especially at difficult transition times for children, such as the beginning and end of the school year. The more funding we receive, the more comprehensive the services we are able to provide children in need, and the better we can equip early childhood educators to address the needs of all the children in their classrooms. We hope to continue to innovate in providing services in a more financially sustainable way so that we are able to guarantee this program will be able to serve all those who need it.

**6. What other agencies address this need, how do you collaborate with them 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.*

LT is the only program that provides on-site interdisciplinary therapeutic services to Evanston preschool programs on a consistent, comprehensive, and intensive basis. There are no other services in the community that offer the same level of accessibility and affordability to low-income families whose young children are at risk for developmental and academic delays. LT fills a critical gap for 3- to 5-year olds in need of support, especially since a very limited number of these children qualify for government-funded support. If support is offered, it is often limited in scope and requires parents to take time off of work to get their child to these services at an off-site location. Instead, LT addresses the needs of these children in their own classroom – regardless of whether they qualify for government assistance. This offers them the chance to succeed in preschool, to connect with their teachers and peers, and to feel safe. LT also supports teachers and staff through professional development and training, imparting practical skills that support the needs of their most challenged students while also building robust, research-based intervention skills for those teachers. Teachers are therefore better prepared to meet the particular behavioral needs of one child, while at the same time maintaining the integrity of the classroom environment for the benefit of all students.

While LT consultants address the unique needs of children in an innovative way to build their skills, we recognize that children may have multiple needs beyond the goals of LT. Therefore, we collaborate with other partners to coordinate supports for families we serve, such as child development specialists and clinics, mental health agencies, pediatricians, and Evanston/Skokie School District 65. We refer families to the District 65 screening process for evaluation for additional developmental services if the LT services are not adequate in meeting the child's intensive needs. LT also has a partnership with the Northwestern University Speech & Language Department through which they can refer families for screenings, assessments and services at no charge. Finally, LT collaborates with the Bridges Early Childhood and Adolescent Program, part of the NorthShore University HealthSystem that serves Evanston children between the ages of 3 and 17 with mental health needs psychotherapy and psychiatry services.

**7. Describe program goals and outcomes you anticipate in 2018, including any change from 2017. What data are collected and used to analyze your program and measure success? Who is responsible for ensuring the program is implemented as planned?**

The overall goal of LT is to improve educational and developmental outcomes for children, by improving the quality of early learning in the classroom and providing caregivers and parents the tools to support this goal. LT outcomes are measured by periodic assessment and observed changes in children's behaviors, i.e., their ability to be more regulated, engaged and successful with peers and teachers. Teacher outcomes are based on changed behavior in the classroom observed by the LT consultant, who meets regularly with teachers in the program. Parent and teacher feedback are also utilized to assess program success. Initial program data for each family is recorded on an intake form, with progress data collected through observations, teacher consultation and parent surveys. For 2018, the program administrators plan to implement a more formalized quarterly check-in process for progress towards goals.

Specific goals and assessments for 2018 are as follows:

Goal 1: 85% of participating children will make progress towards their goals. Therapeutic goals are developed for each child receiving services, with progress towards those goals assessed on therapist's clinical knowledge and observation, as well as reports from the LT teacher.

Goal 2: 85% of participating children will remain enrolled throughout the school year. LT site supervisors and therapists will provide data for children receiving LT services who are unable to remain in care.

Goal 3: 75% of teachers will have implemented techniques and strategies in working with participating children as provided by the LT consultants. Progress towards this goal will be assessed through reflective supervision meetings with LT teachers and observations by therapists and site supervisors.

The LT program is administered by a dedicated Learning Together coordinator, who is overseen by CNE's Director of Programs. They have joint responsibility for ensuring that the program is implemented as planned.

**8. Complete the chart below with the unduplicated total of people you expect to serve in 2018, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2017.**

*Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2017 must show an increase in people served if applying for an increase in CDBG funding.*

100	Unduplicated people to be served in 2018
90	Unduplicated Evanston residents to be served in 2018
97	Unduplicated low/moderate income people to be served in 2018
85	Unduplicated low/moderate income Evanston residents to be served in 2018
110	Unduplicated people served in 2017
96	Unduplicated Evanston residents served in 2017
97	Unduplicated low/moderate income people served in 2017
85	Unduplicated low/moderate Evanston residents served in 2017
760.00	<b>TOTAL</b>

**9. Provide a summary of your organization's mission including organizational structure, size and functions of the board, and any significant changes in the last year. Attach current Strategic Plan on the Documents tab.**

*City of Evanston applicants, enter "NA."*

The Childcare Network of Evanston's mission is to empower children and families through access to quality early childhood education, family supports, and a coordinated system of care. CNE links children to early education and provides families with comprehensive supports and connections to community resources. Through collaboration with community partners, and supported by local, state and federal funding, CNE aims to create a community hub, a service model including education, wellness, mental health and other supports for underserved children and families in our area.

CNE is led by an Executive Director, who is supported by a highly-qualified leadership team, including a Director of Programs, Director of Head Start/Consultant, Fiscal Officer, Manager of Systems Navigation, Family Partnership (Home Visitor) Manager and Coordinator of Learning Together. They in turn are supported by teams of Systems Navigators, Home Visitors and Early Childhood Education Specialists.

CNE did experience a significant change in executive leadership over the past year. In April, 2017, Carol Teske became the Interim Executive Director of CNE. The position had been vacant since January. Carol has been part of the early childhood education community in Evanston for over 30 years, and brings to CNE a wealth of experience collaborating with a variety of community and organizational partners. Under her leadership over the past few months, she has diligently worked to repair relationships both inside and outside the organization, and is beginning to see positive results from such efforts.

The Board is composed of 9 members, with expertise in law, accounting, real estate, nonprofit fundraising, social services, government and education. A parent from one of the families we serve also sits on the Board to ensure constituents' voices influence policies. The Board oversees execution of the strategic plan, supervises and develops executive leadership, ensures strong succession plans for staff and board, oversees compliance with federal and state regulations, reviews financial statements and participates in annual program and financial planning. There are also Executive, Finance, Governance/Nominating and Development committees of the Board.

**10. Describe your agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.**

*CDBG applicants, 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 Resource Library).*

CNE adopted the model to blend Child Care Assistance Program funding with Head Start and Early Head Start several years ago and also leverages City of Evanston, Illinois Department of Public Health, private foundation, individual donor and other non-governmental funding streams to sustain an annual budget of over \$2.8 million. This diverse funding mix allows CNE to maintain a strong and flexible early childhood support system, and to continually enhance the quality of care for children and families. All CNE services are delivered with the highest performance standards and in alignment with donor intent.

Standard CNE fiscal policies include the requirement for contractors/sub-recipients, such as partners, to submit supporting documents with all invoices and for CNE fiscal staff to check the supporting documentation and budgetary compliance before making payments. CNE fiscal controls are tested annually as part of the single audit process, as required by Federal Uniform Guidance. The Finance Committee of the Board, chaired by an accountant, oversees and ensures financial compliance and integrity.

The Board Treasurer provides the following: oversight of all CNE's funds, review and oversight of financial records, including an annual report of CNE's financial condition as of the end of each fiscal year, and other budgets or financial reports as the Board may direct.

The Executive Director, Director of Programs and the Fiscal Officer are responsible for the fiscal and administrative oversight and monitoring of all CNE programs, including reporting and tracking outcomes. They also ensure coordination of associated funding streams.

As with all CNE programs, early childhood services are provided without regard to sex, race, color, religion, national origin, age, marital status, sexual orientation, political affiliation, gender identity or expression, disability or protected veteran status. All submitted information is strictly confidential. CNE staff and Board members are not eligible for awards under the Scholarship Program.

**11. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?**

*All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.*

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

**12. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years?**

*Provide your staff to participant ratio and any requirements for program licensing or accreditation.*

The Learning Together team is composed of highly-trained expert consultants in mental health, speech-language therapy and occupational therapy. This team is coordinated and supervised by an experienced and committed clinical supervisor who also serves as an LT consultant in a direct service capacity.

Clinical Supervisor: Chava Alpert, LCSW. Chava has 20 years' experience working with young children and families as a mental health consultant and psychotherapist. She holds a master's degree in social work from Yeshiva University and advanced training in Social Thinking and Theraplay. Chava stays in ongoing contact with the other LT consultants regarding all administrative and clinical work.

Mental Health Consultants: LT contracts with three master's level mental health consultants to provide the LT mental health services. Each has over 15 years of experience working with young children and families and ten years as an LT consultant.

Speech-Language Therapist: LT contracts with a speech-language therapist with a doctorate in speech/language pathology and a master's degree in special education with over 30 years of experience treating young children and families as well as 5 years as an LT consultant.

Occupational Therapist: LT contracts with a master's level occupational therapist with 7 years of experience treating young children and families and one year as an LT consultant. Her services are provided at a significantly discounted rate through Beth Osten & Associates, a child development therapeutic clinic in Skokie, IL.

Student Interns: LT has in past years trained master's and doctoral level student interns from the University of Chicago, University of Illinois and the Erikson Institute who, under the close supervision of LT consultants, support LT with 15-20 hours weekly of their time. This fall, LT will have one intern from Erikson working directly with the LT coordinator.

CNE does not plan to hire new LT staff in 2018. Funding from the City of Evanston Mental Health Board is meant to sustain staff at the current level; additional funding from other sources will be necessary if Mental Health Board funding is reduced. The LT staff already work at a discounted rate, 40% below standard professional compensation, and in addition they provide approximately 15-20 hours per month of critically important uncompensated care and treatment. All staff are properly licensed and credentialed and ratios in the classroom are well within the range of accepted professional standards.

**13. Provide the name, email and phone number of the individual who attended the pre-application meeting.**

Carol Teske, cteske@childcarenetworkofevanston.org, 847-475-2661 x302

**14. All organizations receiving CDBG 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." (City of Evanston applicants, enter 074390907)**

NA

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

Yes

No

**16. 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 step to the front door, but 2 accessible side entrances and 2 accessible bathrooms on the 1st floor. Client intake, family programming and socialization all occur on the 1st floor. Translation by CNE staff, who speak over 10 languages.

**17. Where (address/location) does your program take place and how will clients get to the location or facility?**

CNE's office is at 1335 Dodge in Evanston and accessible from 3 bus routes (93, 206 and 250). There is street parking available and a new bike lane on Dodge, making accessibility by bike easier. Staff also meets clients in their homes or other locations.

**18. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2018 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.**

*Enter the name and title of the individual submitting this application.*

Carol Teske, Interim Executive Director

**Budget**

<b>Funding Sources/Revenues</b>	2017	2018	2018 Committed	
City of Evanston CDBG	\$ 0.00	\$ 0.00	\$ 0.00	
City of Evanston Mental Health Board Funds	\$ 35,000.00	\$ 40,000.00		
Government Contracts	\$ 35,000.00	\$ 35,000.00		
Foundation Grants	\$ 15,000.00	\$ 15,000.00		
<b>Total</b>	<b>\$ 85,000.00</b>	<b>\$ 90,000.00</b>	<b>\$ 0.00</b>	

  

<b>Funding Uses/Expenses</b>	2017	2018 Total	2018 CDBG	2018 MHB
Personnel and Fringe	\$ 25,711.00	\$ 27,223.00	\$ 0.00	\$ 12,099.00
Supplies	\$ 486.00	\$ 515.00	\$ 0.00	\$ 229.00
Occupancy (Rent, Utilities, Etc.)	\$ 2,946.00	\$ 3,119.00	\$ 0.00	\$ 1,386.00
Contractual (Consultants: Mental Health, Speech, OT, PT)	\$ 55,857.00	\$ 59,143.00	\$ 0.00	\$ 26,286.00
<b>Total</b>	<b>\$ 85,000.00</b>	<b>\$ 90,000.00</b>	<b>\$ 0.00</b>	<b>\$ 40,000.00</b>

## Budget Narrative

Childcare Network of Evanston's fiscal year is July 1st through June 30th. The Learning Together Program includes \$59,143 (66%) for contractual payments, primarily mental health, occupational therapy, physical therapy, and speech therapy consultants who work with children with special needs. The budget also includes \$27,223 (30%) for staff to work to assess the children and provide training and support to childcare teachers and administrators. The remaining costs of \$3,634 are for supplies, occupancy, and other expenses.

Funding for the program is provided by the MHB (44%), foundation grants (17%), and government contracts (39%). Additional funding for Learning Together will be sought from foundations and corporations that support early childhood learning, as well as from fundraising from individual donors and through special events. Funding received from the State of Illinois includes Child Care Assistance Program funding from the Department of Human Services (IDHS CCAP) and Illinois State Board of Education Preschool for All (ISBE PFA). Additionally, Childcare Network of Evanston receives Head Start and Early Head Start federal funding. CNE has not experienced delays with IDHS CCAP or Head Start/Early Head Start funding. Funding from ISBE PFA is currently four months delayed. However, ISBE PFA funding is not used to fund the Learning Together Program.

Of the \$40,000 funding request from the MHB, \$26,286 (66%) is for contractual payments for the consultants who work closely with the children. Of the remaining amount sought from the MHB, most (\$12,099) is for personnel costs to administer the program, assess the children, and work with childcare centers. The MHB contract would fund 0.107 FTE: 0.062 FTE of a Director of Programs and 0.045 FTE of a Fiscal Officer. Both positions are currently filled.

## Program Outcomes

### Program Outcomes

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total	
1	85% of participating children will make progress towards their goals	Therapeutic goals developed for each child receiving services; progress towards goals based on therapist's clinical knowledge, observation, and early childhood educator reports.	85	85	65	70	305					0
2	85% of participating children will remain enrolled throughout the school year.	Site supervisors and therapists provide data for children receiving LT services who are unable to remain in care.	85	85	65	70	305					0
3	75% of teachers have implemented techniques and strategies in working with participating children as provided by the LT consultants.	Reflective supervision meetings with LT teachers and observations by therapists and site supervisors.	50	50	50	50	200					0
4						0						0
5						0						0
<b>Total</b>			<b>220</b>	<b>220</b>	<b>180</b>	<b>190</b>	<b>810</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Program Line Item Expenditures

Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
									\$
<b>Total</b>	<b>0</b>	<b>\$0</b>							

### Program Line Item Funding

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

### Documents

#### Documents Requested \*

Required?

#### Attached Documents \*

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement and Form 990 for the most recent completed fiscal year.

[Audited Financial Statements](#)  
[Form 990](#)

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

[CNE Annual Report 2015](#)  
[Accomplishments](#)

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 2017 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2016 only if changed).

Brief biographies of key staff (NEW APPLICANTS and funded agencies with staff changes in 2017).

[Biographies of Key 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.

[CNE 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](#)

2018 CDBG-MHB Application review Meeting Schedule. Please note that the order in which applications will be reviewed is not finalized.

[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.

[CNE 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.

[CNE 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 FY2017.

[CNE P&L](#)

## Extra

### **Has the agency considered charging families on a sliding fee scale for therapeutic services?**

At this point, CNE has not considered charging families for receiving services under the LT program. One of the program's priorities is to ensure that all children identified as requiring services receive some level of support. Charging even a small fee for services under the program might place undue burdens on already struggling families, and in some cases may result in families being unable to afford critical services for their child.

### **How many pre-schools in Evanston did the LT program serve?**

The LT program currently partners with 6 preschool sites in Evanston.

### **Audit-Please explain reasons for \$200,000 loss in Statement of Financial position in 2015-2016.**

Absence of fundraising activities is the main reason for the \$200,000 loss during this period. 2015-2016 was a year of significant transition at CNE. There were major changes and transitions in Board, organizational and executive leadership. In late 2015, 6 members of CNE's 14-member Board of Directors resigned, and the majority of those positions remain unfilled. In addition, all of the executive leadership positions were vacated at some point during that time through early 2017. During this tumultuous time at CNE, no significant or organized fundraising activities were taking place, nor was any attention paid to long-term strategic financial goal setting. This negatively impacted not only CNE's financial position, but it's visibility in the community.

Beginning in late 2016 (after the end of the 2015-16 fiscal year), things at CNE began to move in a more positive direction. A new Director of Programs and Fiscal Officer were hired in late 2016, and in April 2017, a new Interim Executive Director was brought on board. That Interim Executive Director has recently been designated Executive Director. This new executive leadership at CNE has already brought increased stability to the organization. In addition, this leadership team is committed to re-energizing CNE, re-engaging with the community, and raising funds from multiple sources to expand the reach of their programs.

There is also new Board leadership in place at CNE that understands the importance of fundraising and is dedicated to making sure CNE is financially sound and poised to fulfill its mission. There will be challenges ahead to be sure, but with new Board and executive leadership in place, CNE is much better situated to address and overcome them.

### **Please explain the differences in budgets presented in this application, the application for 2017 funding, and the budget finalized in the 2017 Agreement.**

The revenue budgets in the 2017 and 2018 applications are basically the same, except that CNE has requested an increase in funding from the MHB from \$35,000 to \$40,000. The main revenue difference between the application budgets and the finalized 2017 budget is the elimination of the "Government Contracts" category in the finalized budget, which had been \$35,000. Although CNE did not receive government funds for LT in 2017, it is our goal that funds in that category be available for 2018 as part of the overall program budget.

On the expense side, the proposed budgeted expenses are broken down in the same percentages for both the 2017 and 2018 applications, with 66% of the funds allocated to consultants providing the LT services, and 30% allocated to staff to work to assess children and provide training and support to teachers and administrators in the program. These expense allocations are also consistent with the finalized 2017 budget figures.

### **Are there any fees associated with the program? If so, please include projections in the program budget.**

There are no fees associated with the LT program. A small portion of the grant award (4%) is allocated to expenses associated with the program (supplies, occupancy and other expenses), but no fees are charged either by CNE to the program or by the program to the families it serves.

**Outcome 3: What are the reasons for the discrepancy in the outcome and goal data? Are there suggestions on ways to improve this for 2018?**

Proposed Outcome 3 indicates that 75% of teachers have implemented techniques and strategies as provided by the LT consultant. The number 50 reflected in the goal data represents 75% of the total number of teachers with whom our LT consultants work. There are a couple of reasons we selected 75% as a benchmark outcome for teacher implementation rather than a higher percentage. First, teacher turnover is not uncommon in early childhood education, which is challenging for our LT consultants and makes it difficult to predict a greater level of implementation. Second, our LT consultants make recommendations to teachers at our participating sites, but cannot guarantee that every teacher will implement every recommendation. Of course, we would like to see 100% of teachers implementing 100% of our recommendations, but want to reflect as accurately as possible the realities of the situation.

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

Application ID: 86709

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City of Evanston  
Community Development  
**2018 CDBG Public Services & Mental Health Board - City of Evanston**  
8/18/2017 deadline

## Childcare Network of Evanston Scholarship Program

**\$ 85,000.00** Requested  
\$ 85,000 MHB Request

Submitted: 8/17/2017 1:13:52 PM (Pacific)

### Project Contact

Carol Teske  
[deepam@childcarenetworkofevanston.org](mailto:deepam@childcarenetworkofevanston.org)  
Tel: (847) 475-2661

### Additional Contacts

[teskec@childcarenetworkofevanston.org](mailto:teskec@childcarenetworkofevanston.org)  
[guzmanv@childcarenetworkofevanston.org](mailto:guzmanv@childcarenetworkofevanston.org)  
[blickenstaffj@childcarenetworkofevanston.org](mailto:blickenstaffj@childcarenetworkofevanston.org)

### Childcare Network of Evanston

1335 Dodge  
Evanston, IL 60201  
United States

### Interim Executive Director

Carol Teske  
[teskec@childcarenetworkofevanston.org](mailto:teskec@childcarenetworkofevanston.org)

Telephone 8474752661

Fax 8474752699

Web <http://www.childcarenetworkofevanston.org/>

EIN 23-7108030

DUNS 859013336

SAM 10/17/2017

Expires

## Pre-Application (Letter of Intent)

### All Applicants Complete Questions 1-8 and attach Documents

#### 1. Organization Name and Program for which you are requesting funding.

Childcare Network of Evanston - Scholarships

#### 2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Other:

#### 3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

#### 4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

*Attach the list of local board members as well as the parent organization board below.*

NA

#### 5. Is your organization accredited?

- Yes
- No

#### 6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.

NA

#### 7. People served:

*Check all that apply.*

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years

Other:

8. 2018 Funding Requested from the City of Evanston

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

Table with 2 columns: Amount, Source. Rows: CDBG, 85,000 MHB (Human Services Fund), 85,000.00 TOTAL

9. Funding request is:

Programs funded in 2017 should be classified as renewal even if amount requested is different from 2017 grant.

- Renewal of 2017 CDBG funding
Renewal of 2017 MHB funding
New request for CDBG
New request for MHB

New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)

10. NEW APPLICANTS OR AGENCIES FUNDED IN 2016 APPLYING FOR A PROGRAM NOT FUNDED IN 2017 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

NA

Documents Requested \*

Required? Attached Documents \*

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).



CNE Budget 2017-18

REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards

CNE Board of Directors

REQUIRED FOR EXTERNAL APPLICANTS 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

CNE Conflict of Interest

download template

Application Questions

1. Who participates in or benefits from the program or services? Describe them in terms of age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Detail any eligibility requirements.

Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding. CNE's Scholarship Program, formerly known as the Early Childhood Education and Family Support Program (the "Scholarship Program"), is designed to provide aid to low-income families that are ineligible for federal and state subsidies and are therefore often unable to access and afford quality childcare and early education. Over the past year, funds from the City of Evanston Mental Health Board helped CNE provide 28 scholarships through the Scholarship Program. Of those scholarships, 86% were awarded to children living in female-headed households, 79% went to families whose income was between 50 and 80% of the Evanston median income, and 20% went to families whose income was between 30 and 50% of the Evanston median income. Every family awarded one of these scholarships lives under 255% of the federal poverty limit. In addition, 71% of the clients served this year are Black/African-American and 14% are Hispanic or Multiracial.

In 2016, CNE created a set of policy guidelines for the Scholarship Program which includes a set of eligibility criteria. To be eligible for the Scholarship Program, an applicant must be a resident of Evanston and ineligible to receive support from federal and state child care assistance programs (such as Head Start, Illinois Preschool for All, and the IDHS Child Care Assistance Program). In addition, they must choose a state-licensed service provider in Evanston, submit required financial documentation and, if a previous scholarship recipient, have a history of timely co-payments. Eligible applicants are then ranked using the point system set forth in the policy guidelines. To receive assistance under the Scholarship Program, families must meet at least one of the following criteria, with priority given for families meeting more than 2 of the criteria:

- 1. Families with children who have been identified as having special needs and/or may be emotionally at risk;

2. Families experiencing exceptional stress/life crises, including, but not limited to, death, divorce, serious illness, homelessness and immigrant/refugee status;
3. Families experiencing exceptional financial hardship, other than consumer debt;
4. Current recipients under the Scholarship Program; and
5. Family income in relation to the Federal Poverty Guidelines.

**2. Describe your program, including the need(s) that it addresses. Describe specific components or services within the program. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.**

*If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses.*

Established research has shown that access to high quality childcare and early education services is a primary predictor of a child's future success in school and beyond. Unfortunately, many families in our community do not qualify for federal or state support by the slimmest of income margins, and therefore these services are beyond their means. The Scholarship Program is designed to directly address this need, by providing financial assistance to families in Evanston who need help accessing high quality childcare and early childhood education when they are not eligible for other forms of support. Simply put, many families in Evanston earn too much for a federal- or state-funded childcare subsidy, but not enough to afford quality childcare without paying a significant percentage of their income (often greater than 25%). As a result of this exclusion from federal and state support, they struggle to keep their children in high-quality care or find they are unable to afford preschool.

Families who contact CNE are connected to our team of highly-qualified social workers known as Systems Navigators. Systems Navigators work with the whole family and the whole child to provide linkages to supports and services that help the family and children thrive. They meet with families, determine their most urgent needs, then assist parents in determining their eligibility for federal, state and local early childhood education funding, including Head Start and Early Head Start, Illinois Preschool For All and the Child Care Assistance Program. Our staff work to ensure federal and state funds are maximized before using funds from the Scholarship Program. The Scholarship Program provides financial support for early childhood services to struggling families, making quality childcare and early education more affordable, thereby relieving the family of a portion of the financial burden of paying for high quality services. As a result, children have the opportunity to build skills and establish consistent relationships with caregivers that are qualified to meet their needs and guide their development and growth, so those children are better prepared to meet the challenges of kindergarten and beyond. The ultimate goal of the Scholarship Program is to create a level playing field and provide equal access to quality education for all Evanston children.

Completed applications are reviewed by the Systems Navigators. Families that are selected to receive funds from the Scholarship Program are empowered to choose an Evanston-based childcare or early education program that best fits their family's needs and schedule. Thereafter, CNE works with the service provider to arrange for collection of monthly attendance data and scholarship co-payments. In 2018, CNE plans to amend its policy to extend scholarships for a full year rather than a 6-month period. We believe this will benefit the children in the Scholarship Program by promoting continuity of care. In addition, it is often the case that critical scholarship needs arise after the initial grants have been made for the period and all funds have been awarded. To better address these needs, CNE plans to raise additional funds from the private sector to support an emergency fund that may be disbursed on an as-needed basis, resulting in a more fluid ongoing process for supporting families in the Scholarship Program.

**3. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.**

*Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.*

100	Intake/assessment
100	Referrals
50	Individual case management plan/services
0	Services delivered on an individual basis (e.g. home delivered meals)
0	One time event or activity (e.g. field trips, tax preparation)
20	Multi-session program (e.g. after school program)
0	Focused topic activities (e.g. workshops, trainings)
0	Drop in services (e.g. computer lab, tutoring, help desk)
0	Phone or online help (e.g. 24-hour help lines)
270.00	<b>TOTAL</b>

**4. How long has your program existed and how has it grown or changed? How long do you expect to continue providing this service.**

Since 1970, CNE has been building strong foundations for children and families from pregnancy to age 5 by providing access to quality early education and family support. For close to 20 years, the Scholarship Program has provided low-income families with tuition assistance, making quality childcare and early childhood education more accessible and affordable. Over that time, the Scholarship Program has expanded from a basic financial support program to a more comprehensive effort to provide wrap-around resources to families in need, including health, legal and housing supports. Our team of Systems Navigators plays a critical role in this process, as they help identify families' needs and link them to appropriate services to address those needs. Over the past few years, this team of professionals has improved standards and quality control and implemented strict procedures for oversight of the Scholarship Program. In addition, within the last year CNE hired a Director of Programs, a new position responsible for, among other things, enhanced monitoring of CNE programs.

CNE remains steadfastly committed to maintaining, improving and expanding the Scholarship Program as funds allow. We believe that helping families access and afford quality early learning for their children empowers them to continue down a sustainable pathway to future success and independence.

**5. Do you maintain a wait list? If yes, provide its size and the average length of wait time for services. If no, describe any resources, including referrals, provided to individuals you are not able to serve.**

The Scholarship Program has a rolling wait list, and at any given time there are more than ten families who are actively pursuing additional means to support their childcare and early education needs. Over the course of a scholarship award period, the wait list often expands. During the last award period, the wait list grew to 21 families. Our Systems Navigators work diligently with families on the wait list to identify other potential sources of affordable childcare and early education. At this point, however, wait times can range from 30 days to 6 months. In 2018, when the policy guidelines are amended to extend full-year scholarships (as opposed to the current 6-month policy), these wait times may increase commensurately. Many families cannot afford to wait this long for support, and they end up resorting to family or friends to care for their children. With additional funds available for the Scholarship Program, CNE could help ensure that all children in Evanston have access to quality childcare and early education to adequately prepare them for kindergarten. The increase in funding requested by CNE for 2018 would allow us to offer full-day scholarships to 4 additional children.

Applicants are prioritized as explained in Question #1. In addition, families are triaged based on emergent family needs and level of severity. For example, a family with higher income may stay on the wait list longer than a family experiencing homelessness.

**6. What other agencies address this need, how do you collaborate with them 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.*

CNE's service provisions are unique in our region, providing a holistic model to address not only the family's need for financial assistance to pay for critical childcare and early learning programs, but also to provide access to services to stabilize families and provide them a bridge out of poverty. The Scholarship Program helps link families to appropriate social service supports (in partnership with many social service agencies) and provides financial support for childcare and early education services. Although other local early learning centers and preschools offer scholarships for their families, the Scholarship Program is unique in that it coordinates available options and empowers eligible families to select the provider and program that best fits their needs and the needs of their children.

In addition, CNE is an active partner in the Evanston Cradle To Career community impact initiative ("EC2C"), a local collective of more than 35 community partners. Three members of CNE's executive leadership are engaged members of two EC2C committees – the Literacy on Track and the Parent/Caregiver Empowerment committees. Through this affiliation, CNE is making important connections with community organizations that can further enhance and expand the way in which CNE serves all of its families, including those who receive funds under the Scholarship Program.

At CNE, the need for early learning supports unfortunately far outweighs the amount of aid we are able to provide. Our agency will continue to pursue private sector resources and additional grant funding to augment funds available for the Scholarship Program, including the creation of the emergency fund described in Question #2.

**7. Describe program goals and outcomes you anticipate in 2018, including any change from 2017. What data are collected and used to analyze your program and measure success? Who is responsible for ensuring the program is implemented as planned?**

The Scholarship Program aims to make quality childcare and early education accessible to, and affordable by, all Evanston children and families. It is our wish to see every child in Evanston enter kindergarten ready to learn, with the supports and skills they need to succeed.

Specific goals and assessments for 2018 are as follows:

Goal 1: Low-income families will receive priority for scholarship funds. Applicants to the Scholarship Program are required to submit financial documentation, including 2 paystubs, which the program administrators use to establish priority. The goal is to have at least half of the families served by the program with an annual income below 200% of the federal poverty limit.

Goal 2: Children will maintain continuity of care and early education while receiving scholarship funds. Program administrators collect and track monthly attendance data for all scholarship recipients. The goal is to have at least 80% of participating children maintain continuity of services while in the program.

Goal 3: Parents/guardians have decreased family stress.

Goal 4: Parents/guardians report that they have seen their child developmentally and academically achieve milestones.

Goal 5: Parents/guardians are able to maintain employment because their child is able to access quality services due to the support provided by the Scholarship Program.

For Goals 3-5, data is collected through quarterly parent surveys administered to all families receiving scholarship funds. The goal is to have at least 80% of parents/guardians report that they feel they and their children are achieving these stated objectives.

The Scholarship Program is administered by CNE's Manager of Systems Navigation, who is overseen by CNE's Director of Programs. They have joint responsibility for ensuring that the program is implemented in accordance with its objectives.

**8. Complete the chart below with the unduplicated total of people you expect to serve in 2018, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2017.**

*Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2017 must show an increase in people served if applying for an increase in CDBG funding.*

Unduplicated people to be served in 2018

Unduplicated Evanston residents to be served in 2018

100	Unduplicated low/moderate income people to be served in 2018
100	Unduplicated low/moderate income Evanston residents to be served in 2018
110	Unduplicated people served in 2017
110	Unduplicated Evanston residents served in 2017
110	Unduplicated low/moderate income people served in 2017
110	Unduplicated low/moderate Evanston residents served in 2017
840.00	<b>TOTAL</b>

**9. Provide a summary of your organization's mission including organizational structure, size and functions of the board, and any significant changes in the last year. Attach current Strategic Plan on the Documents tab.**

*City of Evanston applicants, enter "NA."*

The Childcare Network of Evanston's mission is to empower children and families through access to quality early childhood education, family supports, and a coordinated system of care. CNE links children to early education and provides families with comprehensive supports and connections to community resources. Through collaboration with community partners, and supported by local, state and federal funding, CNE aims to create a community hub, a service model including education, wellness, mental health and other supports for underserved children and families in our area.

CNE is led by an Executive Director, who is supported by a highly-qualified leadership team, including a Director of Programs, Director of Head Start/Consultant, Fiscal Officer, Manager of Systems Navigation, Family Partnership (Home Visitor) Manager and Coordinator of Learning Together. They in turn are supported by teams of Systems Navigators, Home Visitors and Early Childhood Education Specialists.

CNE did experience a significant change in executive leadership over the past year. In April, 2017, Carol Teske became the Interim Executive Director of CNE. The position had been vacant since January. Carol has been part of the early childhood education community in Evanston for over 30 years, and brings to CNE a wealth of experience collaborating with a variety of community and organizational partners. Under her leadership over the past few months, she has diligently worked to repair relationships both inside and outside the organization, and is beginning to see positive results from such efforts.

