



MENTAL HEALTH BOARD

Saturday, September 22, 2018, 9:00 AM
Lorraine H. Morton Civic Center, 2100 Ridge Avenue, Room G300

AGENDA

I. CALL TO ORDER/DECLARATION OF QUORUM

II. 2019 MHB PROGRAM — REVIEW OF APPLICATIONS

<u>App.#</u>	<u>EST. TIME</u>	<u>Agency/Program</u>
1	9:10 AM	Childcare Network of Evanston/ <i>Learning Together Scholarship Program</i>
3	9:30 AM	Center for Independent Futures/ <i>Support for Individuals with Disabilities</i>
4	9:40 AM	Northwest Center Against Sexual Assault/ <i>Sexual Assault Intervention</i>
5	9:50 AM	PEER Services/ <i>Substance Abuse Treatment & Early Intervention</i>
6	10:00 AM	Learning Bridges / <i>Infant Toddler Program Scholarship Program</i>
8	10:20 AM	Trilogy Inc./ <i>Behavioral Healthcare Evanston</i>
9	10:30 AM	Turning Point/ <i>Open Access Program</i>
10	10:40 AM	Metropolitan Family Services/ <i>Family Support and Prevention</i>
11	10:50 AM	Shore Community Services/ <i>Lois Lloyd Center Residential Center</i>
BREAK		
13	11:20 AM	North Shore Senior Center/ <i>Social Services for Seniors and Their Families PEARLS North Shore Senior Options</i>
15	11:40 AM	Children's Home & Aid/ <i>Children's Home & Aid</i>
16	11:50 AM	Zoe Praxis/ <i>Zoe Praxis</i>
17	Noon	Infant Welfare Society/ <i>Teen Baby Nursery</i>

III. PUBLIC/STAFF COMMENT

IV. CHAIR REPORT

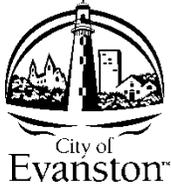
V. ADJOURNMENT

The next meeting of the Mental Health Board is scheduled for **7:00 p.m. Thursday, October 11, 2018 in room G300.**

Order of Agenda Items is subject to change. Information about the Mental Health Board is available at: 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.

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).



Memorandum

To: Members of the Mental Health Board

From: Johanna Leonard, Community Development Director
Sarah Flax, Housing and Grants Administrator
Jessica Wingader, Grants & Compliance Specialist

Subject: 2019 Funding Applications and Scoring

Date: September 22, 2018

At the recommendation of the MHB Chair, the following information about scoring applications in ZoomGrants is provided for review:

- To access scoring information, first open an individual application and click on the grey “Review Tools” button in the turquoise banner at the top of the application.
 1. Be sure to change the Vote from Undecided to Approve, Decline or Abstain/Recuse.
 2. Do not provide a Recommended Amount. Please leave this box blank for all applicants.
- Provide numeric scores for all questions pertaining to each application. Questions left blank will not be counted and will artificially inflate the applicant’s score.
- Private notes can be recorded in the My Private Notes box to the right of the scoring questions. These notes will not be made visible to other board members or agencies.
- Members have the ability to comment on responses to individual questions or the application as a whole. Any comments provided for individual questions or under the box at the bottom of each scoring page labeled “My Scoring Comments” will be made visible to applicants and board members. These comments will be included in the meeting packet and may be helpful to future applicants.

The City evaluates each program for which City funding is requested. Considerations include: prior experience with the same or similar awards, results of audits and City monitoring efforts (if applicable), and whether the agency/program has new personnel or new or substantially changed systems. Staff reviews recipients’ financial and programmatic reports to assess that performance goals were achieved and timely and appropriate action was taken by agencies to correct all identified deficiencies.

Additionally, staff is reviewing how programs deliver services to an underserved population to ensure equity in keeping with City Council Goals.

The following guidelines should be used when evaluating applications:

- Whether the program provides equity of access, particularly if it addresses barriers to receiving services or reaches underserved populations. Consideration should also be given to the impact on needs from expanding to serve new clients versus providing greater depth of services to existing clients.
- Programs that serve very few Evanston residents may have very limited impact on the total need in the community, as well as having disproportionately high grant management costs to the City and agency.
- Programs funded in 2018 that request increased funding for 2019 should provide proportionately quantifiable increases in services to Evanston residents and address a high need that is disproportionately underserved if funding at a higher level. This also pertains to first-time requests for City funds for new or existing programs. City funds should not be used to replace other funding sources.
- As a general rule, City funds should not exceed 30% of the program budget to prevent over dependence on City funding. New applicants in particular should be evaluated for feasibility and sustainability, particularly if other funding sources are limited or nonexistent. Exceptions can be made for programs implemented at the request of the Mental Health Board in partnership with the City.
- The types and levels of services delivered to Evanston residents should be evaluated, in addition to the number of residents served.
- If funding is requested by a program that serves clients referred by another City-funded program, a fee-for-services agreement with the referring agency should be considered to minimize administrative costs to agencies and the City and prevent double counting of individuals served – particularly if outcomes are substantially the same.
- Grants under \$10,000 are often inefficient for the City and the grantee, particularly for agencies that have struggled with reporting and compliance in the past. City staff time to manage and monitor each program ranges from \$1,375 to \$3,200, regardless of the size of the grant. In addition, awardees may not take resources required for compliance into account.



2019 MHB Application Review Meeting
September 22, 2018

1. Childcare Network of Evanston – Learning Together

2018 Request	2018 Award	2019 Request	% Increase of 2019 Request over 2018 Award
\$50,000	\$33,600	\$40,000	19%

2018 Evanston Residents Projected: 90 Evanston % of total served: 90%

2019 Evanston Residents Estimated: 70 Evanston % of total served: 93%

2018 MHB Proportion of Actual Budget: 44%

2019 MHB Proportion of Proposed Budget: 40%

FY 2017 Audit – Financial statement presents fairly

FY 2017 Single Federal Audit – Findings identified

Childcare Network of Evanston’s Learning Together program, staffed by a clinical supervisor, mental health consultants, a speech-language therapist and interns, provides play therapy, social work, occupational therapy, and speech and language therapy to children (3-5 years old) with learning and/or developmental disabilities. All services are free of charge and are offered at 6 different preschool sites in Evanston. Children participate in weekly small group sessions, 1 to 2 hours per week for up to 10 months. The agency also offers professional development trainings to teachers and support/ training to parents/caregivers. There is no wait list; staff works to accommodate all who request services. Program addresses education gap by keeping students in early childhood education experiences and increasing school readiness/success; 63% of participants are people of color. Agency has included Commitment to Equity, Diversity and Inclusion Statement and Statement of Values signed by all staff; 61% of staff and 67% of executive team are people of color. Outcomes are measurable. Majority of award will support consultant fees for therapeutic services.

Agency has the capacity to manage program. Single Federal Audit lists three findings including a deficiency in the general ledger account reconciliation, determination of payroll costs and indirect costs charged to awards, and failure to meet match requirement. Corrective plans that address all findings have been adopted by the agency and provided for review.

2. Childcare Network of Evanston – Scholarship Program

2018 Request	2018 Award	2019 Request	% Increase of 2019 Request over 2018 Award
\$85,000	\$48,063	\$ 50,000	4%



2018 Evanston Residents Projected: 11 **Evanston % of total served: 100%**
2019 Evanston Residents Estimated: 10 **Evanston % of total served: 100%**

2018 MHB Proportion of Actual Budget: 52%
2019 MHB Proportion of Proposed Budget: 83%

FY 2017 Audit – Financial statement presents fairly
FY 2017 Single Federal Audit – Findings identified

Childcare Network of Evanston’s Scholarship Program provides direct financial assistance to Evanston families ineligible for federal and state subsidies, but still defined as low/moderate income according to HUD income guidelines; families use scholarship award to send children to Evanston home or center based programs. Agency provides scholarship assistance for full year to provide stability and ensure continuity of care. Families that don’t receive direct financial aid continue to work with staff and receive referrals to additional community supports. Program addresses education gap by providing early education to children who are not eligible for other subsidies and who might not otherwise have access to early childhood education; 91% of participants are people of color. In 2015 program was awarded \$93,850 and provided 25 scholarships; 94% of recipients were people of color. Outcomes are defined and measurable; agency has the capacity to manage program and is compliant with all reporting requirements. Additional demographic information and information about Single Federal Audit findings addressed above.

3. Center for Independent Futures – Support for Individuals with Disabilities

2018 Request	2018 Award	2019 Request	% Increase of 2019 Request over 2018 Award
\$14,320	\$10,000	\$13,442	34%

2018 Evanston Residents Projected: 65 **Evanston % of total served: 100%**
2019 Evanston Residents Estimated: 65 **Evanston % of total served: 93%**

2018 MHB Proportion of Actual Budget: 23%
2019 MHB Proportion of Proposed Budget: 29%

FY 2017 Audit – Financial statement presents fairly
FY 2017 Single Federal Audit – NA

Center for Independent Futures (CIF) offers a conflict resolution group facilitated by a licensed clinical psychologist and free, drop-in programming to participants who have intellectual and/or developmental disabilities; participants may also have a documented mental illness. Program offers life skills tutoring, structured support groups, and drop-in services that foster social activities which reduce depression and isolation and all who are interested in services are accommodated. Program outcomes remain relatively unchanged; agency has the capacity to manage program and is compliant with all reporting requirements. Agency’s Commitment to Equity, Diversity and Inclusion Statement provided; staff comprised of 17% people of color



and 39% of program participants are people of color. Award is 29% of program budget and would be used to support staff salaries and staff consultant; program capacity and services not proportionate to increase to award request.

4. Northwest Center Against Sexual Assault – Sexual Assault Intervention

2018 Request	2018 Award	2019 Request	% Increase of 2019 Request over 2018 Award
\$18,000	\$18,000	\$20,000	11%

2018 Evanston Residents Projected: 25 **Evanston % of total served: 5%**
2019 Evanston Residents Estimated: 60 **Evanston % of total served: 7%**

2018 MHB Proportion of Actual Budget: 3%
2019 MHB Proportion of Proposed Budget: 2%

FY 2017 Audit – Financial statement presents fairly
FY 2017 Single Federal Audit – NA

Northwest CASA provides medical advocacy and counseling services to victims of sexual assault through individual case management plans to clients who live in north/northwest suburban Cook County and McHenry County; additional program components include a 24 hour telephone crisis intervention hotline and a new partnership with Heartwood Center to offer yoga. Services are offered in English and Spanish and provided free of charge; 84% of Evanston residents served are people of color. Northwest CASA has a satellite office at the Civic Center. Increase to 2019 budget due to additional federal and state funds. No equity statement provided; staff is 29% people of color and board is 33% people of color. The majority of the award would support staff salaries including a bi-lingual counselor working at the Civic Center 4 days per week.

5. PEER Services – Substance Abuse Treatment & Early Intervention

2018 Request	2018 Award	2019 Request	% Increase of 2019 Request over 2018 Award
\$111,000	\$88,200	\$92,610	5%

2018 Evanston Residents Projected: 210 **Evanston % of total served: 36%**
2019 Evanston Residents Estimated: 210 **Evanston % of total served: 36%**

2018 MHB Proportion of Actual Budget: 5%
2019 MHB Proportion of Proposed Budget: 5%

FY 2017 Audit – Financial statement presents fairly
FY 2017 Single Federal Audit – NA

PEER Services provides substance abuse services through four programs (Early Intervention, Adolescent Treatment, Adult Treatment, and DIMENSIONS); service hours vary by program,



standard hours of operation are Monday-Friday from 7 am to as late as 9 pm. 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. 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. No equity statement or demographic information for board provided. 57% of Evanston participants are people of color and staff is 46% people of color. Request would support 7 staff including the Clinical Director and 4 counselors. 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. 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.

6. Learning Bridges – Infant Toddler Program

2018 Request	2018 Award	2019 Request	% Increase of 2019 Request over 2018 Award
\$19,600	\$18,500	\$18,500	0%

2018 Evanston Residents Projected: 26

Evanston % of total served: 54%

2019 Evanston Residents Estimated: 30

Evanston % of total served: 60%

2018 MHB Proportion of Actual Budget: 5%

2019 MHB Proportion of Proposed Budget: 5%

FY 2017 Audit – Financial statement presents fairly

FY 2017 Single Federal Audit – No findings

Learning Bridge Infant Toddler program is a network of licensed and credentialed home child care providers offering care to children 6 weeks to approximately 3 years old. Program also provides monthly trainings for caregivers including CPR and Mandated Reporter training, screenings for children within 45 days of program entry, and early intervention referrals for families when necessary. 88% of families are low to moderate income and 96 % are people of color; Evanston residents comprise 54% of participants served. Inclusion, Diversity and Equity Policy provided; 43% of staff is people of color. Use of funds request is not indicated in budget. Outcomes are defined and measurable. Agency has the capacity to manage program.

7. Learning Bridges – Scholarship Program

2018 Request	2018 Award	2019 Request	% Increase of 2019 Request over 2018 Award
\$12,500	\$10,000	\$10,000	0%

2018 Evanston Residents Projected: 106

Evanston % of total served: 75%



2019 Evanston Residents Estimated: 110 Evanston % of total served: 73%

2018 MHB Proportion of Actual Budget: 1%

2019 MHB Proportion of Proposed Budget: 1%

FY 2017 Audit – Financial statement presents fairly

FY 2017 Single Federal Audit – No findings

Learning Bridges offers NAEYC accredited preschool programming to children ages 2 to 4 from 7:30 am to 5:30 pm Monday-Friday, 49 weeks per year. This award would provide scholarships to an estimated 12 Evanston children whose families are not eligible for state sponsored CCAP, but still meet the HUD definition low/moderate income and need assistance to afford quality childcare. Parents must be working or in school to be eligible and must be able to pay a portion of service fees; 64% of families served are single parent households. Program uses research-based curriculum and in 2017 was given the Award of Excellence for Preschool Teaching and Learning. Program addresses educational inequities by providing quality care to predominantly low/moderate income population; 78% of participants served are people of color. One of the four program staff is a person of color and the leadership team is 43% people of color. Awards are restricted to children enrolled at the Center and directly support tuition fees. Program outcomes are measurable and program is compliant with all reporting requirements.

8. Trilogy Inc. – Evanston Mental Health Program

2018 Request	2018 Award	2019 Request	% Increase of 2019 Request over 2018 Award
\$30,000	\$28,800	\$30,000	4%

2018 Evanston Residents Projected: 60

Evanston % of total served: 23%

2019 Evanston Residents Estimated: 60

Evanston % of total served: 23%

2018 MHB Proportion of Actual Budget: 49%

2019 MHB Proportion of Proposed Budget: 49%

FY 2017 Audit – Financial statements present fairly

FY 2017 Single Federal Audit – NA

Trilogy’s Mental Health Care Coordinator works with Evanston residents in need of mental health services at locations throughout Evanston including Hilda’s Place and the Evanston Public Library. To be eligible for services, participants require a mental health diagnosis; additional services include: supported employment, therapy, psychiatry, case management, group therapy, integrated dual disorders treatment, and access to the drop-in center. Agency has partnerships with community organizations including Impact, Erie, Presence, Evanston Hospital and PEER Services. Those not eligible for Trilogy’s services are referred to other agencies; referrals to deeper agency services are tracked. Expansion of services in 2019 will include outreach to youth with behavioral health issues; agency will cultivate partnerships with YOU, Districts 65 and 202, Moran Center and Family Focus to engage targeted population. 48%



2019 Evanston Residents Estimated: 60 Evanston % of total served: 100%

2018 MHB Proportion of Actual Budget: 59%

2019 MHB Proportion of Proposed Budget: 67%

FY 2017 Single Federal Audit – No findings

FY 2017 Audit – Financial statements present fairly

The goals of the Family Support and Prevention Program include providing individual and group counseling, comprehensive case management and education programs (Parenting Fundamentals) to families at risk of entry into the child welfare system due to abuse/neglect of children; program works exclusively with Evanston families. Parenting Fundamentals is an evidence based series of parenting classes that focus on child development, non-violent discipline, communication and problem solving; classes run 8 to 10 week and are offered in English and Spanish along with home-based counseling services. There is no wait list for services. Executive leadership team 50% people of color and no equity statement was provided. Application includes detailed demographic information for population served, approximately 86% people of color served in previous program year. 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.

11. Shore Community Services – Lois Lloyd Center

2018 Request	2018 Award	2019 Request	% Increase of 2019 Request over 2018 Award
\$19,000	\$17,000	\$19,000	12%

2018 Evanston Residents Projected: 12

Evanston % of total served: 10%

2019 Evanston Residents Estimated: 15

Evanston % of total served: 13%

2018 MHB Proportion of Budget: 2%

2019 MHB Proportion of Budget: 2%

FY 2017 Audit – Financial statements present fairly

FY 2017 Single Federal Audit – NA

The Adult Services & Seniors Program (AS) and Early Intervention and Life In Motion-Your Choice Program offer developmental training for adults with severe and profound levels of disabilities and children with mild to severe delays; both are run out of Shore’s Lois Lloyd Center. Program participants focus on Individual goals that can include improving daily living activities, self-care, socialization and prevocational skill development; participants have a broad spectrum of disabilities including those who are non-verbal and/or in need of specialized



medical services. 44% of those served are people of color; Services are provided Monday through Friday from 8:45 am – 2:24 pm, 240 days per year. Award would support the Developmental Activities Trainer, Registered Nurse, and Program Manager. Program site is in Skokie; clients are transported by a parent/guardian, PACE or Shore staff. Continued delay of payments from the state, staffing capacity and transportation of participants pose challenges. Indicators have been modified for program year 2019 at staff request and are more quantifiable; outcomes remain clearly defined. Agency is compliant with reporting requirements and has the capacity to manage the program.

12. Shore Community Services – Residential Program

2018 Request	2018 Award	2019 Request	% Increase of 2019 Request over 2018 Award
\$21,000	\$20,000	\$22,000	10%

2018 Evanston Residents Projected: 35
2019 Evanston Residents Estimated: 35

Evanston % of total served: 37%
Evanston % of total served: 36%

2018 MHB Proportion of Budget: 3%
2019 MHB Proportion of Budget: 3%

FY 2017 Audit – Financial statements present fairly
FY 2017 Single Federal Audit – NA

Shore’s Residential Services program offers in home respite care and home based support to children and adults with intellectual and other developmental disabilities in the Skokie/Evanston community. Program includes the Supported Living Arrangements (SLAs) and the Community Integrated Living Arrangements (CILAs); it also provides Home Based Support Services. There is a wait list of 16 people; depending on applicant needs, new openings may not be available for years. Population served is 40% people of color and 75% require 24-hour supervision due to the severity of their disability. Less than 25% of staff is people of color and no equity statement was provided. Agency has the capacity to provide services and manage grant. Outcomes remain consistent and measurable; program is compliant with all reporting requirements. Award would support 14% of salaries for three employees, two Program Managers and a Support Services Professional.

13. North Shore Senior Center – Social Services for Seniors and Their Families

2018 Request	2018 Award	2019 Request	% Increase of 2019 Request over 2018 Award
\$50,000	\$28,800	\$35,000	22%

2018 Evanston Residents Projected: 2517
2019 Evanston Residents Estimated: 2658

Evanston % of total served: 11%
Evanston % of total served: 12%

2018 MHB Proportion of Budget: 1%



2019 MHB Proportion of Budget: 2%

FY 2017 Audit – Financial statements present fairly

FY 2017 Single Federal Audit – NA

North Shore Senior Center (NSSC) provides case management and counseling services to primarily low and moderate income seniors and their families initiated through a phone call. Seniors are connected to the Older Adults Benefit Program, Housekeeping services, transportation services, support groups, and educational workshops. Agency is a long-time CDBG/MHB recipient with consistent programmatic/financial reporting. Agency is compliant with CDBG requirements, financially stable and staff is experienced.

Agency has a satellite office located in the Civic Center and provides referrals for additional supports. 55% of Evanston population served is people of color. No equity statement or board demographic information provided; as reported by agency, there are no staff members of color under the grant. Program outcomes focus on Evanston residents remaining in independent living situations, enrolling in LIHEAP, and providing supports to family caregivers. Award would partially fund the Evanston based Case Manager, partially support the Benefits Specialist and cover rent for the office located at the Civic Center.