The Board is composed of 9 members, with expertise in law, accounting, real estate, nonprofit fundraising, social services, government and education. A parent from one of the families we serve also sits on the Board to ensure constituents' voices influence policies. The Board oversees execution of the strategic plan, supervises and develops executive leadership, ensures strong succession plans for staff and board, oversees compliance with federal and state regulations, reviews financial statements and participates in annual program and financial planning. There are also Executive, Finance, Governance/Nominating and Development committees of the Board.

**10. Describe your agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.**

*CDBG applicants, 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 Resource Library).*

CNE adopted the model to blend Child Care Assistance Program funding with Head Start and Early Head Start several years ago and also leverages City of Evanston, Illinois Department of Public Health, private foundation, individual donor and other non-governmental funding streams to sustain an annual budget of over \$2.8 million. This diverse funding mix allows CNE to maintain a strong and flexible early childhood support system, and to continually enhance the quality of care for children and families. All CNE services are delivered with the highest performance standards and in alignment with donor intent.

Standard CNE fiscal policies include the requirement for contractors/sub-recipients, such as partners, to submit supporting documents with all invoices and for CNE fiscal staff to check the supporting documentation and budgetary compliance before making payments. CNE fiscal controls are tested annually as part of the single audit process, as required by Federal Uniform Guidance. The Finance Committee of the Board, chaired by an accountant, oversees and ensures financial compliance and integrity.

The Board Treasurer provides the following: oversight of all CNE's funds, review and oversight of financial records, including an annual report of CNE's financial condition as of the end of each fiscal year, and other budgets or financial reports as the Board may direct.

The Executive Director, Director of Programs and the Fiscal Officer are responsible for the fiscal and administrative oversight and monitoring of all CNE programs, including reporting and tracking outcomes. They also ensure coordination of associated funding streams.

As with all CNE programs, early childhood services are provided without regard to sex, race, color, religion, national origin, age, marital status, sexual orientation, political affiliation, gender identity or expression, disability or protected veteran status. All submitted information is strictly confidential. CNE staff and Board members are not eligible for awards under the Scholarship Program.

**11. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?**

*All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.*

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

**12. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years?**

*Provide your staff to participant ratio and any requirements for program licensing or accreditation.*

The Scholarship Program is supported by two full-time and two part-time Systems Navigators, who are responsible for intake and enrollment of

families and their children across all possible early childhood programming, as well as linking them to necessary and available support services. The entire Systems Navigation team comes from a social work or community counseling background with qualifications ranging from a bachelor's in social work to master's level social workers. The team is supervised by a Licensed Clinical Professional Counselor. Another key support to the Scholarship Program is the Director of Programs, who is responsible for building family and community engagement, creating partnerships for services to fully support prenatal to 5 year old children, ensuring referral and linkage to partner agency services for families, and oversight of assessment and program implementation.

Funds received from the City of Evanston Mental Health Board will be used almost exclusively for the payment of early childhood services for eligible families, with only 15% necessary for program administration (including staff, occupancy and other expenses). The remainder of the funding required to staff the Systems Navigators described above is sourced from other complementary funding streams, and are therefore not dependent on the Mental Health Board funding. Rather, it is the families eligible for support under the Scholarship Program that would be most directly impacted by the level of Mental Health Board funding.

**13. Provide the name, email and phone number of the individual who attended the pre-application meeting.**

Carol Teske, cteske@childcarenetworkofevanston.org, 847-475-2661 x302

**14. All organizations receiving CDBG 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." (City of Evanston applicants, enter 074390907)**

NA

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

Yes

No

**16. 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 step to the front door, but 2 accessible side entrances and 2 accessible bathrooms on the 1st floor. Client intake, family programming and socialization all occur on the 1st floor. Translation by CNE staff, who speak over 10 languages.

**17. Where (address/location) does your program take place and how will clients get to the location or facility?**

CNE's office is at 1335 Dodge in Evanston and accessible from 3 bus routes (93, 206 and 250). There is street parking available and a new bike lane on Dodge, making accessibility by bike easier. Staff also meets clients in their homes or other locations.

**18. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2018 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.**

*Enter the name and title of the individual submitting this application.*

Carol Teske, Interim Executive Director

**Budget**

<b>Funding Sources/Revenues</b>	2017	2018	2018 Committed
City of Evanston CDBG	\$ 0.00	\$ 0.00	
City of Evanston Mental Health Board Funds	\$ 65,000.00	\$ 85,000.00	
Foundation and Private Grants	\$ 15,000.00	\$ 15,000.00	
Government Contracts	\$ 65,000.00	\$ 65,000.00	
<b>Total</b>	<b>\$ 145,000.00</b>	<b>\$ 165,000.00</b>	<b>\$ 0.00</b>

<b>Funding Uses/Expenses</b>	2017	2018 Total	2018 CDBG	2018 MHB
Personnel and Fringe	\$ 12,276.00	\$ 13,816.00	\$ 0.00	\$ 6,553.00
Supplies	\$ 700.00	\$ 809.00	\$ 0.00	\$ 459.00
Occupancy (Rent, Utilities, Etc.)	\$ 8,774.00	\$ 10,125.00	\$ 0.00	\$ 5,738.00
Contractual (Childcare Sites)	\$ 123,250.00	\$ 140,250.00	\$ 0.00	\$ 72,250.00
<b>Total</b>	<b>\$ 145,000.00</b>	<b>\$ 165,000.00</b>	<b>\$ 0.00</b>	<b>\$ 85,000.00</b>

**Budget Narrative**

Childcare Network of Evanston's fiscal year is July 1st through June 30th. The Early Childhood Education and Family Support Program includes \$140,250 (85%) for early childhood stipends to pay for childcare services at early learning centers. The budget also includes \$13,816 (8%) for staff and \$10,934 (7%) for supplies, occupancy, and other expenses.

Funding for the program is provided by the MHB (52%), foundation and private grants (9%), and government contracts (39%). Additional funding for stipends will be sought from additional foundations and corporations that support early childhood learning, as well as from fundraising from individual donors and through special events. Funding received from the State of Illinois includes Child Care Assistance Program funding from the Department of Human Services (IDHS CCAP) and Illinois State Board of Education Preschool for All (ISBE PFA). Additionally, Childcare Network of Evanston receives Head Start and Early Head Start federal funding. CNE has not experienced delays with IDHS CCAP or Head Start/Early Head Start funding. Funding from ISBE PFA is currently four months delayed. However, ISBE PFA funding is not used to fund the Early Childhood Education and Family Support Program.

Of the \$85,000 funding request from the MHB, \$72,250 (85%) is for early childhood stipends for children to attend licensed childcare facilities. Of the remaining amount sought from the MHB, most (\$6,553 or 8%) is for personnel costs to administer the program (e.g. reach out to families in need of childcare services, conduct thorough assessments of the families' situation, and determine the appropriate childcare funding source for the family). The MHB contract would fund 0.139 FTE: 0.073 FTE of a System Navigation/Coordinated Intake Manager and 0.066 FTE of a System Navigator. Both positions are currently filled.

## Program Outcomes

### Program Outcomes

	Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	Low income families will receive priority for program services.	50% of program families annual income is below 200% of FPL.	9	9	9	9	36					0
2	Children will maintain continuity of care and early education while in the program.	80% of participating children maintain continuity of services while in the program.	14	14	14	14	56					0
3	Parents/guardians have decreased family stress.	Quarterly parent survey - 80% of parents/guardians have decreased family stress.	14	14	14	14	56					0
4	Parents/guardians report that they have seen their child developmentally & academically achieve milestones.	Quarterly parent survey - 80% of parents/guardians report that they have seen their child developmentally & academically achieve milestones.	14	14	14	14	56					0
5	Parents/guardians are able to maintain employment because of their child in the Scholarship program.	Quarterly parent survey - 80% of parents/guardians are able to maintain employment because of their child in the Scholarship program.	14	14	14	14	56					0
<b>Total</b>			<b>65</b>	<b>65</b>	<b>65</b>	<b>65</b>	<b>260</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Program Line Item Expenditures

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
								\$
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

### Program Line Item Funding

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
<b>Total</b>	<b>0</b>	<b>\$0</b>							

**Documents**

**Documents Requested \***

Required?

**Attached Documents \***

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement and Form 990 for the most recent completed fiscal year.

[Audited Financial Statements](#)  
[Form 990](#)

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

[CNE Annual Report 2015](#)  
[Accomplishments](#)

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 2017 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2016 only if changed).

Brief biographies of key staff (NEW APPLICANTS and funded agencies with staff changes in 2017).

[Biographies of Key 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.

[CNE 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](#)

2018 CDBG-MHB Application review Meeting Schedule. Please note that the order in which applications will be reviewed is not finalized.

[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.

[CNE 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.

[CNE 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 FY2017.

[CNE P&L](#)

## Extra

**Application states that 100 children will be served by the Scholarship Program; application projects services to 65 each quarter. Please explain the difference between 100 and 65.**

If the full amount of requested funds for 2018 is received from the Mental Health Board, CNE plans to award full-year scholarships to 18 students. Because the scholarship awards are for the full year, the data set forth in the Program Outcomes tab for each quarter applies to the same 18 students, and is not unduplicated or cumulative. The total figure of 65 is therefore not reflective of the actual number of scholarships given.

The 100 children served by the Scholarship Program includes many children who do not actually receive scholarships. They are served by going through the intake and case management system at CNE, and receive referrals to other potential services and programs if they do not qualify for assistance under the Scholarship Program.

**What is the total number of children served to date in 2017?**

For 2017, partial-year scholarships were awarded to 20 students, and between 10 and 22 applicants were on the wait list over that time period.

CNE experienced a drop in the number of children we were able to serve under the Scholarship Program in 2017 because the amount of funding received from the Mental Health Board was lower (\$83,855 in 2016 v. \$65,000 in 2017) and CNE was permitted to allocate a small portion of the 2017 funds to the administrative costs of the Scholarship Program. Given the number of applicants on the wait list in 2017, we are confident that there is a great need in our community for awards under the Scholarship Program, and CNE hopes to be able to award 18 full-year scholarships to eligible children in 2018.

**Are scholarships awarded on a first come first serve basis or is there a scoring basis for awards?**

CNE's Scholarship Policy does include a point system for ranking families based on what percentage of the Federal Poverty Limit their family income is. There are also points assigned for certain additional circumstances, such as children with special needs and life crisis situations. Applicants are invited to include with their application a personal statement of any circumstances they feel deserve additional consideration.

**Please provide more information about how IDHS CCAP and ISBE PFA funds are applied to the program. What expenses do these grants cover?**

CCAP and PFA funds are not part of the Scholarship Program funds. The Scholarship Program is designed to benefit those low-income families who do not qualify for other subsidies like CCAP and PFA, and would therefore be unable to access and afford quality childcare and early education.

A couple of points of clarification that may address the question. The "Government Contracts" line item of \$65,000 in the budget section of the application does not refer to either CCAP or ISBE PFA funds. That number refers to additional government support for the Scholarship Program that we are researching and would hope to access in 2018. Further, the statement in the Budget Narrative that "(f)unding received from the State of Illinois includes Child Care Assistance Program funding from the Department of Human Services (IDHS CCAP) and Illinois State Board of Education Preschool for All (ISBE PFA)" refers to funding received by CNE for other programs, and not the Scholarship Program.

We apologize for any confusion this may have caused.

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

Application ID: 86555

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City of Evanston  
Community Development  
**2018 CDBG Public Services & Mental Health Board - City of Evanston**  
8/18/2017 deadline

## Learning Bridge Early Education Center Learning Bridge Infant Toddler Program

**\$ 19,600.00** Requested  
\$ 19,600 MHB Request

Submitted: 8/18/2017 1:45:55 PM (Pacific)

### Project Contact

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### Additional Contacts

*none entered*

### Learning Bridge Early Education Center

1840 Asbury Avenue  
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United States

### Executive Director

Lindsay Percival  
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DUNS	115747271
SAM Expires	7/7/2018

## Pre-Application (Letter of Intent)

### All Applicants Complete Questions 1-8 and attach Documents

#### 1. Organization Name and Program for which you are requesting funding.

Learning Bridge Infant Toddler Program

#### 2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Other:

#### 3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

#### 4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

Attach the list of local board members as well as the parent organization board below.

NA

#### 5. Is your organization accredited?

- Yes
- No

#### 6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.

Learning Bridge Early Education Center is accredited by NAEYC, holds a Gateways GOLD circle of quality as well as the Award of Excellence for Preschool Teaching and Learning.

**7. People served:**

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other:

**8. 2018 Funding Requested from the City of Evanston**

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

	CDBG
19600	MHB (Human Services Fund)
19,600.00	<b>TOTAL</b>

**9. Funding request is:**

Programs funded in 2017 should be classified as renewal even if amount requested is different from 2017 grant.

- Renewal of 2017 CDBG funding
- Renewal of 2017 MHB funding
- New request for CDBG
- New request for MHB

**New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)**

**10. NEW APPLICANTS OR AGENCIES FUNDED IN 2016 APPLYING FOR A PROGRAM NOT FUNDED IN 2017 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."**

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

**11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.**

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

NA

**Documents Requested \***

**Required? Attached Documents \***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).	<input checked="" type="checkbox"/>	<a href="#">2018 Budget Infant Toddler Program</a>
REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards		<a href="#">Board Roster</a>
REQUIRED FOR EXTERNAL APPLICANTS 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 <a href="#">download template</a>		<a href="#">Conflict of Interest</a>

**Application Questions**

**1. Who participates in or benefits from the program or services? Describe them in terms of age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Detail any eligibility requirements.**

*Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.*

Learning Bridge Infant Toddler program served 46 children in our most recent program year, 43% male and 57% female. Seventy percent were African American, 21% identified themselves as Bi-Racial or other, and 9% were White. Forty five percent of children served are considered very low income, 35% low income, 18% moderate income and 2% not low income. Sixty five percent of our Infant/Toddler children are Evanston residents. Most of our families work at local service industry jobs. Sixty percent of our Infant/Toddler parents are single mothers. Several children reside with their parent in their grandparent's or another relative's home.

Ninety percent of our Infant/Toddler families received financial assistance through the state Child Care Assistance Program (CCAP). CCAP helps pay for child care expenses for income-eligible families who work or go to approved school or training. Projected FY16 funding shortfalls were caused when the State of Illinois reduced the Child Care Assistance Program (CCAP) benefits beginning July 1, 2015: a working family's maximum eligible income changed from 185% of the Federal Poverty Level (FPL) to 50% Federal Poverty Level. This reduction caused hundreds of families to 'fall off the cliff' for child care assistance. Parent monthly co-pays were increased significantly at this time. Responding to public pressure, on November 9, 2015, the state updated the maximum eligible income to 165% FPL for new applicants, where it now stands. A parent with one child, with a gross income of \$2,193 per month, is over CCAP income guidelines as a new applicant. A current CCAP family of two is over guidelines with a gross income of \$2,504 per month. Parents are unwilling and/or unable to work overtime or accept pay raises for fear of losing their financial assistance. State daily reimbursement rates (what the state pays a provider for child care) have remained stagnant and well below the actual cost of care. As part of Learning Bridge Early Education Center's site administration contract with the state our Infant Toddler providers are not allowed to charge parents additional childcare fees to help with the actual cost of care. Child care providers and centers using Action for Children administration may and often do charge families an 'add on' fee up to the price of full fee tuition.

The majority of children in our Infant Toddler program are under the age of three; however some families with multiple children choose to have all of their children in one place for care. A family child care provider under licensing may care for children up to the age of twelve.

Learning Bridge Infant Toddler providers use the Federal Child and Adult Care Food Program and receive some assistance for food reimbursement; funding from the program was reduced slightly this year. A provider receives just \$4.50/day per child for breakfast, lunch and a PM snack. However, with some of the children attending care the full ten hours, providers often provide a light dinner for them as well, knowing that parents have to go home and then prepare their evening meal. Although state payments have remained flat with no increases providers have had to meet increased administrative reporting requirements.

**2. Describe your program, including the need(s) that it addresses. Describe specific components or services within the program. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.**

*If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses.* Learning Bridge Infant Toddler Program serves the community's need for affordable child care for children under age two. The majority of our families are single-parent female head-of-household, our community's most economically vulnerable. Our Center, along with many other Evanston preschool centers, offers care for children age 2 - 5. Several new child care centers have opened in Evanston in the past few years who do not accept families who rely on financial assistance from the state Childcare Assistance Program (CCAP). Many of the family child care providers in the area also do not accept CCAP families. The Illinois Early Childhood Asset Map or IECAM data shows 13 family providers serve CCAP families; 5 of these providers are in our network.

Parents typically wait 30-45 days for CCAP approvals. Caregivers receive payment from the state in arrears of 30-45 days. The Center has a site administration contract with the state of Illinois, allowing us to process CCAP paperwork quickly and efficiently. Children often start services within 48 hours. The Center pays our Infant/Toddler providers in advance of state reimbursements. This quick enrollment eases anxiety on working families and reduces risk factors that can lead to or exacerbate stress and other related mental health issues. Our program managers handle all of the paperwork, which is extensive and can be overwhelming for parent/guardians to navigate. The providers receive support from the Program Manager who has a MS in Early Childhood. She conducts screenings and makes referrals to CFC for early intervention services. She also provides support to the parents/guardians, assisting them with this process and acts as a liaison to help coordinate services which are often provided in the provider's home during daily care.

Our providers offer care from 7:30 a.m. to 5:30 p.m. Monday - Friday. If a parent needs an earlier drop-off or pick-up providers can usually accommodate them. Providers accept children aged six weeks to twelve years. A typical range of service is a child starts at approximately 9 months and remains until the age of 2-1/2 to 3 when they would transition to our Center preschool program. Often parents of multiple children will choose to have their children remain with the caregiver until they start kindergarten. Some families choose this based on the provider's location and because they have developed such a deep relationship with their caregiver. We are now providing childcare to some of our former student's children as some of our providers have been with us for over 25 years. Our goal is to place children in care as quickly and efficiently as possible so that parents can remain in the workforce and/or school and help build a strong economic community. Parents can also have the peace of mind that their children are safe and well cared for. Providers care for multiple-age children so the providers and parent/guardians and children can form strong attachment. Many infant and toddler centers are now using this continuity of

care model. Instead of moving children to a new classroom when they age out, the whole classroom including the teacher moves with them. Our Infant Toddler Program Manager's office is at the Center. She assists children and families with transitions to the Center. Children see a familiar face and this puts them at ease. She also share information with Center teachers to help them build relationships right from the start.

**3. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.**

*Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.*

34	Intake/assessment
5	Referrals
	Individual case management plan/services
	Services delivered on an individual basis (e.g. home delivered meals)
	One time event or activity (e.g. field trips, tax preparation)
	Multi-session program (e.g. after school program)
	Focused topic activities (e.g. workshops, trainings)
	Drop in services (e.g. computer lab, tutoring, help desk)
	Phone or online help (e.g. 24-hour help lines)
39.00	<b>TOTAL</b>

**4. How long has your program existed and how has it grown or changed? How long do you expect to continue providing this service.**

Learning Bridge Early Education Center began servicing the community in 1944 as the Child Care Center of Evanston and in 1972 added the Home Day Care Program of Evanston, currently known as Learning Bridge Infant Toddler Program. The program at its inception used to have much higher numbers serving almost 100 children through a network of 20 providers. Many of these providers retired and moved away. By the millennium we were down to 10 providers with 60 children and in our present day we have 6 providers serving 35 children at a time, and approximately 50 children served annually.

Learning Bridge Infant/Toddler partnered with Childcare Network of Evanston (CNE)'s Early Head Start (EHS) program from 1999 until 2015. Our program initially served 24 EHS children. In 2015 we were serving 20 EHS children. Due to dramatic cuts in funding, cuts that were well below the actual costs for us to administer the strict EHS requirements, the Board decided we had no choice but to decline to renew our EHS partnership. We are continuing to expand our network as providers become available. Two providers funded with the CNE program have now returned to us as partners.

While there are many preschool programs that accept CCAP families there are limited programs for infants and toddlers. Although we have fewer providers than our program had when founded, today we have providers who are highly trained, experienced and support our mission. They provide care and education for children of all socio-economic backgrounds. Our providers attend trainings on topics about brain development, CPR, First Aid, and SIDS as well as literacy and mathematics for young children. Our providers are aware of gaps in student readiness and address this by proving a solid foundation of developmentally appropriate experience for their young learners.

Recognizing the need the community has for high quality infant and toddler care, the Center hired an architect to conduct a feasibility study to determine if our current location could include a new facility for infants and toddlers. The architect delivered plans for us to be able to do this as well as to improve our current preschool classroom environments. Our Director of Development started in January of 2017 to help us with this capital campaign. We anticipate that when we have secured the funds and begin this process many of our current providers will be retiring. We plan to continue supporting families who desire the family child care option of care as well as providers that provide high quality care and education.

Research shows that birth to age 5 are critical learning years. By the time a child reaches the age of 5, dispositions for learning and habits of mind are already formed. We can predict a child's future academic success or lack thereof by where they are at this stage. Recognizing the academic gap that exists in Evanston, our early learning programs are working to provide children with the high quality, developmentally appropriate activities to provide them with the skills they need. We are addressing the need identified in the Evanston Report on Black Student Achievement in District 65 published in April 2016, which showed gaps in academic achievement. A strong foundation for infant and toddlers will help to close this gap. Providing high quality care at a young age aids in the promotion a strong sense of self, which can lead to fewer mental health problems in adulthood.

**5. Do you maintain a wait list? If yes, provide its size and the average length of wait time for services. If no, describe any resources, including referrals, provided to individuals you are not able to serve.**

There is a wait list, however currently it is not very long and has approximately four families on it. With children transitioning

typically in the fall, these children will soon have care. Our goal is to provide enrollment and care as quickly as possible as our parent/guardians are working and need to coordinate care and work schedules. They cannot be employed if they do not have child care and they cannot pay for child care or qualify for the Child Care Assistance Program (CCAP) funds unless they are working. Many parent/guardians call when they are expecting and ask to be on the wait list requesting care for when their child is as young as 6 weeks old.

We have always had a wait list since we need to be mindful of licensing requirements which has age restrictions in place. All of our providers are state licensed. The license restricts the number of children under the age of 24 months that a provider may care for at one time. Our Center also limits the number of non-mobile infants to two per home so that caregivers can hold children while feeding them and for as much of the day as possible. There is no fee associated with our wait list.

While there are no support services for families on the wait list we do offer referrals to Infant Welfare Society of Evanston, with whom we partner, and to Childcare Network of Evanston Early Head Start Program, District 65 Doorway to Learning and the McGaw YMCA.

**6. What other agencies address this need, how do you collaborate with them 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.*

Learning Bridge Infant Toddler Program is the only network of family child care providers in Evanston. We are one of only a few state agencies that provide site administration for CCAP. There are other programs that serve infants and toddlers in Evanston however they provide Center-based care and some are limited by the ages that they serve because of the ages of their classrooms and DCFS licenses. They may have only have space for an 18 month old for example. Our Infant Toddler providers can serve children from six weeks of age to age 12 so families with multiple age children can have care in the same location and with the same provider. The small setting of no more than 8 children in a home away from home environment, also unique to the program, is ideal to many parents and the best environment for some children. Children remain with their primary caregiver as they mature rather than switching rooms and having to develop a relationship to a new caregiver. By remaining with the same primary caregiver over time, children develop attachment which builds trust. Children who have good attachment are secure and can feel comfortable learning new things. The most critical period of brain growth and development is the period before 3 years of age, so strong attachments with a single primary care giver greatly enhance this process. Providers know the children very well and can plan for individual growth and development. Providers also build strong relationships with families and this relationship assists in providing a good partnership for children's education.

We currently collaborate with Infant Welfare Society of Evanston who has a grant from the Evanston Community Foundation to provide screenings to children in the Family Child Care Connections. These screenings identify children who may require early intervention services through our partnership with Children and Family Services for children under age 3. Children needed intervention services are referred to Child Family Connections with our assistance. While Infant Welfare Society of Evanston provides the same type of services for infants and toddlers it cannot currently accommodate all the children in this age group needing child care.

For children older than three needing intervention we have Preschool for All services at our Center through Childcare Network of Evanston, CNE. We also refer children to the district for pre-primary services.

Another feature our program has is that we can offer substitute care when a provider closes due to illness or vacation with another provider. This is a great value to families who do not have back up care options. As our own site administrator we can quickly process a family's CCAP paperwork and have them in care the same week. Some other providers may charge family full fee tuition until they receive confirmation of their CCAP status. Providers who are not site admin and use Action for Children to process their paperwork are allowed to charge add on payments to the parents co-pays up to the cost of full tuition. Because we are site admin there are no additional costs to parents. Their monthly co-pay is assigned by the state and we divide it into weekly payments for parents. When parents lose employment we can quickly approve them for a 90 day job search and have their co-pays decreased. When a parent's working hours are cut, thus lowering their income we can quickly update their case and lower their co-pay based on the new income

**7. Describe program goals and outcomes you anticipate in 2018, including any change from 2017. What data are collected and used to analyze your program and measure success? Who is responsible for ensuring the program is implemented as planned?**

Our goal is to have our program at capacity at all times so that no family with children needing care in Evanston has to wait for those services, and so that no parent has to leave their child with multiple family members and/or untrained professionals. We continuously monitor attendance through weekly attendance sheets and by visits the Infant Toddler Program Manager conducts to the provider's home where care is being provided. We schedule all transitions to our preschool and other programs well in advance so that an opening can be filled quickly, children can begin services and parents can be productive at work. We also notify parents 45 days in advance about their CCAP re-determination paperwork so that they are no disruptions in care. If a parent loses a job, we process the state paperwork that allows for a 90 day job search.

We provide training for our providers monthly including annual CPR and Mandated Reporter training. We track all training

attendance in our database. Providers also receive training outside of our program, attending conferences, workshops, and local training through Childcare Network's Learning Together program and Children's Home and Aid Society. Annually we include topics such as child temperament, self regulation, learning environments, brain development, and mental health. Many of our presenters will provide these services Pro Bono for us. Because they work long hours providers attend trainings in the evenings and on weekends. They also attend weekend conferences and workshops so they do not have to close their homes and inconvenience working families.

To ensure that children receive early intervention services we conduct screenings for all children within 45 days of entry into our program. If a child needs intervention services we speak to parents and assist them with the referral process to Child Family Connections Clearbrook in Arlington Heights. We repeat screenings every six months because children are growing and developing very rapidly at this stage, and we want to make sure that they are meeting their milestone markers. The information from the screenings also helps the providers customize their lesson plans so that they can be providing individualized instruction for children to help move them forward in their development and growth. Sometimes a child shows a concern in a particular area but not enough to warrant intervention services. When this happens we re-screen the child in that development area in three months just to be sure no further action is necessary. Many times when children enter into care they are behind in their language and social emotional development but after a few short months in care these scores improve. We attribute this to the rich

learning experiences and the small group environment. A solid foundation of strong social emotional skills is tied to successful school outcomes. The Infant Toddler Program Manager is responsible for the screenings and tracks all of the information. She also follows up with intervention services for the benefit of the child, family and the provider.

**8. Complete the chart below with the unduplicated total of people you expect to serve in 2018, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2017.**

*Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2017 must show an increase in people served if applying for an increase in CDBG funding.*

<input type="text" value="52"/>	Unduplicated people to be served in 2018
<input type="text" value="34"/>	Unduplicated Evanston residents to be served in 2018
<input type="text" value="44"/>	Unduplicated low/moderate income people to be served in 2018
<input type="text" value="30"/>	Unduplicated low/moderate income Evanston residents to be served in 2018
<input type="text" value="46"/>	Unduplicated people served in 2017
<input type="text" value="30"/>	Unduplicated Evanston residents served in 2017
<input type="text" value="40"/>	Unduplicated low/moderate income people served in 2017
<input type="text" value="26"/>	Unduplicated low/moderate Evanston residents served in 2017
<input type="text" value="302.00"/>	<b>TOTAL</b>

**9. Provide a summary of your organization's mission including organizational structure, size and functions of the board, and any significant changes in the last year. Attach current Strategic Plan on the Documents tab.**

*City of Evanston applicants, enter "NA."*

Learning Bridge Early Education Center is a community-based organization whose mission is to strengthen families by providing high quality, affordable care and education for their children. Its highest priority is to help children from all socioeconomic backgrounds gain the skills they need to succeed in school while fostering the shared community values of cooperation and respect for one another.

Learning Bridge has two main programs for the care of young children. The Center at 1840 Asbury Ave in Evanston has five preschool classrooms caring for children age 2 through 5 years of age. Learning Bridge Infant Toddler Program is a network of home day care providers who contract with the Center to primarily care for children age six weeks to three years of age.

Learning Bridge Early Education Center is dedicated to the welfare and care of the infant, toddler and preschool age child who needs full day care away from home. The Center strives to provide an emotionally secure and physically safe atmosphere as a home away from home environment. Learning Bridge is concerned with fostering the development of the whole child by:

- Providing for the care and well-being of the children in our care
- Encouraging the physical, social, emotional and intellectual development of each child
- Increasing each child's awareness of self, others and the world in which (s)he lives

Creating a positive climate and environment in which children, parents and staff can work, learn and grow together both programs share in management through the Executive Director and the Leadership team to provide support for teachers, providers, children and families. Several staff members serve in multiple capacities to support the agency. For example, the Center Manager also handles the CCAP site administration program, the Program and Education Manager facilitates

education and training with the teacher staff and the providers, and the Infant Toddler Program Manager serves many functions including enrollment and support. She conducts the developmental screenings for children in the provider's homes. Our Executive Director is responsible for both programs. She is hired by and accountable to the Board of Directors. The Board has fiduciary responsibilities and is tasked with fundraising for all of the Center's program. In light of District 65's Report on Black Student Achievement and what we know about the early years being critical learning years this program is vital to closing that gap and providing young children with equitable early learning opportunities and experiences that will help prepare them for their academic endeavors.

The only staffing changes from the past year has been a Director of Development and in July the Center began site administration for District 65 Doorway to Learning Early Head Start Program. The Center has a strategic plan which has been uploaded to the documents tab at the end of the proposal.

**10. Describe your agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.**

*CDBG applicants, 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 Resource Library).*

The Center has a long history in the community of providing quality childcare services. Our Infant Toddler Program Manager holds a Master's Degree in Early Childhood and has a Level 2 Infant and Toddler Credential, and the Program and Education Manager for the Center who helps to manage the Connections program has a Bachelors in Early Childhood with an Infant Toddler Concentration and a Level 5 Infant Toddler Credential. Our Infant Toddler providers hold Family Child Care CDA's, BA degrees and have a wealth of experience caring for children. 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 and systems and procedures in place to ensure that there are many checks and balances. Payments for parents are handled by one person, deposits by another, recording a third and reconciliation a fourth. We have a responsibility to our stakeholders for the financial integrity of our programs. We keep our expenditures in tight control and have tightened our belt as funding has decreased. We receive donations of goods and services that help to supplement our resources. Our Board of Directors works diligently behind the scenes working on funding and advocacy for our programs. They bring with them a wealth of expertise as does our Director of Development. Monthly our Board monitors the Center's financial statements. They review 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 receive the best value for services and whenever possible we purchase from local Evanston vendors.

**11. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?**

*All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.*

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

**12. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years?**

*Provide your staff to participant ratio and any requirements for program licensing or accreditation.*

Learning Bridge's family child care providers have many years of experience. One of our providers has been with us for thirty years; the most recently contracted provider was eight years ago. Besides their collective experience they hold CDA credentials and Bachelor Degrees in Early Childhood Education. The current accreditation process for Family Child Care Providers through the National Association of Family Child Care Providers, involves a cost of approximately \$1,275 per provider. Through Illinois Gateways to Opportunity the Providers can earn a credential at no cost to them. We are helping our providers navigate this new process so that they can become accredited.

Our Program Manager has earned a Master's Degree in Early Childhood and has a Level 2 Infant and Toddler Credential, and the Program and Education Manager for the Center who helps to manage the Connections program has Bachelors in Early Childhood with an Infant Toddler Concentration and a Level 5 Infant Toddler Credential.

This program has been in existence since 1972. Program staff work at multiple roles in the program for example, the Connections Manager enrolls families, conducts screenings, conducts developmental play groups in the home, assists with referrals and early intervention services, facilitates and conducts training and manages the Connections database.

No new staff will be hired for administration. We are adding one additional family child care provider beginning September 1, 2017.

Without City of Evanston funding the program and the services it provides to low income families is in jeopardy. There have been no increases in the state reimbursement rate for family child care providers since July 2015. These rates are well below what other providers are receiving for services that do not have the same extra programs that we provide, such as the Play Enhancement Groups and Roving Musician. If the program were to close providers would have to rely on the state's slow reimbursement process, which affects their ability to provide the services. There are many costs associated with being a family child care provider such as property and professional liability insurance that are quite costly to providers. Some of our

providers have stated that they would be forced to retire and face economic hardship if they were not in our program.

**13. Provide the name, email and phone number of the individual who attended the pre-application meeting.**

Ann Rappelt, rappelta@lbeec.org, 847-869-2680

**14. All organizations receiving CDBG 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." (City of Evanston applicants, enter 074390907)**

115747271

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

Yes

No

**16. 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."**

Services take place in the Infant Toddler provider's home. young children who have physical mobility issues can easily be carried. For children need services therapist provide it in the provider's home.

**17. Where (address/location) does your program take place and how will clients get to the location or facility?**

1120 Fowler St. Evanston, IL, 1926 Warren St Evanston, 4151 Howard Skokie, 231 Grey Evanston, 8841 Monticello Evanston, 1700 Mulford St Evanston, add DEEs address change #

**18. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2018 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.**

*Enter the name and title of the individual submitting this application.*

Ann Rappelt, Program and Communication Manager Learning Bridge Early Education Center

**Budget**

<b>Funding Sources/Revenues</b>	2017	2018	2018 Committed
City of Evanston CDBG	\$ 0.00	\$ 0.00	\$ 0.00
City of Evanston Mental Health Board Funds	\$ 18,500.00	\$ 19,600.00	
Unrestricted Contributions	\$ 20,010.00	\$ 75,000.00	
Restricted Contributions	\$ 9,817.00	\$ 14,726.00	\$ 0.00
Restricted Gifts from Program	\$ 47,610.00	\$ 28,000.00	\$ 28,000.00
Parent Fees	\$ 33,200.00	\$ 24,057.00	
IDHS	\$ 348,800.00	\$ 252,740.00	\$ 0.00
<b>Total</b>	<b>\$ 477,937.00</b>	<b>\$ 414,123.00</b>	<b>\$ 28,000.00</b>

<b>Funding Uses/Expenses</b>	2017	2018 Total	2018 CDBG	2018 MHB
Payroll	\$ 117,913.00	\$ 112,964.00		\$ 19,600.00
Payroll Taxes	\$ 14,327.00	\$ 13,725.00		
Employee Benefits	\$ 1,522.00	\$ 914.00		
Staff Development and Education	\$ 782.00	\$ 664.00		
Prof Fees and Consultants	\$ 15,103.00	\$ 9,896.00		
Provider Payments	\$ 336,980.00	\$ 244,176.00		
Provider Training	\$ 507.00	\$ 508.00		
Musician	\$ 7,728.00	\$ 7,728.00		
Communications	\$ 1,167.00	\$ 1,157.00		
Computer	\$ 812.00	\$ 1,846.00		
Supplies	\$ 492.00	\$ 492.00		
Property and Equipment	\$ 1,561.00	\$ 1,485.00		
Newsletter	\$ 305.00	\$ 305.00		
Parent/Child Functions	\$ 51.00	\$ 0.00		
Postage, Printing, Ins., Fundraising, Fee, Misc	\$ 4,862.00	\$ 5,285.00		
<b>Total</b>	<b>\$ 504,112.00</b>	<b>\$ 401,145.00</b>	<b>\$ 0.00</b>	<b>\$ 19,600.00</b>



screenings centered on when necessary language acquisition; and growth will receptive gross and fine be motor skills, cognitive measured. and social emotional skills.

4						0					0
5						0					0
<b>Total</b>			<b>62</b>	<b>48</b>	<b>42</b>	<b>56</b>	<b>208</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Program Line Item Expenditures

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
								\$
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

### Program Line Item Funding

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

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

REQUIRED FOR ALL EXTERNAL APPLICANTS.  
Audited financial statement and Form 990 for the most recent completed fiscal year.

[Audit FY16](#)

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

[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).

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2017 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2016 only if changed).

Brief biographies of key staff (NEW APPLICANTS and funded agencies with staff changes in 2017).

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](#)

2018 CDBG-MHB Application review Meeting Schedule. Please note that the order in which applications will be reviewed is not finalized.

[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.

[Organizational 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.

[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 FY2017.

[FY 17 Unaudited financials](#)

**How did you make up last year's deficit?**

The FY17 deficit was closely tracked during the year. It grew due to enrollment falling to lower than budgeted levels, a downward trend in donor contributions, and an increase of costs in Worker's Compensation coverage.

These conditions created an urgent situation that met the conditions of our emergency spending policy, allowing members of the Board of Directors to recommend a drawdown of endowed funds to cover the deficit.

**Expenses exceed funding in 2017 and 2018 funding doesn't cover deficit. Please provide more information about program's stability.**

Learning Bridge is a stable organization in all ways. Deficit budgeting is not the norm. The FY18 budget was approved by the Board of Directors with strict requirements for closing that deficit prior to June 30 2018. The sum of the strategy is to balance an existing staff vacancy against enrollment and fundraising revenue without a negative impact to classroom excellence.

The goal of closing the deficit will be accomplished in part through quarterly review by Learning Bridge leadership of a new Organizational Dashboard. Incorporated in the dashboard are objectives related to enrollment revenue; scholarship expenditures; general operating expenses including grounds and maintenance; and an ambitious development plan to build major donor and online giving.

At this time, enrollment is slowly but steadily moving to capacity. Fundraising strategies are moving forward with positive responses. In December 2017, Learning Bridge leaders will evaluate progress across all measurements. The decision will then be made about the open staff position, and whether filling it will or will not hinder our ability to achieve a balanced budget by June 30 2018.

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

Application ID: 86385

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City of Evanston  
Community Development  
**2018 CDBG Public Services & Mental Health Board - City of Evanston**  
8/18/2017 deadline

Learning Bridge Early Education Center  
**Scholarship program Learning Bridge Early Education Center**

**\$ 12,500.00** Requested  
\$ 12,500 MHB Request

Submitted: 8/18/2017 1:50:40 PM (Pacific)

**Project Contact**

Ann Rappelt  
[rappelta@lbeec.org](mailto:rappelta@lbeec.org)  
Tel: 847-864-5610

**Additional Contacts**

*none entered*

**Learning Bridge Early Education Center**

1840 Asbury Avenue  
Evanston, IL 60201  
United States

**Executive Director**

Lindsay Percival  
[percivall@lbeec.org](mailto:percivall@lbeec.org)

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Telephone 847-869-2680  
Fax 847-869-2687  
Web [www.lbeec.org](http://www.lbeec.org)  
EIN 36-2167017  
DUNS 115747271  
SAM Expires 7/7/2018

**Pre-Application (Letter of Intent)**

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**All Applicants Complete Questions 1-8 and attach Documents**

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**1. Organization Name and Program for which you are requesting funding.**

Learning Bridge Early Education Center

**2. Type of organization**

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Other:

**3. Is your organization an affiliate of a regional or statewide social service agency?**

- No
- Yes

**4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.**

*Attach the list of local board members as well as the parent organization board below.*

NA

**5. Is your organization accredited?**

- Yes
- No

**6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.**

Learning Bridge Early Education Center is accredited by NAEYC, holds a Gateways GOLD circle of quality as well as the Award of Excellence for Preschool Teaching and Learning.

**7. People served:**

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other:

**8. 2018 Funding Requested from the City of Evanston**

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

	CDBG
12500	MHB (Human Services Fund)
12,500.00	<b>TOTAL</b>

**9. Funding request is:**

Programs funded in 2017 should be classified as renewal even if amount requested is different from 2017 grant.

- Renewal of 2017 CDBG funding
- Renewal of 2017 MHB funding
- New request for CDBG
- New request for MHB

**New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)**

**10. NEW APPLICANTS OR AGENCIES FUNDED IN 2016 APPLYING FOR A PROGRAM NOT FUNDED IN 2017 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."**

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

**11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.**

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

NA

**Documents Requested \***

**Required? Attached Documents \***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).	<input checked="" type="checkbox"/>	<a href="#">Center Budget 2018</a>
REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards		<a href="#">Board Roster</a>
REQUIRED FOR EXTERNAL APPLICANTS 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 <a href="#">download template</a>		<a href="#">Conflict of Interest</a>

**Application Questions**

**1. Who participates in or benefits from the program or services? Describe them in terms of age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Detail any eligibility requirements.**

*Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.*

The scholarship program at Learning Bridge Early Education Center serves working poor or low-income Evanston families and benefits their children aged 2-5 years old by helping to ensure their in full-day care as parents strive to do better in all ways. These are families whose income exceeds the state's Child Care Assistance Program (CCAP) but remains lower than 80% of HUD income limits.

Adequate scholarship support to these families, provided through a thoughtful, proactive and clearly defined process, supports the health and self-sufficiency of parents while their children experience stability in care and early education. The positive impact on educational equity and the academic achievement gap is clear.

Last year, our Center served 143 children; 51% were identified by parents and caretakers as female and 49% as male. Additionally, 62% were identified as Black/African American, 21% as White, 10% as Latino/Hispanic, and 7% as Multiracial. Of these families, 73% were headed by a single parent or caregiver; 74% were Evanston residents, and 42% of non-resident families worked in Evanston. These statistics do not deviate significantly from year to year and reflect scholarship recipient demographics.

As well, 70% of Center families do receive tuition reimbursement through CCAP. In the past two years, however, CCAP income guideline limits have significantly narrowed. For example, now over the Illinois CCAP guideline limit are: a parent with one child and a gross income of \$2,152/month; a parent working 40 hours a week and earning \$12.50/hourly; a family of two working parents who together earn \$2,356/month. Although, according to HUD 2017 income limits, these families are all considered "very low-income" they do not qualify for CCAP assistance. Adding to this income the costs of payroll taxes, rent, clothing, food, and medical care and very little remains.

According to Nobel-prize winning economist James J. Heckman, high-quality, full-day early learning for low-income children has a proven return on investment in the health of a child, a family, and a community. Children who are given the opportunity to develop at a place like the Learning Bridge will enter school with math, language, and social skills. These skills give a child a good start to success in school and in life.

Learning Bridge strives to keep tuition well below the cost of care in order to essentially provide tuition subsidies to every family enrolled. Individual and institutional grants are a critical aspect of the model of sustainability, as are full-fee parents' tuition. But this is not sufficient to assist families who, by working to improve their income from "extremely low" to "very low" to "low" will no longer qualify for CCAP and therefore may lose the chance to provide full-day early learning to their children!

Families may apply for the Scholarship Program if they:

- Have children enrolled at the Center;
- Are Evanston residents;
- Have family income that exceeds state CCAP guidelines but not 80% of HUD income limits;
- Have heads of family who work, are enrolled in school or job training, or are seeking employment;
- Continue to contribute a portion of tuition expenses.

Learning Bridge was recognized by the ExcelRate Illinois with the Award of Excellence, given to only 6% of preschools in the state. Here, scholarship recipients have the peace of mind in knowing that their children are receiving the best early learning opportunities available

**2. Describe your program, including the need(s) that it addresses. Describe specific components or services within the program. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.**

*If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses.* Learning Bridge seeks to provide the highest quality educational experiences for the young children in our care. We are one of the largest early child care facilities in Evanston, serving eighty nine children on-site, with approximately thirty more children in our Infant Toddler Program. Our program is NAEYC accredited, has been awarded the ExceleRate Gold Circle of Quality, and late last year received the Award of Excellence for Preschool Education, the highest level of achievement in early childhood education. Only 6 % of all centers in the state have received this award.

The Center has a large outdoor classroom where children's bodies can grow and develop along with their minds. Sitting on almost a full acre, the Center has a tricycle track, a climber, a large sandbox, and an outdoor flower and vegetable garden where the children participate in planning, planting, tending and harvesting. All 89 of the Center's children are outdoors at once, playing together with the entire Center's teaching staff and building a strong sense of community. In this environment of trust and comfort children are able to excel in their learning. We are fortunate to have a number of regular volunteers assist us in our mission. This year one hundred seventeen volunteers ranging from high school students to Mather Home residents visited and worked with our children.

Our teachers are early childhood professional educators who hold Associate or Bachelor's Degrees in Early Childhood Education along with Gateways Credentials. The staff-to-child ratio at the Center exceeds the DCFS-required staffing ratio, allowing us to provide children with individualized care and instruction. This ratio enables teachers to better help children who

are having difficulty with their self-regulation and problem-solving skills. As we help these children use conflict resolution skills with their peers, their self-concept and self-esteem grows, qualities that will benefit them in their academic and adult life. Studies show that children with strong social-emotional skills have fewer problems with anger, depression and other mental health issues.

Our Center is open from 7:30 am to 5:30 pm Mon-Fri, 49 weeks a year. Our children often stay with us anywhere from 2 to 4 years.

As stated in Question #1, many Evanston families have 'fallen off the CCAP cliff.' Scholarships provide a financial 'bridge' to families whose income is over CCAP guidelines. With this help, parents are able to continue working toward self-sufficiency and children experience the benefits of continuity of care.

Scholarship applications and supporting documents will be reviewed and eligibility determined by the Center Manager. Supporting documents will include copies of the parent's 2 most recent pay stubs, a copy of their current lease or mortgage statement, and two recent utility bills. Additional supporting documentation may be requested.

Scholarships will be awarded for a period not to exceed 6 months. A family is eligible to reapply for additional scholarship funds when the new eligibility period begins. The grounds for termination of a scholarship will be: the child is no longer enrolled at our Center; the family moves out of Evanston; the applicant provided false information or documentation on the application; poor attendance by the enrolled child; non-payment of child care fees by the applicant. It will be the scholarship recipient's responsibility to notify the Center of any changes in work

**3. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.**

*Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.*

<input type="text" value="150"/>	Intake/assessment
<input type="text" value="12"/>	Referrals
<input type="text"/>	Individual case management plan/services
<input type="text"/>	Services delivered on an individual basis (e.g. home delivered meals)
<input type="text" value="3"/>	One time event or activity (e.g. field trips, tax preparation)
<input type="text"/>	Multi-session program (e.g. after school program)
<input type="text" value="3"/>	Focused topic activities (e.g. workshops, trainings)
<input type="text"/>	Drop in services (e.g. computer lab, tutoring, help desk)
<input type="text"/>	Phone or online help (e.g. 24-hour help lines)
<input type="text" value="168.00"/>	<b>TOTAL</b>

**4. How long has your program existed and how has it grown or changed? How long do you expect to continue providing this service.**

We are now known as Learning Bridge Early Education Center. The Child Care Center of Evanston was renamed and re-branded this year to better reflect the high quality work that we do in education and care of children. Our Center began in 1944 as a day nursery for African-American children whose mothers were working as a result of the critical manpower shortage during World War II. The Center was supported at that time by government funds plus a flat fee paid by each family served. After the war, the Social Service Committee of the Evanston Woman's Club secured financial support from the Community Chest for continuation of the Center.

For 20 years the Center was housed in the basement of the Church of God, with children napping in the pews of the Sanctuary. When the facility became overcrowded the Center moved to the church school of the Congregational Church of Evanston. From the post-war period through the 1960's, finding a permanent home for the Center became a high priority. The lengthy search ended when the property at 1840 Asbury Avenue became available. A campaign was undertaken to raise money for its purchase and remodeling. The Center moved to the Asbury location in 1969. Starting in the early 1970's, the Center's enrollment and staff began to more accurately reflect Evanston's racial and economic diversity.

In 1972, the Center expanded its services to the community by establishing the Home Day Care program for infants and toddlers. Home Day care now operates under the name of Learning Bridge Infant Toddler Program and family child care providers in our contracted homes receive ongoing support, and resources. Learning Bridge conducts ongoing developmental screenings of children so that all receive early intervention support services when necessary.

In December 2015 our IDHS Child Care Assistance Program (CCAP) grant increased to include administration of the subsidy program for Infant Welfare of Evanston's two sites, Baby Toddler Nursery and Teen Baby Nursery. Our grant was increased

again in July 2017 to include CCAP administration of District 65 Doorway to Learning Early Head Start program.

Learning Bridge Early Education Center plans to continue to strengthen families by providing high quality, affordable care and education for their children and to help children from all socioeconomic backgrounds gain the skills they need to succeed in school. In December 2016 Learning Bridge received the Award of Excellence in Preschool Teaching and Learning from ExceleRate Illinois, the State's Quality Rating program. This award distinguishes us as one of the top 6% of early learning programs, including for-profit, school district, and nonprofit center-based programs.

Our strategic plan objectives in the coming year focus on an expansion of our currently successful parent engagement program. Our Kellogg Board Fellow will lead research on existing successful models, and a second grant will provide an outside consultant to examine the relationships between teachers, parents, and school administrators, and the larger surrounding community.

**5. Do you maintain a wait list? If yes, provide its size and the average length of wait time for services. If no, describe any resources, including referrals, provided to individuals you are not able to serve.**

A waitlist exists when the demand for childcare exceeds the supply of childcare spaces. Our Center maintains a wait list as needed for enrollment in our Center's five classrooms. Noting that we currently had a wait list for our two-to-three year old classroom and that the majority of clients needed care for children of this age, we have changed one of our 3-5 year old classrooms to a 2-1/2 to 4 year old classroom. At this time we have available spots in our three-to-five year old classrooms.

Many daycare programs in our community serve either infant/toddler children or preschool aged children. A child who is turning three and transitioning out of their infant/toddler program will need to move to a preschool childcare program. A parent will contact us a few months before the child turns 3. A tour is scheduled to help acquaint the parent with our program and to see if we are a good fit for their child and for their family. We enroll children throughout the program year as we have openings. A child in our two-to-three year old classroom will be transitioned to one of our preschool classes after meeting with the child's parent(s) and when the child has been determined to be ready physically, emotionally and developmentally. We strive to make the enrollment process as smooth and seamless as possible so that parents can continue to work and support their family.

**6. What other agencies address this need, how do you collaborate with them 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.*

While many Evanston child care programs may offer tuition assistance to a limited number of their enrollees, Childcare Network of Evanston (CNE) has historically provided a Community-wide scholarship program funded by the Evanston Mental Health Board. Child Care Center families have applied for, been found eligible, and received CNE scholarship funds every year since the inception of the program. This financial support has been a life-saver for the families who have 'fallen off the CCAP cliff' and find they no longer qualify for child care assistance through the state.

But in a letter from April 2016, CNE informed us that as of April 30, 2016, the three Center families currently receiving scholarships would no longer receive them. Our families had just a few weeks to find another source of financial support before the cutoff date. In an attempt to maintain continuity of care for the children, and to help reduce the anxiety and stress levels of the parents, we offered families a reduced weekly rate and gave financial assistance to families from our general operating budget. Even with increased individual and institutional support, this is not a sustainable model of operations.

As stated in Question #1, seventy percent of children enrolled at our Center receive financial assistance by the state. The state reimbursement rate equals to just seventy one percent of the cost of a child's tuition at our center. We work to maintain a healthy balance of full fee families and subsidized families but we walk a fine line. The tuition paid by our full fee families helps to offset the reimbursement rate disparity. Our Center does not have the financial depth to provide long-term financial assistance to our scholarship-eligible families. We do have other financial resources, such as individual donors, which we intend to increase in the coming year, however this will still not be sufficient to cover the needs of our most vulnerable families: those working to move themselves and their children from poverty to self-sufficiency.

We work collaboratively with others providing similar services in Evanston. We all have a known number of spaces available for enrollment of students, and work to create the largest successful offering of early learning available to the community.

**7. Describe program goals and outcomes you anticipate in 2018, including any change from 2017. What data are collected and used to analyze your program and measure success? Who is responsible for ensuring the program is implemented as planned?**

Our program goals and outcomes for this Scholarship grant will be similar to CNE's Community-wide scholarship program. We will use four primary quantitative measures: the percentage of participating children who remain in consistent care as a result of the scholarship; the percentage of low-income, single parent households receiving priority scholarships; the percentage of parents/caregivers that will experience lower levels of stress as a result of receiving scholarship assistance; and the percentage of participating children who show improvement of assessment outcomes due to remaining in care at our center.

Our process includes application forms completed by family head of households. The application will include fiscal data, employment information, demographic information and self-reported stress. A standardized mental health instrument (CESD-R or equivalent short form assessment tool) will be used to identify and measure parental stress at the point of intake as well as at the conclusion or renewal of scholarships. The Program & Education Manager and the Program Administrator will be responsible for ensuring the program is implemented as planned.

One of the best measures of the success of the scholarship program will be the continued educational growth and development of the children who continue to receive uninterrupted care and education. Our classroom teachers work in teams and plan child centered, developmentally appropriate lesson plans for our children. These lesson plans take into account the interests of the children and their strengths. Teachers plan activities across a variety of learning centers and assess and document individual children's experiences, and determine whether a child is on track developmentally, may need more intentional instruction, or has mastered a skill and is ready for the next challenge. Teachers plan for small group activities and set goals and objectives.

We use research-based 'Creative Curriculum' and 'Teaching Strategies GOLD' online as our assessment system. We conduct checkpoints three time per program year to show individual growth and outcomes. These checkpoints are aligned with the Illinois Early Learning Development Standards. We meet with parents at least bi-annually for parent teacher conferences and show parents progress that their child has made. In school year 2016-17 we are added a supplemental curriculum, 'The Big Ideas for Math for Early Childhood.' Weekly teachers provide some basic mathematical principles and provide a foundation of math literacy we will be closing the academic achievement gap that exists in our District schools for our children. The Big Ideas are shared with the parents and well as vocabulary that children are learning at school. Teachers share this information with families to promote the school and home connection. The training for this program has been in partnership with the Kohl Children's Museum of Greater Chicagoland.

**8. Complete the chart below with the unduplicated total of people you expect to serve in 2018, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2017.**

*Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2017 must show an increase in people served if applying for an increase in CDBG funding.*

150	Unduplicated people to be served in 2018
111	Unduplicated Evanston residents to be served in 2018
105	Unduplicated low/moderate income people to be served in 2018
77	Unduplicated low/moderate income Evanston residents to be served in 2018
143	Unduplicated people served in 2017
107	Unduplicated Evanston residents served in 2017
104	Unduplicated low/moderate income people served in 2017
74	Unduplicated low/moderate Evanston residents served in 2017
871.00	<b>TOTAL</b>

**9. Provide a summary of your organization's mission including organizational structure, size and functions of the board, and any significant changes in the last year. Attach current Strategic Plan on the Documents tab.**

*City of Evanston applicants, enter "NA."*

Learning Bridge Early Education Center is a community-based organization whose mission is to strengthen families by providing high quality, affordable care and education for their children. Its highest priority is to help children from all socioeconomic backgrounds gain the skills they need to succeed in school while fostering the shared community values of cooperation and respect for one another.

Learning Bridge has two main programs for the care of young children. The Center at 1840 Asbury Ave in Evanston has five preschool classrooms caring for children age 2 through 5 years of age. Learning Bridge Infant Toddler Program is a network of home day care providers that contract with the Center to care for children age six weeks to three years of age. The Center is dedicated to the welfare and care of the infant, toddler and preschool age child who needs full day care away from home. The Center strives to provide an emotionally secure and physically safe atmosphere in a home away from home environment. Learning Bridge is concerned with fostering the development of the whole child by:

- Providing for the care and well-being of the children in our care
- Encouraging the physical, social, emotional and intellectual development of each child
- Increasing each child's awareness of self, others and the world in which (s)he lives
- Creating a positive climate and environment in which children, parents and staff can work, learn and grow together

Both programs share in the management through the Executive Director and the Leadership team to provide support for teachers, providers, children and families. Several staff members serve in multiple capacities to support the agency. For example, the Center Manager also handles the CCAP site administration program, the Program and Education Manager facilitates education and training with the Center teaching staff and the Infant Toddler Program providers, and the Infant Toddler Program Manager serves as the Manager and conducts the developmental screenings for children in the provider's homes. The Executive Director serves both programs and is hired by and accountable to the Board of Directors. We are committed to providing high quality education for all young learners.

Aware of the District 65 Report on Black Student Achievement and what we know about the early years being critical learning years, the Board and staff are working together to continue to make improvements to the learning environment and the instructional quality. Our staffing patterns exceed the recommended teacher to child ratio so that children can get the individualized attention they need. This greatly benefits children's social emotional development. Teachers can work with children who have difficulty regulating their emotions and help them to develop appropriate coping strategies. By developing these social skills early on, children are able to use their words to problem solve conflicts and there is less aggression. With the increase of violence in our community and nationwide we are helping children develop peaceable skills.

Our IDHS CCAP grant was expanded in July 2017 to include District 65 Doorway to Learning Early Head Start Program. Our new Development Director started in January of 2017 and has secured funding for a new program "Language Link" to help children with speech delays that do not qualify for services at the school district. Our strategic plan has been uploaded to the documents tab.

**10. Describe your agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.**

*CDBG applicants, 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 Resource Library).*

Learning Bridge Early Education Center has a long history in the community of providing quality childcare 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 and systems and procedures in place to ensure that there are many checks and balances. Payments for parents are handled by one person, deposits by another, recording a third and reconciliation a fourth. We have a responsibility to our stakeholders for the financial integrity of our programs. We keep our expenditures in tight control and have tightened our belt as funding has decreased. We receive donations of goods and services that help to supplement our resources.

Our Board of Directors works diligently behind the scenes working on funding and advocacy for our programs. 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 for any item over \$2,500, three bids are obtained.

Well-defined financial criteria from the parent/guardian shall be completed and then scholarships shall be considered. Scholarship funds are entered into the parent's ledger as scholarship and are kept separate in accounting for record keeping. Parent applications are confidential and are kept locked in the finance office. Scholarship applications will be renewed if applicable every six months or until the family no longer needs financial assistance or the child is no longer in care. If a parent is on a job search scholarship we review the process every 30 days.

It is important to note that in the coming year, we will assume a more proactive stance in the disbursement of scholarship funds. Building on the parent engagement program and a community of positive relationships between parents, teachers, and school administrators, we will be able to detect families with needs as they evolve. We will better communicate and support families as they move into a more vulnerable financial position, and be able to also know when they are able to act with greater financial independence. Scholarships will therefore begin and end with greater intentionality and go to serve those in greatest need.

**11. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?**

*All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.*

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

**12. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years?**

*Provide your staff to participant ratio and any requirements for program licensing or accreditation.*

The Center Manager has over thirty years of experience managing a Center. She assists families with the enrollment process, their initial CCAP paperwork and ongoing re-determinations, manages fees, payment plans and assists and support parents. She holds a Bachelors Degree in Early Childhood with a Gateways Level 5 Credential.

Our Executive Director has held this position for almost six years. Prior to this she was heavily involved with the Center while serving on the Board. The Program and Education Manager has a BA in Early Childhood. The Infant Toddler Program Manager has a MS in Early Childhood Education. Additional Leadership Team staff work together to ensure a seamless delivery of high quality learning and education to children and a family centered program for our parents.

No new staff will be hired for this position as present staff will be able to handle the administrative services required for this service. None of the requested funding will be used for administrative staff salaries; one hundred percent will go to the families needing financial assistance and this will be shown on the family ledger statements.

**13. Provide the name, email and phone number of the individual who attended the pre-application meeting.**

Ann Rappelt, rappelta@lbeec.org 847-869-2680, Janet Sparks, sparksj@lbeec.org, 847-869-2680

**14. All organizations receiving CDBG 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." (City of Evanston applicants, enter 074390907)**

115747271

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

Yes

No

**16. 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 however serve young children and have been able to accommodate some with mild physical disabilities. The Center is planning to make improvements that would address this need, employing universal design.

**17. Where (address/location) does your program take place and how will clients get to the location or facility?**

1840 Asbury Ave, Evanston, IL 60201

**18. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2018 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.**

*Enter the name and title of the individual submitting this application.*

Ann Rappelt, Program and Education Manager

**Budget**

<b>Funding Sources/Revenues</b>	2017	2018	2018 Committed
City of Evanston CDBG	\$ 0.00	\$ 0.00	\$ 0.00
City of Evanston Mental Health Board Funds	\$ 10,000.00	\$ 12,500.00	
Unrestricted Contributions	\$ 113,690.00	\$ 175,000.00	
Restricted Contributions	\$ 14,400.00	\$ 26,470.00	\$ 36,470.00
Parent Fees	\$ 380,953.00	\$ 387,365.00	
Food Program	\$ 83,581.00	\$ 79,080.00	\$ 0.00
IDHS	\$ 553,757.00	\$ 521,218.00	\$ 0.00
ISBE Preschool for All	\$ 101,483.00	\$ 110,636.00	\$ 0.00
Restricted Gifts from Endowment	\$ 105,590.00	\$ 48,000.00	\$ 48,000.00
<b>Total</b>	<b>\$ 1,363,454.00</b>	<b>\$ 1,360,269.00</b>	<b>\$ 84,470.00</b>

<b>Funding Uses/Expenses</b>	2017	2018 Total	2018 CDBG	2018 MHB
Payroll, taxes and emp benefits	\$ 1,063,622.00	\$ 1,096,545.00		
Staff Development	\$ 4,506.00	\$ 8,996.00		
Prof Fees, and Consultants/Musicians	\$ 38,083.00	\$ 53,376.00		
Printing, Postage, Newsletter	\$ 2,527.00	\$ 4,679.00		
Communications/Computer	\$ 13,267.00	\$ 14,001.00		
Supplies, and Program Consultants	\$ 24,847.00	\$ 29,162.00		
Food (CACFP) Expense	\$ 95,207.00	\$ 101,898.00		
Property and Equipment	95 of 168 \$ 3,464.00	\$ 3,715.00		

Parent/Child Functions/Summer Camp, Field Trips, Special Events	\$ 4,425.00	\$ 7,019.00		
Professional Organization Memberships/Advertising	\$ 4,213.00	\$ 5,487.00		
Fundraising and Board, Misc. Exp	\$ 7,156.00	\$ 23,565.00		
Occupancy	\$ 70,476.00	\$ 72,539.00		
Bank and Credit Card Fees	\$ 7,119.00	\$ 9,076.00		
Scholarship Program Exp (Direct to Families)	\$ 10,000.00		\$ 12,500.00	
Depreciation and Insurance Exp	\$ 28,156.00	\$ 33,575.00		
<b>Total</b>	<b>\$ 1,377,068.00</b>	<b>\$ 1,463,633.00</b>	<b>\$ 0.00</b>	<b>\$ 12,500.00</b>

### Budget Narrative

Learning Bridge's fiscal year is July 1 to June 30th. The 2017 budget was very aggressive as far as the number of children we wanted to provide services. The actual numbers for 2017 are closer to the 2018 budget numbers provided here. Because IDHS and Food Program will fund us based on enrollment, when our enrollment numbers exceed the budgeted numbers here, we will still be provided the funding. Our approved IDHS funding exceeds these budget numbers. We budgeted more conservative enrollment to also keep our expenses within that range.

### Program Outcomes

#### Program Outcomes

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	Evanston children will remain in our early childhood education program without disruption of service	90% of children shall remain in care with no disruption of service while receiving child care assistance	6	6	6	6	24				0
2	Low-income, single parent households will receive priority for scholarships	70% of scholarship recipients will be single parent households	4	4	4	4	16				0
3	Parents will experience lower levels of stress as a result of receiving scholarship assistance	75% of participating parents report lower levels of stress when ending or renewing scholarships	5	5	5	5	20				0
4	Children receiving scholarship assistance shall show improvement of assessment outcomes as they remain in care	80% of children shall show improvement of assessment outcomes as they remain in care	5	5	5	5	20				0
5						0					0
<b>Total</b>			<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>80</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### Program Line Item Expenditures

Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
										\$
<b>Total</b>	<b>0</b>	<b>\$0</b>								

### Program Line Item Funding

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

### Documents

#### Documents Requested \*

REQUIRED FOR ALL EXTERNAL APPLICANTS.  
Audited financial statement 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.

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 2017 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS

#### Required? Attached Documents \*

[FY16 Audit](#)

[Annual Report](#)

or organizations funded in 2016 only if changed).

Brief biographies of key staff (NEW APPLICANTS and funded agencies with staff changes in 2017).

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](#)

2018 CDBG-MHB Application review Meeting Schedule. Please note that the order in which applications will be reviewed is not finalized.

[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.

[Organizational 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.

[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 FY2017.

[FY 17 Unaudited financials](#)

## Extra

### **How many children received a scholarship in 2017? What was the average amount?**

Seven families received scholarships based on their individual financial need. The average scholarship per month was \$266.00 which would be one week of tuition.