14. North Shore Senior Center – PEARLS a Program of CareOptions

2018 Request	2018 Award	2019 Request	% Increase of 2019 Request over 2018 Award
\$25,000	\$10,000	\$12,000	20%

2018 Evanston Residents Projected: 9

Evanston % of total served: 20%

2019 Evanston Residents Estimated: 15

Evanston % of total served: 50%

2018 MHB Proportion of Budget: 10%

2019 MHB Proportion of Budget: 14%

FY 2017 Audit – Financial statements present fairly

FY 2017 Single Federal Audit – NA

The Program to Encourage Active and Rewarding Lives for Seniors (PEARLS) provides a LCSW for 9 meetings over a 19-week period to people over the age of 55 who are enrolled in Medicare Part B or able to pay for services on a sliding scale and who are screened positively for symptoms of depression. Program is evidence-based, outcomes are measurable. Program goals and projections have not changed. 2018 program projected services to 50% (15) Evanston residents. Based on 2018 quarterly reports, 19% of those served are Evanston residents and 28% of total served are people of color. Current clients referred by agency’s Senior and Family Services case managers; 2019 clients will be referred from outside agencies including The Merion and Jane Perlman Apartments. Award would be used to support sliding



participant received additional private mentoring services. Zoe Praxis is requesting funds for an Outreach Ambassador Program, seminars/workshops, and a Private Mentor Program; all services target people suffering from anxiety, depression and other mental health issues. Services would be offered free of charge or on a sliding scale depending on participant ability to pay; sliding scale payment determinations, intake form, and/or any assessments to determine client income/ability to pay have not been provided. Program’s ability to comply with financial and programmatic documentation and reporting requirements is undetermined. *Budget is not provided according to City fiscal/calendar year as required in application. Budget indicates a committed donation amount that will be available to agency once agency receives 501(c)(3) status. MHB award approximately 32% of program budget if all other funding sources are received; listed revenues are three times larger than listed expenses; it appears that MHB award is not needed to provide program. Founder has experience working with people who have mental health concerns in a mentoring/ coaching capacity, is a published author, and licensed in Clinical Psychology from the University of Toulouse.

17. Infant Welfare Society – Teen Baby Nursery

2018 Request	2018 Award	2019 Request	% Increase of 2019 Request over 2018 Award
\$75,000	\$62,400	\$62,400	0%

2018 Evanston Residents Projected: 25 **Evanston % of total served: 93%**
2019 Evanston Residents Estimated: 25 **Evanston % of total served: 100%**

2018 MHB Proportion of Actual Budget: 13%
2019 MHB Proportion of Proposed Budget: 15%

FY 2017 Audit – Financial statement presents fairly
FY 2017 Single Federal Audit – No findings

Infant Welfare Society works with low income parents who are 23 or younger and enrolled in high school, college, a job training program or working, and their children under 3 years old. Core services include developmental screenings of infants and toddlers 45 days after enrollment and at regular intervals throughout tenure, National Association for the Education of Young Children accredited early care and education, depression screenings for parents, parent education groups and weekly home visits. Teen Baby Nursery program provides care for 16 infants/toddlers of teen/young adult parents. Agency is a long time recipient of federal and city funding 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. No board demographic information or equity statement provided. Teen Baby Nursery staff is First Aid and CPR certified, provided with ongoing training from an Infant Mental Health Consultant and 100% people of color.

City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board
8/15/2018 deadline

Childcare Network of Evanston Learning Together

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

Submitted: 8/15/2018 1:40:38 PM (Pacific)

Project Contact

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Executive Director

Carol Teske
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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. 2019 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="40,000"/>	MHB (Human Services Fund)
<input type="text" value="40,000.00"/>	TOTAL

9. Funding request is:

Programs funded in 2018 should be classified as renewal even if amount requested is different from 2018 grant.

- Renewal of 2018 CDBG funding
- Renewal of 2018 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 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 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).



[FY19 CNE Operating Budget](#)

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



[CNE Board July 2018](#)

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 Form](#)

[download template](#)

Application Questions

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

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 and developmental therapeutic services and supports to 2.5- 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. 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 unable to continue in their early learning programs, which further disrupts their learning and home life as parents must find alternative early learning services while maintaining employment and a steady income.

LT supports preschool children with highly qualified consultants specializing in child mental health, speech-language therapy and other developmental 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 another 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 as needed. 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 specific strategies designed to most effectively address their child's challenges. Referrals for outside services are provided as needed.

Another key component of the LT program is teacher training and mentoring. LT consultants collaborate closely with the preschool teachers and administrative staff at LT sites, helping them to better understand and 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 periodically meet with families about child advocacy, early childhood development and transitions.

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

In 2018 to date, LT has supported 71 unduplicated individual children with LT services, 57% whom are African-American, 37% White, 4% Hispanic, 1% Asian, and 1% are identified as being of "other" races. Of these children served, 41% are from single-parent households that are primarily female-headed, 1% identify as homeless, and 11% identify as having children with disabilities or special needs. In addition, 69% of children served to date in 2018 are from families whose income is very low, low or moderate (based on the "median area household income" criteria), and 31% of children served are from families whose income is not low/moderate. Over the years, approximately 75% of children served are male and 25% are female.

Eligibility for the LT 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 preschool children is critical to improving their chances for kindergarten and future success, which is why funding for a program like LT is so crucial.

LT provides a unique opportunity by 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.

3. Describe what underrepresented populations are identified and targeted for services and how City funds would improve equity of service delivery. How would the program measure/report impact to these populations?

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

The LT program currently partners with 5 local early childhood centers to provide mental health and other therapeutic services to children and families who would likely be unable to access them otherwise: Learning Bridge Early Education Center, Reba Early Learning Center, Robert Crown Child Care Center, the YMCA Children's Center and KinderCare. All of these centers serve primarily low-income children whose families qualify for a childcare subsidy from the IDHS Child Care Assistance Program (CCAP). To be eligible for CCAP funding, a family's income must be less than 185% of the Federal Poverty Limit – for a single parent with two children, this translates to an annual income of less than \$38,443. In addition, although many of these children received free, in-home therapeutic services through the IDHS Early Intervention program (designed to serve children from 0-3 years old), there are far more limited services for children 3-5 years old. As a result, these children often enter an early learning program with no continuing support, and the family's income level leaves them unable to access outside therapies. Although financial need is not a criteria for receiving LT services, recent demographic data from the LT program illustrates that the majority of the children are non-White and come from families whose income is low to moderate (meaning less than 80% of the median income).

By using City Funds to partner with the LT sites to provide therapeutic supports to at-risk children, we are improving the equity of service delivery by making these critical services available to the kids who need them and who would have the most difficulty accessing them without the LT program. Recent data released from the Kindergarten Individual Development Survey of incoming kindergarteners across the State of Illinois indicates that only one in four Illinois children surveyed entered kindergarten in 2017 demonstrating readiness across all three developmental areas – social and emotional development, language and literacy, and math. This number is lower for children of color (19% for Black children, 13% for Hispanic children), and for those who have an IEP (11%) and/or are enrolled in the free and reduced price lunch (16%) (data from KIDS Public Statement "New Data Show First Statewide Snapshot of Kindergarten Readiness," August, 2018). In supporting this survey and its results, the President of Illinois Action for Children stated "[t]his new data highlights the importance of whole communities coming together to ensure families have the support they need to help their children prepare for kindergarten, including quality child care and early education, health and mental health services, and basic services like libraries and safe parks. All of these contribute to kindergarten readiness" (Maria Whelan, President and CEO of Illinois Action for Children, from KIDS Public Statement referenced above). Having the support of the LT program in Evanston early childhood centers gives more at-risk children access to the supports they need to be successful in kindergarten and beyond.

The teacher training and mentoring component of the LT program also positively impacts the equity of service delivery. By training early childhood teachers and giving them strategies to address children who need additional support and difficult classroom situations, the LT program is equipping them to create a more equitable learning environment for all.

4. 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.

85	Intake/assessment
60	Referrals
70	Individual case management plan/services

70	Services delivered on an individual basis (e.g. home delivered meals)
30	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)
0	Phone or online help (e.g. 24-hour help lines)
315.00	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

The LT program strives to serve all children who are identified as in need of services. No children are turned away, and as a result, there is no wait list for the program. Given the constraints of available funding and consultant time, however, during periods of high demand for services, children may have to wait longer to be seen by an LT consultant and/or spend less time with the consultant. It is difficult to predict how many children will need LT support in a given year, and for how long, but the LT consultants are passionate about their mission and work diligently (and often on an uncompensated basis) to impact as many children as possible. In addition, the same funding and time constraints may also limit the amount of teacher mentoring that the consultants are able to engage in with the early childhood educators. Obviously, the more funding the LT program has, the more children and teachers it can support. In light of the City's recent priority budgeting survey and in recognition of the large number of local organizations in need of support, however, CNE has elected not to seek an increase in funding requested for 2019. It is CNE's hope to be able to continue serving at-risk children with the Learning Together program in 2019 at the same level as in 2018.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

Yes, the LT consultants have a variety of referral sources for the children they serve, both within CNE's organization and out to other agencies and therapists. Within CNE, children can be referred to our Head Start/Early Head Start Home Visiting program, but if the child is already in full-day programming, time constraints may make this unavailable for some families. Outside of CNE, the LT consultants have referred children for services to District 65 and outside mental health, occupational and physical therapists and pediatricians. Tracking of referrals is done by the consultants individually. There is a shared on-line document where LT consultants may enter intake information, notes from visits and referral information.

LT consultants may also refer children in crisis for no-cost trauma informed mental health services using grant funding from United Way through the Evanston Cradle to Career initiative. In the fall of 2017, CNE spearheaded and wrote a grant in collaboration with Evanston/Skokie School District 65 and 4 other Evanston early learning programs (3 of which are LT sites), which resulted in funding to provide crisis trauma mental health services to children in their programming. Because adverse childhood experiences (like trauma) can often lead to issues that surface in early childhood classrooms which might require therapeutic support, getting children in crisis the support they need quickly and effectively can help lead to more positive outcomes for the child and a more productive classroom environment for all. As administrator of this grant, CNE collects and tracks initial referrals into the program as well as secondary referrals made after the treatment period is completed. CNE also serves as the fiscal agent for the grant.

7. 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.

Although there are other agencies in Evanston that provide mental health and developmental therapeutic services to children, LT is the only program that provides on-site services to Evanston preschool programs on a consistent and comprehensive 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 2.5- to 5-year olds in need of support, especially since a very limited number of these children would be able to access 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 mentoring, 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. In addition to referrals for crisis trauma services through the grant described in Question 6, CNE also refers 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 psychotherapy and psychiatry services.

In terms of successes and challenges, LT always succeeds when a consultant is able to help a child manage a difficult situation and/or access programs that are better suited to their particular needs, and many of those stories have been previously reported to the Mental Health Board. The program experienced a few challenges this year, primarily due to funding constraints: services were discontinued at one LT site, occupational therapy services are no longer provided, and the consultants had to discontinue conducting therapeutic playgroups. All of these things would be re-instituted with additional funding, but as indicated above, given the funding environment our priority is on maintaining the ability to provide service at the current level in 2019.

8. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze 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 feedback.

Specific goals and assessments for 2019 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 lead consultant/clinical supervisor, who is overseen by CNE's Director of Programs. They have joint responsibility for ensuring that the program is implemented as planned.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2019, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 must show an increase in people served if applying for an increase in CDBG funding.

<input type="text" value="75"/>	Unduplicated people to be served in 2019
<input type="text" value="70"/>	Unduplicated Evanston residents to be served in 2019
<input type="text" value="60"/>	Unduplicated low/moderate income people to be served in 2019
<input type="text" value="55"/>	Unduplicated low/moderate income Evanston residents to be served in 2019
<input type="text" value="100"/>	Unduplicated people served in 2018
<input type="text" value="90"/>	Unduplicated Evanston residents served in 2018
<input type="text" value="97"/>	Unduplicated low/moderate income people served in 2018
<input type="text" value="85"/>	Unduplicated low/moderate Evanston residents served in 2018
<input type="text" value="632.00"/>	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

Since 1970, CNE has been linking local families to high quality early education, childcare and other community resources to help promote school readiness and family stability. As a Head Start/Early Head Start grantee, CNE oversees a team of 8 home visitors, 1 family childcare home, 2 Early Head Start classrooms, and 3 Head Start classrooms, in total serving over 120 children. In addition, CNE is the administrator of (1) a grant from the Illinois State Board of Education to provide preschool services at 5 local early childhood centers to 118 children and (2) funds from the IDHS Child Care Assistance Program to provide childcare subsidies to over 100 children. As a supplement to these services, and funded in large part by the City of Evanston Mental Health Board, CNE has the LT program as well as a Scholarship Program to help families afford high quality care.

CNE is led by an Executive Director, who is supported by a highly-qualified leadership team, including a Director of Programs/Head Start Director and Fiscal Officer. They in turn are supported by teams of Intake Specialists, Home Visitors (Parent Educators) and Family Support Specialists.

The Board is composed of 10 members, with expertise in law, accounting, real estate, nonprofit fundraising, social services, government and early childhood 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 active Executive, Finance, Governance/Nominating and Development committees of the Board.

11. How many staff of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

CNE has a staff of 18 women, 11 (61%) of whom are of color. The executive leadership team of 3 consists of the Executive Director, Director of Programs/Head Start Director, and Fiscal Officer. 2 of the 3 members of the executive leadership team (67%) are women of color. The staff as a group maintains a very collaborative relationship, and there are multiple avenues available for involving people of color in the decision-making process. All supervisors conduct regular/weekly reflective supervision meetings with individual staff members, there are weekly team meetings, twice-monthly all-staff meetings, and annual "check-ins" for each staff member with the Executive Director.

12. Describe 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 State Board of Education, Illinois Department of Human Services, 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 and their children are not eligible for LT services.

13. 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)

14. 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? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide 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 and speech-language 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. Brief biographies of the team members are uploaded with this application.

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 2 master's level mental health consultants (including the clinical supervisor) 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.

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.

Within the limits of available funding, the LT lead consultant may hire one additional consultant to take over a portion of her caseload, essentially reallocating the same number of consultant hours across one additional consultant. Funding from the City of Evanston Mental Health Board is meant to sustain staff at the current number of consultant hours; 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.

Staff demographics for the LT Program Staff are as follows:

Programs Manager: early 40s, female, White

All 3 current LT consultants are in their early to mid 50s, female, White Evanston residents

In addition to the above, the site directors at 3 of the 5 LT sites are Black women, and a significant majority of the teachers at most of the LT sites are men and women of color.

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

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

16. 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

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

- Yes
- No

18. 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.

19. 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.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019 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, Executive Director

Budget

Funding Sources/Revenues	2018	2019	2019 Committed	
City of Evanston Mental Health Board Funds	USD\$ 33,600.00	USD\$ 40,000.00		
Foundation and Private Grants	USD\$ 42,000.00	USD\$ 60,000.00		
Total	USD\$ 75,600.00	USD\$ 100,000.00	USD\$ 0.00	

Funding Uses/Expenses	2018	2019 Total	2019 CDBG	2019 MHB
Personnel and Fringe Benefits	USD\$ 22,867.00	USD\$ 8,400.00	USD\$ 0.00	USD\$ 3,360.00
Office Supplies	USD\$ 434.00	USD\$ 1,650.00	USD\$ 0.00	USD\$ 660.00
Occupancy and Utility Expenses	USD\$ 2,619.00	USD\$ 4,950.00	USD\$ 0.00	USD\$ 1,980.00
Consultants: Mental Health	USD\$ 49,680.00	USD\$ 85,000.00	USD\$ 0.00	USD\$ 34,000.00
Total	USD\$ 75,600.00	USD\$ 100,000.00	USD\$ 0.00	USD\$ 40,000.00

Budget Narrative

Childcare Network of Evanston's fiscal year is July 1st through June 30th. The Learning Together Program includes \$85,000 (85%) for mental health and speech/language consultants who work with children with special needs. The budget also includes \$8,400 (8.4%) for staff who work to provide support to the program. The remaining costs of \$6,600 (6.6%) are for supplies, occupancy, and other expenses.

Funding for the program is provided by the MHB (40%), private grants (50%) and foundations and corporations that support early childhood learning, as well as from fundraising from individual donors and through special events (10%).

Of the \$40,000 funding request from the MHB, \$34,000 (85%) is for mental health and speech/language consultants who work closely with the children. Of the remaining amount sought from the MHB, \$3,360 (8.4%) is for personnel costs to manage the program and \$2,640 (6.6%) is for supplies, occupancy, and other expenses. The MHB contract would fund 0.2 FTE: 0.11 FTE of a Programs Manager and 0.09 FTE of operations and accounting support staff. All positions are currently filled.

Program Outcomes

Beneficiary Demographics

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod
White	26	8	27	8	24	7	28	10
White/Hispanic	3	3	3	3	1	1	1	1
Black or African American	40	36	43	38	36	33	41	44
Black, African American/Hispanic								
Asian	1	1	1					
Asian/Hispanic								

Native American								
Native American/Hispanic								
Other	1	1	1					
Other/Hispanic								
Total	71	49	75	49	61	41	70	55

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.	63	63	48	52	226					0
2	85% of participating children will remain enrolled throughout the school year.	63	63	48	52	226					0
3	75% of teachers will have implemented techniques and strategies in working with participating children as provided by the LT consultants.	20	20	20	20	80					0
4						0					0
5						0					0
Total		146	146	116	124	532	0	0	0	0	0

Program Line Item Expenditures

Item Description	Total 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
Total	0	0	0	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total 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
Total	0	\$0							

Documents

Documents Requested *

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

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

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

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

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2017 only if changed).

Brief biographies of key staff including demographic information.

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

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

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

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.
[download template](#)

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

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

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 23  212 [FY2018 Preliminary Statement of Operating Revenues](#)

Required?

Attached Documents *

[FY17 Audited Financials](#)

[FY17 Form 990](#)

[FY17 Single Audit](#)

[FY17 Annual Report](#)

[FY2018 Accomplishments](#)

[CNE Strategic Plan](#)

[501\(c\)\(3\) letter](#)

[Biographies of Key Staff](#)

[Org Chart 2018-19](#)

[CNE Chart of Accounts](#)

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 FY2018.

Organizational commitment to equity, diversity and inclusion.

[Equity Statement Commitment](#)

[CNE Statement of Values](#)

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Application ID: 121888

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board
8/15/2018 deadline

Childcare Network of Evanston Scholarship Program

USD\$ 50,000.00 Requested
USD\$ 50,000 MHB Request

Submitted: 8/15/2018 1:40:17 PM (Pacific)

Project Contact

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Executive Director

Carol Teske
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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 - Scholarship 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.

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. 2019 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="50,000"/>	MHB (Human Services Fund)
<input type="text" value="50,000.00"/>	TOTAL

9. Funding request is:

Programs funded in 2018 should be classified as renewal even if amount requested is different from 2018 grant.

- Renewal of 2018 CDBG funding
- Renewal of 2018 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 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 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).



[FY19 CNE Operating Budget](#)

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



[CNE Board July 2018](#)

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 Form](#)

[download template](#)

Application Questions

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

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

Long-established research has shown that access to high quality childcare and early education is a primary predictor of a child's future success in school and beyond. Helping struggling local families access these services is a primary goal of CNE's Scholarship Program (the "Scholarship Program"). The Scholarship Program provides \$20 per day in tuition assistance to low-income families that are ineligible for federal and state subsidies and for whom the costs of high quality childcare and early education would be prohibitive. To put things in perspective, a single mother with 2 children making over \$38,443 per year does not qualify for subsidy from either Head Start or the IDHS Child Care Assistance Program. Above this income threshold, there are no full subsidy programs to assist with childcare costs. A family might be eligible to participate in the Illinois Preschool For All Program, which is only partly based on financial need, but that program provides only 2.5 hours per day of care. Combine this with the fact that daily rates at CNE's partner childcare sites average between \$50 and \$90 per day (depending on age). Simply put then, 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 inability to access federal and state support, they struggle to keep their children in high-quality care or find they are unable to afford preschool altogether.

Families who contact CNE for support are connected to our Intake and Eligibility team. These highly-qualified social workers work with the entire family to provide linkages to supports and services that help them 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. For families that do not qualify for any of these forms of assistance, the tuition subsidy provided by the Scholarship Program makes quality childcare and early education more affordable and accessible. 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.

Completed applications are reviewed by the Intake and Eligibility team. Awards are made for the full school year, and families that are selected to receive funds from the Scholarship Program are empowered to choose a licensed 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. 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.

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

CNE's 2018 award from the City of Evanston Mental Health Board funded scholarship assistance for 10 children who would have otherwise been unable to access full-day, high quality early education programming. Because one student left their program mid-year, we were able to make an additional award to a child on our wait list, so the Scholarship Program has served 11 children since January, most with full-year assistance. Of those children, 72% were from female-headed households, 18% have identified special needs, 100% are from homes with an income less than 300% of the federal poverty limit, and 45% are from homes with an income less than 200% of the federal poverty limit. All families awarded assistance under the Scholarship Program earn less than 80% of Evanston's median income. 7 of the 11 children served are Black/African-American, 1 is Hispanic, 1 is Asian and 1 is Caucasian.

CNE's 2018 policy guidelines for the Scholarship Program set forth a number of eligibility criteria. To be eligible for the Scholarship Program, an applicant must (1) be a resident of Evanston, (2) be ineligible to receive support from federal and state child care assistance programs (such as Head Start and the IDHS Child Care Assistance Program), and (3) have a family income less than 400% of the federal poverty limit. In addition, the family must select a state-licensed service provider in Evanston, submit required financial documentation and, if a previous scholarship recipient, have a history of timely co-payments. Further, scholarships are only awarded to children ages 0-5, and all eligible caregivers (parents(s) or guardian(s)) must be working, job searching or otherwise unable to provide care. 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 educationally at risk;
2. Families experiencing exceptional stress/life crises, including, but not limited to, death, divorce, serious illness, homelessness or recent change to grandparents raising grandchildren;
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.

CNE has also recently implemented a new component of the Scholarship Program designed to solidify relationships with child care sites participating in the program, as well as provide CNE information necessary to insure the availability of quality programming at those sites. All participating sites will be asked to complete and return a brief questionnaire confirming their licensing status, indicating any accreditations that the site maintains, and stating the curriculum used in their programming. The questionnaire also seeks feedback from each site regarding their experience with the Scholarship Program.

3. Describe what underrepresented populations are identified and targeted for services and how City funds would improve equity of service delivery. How would the program measure/report impact to these populations?

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

Accessing high quality childcare and early education services in Evanston is costly, and the income threshold for receiving federal or state subsidy for these services is low. Illinois Action for Children reported that in Cook County, average annual childcare costs in a licensed center in 2017 ranged from \$9,893 for 3-4 year olds to \$13,560 for infants (Illinois Action for Children Fact Sheet "Cost of Child Care in Cook County in 2017"). As highlighted in a previous response, a single parent with two children earning more than \$38,443 per year does not qualify for federal or state childcare assistance based on income level alone. Unfortunately, for the families in our community who do not qualify for federal or state support by the slimmest of income margins, the high cost makes quality childcare inaccessible. It is precisely this group of families that the Scholarship Program identifies and targets during our intake procedure. Recent data illustrates that a majority of the families the Scholarship Program has served are non-white, single-parent, female-headed households earning less (and some significantly less) than 300% of the Federal Poverty Limit. Supporting eligible families like these with scholarship assistance funded through the City of Evanston Mental Health Board will improve the equity of the delivery of these services in our community, by making high quality childcare and early education accessible to families who would otherwise be unable to afford it. There is little dispute that participation in a quality early learning program can have positive benefits and promote kindergarten readiness, but "[c]hildren disadvantaged by poverty may experience an even greater benefit [from early childhood programs] because [they] also seek to prevent or minimize gaps in school readiness between low-income and more economically advantaged children." Anderson LM, Shinn C, Fullilove MT, et al., The effectiveness of early childhood development programs: a systematic review. American J Prev Med 2003;24(3):32-46. Making early learning programs accessible to those who would be unable to do so without support from the Scholarship Program would advance equity in Evanston by helping more children enter kindergarten ready for success.

Impact on participating families will be measured by tracking whether children stay enrolled in their early childhood program for the entire year (promoting continuity of care), and through survey information collected from parents of participating children. Results are reported to the Mental Health Board on a quarterly basis.

4. 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.

Intake/assessment

Referrals

Individual case management plan/services 27 of 212

0	Services delivered on an individual basis (e.g. home delivered meals)
0	One time event or activity (e.g. field trips, tax preparation)
10	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)
210.00	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

Typically, awards for all available scholarship funds are made at the beginning of the program year. Because demand for the Scholarship Program exceeds available funds, once all scholarship funds have been awarded for the year, additional applicants may be put on the Scholarship Program wait list. Currently, there are 15 families on the wait list. Ordinarily, the wait list grows throughout the year, and would only fluctuate to the extent that a scholarship recipient left the program, and another scholarship were awarded to a wait list family based on the priority criteria in the Scholarship Program policy guidelines.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

During the intake process, our Intake and Eligibility team members work with families to determine their eligibility for a variety of services provided by or through CNE. Based on family income and other applicable criteria, a family may be referred within the organization to CNE's Head Start/Early Head Start Program or the Child Care Assistance Program for childcare funding.

If a family does not qualify for any childcare subsidy through CNE, they are given a list of local childcare agencies to assist them in finding affordable childcare. This "Guide to Early Childhood Resources in Evanston" was developed as the result of a collaborative effort among Evanston's early childhood programs, and was funded by the Evanston Community Foundation. This valuable resource information is also on CNE's website.

When referrals are made to childcare agencies outside of CNE, there is not currently a tracking system in place.

7. 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 provides more than connections to affordable childcare services - we serve the whole family. We help 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. In addition to the critical financial support for childcare and early education services the Scholarship Program provides, CNE helps link families to appropriate social service supports (in partnership with many social service agencies) to help the whole family achieve stability. 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 continues to be 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 Learning 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, our biggest challenge with the Scholarship Program is that the need for early learning supports unfortunately far outweighs the amount of aid we are able to provide. In fact, the current waiting list for the program (15) is longer than the number of scholarships we will be able to award if granted the full amount of requested funding from the Mental Health Board. In light of the City's recent priority budgeting survey and in recognition of the large number of local organizations in need of support, CNE has elected not to seek an increase in funding requested for 2019. It is CNE's hope to be able to continue to provide scholarship support in 2019 at the same level as in 2018. As always, our agency will continue to pursue additional sources of funding to supplement funds available for the Scholarship Program.

8. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze 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 2019 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 pay stubs, 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 will be collected through semi-annual 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. In 2018, CNE distributed parent surveys quarterly, but that proved to be too burdensome for the participating families, so in 2019 the survey will be sent semi-annually with the goal of increasing parent participation.

The Scholarship Program is administered by CNE's Programs Manager, 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.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2019, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 must show an increase in people served if applying for an increase in CDBG funding.

100	Unduplicated people to be served in 2019
100	Unduplicated Evanston residents to be served in 2019
100	Unduplicated low/moderate income people to be served in 2019
100	Unduplicated low/moderate income Evanston residents to be served in 2019
100	Unduplicated people served in 2018
100	Unduplicated Evanston residents served in 2018
100	Unduplicated low/moderate income people served in 2018
100	Unduplicated low/moderate Evanston residents served in 2018
800.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

Since 1970, CNE has been linking local families to high quality early education, childcare and other community resources to help promote school readiness and family stability. As a Head Start/Early Head Start grantee, CNE oversees a team of 8 home visitors, 1 family childcare home, 2 Early Head Start classrooms, and 3 Head Start classrooms, in total serving over 120 children. In addition, CNE is the administrator of (1) a grant from the Illinois State Board of Education to provide preschool services at 5 local early childhood centers to 118 children and (2) funds from the IDHS Child Care Assistance Program to provide childcare subsidies to over 100 children. As a supplement to these services, and funded in large part by the City of Evanston Mental Health Board, CNE has the Scholarship Program as well as the Learning Together program, which brings mental health and other developmental therapeutic supports to early childhood classrooms.

CNE is led by an Executive Director, who is supported by a highly-qualified leadership team, including a Director of Programs/Head Start Director and Fiscal Officer. They in turn are supported by teams of Intake Specialists, Home Visitors (Parent Educators) and Family Support Specialists.

The Board is composed of 10 members, with expertise in law, accounting, real estate, nonprofit fundraising, social services, government and early childhood 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 active Executive, Finance, Governance/Nominating and Development committees of the Board.

11. How many staff of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

CNE has a staff of 18 women, 11 (61%) of whom are of color. The executive leadership team of 3 consists of the Executive Director, Director of Programs/Head Start Director, and Fiscal Officer. 2 of the 3 members of the executive leadership team (67%) are women of color. The staff as a group maintains a very collaborative relationship, and there are multiple avenues available for involving people of color in the decision-making process. All supervisors conduct regular/weekly reflective supervision meetings with individual staff members, there are weekly team meetings, twice-monthly all-staff meetings, and annual "check-ins" for each staff member with the Executive Director.

12. Describe 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 State Board of Education, Illinois Department of Human Services, 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.

13. 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)

14. 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? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

The Scholarship Program is supported by 1 full-time and 1 part-time Intake and Eligibility Specialist, 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 Intake and Eligibility 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 the Programs Manager, a part-time Licensed Clinical Professional Counselor. Also key 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. There is also 1 part-time Program Assistant who assists in tracking attendance for reimbursement purposes.

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 Intake and Eligibility Specialists 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.

Staff demographics for the Scholarship Program Staff are as follows:

Director of Programs: 40, female, Indian

Programs Manager: early 40s, female, White

Intake and Eligibility Specialists: late 20s, female, White and early 30s, female, Indian

Program Assistant: early 60s, female, Hispanic

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

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

16. 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

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

- Yes
- No

18. 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.

19. 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 bike lane on Dodge, making accessibility by bike easier. Staff also meets clients in their homes or other locations.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019

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, Executive Director

Budget

Funding Sources/Revenues	2018	2019	2019 Committed	
City of Evanston Mental Health Board Funds	USD\$ 48,063.00	USD\$ 50,000.00		
Foundation and Private Grants	USD\$ 0.00	USD\$ 10,000.00		
Total	USD\$ 48,063.00	USD\$ 60,000.00	USD\$ 0.00	USD\$ 0.00

Funding Uses/Expenses	2018	2019 Total	2019 CDBG	2019 MHB
Personnel and Fringe Benefits	USD\$ 3,705.00	USD\$ 5,270.00	USD\$ 0.00	USD\$ 4,200.00
Office Supplies	USD\$ 259.00	USD\$ 1,035.00	USD\$ 0.00	USD\$ 825.00
Occupancy and Utility Expenses	USD\$ 3,245.00	USD\$ 3,106.00	USD\$ 0.00	USD\$ 2,475.00
Scholarships	USD\$ 40,854.00	USD\$ 50,589.00	USD\$ 0.00	USD\$ 42,500.00
Total	USD\$ 48,063.00	USD\$ 60,000.00	USD\$ 0.00	USD\$ 50,000.00

Budget Narrative

Childcare Network of Evanston’s fiscal year is July 1st through June 30th. The Scholarship Program includes \$50,589 (84%) for early childhood scholarships to pay for childcare services at early learning centers. The budget also includes \$5,270 (9%) for staff and \$4,141 (7%) for supplies, occupancy, and other expenses.

Funding for the program is provided primarily by the MHB (83%). Additional funding for scholarships (\$10,000 or 17%) will be sought from other foundations and corporations that support early childhood learning, as well as from fundraising from individual donors and through special events.

Of the \$50,000 funding request from the MHB, \$42,500 (85%) is for early childhood scholarships for children to attend licensed Evanston childcare facilities. Of the remaining amount sought from the MHB, \$4,200 (8.4%) is for personnel costs to manage the program and \$3,300 (6.6%) is for supplies, occupancy, and other expenses. The MHB funding would fund 0.1 FTE: 0.01 FTE of a Programs Manager, 0.04 FTE of a Programs Assistant, and 0.05 FTE of operations and accounting support staff. All positions are currently filled.

Program Outcomes

Beneficiary Demographics

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod
White	1	1	1	1	1	1	1	1
White/Hispanic	1	1	1	1	1	1	1	1
Black or African American	7	7	7	7	7	7	7	7
Black, African American/Hispanic								
Asian	1	1	1	1	1	1	1	1
Asian/Hispanic								
Native American								
Native American/Hispanic								
Other	1							
Other/Hispanic								
Total	11	10	10	10	10	10	10	10

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	50% of program families annual	5	5	5	20	0				0

	receive priority for program services.	income is below 200% of FPL.											
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.	8	8	8	8	32						0
3	Parents/guardians have decreased family stress.	Semi-annual parent survey - 80% of parents/guardians have decreased family stress.	8	8	8	8	32						0
4	Parents/guardians report that they have seen their child developmentally & academically achieve milestones.	Semi-annual parent survey - 80% of parents/guardians report that they have seen their child developmentally & academically achieve milestones.	8	8	8	8	32						0
5	Parents/guardians are able to maintain employment because of their child in the Scholarship program.	Semi-annual parent survey - 80% of parents/guardians are able to maintain employment because of their child in the Scholarship program.	8	8	8	8	32						0
Total			37	37	37	37	148	0	0	0	0	0	0

Program Line Item Expenditures

Item Description	Total 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
Total	0	0	0	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total 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

Documents

Documents Requested *	Required?	Attached Documents *
REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.	✓	FY17 Audited Financials
		FY17 Form 990
		FY17 Single Audit
REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.		FY2018 Accomplishments
		CNE Strategic Plan
		FY17 Annual Report
Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).	✓	501(c)(3) letter
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 2017 only if changed).		
Brief biographies of key staff including demographic information.	✓	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.		
Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.		
HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants. download template		
REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.		Org Chart 2018-19
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 FY2018.	✓	FY2018 Preliminary Statement of Operating Revenues
Organizational commitment to equity, diversity and inclusion.		Equity Statement Commitment
		CNE Statement of Values

Extra

With reference to Application Question 6: are there plans to create a referral tracking system? Could this potentially reduce the waitlist by assisting families to connect with other providers?

Our experience has led us to conclude that a referral tracking system related to the Scholarship Program would not provide a significant support to waitlisted families. However, CNE has a wide network of local childcare assistance options, and families placed on the waitlist for the Scholarship Program routinely receive comprehensive information regarding these options. The reality, however, is that after a family is

placed on the waitlist, there is often not a meaningful opportunity to contact them unless scholarship funds become available or they reach out to CNE for other assistance. These families are likely desperate to find childcare, and upon hearing that financial assistance is not available through CNE, they are disinclined to be in further contact with us. Families on the waitlist for an extended period may either (1) find childcare assistance and placement elsewhere, or (2) have a change in financial status that renders them eligible for a CCAP subsidy, but there is not a plan in place to follow up with waitlist families. Contacting these families periodically to check on their status and follow-through without being able to offer assistance could be a painful reminder that support is not then available through CNE.

Does the Scholarship Program provide information to families about applying for school-specific scholarships that are offered at various preschools within Evanston?

Every day, multiple families contact CNE for childcare assistance and family support. Our Intake and Eligibility Specialists work with each family to determine what types of assistance they might be eligible for using a variety of factors, including family income, disability status and other forms of governmental aid received. Based on this information, our Intake and Eligibility Specialists may help families apply for one of CNE's programs (including the Scholarship Program), or they may provide referrals to a number of local preschools that offer scholarship assistance. It has been our experience that many families who contact CNE to inquire about the Scholarship Program already have their child enrolled in a childcare or early education program. These families are typically not looking for a referral to a new childcare or preschool placement, but are seeking assistance with tuition at their current program. Many are struggling to afford the cost of care, and are making sacrifices in other areas to make ends meet and keep their child in their current program. CNE does share information regarding specific scholarships available at local preschools, but given the financial burdens that these families are already facing, adding to that stress by suggesting that a child transition to a different childcare/education placement just because a scholarship may be available seems burdensome and potentially detrimental to the child's social-emotional health and well-being. In fact, even if a scholarship-eligible program could be identified and were acceptable to the family, the savings involved would likely not be significant enough (just a few dollars a day) for a family to risk destabilizing their child's situation by changing care providers.

It is concerning that the Scholarship Program is so heavily reliant on MHB funding. Are there plans to increase fundraising efforts to target individual donors and foundations?

This is a concern that has weighed heavily on our organization as well, and we'd like to provide some information on CNE's other fundraising requirements to help put this in context. As a Head Start grantee, CNE is required to raise 25% of our total award amount (or 20% of total Head Start program costs) through "in-kind" contributions - a combination of cash, donated goods and donated services, all of which must be documented for the federal government to evidence compliance. In order to meet this requirement, CNE is required to raise over \$400,000 each year through these types of "in-kind" contributions. As you might imagine, the majority of our fundraising efforts are directed towards meeting this goal. That is not to say that we are unwilling or unable to increase fundraising efforts for the Scholarship Program. In fact, over the last 18 months, everyone at CNE has worked diligently to revitalize CNE's reputation in the early childhood community, and we are seeing positive results from these efforts. New community partnerships have been forged, existing partnerships have been strengthened, and enrollment in all of our programming has increased. Raising our visibility in the community will no doubt help us to attract additional individual and foundation donors for our entire organization (including the Scholarship Program), and we would sincerely hope to be able to devote more efforts to this over the coming year. Specifically, we have identified 8-10 local family foundations that may be interested in CNE's mission (including the Scholarship Program), and plan to solicit their interest by letter in the coming weeks.

We'd like to take one last opportunity to emphasize how important we believe the Scholarship Program is to hard-working yet struggling families in Evanston. It is our understanding that the Scholarship Program was instituted in 2003-04 in connection with Project SEED (Strengthening Early Education and Development). As part of this program, the City of Evanston awarded CNE \$130,700 and requested that we administer a scholarship program to help more families access quality early education and childcare. Over the years, the Scholarship Program has continued to serve families whose income is just above that required to receive federal or state subsidy, but for whom the cost of quality childcare is overly-burdensome and creates an environment of family sacrifice and stress. These families are on the edge of stability; they're stressed and need support, but have nowhere, or don't know where, to access it. We acknowledge that the Scholarship Program is costly to run (\$400/month per scholarship), but we feel it captures a vulnerable population in our community; even though the number is small, the impact on each family served is huge. The size of our current waitlist (15) is evidence that there is still a need for this type of support in Evanston. One of the components of the Scholarship Program that distinguishes it from other local scholarship programs operated by child care centers is that it allows each family to choose the licensed provider that best suits their needs and their child's needs, including home-based childcare providers. Many families, especially those with younger children entering childcare for the first time, tend to seek out home-based care options; these smaller, home-like environments often promote positive social-emotional growth. These home-based providers do not have the financial wherewithal to offer scholarships to families, so without the Scholarship Program, these types of options are not available to families who cannot pay the full amount. By empowering families to choose the childcare option they feel best serves their child, we feel we are helping them to alleviate stress on the family as well as the child, and positioning the child for success in the childcare option of their choice.

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

Application ID: 121876

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board
8/15/2018 deadline

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

USD\$ 13,442.00 Requested
USD\$ 13,442 MHB Request

Submitted: 8/15/2018 3:13:07 AM (Pacific)

Project Contact

Gerilyn Miller-Brown
gmliller-brown@independentfutures.com
Tel: 847-328-2044

Additional Contacts

none entered

Center for Independent Futures

1015 Davis St.
Evanston, IL 60201

Telephone 847-328-2044
Fax 847-328-2665
Web www.independentfutures.com

Executive Director

Ann Sickon
asickon@independentfutures.com

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. 2019 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
13442	MHB (Human Services Fund)
13,442.00	TOTAL

9. Funding request is:

Programs funded in 2018 should be classified as renewal even if amount requested is different from 2018 grant.

- Renewal of 2018 CDBG funding
- Renewal of 2018 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 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 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"/>	CIF 2018 Budget Overview
REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including demographic information, professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards	<input checked="" type="checkbox"/>	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 download template		CIF Conflict of Interest Disclosure

Application Questions

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

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

Nationally, 33% of individuals with intellectual/developmental disabilities (IDD) 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 7,250+ declaring emergency/critical need for Behavioral Supports such as behavioral intervention, therapy and counseling (<http://www.dhs.state.il.us/page.aspx?item=59721>). While most with IDD are Medicaid-eligible, finding a mental health practitioner accepting Medicaid is very difficult. Few clinicians are trained to recognize mental illness in those with IDD, 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 and FY2018 Mental Health Board funding. Through Conflict Resolution Group, participants with IDD are learning to use positive strategies for handling interpersonal conflict. Attendance is strong in Social Hour for adults age 25+ and is increasing in Transition Social Hour for ETHS transition students. Transition students have few social connections apart from school peers. This programming offers them a safe and welcoming community space to connect, build social skills, and stay engaged with current and former classmates. Program need is high, as students with IDD exit special education with few programs or services to help them adjust to adult living, leaving many isolated, lonely and prone to depression.

Based upon 2017-18 review, 40% of CIF participants with IDD have a mental health dual diagnosis. Through leveraging an earmarked donation, a grant-funded project, specific fee-for-service dollars, and MHB funding, our program would include the following components to support their mental health needs:

- Conflict Resolution Group facilitated 2x a month by a licensed clinical psychologist, and supported 4+ hours a week by a CIF facilitator for processing and practicing of learned strategies.
- Free monthly/weekly drop-in programming for transition students and adults with IDD to reduce social isolation, loneliness and depression. Includes Social Hour for age 25+, Transition Social Hour, Community Volunteer Club, and Walking Club.
- As needed Crisis Intervention to address participant chronic and acute mental health issues.
- Adapted classes and curriculum development on healthy sexuality, sexual assault prevention/reporting, and self-defense, given that 90% of women with IDD experience sexual assault over their lifetime; incidence also high for men with IDD.
- 4 staff in-service trainings by experts on anger, borderline personality, schizoaffective disorder, hoarding, etc., to expand staff skills for supporting participant mental health issues.
- 4 staff group consults with Psy.D. for Q&A and strategies to support participant mental health challenges.

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

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. As a community resource, CIF also supports ETHS Transition House students with disabilities in building life skills and connections for adult community living, to help them stay active in community, engaged with peers, and less prone to social isolation, loneliness and depression. CIF's transition programming targets 30+ students, many low-income and minority, in need of these supports.

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 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 2018, CIF has supported the mental health needs of 57 Evanston participants with IDD through Conflict Resolution Group, Social Hour for age 25+, Transition Social Hour and other drop-in programming, and anticipates serving a total of 65 or more by year end.

CIF's FY2019 programming for individuals with IDD and mental health needs would be similar to its FY2018 programming and serve similar numbers. This will enable continuity of service to those currently supported plus engagement of some new individuals. We expect FY2019 client demographics to closely mirror demographics of FY2018 clients served. As such, the majority served 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, or be at-risk. 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 in community, the majority to be served through FY2019 MHB funding would be at poverty level, un/underemployed, unmarried and living alone. Reflecting the mix of ETHS transition students currently served through FY2018 MHB funding, the majority to be served in FY2019 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 provided through FY2019 MHB funding.