### **How did you make up last year's deficit?**

The FY17 deficit was closely tracked during the year. It grew due to enrollment falling to lower than budgeted levels, a downward trend in donor contributions, and an increase of costs in Worker's Compensation coverage.

These conditions created an urgent situation that met the conditions of our emergency spending policy, allowing members of the Board of Directors to recommend a drawdown of endowed funds to cover the deficit.

### **Expenses exceed funding for both years. Please provide more information about program's stability.**

Learning Bridge is a stable organization in all ways. Deficit budgeting is not the norm. The FY18 budget was approved by the Board of Directors with strict requirements for closing that deficit prior to June 30 2018. The sum of the strategy is to balance an existing staff vacancy against enrollment and fundraising revenue without a negative impact to classroom excellence.

The goal of closing the deficit will be accomplished in part through quarterly review by Learning Bridge leadership of a new Organizational Dashboard. Incorporated in the dashboard are objectives related to enrollment revenue; scholarship

expenditures; general operating expenses including grounds and maintenance; and an ambitious development plan to build major donor and online giving.

At this time, enrollment is slowly but steadily moving to capacity. Fundraising strategies are moving forward with positive responses. In December 2017, Learning Bridge leaders will evaluate progress across all measurements. The decision will then be made about the open staff position, and whether filling it will or will not hinder our ability to achieve a balanced budget by June 30 2018.

**Budget provided appears to be for the whole Early Education Center. If so, please provide a budget specific to the scholarship program.**

*-no answer-*

**Numbers provided in answer to question 8 appear to be for the whole center. Please provide numbers for the scholarship program only.**

*-no answer-*

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

Application ID: 86569

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City of Evanston  
Community Development  
**2018 CDBG Public Services & Mental Health Board - City of Evanston**  
8/18/2017 deadline

Infant Welfare Society of Evanston  
**Infant Welfare Society of Evanston - Teen Baby Nursery**

**\$ 75,000.00** Requested  
\$ 75,000 MHB Request

Submitted: 8/18/2017 12:28:06 PM (Pacific)

**Project Contact**

Mary Burke Peterson  
[maryburkepeterson@iwse.org](mailto:maryburkepeterson@iwse.org)  
Tel: 847-491-9650

**Additional Contacts**

*none entered*

**Infant Welfare Society of  
Evanston**

2200 Main Street  
Evanston, IL 60202  
United States

**Executive Director**

Steven Vick  
[stephenvick@iwse.org](mailto:stephenvick@iwse.org)

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Telephone	847-491-9650
Fax	847-491-9410
Web	<a href="http://www.iwse.org">www.iwse.org</a>
EIN	36-2167753
DUNS	079763504
SAM Expires	6/12/2018

**Pre-Application (Letter of Intent)**

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**All Applicants Complete Questions 1-8 and attach Documents**

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**1. Organization Name and Program for which you are requesting funding.**

Infant Welfare Society of Evanston - Teen Baby Nursery

**2. Type of organization**

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Other:

**3. Is your organization an affiliate of a regional or statewide social service agency?**

- No
- Yes

**4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.**

*Attach the list of local board members as well as the parent organization board below.*

NA

**5. Is your organization accredited?**

- Yes
- No

**6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.**

National Association for the Education of the Young Child (NAEYC) until 2020; ExceleRate Gold Standard, State of Illinois

**7. People served:**

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other:

**8. 2018 Funding Requested from the City of Evanston**

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

	CDBG
75,000	MHB (Human Services Fund)
75,000.00	<b>TOTAL</b>

**9. Funding request is:**

Programs funded in 2017 should be classified as renewal even if amount requested is different from 2017 grant.

- Renewal of 2017 CDBG funding
- Renewal of 2017 MHB funding
- New request for CDBG
- New request for MHB

**New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)**

**10. NEW APPLICANTS OR AGENCIES FUNDED IN 2016 APPLYING FOR A PROGRAM NOT FUNDED IN 2017 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."**

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

**11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.**

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

NA

**Documents Requested \***

**Required? Attached Documents \***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).



[FY 2018 IWSE budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards

[IWSE Board of Directors](#)

REQUIRED FOR EXTERNAL APPLICANTS 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

[COI Form](#)

[download template](#)

**Application Questions**

**1. Who participates in or benefits from the program or services? Describe them in terms of age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Detail any eligibility requirements.**

Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting

*funding.*

IWSE provides comprehensive early childhood and parenting services to one of our community's most vulnerable populations, teen and young adult mothers, and their children. Currently, we do have 5 actively engaged fathers as well, though all enrolled children live in single parent households. These very young parents often face enormous challenges building strong, healthy families, particularly if the young parent does not have a high school diploma, GED or viable employment skills. Keeping a young parent in school or work training program makes a critical difference in her family's life.

IWSE's Teen Parenting Services include full-day, NAEYC accredited, high-quality early care and education for 16 infants and toddlers of teen and young adult parents and home visiting services through our Family Support Program. Family Support Services include weekly home visiting, biweekly socialization and parent education groups, with an emphasis on family literacy. Parental reading to a child on a regular basis is cited by research to be a strong indicator of school success and one means of strengthening the parent-child bond.

Services and enrollment criteria are:

- Enrolled Mothers/Fathers must be aged 23 years or younger, and be enrolled in high school or college, a job or vocational training program or working. Their children must be under age 3.
- Parents participating in only the home visiting component are not required to be in school, though they typically are.
- A key agency commitment includes regular developmental screenings of all infants and toddlers enrolled in our programs. Children with developmental or learning delays are at higher risk of academic failure. The sooner the delay or disturbance can be identified and treated, the better the chances of addressing it, finding strategies for remediation and minimizing that child's risk for long term deficits. Referrals to Early Intervention services are made when indicated and needed therapies are arranged for either the center or in the home. Additionally, these young parents are screened for depression, as increases in post-partum depression are prominent in these mothers. This increase is likely attributed to the increased isolation and lack of a solid support system so notable in these families. Follow-up services for parents include mental health consultation by our Infant Mental Health Specialist and as needed expanded post-partum depression support services.

- All of these young women are low-income, as defined by the Federal Poverty Line (FPL) categories.

Many teens have neither consistent financial nor emotional support from their families. In this past year, homelessness or lack of stable housing coupled with job insecurity continues in a number of young parents served through our home visiting services. Community partnerships exist with agencies including Connections for the Homeless, The Harbor and the City of Evanston for temporary housing services for families with young children. However, these only offer short term solutions to a longer term family crisis. An additional concern is the lack of co-parenting, as the child's father is often not helping raise the child, or the relationship between the parents is strained, creating additional stress and isolation for these young mothers. FY '17 attendance data noted participating families to be 90% African American, non-Hispanic; 10% Caucasian, Hispanic ethnicity or biracial. All are single female parent headed household

**2. Describe your program, including the need(s) that it addresses. Describe specific components or services within the program. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.**

*If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses.*

Teen Baby Nursery (TBN) is a NAEYC accredited early care and education program for 16 infants and toddlers of parenting teenagers and young adults. Our skilled staff offers educational and parenting supports to these very young parents as well. Many of our TBN families are multi-generational with grandparents and great grandparents assuming active parenting roles. Addressing the multiplicity of needs of the entire family is a hallmark of care at Teen Baby Nursery.

The Teen Parenting Services program takes place in multiple settings. The infants and toddlers of the teens are enrolled in Teen Baby Nursery, located at 2010 Dewey Avenue. Parent education groups may take place at the high school. Individual bi-weekly home visits may be conducted in the parents' homes or on site as needed.

Teen Parenting Services are available 5 days per week, from 7:30AM-5:30PM, Monday through Friday. Teen Baby Nursery provides services for the full calendar year, to meet the needs of parents in year round school programs or working parents.

All IWSE classroom and home visiting programs are organized around these principles:

- Consistent, nurturing relationships are critical for young children's healthy development.
- Use of an evidence-based curriculum is essential for creating optimum learning environments.
- Intentional planning for the individual needs of each child promotes learning in all domains.
- Ongoing parental and staff communication is fundamental in building a partnership to maximize a child's learning and development.
- Developmental screenings identify early evidence of developmental lags or disturbances.
- Home visiting is the first step to reducing isolation for Family Support Program participants.

In each programs, IWSE staff administer developmental screenings for every child within 45 days of their enrollment. Screenings continue at 6-month intervals for the duration of a child's participation in the program. Staff share the screenings and concerns with parents, and make referrals for formal evaluations with the Early Intervention System as needed. Our part time disabilities coordinator is also responsible for integrating the IFSPs into the individual class curricula and monitoring these with classroom teachers. IWSE is committed to early detection of developmental delays or challenges to allow remediation as early as possible.

Parental reading to a child on a regular basis is cited by research to be a strong indicator of school success. Agency wide, we are enhancing our family literacy programs in this next year, and measuring this goal in every program.

Both of IWSE's center-based programs, Baby Toddler Nursery and Teen Baby Nursery are accredited by the National Association for the Education of Young Children (NAEYC). Baby Toddler Nursery most recently received re- accreditation in September, 2013 and Teen Baby Nursery received its re- accreditation in August, 2014.

In this past year as well, both center based program sites have earned the ExceleRate Gold Circle of Quality, designed to measure and acknowledge quality in early childhood education in Illinois.

The Teen Parenting Services Program is currently at capacity at Teen Baby Nursery.

**3. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.**

*Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.*

<input type="text" value="41"/>	Intake/assessment
<input type="text" value="as needed"/>	Referrals
<input type="text" value="as needed"/>	Individual case management plan/services
<input type="text" value="0"/>	Services delivered on an individual basis (e.g. home delivered meals)
<input type="text" value="21"/>	One time event or activity (e.g. field trips, tax preparation)
<input type="text" value="0"/>	Multi-session program (e.g. after school program)
<input type="text" value="21"/>	Focused topic activities (e.g. workshops, trainings)
<input type="text" value="0"/>	Drop in services (e.g. computer lab, tutoring, help desk)
<input type="text" value="0"/>	Phone or online help (e.g. 24-hour help lines)
<input type="text" value="83.00"/>	<b>TOTAL</b>

**4. How long has your program existed and how has it grown or changed? How long do you expect to continue providing this service.**

Our Teen Parenting Services are a long standing program of IWSE. At the request of the City of Evanston, Teen Baby Nursery was opened in 1985 to provide early care and education for the very young children of teen parents enrolled at Evanston Township High School. Since that time, policies and procedures have been in place, are reviewed on a regular basis and modified and/expanded to meet the needs of the local, state and federal agencies that support all IWSE programs, including Teen Parenting Services. Our programs are licensed and accredited by state and national agencies and we must meet all necessary standards to maintain these designations.

Currently we continue to meet the needs of young adult parents, ages 15 through 22 years of age. Our young adult/non-high school aged parents must be in college or work training programs or working 20 hours weekly. We are continually reminded that these young parents may not be enrolled in the high school and may be finding our services from other agencies or even word of mouth of friends. Identifying, meeting and engaging the complex needs of these young parents, regardless of their presence as students in the high school continues as the core of our mission at Teen Baby Nursery.

**5. Do you maintain a wait list? If yes, provide its size and the average length of wait time for services. If no, describe any resources, including referrals, provided to individuals you are not able to serve.**

We do maintain a waiting list, though our population at Teen Baby Nursery is quite stable, as many of the children have been with us since infancy. We will transition one child to preschool in September and move one child from the waiting list into an available slot at that time.

We are working with the staff at ETHS and other agencies serving parenting teens and young adults in a variety of capacities, including Curt's Cafe and Erie Family Health Center to fill vacancies, as they occur. The ongoing need for our early childhood education services meet the active needs of these young parents for an education and/or job training skills. A newly identified teen parent will always receive the highest priority when a slot in a classroom becomes available.

Our delegate status as part of our EHS grant through District 65, created the need for an enrollment coordinator to monitor the eligibility status of each of the families we serve to make certain they are in compliance with TBN guidelines and continued EHS and Childcare Assistance Program (CCAP) participation. This individual is also engaged in the ongoing recruitment process for new families.

As well, we continue to welcome infants and toddlers with disabilities to this program. Our disabilities coordinator and our

agency access to existing early intervention systems, including speech and language, occupational and developmental therapy and infant mental health services ensures the therapeutic needs of these children can be met in our TBN setting.

**6. What other agencies address this need, how do you collaborate with them 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.*

IWSE's Teen Baby Nursery is the only provider of comprehensive, full day early care and education programming specifically for the infants and toddlers of teen and young parents, some attending Evanston Township High School. We are the only agency with consistent, daily working relationships with both the parents and children. In addition, our coupling of home visiting services creates a unique mix of programming to meet the needs of an extremely vulnerable population in Evanston.

In this past year, our teens continue to demonstrate increasingly complex needs, including homelessness, and the need for securing stable employment. Managing their health and well-being and that of their young children, supporting their emerging parenting skills, and creating positive social interactions with other teens and supportive adults continue to demand consistent hands-on attention from our teaching staff and home visitors.

Our long history of working with parenting teenagers through our Teen Parenting Services has given IWSE staff experience and insight to understand and meet the needs of parenting teenagers. Contacts are ongoing with Curt's Café South, Erie Family Health Center, Evanston Township High School, Connections for the Homeless and our Teen Baby Nursery to strengthen partnerships and share knowledge and strategies. We continue to be aware of the need to assess services available to pregnant and parenting teens.

IWSE conducts regular outreach to ETHS, Erie Family Health Center, and Evanston and Presence- St. Francis Hospitals to identify pregnant and parenting teens who are not already connected to supportive services. IWSE managers continue to work with our community partners to ensure the non-duplication of services to this population.

IWSE has many long-standing partnerships and collaborations. These include School District 202, Chicago School of Professional Psychology; Connections for the Homeless; The Harbor; Childcare Center of Evanston, aka Learning Bridge; McGaw YMCA Head Start Program, Evanston Community Foundation; Curt's Cafe; YWCA Evanston/North Shore; Erie Family Health Center; Evanston Township High School; District 65; CNE, Evanston Hospital; Family Focus; Lurie Children's Hospital of Chicago; WIC; YMCA; and Youth Job Center. These linkages bring additional resources to IWSE families and avoid duplication of efforts.

**7. Describe program goals and outcomes you anticipate in 2018, including any change from 2017. What data are collected and used to analyze your program and measure success? Who is responsible for ensuring the program is implemented as planned?**

Our child assessment system is linked to our curriculum and enables children to be observed throughout their time at IWSE. At biweekly, multi-disciplinary staffings, teachers, site directors, mental health consultant, IWSE education and disabilities coordinators are responsible for reviewing this data and monitoring each child's progress.

Goals and Outcomes for FY18: Rewording has occurred in Goals 4, 5 and 6 though otherwise these are long standing goals.  
Goal 1: In every IWSE program, 100% of enrolled children will be screened for developmental, language, physical and social/emotional progress.

Measured by: Ensuring each child receives a developmental screening within 45 days of enrollment.

Rationale: IWSE is committed to the early identification and remediation of any disruption or delay in a child's learning. These screenings ensure each child's development is progressing as expected across a developmental continuum

Goal 2: 90 % of children will meet widely held expectations and progress across a developmental continuum as expected.

When this does not occur, screenings and evaluation will determine the need for Early Intervention services.

Measured by: Teaching Strategies GOLD

Rationale: Children should progress across a developmental continuum as expected. When this does not occur, screenings and evaluation will determine the need for Early Intervention services

Goal 3: 80% of children will progress at least one step on Teaching Strategies GOLD's age-appropriate continuum in both their social emotional development and language development.

Measured by: Observational notes of behavior and language will be used to assign placement on GOLD's age-appropriate developmental continuum.

Rationale: All children, even those with identified behavioral disruptions and delays should continue to make progress across a continuum. Progress in some situations may be slower, yet progress should be measurable. Lack of progress will indicate need for further assessment.

Goal 4: 70% of parents or other family members in the household, will read to their children at least four times a week

Measured by: Reading log sheets will be completed by parents and returned to classroom teachers. A monthly report will be created and shared with parents and teachers to identify families needing more support for this activity

Rationale: The amount of time adults read to children promotes children's language and literacy development. Reading fosters bonds between children and adults and signals adult engagement in children's development and education.

Goal 5: 90% of teen and young adult parents will attend high school, alternative high school or a job training program, and graduate as planned. Consistent attendance will be monitored at educational programs for parents and for children at TBN.

Goal 6: 90% of the 20-23 year old parents will attend college or a job training program following graduation. Consistent attendance will be monitored for attendance at educational programs for parents and for children at TBN.  
 Rationale: High school graduation and further academic and/or occupational training supports economic stability and self-sufficiency for every family.  
 Goal 7: 70% of parents will participate in family engagement activities and note more positive interactions with their children. Data will be obtained through attendance records at parent meetings and play groups, pre and post event surveys, on site classroom participation

**8. Complete the chart below with the unduplicated total of people you expect to serve in 2018, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2017.**

*Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2017 must show an increase in people served if applying for an increase in CDBG funding.*

41	Unduplicated people to be served in 2018
41	Unduplicated Evanston residents to be served in 2018
41	Unduplicated low/moderate income people to be served in 2018
41	Unduplicated low/moderate income Evanston residents to be served in 2018
47	Unduplicated people served in 2017
43	Unduplicated Evanston residents served in 2017
47	Unduplicated low/moderate income people served in 2017
43	Unduplicated low/moderate Evanston residents served in 2017
344.00	<b>TOTAL</b>

**9. Provide a summary of your organization's mission including organizational structure, size and functions of the board, and any significant changes in the last year. Attach current Strategic Plan on the Documents tab.**

*City of Evanston applicants, enter "NA."*

Since 1913, the Infant Welfare Society of Evanston (IWSE) has offered programs to families living at-risk and parenting infants and toddlers. IWSE continues to respond to this need and recognizes the unique opportunity to support young families on paths to future success, from the very beginning. Our mission statement guides all that we do: "The Infant Welfare Society of Evanston is committed to the care and early education of infants and toddlers, and to supporting their families' efforts to be self-sufficient providers and effective parents."

Leading IWSE is Executive Director Stephen Vick. Baby Toddler Nursery is led by Site Director and Assistant Director who have Masters Degrees in Child Development. A leadership team of managers and directors reports to the Executive Director and implements and manages all IWSE's programs and services. The Executive Director reports directly to the Board of Directors. Each classroom of 8 children has three teachers, a remarkable ratio of staff per child. Teen Baby Nursery and Family Support Program have been housed at the same site since August 2015, and are now managed by a full time site director, Tiffany Culpepper, who was hired in September 2016, a change since our prior application was filed. Family Support Specialists have Bachelor's degrees in Early Childhood or a related field.

Our Teen Parenting Services are a long standing program of IWSE. At the request of the City of Evanston, Teen Baby Nursery was opened in 1985 to provide early care and education for the very young children of teen parents enrolled at Evanston Township High School. We continue to serve the infant and toddlers of teen and young adult parents at this site. Since that time, policies and procedures have been in place, are reviewed on a regular basis and modified and/expanded to meet the needs of the local, state and federal agencies that support all IWSE programs, including Teen Parenting Services. Our programs are licensed and accredited by state and national agencies and we must meet all necessary standards to maintain these designations.

Our updated Strategic Plan for 2017-2020 is expected to be approved at the September 2017 Board meeting and will be shared at that time.

IWSE maintains an active Board of Directors of 14 members, with a variety of backgrounds and skills. The four elected officers comprise the Executive Committee of the Board. It is our hope to engage 3-5 additional board members in in this fiscal year. In the criteria for individual board membership, we include these requirements for participation:

**Board Members:**

1. Are responsible for the financial solvency of the agency.
  - a. Review, understand, and approve the IWSE annual agency budget.
  - b. Review IWSE income and expenses on a regular basis to ensure that IWSE's mission is being upheld and its finances managed in a sound and ethical manner.

Additional board duties include: 1. Board members are responsible for general management oversight of the agency. 2. Board members are responsible for raising funds for IWSE. 3. Board members are responsible for building awareness and support of IWSE's mission. 4. Board members contribute their time and skills to the support of IWSE's mission.

Finally, IWSE fiscal policies and procedures require " at least one board member with financial expertise who comprehends and interprets audit reports, financial statements, general ledgers, grant requirements, etc." to be on the Board.

**10. Describe your agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.**

*CDBG applicants, 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 Resource Library).*

Our programs receive funding through a variety of funding streams, each of which requires compliance and monitoring to continue receiving these vital funds. This is true for corporate and foundation funding as well. As we noted in response to earlier questions, as many of the infants and toddlers we serve are supported by Early Head Start/EHS, Child Care Assistance Program/ CCAP and the Child and Adult Care Food Program/CACFP, IWSE must comply with their requirements to report income levels and race/ethnicity of our participants. This information is readily available and is collected prior to the determination of eligibility.

In this current fiscal year, IWSE through the Executive Committee and members of the senior leadership staff of the agency will develop a formal process for assessing and managing compliance with all grants, regardless of their source. We anticipate this will offer greater board support for the execution of the particulars of each grant across the agency.

We are audited annually and a copy of the audit for FY16 is attached. We are in the audit process for FY17 though that audit is not completed to date.

**11. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?**

*All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.*

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

**12. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years?**

*Provide your staff to participant ratio and any requirements for program licensing or accreditation.*

The Teen Parenting Services Program includes Teen Baby Nursery, which employs 6 teaching staff, comprised of 4 teachers, and 2 teaching assistants. All four of the lead teachers have Bachelor's degrees and one is currently finishing course work to obtain her Master's degree. As in every center based classroom at IWSE, we maintain a ratio of 3 teachers for every 8 children.

All teaching staff have the necessary educational requirements and ongoing professional development to meet state and national licensing and accreditation standards. This program staff has undergone considerable transition in the past 12-18 months, though is currently enjoying considerable stability. Their prior experience with the teen population offers them experience and expertise in meeting the multiplicity of family needs.

Overall, the three programs and administrative staff comprise 45 FTEs and 6 part time positions. Overall, IWSE currently engages more than 35 classroom and program volunteers including 14 that serve our Board of Directors.

Tiffany Culpepper oversees Teen Baby Nursery and was hired for this position in September 2016. This director oversees both Teen Baby Nursery and Family Support Program.

If Teen Parenting Services were no longer receiving funding from the Mental Health Board, it would impact our ability to retain our current staff compliment. Further, it would preclude this vulnerable population of pregnant and parenting teens and young adults from receiving needed supports and resources for themselves and their infant and toddlers. At a time when an awareness of the myriad needs of teens in this community is at an all time high, the loss of the services provided by this vital program would be a detriment to the Evanston community.

**13. Provide the name, email and phone number of the individual who attended the pre-application meeting.**

Mary Burke-Peterson; maryburkepeterson@iwse.org; 847-491-9650

14. All organizations receiving CDBG 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." (City of Evanston applicants, enter 074390907)

#079763504

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

Yes

No

16. 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

17. Where (address/location) does your program take place and how will clients get to the location or facility?

2010 Dewey Avenue, in space rented through Family Focus, Evanston. We have recently renewed a one year lease and been assured it is not anticipated that a potential sale of this building would occur in this current fiscal year, FY'18.

18. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2018 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.

Enter the name and title of the individual submitting this application.

Mary Burke-Peterson, 847-491-9650

## Budget

Funding Sources/Revenues	2017	2018	2018 Committed
City of Evanston CDBG	\$ 0.00	\$ 0.00	
City of Evanston Mental Health Board Funds	\$ 65,000.00	\$ 75,000.00	
School District 202	\$ 41,000.00	\$ 41,000.00	\$ 41,000.00
Early Head Start	\$ 157,674.00	\$ 159,235.00	\$ 159,235.00
IDHS	\$ 114,248.00	\$ 138,412.00	\$ 138,412.00
Childcare Food	\$ 15,449.00	\$ 15,534.00	\$ 15,534.00
Donations (Individual, Foundation, Civic)	\$ 19,925.00	\$ 20,000.00	
	\$ 0.00	\$ 0.00	
United Way	\$ 36,422.00	\$ 46,711.00	\$ 46,711.00
Parent Fees	\$ 9,054.00	\$ 8,592.00	
<b>Total</b>	<b>\$ 458,772.00</b>	<b>\$ 504,484.00</b>	<b>\$ 400,892.00</b>

Funding Uses/Expenses	2017	2018 Total	2018 CDBG	2018 MHB
Salaries	\$ 312,050.00	\$ 326,003.00	\$ 0.00	\$ 65,776.00
Benefits	\$ 43,757.00	\$ 57,451.00		\$ 9,223.56
Clinical Consultants	\$ 7,592.00	\$ 4,249.00		\$ 0.00
Employee Background Checks	\$ 75.00	\$ 64.00		\$ 0.00
Audit and Accounting	\$ 1,661.00	\$ 1,955.00		\$ 0.00
Other Contractual	\$ 4,957.00	\$ 9,118.00		\$ 0.00
Telephone	\$ 539.00	\$ 1,200.00		\$ 0.00
Internet	\$ 778.00	\$ 900.00		\$ 0.00
IT Contractor and Website	\$ 2,104.00	\$ 2,170.00		\$ 0.00
Printing	\$ 115.00	\$ 40.00		\$ 0.00
Postage and Delivery	\$ 94.00	\$ 40.00		\$ 0.00
Staff and Family Recruitment	\$ 235.00	\$ 340.00		\$ 0.00
Program and Office Supplies	\$ 17,893.00	\$ 15,430.00		\$ 0.00
Diapers	\$ 1,338.00	\$ 2,500.00		\$ 0.00
Food and Food Services	\$ 21,385.00	\$ 21,635.00		
Family Participation Expenses ( food and transport)	\$ 755.00	\$ 1,591.00		
Staff and Board Development	\$ 1,738.00	\$ 1,801.00		
Occupancy	\$ 42,830.00	\$ 42,670.00		
Equipment Expense	\$ 735.00	\$ 1,900.00		
Publications and other memberships	\$ 2,889.00	\$ 3,427.00		

**Total** **\$ 463,520.00** **\$ 494,484.00** **\$ 0.00** **\$ 74,999.56**

**Budget Narrative**

IWSE and its programs operate on a July 1- June 30 fiscal year, and thus, we are in FY'18.

As an agency, we are very aware of our need to ensure we meet all qualifications for federal and state funding to ensure these funding streams are viable. For instance, there is an agency initiative at this time to ensure families seek and meet criteria for Child Care Assistance Program/CCAP subsidies available to working families or families with a parent as a full time student. While the state of Illinois has been delayed in their payments, it is our responsibility to make certain we are supporting families to complete the applications to explore all available funding sources for early childhood education and care.

We recognize that we overlap our fiscal year with that of the funding agency, in this case the Mental Health Board.

Teachers: average salary 36,676, average benefits 5,716 for TBN (turnover led to lower wages)

Assistant Teachers: average salary 28,914, average benefits 8,189 for TBN

% Teacher salaries to be paid by MHB: 20%

% Teacher benefits to be paid by MHB: 16%

**Program Outcomes**

**Program Outcomes**

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	In every IWSE program, 100% (16) of enrolled children will be screened for developmental, language, physical and social/emotional progress	Measured by: Ensuring each child receives a developmental screening within 45 days of enrollment.	16	2	14	2	34				0
2	90% of children (14) will meet widely held expectations and progress across a developmental continuum as expected. When this does not occur, screenings and evaluation will determine the need for Early Intervention services.	Measured by: Teaching Strategies GOLD Rationale: Children should progress across a developmental continuum as expected. When this does not occur, screenings and evaluation will determine the need for Early Intervention services	15		15		30				0
3	80% of children (13) will progress at least one step on Teaching Strategies GOLD's age-appropriate continuum in both their social emotional development and their language development.	Measured by: Observational notes of behavior and language will be used to assign placement on GOLD's age-appropriate developmental continuum.  Rationale: All children, even those with identified behavioral disruptions and delays should continue to make progress across a	13		13		26				0

		continuum. Progress in some situations may be slower, yet progress should be measurable. Lack of progress will indicate need for further assessment									
4	70% of parents or other family members in the household will read to their children at least four times a week.	Measured by: Reading log sheets will be completed by parents and returned to classroom teachers. A monthly report will be created and shared with parents and teachers to identify families needing more support for this activity  Rationale: The amount of time adults read to children promotes children's language and literacy development. It also fosters bonds between children and adults and signals adult engagement in children's development and education.	11	11	11	11	44				0
5	90% of teen/young adult parents will attend high school, alternative high school or a job training program, and graduate as planned.	Consistent attendance will be monitored for educations programs for the parents as well as for children at TBN.  Rationale: High school graduation and further academic and/or occupational training supports economic stability and self-sufficiency for every family.	15	15	15	15	60				0
<b>Total</b>			<b>70</b>	<b>28</b>	<b>68</b>	<b>28</b>	<b>194</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Program Line Item Expenditures

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
									\$
<b>Total</b>	<b>0</b>	<b>\$0</b>							

### Program Line Item Funding

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1 Early Head Start	159,235	0	0					\$ 0
2 IDHS	138,412	0	0					\$ 0
3 ChildCare Food	15,534	0	0					\$ 0
4 City of Evanston	116,000	0	75,000	18,750	18,750	18,750	18,750	\$ 75,000
5 United Way	46,711	0	0					\$ 0
6 Donations and contributions	20,000	0	0					\$ 0
7 Other income	8,592	0	0					\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0
<b>Total</b>	<b>504,484</b>	<b>0</b>	<b>75,000</b>	<b>18,750</b>	<b>18,750</b>	<b>18,750</b>	<b>18,750</b>	<b>\$75,000</b>

### Documents

#### Documents Requested \*

#### Required? Attached Documents \*

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement and Form 990 for the most recent completed fiscal year.

[FY16Audit](#)

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

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 2017 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2016 only if changed).

Brief biographies of key staff (NEW APPLICANTS and funded agencies with staff changes in 2017).

[Key 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.

[Agency goals and outcomes](#)

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

[EHS guidelines](#)

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

[HUD guidelines](#)

[download template](#)

2018 CDBG-MHB Application review Meeting Schedule. Please note that the order in which applications will be reviewed is not finalized.

[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.

[Organizational 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.

[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 FY2017.

[Unaudited P and L](#)

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Application ID: 86539

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City of Evanston  
Community Development  
**2018 CDBG Public Services & Mental Health Board - City of Evanston**  
8/18/2017 deadline

## Garrett-Evangelical Theological Seminary Garrett-Evanston CDF Freedom Schools Program

**\$ 21,000.00** Requested  
\$ 21,000 MHB Request

Submitted: 8/18/2017 10:36:36 AM (Pacific)

### Project Contact

Virginia Lee  
[virginia.lee@Garrett.edu](mailto:virginia.lee@Garrett.edu)  
Tel: 847-866-4549

### Additional Contacts

reginald.blount@garrett.edu

### Garrett-Evangelical Theological Seminary

2121 Sheridan Road  
Evanston, IL 60201

### Co-Executive Director

Virginia Lee  
[virginia.lee@Garrett.edu](mailto:virginia.lee@Garrett.edu)

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Telephone 847-866-3900  
Fax  
Web Garrett.edu  
EIN 36-2167085  
DUNS  
SAM Expires

## Pre-Application (Letter of Intent)

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### All Applicants Complete Questions 1-8 and attach Documents

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#### 1. Organization Name and Program for which you are requesting funding.

Garrett-Evangelical Theological Seminary and Garrett-Evanston CDF Freedom Schools Program

#### 2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Other:

#### 3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

#### 4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

*Attach the list of local board members as well as the parent organization board below.*

I answered no in question 3 so this questions is N/A

#### 5. Is your organization accredited?

- Yes
- No

#### 6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.

Association of Theological Schools and the Higher Learning Commission

**7. People served:**

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other:

**8. 2018 Funding Requested from the City of Evanston**

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

CDBG

MHB (Human Services Fund)

**TOTAL**

**9. Funding request is:**

Programs funded in 2017 should be classified as renewal even if amount requested is different from 2017 grant.

- Renewal of 2017 CDBG funding
- Renewal of 2017 MHB funding
- New request for CDBG
- New request for MHB

**New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)**

**10. NEW APPLICANTS OR AGENCIES FUNDED IN 2016 APPLYING FOR A PROGRAM NOT FUNDED IN 2017 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."**

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

The Garrett-Evanston Children’s Defense Fund (CDF) Freedom Schools program provides a multicultural reading curriculum that boosts students motivation to read, generates positive attitudes to learning, helps to reduce summer learning loss and connects the needs of children/families to resources in their communities. It also provides opportunities for young adults (Servant Leader Interns) to gain experience and leadership skills.