3. Describe what underrepresented populations are identified and targeted for services and how City funds would improve equity of service delivery. How would the program measure/report impact to these populations?

If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses. MHB funding would be used to provide programs and services for Evanston residents with IDD who are dually diagnosed with mental health issues, or who are at-risk. Nationally, 33% of individuals with IDD are dually diagnosed with mental illness. Among CIF participants this dual diagnosis prevalence is 40%.

Individuals with IDD are underrepresented and underserved, with few health care providers trained to support their medical or mental health needs. In fact, a bill declaring people with developmental disabilities a "medically underserved population (MUP)," has recently been introduced in the U.S. House of Representatives, and named the Healthcare Extension and Accessibility for Developmentally Disabled and Underserved Population (HEADs UP) Act of 2018. Designation as a MUP is given to populations with a shortage of primary care health services who face economic, cultural, linguistic, or other barriers to health care.

These individuals experience behavioral and emotional issues that challenge their community and work participation, family and peer relationships, and quality of life. As noted above, separate mental health and disability service systems leave many dually diagnosed with IDD and mental illness dramatically underserved, with neither system well-equipped to address their complex needs. These individuals need supports and interventions more specialized and adapted than what is generally available within the mental health field.

MHB funding would help reduce these barriers and promote greater equity of service delivery to these individuals. It would provide them access to group therapy by clinical psychologists specialized in serving this dually diagnosed population. It would enable CIF staff to create opportunities for connection and socialization, thereby reducing social isolation, loneliness and risk of depression. CIF staff is experienced in working with this population and in recognizing behaviors characteristic of disability and of underlying mental illness. Additionally, MHB funding would expand staff knowledge and strategies for addressing the unique mental health needs of this population.

Specifically, CIF participants served through Conflict Resolution group would learn skills for managing and diffusing interpersonal conflict, resulting in fewer crisis calls to staff or police to deescalate the situation. In addition, those attending social hour or other drop in programming would experience greater quality of life with less incidence of depression or other mental health issues.

4. 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" value="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" value="14"/>	Multi-session program (e.g. after school program)
<input type="text"/>	Focused topic activities (e.g. workshops, trainings)
<input type="text" value="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="70.00"/>	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

Conflict Resolution Group engages a close-knit group of participants who both support and conflict with one another. Conflict Resolution Group initially engaged 6 participants and later accommodated several more who were closely connected and

interested in better managing their emotions and interaction with one another. We have not turned anyone away who has been interested in participating. If there is increased interest, we may look into forming a second Conflict Resolution Group.

Our Social Hour, Transition Social Hour and other free drop-in programming welcomes all interested individuals, providing opportunity to socialize and expand relationships important for reducing social isolation, loneliness and depression. While attendance fluctuates, many individuals consistently attend creating a supportive community.

There is no waitlist for crisis intervention services. Participants are supported as their needs require and often regardless of their ability to pay.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

We have collaborative relationships with Albany Care, Turning Point, Thresholds, Josselyn Center, Peer Services, and Impact Behavioral Partners. In addition, some of our participants are seen privately by Associates in Psychotherapy in Evanston.

Should an individual require mental health supports more intensive than we can provide, we would refer them to these agencies, as appropriate. Our process involves informing participants and their families about these organizations and having them select the one most appropriate for them. We would collaborate and stay engaged in their plan of care. We would also help the participant learn how to access transportation to get there.

7. 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, and seen privately by Associates in Psychotherapy (<http://www.associates-in-psychotherapy.com/>). Additionally, CIF has collaborative relationships with Thresholds, Josselyn Center, Peer Services, and Impact Behavioral Partners.

In this regard, CIF's role is complementary rather than duplicative. It supports the mental health needs of the disability community 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 expectations of those with disabilities can negatively impact self-esteem. In this regard, CIF staff can often help distinguish between behaviors stemming from disability, reaction to societal stigma, or underlying mental illness.

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

8. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze 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 effective program implementation.

Conflict Resolution Group outcomes are yielded through participant responses to a "Conflict Resolution Self Questionnaire" developed by the clinical psychologist who has been working with the group, as well as by facilitator observation.

Goal #1: To expand participants' strategies for self-regulating anxiety and conflict through use of learned coping skills.

Outcomes: 6 of 8 Conflict Resolution Group participants will try utilizing learned coping strategies to mediate conflict, before calling CIF staff or police for help, 50% of the time crisis escalates.

Indicator: Reduced crisis calls to staff or police, and participant self-report of increased self-reliance in managing anxiety and conflict.

Goal #2: To expand participants' strategies for reducing anxiety and conflict through use of learned "perspective taking" strategies.

Outcomes: 6 of 8 Conflict Resolution Group participants will utilize "perspective taking" strategies and consider the verbal and non-verbal expressions of others, before reacting on impulse in ways that may escalate the interaction, during 50% of 2019 CRG sessions held.

Indicator: Greater understanding and respect observed among members during CRG, and participant self-report of being more aware of both the verbal and non-verbal expressions of others.

Goal #3: To expand staff capacity to address emerging and challenging mental health issues of participants through knowledge of varied therapeutic interventions.

Outcomes: 70% (15) of 22 direct services staff attending quarterly group consults with Psy.D. (Associates in Psychotherapy) will utilize newly learned therapeutic strategies, as appropriate, to address emerging and challenging mental health needs of

participants.

Indicator (How was success measured?). Staff self-report regarding use of newly learned therapeutic interventions.

Goal #4: To reduce participants' social isolation and risk of loneliness and depression through access to activities that promote social connection.

Outcomes: 75% (38) of 50 participants attending Social Hour, Transition Social Hour and other free CIF drop-in programming will engage with peers during the facilitated programming.

Indicator: Staff observation of participant social engagement with others at the activity.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2019, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 must show an increase in people served if applying for an increase in CDBG funding.

70	Unduplicated people to be served in 2019
65	Unduplicated Evanston residents to be served in 2019
65	Unduplicated low/moderate income people to be served in 2019
65	Unduplicated low/moderate income Evanston residents to be served in 2019
65	Unduplicated people served in 2018
65	Unduplicated Evanston residents served in 2018
65	Unduplicated low/moderate income people served in 2018
65	Unduplicated low/moderate Evanston residents served in 2018
525.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under 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 IDD 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 IDD 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 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 IDD 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 to support 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 IDD living independently within Evanston. 40% have a mental health dual diagnosis, and the majority is 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 currently has a dedicated and talented 13-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 IDD in building full lives within community.

11. How many staff of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

Center for Independent Futures strives to engage a diverse staff and board of directors reflecting the demographics and voice of those it serves, to ensure diverse perspectives regarding policy and decision-making.

CIF currently has 38 staff. 17% are of color: 8% (3) Black; 5% (2) Asian; 3% (1) Hispanic, while 84% (32) are Caucasian. One staff of color is in a leadership/decision-making role. CIF seeks the perspectives and ideas of its entire staff in regards to growth and strategic planning, and their voices are well reflected in organizational decision-making.

Additionally, CIF's 13-member Board of Directors includes 1 member who is Asian. Over the years, board member resignations have diminished ethnic and racial aspects of board diversity. The Governance Committee has developed, and is taking steps toward implementing, a recruitment plan to more fully expand board diversity for voicing the perspectives of those of color in organizational decision-making.

CIF's 13-member Auxiliary Board of Directors includes 2 members who are Asian, and 2 who are Hispanic.

Perspectives of individuals with IDD are well represented in organizational decision-making. Board composition is strong with regard to addressing the perspectives and needs of the disability community (1 board member with disabilities; 7 having a family member with disabilities; several in special education or special needs law). CIF staff is strong regarding disability (2 staff with disabilities; 8 having a family member with disabilities). This collective impact helps promote equity of opportunity, and access to services, for individuals with IDD.

12. Describe 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 MHB grant record keeping and reporting requirements.

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."

13. 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)

14. 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? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

Our FY2019 program supporting the mental health needs of individuals with IDD would be implemented by a team of 8 CIF staff and 1 consultant licensed clinical psychologist, all with strong qualifications and experience.

Executive Director, Ann Sickon (Caucasian female/age 62), provides leadership and program oversight, and has experience in community health nursing, conflict resolution and mediation. Program Director, Megan Madigan (Caucasian female/age 37),

provides supervision and program management, and has 10+ years of direct service experience with this population and collaborating with mental health providers engaged in their care.

Conflict Resolution Group will have a staff to participant ratio of 2:8. Dr. Samantha Fox, Psy. D. (Caucasian female), who has worked with this group since 2017, will provide 2 hours a month group psychotherapy and psychoeducation. CIF facilitator, Joe Jackson (Black male/age 65), 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 IDD dually diagnosed with anxiety, depression, bi-polar, schizoaffective and other mental health issues, and completed both Individual Rights training and Conflict Resolution training.

Social Hour for age 25+ will be led by CIF Activities Director, Jeff Morthorst (Caucasian male/age 46), who is a Certified Nurse Assistant with 10+ years of experience providing life skills tutoring and supports to individuals with IDD dually diagnosed with mental health issues. Jeff facilitates groups as well as connections among individuals to reduce social isolation. Transition Social Hour, Community Volunteer Club and Walking Club will be led by CIF School Consultation staff, Sharon Purdy (Caucasian female/age 62). Sharon is a special educator who has helped students with varied disabilities, behaviors and mental health issues with transition planning, self-advocacy and building of life skills. Additional staff will help facilitate these drop-in programs, yielding a staff to participant ratio averaging 1:10.

1:1 Crisis Intervention will be facilitated by 4 CIF staff who support individuals dually diagnosed with borderline personality disorder, chronic anxiety, depression, schizophrenia, and other mental health conditions. They include: Megan Madigan; Jeff Morthorst; Rob Larson (Caucasian male/age 37), who has 10+ years of experience supporting individuals with IDD dually diagnosed with mental illness and collaborating with their therapists; and Cynthia Witherspoon (Caucasian female/age 57), who is a special educator with 20+ years of experience working with individuals with varied disabilities, behaviors and mental health challenges.

Tara Ahern (Caucasian female/age 34) will support participant learning about healthy sexuality, sexual assault prevention and reporting. Tara has been with CIF since 2009 as an Activities Facilitator and Life Skills Tutor. She completed a 40-hour training to support survivors of sexual violence, is co-chair for the IL Imagines Chicago team, and has 10+ years of experience supporting individuals with IDD and mental illness. Jeff Morthorst will also be involved in this effort.

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

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

Gerilyn Miller-Brown, gmiller-brown@independentfutures.com, 847-328-2044

16. 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

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

Yes

No

18. 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

19. 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.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019 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

Funding Sources/Revenues

42 of 2018

2019 2019 Committed

City of Evanston CDBG	USD\$ 0.00	USD\$ 0.00	
City of Evanston MHB Funds (Chart of Accts 4043)	USD\$ 10,000.00	USD\$ 13,442.00	
Development (Chart of Accts 4000)	USD\$ 13,225.00	USD\$ 11,375.00	USD\$ 6,000.00
Grants (Chart of Accts 4040)	USD\$ 8,500.00	USD\$ 10,000.00	USD\$ 10,000.00
Personal Support Services (Chart of Accts 4125)	USD\$ 6,000.00	USD\$ 6,000.00	
Occupancy (Chart of Accts 5310 & 5320)	USD\$ 1,080.00	USD\$ 1,107.00	
Admin @ 10% (Chart of Accts 5400)	USD\$ 3,880.00	USD\$ 4,192.00	
Total	USD\$ 42,685.00	USD\$ 46,116.00	USD\$ 16,000.00

Funding Uses/Expenses	2018	2019 Total	2019 CDBG	2019 MHB
Salaries (Chart of Accts 5010)	USD\$ 34,707.00	USD\$ 37,552.00		USD\$ 12,367.00
Fringes @ 8% (Chart of Accts 5015)	USD\$ 3,018.00	USD\$ 3,265.00		USD\$ 1,075.00
Occupancy (Chart of Accts 5310 & 5320)	USD\$ 1,080.00	USD\$ 1,107.00		
Admin @ 10% (Chart of Accts 5400)	USD\$ 3,880.00	USD\$ 4,192.00		
Total	USD\$ 42,685.00	USD\$ 46,116.00	USD\$ 0.00	USD\$ 13,442.00

Budget Narrative

CIF's Fiscal Year is January – December.
FY2019 Program Budget is \$46,116.

\$13,442 in FY2019 Mental Health Board funding is requested for staffing costs regarding Conflict Resolution Group, Social Hour for adults age 25+, Transition Social Hour, and Quarterly Group Staff Consults with Psy.D. to address mental health challenges of participants.

- \$9,000 for Conflict Resolution Group:
Psy. D./independent contractor (\$160/hr x 25 sessions = \$4000).
CIF Facilitator/current staff member (\$25/hr x 4 hrs a week x 50 weeks = \$5000).

- \$1650 for Social Hour for adults age 25+:
(2 staff x \$25/hr x 12 programs a year x 2.75 hrs each = \$1650)

- \$1512 for Transition Social Hour:
(2 staff x \$25/hr x 11 programs a year x 2.75 hrs each = \$1512)

- \$1280 for Quarterly Group Staff Consults with Psy.D. to address mental health challenges of participants.
(\$160/hr x 4 consults a year x 2 hrs each = \$1280)

\$5,375 (Development funds) for free drop-in programming (Community Volunteer Club, Walking Club, HUB Drop-In)

\$6000 (Personal Support Services funds) for Crisis Management/Intervention:
(5 staff x \$20/hr x 15 hrs per quarter x 4 quarters = \$6000)

\$6000 (Development funds/donor) 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)

\$10,000 (Grant funds) for Sexual/Physical Assault Prevention classes, workshops and curriculum.

CIF will cover occupancy and administrative Overhead costs in-kind.

\$1107 for Occupancy:
(\$3690 per month/20 days/half of office space = \$92.25/day)
Average of 1 day a month for all programs (\$92.25/day x 12 months = \$1107)

\$4192 for Admin Overhead @ 10%.

Program Outcomes

Beneficiary Demographics

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod
White	42	40	44	39	40	38	39	39
White/Hispanic	5	5	6	6	5	5	6	6
Black or African American	20	20	19	19	20	20	19	19
Black, African American/Hispanic								
Asian	1	1	1	1	1	1	1	1
Asian/Hispanic								
Native American								
Native American/Hispanic								
Other								
Other/Hispanic								
Total	68	66	70	65	66	64	65	65

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 8 Conflict Resolution Group participants will try utilizing learned coping strategies to mediate conflict, before calling CIF staff or police for help, 50% of the time crisis escalates.	2	2	1	1	6					0
2	6 of 8 Conflict Resolution Group participants will utilize "perspective taking" strategies and consider the verbal and non-verbal expressions of others, before reacting on impulse in ways that may escalate the interaction, during 50% of 2019 CRG sessions held.	2	2	1	1	6					0
3	70% (15) of 22 direct services staff attending quarterly group consults with Psy.D. (Associates in Psychotherapy) will utilize newly learned therapeutic strategies, as appropriate, to address emerging and challenging mental health needs of participants.	4	4	4	3	15					0
4	75% (38) of 50 participants	Staff observation of 44 of 202	10	10	8	38					0

attending Social Hour, Transition Social Hour and other free CIF drop-in programming will engage with peers during the facilitated programming.

participant social engagement with others at the activity.

5					0					0
Total			18	18	16	13	65	0	0	0

Program Line Item Expenditures

Item Description	Total 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
Total	0	0	0	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total 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
Total	0	0	0	0	0	0	0	\$0

Documents

Documents Requested *

Required? Attached Documents *

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



[CIF 2015-16 Audited Financials & 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 including strategic plan.

[CIF 2017 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).



[CIF IRS Letter of Determination](#)

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 2017 only if changed).

Brief biographies of key staff including demographic information.



[CIF FY2019 Bios 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.

[CIF 2016-18 Operational Plan Strategic Goals & BOD](#)

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

[CIF Intake Form for 2019 MHB Reporting](#)

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.
[download template](#)

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

[CIF Project Org Chart FY2019](#)

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 2018 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 FY2018.



[CIF 2017 Profit & Loss](#)

Organizational commitment to equity, diversity and inclusion.

[CIF Org Commitment to equity diversity inclusion](#)

Application ID: 121781

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board
8/15/2018 deadline

Northwest Center Against Sexual Assault Sexual Assault Intervention Program

USD\$ 20,000.00 Requested
USD\$ 20,000 MHB Request

Submitted: 8/14/2018 2:49:20 PM (Pacific)

Project Contact

Jim Huenink
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

Telephone 847-806-6526
Fax 847-806-6531
Web www.nwcasa.org

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.

Sexual Assault Intervention Program of Northwest CASA

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.

Northwest CASA is a certified sexual assault crisis center by the Illinois Coalition Against Sexual Assault

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. 2019 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 2018 should be classified as renewal even if amount requested is different from 2018 grant.

- Renewal of 2018 CDBG funding
- Renewal of 2018 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 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 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 19 budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS.



[Northwest CASA FY 19 board](#)

Board of Directors, including demographic information, 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

[Northwest CASA Conflict of Interest Disclosure Form](#)

[download template](#)

Application Questions

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

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

funding.

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, McHenry and Rolling Meadows courthouses. 5. We provide professional training to allied professionals and first responders. Starting in the Fall of 2018 Northwest CASA will offer trauma informed yoga in Evanston for its Northwest CASA clients. This group will be held at the Heartwood Center on Dempster Street in Evanston which has partnered with Northwest CASA.

All these services are provided free of charge.

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

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 34% of the victims we serve are under the age of 18 with our youngest client being 3 years of age. 31% of the victims we serve are Latina/Hispanic and many of them need Spanish language services. 13% of the victims we we serve are Black/African American. While the majority of persons we serve are age 18-64 we do serve many seniors (3%) who are victims of sexual violence. 95% of the persons we serve are female and more than 70% of the persons we serve are in low income households.

3. Describe what underrepresented populations are identified and targeted for services and how City funds would improve equity of service delivery. How would the program measure/report impact to these populations?

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

Northwest CASA's services are designed to ensure that lower income households, persons in need of Spanish speaking services, persons without access to public or private transportation and non English speaking survivors have access to Northwest CASA's services. Northwest CASA accomplishes this by providing all services at no cost to the client; providing services either off site, like in a nursing home or school so long as confidential space is provided; providing services in the home of the client when issues like childcare are obstacles and safety issues for the Northwest CASA staff person have been evaluated and addressed; providing taxi fare to and from appointments for clients who do not have access to public/private transportation; providing Spanish speaking counseling services at each Northwest CASA location; having interpreter services available so that staff can communicate with any non English/Spanish speaking client in need of our services; having literature and forms in English and Spanish. Also Northwest CASA has had a long standing relationship with Curt's Cafe to provide crisis services, advocacy, counseling and training to its staff and participants.

4. 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="5"/>	Referrals
<input type="text" value="60"/>	Individual case management plan/services
<input type="text" value="60"/>	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="45"/>	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"/>	Phone or online help (e.g. 24-hour help lines)
<input type="text" value="230.00"/>	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

No one is refused services at Northwest CASA. 24/7 telephone crisis intervention, 24/7 medical advocacy, 24/7 criminal justice advocacy are available to any survivor of sexual violence. When there is a waiting list to receive counseling services Northwest CASA will provide in person crisis intervention and 24/7 telephone crisis intervention to support the survivor while she/he awaits counseling services to begin. A waiting list is partly determined by when a client is available for counseling services and what type of counseling service is needed. For example clients requiring an evening appointment may have a wait for service if no evening counseling slots are available; if a client needs Spanish speaking counseling services then it must be assigned to a Spanish speaking counselor; if a child client needs trauma therapy then it is incumbent that a therapist with play and child therapy experience and training be assigned. In 2018 Northwest CASA increased its staffing of the Evanston office to eliminate any wait list for counseling services and to increase the provision of advocacy and crisis services.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

Northwest CASA does provide referrals both within Northwest CASA and to outside organizations whose services may benefit our clients. In general if a Northwest CASA client is in need of other Northwest CASA services then the primary worker speaks to the other Northwest CASA staff person to facilitate that process. If other Northwest CASA services are provided a new section of the case file is opened to document such services. If referrals are made to an agency outside of Northwest CASA then the Northwest CASA staff person will first contact the agency being referred to confirm the appropriateness of the referral and to determine the process for a client to obtain those services. The Northwest CASA staff person will sit down with the client to explain the process and answer questions. When referrals are made to outside agencies Northwest CASA staff document that in our data system called Infonet as well as in the client file.

7. 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). 7. in 2018 Northwest CASA will offer trauma informed group yoga in Evanston. Northwest CASA is one of a few sexual assault centers in Illinois that has certified yoga instructors on staff. In our case our certified yoga instructor also has her MSW in Clinical Social Worker and provides counseling services as well as group yoga.

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 limited 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 and does not provide comprehensive sexual assault services in Cook County; 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.

8. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze 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 2019 Northwest CASA expects to serve about 60 Evanston residents who are victims of sexual violence with counseling, crisis intervention and advocacy services as needed. Specific outcomes for 2019 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 of crisis response.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2019, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 must show an increase in people served if applying for an increase in CDBG funding.

864	Unduplicated people to be served in 2019
60	Unduplicated Evanston residents to be served in 2019
640	Unduplicated low/moderate income people to be served in 2019
42	Unduplicated low/moderate income Evanston residents to be served in 2019
511	Unduplicated people served in 2018
25	Unduplicated Evanston residents served in 2018
376	Unduplicated low/moderate income people served in 2018
18	Unduplicated low/moderate Evanston residents served in 2018
2,536.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under 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. 2 Governance. 3. Fundraising. 4. Finance. Committees report to the full board at board meetings. At each board meeting, board members receive a productivity report of 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.

11. How many staff of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

Northwest CASA is comprised of a staff of 17 individuals with 4 Hispanic staff and one Asian staff member; 95% of Northwest CASA's staff are female. While Northwest CASA does not have a formal leadership structure the primary managers are the Executive Director, the Counseling Services Manager, the McHenry County Services Manager and the Volunteer Coordinator- all of whom are white and 75% are female. Most decision making is done in consultation with this group but staff are often consulted to obtain feedback on budget priorities, new staff hiring, programmatic problems, staff development needs, program supplies, etc.

Northwest CASA has recruited staff, volunteers and board members from the Evanston community. Currently two board members are associated with Evanston: one is an Evanston Police Officer (B,F) and the other is a nurse residing in Evanston (H, F). Recently Northwest CASA provided an internship for an Evanston resident (W,F) attending undergraduate school at the University of Wisconsin. Also Northwest CASA hired an Evanston resident (H,F) to provide Spanish speaking counseling services out of the Evanston office.

12. Describe 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 as well.

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 (ICASA), Northwest CASA has grown from an all volunteer service agency to an operation with 17 professional staff, 35 hotline volunteers, 3 graduate school interns working out of three offices (Arlington Heights, Evanston, McHenry) to provide direct services to over 800 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 December 2017 & January 2018 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 laws.

13. 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)

14. 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? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

For FY 19 Northwest CASA's Sexual Assault Intervention Program will have a total staff of 14. This is an increase in staffing from FY 18. All counseling staff (9) have masters degrees in social work or counseling and specialized training in working with victims of sexual trauma. Counseling staff are trained to provide EMDR, Cognitive Processing Therapy and Trauma-Informed CBT. Staff also receive training in child and play therapy. 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.

All Advocacy staff (5) 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.

Three Northwest CASA staff work out of the Evanston office. All three are women; one is Hispanic and Spanish speaking while the other two are Caucasian; their ages range from mid-twenties to forty.

Northwest CASA expanded counseling and advocacy services in Evanston in FY 18 with additional federal funds received in FY 18. Funds from the Evanston mental health board are used to support the counseling and advocacy staff who work out of the Evanston office and who provide services to Evanston residents. If Evanston mental health board funding of Northwest CASA is reduced then there would be a commensurate reduction in staffing of the Evanston office.

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

Jim Huenink jhuenink@nwcasa.org 847-806-6526

16. 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

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

- Yes
- No

18. 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

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

2100 Ridge avenue, G102, Evanston, IL 60201 Northwest CASA provides taxi vouchers to clients who do not have access to public or private transportation.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019 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

Funding Sources/Revenues

53 of 212
2018

2019 2019 Committed

City of Evanston CDBG	USD\$ 0.00	USD\$ 0.00	
City of Evanston Mental Health Board Funds	USD\$ 18,000.00	USD\$ 20,000.00	
Townships/Cities	USD\$ 33,337.00	USD\$ 33,755.00	USD\$ 33,255.00
ICASA	USD\$ 513,602.00	USD\$ 696,490.00	USD\$ 550,585.00
Attorney General	USD\$ 46,420.00	USD\$ 46,420.00	USD\$ 46,420.00
McHenry County 708	USD\$ 22,000.00	USD\$ 22,000.00	USD\$ 22,000.00
Fundraising/Contributions	USD\$ 13,455.00	USD\$ 15,538.00	USD\$ 0.00
United Way	USD\$ 10,000.00	USD\$ 13,000.00	USD\$ 13,000.00
Cook County	USD\$ 5,000.00	USD\$ 13,227.00	USD\$ 13,227.00
Total	USD\$ 661,814.00	USD\$ 860,430.00	USD\$ 678,487.00

Funding Uses/Expenses	2018	2019 Total	2019 CDBG	2019 MHB
Salary & Wages	USD\$ 456,652.00	USD\$ 593,825.00		USD\$ 14,067.00
Fringe Benefits	USD\$ 84,490.00	USD\$ 125,183.00		USD\$ 3,029.00
Accounting	USD\$ 12,784.00	USD\$ 14,211.00		
Audit	USD\$ 3,550.00	USD\$ 5,525.00		
Dues	USD\$ 1,296.00	USD\$ 1,421.00		
Equipment Lease	USD\$ 2,393.00	USD\$ 2,763.00		
Payroll	USD\$ 2,330.00	USD\$ 3,000.00		
Postage	USD\$ 235.00	USD\$ 780.00		
Occupancy	USD\$ 52,461.00	USD\$ 58,028.00		USD\$ 1,100.00
Staff Development	USD\$ 1,715.00	USD\$ 3,950.00		USD\$ 500.00
Telephone	USD\$ 10,088.00	USD\$ 11,368.00		
Miscellaneous	USD\$ 3,379.00	USD\$ 7,883.00		USD\$ 150.00
Travel	USD\$ 7,142.00	USD\$ 7,698.00		USD\$ 650.00
Supplies	USD\$ 9,947.00	USD\$ 8,039.00		USD\$ 504.00
Printing	USD\$ 1,400.00	USD\$ 2,013.00		
Contractual Staff	USD\$ 5,887.00	USD\$ 14,743.00		
Victim Awareness Campaign	USD\$ 6,065.00	USD\$ 0.00		
Total	USD\$ 661,814.00	USD\$ 860,430.00	USD\$ 0.00	USD\$ 20,000.00

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 advocates. We plan to use the mental health funds to support direct services to Evanston residents who are victims of sexual violence. A small amount of the Evanston mental health funds (\$2904) will be used for occupancy, staff training, staff travel and office supplies. 85% of the Evanston mental health grant will be used to support Evanston staff salaries and benefits. The specific positions that will be funded with this grant are: 1. 15 % of the salary (\$46,500) and benefits (\$11,155) of a Bi-lingual Counselor who currently works 4 days a week in the Evanston office. 2. 10% of the salary (\$42,500) and benefits (\$10,688) of a full time counselor who will work 3 days a week in the Evanston office. 3. 7.11% of the salary (\$40,000) and benefits (\$4212) of a full time advocate who works in Evanston 5 days a week and also provides 24/7 crisis intervention. These three positions receive most of their funding from State (General Revenue) and Federal (VOCA, SASP) sources that pass through our state coalition, ICASA. All of these positions are currently filled.

Program Outcomes

Beneficiary Demographics

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod

White	193	143	323	240	4	3	18	13
White/Hispanic	181	135	309	230	8	6	17	12
Black or African American	59	44	100	74	9	6	19	14
Black, African American/Hispanic								
Asian	17	12	29	21	4	3	2	1
Asian/Hispanic								
Native American	5	3	8	5				
Native American/Hispanic								
Other	56	39	95	70			4	2
Other/Hispanic								
Total	511	376	864	640	25	18	60	42

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 45 Evanston residents who are victims of sexual violence or significant others	85% of 45 counseling clients TSI scores will reflect reduced trauma symptoms.	9	9	9	9	36					0
2	Provide 24/7 victim centered crisis/advocacy services to 15 Evanston victims of sexual violence.	85% of 15 crisis/advocacy clients will report feeling supported and helped.	12	12	12	12	48					0
3	Provide trauma informed counseling to 45 Evanston residents who are victims of sexual violence or significant others.	85% of 45 counseling clients will reported reduced anxiety/better coping/increased quality of life.	9	9	9	9	36					0
4							0					0
5							0					0
Total			30	30	30	30	120	0	0	0	0	0

Program Line Item Expenditures

Item Description	Total 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
Total	0	\$0							

Program Line Item Funding

Item Description	Total 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
Total	0	0	0	0	0	0	0	\$0

Documents

Documents Requested *

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

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

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

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

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2017 only if changed).

Brief biographies of key staff including demographic information.

Required? Attached Documents *



[Northwest CASA FY 17 audit](#)

[Northwest CASA 990](#)

[Northwest CASA annual report](#)



[IRS tax Exempt Letter](#)



[Jim Huenink bio](#)

[Northwest CASA Evanston 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.

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

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.
[download template](#)

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

[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 FY2018.

[Northwest CASA statement of revenues/expenses for FY 18](#)

Organizational commitment to equity, diversity and inclusion.

[Northwest CASA commitment to diversity and non discrimination](#)

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

Application ID: 120263

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board
8/15/2018 deadline

PEER Services, Inc.
PEER Services - Substance Abuse Treatment and Early Intervention for Youth & Adults

USD\$ 92,610.00 Requested
USD\$ 92,610 MHB Request

Submitted: 8/15/2018 10:27:55 AM (Pacific)

Project Contact

Maureen McDonnell
mmcdonnell@peerservices.org
Tel: (847) 492-1778

Additional Contacts

jphan@peerservices.org

PEER Services, Inc.

906 Davis Street
Evanston, IL 60201
United States

Telephone(847) 492-1778
Fax (847) 492-0320
Web www.peerservices.org

Executive Director

Maureen McDonnell
mmcdonnell@peerservices.org

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. 2019 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 2018 should be classified as renewal even if amount requested is different from 2018 grant.

- Renewal of 2018 CDBG funding
- Renewal of 2018 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 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 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).

We have just completed our first year of transitioning to a new environment of Medicaid and Managed Care, and we continue to adapt for the next 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, as there are unreimbursed costs of treatment and unpredictable performances of the payers. This project includes ongoing programs and helps both to maintain and expand our capacity for Evanston residents.

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).	✓	PEER FY19 Agency Budget
REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including demographic information, professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards	✓	PEER Board of Directors 2018
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		PEER COI 2018

Application Questions

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

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

/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. We also provide weekly onsite counseling services to students at Evanston Township High School.

/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. We also have referral relationships with local hospitals and other organizations to ensure clients receive the level of care they need and receive referrals.

/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. 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.

We engaged an onsite consulting psychiatrist in spring 2018 to help address client's mental health issues.

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

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 50% are Black/African American, 40% are White, and 10% are Latino/Hispanic, based on their self-identification. 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 18-83. 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 60% of our clients are male. The ethnic breakdown of the Evanston individuals we serve is: 37% Black/African American, 53% White, 1% Latino/Hispanic, and 9% Other Multi-Racial.

/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/African-American, 60% White, 5% Latino/Hispanic, and 5% Other Multi-Racial. The average age is 45.

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 such as clinical supervision and psychiatric consultation. Mental Health Board funds are crucial to providing low-income residents with continued access to life-saving substance abuse services.

3. Describe what underrepresented populations are identified and targeted for services and how City funds would improve equity of service delivery. How would the program measure/report impact to these populations?

If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses. PEER Services is the safety net substance abuse treatment provider for the northern suburbs. This means that the majority of our clients are those often overlooked and underrepresented by the traditional healthcare system due to their financial status and structural inequities. Over 80% of our Evanston clients are low-income. While some are enrolled in insurance plans, others have purchased insurance with high deductibles and co-pays, and many remain uninsured. Reimbursements from the new plans also do not cover all the costs of high-quality care. Mental Health Board funds would thus help offset the costs of providing low-income Evanston residents with continued access to life-saving substance abuse services.

At PEER Services, we have always valued equity and see ourselves as an investment in improving equity in the Evanston community. Equity to us means that we can provide every individual the substance abuse treatment they need, regardless of their background and financial status. We believe this can be achieved through a strong commitment to low-income individuals, an inclusive space for our clients, effective engagement and outreach to different parts of the Evanston community, and representation in our leadership.

through active recruitment and are similarly broadening our staff recruitment pool so that our leadership diversity more closely reflects the diversity of our clients. We support the City of Evanston's focus on improving equity in the community, and we are in discussion with our board of directors on building and implementing more strategies in these areas.

4. 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.

300	Intake/assessment
350	Referrals
210	Individual case management plan/services
210	Services delivered on an individual basis (e.g. home delivered meals)
250	One time event or activity (e.g. field trips, tax preparation)
500	Multi-session program (e.g. after school program)
300	Focused topic activities (e.g. workshops, trainings)
0	Drop in services (e.g. computer lab, tutoring, help desk)
400	Phone or online help (e.g. 24-hour help lines)
2,520.00	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

For all Adolescent and Adult programs, we generally schedule appointments within a few days of initial contact. If 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.)

Given the severity of the symptoms and needs of the population we serve, we work extremely hard to provide an immediate response to all clients 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.

In the 2018 program year, we rarely had any waits to receiving services. We try to accommodate same day services whenever possible. We have been working on increasing efficiency and productivity following the transition to electronic health records and modern IT infrastructure so that we may serve clients in a timely manner.

Demand fluctuates throughout the year. At this moment, we have immediate availability to see clients.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

PEER Services does provide referrals both within the organization (if the client demonstrates a need for a different program during their assessment) and to other agencies (if they require a higher level of care and/or need additional resources). We work extensively with a variety of agencies for emergency psychiatric services, medical services, housing options, financial assistance and employment support. These referral relationships help us meet the complex needs of our clients and improve their treatment engagement/progress.

A client's individual clinician reaches out to these agencies to make referrals depending on the client's needs and follows up as necessary. Referrals are tracked in our electronic health records and in clinician notes.

7. 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.

/Adolescent Substance Abuse Treatment

PEER Services is the safety net provider in Evanston licensed by the state of Illinois to provide adolescent substance abuse treatment services. Other family service agencies in the north suburbs such as Rosecrance and Compass focus on providing services to commercially-insured populations.

/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 as many Medicaid insurance plans 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.

The hospitals are a regular referral source as is Cook County Adult Probation for our Adult program. Our specialized treatment for older adults includes close collaboration with Seniors Action Services, Evanston Skokie Valley Senior Services, and other social service agencies in the north suburbs.

/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. This year, we have also engaged an onsite consulting psychiatrist to further address the mental health issues of our dual-diagnosis clients and improve their treatment engagement.

8. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze 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.

low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 must show an increase in people served if applying for an increase in CDBG funding.

580	Unduplicated people to be served in 2019
210	Unduplicated Evanston residents to be served in 2019
477	Unduplicated low/moderate income people to be served in 2019
172	Unduplicated low/moderate income Evanston residents to be served in 2019
580	Unduplicated people served in 2018
210	Unduplicated Evanston residents served in 2018
477	Unduplicated low/moderate income people served in 2018
172	Unduplicated low/moderate Evanston residents served in 2018
2,878.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under 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 25 staff members and 6 board members. Our goal is to have 10-12 board members; we are in active recruitment.

In June of 2017, Maureen McDonnell, replaced our previous longtime Executive Director, Kate Mahoney. Maureen has a Masters of Public Health and brings much experience about the health and law enforcement systems as they relate to substance abuse and treatment. Through Maureen's leadership, we have continued to strategize how to navigate the changing environment, as well as improve our agency infrastructure to better serve Evanston and other communities. We have also continued to grow our referral relationships with local hospitals, first-responders, nursing homes, schools and other treatment providers.

11. How many staff of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

4 out of 10 staff (40%) are people of color in leadership positions at PEER Services. We value ideas/feedback from staff of diverse backgrounds and regularly engage them in decision-making through weekly leadership meetings, program team meetings and supervision meetings.

12. Describe 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 treatment and criminal justice 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 as well as offsite services in the Evanston community, such as in Evanston Township High School. Therefore, our projections for 2018 and 2019 unduplicated clients served reflect statistics from only the PEER Services' Evanston location. In 2019, we plan to focus on expanding our services to Evanston residents. We will continue to build our relationships with Evanston Cradle to Career agencies, local hospitals, local schools, child welfare agencies, parent groups and community healthcare providers who

encounter individuals struggling with substance use.

13. 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)

14. 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? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

Our program staff generally includes masters-level clinicians and licensed social work supervisors and consists of 8 clinicians, 1 physician, 1 consulting psychiatrist, and 3 front desk receptionists. Our program staff demographics are as follows:

/Age/

25-34 46%

35-44 8%

55-64 8%

65+ 38%

/Race/

White 54%

Black/African American 31%

Other Multi-racial 15%

/Gender/

Male 15%

Female 85%

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 by two counselors, leaving our agency less able to serve Evanston residents. This would likely result in a return to 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 5 Master's Level Addiction Counselors with training in working with adolescents. Our staff to client ratio is 1:10. 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 lose City funding we would most likely need to eliminate a counseling position. We currently employ 8 FTE clinicians 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.

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

Maureen McDonnell (Executive Director) attended the MHB meeting on 8/9 to appeal to complete the application. The appeal

was graciously and unanimously granted.

16. 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)

1696851610000

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

Yes

No

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

We have secured partial funding (\$12,000 from Illinicare) to further improve access by widening our front entrance and adding an automatic opening button.

19. 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.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019 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.

Maureen McDonnell, Executive Director

Budget

Funding Sources/Revenues	2018	2019	2019 Committed
City of Evanston CDBG			
City of Evanston Mental Health Board Funds	USD\$ 88,200.00	USD\$ 92,610.00	
Illinois Department of Human Services	USD\$ 1,059,413.00	USD\$ 423,000.00	
United Way of Metropolitan Chicago	USD\$ 40,000.00	USD\$ 40,000.00	
Local Townships	USD\$ 164,700.00	USD\$ 167,240.00	
Third Party Fees	USD\$ 168,000.00	USD\$ 946,252.00	
Client Fees	USD\$ 109,000.00	USD\$ 103,000.00	
Corporate/Foundation	USD\$ 48,000.00	USD\$ 60,000.00	
Fundraising	USD\$ 93,720.00	USD\$ 43,390.00	
Miscellaneous	USD\$ 2,100.00	USD\$ 1,700.00	
Total	USD\$ 1,773,133.00	USD\$ 1,877,192.00	USD\$ 0.00

Funding Uses/Expenses	2018	2019 Total	2019 CDBG	2019 MHB
Personnel	USD\$ 1,454,230.00	USD\$ 1,561,940.00		USD\$ 92,610.00
Consumable Supplies	USD\$ 51,000.00	USD\$ 50,817.00		
Occupancy	USD\$ 57,900.00	USD\$ 60,129.00		
Travel	USD\$ 2,500.00	USD\$ 3,233.00		
Equipment	USD\$ 16,546.00	USD\$ 4,883.00		
Lease/Rent	USD\$ 60,607.00	USD\$ 59,999.00		
Depreciation	USD\$ 7,100.00	USD\$ 14,302.00		
Interest/Bank/CC	USD\$ 3,700.00	USD\$ 4,418.00		
Other (Professional Development, Marketing, Special Events, etc.)	USD\$ 119,550.00	USD\$ 110,177.00		
Total	USD\$ 1,773,133.00	USD\$ 1,869,898.00	USD\$ 0.00	USD\$ 92,610.00

Fiscal Year is July 1 to June 31.

Following the transition to billing Medicaid MCOs, we anticipate that we will not earn all of our contract with IDHS, which is mostly used for individuals with who are uninsured or underinsured. We do not expect this to affect our service levels or staffing.

We receive DHS funding for: Opioid Maintenance Therapy, Global Addiction Services, DCFS, Prevention Services, and the State Targeted Response for Opioid Maintenance Therapy.

MHB Funds will go towards staff salaries for Evanston-based clinical staff:

- 14% Clinical Director @ 70,000/yr
- 20% Adult and Adolescent Program Coordinator @ 55,000/yr
- 35% DUI and Evening Program Coordinator @ 62,400/yr
- 35% 2 Counselors @ 35,000/yr
- 35% 1 Counselor @ 36,000/yr
- 35% 1 Counselor @ 37,000/yr

Fringe benefits include paid time off and dental/health/life/disability insurance.

Program Outcomes

Beneficiary Demographics

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod
White	225	185	225	185	88	72	88	72
White/Hispanic	60	49	60	49	23	19	23	19
Black or African American	75	62	75	62	79	65	79	65
Black, African American/Hispanic	130	107	130	107	0	0	0	0
Asian	9	7	9	7	5	4	5	4
Asian/Hispanic	0	0	0	0	0	0	0	0
Native American	0	0	0	0	0	0	0	0
Native American/Hispanic	2	2	2	2	0	0	0	0
Other	44	36	44	36	12	10	12	10
Other/Hispanic	35	29	35	29	3	2	3	2
Total	580	477	580	477	210	172	210	172

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 55% of Evanston clients will be drug-free at time of re-assessment	Measured through 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-assessment.	Measured every 60 days as part of the intervention plan review.	40	40	40	40	160					0
4							0					0
5							0					0
Total			104	104	104	104	416	0	0	0	0	0

Program Line Item Expenditures

Item Description	Total 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
Total	0	0	0	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total 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
Total	0	0	0	0	0	0	0	\$0

Documents

Documents Requested *

Required? Attached Documents *

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



[Audit FY17](#)

[990 FY17](#)

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

[2018 Strategic Plan](#)

[Annual Report 2018](#)

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).