The Garrett-Evanston Freedom Schools program serves children in grades 3-5 and grades 6-8 (grade at the time of application) who attend Evanston Skokie School District 65 in a six-week summer program. Priority is given to children who live in the Fifth Ward of Evanston.

We are approved by the Children’s Defense Fund to have 50-60 scholars.

Last year (2016) our goal was for 75% of the scholars to maintain or improve in reading skills. Through a reading assessment conducted by CDF, 80% of our scholars maintained or improved in their reading skills.

In the summer of 2016, we served 40 children.

**11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.**

If a new program launch, detail your organization’s programmatic and funding capacity, including other funding that is committed or being sought for the program.

The Garrett-Evanston Freedom Schools program is a literacy based summer program for children in grades 3-5 and 6-8. In conversation with community leaders during the 2015-2016 school year, it was discovered that there was need for affordable programming for children in the Fifth Ward. While the Y provides a literacy program for K-2 children, there was a need for one for older children. In conversation with middle school principals, they indicated that there was a need for affordable summer programming for middle school students.

Since the Garrett-Evanston Freedom Schools program is free it addresses the need for affordable summer programming for all Evanston residents but especially for families who have several children who want to attend.

supervision and who teach the Integrated Reading Curriculum. It provides an opportunity for SLI to gain experience and leadership skills.

We will be applying for a grant from the Evanston Community Foundation, as well as soliciting contributions from constituents of Garrett-Evangelical Theological Seminary. We will also seek to continue our relationship with District 65.

### Documents Requested \*

### Required? Attached Documents \*

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).



[Garrett-Evangelical 2017-18 Budget](#)

#### REQUIRED FOR ALL EXTERNAL APPLICANTS.

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

REQUIRED FOR EXTERNAL APPLICANTS 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](#)

## Application Questions

### 1. Who participates in or benefits from the program or services? Describe them in terms of age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Detail any eligibility requirements.

*Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.*

Children enrolled in Evanston-Skokie School District 65 and/or children who live in Evanston are eligible to apply for the Garrett-Evanston CDF Freedom Schools program that serves children in 3rd-8th grade. The program is free.

### 2. Describe your program, including the need(s) that it addresses. Describe specific components or services within the program. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

*If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses.* The Garrett-Evanston Freedom Schools program seeks to address issues of literacy and summer reading loss. As a member group of Evanston's Cradle to Career initiative, we are aware of the disparities in Evanston in educational benchmarks for children. After conversations with community partners, which included District 65, Cradle to Career, and faith communities, we saw an opportunity and a need for a summer literacy program in the Fifth ward, especially for older elementary and middle school children. (We know that the McGaw YMCA provides a summer literacy program for children in grades K through two.) Our program benefits older children in grades three through eight.

"Literacy impacts virtually every other indicator of child and family well-being...Literacy is foundational -- without basic literacy not only is academic success undermined, but also employment opportunities, health, housing, self-esteem, and safety." (Evanston C2C information provided to participants at the C2C retreat on 01/29/16)

We believe that a Freedom Schools program provides one way to address literacy and educational disparities in the Fifth Ward of Evanston.

The Garrett-Evanston Children's Defense Fund (CDF) Freedom Schools program provides a multicultural reading curriculum that boosts students motivation to read, generates positive attitudes to learning, helps to reduce summer learning loss, and connects the needs of children/families to resources in their communities. It also provides opportunities for young adults to gain experience and leadership skills as Servant Leader Interns.

There are five basic components to the program: literacy, parent involvement, service and civic engagement, intergenerational leadership development, and nutrition, health and mental health supports. The literacy component incorporates an Integrated Reading Curriculum (IRC) including carefully chosen, developmentally appropriate, and culturally relevant books. (See attached information about IRC)

The program runs for six-weeks during the summer, usually from the end of June through the first week of August. It begins at 8am and ends at 3pm. Breakfast, lunch, and snacks are included. The day includes Harambee, Integrated Reading Curriculum, D.E.A.R time (Drop Everything And Read), and afternoon activities. (See attached schedule)

Young adults (college and graduate students between the ages of 18 and 30), serve as Servant Leader Interns (SLI). (More information about Servant Leaders Interns is included in a later question.)

**3. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.**

*Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.*

<input type="text"/>	Intake/assessment
<input type="text"/>	Referrals
<input type="text"/>	Individual case management plan/services
<input type="text"/>	Services delivered on an individual basis (e.g. home delivered meals)
<input type="text"/>	One time event or activity (e.g. field trips, tax preparation)
<input type="text" value="50"/>	Multi-session program (e.g. after school program)
<input type="text" value="7"/>	Focused topic activities (e.g. workshops, trainings)
<input type="text"/>	Drop in services (e.g. computer lab, tutoring, help desk)
<input type="text"/>	Phone or online help (e.g. 24-hour help lines)
<input type="text" value="57.00"/>	<b>TOTAL</b>

**4. How long has your program existed and how has it grown or changed? How long do you expect to continue providing this service.**

The Garrett-Evanston CDF Freedom Schools program has operated for the last two years. The 2016 program ran from June 27-August 5, 2016 and was located at Friendship Baptist Church at 2201 Foster Street. The 2017 program ran from June 26-August 4 at Family Focus.

The program has not changed during the last two years. We are continuing to use the Children's Defense Fund guidelines for implementing a Freedom Schools Program.

We plan for the program to be an ongoing program.

**5. Do you maintain a wait list? If yes, provide its size and the average length of wait time for services. If no, describe any resources, including referrals, provided to individuals you are not able to serve.**

For the last two years, we have not had a waiting list, but we anticipate one in 2018.

**6. What other agencies address this need, how do you collaborate with them 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.*

A primary focus of the program is to provide summer programming for children in the Fifth ward, the only ward in Evanston that does not have an elementary school within its boundaries. With an awareness of the achievement gap in Evanston schools, we believe a Freedom Schools program provides a kind of liberative pedagogy that is needed for children of the Fifth ward.

Overview of program impact for Garrett-Evangelical CDF Freedom Schools site from an assessment completed by a CDF assessment manager: (complete document is attached to the application)

In terms of child reading achievement, 25 children of Garrett-Evangelical CDF Freedom Schools site completed pre and post tests and demonstrated an 1-year increase in instructional reading levels on average. Most children (80%) maintained or gained in instructional reading levels and did not experience summer learning loss.

Surveys completed by 30 children showed positive changes in their attitudes and character skills. Children valued school and education, developed positive ethnic identity, obtained social problem solving skills, and obtained growth mindset after participation in the CDF Freedom Schools program.

Surveys were completed by 16 parents. Parents perceived positive changes in their child including interest and confidence in reading, knowledge about his/her culture, and social problem solving skills. Parents also perceived that their parenting skills improved.

We believe that the uniqueness of the Integrated Reading Curriculum, the liberative pedagogy, and the culturally appropriate

library helps to set the Freedom Schools program apart from other programs. Not only do we serve elementary and middle school children, but we provide leadership development for seven young adults.

**7. Describe program goals and outcomes you anticipate in 2018, including any change from 2017. What data are collected and used to analyze your program and measure success? Who is responsible for ensuring the program is implemented as planned?**

2018 Program Goals:

1. To enroll 50 children (grades 3-8)
2. For 75% of the children to maintain or increase their summer reading level
3. For children to have a positive change in their attitudes and character skills
4. For parents to perceive an increase in their children's confidence in reading, knowledge about his/her culture, and social problem solving skills
5. For parents to perceive that their parenting skills had increased

Data is collected during the application and by a CDF assessment testing manager at the beginning and ending of the program. (See questions number 6 for results of 2016 assessment.)

The Project Director and the Site Coordinator are responsible for the implementation of the planned program.

**8. Complete the chart below with the unduplicated total of people you expect to serve in 2018, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2017.**

*Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2017 must show an increase in people served if applying for an increase in CDBG funding.*

<input type="text"/>	Unduplicated people to be served in 2018
<input type="text"/>	Unduplicated Evanston residents to be served in 2018
<input type="text"/>	Unduplicated low/moderate income people to be served in 2018
<input type="text" value="50"/>	Unduplicated low/moderate income Evanston residents to be served in 2018
<input type="text"/>	Unduplicated people served in 2017
<input type="text"/>	Unduplicated Evanston residents served in 2017
<input type="text"/>	Unduplicated low/moderate income people served in 2017
<input type="text" value="38"/>	Unduplicated low/moderate Evanston residents served in 2017
<input type="text" value="88.00"/>	<b>TOTAL</b>

**9. Provide a summary of your organization's mission including organizational structure, size and functions of the board, and any significant changes in the last year. Attach current Strategic Plan on the Documents tab.**

*City of Evanston applicants, enter "NA."*

The Garrett-Evanston CDF Freedom Schools Program is part of a broader commitment of Garrett-Evangelical Theological Seminary to be a Servant Seminary that takes seriously Public Theology. We believe that public theology means being able to bring the resources of our faith to the public square with concern for "the common good." In light of these commitments, and aware of the educational inequities in the Evanston community, offering a CDF Freedom Schools Program in collaboration with members of the Evanston community aligned well with our seminary's vision and mission.

Garrett-Evangelical Theological Seminary's strategic plan and list of board members is attached. Also attached is an organization structure for Garrett-Evangelical and for the Garrett-Evanston CDF Freedom Schools Program.

**10. Describe your agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.**

*CDBG applicants, 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 Resource Library).*

Garrett-Evangelical has a commitment to this program through deployment of human and financial resources.

The seminary's business office handles all financial matters related to the seminary, including the Garrett-Evanston CDF Freedom Schools Program. The business office is composed of five professional degreed accountants, three of whom are

CPA's. The Vice President of Business Affairs and Chief Financial Officer, Dale McClain, has over forty years experience.

The Board of Trustees governs the seminary's finances through two committees, the finance committee and the audit committee, composed of Board of Trustees members. An audit is conducted annually.

**11. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?**

*All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.*

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

**12. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years?**

*Provide your staff to participant ratio and any requirements for program licensing or accreditation.*

Current staff who will continue:

Co-Executive Directors:

Dr. Reginald Blount, Assistant Professor of Formation, Youth, and Culture at Garrett-Evangelical Theological Seminary; Ordained minister in the African Methodist Episcopal Church

Dr. Virginia A. Lee, Associate Professor of Christian Education at Garrett-Evangelical Theological Seminary; Ordained minister in The United Methodist Church

Dr. Blount and Dr. Lee both have many years of experience in local congregations and in theological education. They have been involved with the Children's Defense Fund in a variety of ways, and they helped bring the idea to Garrett-Evangelical and the community.

Staff to be hired will include a project director, a site coordinator, and seven servant leader interns. These positions are not dependent on city funding. Staff is hired on a yearly basis.

The Project Director works in conjunction with the Executive Director to manage operations for the program. The Project Director will have strong leadership skills, be committed to the goals of the program, able to work collaboratively with all program constituents, and be familiar with the culture and dynamics of the community.

The Site Coordinator manages the day-to-day operations and serves as the supervisor for the program site. The Site Coordinator will be committed to the goals of the program, capable of leading an intergenerational staff, able to work collaboratively with all program constituents, and be familiar with the culture and dynamics of the community.

College-age young adults and recent college graduates play a key role in the program in the position of Servant Leader Intern. Using the Integrated Reading Curriculum (IRC), they serve as facilitators in the classroom and for community outreach activities. They are responsible for the front-line care and nurturing of the children.

Their responsibilities include:

- Deliver the IRC to a class of no more than ten students
- Set up his/her classroom space
- Collaborate with staff to establish and maintain a supportive and structured environment for the children entrusted to their care.
- Serve as a Harambee! leader each day of program operation.
- Serve as a leader of afternoon activities; chaperone field trips.
- Participate fully in the National Training.

Qualifications include:

- Must be at least 19-30 years of age, have completed at least one year of college, and have plans to complete the college degree
- Ability to motivate others and work as part of an intergenerational team
- Strong appreciation and understanding of individual cultural history and the willingness to be open and respectful of all cultures
- Willingness to strive for excellence in all areas and ability to think critically and analytically
- Exhibit positive behavior and attitude; model a mature, professional demeanor; possess excellent written and verbal skills
- Strong interpersonal skills and commitment to the ethics of good character, humility, and servant leadership
- Authorization for background check for criminal and child protective findings

The Servant Leader Intern Program serves as a leadership development program and provides work experience for young adults, who often pursue careers in education.

**13. Provide the name, email and phone number of the individual who attended the pre-application meeting.**

Dr. Virginia A. Lee; virginia.lee@Garrett.edu; 847-866-4549

**14. All organizations receiving CDBG 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." (City of Evanston applicants, enter 074390907)**

NA We are applying for a MHB grant, not a CDGB grant

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

Yes

No

**16. 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

**17. Where (address/location) does your program take place and how will clients get to the location or facility?**

City Hall, 2100 Ridge Ave., Evanston, IL

**18. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2018 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.**

*Enter the name and title of the individual submitting this application.*

Virginia A. Lee

**Budget**

<b>Funding Sources/Revenues</b>	2017	2018	2018 Committed
City of Evanston CDBG			
City of Evanston Mental Health Board Funds		\$ 21,000.00	
Will apply for an Evanston Community Foundation Grant	\$ 10,000.00	\$ 20,000.00	
Evanston Skokie School District 65	\$ 5,000.00	\$ 5,000.00	
Garrett-Evangelical Theological Seminary	\$ 15,704.28	\$ 24,000.00	
Contributions from Garrett constituencies	\$ 22,630.00		
<b>Total</b>	<b>\$ 53,334.28</b>	<b>\$ 70,000.00</b>	<b>\$ 0.00</b>

<b>Funding Uses/Expenses</b>	2017	2018 Total	2018 CDBG	2018 MHB
Fees to Children's Defense Fund for books, curriculum, training	\$ 19,100.00	\$ 14,250.00		\$ 14,250.00
Staff Salaries for 1 Project Director, 1 Site Coordinator, and 7 Servant Leader Interns	\$ 28,903.00	\$ 27,900.00		
Travel, Lodging, and Expenses for National Training in Knoxville for 11 persons; and for local training expenses		\$ 13,200.00		\$ 4,000.00
Program Expenses	\$ 5,330.41	\$ 14,650.00		\$ 2,750.00
<b>Total</b>	<b>\$ 53,333.41</b>	<b>\$ 70,000.00</b>	<b>\$ 0.00</b>	<b>\$ 21,000.00</b>

**Budget Narrative**

Garrett-Evangelical Theological Seminary operates on an August 1-July 31 fiscal year.

Fees to Children's Defense Fund (\$14,250) includes the Integrated Reading Curriculum, a library for each classroom where children take home one book per week for the six weeks of the program, a resource library, and a read-aloud library. The fees also include training in Clinton and Knoxville, TN for the project director and the site coordinator. The fees include a week long training for all Servant Leader Interns in Knoxville including meals, lodging, and training. Support from the National Office is also included.

Travel, etc. to National Training (\$4,000) -- while CDF provides the training, local Freedom Schools Programs provide travel for the SLI to Knoxville. This will be either airfare or van rental for 7 SLI (and related expenses like taxis to the airport, baggage fees, etc.)

Program Expenses (\$2,750) includes admission and travel for weekly field trips for the Freedom Schools programs during the 6-week summer program, classroom supplies, and afternoon activities like art supplies, etc.

## Program Outcomes

### Program Outcomes

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	75% of children will maintain or increase their summer reading level					0					0
2	Children will have a positive change in their attitudes and character skills					0					0
3	Parents will perceive an increase in their children's confidence in reading, knowledge about his/her culture, and social problem solving skills					0					0
4	Parents will perceive that their parenting skills have improved					0					0
5						0					0
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Program Line Item Expenditures

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
								\$
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

## Program Line Item Funding

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

## Documents

### Documents Requested \*

### Required? Attached Documents \*

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement and Form 990 for the most recent completed fiscal year.

[Garrett-Evangelical Financial Report Year ended June 30.2016](#)

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

[G-ETS 2016-17 President's 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).

[IRS EIN](#)

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2017 only if changed).

[EEOC and Affirmative Action](#)

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2016 only if changed).

[G-ETS Charter and Bylaws](#)

Brief biographies of key staff (NEW APPLICANTS and funded agencies with staff changes in 2017).

[Freedom Schools Program 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.

[A Day in the Freedom Schools Program](#)  
[Freedom Schools Program Integrated Reading Curriculum](#)  
[2016 Reading Assessment](#)  
[2018 Proposed Budget](#)  
[2017 Garrett-Evanston CDF Freedom Schools Program Budget](#)

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](#)

2018 CDBG-MHB Application review Meeting Schedule. Please note that the order in which applications will be reviewed is not finalized.

[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.

[G-ETS Leadership Team Organizational Chart](#)

[G-ETS Strategic Plan](#)

[G-ETS 2017-18 Board Members](#)

[Freedom Schools Program Organizational 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.

[Freedom Schools Program 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 FY2017.

[Garrett-Evangelical Financial Report Year ended June 30.2016](#)

## Extra

### **What is that status of the Community Foundation Grant?**

We will apply for an Evanston Community Foundation Grant when the application materials for 2018 are available.

### **Please explain how the organization financed this program to date. Please provide a budget for 2017.**

The program has been funded by Garrett-Evangelical Theological Seminary, grants from community partners, and contributions have been solicited from Board of Trustee members, Garrett faculty and friends of Garrett.

I attached the 2017 budget document in the Supplemental Information section, under the Documents tab.

UPDATE: The budget information has been entered under the Budget tab.

### **Under the Budget tab, in the list of Funding Sources/Revenues, please provide more information for Income Information listed. What is the source of the \$24,000?**

I apologize for this omission. I meant to make a note on the application and forgot to do so. I entered a source for the \$24,000 but it disappeared from the document every time I previewed it and I could not discern the problem!

The source of the \$24,000 is Garrett-Evangelical Theological Seminary. It will be solicited from friends of Garrett which includes Board of Trustee members, faculty, and other friends of the seminary who are supportive of the Freedom Schools Program.

### **In the Application Questions, it states there are five components of the program, with "mental health supports" being listed as one. Please provide more clarity, with examples, on what this entails.**

Actually the five components are:

1. high quality academic enrichment
2. parent and family involvement
3. civic engagement and social action
4. intergenerational leadership development

## 5. nutrition, health, and mental health

In the fifth component, we include the two healthy meals and one snack (nutrition) that each scholar receives daily.

Scholars also engage in an Integrated Reading Curriculum (IRC) that has been called a "curriculum of hope" because it is a culturally relevant curriculum. Scholars take home one book per week during the six-week program.

The scholars experience the consistency of a predictable daily schedule where they are engaged and nurtured.

All of these facets of the program provide nutrition, health, and mental health supports for children.

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

Application ID: 87913

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City of Evanston  
Community Development  
**2018 CDBG Public Services & Mental Health Board - City of Evanston**  
8/18/2017 deadline

**Council for Jewish Elderly dba CJE SeniorLife**  
**CJE SeniorLife (CJE) Evanston Care Management Program**

**\$ 44,282.00** Requested  
\$ 44,282 MHB Request

Submitted: 8/18/2017 7:58:40 AM (Pacific)

**Project Contact**

Felicia Baskin  
[Felicia.Baskin@cje.net](mailto:Felicia.Baskin@cje.net)  
Tel: 773.508-1071

**Additional Contacts**

*none entered*

**Council for Jewish Elderly dba  
CJE SeniorLife**

3003 W. Touhy Ave.  
Chicago, IL 60645

**President and CEO**

Mark Weiner  
[Mark.Weiner@cje.net](mailto:Mark.Weiner@cje.net)

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Telephone	773.508-1000
Fax	773.508-1070
Web	<a href="http://www.cje.net">www.cje.net</a>
EIN	36-2727597
DUNS	076873082
SAM Expires	3/3/2018

**Pre-Application (Letter of Intent)**

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**All Applicants Complete Questions 1-8 and attach Documents**

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**1. Organization Name and Program for which you are requesting funding.**

CJE SeniorLife (CJE) Evanston Care Management Program

**2. Type of organization**

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Other:

**3. Is your organization an affiliate of a regional or statewide social service agency?**

- No
- Yes

**4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.**

*Attach the list of local board members as well as the parent organization board below.*

NA

**5. Is your organization accredited?**

- Yes
- No

**6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.**

CJE's long-term care and inpatient rehabilitation programs at Lieberman Center have recently received re-accreditation by CARF, effective until 2020. Lieberman's new cancer rehabilitation program has just been accredited, also effective until 2020.

### 7. People served:

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other:

### 8. 2018 Funding Requested from the City of Evanston

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

<input type="text"/>	CDBG
<input type="text" value="44,282"/>	MHB (Human Services Fund)
<input type="text" value="44,282.00"/>	<b>TOTAL</b>

### 9. Funding request is:

Programs funded in 2017 should be classified as renewal even if amount requested is different from 2017 grant.

- Renewal of 2017 CDBG funding
- Renewal of 2017 MHB funding
- New request for CDBG
- New request for MHB

## New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)

### 10. NEW APPLICANTS OR AGENCIES FUNDED IN 2016 APPLYING FOR A PROGRAM NOT FUNDED IN 2017 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

Client Population: Among CJE's diverse client population are those living with dementia and/or Parkinson's disease, Holocaust survivors, immigrants and adults with intellectual disabilities. CJE clients who receive community-based services have moderate and low incomes and the ethnicity/race breakdown is 70% white/non-Latino, 20% African American, 8% Latino and 2% Asian. Generally, women comprise 65% of the client load. The Care Management program has served 45 Evanston residents in the past year.

A large proportion of CJE's client population is very vulnerable. A recent survey of 411 CJE clients found that 63% have high blood pressure, 57% arthritis, 29% diabetes and 24% cancer – except for cancer, these population rates are between 3 and 8 percentage points higher than found in the national older adult population. Nearly two-thirds of surveyed clients reported taking five or more medications. In addition, 63% are widowed or divorced, and 29% are at risk of social isolation.

Program Description: During the grant year, CJE will expand its Care Management services to support and problem-solve for 95 low and moderate income, at-risk older adults in Evanston who have unmet basic needs. The term "care management" refers to expert guidance and support for older adults and their caregivers through the maze of available options and resources. CJE has always prided itself on the comprehensive care it can offer its clients.

A half-time Care Manager position will be added to the Counseling Department and supervised by our Clinical Supervisor, Sharon Dornberg-Lee. With this addition, we will double our service capacity. We project that each month up to four older adults will be referred to the Care Manager for an annual total of 50 additional clients. Clients will be self-referred and referred by external agencies and CJE program departments.

The Care Manager will assess the needs of each referred older adult and determine immediate actions to ensure that the complex web of healthcare and social services continue to support the client's continued at-home living. For those clients who are assigned to MCO and/or CCP providers, the Care Manager will advocate for these systems to become involved in solutions for meeting clients' basic needs. Basic needs are defined as 1) essential transportation, 2) financial services, 3) public benefits, 4) employment/income, 5) affordable housing, 6) consistent food and 7) healthcare provision. If a client is not enrolled in a State-funded program that includes care management, the Care Manager will assess the eligibility for such a referral. For those clients not eligible for a State program, the Care Manager will take alternative steps to improve the client's situation. The Care Manager can also help with connecting the client to groups for socialization or a friendly visitor program.

Goal and Outcome: The Care Management program's long-term goal is for at-risk moderate and low-income older adults to age in their own homes safely with supports for as long as possible. The measurable outcome objective is for least 70% of the 50 new Evanston clients to report that the Care Manager's handling of the identified problem(s) improved his or her situation.

### 11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address

**it, and describe your capacity to implement it.**

*If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.*

With the termination of the State funded Managed Community Care Program and Community Care Program personal care services in FY2017, CJE has lost much of its capacity to provide care management for clients who cannot afford to pay privately. Clients have depended on CJE care management support for years as a service that helps them age with dignity in their own homes. In the past year, CJE's ability to maintain this safety net service has been significantly disrupted due to:

1) The State shift to managed healthcare organizations (MCOs) for Medicaid patients – Before Managed Care healthcare for low-income elderly, including those “dual eligible” for Medicare and Medicaid, CJE and other providers performed care management as well as personal care for these individuals. Now the MCOs are mandated to provide wraparound social services as well as healthcare. This change was designed to increase service delivery quality and enhance care coordination. However, the implementation has thus far resulted in significantly reduced care management and greater difficulty for older adults to navigate the newly combined healthcare/social service system. As MCOs now perform the care management role for low-income elders, the scope of this role is limited. For example, MCO care management does not include efforts to prevent eviction and/or to alleviate the risk of homelessness. Clients often have difficulty contacting these systems and making their needs known.

2) The State financial crisis involving unpaid reimbursement and underfunded State contracts – To maintain a fiscally healthy organization, CJE was forced to terminate its State contract for 160 personal care clients in the Community Care Program (CCP) in late 2016, and in spring 2017, its State contract for the Managed Community Care Program – a more holistic program that was inclusive of care management that had existed for 22 years – for another 114 seniors. (We continue to provide CCP Adult Day Services.) It was a very difficult decision and process; staff members did their best to transition clients to other providers before they too were laid off.

Older adults in Illinois who have care management needs are being underserved on every level. Some older adults are not eligible for State-funded care management assistance because their savings are slightly over the limit for the Community Care Program (CCP), or their level of functional ability is slightly too high. Nonetheless, they may have significant need for assistance in accessing benefits, programs and health care, and navigating other areas of needed care and assistance. The remaining older adults who qualify for subsidized services but are not Medicaid eligible will remain in the State's Community Care Program at least through FY2018.

Total Funding: After the recent CJE withdrawal from the State contract for the Managed Community Care Program, we continue to provide care management through a Title XX Donated Fund Initiative grant of \$53,000 and a private foundation grant of \$50,000. Currently 45 Evanston residents are provided care management through these grants, which serve 414 individuals in other communities as well for a total of 459 clients. This includes 38 clients for whom CJE is providing Care Management in FY2018 through a \$30,000 grant from Fund for Innovation in Health (a Jewish United Fund/Michael Reese Health Trust partnership). Should this Evanston Mental Health Board proposal be funded, CJE will increase its capacity by 50 Evanston clients to provide care management for a total of 95 Evanston clients and a total of 509 clients over the year.

**Documents Requested \***

**Required? Attached Documents \***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).



[CJE SeniorLife FY2018 Budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards

[CJE SeniorLife Board of Directors 2016-17](#)

REQUIRED FOR EXTERNAL APPLICANTS 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

[CJE SeniorLife CDBG Conflict of Interest Disclosure](#)

[download template](#)

**Application Questions**

**1. Who participates in or benefits from the program or services? Describe them in terms of age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Detail any eligibility requirements.**

*Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.*

This proposal calls for an annual expansion of CJE care management services for 50 new Evanston clients. In FY2017, the program served 71 Evanston residents and 414 CJE care management clients overall. During the past year, CJE was forced to terminate State Community Care Program (CCP) and Managed Community Care Program (MCCP) contracts, transferring 26 of the 71 Evanston clients to other providers. With an ongoing Title XX Donated Funds Initiative grant and private funds, we are continuing to serve 45 Evanston residents with low to moderate income who have unmet basic needs (376 clients across

communities). The expansion of 50 Evanston clients will bring this number to 95 Evanston clients and 426 clients overall. Care management clients mirror the most at-risk clients served by CJE. CJE's diverse client population of older adults includes those living with dementia and/or Parkinson's disease, Holocaust survivors, immigrants and adults with intellectual disabilities; 63% are widowed or divorced and 29% are at risk of social isolation. Approximately 85% of care management clients have moderate or low incomes, as compared with 70% of CJE clients overall. The estimated ethnicity/racial breakdown is 70% white/non-Latino, 20% African American, 8% Latino and 2% Asian.

A large proportion of CJE's client population is very vulnerable. Most of CJE's at-risk clients are more than 80 years of age, and women comprise at least 65% of this group. A recent survey of 411 CJE community clients found that 63% have high blood pressure, 57% arthritis, 29% diabetes and 24% cancer – except for cancer, these population rates are between 3 and 8 percentage points higher than found in the national older adult population. Nearly two-thirds of surveyed clients reported taking five or more medications.

Last year, many CJE care management clients received assistance with a variety of issues including meals (42%), medical and dental services (24%), psychiatric care (27%), socialization programs including support groups and day programs (69%), transportation (10%), housing assistance (15%), help obtaining Food Stamps and Medicaid and other financial benefits (21%) and legal assistance (15%).

**2. Describe your program, including the need(s) that it addresses. Describe specific components or services within the program. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.**

*If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses.* This proposal calls for 0.5 FTE Care Manager staff to be added to the Counseling Department. The term "care management" refers to expert guidance, advocacy and support for older adults and their caregivers as they identify and sort through the maze of options and resources toward solutions to meeting the older adult's basic needs. Basic needs are defined as 1) essential transportation, 2) healthcare provision, 3) public benefits, 4) income, 5) affordable housing, 6) consistent food and 7) financial services. Clients depend on CJE care management support to help them age with dignity in their own homes. Based on experience, we anticipate more than 50 potential clients will self-refer or be referred by external agencies and other CJE program departments for the care management program. Care management services are available Monday through Friday from 8:30 am to 5 pm in increments of one hour.

Initiation of services begins with a consultation between the client and Care Manager. The Care Manager assesses the needs of the older adult. Together they determine immediate actions necessary to ensure that the complex web of healthcare and social services support the client's continued at-home living or, if required, transition to a higher level of care. Frequency of contact and length of service is dependent on the breadth and depth of the presenting issues. If the client is enrolled in state-funded care management through a Managed Care Organization (MCO) and/or Illinois Community Care Program (CCP), the Care Manager will advocate with agency representatives for their greater involvement in solutions toward meeting the client's basic needs.

If a client is not enrolled in a State-funded program that includes care management, the Care Manager assesses the eligibility for such a referral. For those clients not eligible for a State program, the Care Manager takes alternative steps to improve the client's situation. The Care Manager can also help with connecting the client to groups for socialization or a friendly visitor program.

Most clients or their family members will be able to follow through with the Care Manager's recommendations. Our experience with the general service population has shown that nine to 12% of community clients will require intensive care management services. This program may see a higher rate of intensive care management clients because referrals to this program are likely to be driven by an immediate crisis or complicated by the presence of mental health issues.

**3. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.**

*Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.*

50	Intake/assessment
40	Referrals
50	Individual case management plan/services
50	Services delivered on an individual basis (e.g. home delivered meals)
0	One time event or activity (e.g. field trips, tax preparation)
0	Multi-session program (e.g. after school program)
0	Focused topic activities (e.g. workshops, trainings)
0	Drop in services (e.g. computer lab, tutoring, help desk)
50	Phone or online help (e.g. 24-hour help lines)
240.00	<b>TOTAL</b>

**4. How long has your program existed and how has it grown or changed? How long do you expect to continue**

**providing this service.**

Counseling support has been a core program at CJE since its inception in 1971 and we have provided care management services for more than 22 years. In the past year, CJE's ability to maintain this safety net service was significantly disrupted due to:

1) The State shift to managed care organizations for Medicaid patients – Three years ago, the State started to shift to Managed Care healthcare for low-income elderly who are “dual eligible” for Medicare and Medicaid or solely on Medicaid. Before this, CJE provided care management and personal care for these individuals. Now the MCOs are mandated to provide healthcare, wraparound social services and to perform the care management role. Designed to increase service delivery quality and enhance care coordination, the implementation of this change has thus far resulted in significantly reduced care management and in greater difficulty for older adults to navigate the newly combined healthcare/social service system. Clients often have difficulty contacting managed care systems and making their needs known. To give one example, MCO care management does not include efforts to prevent eviction and/or to alleviate the risk of homelessness.

2) The State financial crisis involving unpaid reimbursement and underfunded State contracts – To maintain a fiscally healthy organization, CJE was forced to terminate its State contract for 160 Community Care Program (CCP) clients receiving personal care services and 114 Managed Community Care Program (MCCP) clients receiving nine different services. CJE has lost much of its capacity to provide care management for clients who cannot afford to pay privately. (CJE Adult Day Services still contracts for CCP client subsidies.)

As a result of systems changes and limited funding described above, older adults in Illinois who have care management needs are being underserved on many levels.

Since CJE's withdrawal from the State contracts, we continue to provide care management through a Title XX Donated Fund Initiative grant and private foundation grants (including a new grant from Fund for Innovation in Health, a Jewish United Fund/Michael Reese Health Trust partnership).