[501c3 Letter](#)

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 2017 only if changed).

Brief biographies of key staff including demographic information.



[Key Staff Bios](#)

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

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

[Board Directory 2018](#)

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

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.
[download template](#)

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

[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.



[Charts 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 FY2018.



[Financial Statement FY18](#)

Organizational commitment to equity, diversity and inclusion.

For the budget please provide additional information about the decrease in funding from DHS from 2018 to 2019.

PEER Services began billing Illinois Medicaid for our low-income clients in 2018, so we are billing services to Medicaid for many of our clients instead of DHS. In addition, the State has re-purposed contract funds for 2019, leading to the end of two of our state contracts (HIV Counseling and Donated Funds Initiatives), resulting in further decreases in 2019.

Why are fundraising projections approximately 50% lower for 2019 than 2018?

Fundraising is an important area of opportunity for us. Over the next 2-3 years, we will be building better strategies, expanding our board in this area and making connections in the communities we serve to foster growth in our fundraising.

Our 2018 fundraising projections were based on prior year budgets which included fundraising from individuals as well as two special events per year. The transition into billing Medicaid and commercial insurance required the full energy and attention of staff, Board and Executive Director. We made a number of decisions to support that, including discontinuing our annual Spring Benefit because the high costs of holding the event outweighed the benefits.

We lost a significant amount of individual donors after our longtime Executive Director left in January 2017, so we are working on building a new donor pool. This will take time, but will be an area of focus over the next 2-3 years.

What does the agency attribute to the significant increase in third party fees for 2019. Please provide more information.

PEER Services began billing Illinois Medicaid for our low-income clients in 2018, so we are billing services to Medicaid for many of our clients instead of DHS. We also contracted with more commercial insurance plans, so we are able to accept insurance when our clients have those resources. These are the major sources of third party fees for 2019.

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Application ID: 122005

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board
8/15/2018 deadline

Learning Bridge Early Education Center Learning Bridge Infant Toddler Program

USD\$ 18,500.00 Requested
USD\$ 18,500 MHB Request

Submitted: 8/15/2018 12:36:11 PM (Pacific)

Project Contact

Ann Rappel
rappel@lbeec.org
Tel: 847-864-5610

Additional Contacts

merdingerj@lbeec.org, mgallagher@ksmbassociates.com, percivall@lbeec.org, sparks@lbeec.org

Learning Bridge Early Education Center

1840 Asbury
Avenue
Evanston, IL 60201
United States

Executive Director

Lindsay Percival
percivall@lbeec.org

Telephone 847-869-2680
Fax 847-869-2687
Web www.lbeec.org

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.

The Center holds NAEYC accreditation, the GOLD circle of Quality and 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. 2019 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
18500	MHB (Human Services Fund)
18,500.00	TOTAL

9. Funding request is:

Programs funded in 2018 should be classified as renewal even if amount requested is different from 2018 grant.

- Renewal of 2018 CDBG funding
- Renewal of 2018 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 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 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).



[FY19 Budget](#)

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



[FY19 Board Roster](#)

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

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 provides full and part time day care for children six weeks and up. Our program operates from Monday through Friday, 7:30 a.m. to 5:30 p.m. The program is under the administration of Learning Bridge Early Education Center. The majority of our Infant Toddler Program families are IDHS Child Care Assistance Program (CCAP) recipients. The Program provides child care and educational services for children whose parents are working at least 5 hours per day and/or attending school Monday through Friday.

We have had children start care in our Infant Toddler Program at six weeks old and stay until they turn three-years old, when they transfer to a traditional center-based program. The majority of our parents must go through the CCAP re-determination process every six months. CCAP eligibility will at times affect the length of time a child is in our Program.

In addition to the care provided by the family child care provider, our Program Manager conducts developmental screenings for all children under 5 years of age. The Program Manager also provides developmental play groups to ensure that children have experiences and developmentally appropriate materials to help them meet their developmental milestones.

Our Program also provides support to the family child care providers, who are independent contractors. We conduct monthly trainings that provide information on child development, brain research, speech and language development and a variety of other topics.

We provide support services to families in completing CCAP applications and paperwork, thus freeing the providers time to providing care for the children. The program was started in 1972 as the Home Day Care Program of Evanston and is one of only a few models of family child care networks in the state of Illinois.

2. Who participates in or benefits from the program or services? Describe the population in terms of age, gender, race/ethnicity,

family status, income level and other relevant or defining characteristics. Include any eligibility requirements.

Ninety percent of our our Infant/Toddler families receive financial assistance through the state's Child Care Assistance Program (CCAP). Of the families served in the past year, sixty-five percent are Evanston residents. The children range in age from three months to 5 years of age. Children older than 3 may choose to stay with their family child care provider while other sibling are in the provider's home. A little more than half of the children are currently male and represent a ethnic variety. The majority of program participants are African-American. Many families are identifying as multi-racial.

Child Care Assistance income guidelines are set by the State of Illinois and are dependent on gross income and family size. A family of two; parent and child can earn no more than \$2,538 per month in order to qualify. These rates have not been adjusted upward for over two years, although the cost of living has. If a family makes just one cent over income guidelines they are not eligible for CCAP assistance and are responsible for the full tuition. CCAP is also available for families on TANF, families with children already identified as special needs and for parents attending college as an undergraduate. Some of our families work part-time and attend school part-time. Parents are required to submit their two most current pay stubs as proof of income. A Parent who is cash paid or has their own business, such as a hair stylist or taxi driver, must provide their most recent tax return as proof of income.

Children in the Program may be under DCFS care as a foster child or in temporary custody. For these families paperwork is required from the family's case worker in order to receive care.

Many of our parents are very young - under 25 years of age. Many parents and their children do not have their own home and share living space in in another family member's residence.

CCAP eligibility periods are for a six month terms. Parents must then go through the re-determination process for the new approval period. A House Bill has been introduced in Illinois to allow 12-month CCAP approvals in line with federal law. Research indicates that the longer a child is in a single care/education program, the better their outcome for success.

Because the Center has its own site administration contract we have staff available throughout the day to assist families with the process. Should the state require additional documentation from a parent, staff contacts the family directly avoiding delays caused by conventional mail systems.

3. Describe what underrepresented populations are identified and targeted for services and how City funds would improve equity of service delivery. How would the program measure/report impact to these populations?

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

Over 90% of families in our program are low income as defined by the income requirements for the Child Care Assistance Program. Sixty-five percent of these families are single parent homes. Many of our parents share living space with another relative. Space is limited. Often parents and children share one bedroom.

The paperwork involved in registering children for child care and for CCAP can overwhelm parents. Our Infant Toddler Manager assists parents with their paperwork. Our CCAP Site Administrators carefully coordinate cases where there are multiple children in different programs. A parent having to navigate the Resource & Referral Agency Action for Children normally waits an average of 3 weeks before learning if they have been approved for CCAP funding. With our Site Administrators, a family can receive their subsidy approval in less than 48 hours.

Studies show that adverse conditions such as lower socio-economic status can greatly impact a child's opportunity to high-quality care and education. Our program mission is to assist these families and help children develop the skills necessary for school success. Children in quality child care are required to keep up with medical visits and are therefore healthier. In our provider's homes children have access to meals that meet USDA nutritional standards which promote health and growth. Children in high-quality preschool programs such as ours also develop good self-regulation skills and strong social emotional skills. These foundational skills for our students are reported to Evanston District 65.

City funds directly affect our program's ability to deliver services to the individuals that critically need this type of support and service. Parents with children in our care have the ability to work, attend school or a combination of both and be productive at their jobs, and build a strong stable community.

We screen children within 45 calendar days of their entry to the program and then subsequently every six months. A child identified as needing additional services is referred to Child and Family Connections - Clearbrook, which then provides the child and the family with support services. This might include a speech or occupational therapist. These therapy sessions can be conducted in our family child care provider's home setting. Early intervention services can often eliminate the need for services within the formal school setting later down the road.

Daily, monthly and quarterly attendance records children's attendance. In addition, our Program Manager works directly with children, families and the providers in providing developmental play groups. From the moment a child enrolls in our program we work with the child and family to ensure kindergarten readiness. Kindergarten readiness will help close present educational gaps and provide each student opportunities for success.

4. 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.

Intake/assessment

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)
33.00	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

The program does have a wait list but our goal is to have children in care as soon as possible. As site administrators of the Child Care Assistance Program we can turn around an approval in 24-48 hours. A parent cannot get a subsidy unless they are working and then cannot be working if they do not have child care. We often have families that call us to ask about space in the program while they are still expecting. There is no fee associated with being on our wait list.

Enrollment in our program is contingent upon ages and staff ratios in order to be compliant with DCFS licensing. DCFS limits the number of children under 24 months of age a provider may care for. In order to provide the best care possible, our program limits the number of non-mobile infants to two per home so that caregivers can hold children while feeding them and for as much as the day as possible.

Demand fluctuates during the year based upon children's ages. We see trends that show an increase in calls in the October-November period and during the spring months. Demand is based upon when children are born. Since our program has ongoing enrollment there is no rule that they must be a certain age by a specific date. Children do not have to wait until the beginning of the month to enroll. They may start care mid-month or even mid-week.

To ensure that children remain in care re-determination paperwork is sent out six weeks in advance and we work with parents on getting all of the necessary documentation in advance so there is no interruption in care. Consistent, reliable, high quality care with predictable routines helps build the architecture of a young child's brain.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

Learning Bridge Infant Toddler Program refers children to "Child and Family Connections" when concern is expressed about a child's development. All children in the program are screened/assessed within 45 calendar days of enrolling in the program. Every screening/assessment is tracked into an excel spreadsheet and into our program database EZ-CARE. After the initial screening/assessment, the child is screened every six months up until their third birthday, after which s/he is screened annually. A child may be re-screened within three months if their assessment raises a concern (results are to 'monitor'.)

If the child's re-screening results are again in or below the monitoring range the Infant Toddler Manager will contact the child's family and discuss possible options. After discussion with their parent and their consent the Infant Toddler Manager will refer and connect the family to Child and Family Connections (referral agency) who provides therapy for children 0-3. After the referral is made, Child and Family Connections will reach out to the parent/guardian and set up a more thorough assessment with the child to see exactly where the child is in their development, and what services are needed.

If the assessment done by the Connections Intake Coordinator shows that the child does not qualify for services the family will be notified by the Coordinator to let them know. The Coordinator provide strategies to help the child progress in their development for the family and for the providers to use. If the results of the assessment process determine that the child qualifies for services, the Connections Intake Coordinator will connect the parent/guardian with a therapist and times and places that are convenient for the family. The majority of the time, therapy is done at the Infant Toddler Provider's home, since therapists often work during regular daytime hours when parents are working. Parents/Guardians are always welcome to come sit in on the sessions when time permits. Therapists, parents, Providers and the Program manager work together to achieve the goals that are in their IFSP, Individualized Family Service Plan.

An IFSP is a written treatment plan that maps out the Early Intervention (EI) services the child will receive, as well as how and when these services will be administered. The IFSP details the child's current levels of functioning, specific needs and goals for treatment (referred to as outcomes).

The IFSP takes a family-based approach to services, due to the central concept that supporting a child's family lends itself to supporting the child. This means that the IFSP is developed with input from the child's entire family, and it includes features that are designed to support the entire family.

The IFSP is written with goals for the child and includes the concerns that the family might have. For example if the family needs transportation to therapy, then written in the plan are ways to help the family overcome that obstacle.

IFSP goals are reviewed by the Connections Intake Coordinator and the family to ensure that children are progressing. At thirty months the therapists and Intake Coordinator work with the family to transition the child to the local school district for further therapies if needed. Many times with EI additional services many not be needed.

7. 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, and only one of three in the state of Illinois. We are one of only a few state agencies that provide Site Administration for CCAP. While there are other programs that serve infants and toddlers in Evanston, they provide center-based care and some are limited by the ages that they serve due to their classroom age groupings and their DCFS licenses. For example, they may only have space for an 18 month old. When a child reaches the age of three, the child can no longer attend some of these centers and must find care elsewhere.

In our Home Based Program, a child doesn't automatically age-out of the program at 3. The child can remain in care at the Provider's home until

a center-based space becomes available. Our Infant Toddler providers can serve children from six weeks of age to age 12, so families with multiple age children can receive 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 is an ideal setting to many parents. It's also an optimum environment for many children. Children remain with their primary caregiver as they mature rather than switching rooms and having to develop a relationship with a new caregiver. By remaining with the same caregiver over time, children develop attachment which builds trust. Children who have good attachment are secure and 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 enhances 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. When a provider takes a vacation we provide substitute care in another one of network providers home as a service to our families. If a parent were to lose a job, we can provide a 90-day job search to help that parent find new employment and have the child remain in care. Studies have found that when children have multiple caregivers it adds undue stress which can cause the hormone cortisol to be produced. Cortisol is harmful to brain cells and can impair development in young children.

Other family child care providers in Evanston may or may not accept CCAP families. For those that do, parents usually find they are required to pay an additional fee on top of their monthly copay, to help make up the difference between what the state reimburses for care and what the provider charges full fee. Site Administered program providers cannot charge fees over and above the parent copay.

We currently collaborate with the Infant Welfare Society of Evanston who has a grant with the Evanston Community Foundation to provide screenings to children in our program. Their funding to us has decreased over the past two years, and we are working to secure new funding. During this time we have remained committed to screening/assessing young children to ensure that they are meeting their developmental milestones. Our screening also measures social-emotional skills, and we can help parents help their child by sharing resources. This builds a strong school to home connection with helps children thrive.

8. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze 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 (1) no family with young children in Evanston needing care has to wait for those services and (2) no parent has to leave their child with multiple family members and/or untrained caregivers. 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 there are no disruptions in care. If a parent loses a job, we process the state paperwork allowing them a 90 day job search.

Data is collected through the daily sign-in reports, which are then entered into monthly reports. The Infant Toddler Program Manager is responsible for the data collection and program implementation and reports to the Executive Director.

The Program Manager also works directly with families and children receiving support services. Reviewing the IFSP (Individualized Family Service Plan) and helping the provider work with the child to achieve his/her goals. She also assists the family through the transition process before the child turns three to their local school district where an IEP (Individualized Education Program) is generated and services may be continued. This ensures that children are getting the support services they need to be successful.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2019, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 must show an increase in people served if applying for an increase in CDBG funding.

<input type="text" value="50"/>	Unduplicated people to be served in 2019
<input type="text" value="30"/>	Unduplicated Evanston residents to be served in 2019
<input type="text" value="45"/>	Unduplicated low/moderate income people to be served in 2019
<input type="text" value="28"/>	Unduplicated low/moderate income Evanston residents to be served in 2019
<input type="text" value="48"/>	Unduplicated people served in 2018
<input type="text" value="26"/>	Unduplicated Evanston residents served in 2018
<input type="text" value="42"/>	Unduplicated low/moderate income people served in 2018
<input type="text" value="24"/>	Unduplicated low/moderate Evanston residents served in 2018
<input type="text" value="293.00"/>	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

Learning Bridge Early Education Center is a501(c)(3) nonprofit organization whose mission is to strengthen families and communities by providing the highest quality, affordable, full-day early learning experience for their children. More than 100 children, aged 0-5 years, are served by Learning Bridge each year, and 70-80% receive government subsidized care. Aside from District 65, Learning Bridge is the largest provider of full-day early learning and preschool care to low-income families in Evanston. Children from all socioeconomic backgrounds, however, gain the skills they need to succeed in school, and learn the shared community values of cooperation and respect.

The Center builds educational equity by focusing on kindergarten readiness and being a collaborative partner with many other agencies in order

to leverage available community resources. The Center received the Award of Excellence in Preschool Teacher and Learning from ExceleRate Illinois in 2016. This award is only achieved by 6% of programs in Illinois; all must have already earned ExceleRate's Gold Circle of Quality award.

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 ages 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 ages 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. We 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 serves in multiple capacities to support the agency. For example, our Center Manager also handles the CCAP site administration program. Our Infant Toddler Program Manager serves many functions including enrollment and support; to children, to families and to the providers.

Our Board of Directors has grown this year, adding six new members. The Board has fiduciary responsibility and is tasked with fundraising for all of the Center's programs.

The Center has also increased our base of volunteers, primarily through Volunteer Evanston, adding classroom and administrative support.

11. How many staff of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

The Center's Leadership Team consists of seven members. Of these seven, three are African American and have a direct role in the decision making process.

We also share policies with staff and with our providers for their input and buy in.

12. Describe 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. The Program and Education Manager who assists the Program Manager 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 in caring for young 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 from parents are handled by one person, deposits by another, recording a third, and reconciliation a fourth. We have a responsibility to our stakeholders and our community for the financial integrity of our programs. We keep our expenditures in tight control and tighten our belts when funding sources decrease or there are lags in payments from the state. We receive donations of goods and services that help to supplement our resources and use volunteers when possible.

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, Board members monitor the Center's financial reports. They review all debit card purchases as well as other expenditures as part of their fiduciary responsibility. The Center Manager, Program and Education Manager and Executive Director are responsible for purchasing and work directly with vendors to receive discounts and the best value. Whenever possible purchases are made from Evanston vendors.

13. 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)

14. 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? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

No additional staff is scheduled to be hired although we would welcome a new high quality family child care provider.

The Center is committed to meeting the needs of families with infants and toddlers. Our Development Director continues to seek funding to

support this program and we have completed our feasibility study to add infants and toddler at our Center site with physical changes to our Center location starting in 2020.

The Infant Toddler Program Manager is African American/Non Hispanic. Our Executive Director and Program and Education Manager are white/Non Hispanic.

The providers are African American, Hispanic and Asian.

Staff to participant ratio is set by DCFS. Most of the providers have an assistant working with them in their program:

Section 406.13: Number and Ages of Children Served a) The maximum number of children under the age of 12 cared for in a day care home by a caregiver alone shall be 8. The maximum number includes the caregiver's own children, related children and unrelated children under age 12 living in the home. b) A Caregiver Alone. A caregiver alone may care for: 1) A mixed age group consisting of: A) Up to 8 children under the age of 12, of which B) Up to 5 children may be under the age of 5, of which C) Up to 3 children may be under 24 months of age. 2) A mixed age group consisting of: A) Up to 8 children under the age of 12, of which B) Up to 6 children may be under the age of 5, of which C) Up to 2 children may be under 30 months of age.

In addition to our monitoring of the providers, they also receive monitoring visits from DCFS, their USDA food program sponsors, and the City of Evanston and City of Skokie inspectors.

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

Lindsay Percival, percivall@lbeec.org 847-869-2680 - Ann Rappel, rappelta@lbeec.org 847-869-2680

16. 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

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

- Yes
- No

18. 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 with need therapists visit the home to provide services.

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

1120 Folwer St. Evanston, IL 60202 / 1926 Warren St. Evanston 60202 / 4151 Howard Street Skokie 60076 / 127 Custer Ave Evanston 60202 / 231 Grey Ave Evanston 60202 / 8841 Monticello Skokie 60076 / 1700 Mulford St 60202

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019 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 Rappel Program and Education Manager

Budget

Funding Sources/Revenues	2018	2019	2019 Committed	
City of Evanston CDBG	USD\$ 0.00	USD\$ 0.00		
City of Evanston Mental Health Board Funds	USD\$ 18,500.00	USD\$ 18,500.00		
Unrestricted Contributions	USD\$ 75,000.00	USD\$ 75,000.00		
Restricted Contributions	USD\$ 14,726.00	USD\$ 6,200.00		
Restricted Gifts from Program	USD\$ 28,000.00	USD\$ 19,410.00	USD\$ 19,410.00	
Parent Fees	USD\$ 24,057.00	USD\$ 19,419.00		
IDHS	USD\$ 252,740.00	USD\$ 204,013.00		
Total	USD\$ 413,023.00	USD\$ 342,542.00	USD\$ 19,410.00	
Funding Uses/Expenses	2018	2019 Total	2019 CDBG	2019 MHB
Payroll	USD\$ 112,964.00	USD\$ 106,873.00		
Payroll taxes	USD\$ 13,725.00	USD\$ 12,985.00		
Employee Benefits	USD\$ 914.00	USD\$ 1,075.00		
Staff Development and Education	USD\$ 664.00	USD\$ 664.00		
Prof Fees and consultants	USD\$ 9,896.00	USD\$ 16,632.00		
Provider Payments	USD\$ 244,176.00	USD\$ 197,100.00		
Provider Training	USD\$ 508.00	USD\$ 508.00		
Musician	USD\$ 7,728.00	USD\$ 0.00		
Communications	USD\$ 1,157.00	USD\$ 1,148.00		
Computer	USD\$ 1,846.00	USD\$ 1,142.00		
Supplies	USD\$ 492.00	USD\$ 492.00		

Property and Equipment	USD\$ 1,485.00	USD\$ 1,327.00		
Newsletter	USD\$ 305.00	USD\$ 305.00		
Postage, Printing, Fundraising, fees Misc.	USD\$ 5,285.00	USD\$ 5,604.00		
Total	USD\$ 401,145.00	USD\$ 345,855.00	USD\$ 0.00	USD\$ 0.00

Budget Narrative

Learning Bridge's fiscal year is from July 1 to June 30. The figures provided in the above budget are from the budget that was provisionally approved by our Board of Directors on June 14, 2018. Since that time there has been an increase to our IDHS payments of \$24,000, which is not reflected in these figures. The Executive Director has also been asked to review operating costs and fundraising options, and is working with staff and volunteer leaders to create a three year fiscal operating plan. On September 27, 2018 a revised budget will be presented and approved by our Board. After this approval we would like the opportunity to update these budget figures.

Our program and public support are at their highest levels in five years, and new enrollment and development strategies are planned for the year ahead.

Program Outcomes

Beneficiary Demographics

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod
White	3	1	3	1	1	0	1	0
White/Hispanic	1	1	2	1	1	1	1	1
Black or African American	35	34	36	35	20	20	22	22
Black, African American/Hispanic	0	0	0	0	0	0	0	0
Asian	2	1	2	2	2	1	2	2
Asian/Hispanic	0	0	0	0	0	0	0	0
Native American	0	0	0	0	0	0	0	0
Native American/Hispanic	0	0	0	0	0	0	0	0
Other	7	6	7	8	2	1	3	0
Other/Hispanic	0	0	0	0	0	0	0	0
Total	48	43	50	47	26	23	29	25

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	100% of the Evanston children will be in attendance with no interruption of services. Children's health service records shall be monitored to ensure that a child's immunizations and health records are up to date. Family's mental health issues shall be addressed so that parents can remain employed. Monitored by monthly enrollment reports and attendance.	E 11 (25)	E 13 (26)	E 13 (28)	E 24 (80)	0					0
2	Learning Bridge Infant Toddler Providers shall receive 20 hours of in-service training. Monitored by monthly training certificates earned and entered in our Data Base	35	30	25	30	120	205				0
3	Evanston children enrolled will receive a minimum of two comprehensive screenings annually. Screenings will be tracked and reported, and referrals noted.	E 3 (9)	E 4 (10)	E 4 (9)	E 7 (11)	E 18 (39)	0				0
4						0					0
5						0					0

Total	30	25	30	120	205	0	0	0	0	0
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Program Line Item Expenditures

Item Description	Total 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
Total	0	0	0	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total 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
Total	0	0	0	0	0	0	0	\$0

Documents

Documents Requested *

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

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

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

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

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2017 only if changed).

Required?



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Attached Documents *

[Audit FY17](#)

[990](#)

[Summary of Activities](#)

[501 C 3](#)

[Affirmative Action, equity, diversity, inclusion](#)

Brief biographies of key staff including demographic information.	✓	Staff Bios
Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).		
Supplemental information relating to your program or agency, as applicable.		Strategic Plan
Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.		
HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants. download template		
REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.		FY 19 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 FY2018.	✓	Unaudited Profit and Loss 6/30/2018
Organizational commitment to equity, diversity and inclusion.		Affirmative Action, equity, diversity, inclusion

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

Application ID: 122186

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board
8/15/2018 deadline

Learning Bridge Early Education Center Learning Bridge Early Education Scholarship Program

USD\$ 10,000.00 Requested
USD\$ 10,000 MHB Request

Submitted: 8/15/2018 12:59:38 PM (Pacific)

Project Contact

Ann Rappelt
rappelta@lbeec.org
Tel: 847-864-5610

Additional Contacts

sparksj@lbeec.org, merdingerj@lbeec.org

Learning Bridge Early Education Center

1840 Asbury Avenue
Evanston, IL 60201
United States

Executive Director

Lindsay Percival
percivall@lbeec.org

Telephone 847-869-2680
Fax 847-869-2687
Web www.lbeec.org

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 Early Education Scholarship 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.

NAEYC accredited through Feb 2022, GOLD certification through INCCRRA, Award of Excellence Preschool Teaching and Learning through INCCRRA

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. 2019 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="10000"/>	MHB (Human Services Fund)
<input type="text" value="10,000.00"/>	TOTAL

9. Funding request is:

Programs funded in 2018 should be classified as renewal even if amount requested is different from 2018 grant.

- Renewal of 2018 CDBG funding
- Renewal of 2018 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 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 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).

[FY19 Budget](#)

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

[FY19 Board Roster](#)

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

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 Bride seeks to provide the highest quality educational experience for the young children in our care. We are one of the largest early child care facilities in Evanston, serving eighty-six children on-site with approximately 25 additional children in our home-based Infant Toddler Program. Our program is NAEYC accredited and has been awarded the ExceleRate GOLD Circle of Quality. Last year we received the Award of Excellence for Preschool Teaching and Learning, the highest level of achievement in early childhood education. Only 6% of all centers, including school districts preschools, 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 and tending, and harvesting. All 86 of the Center's children are outdoors at the same time, playing together with the 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 volunteers assist us in our mission.

The majority of the children who enroll with us stay with us for at least one year. Twenty percent of our children stay with us from the age of 2 until they leave us to enter kindergarten.

Parents needing scholarship assistance usually need this assistance for a full year. Last year we provided a family with a scholarship for 60 days while conducting a job search, and another who lost wages when a new baby was born. We ask that parents reapply every six months for assistance so that we can re-evaluate need and adjust funding as necessary.

Our Center is open from 7:30 am to 5:30 pm Monday - Friday, 49 weeks a year. Our children often remain with us an average of 2 to 4 years.

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

The scholarship program at Learning Bridge Early Education Center serves low-income, working Evanston families and benefits their children aged 2-5 years-old by helping to ensure their child can receive education and care services in our full day care program. Scholarship families have incomes that exceed the state's Child Care Assistance Program (CCAP) but lower than the 80% HUD income limits.

Adequate scholarship support to these families, provided through a thoughtful, proactive and clearly defined process that is updated annually, supports the health and self-sufficiency of parents while their children experience stability in early education and care. The positive impact on educational equity and the academic achievement gap is clear.

Last year, our Center served 141 children; 51% of the children were identified as male, 49% as female. 60% were identified as African-American, 22% as White, 7% as Latino/Hispanic, 4% Asian and 7% as more than one race. Sixty-four percent of our Evanston families are headed by single parent or caregiver. Seventy-five percent of our families are Evanston residents with 41% of the remaining families working in Evanston.

In addition to the scholarship program, 70% of Center families receive tuition reimbursement through CCAP. IDHS has narrowed CCAP income guidelines in the past two years. For example, a parent with one child and a gross income of \$2,539 per month is over Illinois CCAP income guidelines. A parent with one child who works 40 hours a week and earns \$14.65 per hour is over CCAP income guidelines. According to HUD 2018 income limits, this family's income would place them in the "very low-income" category. And yet, Illinois Department of Human Services does not find the family as income eligible for child care assistance. Taking into consideration payroll deductions, monthly rent and utilities, and the cost of clothing, food, transportation and medical care, and it's difficult to imagine anything left for child care.

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 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. Throughout the year classroom teachers carefully plan, assess and then provide individualized instruction to children. Assessment is an ongoing process and lesson plans are carefully tailored to the needs and development of the 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 is not over HUD 80% of Median income limit;
- Have heads of family who work, are enrolled in school or job training, or are seeking employment;
- Continue to contribute at a minimum 50% of tuition expense.

Center also is GOLD certified through the State and in 2017 earned the Award of Excellence for Preschool Teaching and Learning, given to only 6% of preschool in Illinois. Parents can have peace of mind that their child is receiving the highest quality early learning experience.

3. Describe what underrepresented populations are identified and targeted for services and how City funds would improve equity of service delivery. How would the program measure/report impact to these populations?

If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses. In Illinois Child Care Assistance Funds are designed to stop providing assistance to a family of two, one child and one parent, if the parent earns just \$2,539 a month. A 25 cent per hour raise can push a family over the eligibility guideline "cliff." The cost of care for a child aged 3 to 5 can average \$12,000 a year, an additional expense of \$1,000 per month for a family earning a gross \$2,539 a month. A parent may have to rely on family care and a irregular or inconsistent system of caregiving often involving multiple caregivers. Knowing that there are currently achievement gaps for our young children entering kindergarten, many of these care giving options do not have the educational component necessary for success.

Our scholarship program is designed to meet the needs of those locked out of the CCAP system. Our scholarship program prioritizes single parent homes and ensures equitable services for all children enrolled.

Each child is accessed daily with tri-annual formal checkpoints delivering a snapshot of children's growth and development. Over time we see great improvements to children's skills, knowledge and ability especially in the social-emotion domain.

All of the funds from the Mental Health Board program go directly to families. Copies of the family ledgers are included in the quarterly reports sent to the city. Parents have the peace of mind that their child receives care and education in a high quality center.

4. 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.

110	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)
4	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)
119.00	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

A scholarship applicant would only be turned away due to (1) ineligibility: determined to be over income (HUD 80% Median Income Cook County) or are not Evanston residents (2) lack of scholarship funds. Currently with the Mental Health Board scholarships and a small but consistent donations from private donors, we have been able to meet the need. We are concerned, however, that the state reimbursement rate continues to lag well behind the actual cost of care - by 31%, to be exact.

The Center program itself does maintain a wait list. Because we have open enrollment a child may start at any time. Currently the highest demand is for children who are 2 years of age. In response to the demand, beginning September 2017 we changed one of our 3 year-old classrooms into a classroom for older two / younger three year-old children. We see this trend continuing for the upcoming school year.

Licensing regulations for age limitation govern whether or not we have a space. We carefully monitor enrollment and when possible we may move a child who has aged up to another classroom to accommodate a family. Our goal is to move children off our wait list and into the Center quickly. One of the ways we can do this efficiently is that we are site administrators for the CCAP program. A parent can bring in their paperwork and in one day have their CCAP paperwork processed. The same is true for the scholarship program. Once a parent has submitted all documentation determination can be done in less than two days.

As site administrators for CCAP we can start a family mid-month or even mid-week affording families greater flexibility in

starting employment.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

Learning Bridge conducts developmental screenings on all children within the first 45 calendar days of entry into the program. These screenings can identify children who may need additional support services. They measure language, cognitive, physical and social-emotional domains and are completed with parent input. All screening scores are reviewed by the classroom teaching team and the Program and Education Manager to determine the best of course of action.

For some children, all that is needed may be more intentional activities that can help them move forward in their growth and development. Should the child need specialized services we refer them to their local school district for an evaluation. With the parent completing an Authorization to Exchange Information Form, teachers, administration, and parents can make decisions to help children gain the competency required for kindergarten readiness. Some children may need a short period of services that are accessed through the parent's insurance program. In some cases those services are completed here at our Center. Email and records of phone conversations keep all parties informed as to where a child is in both the referral process and the delivery of services. We have a few children who have wrap-around care at our Center. They attend a special education or Head Start program at the District and then come here for the afternoon.

Learning Bridge Early Education Center follow trauma informed care practices. Should a child be experiencing difficulties in the day to day navigation of classroom expectations or managing relationships with his/her teachers and/or peers, we can refer the child and the family to a United Way Service grant collaboration for Mental Health Services. Childcare Network of Evanston is the liaison agency. A parent completes an application and the form is sent to CNE. Within 48 hours the parent and therapist have connected. The therapist visits the child in the classroom, conducts break out sessions, and also meets with the parent. Therapists provide the classroom teachers with strategies to use at school that will help the child gain social-emotional skills.

All referrals are tracked by the Program and Education Manager and during weekly classroom teacher team meetings, progress and adaptations are discussed to ensure the child has a safe, secure and productive classroom experience. By addressing the social-emotional need of these children and ensuring that they have good coping skills and good mental-health we can narrow the existing GAP in school achievement scores. Our goal is to ensure that every child leaving our program has the necessary kindergarten skills for academic success, especially a sound solid social emotional base and self-regulation skills.

7. 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 some Evanston child care programs may offer tuition assistance to a limited number of their enrollees, Childcare Network of Evanston (CNE) had historically provided a Community-Wide Scholarship Program funded by the Evanston Mental Health Board. Learning Bridge families had applied for, been found eligible, and received CNE funds every year since the inception of the program. This program was a lifeline to families whose income exceeded eligibility guidelines, had "fallen off the CCAP cliff," and were unable to afford quality child care options.

In April 2016 we were informed by CNE that as of April 30, 2016, the three LBEEC families currently receiving scholarship would no longer receive them. The three families scrambled to find other sources of financial support before the cutoff date. We offered the families a reduced weekly rate in an attempt to maintain continuity of care for the children and to help reduce the anxiety and stress levels of the parents. As a result, two families were able to continue in care, though with difficulty. One parent was forced to pull her child out of care due to the increased financial burden. This child had just four months to go before entering kindergarten.

As stated in Question #2, 70% of Center families received tuition assistance through the Illinois CCAP. The state reimbursement rate is equal to about 69% of our full-fee tuition.

8. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

Our Scholarship program uses four primary quantitative measures; the percentage of participating children who remain in consistent care as a result of the scholarship; the percent 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 includes 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 to measure stress at the point of intakes as well as at

the conclusion or renewal of scholarships. The Program and 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.

Our Center uses research-based 'Creative Curriculum' and 'MyTeachingStrategies GOLD' online as our assessment system. We conduct checkpoints three times per program year to show individual growth and outcomes. These checkpoints are aligned with the Illinois Early Learning Development Standards. Teachers meet with parents at least bi-annually for parent teacher conferences and show parent's progress that their child has made. Teachers also collect samples of children's daily work for inclusion into the child's portfolio. Children and parents can review the portfolio which showcases the child's development and progress. We have two supplemental curricula as well. Knowing that good math aptitudes and dispositions can be developed at an early age the use 'The Big Ideas for Math for Early Childhood'. Weekly teachers provide some basic mathematical principles and provide the foundation of math literacy. This directly addresses one of the areas identified on District 65 achievement gaps. We also began using Conscious Discipline as our social-emotional curriculum this past school year and with a grant from Rotary Club of Evanston Lighthouse we will have classroom materials for this upcoming school year. This addresses the need for strong social-emotional skills and good self-regulation skills. The growth and development of these skills shall be measured through our online assessment system.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2019, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 must show an increase in people served if applying for an increase in CDBG funding.

<input type="text" value="150"/>	Unduplicated people to be served in 2019
<input type="text" value="110"/>	Unduplicated Evanston residents to be served in 2019
<input type="text" value="90"/>	Unduplicated low/moderate income people to be served in 2019
<input type="text" value="70"/>	Unduplicated low/moderate income Evanston residents to be served in 2019
<input type="text" value="141"/>	Unduplicated people served in 2018
<input type="text" value="106"/>	Unduplicated Evanston residents served in 2018
<input type="text" value="93"/>	Unduplicated low/moderate income people served in 2018
<input type="text" value="67"/>	Unduplicated low/moderate Evanston residents served in 2018
<input type="text" value="827.00"/>	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

Learning Bridge Early Education Center is a 501(c)(3) nonprofit organization whose mission is to strengthen families and communities by providing the highest quality, affordable, full-day early learning experience for their children. More than 100 children, aged 0-5 years, are served by Learning Bridge each year, and 70-80% receive government subsidized care.

Aside from Evanston School District 65, Learning Bridge is the largest provider of full-day early learning and preschool care to low-income families in Evanston. Children from all socioeconomic backgrounds, however, gain the skills they need to succeed in school, and learn the shared community values of cooperation and respect. The Center builds educational equity by focusing on kindergarten readiness and being a collaborative partner with many other agencies in order to leverage available community resources. The Center received the Award of Excellence in Preschool Teacher and Learning from ExceleRate Illinois in 2016. This award is only achieved by 6% of programs in Illinois; all must have already earned ExceleRate's Gold Circle of Quality award.

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 ages 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 ages 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. We 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 serves in multiple capacities to support the agency. For example, our Center Manager also handles the CCAP site administration program. Our Infant Toddler Program Manager serves many functions including enrollment and support; to children, to families and to the providers.

Our Board of Directors has grown by six new members this year. The Board has fiduciary responsibility and is tasked with fundraising for all of the Center's programs.

The Center has also increased our base of volunteers, primarily through Volunteer Evanston, adding classroom and administrative support. Some of these volunteers have been working with our Language Link program which was new this past school year. We have a licensed speech pathologist who works with children who are just below the required delay for speech services from the district. The speech pathologist works with the children and guides the volunteers who also work with the children, to help them gain the necessary skills needed for kindergarten readiness.

11. How many staff of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

The Center's Leadership Team consists of seven members. Of these seven, three are African American and have a direct role in the decision making process.

We also share policies and procedures with all staff for their buy-in and feedback. Our staff is ethnically diverse; White, African American, Asian, Hispanic, Asian and multi-racial.

12. Describe 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 every six months if applicable 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.

13. 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)

14. 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? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

The Center Manager has over thirty two years of experience managing a licensed Center. She assists families with the enrollment process, their initial CCAP paperwork and on-going re-determinations. She manages fees, payments and assists and supports parents with questions related to care. She holds a Bachelors Degree in Early Childhood with a Gateways Level 5 Credential. The Center Manager is white/Non Hispanic.

Our Executive Director has held this position for seven years. Prior to this she was heavily involved with the Center while serving on the Board. She is current chair of the Evanston Director's Council and serves on the Evanston Cradle to Career Learning on Track committee. The Executive Director is white/Non Hispanic.

The Program and Education Manager has a BA in Early Childhood and Level 5 Infant Toddler Credential and Level 5 Preschool Credential. She is white/Non Hispanic.

The Infant Toddler program Manager has a MS in Early Childhood Education with a Level 2 Infant Toddler Credential, and a Level 5 Preschool Credential. She is African American/Non Hispanic.

Additional Leadership Team staff work together to ensure a seamless delivery of high quality learning and education to children and family centered program for our families. Our teaching staff is a diverse group of white, Asian, Hispanic, and African American with teaching experiences ranging from one year to over thirty years.

No new staff will be hired for the position as present staff handles the administrative services for the scholarship program. None of the requested funding will be used for administrative staff salaries; one hundred percent will go to the families.

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

Lindsay Percival, percivall@lbeec.org 847-869-2680 - Ann Rappel, rappelta@lbeec.org 847-869-2680

16. 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

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

Yes

No

18. 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 we serve young children and have been able to accommodate some with mild physical disabilities. The Center is planning to make improvements, employing universal design, that would address this need.

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

1840 Asbury Ave. Evanston, IL 60201 - most of our clients drive here however we are accessible by bus, metro and the RTA.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019 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 Rappel Program and Education Manager

Budget

Funding Sources/Revenues	2018	2019	2019 Committed
City of Evanston CDBG	USD\$ 0.00	USD\$ 0.00	
City of Evanston Mental Health Board Funds	USD\$ 10,000.00	USD\$ 10,000.00	

Unrestricted Contributions	USD\$ 175,000.00	USD\$ 200,000.00	
Restricted Contributions	USD\$ 26,470.00	USD\$ 11,900.00	USD\$ 11,900.00
Parent Fees	USD\$ 387,365.00	USD\$ 394,707.00	
Food Program	USD\$ 79,080.00	USD\$ 70,311.00	
IDHS	USD\$ 521,218.00	USD\$ 541,735.00	
ISBE Preschool for All	USD\$ 110,636.00	USD\$ 113,955.00	
Restricted Gifts from Endowment	USD\$ 48,000.00	USD\$ 47,790.00	USD\$ 47,790.00
Total	USD\$ 1,357,769.00	USD\$ 1,390,398.00	USD\$ 59,690.00

Funding Uses/Expenses	2018	2019 Total	2019 CDBG	2019 MHB
Payroll, taxes, and employee benefits	USD\$ 1,096,545.00	USD\$ 1,005,328.00		
Staff Development	USD\$ 8,996.00	USD\$ 4,128.00		
Prof Fees, and Consultants	USD\$ 53,376.00	USD\$ 55,390.00		
Printing, Postage Newsletter	USD\$ 4,679.00	USD\$ 4,781.00		
Communications/Computer	USD\$ 14,001.00	USD\$ 10,440.00		
Supplies and Program Consultants	USD\$ 29,162.00	USD\$ 29,441.00		
Food (CACFP) Expense	USD\$ 101,898.00	USD\$ 92,634.00		
Property and Equipment	USD\$ 3,715.00	USD\$ 3,096.00		
Parent/Child Functions, Summer Camp, Field Trips, Spec Events	USD\$ 7,019.00	USD\$ 7,241.00		
Professional Organization, Membership/Advertising	USD\$ 5,487.00	USD\$ 4,499.00		
Fundraising and Board Misc. Exp	USD\$ 23,565.00	USD\$ 22,655.00		
Occupancy	USD\$ 72,539.00	USD\$ 84,090.00		
Bank and Credit Card Fees	USD\$ 9,076.00	USD\$ 14,341.00		
Scholarship Exp (direct to families)	USD\$ 10,000.00	USD\$ 10,000.00		USD\$ 10,000.00
Depreciation and Insurance Exp	USD\$ 33,575.00	USD\$ 35,923.00		
Total	USD\$ 1,473,633.00	USD\$ 1,383,987.00	USD\$ 0.00	USD\$ 10,000.00

Budget Narrative

Learning Bridge's fiscal year is from July 1 to June 30. The figures provided in the above budget are from the budget that was provisionally approved by our Board of Directors on June 14, 2018. Since that time there has been an increase to our IDHS payments of \$24,000, which is not reflected in these figures. The Executive Director has also been asked to review operating costs and fundraising options, and is working with staff and volunteer leaders to create a three year fiscal operating plan. On September 27, 2018 a revised budget will be presented and approved by our Board. After this approval we would like the opportunity to update these budget figures.