Those older adults who qualify for subsidized services but are not Medicaid eligible will stay in the State's Community Care Program at least through FY2018. Our experience has been that these individuals in Evanston are well served by North Shore Senior Center and their care management needs are being met. We do not plan to target this population under this grant. Some older adults are not eligible for State-funded care management assistance because their savings are slightly over the limit for CCP (\$17,500), or their level of functional ability is slightly too high. Nonetheless, they may have significant need for assistance in accessing benefits, programs and health care. These individuals would be an appropriate service population for this grant.

**5. Do you maintain a wait list? If yes, provide its size and the average length of wait time for services. If no, describe any resources, including referrals, provided to individuals you are not able to serve.**

We do not currently maintain a wait list for care management services. If we are unable to serve referred individuals we provide them with additional resources to better meet their needs. To date we have not had to do so, but if a client doesn't live in our service area or meet the criteria for a given funding source, we will refer them to a more appropriate provider. Unfortunately, outside of the CCP and MCO programs, there are scant care management services available. We refer individuals to the North Shore Senior Center, the Ark, Levy Center, private geriatric care managers, Trilogy, Thresholds, Northside Community Resources and other community providers as appropriate given their location, service needs and financial situation.

**6. What other agencies address this need, how do you collaborate with them 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.*

North Shore Senior Center provides care management for those just above the poverty line who are enrolled in the Community Care Program. We may refer eligible individuals who are not currently enrolled to the program. We have enjoyed an excellent partnership with North Shore Senior Center in serving clients in the Managed Community Care and Community Care Programs. We will continue to build on those longstanding relationships in referring clients there who qualify for CCP services and will take care to avoid any duplication of service.

No service providers have stepped in to comprehensively address the unmet needs of those who do not qualify for CCP services. In terms of what is provided: 1) Evanston's Levy Center and North Shore Senior Center provide benefits assistance onsite, 2) Many providers – including CJE -- offer private-pay geriatric care management, 3) Service coordinators in HUD-subsidized buildings provide benefits assistance and information/referral services and 4) Many local agencies provide pieces of care management.

The capacity to provide full care management is extremely limited; it requires more advocacy than these older adult services are capable of. Many at-risk, isolated and/or cognitively-impaired older adults will not attempt to access services on a piecemeal basis and many will not access any services if they are homebound. They simply don't know where to begin and need hands-on assistance to coordinate a combination of services and supports.

For those who are dual-eligible or Medicaid only, the selected (or assigned) Managed Care Organization (MCO) provides care management. These providers may not be fully supporting the needs of their members. We have found that MCO care management is not as comprehensive as it needs to be. Some MCOs require that the member initiate first contact with them to complete a health assessment; then a Care Manager is assigned and in-home services can begin.

Many individuals are mystified and overwhelmed by the transition to managed care for Long Term Supports and Services; they may not even be aware that they've been transferred to an MCO and no one is reaching out to help them with the transition. Further, as described above, the role of the MCO Care Manager is rather narrowly defined, often focusing on healthcare related needs alone. Additional care management, which can sometimes be short-term in nature, is needed to help them with the transition and to identify and address unmet needs.<sup>127 of 168</sup>

We do not believe our services will duplicate any existing program or services for Evanston residents.

**7. Describe program goals and outcomes you anticipate in 2018, including any change from 2017. What data are collected and used to analyze your program and measure success? Who is responsible for ensuring the program is implemented as planned?**

The Care Management program's long-term goal is for at-risk, moderate- and low-income older adults to age in their own homes safely with supports for as long as possible. Toward this goal, the Care Manager will assess and take steps to meet the needs of 50 Evanston older adults so that they may continue residing in their own homes.

The Care Management measurable outcome objectives are: 1) At least 50 Evanston older adults will obtain care management services through CJE; 2) At least 75% of the 50 Evanston clients will report that the Care Manager's handling of the identified problem(s) improved their situation; 3) At least 85% of the Evanston clients will report that it was very easy to reach the Care Manager.

Clinical Supervisor Sharon Dornberg-Lee will take leadership of this grant and ensure goals are met.

Evaluation: Staff service hours and numbers of Evanston clients will be recorded and reported for this grant. We will record race/ethnicities and income levels of clients. When closing each case, clients will be asked to respond to a short survey regarding how care management has impacted their situation; they will be asked to rate their overall satisfaction with the resolution of their issues and their likelihood to recommend the service.

We will also track the services to which clients were referred (existing or new services/benefits) and whether or not they are receiving services/benefits at the end of the Care Manager's work with them. Survey questions are attached in the Documents section.

**8. Complete the chart below with the unduplicated total of people you expect to serve in 2018, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2017.**

*Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2017 must show an increase in people served if applying for an increase in CDBG funding.*

426	Unduplicated people to be served in 2018
95	Unduplicated Evanston residents to be served in 2018
362	Unduplicated low/moderate income people to be served in 2018
81	Unduplicated low/moderate income Evanston residents to be served in 2018
414	Unduplicated people served in 2017
71	Unduplicated Evanston residents served in 2017
352	Unduplicated low/moderate income people served in 2017
60	Unduplicated low/moderate Evanston residents served in 2017
1,861.00	<b>TOTAL</b>

**9. Provide a summary of your organization's mission including organizational structure, size and functions of the board, and any significant changes in the last year. Attach current Strategic Plan on the Documents tab.**

*City of Evanston applicants, enter "NA."*

Established in 1971, CJE's mission is to enhance quality of life and facilitate the independence of older adults. CJE's services benefit 23,000 clients and caregivers annually, mainly in Chicago's north side neighborhoods and the north and northwest suburbs. We are committed to serving older adults and their families regardless of income, religion, ethnicity, gender or sexual orientation. Most of our clients live close to or below the poverty level and participate in free or subsidized programs. Programming is carried out within four areas of service:

- Life Enrichment programs support CJE's holistic approach to aging. We believe that individuals need enticing opportunities to stay engaged with life – physically, socially intellectually, culturally and spiritually – throughout the aging process. Programs include the Center for Healthy Living, offering wellness education, older adult socialization programming and expressive arts opportunities for independent older adults.
- Supportive Resources include services that provide guidance and support to help older adults to thrive and to "age in place" in the community. Programs include Adult Day Services, Consumer Assistance, Home-Delivered Meals, Geriatric Care Management, Transportation Services, Independent Housing and Assisted Living.
- Healthcare at CJE addresses both acute and chronic medical and mental health needs, always in coordination with community medical providers. Programs include one on one and group counseling, short-term rehab and long-term nursing care and special support for individuals with Parkinson's disease and Alzheimer's disease.
- CJE's Leonard Schanfield Research Institute (LSRI) is an in-house applied research division focused on improving the quality of life and health of older adults and supporting the families and communities that care for them.

CJE staff includes 491 full-time and 201 part-time employees. In terms of race and ethnicity, 42% are white, 32% African American, 12% Latino and 14% Asian. The diversity of staff reflects CJE's service population.

Board of Directors: The expertise of CJE's 53 Board members includes healthcare, nursing home operations, affordable housing, long-term care health insurance, eldercare law, social work, Parkinson's disease programming, community leadership, real estate, corporate relations, business, finance, technology and marketing. Most Board members live in our service area; 25% have used CJE services for themselves or family members. CJE's Board of Directors guides the agency in

maintaining its mission and values and achieving its vision. Board members assist in development and support of strategic direction and address major policy issues, provide proper financial oversight and support agency fundraising.

**10. Describe your agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.**

*CDBG applicants, 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 Resource Library).*

CJE SeniorLife's accounting practices conform to GAAP principles and include an annual external audit procedure. The CJE Board of Directors Finance Committee oversees the Finance Department's monthly financial reports as well as the annual audit. Finance staff monitors grants and contracts from more than 100 sources annually, and coordinates with Program Managers regarding financial statements. Project grants and contracts are assigned account numbers for recording income and expenses; Managers compare grant revenue and expenses to formal budgets each month and at year-end. Grant and contract award letters and agreements are routed to the CJE Grants Department which notifies the Finance Department and the appropriate Program Department of the award and its requirements. Future report dates are recorded on a Grants Management calendar. Grant reporting includes not only a narrative program report, but also a fiscal report. Grants Management staff works with program staff to develop and send all reports in a timely fashion.

**11. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?**

*All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.*

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

**12. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years?**

*Provide your staff to participant ratio and any requirements for program licensing or accreditation.*

Counseling and Care Management is an integral part of CJE's services for at-risk older adults and will always be an agency priority. CJE is well respected in the older adult services community for our capacity to handle challenging client situations. We also have the benefit of being part of a larger organization with resources that, as needed and appropriate, will be available to this group of care management clients.

CJE's Counseling Department consists of eight licensed clinical social workers (LCSW) including the Manager of Counseling Services. While their primary role is to provide psychotherapy, each provides some care management; we recognize that good mental health is often linked to larger social and environmental issues. In addition, CJE employs part-time Care Managers, funded in part by Project Connect, a Jewish Federation Fund for Innovations in Health grant that began in July 2017. These Care Managers provide more comprehensive care management services than are provided by the counseling staff. Should we be awarded this grant, we will add 0.5 FTE to the hours of these staff toward service to Evanston residents. At the end of the grant year, CJE will continue to provide care management for the older adults in Evanston. We will continue to raise funds to maintain the level of service that this grant has enabled.

Care management staff includes:

Sharon Dornberg-Lee, Clinical Supervisor. Sharon Dornberg-Lee, LCSW, will manage the grant and supervise Care Managers. She received her Masters of Arts in Social Work from the University of Chicago, School of Social Service Administration. She has worked for the past 20 years providing psychotherapy for older adults and supervising Care Managers in a variety of programs, including MCCP and Project Connect. Prior to her work at CJE, Sharon was a community organizer, program manager and consultant for a variety of nonprofit educational and advocacy organizations. Sharon is a frequent presenter on topics related to effective clinical practice with older adults and has been an adjunct instructor at SSA where she taught Aging and Mental Health. She continues to teach Social Work with Older Adults in SSA's Professional Development Program.

Barbara Sarasin, Care Manager. Barbara Sarasin has been working in the field of aging for 35 years. She has a Masters of Social Work from the University of Illinois Urbana-Champaign and is a Certified Nurse's Aide. She has worked in a skilled nursing facility, two adult day programs and a psychiatric hospital. Barb has been with CJE for 25 years. She is presently a Care Manager with Project Connect and Your Eldercare Consultants. In the latter role, she provides consultations, ongoing care management and bill paying assistance. She is the caregiver support group leader at CJE's Adult Day Center in Evanston. She participates in two local hoarding task forces and has been presenting on hoarding for 10 years to both community and professional groups.

Susan Swanson, Care Manager. Susan earned her master's degree in Social Work from the University of Chicago, School of Social Service Administration. She supervised Care Managers in CJE's Managed Community Care Program from 1988-2002 and returned to CJE part-time in May 2015 as a Care Manager. She brings a wealth of clinical and care management expertise to her role.

The ratio of staff to clients is 1.0 FTE to 100 clients over the year; not all cases require on-going assistance.

**13. Provide the name, email and phone number of the individual who attended the pre-application meeting.**

Felicia Baskin, Felicia.Baskin@cje.net, 773.508.1071

**14. All organizations receiving CDBG 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." (City of Evanston**

applicants, enter 074390907)

076873082

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

- Yes
- No

**16. 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

**17. Where (address/location) does your program take place and how will clients get to the location or facility?**

Counselors, Care Managers and the Clinical Supervisor are housed in CJE's primary office at 3003 W. Touhy Avenue, Chicago. Client interactions will occur in the office, clients' homes and by phone.

**18. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2018 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.**

*Enter the name and title of the individual submitting this application.*

Laura Prohov, Vice President Community Services

**Budget**

<b>Funding Sources/Revenues</b>	2017	2018	2018 Committed	
City of Evanston CDBG				
City of Evanston Mental Health Board Funds		\$ 44,282.00		
Title XX DFI	\$ 53,156.00	\$ 53,156.00	\$ 0.00	
Foundation Match	\$ 50,000.00	\$ 50,000.00	\$ 0.00	
JUF Project Connect Care Management		\$ 31,561.00	\$ 31,561.00	
<b>Total</b>	<b>\$ 103,156.00</b>	<b>\$ 178,999.00</b>	<b>\$ 31,561.00</b>	

  

<b>Funding Uses/Expenses</b>	2017	2018 Total	2018 CDBG	2018 MHB
Personnel	\$ 74,748.00	\$ 131,037.00		\$ 32,678.00
Benefits	\$ 23,172.00	\$ 41,931.00		\$ 10,457.00
Mileage	\$ 2,384.00	\$ 4,031.00		\$ 1,147.00
Office Expenses	\$ 2,852.00	\$ 2,000.00		
<b>Total</b>	<b>\$ 103,156.00</b>	<b>\$ 178,999.00</b>	<b>\$ 0.00</b>	<b>\$ 44,282.00</b>

**Budget Narrative**

The FY17 program was funded by Title XX DFI at \$53,156 and a foundation grant of \$50,000. Costs include the Counseling Manager at 0.085 FTE or \$6,116 (\$71,953), 0.04 FTE Clinical Supervisor at \$2,674, (\$65,938) 1.25 FTE Counselors/Care Managers at \$65,958 for total Personnel at \$74,748 and \$23,172 in benefits. Mileage at 2,384 and Office expenses at 2,852. These funding sources are stable and will continue into the second half of CY17 and beyond. The CY18 request is for \$44,282 and includes 0.06 FTE Clinical Supervisor at \$4,075, 0.50 Case Manager at \$28,603; Benefits at 32% of salaries or \$10,457 include FICA (7.65%) Life Ins (1.0%) Unemployment (1.0%), Dental (2.0%) Health (20.35%). Mileage is figured at \$.535/mile x 41.3 miles/week x 52 weeks.

The total Other of \$134,717 includes Title XX and its match at \$103,156 and a Jewish United Fund grant of \$31,561. Personnel includes a Counseling Manager at 0.1 FTE or \$7,539 (\$75,390); 0.19 Clinical Supervisor at \$13,051 (\$67,917); a portion of LCSW Counselors' time at 1.1 FTE or \$57,769; and a 0.5 FTE Care Manager at \$20,000. Benefits are 32% of salaries at \$31,474 and broken down as above. Mileage of 2,884 is figured at \$.535/mile x 104 miles/week x 52 weeks and office expenses are \$2000 or \$167 per month.

**Program Outcomes**

**Program Outcomes**

	Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	At least 50 Evanston older adults will obtain care management services. through CJE	Client count in Vision database	0	16	17	17	50					0
2	At least 75% of the 50 Evanston clients will report that the Care Manager's handling of the identified problem(s) improved their situation.	Evanston Care Management Evaluation Survey to be completed at end of service.	0	12	12	14	38					0
3	At least 85% of the Evanston clients will report that it was very easy to reach the Care Manager.	Evanston Care Management Evaluation Survey to be completed at end of service.	0	14	14	15	43					0
4							0					0
5							0					0
<b>Total</b>			<b>0</b>	<b>42</b>	<b>43</b>	<b>46</b>	<b>131</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Program Line Item Expenditures

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
								\$
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

### Program Line Item Funding

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
<b>Total</b>	<b>0</b>	<b>\$0</b>							

**Documents**

**Documents Requested \***

Required? **Attached Documents \***

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement and Form 990 for the most recent completed fiscal year.

[CJE Audit 6.30.16](#)  
[Single Federal Audit HUD A133 Financial Statement 2016](#)

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

[CJE Annual Report 2016](#)

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).

[CJE 501\(c\)\(3\) letter](#)

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2017 only if changed).

[CJE EEO and Affirmative Action Plan](#)

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2016 only if changed).

[CJE Articles of Incorporation](#)

Brief biographies of key staff (NEW APPLICANTS and funded agencies with staff changes in 2017).

[Bios Staff Evanston Care Management Program](#)

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).

[CJE Accessibility + ADA Statement](#)

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

[Evanston Care Management Evaluation Questions](#)  
[Evanston Care Management Summary of Work with Client](#)  
[Evanston Care Management Evaluation Questions](#)

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](#)

2018 CDBG-MHB Application review Meeting Schedule. Please note that the order in which applications will be reviewed is not finalized.

[2018 CDBG-MHB Application Review Schedule](#)

[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.

[CJE Organizational 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.

[CJE Chart of Accounts 2017](#)

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 FY2017.

[CJE 2017-2018 Actuals-Budget](#)

## Extra

### **Why were contracts with State Community Care Program (CCP) and Managed Community Care Program (MCCP) terminated?**

CJE terminated its Managed Community Care Program contract with the Illinois Department on Aging in April 2017, as a result of the prolonged budget stalemate in Springfield. We had been reimbursed for less than 40% of what was owed to us by the State since July 2016. Further, the reimbursement level from the State had always fallen short of our actual costs to deliver the services to clients. Community Care Program (CCP) provider agencies had not received rate increases in 7 years. This very difficult decision was made after extensive deliberation by the Executive Committee of CJE's Board of Directors and its senior leadership team. We had already canceled our Community Care Program and Managed Care Organization (MCO) contracts earlier in the year for the same reasons. All affected clients were transferred to other CCP providers. We continue to have a CCP contract to provide Adult Day Services to residents of the 15 zip code areas on the north and northwest side of Chicago and to residents of Skokie, Evanston and Niles Townships. We have maintained MCO contracts for Adult Day Services and skilled nursing care.

### **Program clients are enrolled in various Managed Care Organizations (MCO). Are Medicaid/Medicare payments reflected in program budget?**

We do not receive any funds from the Managed Care Organizations for the provision of care management services, thus there is no budget line for Managed Care Organization revenues for care management services reflected in our submitted budget.

### **If the agency is subject to a Single Federal Audit, please provide the most recent Single Federal Audit under the Documents tab.**

A Single Federal Audit is available under title of "Single Federal Audit HUD A133 Financial Statement 2016" and has been uploaded to the Audit section of the Documents tab.

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

Application ID: 87613

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City of Evanston  
Community Development  
**2018 CDBG Public Services & Mental Health Board - City of Evanston**  
8/18/2017 deadline

**PEER Services, Inc.**  
**PEER Services - Substance Abuse Treatment and Early Intervention for Youth & Adults**

**\$ 111,000.00** Requested  
\$ 111,000 MHB Request

Submitted: 8/18/2017 11:19:58 AM (Pacific)

**Project Contact**

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**PEER Services, Inc.**

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United States

**Executive Director**

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EIN 36-2848969  
DUNS 169685161  
SAM Expires 11/17/2017

**Pre-Application (Letter of Intent)**

**All Applicants Complete Questions 1-8 and attach Documents**

**1. Organization Name and Program for which you are requesting funding.**

PEER Services - Substance Abuse Treatment and Early Intervention for Youth & Adults

**2. Type of organization**

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Other:

**3. Is your organization an affiliate of a regional or statewide social service agency?**

- No
- Yes

**4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.**

*Attach the list of local board members as well as the parent organization board below.*

NA

**5. Is your organization accredited?**

- Yes
- No

**6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.**

The Joint Commission - August 15, 2015

**7. People served:**

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other:

**8. 2018 Funding Requested from the City of Evanston**

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

CDBG

MHB (Human Services Fund)

**TOTAL**

**9. Funding request is:**

Programs funded in 2017 should be classified as renewal even if amount requested is different from 2017 grant.

- Renewal of 2017 CDBG funding
- Renewal of 2017 MHB funding
- New request for CDBG
- New request for MHB

**New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)**

**10. NEW APPLICANTS OR AGENCIES FUNDED IN 2016 APPLYING FOR A PROGRAM NOT FUNDED IN 2017 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."**

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

**11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.**

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

This project is a combination of funding for four programs we offer at PEER Services in Evanston (906 Davis Street). Historically, we have applied for these programs separately, but after discussing with Jessica during our onsite visit, we agreed it would make more sense to apply for one holistic budget. PEER Services is also entering into a new environment of Medicaid and Managed Care, so we will be adapting throughout the year by analyzing the impact of payer mixes. A holistic budget leaves us more flexibility to address the financial needs of our clients.

MHB funds will be vital in helping us protect our Evanston clients and ensure services for them, regardless of any unpredictable performances of the payers. This project includes ongoing programs and helps both to maintain and expand our capacity for Evanston residents in this new fiscal environment.

The programs included in this project are:

(1) Youth Early Intervention - This program is designed to assess the progression in youth substance use from experimentation to addiction. We conduct substance abuse assessments to help young people and their families identify problems early on so they can access resources to address problems before they grow. We provide individual early intervention counseling, as well as educational and skill-building groups for youth.

(2) Adolescent Substance Use Treatment - This program provides much needed treatment services to youth in our community who are struggling with substance abuse. We are licensed by the Illinois Department of Human Services to provide outpatient and intensive outpatient treatment services for adolescents ages 12 to 17. We recognize that the use of alcohol and other drugs interferes with the physical, emotional, social, intellectual, spiritual and vocational growth and development of Evanston's youth.

(3) Adult Substance Use Treatment - PEER provides drug education, individual counseling, group counseling, family

counseling, as well as aftercare and discharge planning for our adult clients. We use several evidence-based practices in our program including: Cognitive-behavioral therapy, motivational enhancement therapy, relapse prevention training and case management. We have nurses and a physician on our team to address the physical components of addiction. For clients addicted to heroin or other opiates, medication is available to stabilize the client and prevent withdrawal symptoms from interfering with treatment engagement or progress in treatment.

(4) DIMENSIONS Dual Diagnosis Treatment - We provide a supportive, nurturing environment aimed at helping dually diagnosed individuals learn new skills and face life's challenges with the help of a caring staff. DIMENSIONS was developed in 1999 in response to a need identified by the Mental Health Board through a community needs assessment process. The Mental Health Board issued a special Request for Proposals seeking creative approaches to serving adults who are struggling with both mental health and substance abuse issues. DIMENSIONS exclusively serves Evanston residents.

Documents Requested *	Required?	Attached Documents *
Current year agency operating budget. (City of Evanston applicants, please upload a blank page).	✓	<a href="#">PEER Services FY18 Budget</a>
REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards		<a href="#">PEER Board of Directors</a>
REQUIRED FOR EXTERNAL APPLICANTS 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 <a href="#">download template</a>		<a href="#">PEER Conflict of Interest</a>

## Application Questions

**1. Who participates in or benefits from the program or services? Describe them in terms of age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Detail any eligibility requirements.**

*Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.*

PEER Services offers a range of substance abuse services addressing the needs of Evanston residents from adolescents through adulthood and into the senior years. When community members decide to seek help, it is critical to be able to respond rapidly and compassionately. PEER Services employs masters level providers who care deeply about people who struggle with drugs and alcohol and who are able to provide support and direction at this critical time. The people who participate in our programs are described here in brief.

### /Early Intervention & Adolescent Program

PEER's Early Intervention program supports teens whose alcohol and/or drug use is causing problems in school, family and community. The Adolescent Treatment program serves those teens whose use has progressed to biological dependence. The majority of clients served are high school students. Approximately 70% are male, largely because young men are still more likely to become involved with the criminal justice system and to be referred to treatment by police, or court professionals. Approximately 38% are white, 52% are black and 10% are Latino. We also serve the families of these youth by providing services for families in crises.

### /Adult Substance Abuse Treatment

The adult program serves individuals ages 18 and above who meet the DSM criteria for a substance abuse or dependence diagnosis. Our clients range in age from 18-82. It is difficult to profile our client population; we do not have a typical client and work with individuals from a broad range of demographics. The average age of adults in our treatment program is 38. Approximately 62% of our clients are male. The ethnic breakdown of the Evanston individuals we serve is: 54% black, 40% white, 5% Latino and 1% other.

### /DIMENSIONS

The consumers we have served through our collaboration with the Mental Health Board have tended to have long histories of both substance abuse and mental illness. These individuals tend to have few vocational skills or support systems and have often had previous failed attempts in more traditional mental health and/or substance abuse treatment programs. They have a high need for structure and support. DIMENSIONS is comprised of lower income adults: 30% Black, 63% White, 7% Latino. The average age is 44.

Overall, more than 80% of PEER Services' Evanston clients are low-income. While some are enrolled in Medicaid health

plans, others have purchased health insurance with high deductibles and copays, and many remain uninsured. Our commitment to serving everyone in the community, regardless of their ability to pay, leads us to offer services on a sliding scale. In addition, reimbursements provided through the new plans cover part but not all the costs of high-quality care. Mental Health Board funds are crucial to providing low-income residents with continued access to life-saving substance abuse services.

**2. Describe your program, including the need(s) that it addresses. Describe specific components or services within the program. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.**

*If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses.*  
/Early Intervention

Our Youth Early Intervention Program is designed to arrest the progression in youth substance use from experimentation to addiction. We conduct substance abuse assessments to help young people and their families identify problems early on so they can access resources to address problems before they grow. We provide individual counseling and educational and skill-building groups designed to 1) increase each young person's knowledge of the risks and consequences of substance use; 2) strengthen each youth's decision-making skills by teaching them a specific decision-making model and helping them to apply it in situations that they face in their current lives; and 3) clarify their values by helping to prioritize their long-term goals against their current desires for fun, risk-taking and peer acceptance. Our services also include FACTS Education sessions and summer College Boot Camp sessions. The program is not required to be licensed or accredited.

/Adolescent Substance Abuse Treatment

We recognize that the use of alcohol and other drugs interferes with the physical, emotional, social, intellectual, spiritual and vocational growth and development of Evanston's youth. Our Adolescent program operates 7am-9pm Monday-Thursday and 7am-5pm on Fridays, and is licensed by IDHS. We take a holistic approach to identifying and addressing substance abuse problems. This program provides much needed treatment services to youth in our community who are struggling with substance abuse. The majority of teens are referred by a parent, school, social worker, or probation officer.

/Adult Substance Abuse Treatment

Our Adult program operates 7am-9pm Monday-Thursday and 7am-5pm on Fridays and is licensed by IDHS. We provide drug education, individual counseling, group counseling, family counseling, as well as aftercare and discharge planning. We use several evidence-based practices in our program including: Cognitive-behavioral therapy, motivational enhancement therapy, relapse prevention training and case management. These practices help us to move clients through the stages of treatment: 1) treatment engagement, 2) early recovery, 3) maintenance of positive change, 4) relapse prevention, and 5) community support. We have nurses and a physician on our team to address the physical components of addiction. For clients addicted to heroin or other opiates, medication is available to stabilize the client and prevent withdrawal symptoms from interfering with treatment engagement or progress in treatment.

/DIMENSIONS

DIMENSIONS was developed in 1999 in response to a need identified by the Mental Health Board through a community needs assessment process, seeking creative approaches to serving adults who are struggling with both mental health and substance abuse issues. DIMENSIONS exclusively serves Evanston residents. Services include: outreach and case management, clinical screening and assessments, group therapy, individual therapy, physician consultation and medication management, drug testing, health screening and assessment, and long-term recovery management. The program operates Monday through Thursday 9am- 9pm and Fridays 9am - 5pm.

**3. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.**

*Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.*

<input type="text" value="300"/>	Intake/assessment
<input type="text" value="350"/>	Referrals
<input type="text" value="200"/>	Individual case management plan/services
<input type="text" value="200"/>	Services delivered on an individual basis (e.g. home delivered meals)
<input type="text" value="250"/>	One time event or activity (e.g. field trips, tax preparation)
<input type="text" value="500"/>	Multi-session program (e.g. after school program)
<input type="text" value="300"/>	Focused topic activities (e.g. workshops, trainings)
<input type="text"/>	Drop in services (e.g. computer lab, tutoring, help desk)
<input type="text" value="400"/>	Phone or online help (e.g. 24-hour help lines)
<input type="text" value="2,500.00"/>	<b>TOTAL</b>

**4. How long has your program existed and how has it grown or changed? How long do you expect to continue providing this service.**

/Early Intervention

Established in 1986, our Youth Early Intervention Program is designed to arrest the progression in youth substance use from experimentation to addiction. We have adapted and modified the program as drug trends have changed and research on best practices have evolved. We currently employ one Masters Level FTE Counselor with experience with adolescents and substance abuse counseling.

/Adolescent Substance Abuse Treatment

Our Adolescent program was established in 1990 with only one counselor. It has grown and developed significantly in the past 25 years as trends in adolescent drug use have changed and best practices in the treatment field have evolved. We have adapted some of our methods in response to the recent data showing an increase in the use of heroin and other opioids.

/Adult Substance Abuse Treatment

We have been providing adult services since our inception in 1975. We have developed specialized treatment components for women, individuals who have been arrested for driving under the influence, parents whose children are being monitored by DCFS, as well as older adults. In response to the accelerating opiate epidemic among young adults, alcohol and other drug use, we began a focused program to engage young adults in treatment before the consequences of their use accelerate to tragic levels.

/DIMENSIONS

DIMENSIONS was developed in 1999 in response to a need identified by the Mental Health Board through a community needs assessment process, seeking creative approaches to serving adults who are struggling with both mental health and substance abuse issues, especially those who are also homeless. Although this program originally began as a specific DIMENSIONS group, it has now expanded across all programs as multiple clinicians from different programs manage the cases of dual-diagnosis clients. Extensive case management is provided to address the complex clinical and practical needs of these clients, including housing support.

Case management is essential in all programs to ensure due diligence is done to promote client health and safety. This includes collaborating and advocating on the client's behalf with the client's physicians, psychiatrists, social service case managers and hospitals. Practical support for stable recovery such as housing, employment and basic needs are also addressed through case management. This service is rarely reimbursed through Medicaid and commercial insurance, and yet it is vital for our clients. We rely on the Evanston Mental Health Board's funding to provide this aspect of care for Evanston clients.

**5. Do you maintain a wait list? If yes, provide its size and the average length of wait time for services. If no, describe any resources, including referrals, provided to individuals you are not able to serve.**

/Early Intervention

We generally schedule appointments within a few days of initial contact. When we cannot accommodate individuals at our agency, we work with them to put support services in place, depending on their needs (medical, toxicology, housing, financial, etc.)

/Adolescent Substance Abuse Treatment

We generally schedule appointments within a few days of initial contact. When we cannot accommodate individuals at our agency, we work with them to put support services in place, depending on their needs.

/Adult Substance Abuse Treatment

We have a waiting list of approximately six weeks for clients who need medication to treat their opioid dependence. The insecure funding environment from the state led us to our highest staff turnover rate in 25 years. We just finished filling two vacancies and are working to admit clients on of the waiting list.

/DIMENSIONS

Given the severity of the symptoms and needs of the population we serve, we work extremely hard to provide an immediate response to all Evanston residents seeking services in the DIMENSIONS program. If we cannot accommodate individuals at our agency, we work with them to put support services in place, depending on their needs.

**6. What other agencies address this need, how do you collaborate with them 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.*

/Early Intervention

There is no other agency that specifically addresses substance abuse early intervention in Evanston. Alternatives in Chicago and Omni Youth Services in Buffalo Grove have similar programs. The Maine Center in Park Ridge used to deliver youth early intervention, but that agency closed in April due to funding challenges.

**/Adolescent Substance Abuse Treatment**

PEER Services is the only agency in Evanston licensed by the state of Illinois to provide adolescent substance abuse treatment services. Two other north suburban agencies, The Maine Center in Park Ridge and North Shore University Health in Deerfield, recently closed their programs reportedly due to funding issues.

**/Adult Substance Abuse Treatment**

PEER Services is a free-standing program not affiliated with any larger institution. Evanston Hospital does offer adult treatment, but they do not have a sliding fee scale nor do they accept Medicaid for treatment. They refer to us when income is an issue. In client satisfaction surveys we find that clients experience PEER Services as an extremely friendly, welcoming, supportive environment which makes tackling the difficult issue of addiction much easier. We strive to avoid duplication of efforts.

We provide services for residents of the YWCA's shelter for battered women and the YMCA's men's residence. Our specialized treatment for older adults includes close collaboration with Seniors Action Services and Evanston Skokie Valley Senior Services. The hospitals are a regular referral source as is Cook Country Adult Probation.

**/DIMENSIONS**

Our mission is to provide quality integrated treatment that simultaneously addresses both the mental health and substance abuse recovery needs of Evanston residents who are living with dual disorders. While many local organizations have long histories of serving clients with mental health issues, DIMENSIONS is the only program designed to address these co-occurring disorders through integrated programming. We have successfully collaborated with Connections, Housing Options, Thresholds, Trilogy, Albany Care, Greenwood Care, the YWCA and the YMCA to provide services to individuals whose lives are impacted by substance use as well as mental health issues. Because all of the clients in this program have multiple needs, it is essential that we provide extensive case management services and work closely with other service providers. Without these partners, we could not achieve the level of stability that we are able to achieve. Last year we entered into collaboration with Housing Options to help our clients access supportive job placements. The partnership has been highly successful.

**7. Describe program goals and outcomes you anticipate in 2018, including any change from 2017. What data are collected and used to analyze your program and measure success? Who is responsible for ensuring the program is implemented as planned?**

**/Early Intervention**

Our program goals are to: 1) help teens to discontinue their substance use, 2) strengthen teens decision-making skills, 3) increase teens knowledge of the risks and consequences of continued use specifically by increasing their knowledge of pharmacology and addiction dynamics and, 4) help teens develop a positive support network of individuals who are drug-free and can provide support during a client's time of need. In addition to client outcome data, we collect and analyze data on client demographics including drug use trends as well as staff productivity. The early intervention counselor and adolescent services coordinator are primarily responsible for ensuring the program is implemented as planned. Data is analyzed by our leadership team and board as part of our ongoing quality assurance activities.

**/Adolescent Substance Abuse Treatment**

Our program goals are to 1) help teens discontinue their substance use; 2) strengthen teens' decision-making skills; 3) increase teens knowledge of the risks and consequences of continued use specifically by increasing their knowledge of pharmacology and addiction dynamics; and, 4) help teens develop a positive support network of individuals who are drug-free and can provide support during a client's time of need. Our goals have remained constant but we have adapted some of our methods in response to the increase in heroin use. We collect data on client demographics including primary drugs used, outcome measures and staff productivity. We analyze this data as part of our ongoing quality improvement process. Counselors and the program coordinator have primary responsibility to deliver the program as planned. The agency leadership team and board of directors review aggregated data to ensure that quality is being maintained.

**/Adult Substance Abuse Treatment**

Our program goals are to 1) help adults discontinue their substance use 2) strengthen adults' decision-making skills 3) increase adults' knowledge of the risk and consequences of continued use specifically by increasing their knowledge of pharmacology and addiction dynamics 4) help adults develop a positive support network of individuals who are drug-free and can provide support during a client's time of need.

We collect data on client demographics including primary drugs used, outcome measures and staff productivity. We analyze this data as part of our ongoing quality improvement process. Counselors and the program coordinator have primary responsibility to deliver the program as planned. The agency leadership team and board of directors review aggregated data to ensure that quality is being maintained.

**/DIMENSIONS**

Our program goals to 1) help adults discontinue their substance use; 2) strengthen adults decision-making skills; 3) increase adults knowledge of the risks and consequences of continued use specifically by increasing their knowledge of pharmacology and addiction dynamics; and, 4) help adults develop a positive support network of individuals who are drug-free and can

provide support during a client's time of need. We collect data on client demographics including primary drugs used, outcome measures and staff productivity. We analyze this data as part of our ongoing quality improvement process. Counselors and the program coordinator have responsibility to deliver the program as planned. The agency leadership team and board of directors review aggregated data to ensure that quality is being maintained.

**8. Complete the chart below with the unduplicated total of people you expect to serve in 2018, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2017.**

*Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2017 must show an increase in people served if applying for an increase in CDBG funding.*

<input type="text" value="400"/>	Unduplicated people to be served in 2018
<input type="text" value="220"/>	Unduplicated Evanston residents to be served in 2018
<input type="text" value="303"/>	Unduplicated low/moderate income people to be served in 2018
<input type="text" value="150"/>	Unduplicated low/moderate income Evanston residents to be served in 2018
<input type="text" value="400"/>	Unduplicated people served in 2017
<input type="text" value="220"/>	Unduplicated Evanston residents served in 2017
<input type="text" value="303"/>	Unduplicated low/moderate income people served in 2017
<input type="text" value="150"/>	Unduplicated low/moderate Evanston residents served in 2017
<input type="text" value="2,146.00"/>	<b>TOTAL</b>

**9. Provide a summary of your organization's mission including organizational structure, size and functions of the board, and any significant changes in the last year. Attach current Strategic Plan on the Documents tab.**

*City of Evanston applicants, enter "NA."*

Our 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 33 staff members and 8 board members. Our goal is to have 10-12 members.

In June of 2017, Maureen McDonnell, previously of TASC, replaced our previous longtime Executive Director, Kate Mahoney. Maureen has a Masters of Public Health and brings much experience about the health and law enforcement systems as they relate to substance abuse and treatment. We are very excited to welcome her to the agency, and we look forward to discovering new and innovative ways to confront the issues of substance abuse and treatment in Evanston and other communities we serve.

**10. Describe your agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.**

*CDBG applicants, 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 Resource Library).*

PEER Services has been delivering substance abuse services to Evanston residents for the past forty 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 health and jail systems in Illinois. PEER Services has managed government funding for the past forty 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 meets ten times yearly to set policy, provide fiscal oversight, donate pro-bono services including legal and financial expertise, raise funds and move the organization forward in achieving our mission.

Our services for Evanston residents are provided at our location at 906 Davis Street in Evanston, IL. Therefore, our projections for 2017 and 2018 unduplicated clients served reflect statistics from only the PEER Services' Evanston location. In 2018, we plan to focus on expanding our services to Evanston residents. We will work through our relationships with Evanston Cradle to Career agencies, local schools, child welfare agencies, parent groups and community healthcare providers who encounter individuals struggling with substance use.

**11. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?**

All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

**12. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years?**

*Provide your staff to participant ratio and any requirements for program licensing or accreditation.*

PEER program staff generally includes masters-level clinicians and licensed social work supervisors.

Given that many programs have closed due to gaps in state funding, we remain one of the few Evanston locations that provide affordable substance abuse treatment and services. We hope to continue to give high priority and quality of care to our current and future Evanston clients. If MHB funding is not received, it is likely that we would have to decrease our overall staff, leaving our agency less able to serve Evanston residents. This would also result in longer wait times to enter services.

*/Early Intervention*

The program is not required to be licensed or accredited. We employ one Masters Level FTE Counselor with experience with adolescents and substance abuse counseling. We do not anticipate adding staff to the program in this funding environment.

*/Adolescent Substance Abuse Treatment*

This program employs 4 Master's Level Addiction Counselors with training in working with adolescents. Our staff to client ratio is 1:20. Our program is licensed to provide outpatient and intensive outpatient addiction treatment to adolescents. The licensing authority is the Illinois Department of Human Services Division of Alcoholism and Substance Abuse (DASA).

*/Adult Substance Abuse Treatment*

All of our staff are Master's level Addiction Clinicians. They are specially trained in treating adults with substance addictions. Many of our staff have been awarded state and national awards for their work in the field of substance abuse. Several have been asked to speak at national conferences; the program coordinator of our Adult Program most recently was asked to present at the University of Chicago on substance misuse and aging. Our current staff to client ratio is 1:25. If we were to lost City funding we would most likely need to eliminate a counseling position. We currently employ 13 FTE clinicians, 2 licensed nurses, and 1 licensed physician to work in our Adult Program.

*/DIMENSIONS*

Over half of the FTE clinicians in our Adult Program see and manage DIMENSIONS clients. The funds we receive from the Mental Health Board are essential to our operations. We have a very lean budget. We are committed to providing high quality integrated dual diagnosis treatment for individuals in the Evanston community. Our staff to client ratio is on average 1:3 for the DIMENSIONS program due to the case complexity and vulnerability of dual-diagnosis clients. Mental Health Board funding helps to demonstrate to other potential funding sources that DIMENSIONS is a high priority for the Evanston community.

**13. Provide the name, email and phone number of the individual who attended the pre-application meeting.**

Jenny Phan (Development Director), [jphan@peerservices.org](mailto:jphan@peerservices.org), 847-492-1778 ext. 1323

**14. All organizations receiving CDBG 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." (City of Evanston applicants, enter 074390907)**

NA

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

- Yes
- No

**16. 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

**17. Where (address/location) does your program take place and how will clients get to the location or facility?**

Our services are delivered at our licensed treatment site at 906 Davis Street in downtown Evanston. We are located at the hub of Evanston's public transportation. We have some targeted funding to help clients with transportation.

**18. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2018 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.**

*Enter the name and title of the individual submitting this application.*

**Budget**

<b>Funding Sources/Revenues</b>	2017	2018	2018 Committed
City of Evanston CDBG			
City of Evanston Mental Health Board Funds	\$ 98,000.00	\$ 111,000.00	
Illinois Department of Human Services	\$ 908,964.00	\$ 1,059,413.00	
United Way of Metropolitan Chicago	\$ 60,000.00	\$ 40,000.00	
Local Township	\$ 168,095.00	\$ 164,700.00	
Third Party Fees	\$ 76,972.00	\$ 168,000.00	
Client Fees	\$ 107,790.00	\$ 109,000.00	
Corporate/Foundation	\$ 47,482.00	\$ 48,000.00	
Fundraising	\$ 38,590.00	\$ 70,920.00	
Miscellaneous	\$ 210,950.00	\$ 2,100.00	
<b>Total</b>	<b>\$ 1,716,843.00</b>	<b>\$ 1,773,133.00</b>	<b>\$ 0.00</b>

<b>Funding Uses/Expenses</b>	2017	2018 Total	2018 CDBG	2018 MHB
Personnel	\$ 1,299,968.00	\$ 1,454,230.00		\$ 111,000.00
Consumable Supplies	\$ 55,033.00	\$ 51,000.00		
Occupancy	\$ 60,087.00	\$ 57,900.00		
Travel	\$ 1,334.00	\$ 2,500.00		
Equipment	\$ 8,172.00	\$ 16,546.00		
Lease/Rent	\$ 60,998.00	\$ 60,607.00		
Depreciation	\$ 7,763.00	\$ 7,100.00		
Interest/Bank/CC	\$ 3,818.00	\$ 3,700.00		
Other (Professional Development, Marketing, Special Events, etc.)	\$ 187,879.00	\$ 119,550.00		
<b>Total</b>	<b>\$ 1,685,052.00</b>	<b>\$ 1,773,133.00</b>	<b>\$ 0.00</b>	<b>\$ 111,000.00</b>

**Program Outcomes**

**Program Outcomes**

	<b>Outcome</b>	<b>Indicator (How was success measured?)</b>	<b>Goal # (G): Jan-Mar</b>	<b>G: Apr-Jun</b>	<b>G: Jul-Sep</b>	<b>G: Oct-Dec</b>	<b>Goal Total</b>	<b>Actual # (A): Jan-Mar</b>	<b>A: Apr-Jun</b>	<b>A: Jul-Sep</b>	<b>A: Oct-Dec</b>	<b>Actual Total</b>	
1	At least 55% of Evanston clients will be drug-free at time of re-assessment.	Measured thru regular drug screens and assessment summary.	32	32	32	32	128					0	
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.	32	32	32	32	128					0	
3	At least 75% of Evanston clients will demonstrate improved decision-making skills at time of re-	This is measured every 60 days as part of the intervention plan review.	40	40	40	40	160					0	
			142 of 168										

assessment.														
4					0					0				
5					0					0				
<b>Total</b>					<b>104</b>	<b>104</b>	<b>104</b>	<b>104</b>	<b>416</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Program Line Item Expenditures

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
								\$
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

### Program Line Item Funding

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

### Documents

**Documents Requested \***

REQUIRED FOR ALL EXTERNAL APPLICANTS.

Required? **Attached Documents \***

[Audit FY16](#)

Audited financial statement and Form 990 for the most recent completed fiscal year.

[990 FY16](#)

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

[Annual Report FY17](#)

[Spring 2017 Newsletter](#)

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 2017 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2016 only if changed).

Brief biographies of key staff (NEW APPLICANTS and funded agencies with staff changes in 2017).

[PEER 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.

[Family Income Statement](#)

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.  
[download template](#)

2018 CDBG-MHB Application review Meeting Schedule. Please note that the order in which applications will be reviewed is not finalized.  
[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.

[Organizational 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.

[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 FY2017.

[Financial Statement FY17](#)

## Extra

### Why do you anticipate a substantial increase in Third Party Fees?

Public funds available to community-based substance abuse treatment agencies serving low-income residents are going

through dramatic changes. Most safety-net providers used to receive annual “fee-for-services” contracts from the Illinois Department of Human Services to treat indigent clients. Now that many low-income residents are insured through Medicaid managed care health plans, and PEER has completed contracts with each of these plans, we anticipate “third party” reimbursements will increase substantially.

It is possible that we may earn less revenue through the Illinois Department of Human Services this year as we earn more revenue through third parties. Our goal is for the overall revenue from both sources to be the same or more than our current projection. We will be monitoring reimbursement amounts and timelines closely and adjusting our business practices as needed to meet our goals.

Funds from the Evanston Mental Health Board provide financial stability to ensure that cutting-edge substance abuse treatment services remain available to Evanston residents in this new and challenging financial environment.

**What is included in Miscellaneous?**

The Miscellaneous revenue line generally includes items that do not fit into other categories such as interest, voided checks, and refunds. Our Miscellaneous revenue line was unusually high in FY2017 due to a one-time delayed payment by SAMHSA. However, we expect our Miscellaneous revenue to stay close to 2,000 annually, as shown in our FY2018 budget.

**Please define meaning of a few days to schedule an appointment.**

We prioritize clients' well-being and schedule appointments the same day or next day whenever possible. In the event that there is limited availability for appointments, our clinicians will arrange emergency medical or detoxification services based on the clients' needs until the next available appointment date.

**Budget-Are the major increases projected for 3rd party fees and fundraising for 2018 realistic?**

We calculated a moderate estimate of increased third party fees using the number of clients who are currently covered through Medicaid Managed Care and private insurances. As the number of low-income clients with insurance is increasing, the total funds from insurance reimbursement is also increasing. This also decreases our reliance on state grant dollars. We do not yet know whether this transition will produce a net increase in revenue, a net decrease, or stay about the same. Mental Health Board funds are important to maintain stable services during this extended period of uncertainty.

The Board and the new Executive Director have developed fundraising plans for 2018 focused on contributions from special events and the annual appeal. We additionally hope to seek more corporate and foundation contributions in 2018, and are in the process of implementing a donor management and analysis software to improve fundraising strategy and efficiency. We believe this is an ambitious but attainable goal.

**What revenue sources are included in Miscellaneous in 2017? Why the major decrease in miscellaneous revenue for 2018?**

The Miscellaneous revenue line generally includes items that do not fit into other categories such as interest, voided checks, and refunds. Our Miscellaneous revenue line was unusually high in FY2017 due to a one-time delayed payment by SAMHSA. However, we expect our Miscellaneous revenue to stay close to 2,000 annually, as shown in our FY2018 budget.

**Please provide narrative for the program budget. Narrative can include how funds will be applied/staff supported, if state budget impasse has affected program/agency, measures taken to address budget gaps or imbalances.**

MHB funds will be devoted to the salaries of clinicians in our Adult, Adolescent, Early Intervention and DIMENSIONS programs that serve Evanston residents, who we project to be at least 55% of clients served in our Evanston location. We are addressing state budget uncertainties this year by diversifying revenue, maximizing federal (Medicaid) reimbursement, expanding partnerships with health and social service organizations, and seeking greater philanthropic support, as well as skillful management of expenses.

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

Application ID: 87946

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City of Evanston  
Community Development  
**2018 CDBG Public Services & Mental Health Board - City of Evanston**  
8/18/2017 deadline

## Connections for the Homeless, Inc. Outreach & Drop-In (MHB)

**\$ 60,000.00** Requested  
\$ 60,000 MHB Request

Submitted: 8/18/2017 11:12:48 AM (Pacific)

### Project Contact

Elizabeth Novak  
[enovak@connect2home.org](mailto:enovak@connect2home.org)  
Tel: 847-475-7070 ext. 128

### Additional Contacts

[niat@connect2home.org](mailto:niat@connect2home.org)

### Connections for the Homeless, Inc.

2121 Dewey Avenue  
Evanston, IL 60201  
United States

### Executive Director

Betty Bogg  
[bbogg@connect2home.org](mailto:bbogg@connect2home.org)

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Telephone	847-475-7070
Fax	847-864-6558
Web	<a href="http://www.connect2home.org">www.connect2home.org</a>
EIN	36-3346917
DUNS	607213295
SAM	3/23/2018
Expires	

## Pre-Application (Letter of Intent)

### All Applicants Complete Questions 1-8 and attach Documents

#### 1. Organization Name and Program for which you are requesting funding.

Connections for the Homeless respectfully requests funding from the Mental Health Board in support of our Drop-In program for people who are homeless.

#### 2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Other:

#### 3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

#### 4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

*Attach the list of local board members as well as the parent organization board below.*

NA

#### 5. Is your organization accredited?

- Yes
- No

#### 6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.

NA

### 7. People served:

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other:

### 8. 2018 Funding Requested from the City of Evanston

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

	CDBG
60000	MHB (Human Services Fund)
60,000.00	<b>TOTAL</b>

### 9. Funding request is:

Programs funded in 2017 should be classified as renewal even if amount requested is different from 2017 grant.

- Renewal of 2017 CDBG funding
- Renewal of 2017 MHB funding
- New request for CDBG
- New request for MHB

## New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)

### 10. NEW APPLICANTS OR AGENCIES FUNDED IN 2016 APPLYING FOR A PROGRAM NOT FUNDED IN 2017 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

### 11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

NA

### Documents Requested \*

### Required? Attached Documents \*

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).



[CFTH FY18 Operating Budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards

[CFTH Board of Directors 2017](#)

REQUIRED FOR EXTERNAL APPLICANTS 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 2017](#)

[download template](#)

## Application Questions

1. Who participates in or benefits from the program or services? Describe them in terms of age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Detail any eligibility requirements.

*Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.*

Connections' Outreach and Drop-In programs serves people who are homeless.

Through July, we have served 183 people during 2017. Based on our FY17 (July 1, 2016 through June 30, 2017) program statistics, participants are largely of color (63% African American, 25% White, 6% Latino, 5% other/not identified), male or male identifying (80% male, 20% female), and predominantly older (2% are ages 18 to 24, 13% are ages 25 to 34, 35% are ages 35 to 50, 48% are 51 or older). Nearly half of all participants at Drop-In had no income in the previous 30 days, of those that were earning income, the vast majority were earning well below 30% of the Average Median Income in Evanston. Nearly 55% of Drop-In participants indicated that they had a disability and 25% qualified as chronically homeless.

There are no pre-conditions or eligibility requirements to participate in our Outreach or Drop-In programs. Our overall goal is consistent across each program. We engage with those who are homeless to encourage their participation in a pre-screening process to assess how we can best support them. Most clients are connected to our Drop-In program to access basic necessities and Health & Wellness services, and some receive referrals for other programs or supportive services. As part of the assessment process, we use a VI-SPDAT tool that helps to gauge the risk and vulnerability of people living on the street. After answering a series of questions as part of the VI-SPDAT assessment, clients who are deemed chronically homeless are placed on the Alliance to End Homelessness in Suburban Cook County's waiting list, along with their score which corresponds to their vulnerability and prioritizes access to housing. There are no requirements related to the frequency clients must access services.

**2. Describe your program, including the need(s) that it addresses. Describe specific components or services within the program. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.**

*If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses.* According to the City of Evanston's 2015-2019 Consolidated Plan, on an average night, there are more than 1,000 people in the Evanston community that are homeless. Our Outreach and Drop-In programs help people who are homeless to survive.

Outreach: Monday through Friday, our Outreach Manager is on the streets of Evanston and surrounding communities. He visits parks, restaurants, libraries, and places where homeless people are known to gather. He also works closely with many local community and government institutions to reach people in need. He is supported by a volunteer that regularly stops at local soup kitchens to connect with the chronically homeless. The goal of the Outreach program is to connect with community partners to quickly and effectively identify people who are homeless, increase awareness about our programs and services, and engage with people who are homeless in order to bring them into our programs. Often, it takes multiple contacts with a person living on the street before they will start to engage with our Outreach Manager. After a relationship has been established, he conducts a full assessment, and, if appropriate, adds their name to the Alliance's vulnerability waiting list to access a supportive housing unit for the chronically homeless. The average time on the waiting list varies considerably, depending on the person's rank on the vulnerability list, the individual's community of preference for residence, and the stock of supportive housing. In the interim, clients have ongoing access to the Drop-In program, case management, and supportive services.

Drop-In: Monday and Wednesday afternoons, the program is open from 1:30 - 4:00 pm. At Drop-In, we provide laundry, showers, food, clothing, storage, and case management services to clients. For clients that engage with case managers, they develop an individual service plan that includes goals related to economic, housing, and personal stability. Case Managers help clients stabilize by:

- Assisting with the application for benefits for which the client is eligible (LINK, SSI/SSDI, SNAP, WIC, Medicaid, General Assistance, etc.)
- Supporting the application and collection of documentation and identification (birth certificates, social security cards, state IDs, etc.)
- Providing employment services that include job training and employment preparation
- Linking them to financial literacy trainings and discussing money management
- Providing education support and assistance to connect to formal programming
- Referring clients to specialty providers (substance abuse treatment, supported employment, etc.)

Additionally, on Wednesday afternoons our Nurse Coordinator and a volunteer nurse are available to meet with clients to conduct health stabilization services, healthcare referrals, schedule appointments with Connections' psychiatrist and physician, and assist in enrolling eligible clients in Medicaid. Our contracted psychiatrist is available by appointment on Tuesday mornings to provide mental health care to participants, and our contracted physician is available by appointment every other Monday evening.

Depending on the client's individual needs, they may engage more or less in services. The overall goal is for clients to stabilize overtime, and therefore diminish their participation in services.

**3. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.**

*Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.*

225	Intake/assessment
90	Referrals
90	Individual case management plan/services
225	Services delivered on an individual basis (e.g. home delivered meals)
90	One time event or activity (e.g. field trips, tax preparation)
45	Multi-session program (e.g. after school program)
45	Focused topic activities (e.g. workshops, trainings)
225	Drop in services (e.g. computer lab, tutoring, help desk)
90	Phone or online help (e.g. 24-hour help lines)
1,125.00	<b>TOTAL</b>

**4. How long has your program existed and how has it grown or changed? How long do you expect to continue providing this service.**

Connections' Outreach and Drop-In programs started in 1999 and have continually evolved since to meet the community's changing needs. This past year Connections added 3 new staff members to the Outreach and Drop-In programs, two of which were new positions at the agency. In May, we added a new position, a Coordinated Entry Case Manager, funded in part by the Alliance to End Homelessness in Suburban Cook County. This full-time position expands our ability to participate in the coordinated entry process and quickly connects people seeking assistance to programs and services that meet their needs. The Case Manager works Monday and Wednesday afternoons at the Drop-In center to provide intake, general assessments, and referrals to clients that cannot yet get into housing.

We have also recently hired a Manager of our Community & Shelter Programs. In this new position, Ms. Sallamah Aliah is overseeing Outreach, Drop-In, Hilda's Place, and our supportive services and serves as a member of Connections' Senior Management team. She is leading our efforts to improve the systems and processes by which we identify and more effectively connect clients to programs and services that meet their needs. Finally, we hired a new Nurse Coordinator in January who manages our Health & Wellness Services. She has already made significant improvements to the program including securing an electronic medical record system to streamline data entry, recruiting volunteer nurses to add additional support to the program, and developing stronger protocols for TB screenings, medication and prescription administration, and needle stick and bodily fluid exposure.

In the coming year we expect additional changes to the program. This past spring we conducted a needs assessment, interviewing more than 80 of our clients and people who are homeless in our community to determine where their needs are being met and to identify potential service gaps. Our Program Committee and Board of Directors will be reviewing the data and corresponding analysis in the next month. We expect that this information will also help drive the planning of our new three-to-five year strategic plan, which we are currently in the midst of developing and is detailed further below in question number 7.

We expect to continue to provide Outreach and Drop-In services as long as homelessness remains an issue in our community.

**5. Do you maintain a wait list? If yes, provide its size and the average length of wait time for services. If no, describe any resources, including referrals, provided to individuals you are not able to serve.**

Given the inherent purpose of the Outreach and Drop-In programs to identify people who are homeless and connect them to basic necessities, we do not maintain a wait list for either program. Often, we are serving people that are on the waiting list for other programs and services. We do limit the number of people in our Drop-In facility at any given point to 20, for both safety and space reasons. At intake, clients are referred to other specialized service providers, depending on their identified needs.

**6. What other agencies address this need, how do you collaborate with them 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.*

After the 9 month closure of Drop-In from July of 2015 through April of 2016 due to the State of Illinois budget impasse, we reopened Drop-In with strong community support and recognition of the distinct and vital services we provide. There is no other agency in Evanston offering people who are homeless showers, laundry, lunch, clothing, case management and healthcare, as well as links to the agency's housing programs and employment and education services. Drop-In clients also have access to our Health & Wellness Services, which includes our Nurse Coordinator, who is a Nurse Practitioner, and contracted our psychiatrist and physician.

To support our efforts to identify and engage with people living on the street, Connections works closely with other agencies performing outreach and connecting with people who are homeless. Our partners include the City of Evanston, Youth & Opportunity United, Interfaith Action of Evanston (IAE), and the Evanston Public Library. These organizations refer clients to us, given that we are the only agency in the area that conducts street outreach that is designed to connect people to housing and stabilization services. Our longtime partner, IAE offers complementary services to people living on the street at their Hospitality Center. There, people can receive respite and breakfast Monday through Friday from 7 am to 11 am. IAE and Connections staff meet weekly to discuss how clients' needs are being met and to collaborate on strategies to move clients into housing. We also work closely with Erie Family Health Center and Trilogy Behavioral Health to connect clients to additional primary and mental health care services as needed.

The growth and success of the agency has largely been influenced by the strength of the partnerships we have with our community. We believe that communities that empower each individual to reach their full potential are stronger, more sustainable places for everyone to live and thrive. Connections offers a depth and breadth of programming and services for people who are homeless or at-risk of homelessness unlike any other agency in the Evanston area. Our Outreach and Drop-In programs are integrated into a larger mission and vision to connect people to programs and services that encourage long-term stabilization, and ultimately end homelessness.

Our greatest challenge remains the lack of affordable housing in our community. This year, in an effort to support other organizations across the North Shore in advocating collectively for each other's causes, we formed a coalition. Currently, approximately 20 agencies are working together as part of the group, Joining Forces for Affordable Housing, to advocate for more affordable housing options across the North Shore. Connections has added additional resources to support these advocacy efforts, and Sue Loellbach, former Director of Development, is now serving as the full-time Manager of Advocacy for the agency. The agency is taking bold steps to address our most persistent challenges and inspire community action to meet the needs of the most vulnerable citizens.

**7. Describe program goals and outcomes you anticipate in 2018, including any change from 2017. What data are collected and used to analyze your program and measure success? Who is responsible for ensuring the program is implemented as planned?**

Already this year, Connections has made changes and restored services at Drop-In in preparation for greater enhancements in 2018. Specifically, we returned storage services in May to meet the need of our clients to have a secure place to store their belongings and as an engagement tool for both our Outreach Manager and Case Managers. We hired a new Nurse Coordinator in January, and she has made significant improvements to our Health & Wellness Services to better serve clients and add additional support to the program. We also hired a Coordinated Entry Case Manager in May, and she is managing and overseeing the coordinated entry process and working to quickly connect people to assistance. Finally, we added a new position to our Senior Management team in May to provide much needed management of the Outreach, Drop-In, Hilda's Place, and supportive services programs. Our Manager of Community & Shelters Programs will be leading our efforts to improve our processes to more quickly move people from homelessness to housing.

With a full team in place and strong intake processes and systems, we expect growth of the Outreach and Drop-In programs in 2018. Connections' Board of Directors and the Executive Director are currently in the process of developing a three-to-five year strategic plan for the agency. We expect the plan to articulate our vision and priorities for the agency. The plan will be released early in 2018, and we anticipate that the priorities laid out in the plan will include specific steps and strategies to advance our overall mission and extend our impact by improving and expanding our programs and services, including Outreach and Drop-In.

The development of the strategic plan is informed by various forms of historical and recent data. We conducted interviews with donors, community leaders, board members, and staff to identify the strengths and weaknesses of the agency. As mentioned above, we also conducted interviews of more than 80 clients and people who are homeless to determine where their needs are being met and to identify service gaps. We expect that the needs assessment analysis and data will be included as part of the larger body of stakeholder feedback for our Board and Senior Management team to use to frame and build the strategic plan. Additionally, the team will be referencing historical service and client data reports from our Homeless Management Information System (HMIS). All of this data and information will be used to inform the strategic plan.

As we look to the year ahead, we expect our outcomes to be:

1. At least 450 people will be served by the Drop-In Program (50% or 225 will be Evanston residents), and at least 40% of all Drop-In clients will participate in case management sessions to set goals related to housing, economic, and personal stability.
2. 50% of all Drop-In clients with a stability plan will make progress toward personal stability.
3. 50% of all Drop-In clients with a stability plan will make progress toward economic stability.
4. 25% of all Drop In clients with a stability plan will move into more stable housing.

The Executive Director and Manager of Community & Shelter Programs maintain responsibility for the implementation of the programs. The Manager supervises all Outreach and Drop-In staff to ensure effective, informed services are delivered to clients.

**8. Complete the chart below with the unduplicated total of people you expect to serve in 2018, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2017.**

*Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2017 must show an increase in people served if applying for an increase in CDBG funding.*

<input type="text" value="450"/>	Unduplicated people to be served in 2018
<input type="text" value="225"/>	Unduplicated Evanston residents to be served in 2018
<input type="text" value="450"/>	Unduplicated low/moderate income people to be served in 2018
<input type="text" value="225"/>	Unduplicated low/moderate income Evanston residents to be served in 2018
<input type="text" value="430"/>	Unduplicated people served in 2017
<input type="text" value="215"/>	Unduplicated Evanston residents served in 2017
<input type="text" value="430"/>	Unduplicated low/moderate income people served in 2017
<input type="text" value="215"/>	Unduplicated low/moderate Evanston residents served in 2017
<input type="text" value="2,640.00"/>	<b>TOTAL</b>

**9. Provide a summary of your organization's mission including organizational structure, size and functions of the board, and any significant changes in the last year. Attach current Strategic Plan on the Documents tab.**

*City of Evanston applicants, enter "NA."*

For more than 32 years, Connections has remained committed to bringing individuals and families out of the shadows of homelessness. Annually, Connections supports more than 850 people by preventing them from losing their homes, rehousing those who are homeless, and helping people to develop the skills to live safe, stable lives.

Our staff of 33 is led by our Executive Director, Betty Bogg. She has direct oversight of our Director of Finance & Administration, our Director of Development, our Housing Program Manager, our Manager of Community & Shelter Programs, our Manager of Our House, and our Manager of Advocacy. Each of these positions is responsible for their department and the activities performed, as well as supervising staff members that make up the department. The Housing Program Manager oversees our supportive housing, prevention assistance, rapid re-housing, and Tenant Based Rental Assistance programs. The Manager of Community & Shelters Programs oversees Drop-In, Outreach, Hilda's Place, and our supportive services, and our Manager of Our House oversees our transitional living program for homeless youth. The Executive Director is supervised by our Board of Directors. The Board leads an annual performance review of the Executive Director, approves the agency's budget, and establishes the agency's strategic direction.

During the past year, the organization made significant strides in stabilizing our finances. After a period of challenges in 2015 and 2016 as a result of the State of Illinois budget impasse, we are proud to have ended our most recent fiscal year (July 1, 2016, through June 30, 2017) with a small surplus. We focused our efforts on growing our general operating support, and we raised more than \$150,000 in new and increased revenue. Additionally, our gala event brought in \$25,000 more than projected in our revenue budget.

We also began restaffing and reorganizing the organization, making adjustments to better serve our clients after significant cut backs in the previous two years. Specific to Drop-In, we began rebuilding the program after its 9 month closure. As we shared above, we hired a new nurse to manage our Health & Wellness Services, we hired a Coordinated Entry Case Manager, and we hired a Manager of our Community & Shelter Programming. With these positions in place, we are in a better position to make additional program improvements and enhancements, particularly to the Drop-In program. We expect that with the release of the new strategic plan in early 2018, there will be outlined plans for the expansion of programming, and our staff will be prepared to execute the strategies and actions that better serve the needs of our community and our clients.

Finally, we recently expanded the agency and added a new programming element with the support of the Board and Executive Director. Ms. Sue Loellbach, Connections' former Director of Development, is now the Manager of Advocacy. Ms. Loellbach is working to address the issue of housing affordability and inspire systemic change. She is working with more than 20 other agencies throughout the North Shore as part of the Joining Forces for Affordable Housing coalition.

**10. Describe your agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.**

*CDBG applicants, 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 Resource 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 our success of moving people from homelessness to housing is because we have an experienced staff with long tenures working with homeless populations. We offer ongoing professional development and training sessions to ensure our staff are trained in both harm-reduction and trauma-informed philosophies. Using these approaches, we can more quickly build trust and increase the safety of our clients. 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, 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 monthly by the Finance Committee and the Board of Directors. They review actuals compared to the Board-approved budgeted revenues and expenses, as well as projections that may positively or negatively impact cash flow. The Board approves the annual operating budget for the entire agency.

**11. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?**

*All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.*

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

**12. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years?**

*Provide your staff to participant ratio and any requirements for program licensing or accreditation.*

Our Outreach and Drop-In programs rely on diverse revenue sources, including both public and private support. We consider the Mental Health Board to be one of our core funders. While we have some flexibility to use general operating support in the instance of no longer receiving funding from the Mental Health Board, such use would come at the expense of other programs and services we offer at Connections. Nevertheless, we project that all staff currently serving the Outreach and Drop-In programs will be retained if funding is not received from the Mental Health Board. Depending on the priorities laid out in our strategic plan, there may be future changes to our staffing structure, however, at this time we are not projecting to hire new staff in 2018.

Our staff consists of:

- Ms. Sallamah Aliah, Manager of Community & Shelter Programs, recently joined Connections in May. She is overseeing our Outreach, Drop-In, Hilda's Place, and supportive services programs, supervising all program staff and activities, as well as monitoring program performance. Ms. Aliah also serves as a member of Connections' Senior Management Team, and she holds a Master's degree in Social Justice.

- Mr. Tito Vasquez, Outreach Manager, has served in this role for five years and actively participates in committees at the Alliance to End Homelessness in Suburban Cook County. Mr. Vasquez works closely with community partners and agencies and has developed many relationships with institutions that come in contact with people who are homeless. He has a Master's degree in Social Work.

- Ms. Marisella Ramos and Ms. Jazmin Bingham, Case Managers, perform intake, connect clients to services and benefits, and develop stability plans that outline clients' goals. Ms. Ramos has worked at Connections nearly 7 years and holds a Master's degree in Social Work. Ms. Bingham has been with the agency for 4 years and holds a Master's degree in Community Counseling.

- Ms. Ayanna Brown, Coordinated Entry Case Manager, performs general intake for the entire agency, connecting all people that come to Connections with the appropriate programs and services that meet their needs. She has worked for the agency for more than 4 years, and she recently was promoted to this position given her extensive experience serving people who are homeless or near homeless.

- Ms. Lisa Todd, Community Relations Manager, is responsible for recruiting, training, and supervising more than 1,000 individuals that volunteer with our organization annually. Volunteers play key roles performing outreach at local soup kitchens, managing our reception functions both at our Drop-In center and administrative offices, organizing our clothing closet and food pantry, and providing general hospitality at our Drop-In center. Ms. Todd has worked at the agency for more than 7 years and holds a Master's degree in Social Work.

- Ms. Laura Hilb, N.P., Nurse Coordinator, manages our Health & Wellness services and joined the agency in January. She provides direct client healthcare services and works closely with our contracted physician and psychiatrist to connect clients to additional physical and mental health care.

- Dr. Joshua Hauser, M.D., has provided physical health services to our clients for 9 years.

- Dr. Steve Lobacz, Psy. D, has provided mental health services to our clients for 5 years.

**13. Provide the name, email and phone number of the individual who attended the pre-application meeting.**

Elizabeth Novak, enovak@connect2home.org, 847-475-7070 ext. 128

**14. All organizations receiving CDBG 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." (City of Evanston applicants, enter 074390907)**

607213295

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

Yes

No

**16. 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 main office located at Dewey Avenue is in compliance with the ADA. The Drop-In center, in the basement of the Lake Street Church, is not accessible by wheelchair. We will transport clients to Dewey or use the church's main space when necessary.

**17. Where (address/location) does your program take place and how will clients get to the location or facility?**

Outreach happens throughout Evanston and surrounding communities. Drop-In is located at the Lake Street Church at 1458 Chicago Avenue. It is accessible via public transit.

**18. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2018 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.**

*Enter the name and title of the individual submitting this application.*

Elizabeth Novak, Manager of Institutional Giving

**Budget**

<b>Funding Sources/Revenues</b>	2017	2018	2018 Committed	
Private Funding (Individuals, Corporations)	\$ 58,817.00	\$ 75,536.00		
City of Evanston Mental Health Board Funds	\$ 45,000.00	\$ 60,000.00		
City of Evanston ESG	\$ 14,558.00	\$ 14,447.00		
Evanston Community Foundation	\$ 10,000.00	\$ 20,000.00	\$ 20,000.00	
<b>Total</b>	<b>\$ 128,375.00</b>	<b>\$ 169,983.00</b>	<b>\$ 20,000.00</b>	

  

<b>Funding Uses/Expenses</b>	2017	2018 Total	2018 CDBG	2018 MHB
Personnel	\$ 97,287.00	\$ 138,493.00		\$ 60,000.00
Direct Support to Individuals	\$ 1,095.00	\$ 2,042.00		
Operating and Overhead Costs	\$ 29,993.00	\$ 29,448.00		
<b>Total</b>	<b>\$ 128,375.00</b>	<b>\$ 169,983.00</b>	<b>\$ 0.00</b>	<b>\$ 60,000.00</b>

**Budget Narrative**

Connections' fiscal year is July 1 through June 30.

In May of 2017 we hired a Manager of Community & Shelter Programs, Ms. Sallamah Aliah. She is overseeing the Outreach, Drop-In, Hilda's Place, and supportive services programs, and serves as a member of the Senior Management team. Thus, 2018 includes increased personnel expenses compared to 2017. There are also some small changes in direct support to clients and operating and overhead costs, as reflected above.

During FY17 (July 1, 2016 through June 30, 2017), Connections received all contracted revenue from the State of Illinois in support of Hilda's Place, our supportive housing programs, and our transitional housing program for homeless youth. Moving into FY18, we included State funding in our budget, however, given the continued uncertainty about the future of State funding, we continue to prioritize growing revenue from other sources. Additionally, with the release of Connections' strategic plan in early 2018, we anticipate that the three-to-five year vision for the organization will include some program expansion and improvements that will require additional resources. Our Board of Directors and Development Department are committed to building upon the strong fundraising momentum of last year and expanding our donor base to support these activities. We respectfully request an increased grant of \$60,000 from the Mental Health

Board in support of our Outreach and Drop-In efforts to ensure we have the financial resources to implement continued enhancements and improvements to the program as defined by our strategic plan, as well as to support the expansion of staff during 2017. Moving into 2018 fully staffed, we also expect to serve more people overall in 2018, including residents of Evanston.

Funding from the Mental Health Board will support the following positions:

- Manager of Community & Shelters Programs, annual personnel expenses of \$70,000, approximately 25% of the position would be supported by the MHB.
- Case Managers (2), annual personnel expenses of \$95,000, approximately 25% of these expenses will be supported by the MHB.
- Outreach Manager, annual personnel expenses of \$47,000, approximately 40% of the position will be supported by the MHB.

With the Mental Health Board's support, we will continue to improve and save the lives of those living on the street and increase community awareness about homelessness to ensure long-term sustainability of this vital program.

## Program Outcomes

### Program Outcomes

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	Of the 450 people served by the Drop-In program during 2018, 40% (180 people) will participate in case management sessions to set goals related to housing, economic, and personal stability	40	40	50	50	180					0
2	Of the 180 people with stability plans, 50% will make progress toward personal stability.	25	20	20	25	90					0
3	Of the 180 people with stability plans, 50% will make progress toward economic stability.	25	20	20	25	90					0
4	Of the 180 people with stability plans, 25% will make progress toward housing stability.	10	10	10	15	45					0
5						0					0
<b>Total</b>		<b>100</b>	<b>90</b>	<b>100</b>	<b>115</b>	<b>405</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Program Line Item Expenditures

Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
										\$
<b>Total</b>	<b>0</b>	<b>\$0</b>								

### Program Line Item Funding

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

### Documents

#### Documents Requested \*

REQUIRED FOR ALL EXTERNAL APPLICANTS.  
Audited financial statement 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.

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 2017 only if

#### Required? Attached Documents \*

[CFTH FY16 Audit](#)

[CFTH FY16 990](#)

[CFTH FY16 Annual Report](#)

changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2016 only if changed).

Brief biographies of key staff (NEW APPLICANTS and funded agencies with staff changes in 2017).

[CFTH Key Staff 2017](#)

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).

[Accessibility CFTH](#)

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](#)

2018 CDBG-MHB Application review Meeting Schedule. Please note that the order in which applications will be reviewed is not finalized.

[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 Organizational 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.

[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 FY2017.

[CFTH FY17 Financial Statement](#)

## Extra

### **The projection for number of people served at intake/assessment, individual sessions and drop in are all the same. Please explain.**

We expect to serve 225 unduplicated Evanston residents in 2018. We are projecting that 225 Evanston residents will come to the Drop-In center directly or through our outreach efforts, and each of these individuals will go through a general intake and assessment with a case manager. Each Drop-In participant goes through a general intake/assessment, where case managers work with the client to identify their needs, as well as collect general personal information and history. We also expect 225 unduplicated Evanston residents to participate in individual sessions which we are defining as a meeting with a case manager, an appointment with our nurse practitioner, an appointment with our psychiatrist or physician, and assistance from a case manager or volunteer to apply for public benefits or to acquire personal documentation (e.g. birth certificate, state identification, etc.). We expect Drop-In participants to engage in individual sessions on multiple occasions throughout the year. Finally, we also expect 225 Evanston residents to participate in Drop-In services, which we are defining as people accessing showers, laundry, clothing, the food pantry, and storage services. Like individual sessions, some participants will engage in Drop-In services on multiple occasions throughout the year.

The overall outcomes for the program and the organization at-large generally follow a linear trajectory, where Connections provides various programs and services that build toward greater stability and self-sufficiency. However, particularly for

extremely vulnerable and traumatized populations, including those accessing services at Drop-In, the path to stability can be slow and include movement in many directions. It can take years of working with a client, both through individual sessions and by providing Drop-In services, before we are able to connect the client to additional supports and programs to encourage long-term stability. Thus, in the interim and based on our many years serving people who are homeless, we offer both individual sessions and Drop-In services to meet clients' basic necessities and develop trusting relationships that support long-term engagement.

**The budget does not show any state or federal funding. Does the program use any state or federal funding?**

Connections does not receive any state or federal funding for the Outreach or Drop-In programs. Therefore, we do not use either source to support the program.

**Please explain how the agency uses state/federal funds and strategies employed to manage risk associated with state/federal funding.**

Connections' annual budget has typically relied on approximately 57-54% of its total revenue from public sources, the bulk of which are state and federally granted. In FY15 and FY16, the State of Illinois budget impasse and funding cuts had significant effects on our organization. The Illinois Department of Human Services funds our supportive housing programs, transitional shelter, and prevention program. To offset the lost and delayed funding in these three programs, we eliminated the prevention program completely, reduced our Health and Wellness program, closed the Drop-In program (for 9 months) and cut administrative staff. These changes allowed us to redirect private general operating support to sustain our supportive housing and transitional shelter, focusing the agency's resources on keeping housed people housed.

Our organization has since stabilized. Our Board of Directors and Senior Management team set a strategic priority to increase our financial flexibility to better weather future funding changes as they arise, and, during FY17 we raised more than \$150,000 in new and increased revenue from private sources. Moving into FY18, we remain committed to diversifying our funding and increasing investments from private sources. Additionally, with more stable finances, we recently expanded our programming to include advocacy efforts and we hired a Director of Development that has significant experience growing general fundraising revenue. Both of these staffing changes support our work to bring greater awareness to the issues of homelessness and housing affordability in our community, while growing our community of supporters.

Funding from the State remains a critical part of our funding strategy, as it plays a significant role in helping us meet the match requirements for federal funding. The majority of our federal grants come from the Department of Housing and Urban Development. (HUD funding is approximately \$900,000 and directed to our supportive housing programs.) If we were to have our funding reduced from HUD, we could apply some general operating support to make up the gap, but that shift would come at the expense of other programs. The complete loss of HUD funding would be very difficult for our agency to absorb and maintain the supportive housing programs. Thus, we advocate for affordable housing solutions and the maintenance of public funding, while also focusing our efforts on growing the pool of private general operating support we receive.

**In the Application Questions, it states that a needs assessment was conducted over Spring to identify potential services gaps, which will inform your future planning. Please provide some themes or preliminary feedback about these findings.**

Connections conducted a needs assessment this past spring to determine the needs of current and potential participants and to gain feedback on the delivery of our services. In total, we interviewed 83 respondents of which 82% were clients of Connections. The survey was designed by Connections' staff and administered by several different people including staff and volunteers. Thus, there are limitations to the data and the interpretations we can conclude.

Demographically, 72% of respondents were male, 75% were 40 years of age or older, and 71% identified themselves as having some sort of disability (mental illness, chronic physical illness, intellectual, etc.). We found that more than 13% of respondents took care of personal hygiene needs at public businesses, public libraries or park districts/community centers, and 40% of respondents used the same locations for respite from the weather. Nearly half of all respondents indicated that, other than housing, they had unmet basic needs with laundry, clothing, and hygiene items topping the list. When asked what respondents were most in need of, long-term housing accounted for nearly half of all responses.

As our Board and staff convene this fall to start to build Connections' three year strategic plan, they will be using this data along with other stakeholder feedback we have gathered to issue a refocused mission and vision for the organization that includes additional program enhancement goals. The plan is expected to be completed in January of 2018, and from there, our ambitions will be put into action. In order implement the new initiatives outlined in our strategic plan to better meet the needs of adults, youth, children who are homeless or at-risk of losing their home, we are actively working to grow our base of community supporters. We are executing a number of fundraising strategies to ensure we have a broad base of funding in place to move forward and enhance our programs to break and end the cycle of homelessness and extreme poverty.

Application ID: 86511

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City of Evanston  
Community Development  
**2018 CDBG Public Services & Mental Health Board - City of Evanston**  
8/18/2017 deadline

## Northwest Center Against Sexual Assault Sexual Assault Intervention Program

**\$ 18,000.00** Requested  
\$ 18,000 MHB Request

Submitted: 8/11/2017 9:33:26 AM (Pacific)

### Project Contact

Jim Huenink  
[jhuenink@nwcasa.org](mailto:jhuenink@nwcasa.org)  
Tel: 847-806-6526

### Additional Contacts

*none entered*

### Northwest Center Against Sexual Assault

415 West Golf Road, Suite 47  
Arlington Heights, IL 60005

### Executive Director

Jim Huenink  
[jhuenink@nwcasa.org](mailto:jhuenink@nwcasa.org)

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Telephone	847-806-6526
Fax	847-806-6531
Web	<a href="http://www.nwcasa.org">www.nwcasa.org</a>
EIN	36-2897300
DUNS	933788663
SAM Expires	

## Pre-Application (Letter of Intent)

### All Applicants Complete Questions 1-8 and attach Documents

#### 1. Organization Name and Program for which you are requesting funding.

Northwest Center Against Sexual Assault; Sexual Assault Intervention Program

#### 2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Other:

#### 3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

#### 4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

*Attach the list of local board members as well as the parent organization board below.*

N/A

#### 5. Is your organization accredited?

- Yes
- No

#### 6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.

N/A

**7. People served:**

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other: Victims of sexual violence and their significant others

**8. 2018 Funding Requested from the City of Evanston**

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

CDBG

MHB (Human Services Fund)

**TOTAL**

**9. Funding request is:**

Programs funded in 2017 should be classified as renewal even if amount requested is different from 2017 grant.

- Renewal of 2017 CDBG funding
- Renewal of 2017 MHB funding
- New request for CDBG
- New request for MHB

**New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)**

**10. NEW APPLICANTS OR AGENCIES FUNDED IN 2016 APPLYING FOR A PROGRAM NOT FUNDED IN 2017 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."**

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

N/A

**11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.**

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

N/A

**Documents Requested \***

**Required? Attached Documents \***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).



[Northwest CASA FY 18 budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards

[Northwest CASA FY 18 Board List](#)

REQUIRED FOR EXTERNAL APPLICANTS 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](#)

**Application Questions**

**1. Who participates in or benefits from the program or services? Describe them in terms of age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Detail any eligibility requirements.**

Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting

funding.

Northwest CASA provides comprehensive services to victims of sexual violence and their significant others who live in north/northwest suburban Cook County and in McHenry County. Almost 35% of the victims we serve are under the age of 18 with our youngest client being 3 years of age. 34% of the victims we serve are Latina/Hispanic and many of them need Spanish language services. 10.8% of the victims we serve are Black/African American. While the majority of persons we serve are age 18-64 we do serve many seniors who are victims of sexual violence. 95% of the persons we serve are female and almost 70% of the persons we serve are in low income households.

**2. Describe your program, including the need(s) that it addresses. Describe specific components or services within the program. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.**

*If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses.* 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 and training to provide effective interventions for survivors. That is why Northwest CASA's services are vital to the community. Northwest CASA's Sexual Assault Intervention Program provides: 1. Trauma informed individual, family and group counseling to victims of sexual violence 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 a victim needs to resolve her trauma. On average a victim is in counseling for 6 months. 2. 24/7 telephone crisis intervention through our 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 and Rolling Meadows courthouses. 5. We provide professional training to allied professionals and first responders. All these services are provided free of charge.

**3. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.**

*Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.*

<input type="text" value="48"/>	Intake/assessment
<input type="text" value="5"/>	Referrals
<input type="text" value="48"/>	Individual case management plan/services
<input type="text" value="48"/>	Services delivered on an individual basis (e.g. home delivered meals)
<input type="text"/>	One time event or activity (e.g. field trips, tax preparation)
<input type="text"/>	Multi-session program (e.g. after school program)
<input type="text"/>	Focused topic activities (e.g. workshops, trainings)
<input type="text"/>	Drop in services (e.g. computer lab, tutoring, help desk)
<input type="text" value="5"/>	Phone or online help (e.g. 24-hour help lines)
<input type="text" value="154.00"/>	<b>TOTAL</b>

**4. How long has your program existed and how has it grown or changed? How long do you expect to continue providing this service.**

Northwest CASA (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. Northwest CASA was 1 of 12 founding members of the Illinois Coalition Against Sexual Assault (a statewide coalition funding and overseeing the operations of 29 certified rape crisis centers in Illinois). While originally located in the northwest suburbs of Cook County, Northwest CASA now has offices in Evanston, Arlington Heights and Crystal Lake. Northwest CASA has 16 professionals on staff and 33 trained volunteers who assist with providing crisis services. Today Northwest CASA serves three times more victims of sexual assault than 15 years ago; it serves three times more Hispanic/Latina victims than 15 years ago and serves twice as many children as it did 15 years ago. The need for Northwest CASA's sexual assault services is greater now than ever before. In the past year we have had waiting lists for counseling services which we will remedy this year with the hiring of additional counselors. Over the past two years our emergency room calls have exceeded 200 per year. Hotline calls have also increased.

**5. Do you maintain a wait list? If yes, provide its size and the average length of wait time for services. If no, describe any resources, including referrals, provided to individuals you are not able to serve.**

In the past year Northwest CASA has had waiting lists for counseling services at each office including the Evanston office. With additional federal funding and the passage of the state budget Northwest CASA will hire more counselors for the Evanston, Arlington Heights and Crystal Lake offices. We expect the waiting list to be eliminated in Evanston within the next few months.

A client's wait for counseling services varies depending on, what times they are available for counseling, whether a Spanish speaking counselor is needed and whether a child counselor is needed. Clients on our wait list have access to our 24/7 crisis hotline and can receive in person crisis intervention as needed until their counseling begins.

**6. What other agencies address this need, how do you collaborate with them 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.*

Northwest CASA is the only certified rape crisis center providing comprehensive sexual assault services in north/northwest suburban Cook County. What sets Northwest CASA 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 in person medical advocacy at 8 Cook County hospitals including Evanston and St. Frances. 3. Specialized counseling that is free and unlimited. 4. Specialized counseling services in English and Spanish. 5. Services that are certified by the Illinois Coalition Against Sexual Assault that audits both the programmatic performance and fiscal performance of Northwest CASA. 6. Services that provide absolute confidentiality to victims of sexual violence by statute (which can be critical to protect clients in court matters).

Other agencies in north/northwest suburban Cook County that serve victims of sexual assault are Porch Light Counseling which offers counseling to college age victims of sexual assault 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 counseling services; Children's Advocacy Center which provides forensic, advocacy and counseling services but only serves children; Zacharias Center which has a counseling center in Skokie but is not a certified rape crisis center; Women Care which is a group private practice in Evanston which charges fees for services. All of these agencies are aware of Northwest CASA's services and make referrals to Northwest CASA.

**7. Describe program goals and outcomes you anticipate in 2018, including any change from 2017. What data are collected and used to analyze your program and measure success? Who is responsible for ensuring the program is implemented as planned?**

Goals of the Sexual Assault Intervention Program are: 1. Reduce the negative effects of the sexual trauma. 2. Improve the victim's capacity to manage the traumatic effects of trauma. 3. Insure that callers in crisis receive effective support in dealing with their crisis.

In 2018 Northwest CASA expects to serve about 48 Evanston residents who are victims of sexual violence with counseling, crisis intervention and advocacy services as needed. Specific outcomes for 2018 are: 1. 85% of clients who receive 6 or more counseling sessions will report improved ability to cope. 2. 85% of clients who receive 6 or more counseling sessions will report reduced trauma symptoms based on the Trauma Symptom Inventory (TSI). 3. 85% of clients receiving in person crisis intervention or medical advocacy services will feel supported and helped.

Northwest CASA conducts a semi-annual survey of clients to assess progress in reducing anxiety/fear; increasing coping skills; increasing quality of life. Northwest CASA conducts a six month follow to all clients who receive in-person crisis and medical advocacy services to assess the need for additional services and to evaluate Northwest CASA's initial crisis response. Northwest CASA uses the TSI to initially assess client trauma and to evaluate progress every three months. Clinical supervisors and the executive director review findings from the counseling services evaluation. Each counselor and their supervisor review TSI results plus we conduct an agency wide evaluation of TSI results. The executive director and advocate review the findings from the six month follow up survey of crisis response.

**8. Complete the chart below with the unduplicated total of people you expect to serve in 2018, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2017.**

*Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2017 must show an increase in people served if applying for an increase in CDBG funding.*

<input type="text" value="750"/>	Unduplicated people to be served in 2018
<input type="text" value="48"/>	Unduplicated Evanston residents to be served in 2018
<input type="text" value="560"/>	Unduplicated low/moderate income people to be served in 2018
<input type="text" value="35"/>	Unduplicated low/moderate income Evanston residents to be served in 2018
<input type="text" value="532"/>	Unduplicated people served in 2017
<input type="text" value="29"/>	Unduplicated Evanston residents served in 2017
<input type="text" value="390"/>	Unduplicated low/moderate income people served in 2017
<input type="text" value="22"/>	Unduplicated low/moderate Evanston residents served in 2017

**9. Provide a summary of your organization's mission including organizational structure, size and functions of the board, and any significant changes in the last year. Attach current Strategic Plan on the Documents tab.**

*City of Evanston applicants, enter "NA."*

Northwest CASA (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 10 community representatives meet ten times annually to oversee Northwest CASA. 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. 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 Northwest CASA services for the prior month, a report of community contacts and grant applications status, and a financial report. Northwest CASA maintains two offices that serve north/northwest suburban Cook County. One office is located in Arlington Heights and the other office is located at the Evanston Civic Center at 2100 Ridge.

**10. Describe your agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.**

*CDBG applicants, 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 Resource Library).*

Northwest CASA has over 30 years of experience managing state, federal and local government grants. Northwest CASA receives several grants from local 708 mental health boards.

Northwest CASA also has a long history of providing sexual assault services. Founded in 1975 and incorporated in 1978 and one of 12 founding members of the Illinois Coalition Against Sexual Assault, Northwest CASA has grown from an all volunteer service agency to an operation with 16 professional staff, 33 hotline volunteers, 3 graduate school interns working out of three offices (Arlington Heights, Evanston, Crystal Lake) to provide direct services to over 700 victims of sexual violence and educate more than 21,000 youth in our communities.

Each year Northwest CASA obtains a financial audit from an independent certified public accountant and each year the audit demonstrates that Northwest CASA is a good shepherd of the grants and contributions it receives. In March 2015 ICASA conducted both a financial and programmatic audit of Northwest CASA's operations and found it in complete compliance with ICASA fiscal and programmatic standards.

Northwest CASA has a diligent board of directors who take seriously their responsibility to oversee Northwest CASA's operations. The board meets 10 times a year and receives monthly program and financial reports.

Northwest CASA has updated its by laws and personnel policies to reflect changes in federal and state labor laws.

**11. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?**

*All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.*

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

**12. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years?**

*Provide your staff to participant ratio and any requirements for program licensing or accreditation.*

For FY 18 Northwest CASA's Sexual Assault Intervention Program will have a total staff of 12. This is an increase in staffing from FY 17. All counseling staff (9) have masters degrees in social work or counseling and specialized training in working with victims of sexual trauma. Four 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. Three of these counselors will work out of the Evanston office. They have decades of combined experience working with survivors of sexual trauma.

All Advocates (3) have bachelor's degrees and specialized training working with victims of sexual violence. They also receive additional training on providing medical and criminal justice advocacy to victims of sexual violence. They have a combined 9 years of experience providing advocacy services to victims of sexual violence.

Northwest CASA plans to expand counseling services in Evanston in FY 18 with additional federal funds received in FY 18. Northwest CASA is negotiating with the city to obtain an additional office at the Civic Center to house the additional staff. Funds from the Evanston mental health board are used to support the counseling and advocacy staff who provide services to Evanston residents. If Evanston mental health board funding of Northwest CASA is reduced than there would be a commensurate reduction in staffing of the Evanston office.

**13. Provide the name, email and phone number of the individual who attended the pre-application meeting.**

**14. All organizations receiving CDBG 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." (City of Evanston applicants, enter 074390907)**

933788663

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

Yes

No

**16. 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."**

N/A

**17. Where (address/location) does your program take place and how will clients get to the location or facility?**

2100 Ridge Avenue, G-102, Evanston, IL. 60201

**18. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2018 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.**

*Enter the name and title of the individual submitting this application.*

Jim Huenink, Executive Director

## Budget

<b>Funding Sources/Revenues</b>	2017	2018	2018 Committed
City of Evanston CDBG	\$ 0.00	\$ 0.00	
City of Evanston Mental Health Board Funds	\$ 18,000.00	\$ 18,000.00	
Illinois Attorney General	\$ 46,420.00	\$ 46,420.00	\$ 46,420.00
McHenry Co 708	\$ 18,000.00	\$ 22,000.00	
Other townships/cities	\$ 29,955.00	\$ 35,955.00	\$ 27,755.00
Cook County	\$ 36,600.00	\$ 5,000.00	\$ 5,000.00
Illinois Coalition Against Sexual Assault-Federal	\$ 250,800.00	\$ 437,370.00	\$ 407,672.00
Illinois Coalition Against Sexual Assault-State	\$ 84,984.00	\$ 79,302.00	
Fundraising/Contributions	\$ 15,100.00	\$ 15,100.00	\$ 15,100.00
United Way	\$ 25,000.00	\$ 10,000.00	\$ 10,000.00
<b>Total</b>	<b>\$ 524,859.00</b>	<b>\$ 669,147.00</b>	<b>\$ 511,947.00</b>

<b>Funding Uses/Expenses</b>	2017	2018 Total	2018 CDBG	2018 MHB
Salary & wages	\$ 354,653.00	\$ 464,800.00		\$ 13,817.00
Fringe Benefits	\$ 68,056.00	\$ 94,630.00		\$ 3,896.00
Accounting	\$ 12,960.00	\$ 12,784.00		
Audit	\$ 4,000.00	\$ 4,261.00		
Dues	\$ 1,296.00	\$ 1,278.00		
Equipment Lease	\$ 1,944.00	\$ 1,985.00		
Payroll Process	\$ 1,600.00	\$ 3,018.00		
Postage	\$ 700.00	\$ 710.00		
Occupancy	\$ 48,200.00	\$ 52,839.00		\$ 250.00
Staff Development	\$ 750.00	\$ 3,550.00		
Telephone	\$ 8,000.00	\$ 8,451.00		
Miscellaneous	\$ 7,000.00	\$ 4,971.00		
Travel	\$ 6,000.00	\$ 7,575.00		
Supplies	\$ 9,000.00	\$ 7,583.00		\$ 37.00
Printing	\$ 700.00	\$ 712.00		
<b>Total</b>	<b>\$ 524,859.00</b>	<b>\$ 669,147.00</b>	<b>\$ 0.00</b>	<b>\$ 18,000.00</b>

## Budget Narrative

Northwest CASA's fiscal year runs July 1 through June 30. We are requesting support for our Sexual Assault Intervention Program in Evanston which received mental health board funding last year. The budget for our Sexual Assault Intervention Program increased significantly in FY 18 with additional federal funding and the passage of the state budget. We plan to use the increased budget to increase the staffing in our Sexual Assault Intervention Program with the hiring of additional counselors and a full time advocate. We plan to use the mental health funds to support the salaries and benefits of counseling/advocacy staff providing direct services to Evanston residents who are victims of sexual violence. Some mental health funds will be used for occupancy and office supplies. The specific positions that will be funded with this grant are: 1. 25.68 % of the salary (\$37,000) and benefits (\$11,031) of a Bi-lingual Counselor who currently works exclusively in the Evanston office. 2. 10% of the salary (\$42,500) and benefits (\$10,425) of a full time counselor who will work 2-3 days a week in the Evanston office. These two positions receive most of their funding from State (General Revenue) and Federal (VOCA, SASP) sources that pass through our state coalition, ICASA. Both of these positions are currently filled.

## Program Outcomes

### Program Outcomes

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	Provide trauma informed counseling to 40 Evanston residents who are victims of sexual violence.	85% of 40 counseling clients TSI scores will reflect reduced trauma.	10	10	10	10	40				0
2	Provide 24/7 victim centered crisis/advocacy services to 8 Evanston victims of sexual violence.	85% of 8 crisis/advocacy clients will report feeling supported and helped.	2	2	2	2	8				0
3	Provide traumja informed counseling to 40 Evanston residents who are victims of sexual violence	85% of 40 counseling clients will reported reduced anxiety/better coping.	10	10	10	10	40				0
4							0				0
5							0				0
<b>Total</b>			<b>22</b>	<b>22</b>	<b>22</b>	<b>22</b>	<b>88</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Program Line Item Expenditures

Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
									\$
<b>Total</b>	<b>0</b>	<b>\$0</b>							

### Program Line Item Funding

	Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>

### Documents

#### Documents Requested \*

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement 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.

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 2017 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2016 only if changed).

Brief biographies of key staff (NEW APPLICANTS and funded agencies with staff changes in 2017).

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

#### Required? Attached Documents \*

[Northwest CASA 990](#)

[Northwest CASA FY 16 audit](#)

[Northwest CASA Summary of Activities](#)

[Northwest CASA Tax Exempt Letter-IRS](#)

[Stephanie Dominik resume](#)

[Northwest CASA Grievance Policy](#)

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](#)

2018 CDBG-MHB Application review Meeting Schedule. Please note that the order in which applications will be reviewed is not finalized.

[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.

[Northwest CASA Organizational 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.

[Northwest CASA 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 FY2017.

[Northwest CASA FY 17 Financials](#)

## Extra

**What is the budget item "Payroll Process"? Please provide more information.**

*-no answer-*

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

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## **2017 Mental Health Board Funding Process Schedule of key dates**

Dates are tentative and subject to change per MHB discussion.

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**Saturday, September 23 at 9AM:** Final application hearing meeting

**Thursday, September 28:** all application scores and allocation amounts submitted in ZoomGrants

**Monday, October 2:** Staff follow-up to ensure complete information in ZoomGrants

**Monday, October 9:** Working group meeting to review allocation information/make allocation recommendations

**Thursday, October 12 at 7PM:** Meeting to determine 2018 funding allocations

**Monday, November 6 at 7PM:** Human Services Committee Meeting (approve allocations)

**Thursday, November 9 at 7PM:** Mental Health Board Meeting

**Monday, November 27 at 7PM:** City Council meeting, final approval of allocations

**Thursday, December 14 at 7PM:** Mental Health Board Meeting (potential assignment of 2018 liaisons)