Our program and public support are at their highest levels in five years, and new enrollment and development strategies are planned for the year ahead.

Program Outcomes

Beneficiary Demographics

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod
White	31	2	33	2	23	0	25	2
White/Hispanic	10	9	10	10	9	8	9	9
Black or African American	84	75	85	76	65	57	65	58
				89 of 212				

Black, African American/Hispanic	0	0	0	0	0	0	0	0	0
Asian	6	3	5	3	2	0	2	0	
Asian/Hispanic	0	0	0	0	0	0	0	0	
Native American	0	0	0	0	0	0	0	0	
Native American/Hispanic	0	0	0	0	0	0	0	0	
Other	10	4	12	5	7	3	8	4	
Other/Hispanic	0	0	0	0	0	0	0	0	
Total	141	93	145	96	106	68	109	73	

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 services. This shall be tracked through daily and monthly attendance records	4	4	4	16	28					0
2	Low income single parent households will receive priority for scholarships. 70% of the scholarship recipients shall be single parent households	4	4	4	16	28					0
3	Parents will experience lower levels of stress as a result of receiving scholarship assistance. Evaluated on by check-ins from staff	4	4	4	16	28					0
4	Children receiving scholarship assistance shall show improvement of assessment outcomes over time as they remain in care. Monitored by tri-annual checkpoints	4	4	4	16	28					0
5						0					0
Total		16	16	16	64	112	0	0	0	0	0

Program Line Item Expenditures

Item Description	Total 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
Total	0	\$0							

Program Line Item Funding

Item Description	Total 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
Total	0	0	0	0	0	0	0	\$0

Documents

Documents Requested *

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

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

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

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

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2017 only if changed).

Brief biographies of key staff including demographic information.

Required? Attached Documents *



[FY17 Audit 990](#)

[Summary of Activities](#)



[501 C 3](#)

[Affirmative Action, equity, diversity, inclusion](#)



[Admin 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](#)

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

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

[download template](#)

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

[FY 19 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 FY2018.



[Unaudited Financials June 30, 2018](#)

Organizational commitment to equity, diversity and inclusion.

[Affirmative Action, equity, diversity, inclusion](#)

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Application ID: 121848

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board
8/15/2018 deadline

Trilogy Inc
Trilogy Behavioral Healthcare - Evanston Mental Health Program

USD\$ 0.00 Requested
USD\$ 30,000 MHB Request

Submitted: 8/15/2018 11:37:58 AM (Pacific)

Project Contact

Samantha Handley
shandley@trilogyinc.org
Tel: 773-382-4051

Additional Contacts

kkim@trilogyinc.org, mmiller@trilogyinc.org

Trilogy Inc

1400 West Greenleaf Ave
Chicago, IL 60626

President and CEO

John Mayes
jmayes@trilogyinc.org

Telephone 773-382-4048

Fax 773-262-4841

Web www.trilogyinc.org

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.

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.

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. 2019 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 2018 should be classified as renewal even if amount requested is different from 2018 grant.

- Renewal of 2018 CDBG funding
- Renewal of 2018 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 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 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).



[Trilogy FY19 Budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS.



[Trilogy Board List](#)

Board of Directors, including demographic information, 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

[Trilogy COI Form](#)

[download template](#)

Application Questions

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

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

funding.

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 amily 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.

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

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.

3. Describe what underrepresented populations are identified and targeted for services and how City funds would improve equity of service delivery. How would the program measure/report impact to these populations?

If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses. The underrepresented populations are those that are underinsured or uninsured. Outreach efforts are conducted by the Coordinator to various community providers (i.e. soup kitchens, drop-in services, churches, etc) in an attempt to reach a larger population of individuals with behavioral health needs and lack of resources and supports due to limited and/or zero funding. City funding supports the efforts of the Coordinator to be able to conduct outreach and engage underserved populations. This also includes efforts to assist those with the Medicaid application process to be able to access resources and supports long term.

Due to the engagement of the Coordinator coupled with 1:1 case management supports, those under-represented populations will see a decrease in utilization of ER and inpatient visits. This will be measured by tracking the # of encounters a client has with the ER and hospital settings following enrollment into services with Trilogy. We gather baseline information on utilization during completion of the Mental Health Assessment.

4. 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="32"/>	Referrals
<input type="text" value="44"/>	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"/>	Multi-session program (e.g. after school program)
<input type="text"/>	Focused topic activities (e.g. workshops, trainings)
<input type="text" value="40"/>	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="176.00"/>	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

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. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

Yes, referrals for programs within the organization are available and offered to those individuals that link to Trilogy services. For example, if the Coordinator engages a client into care for intensive case management services and later learns that the client would also like individual therapy, the Coordinator can submit a referral to the Outpatient Services Department. The referral process is completed via the client's Electronic Medical Record (ECR). Each client has an established ECR once they are enrolled into services. A referral section is designated for staff to refer within programs if a client has an identified interest or need. The referral form is titled 'Intra-Agency Referral Guide.' This is completed and submitted via the client's ECR which prompts an alert to be sent to the department in which the client is referred. The department head will contact the client and/or staff to begin linkage to programming.

For referrals submitted to other agencies, we utilize our charting system known as Carelogic. Carelogic offers staff the ability to track referrals and contacts with community members. Each encounter and/or referral is tracked via Intake Tracking.

7. 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.

8. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze 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 parties.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2019, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 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 2019
<input type="text" value="75"/>	Unduplicated Evanston residents to be served in 2019
<input type="text" value="325"/>	Unduplicated low/moderate income people to be served in 2019
<input type="text" value="75"/>	Unduplicated low/moderate income Evanston residents to be served in 2019
<input type="text" value="260"/>	Unduplicated people served in 2018
<input type="text" value="60"/>	Unduplicated Evanston residents served in 2018
<input type="text" value="260"/>	Unduplicated low/moderate income people served in 2018
<input type="text" value="60"/>	Unduplicated low/moderate Evanston residents served in 2018
<input type="text" value="1,440.00"/>	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under 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 six 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.

11. How many staff of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

Trilogy's leadership team consists of 14 members; 4 staff are persons of color and/or Hispanic or Latino background.

12. Describe 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.

13. 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)

14. 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? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

Staff 1: 34-year-old Caucasian, Female

Staff 2: 32-year-old Caucasian, Female

Staff 3: 30-year-old Caucasian, Female

Staff 4: 29-year-old Caucasian, Female

Staff 5: 28-year-old Caucasian, Female

Staff 6: 26-year-old Caucasian, Female

Staff 7: 24-year-old Caucasian; Of Hispanic Origin, Female

We have 5 Licensed Clinical Social Workers (LCSWs) in the department, 1 Mental Health Provider (MHP) with 5+ years of experience in the field of Mental Health, 1 Master's Level Clinician or Quality Mental Health Provider (QMHP). One of the clinical staff serves as the department's Spanish speaking provider who supports our Spanish speaking community at point of entry. Our LCSW staff have between 3 and 10+ years of community mental health experience. The MHP has 5+ year of community mental health experience and is completing their last year of schooling to receive their Bachelor's degree. The QMHP in our department has 3 years of experience in community mental health and is pending completion of their LCSW examination.

3 of the staff on the intake team do not carry a caseload. Their responsibility is to open and link clients to services within the agency. They do not work with client's long term. Each intake staff opens between 0-10 client's to services a week via Open Access or scheduled intake referrals. The other 3 staff provide intake and linkage (brief case management services) and carry a caseload of 20 clients. The 7th person in the department is the Director of Intake and does not carry a caseload.

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 3 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 6 years, including the last 2.5 years 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.

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

Megan Miller, mmiller@trilogyinc.org, 773-382-4005/ Kyu Yup Kim, kkim@trilogyinc.org, 773-382-4026

16. 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

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

Yes

No

18. 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

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

Services are provided in community within the City of Evanston. Care Coordinator's office is located in the main office, 1400 W. Greenleaf, Chicago

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019 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

Funding Sources/Revenues	2018	2019	2019 Committed
City of Evanston CDBG	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
City of Evanston Mental Health Board Funds	USD\$ 28,800.00	USD\$ 30,000.00	USD\$ 0.00
Medicaid FFS Billing	USD\$ 32,500.00	USD\$ 30,384.00	USD\$ 0.00
Total	USD\$ 61,300.00	USD\$ 60,384.00	USD\$ 0.00

Funding Uses/Expenses	100 of 212 2018	2019 Total	2019 CDBG	2019 MHB
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Mental Health Care Coordinator	USD\$ 40,000.00	USD\$ 40,000.00	USD\$ 0.00	USD\$ 20,000.00
Fringe Benefits	USD\$ 9,200.00	USD\$ 8,628.00	USD\$ 0.00	USD\$ 4,314.00
Telecommunications	USD\$ 900.00	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Supplies	USD\$ 300.00	USD\$ 300.00	USD\$ 0.00	USD\$ 0.00
Occupancy	USD\$ 2,720.00	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Training	USD\$ 1,300.00	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
Travel/ Mileage Reimbursement	USD\$ 1,000.00	USD\$ 2,000.00	USD\$ 0.00	USD\$ 156.00
Indirect Costs/ Administrative Costs	USD\$ 5,880.00	USD\$ 9,756.00	USD\$ 0.00	USD\$ 5,530.00
Total	USD\$ 61,300.00	USD\$ 60,684.00	USD\$ 0.00	USD\$ 30,000.00

Budget Narrative

Trilogy's \$30,000 funding request to the Evanston Mental Health Board (EMHB) equals the request submitted in 2018 but \$1,200 higher than actual award. However, the total costs associated with providing this service remains constant. EMHB enables program to provide non-Medicaid funded services such as outreach and engagement as well as ensure that any Evanston resident in need of mental health services can access services, funded or not. This funding is vital to our ability to provide comprehensive coverage.

Details of Funding Request below:

Mental Health Care Coordinator: This position provides direct services in the community as described in the program narratives. The annual salary for the current person in the position, Ms. Rebecca Bossin, is paid an annual salary of \$40,000. We are requesting that 50% of her salary be funded by EMHB to enable Trilogy to deploy her efforts at that rate to support grant activities.

Fringe Benefits: Trilogy provides Fringe benefits to all staff at an estimated rate of 21.57% for FY19 (23% in previous budget). Details of expenses associated with this cost category are as follows:

- FICA: 7.65%
- Unemployment Insurance: 0.5%
- Workers Compensation: 1.58%
- Health Insurance including Employer share of Dental and Vision: 11.84%

Telecommunications: While budgeted in previous applications, Trilogy will forego budgeting in this application due to limited funding availability and ability to have cost savings through efficiency improvements. We certify that this will not impact the availability of the latest communications technology needed by staff to provide high quality services to Evanston residents.

Supplies and Training: These line items will also not be budgeted in this year's application as Trilogy is confident that costs savings can be achieved through shared costs and price negotiations.

Occupancy: This line item will also not be budgeted in this year's application as this program now operates out of our main building at 1400 W. Greenleaf. Costs associated with occupancy at this site are part of agency distributed Indirect Costs.

Travel/ Mileage Reimbursement: Trilogy projects that the need for this line item will be about \$2,000 during the program year. As much of this cost has been budgeted into this application to adjust our request to stay within funding availability limitations.

Indirect Costs/ Administrative Costs: Trilogy has a Federally Negotiated Indirect Cost Rate of 22.6% against Modified Total Direct Costs.

Trilogy currently does and will continue to provide services to the City of Evanston and will do so through Medicaid Fee for Service billing revenue. EMHB funding will allow us to expand our capacity in Evanston in terms of time spent, services rendered (non-billable) and people served (non-funded.)

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

Program Outcomes

Beneficiary Demographics

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod
White	20	20	43	43	20	20	43	43
White/Hispanic	2	2	5	5	2	2	5	5
Black or African American	15	15	37	37	15	15	37	37
Black, African American/Hispanic	0	0	0	0	0	0	0	0
Asian	0	0	1	1	0	0	1	1
Asian/Hispanic	0	0	0	0	0	0	0	0
Native American	0	0	0	0	0	0	0	0
Native American/Hispanic	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Other/Hispanic	0	0	0	0	0	0	0	0
Total	37	37	86	86	37	37	86	86

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.	15	15	15	15	60					0
2	Complete 44 individual recovery plans and "soft handoff" of client to Trilogy recovery teams.	11	11	11	11	44					0
3	Refer 32 Evanston residents to outside service providers.	8	8	8	8	32					0
4	Have 40 Evanston residents visit the Trilogy Beacon, the organization's drop-in center.	10	10	10	10	40					0
5						0					0
Total		44	44	44	44	176	0	0	0	0	0

Program Line Item Expenditures

Item Description	Total 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
Total	0	\$0							

Program Line Item Funding

Item Description	Total 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
Total	0	0	0	0	0	0	0	\$0

Documents

Documents Requested *

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

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

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

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

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2017 only if changed).

Required? Attached Documents *

✓ [Trilogy Audit](#)
[Trilogy 990](#)

[Trilogy Annual Report](#)

✓ [Trilogy 501c3](#)

Brief biographies of key staff including demographic information.	✓	Staff Biography
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.		Trilogy Board List Strategic Plan Applicant Schedule
Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.		
HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants. download template		
REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.		Trilogy 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.	✓	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 FY2018.	✓	Trilogy Statement of Operating Revenues and Budgets
Organizational commitment to equity, diversity and inclusion.		Trilogy Values Statement

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

Application ID: 122144

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board
8/15/2018 deadline

Turning Point Behavioral Health Care Center Open Access Program

USD\$ 10,000.00 Requested
USD\$ 10,000 MHB Request

Submitted: 8/15/2018 10:46:30 AM (Pacific)

Project Contact

Jennifer Sultz
jsultz@tpoint.org
Tel: 8479330051

Additional Contacts

none entered

Turning Point Behavioral Health Care Center

8324 Skokie Boulevard
Skokie, IL 600772545

Chief Executive Officer

Ann Fisher Raney
araney@tpoint.org

Telephone 8479330051
Fax 8479330057
Web www.tpoint.org

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.

Turning Point Behavioral Health Care Center - Open Access 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.

Commission on Accreditation of Rehabilitation Facilities (CARF) - 4/7/16 Three Year Accreditation

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. 2019 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 2018 should be classified as renewal even if amount requested is different from 2018 grant.

- Renewal of 2018 CDBG funding
- Renewal of 2018 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 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 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).



[Agency Operating Budget FY19 - Turning Point](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS.



[Board of Directors FY19 - Turning Point](#)

Board of Directors, including demographic information, 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

[Conflict of Interest Disclosure Form - Turning Point](#)

[download template](#)

Application Questions

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

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

funding.

Open Access is Turning Point's streamlined intake program, launched in 2016. It is a massive restructuring of the classic intake process, designed to allow new clients to access the mental health care services they need swiftly and on a walk-in basis, dramatically reducing wait times and allowing individuals to be seen without an appointment and on the same day that they walk in.

Historically, accessing mental health services has routinely involved lengthy waits. In the past, Turning Point's wait list has been as high as 200 people waiting for services, with an average wait time of 10 weeks for a first therapy appointment. A typical result of individuals having to wait for mental health care is an increase in symptoms, psychiatric crises, emergency room usage, and the possibility that the person in need of care will give up on pursuing the services they require. Not receiving necessary healthcare can have a ripple effect on the client's family, livelihood and the larger community. With the new Open Access program in place at Turning Point, lengthy delays are no longer a necessary component of seeking care. The program also allows for walk-in, same-day service, further respecting each individual's readiness for help and further reducing any obstacles to care.

Open Access hours are currently as follows: Monday 12:30 – 3:30 p.m., Tuesday 12:30 a.m. – 3:30 p.m., Wednesday 2:30 – 5:30 p.m., and Thursday 12:30 – 3:30 p.m. Medicaid recipients may join us for Open Access at any of these listed times. Individuals with private insurance are asked to come in for Open Access on Tuesdays. The Open Access intake process typically requires approximately two hours to complete. Turning Point's overall hours of operation are Monday through Thursday 9:00 a.m. – 8:00 p.m. and Fridays 9:00 a.m. – 4:00 p.m.

Turning Point Behavioral Health Care Center provides a wide array of mental health care services including individual, family and group therapy, psychiatry, case management, crisis services, psychosocial rehabilitation, a residential living program, and The Living Room at Turning Point, our walk-in clinic for individuals experiencing a psychiatric emergency. This innovative program, free to guests and available to clients and non-clients alike, has achieved a 99% success rate in deflecting guests from costly visits to hospital emergency rooms.

In the 2015-2019 Consolidated Plan, the City of Evanston has identified expanding the availability of and increasing access to mental health services as a key goal under the heading of Public Services. This objective is fully in keeping with Turning Point's Open Access program which expedites access to care and makes it more easily attainable through a walk-in intake service, requiring no prior appointment.

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

Now celebrating 49 years, Turning Point Behavioral Health Care Center is an award-winning, non-profit outpatient mental health center serving both children and adults from throughout the Chicago metropolitan area. Located in Skokie, Turning Point provides expert, affordable, and compassionate care to approximately 1,300 clients annually, approximately 90% of whom are low income and approximately 10% of whom are Evanston residents. Of the approximately 45 communities in metropolitan Chicago that Turning Point serves, Evanston ranks third in the amount of residents served, with only Skokie and Chicago ranking higher.

Of our overall client base, approximately 55% are female and 45% male. Turning Point serves clients ages five and older. The approximate breakdown of ages that we serve is as follows: 21% are under 18 years of age, 61% are 18 to 55 years, and 18% are over 56 years of age. Our overall client population is approximately 56% Caucasian, 25% Multi-racial, 10% African American, 6% Asian, 3% other. Our clients experience a wide range of primary diagnoses including schizophrenia, depression, bipolar disorder, anxiety, agoraphobia, post-traumatic stress, obsessive-compulsive disorder, among many others.

To be eligible for services, individuals must meet the age requirement, they must have a mental illness as their primary diagnosis, their needs must be an appropriate match for the services that Turning Point provides, and they must meet the agency's payment criteria.

3. Describe what underrepresented populations are identified and targeted for services and how City funds would improve equity of service delivery. How would the program measure/report impact to these populations?

If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses. Turning Point serves a population of individuals living with mental illness, which is a woefully underrepresented group. Within this already underserved population, approximately 90% of Turning Point clients are low income, further diminishing their representation. City of Evanston funding of the Open Access program will help support a program which is specifically tailored to expedite care to this underserved population, and to do so swiftly so that individuals will receive the care that they urgently need when they need it. This program will measure inquiries as well as completed intakes, and demographic breakdowns of those served.

4. 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="54"/>	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"/>	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"/>	Phone or online help (e.g. 24-hour help lines)
<input type="text" value="54.00"/>	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

Eligible people are not turned away for services. In the rare event that they can't be seen the same day they come in due to high demand, they are directed to come back the next day and will be given priority that day. While the goal of this program is to eliminate wait times, we do occasionally have a wait list due to the flow and quantity of new clients and the parameters that they give us in terms of their availability for appointment times. As of the week in which we are submitting this application, we currently have a wait list of 50 people. For individuals with flexible schedules, that wait is expected to be no more than one to two weeks. For individuals with more limited availability, that wait may be longer. Length of wait time is also dependent on the specific services requested, and whether individuals are self-pay, have Medicaid, Medicare or private insurance since clients must be paired with therapists who are specifically licensed to work with their insurance. For individuals in crisis and in need of immediate attention, we do have crisis workers on site and our on-site program, The Living Room, which is a free and walk-in alternative to hospital emergency rooms for adults in crisis. Turning Point has hired several new staff members and our expectation is that the current wait list will be reduced as our new clinicians take on new clients.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

For clients who are in need of services that Turning Point does not provide, we refer them to agencies who do have those services. Some examples include Thresholds, Behavioral Services Center in Skokie for substance abuse treatment, Evanston Hospital Outpatient Clinic for medication only needs, and The Autism Family Center in Winnetka for Autism Spectrum Disorders, to name a few. If we are unable to serve an individual due to not accepting their insurance, we direct them back to their insurance companies for referrals, as that is the most efficient way for them to find out which agencies they can go to under their insurance plans. Referrals are tracked in each client's record.

7. 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.

Given the current economic climate in Illinois and the lack of mental health services available to lower income clients, duplication is not an issue we encounter. Other agencies providing mental health services include Thresholds, Josselyn Center, Erie Family Health, and Metropolitan Family Services, among others. Turning Point maintains strong collaborative and referral relationships with these and many other agencies and organizations in the surrounding area.

Since Open Access launched on July 5, 2016, we have been very pleased with the success of the program. Clients have shared positive feedback and have been very pleased with this new system, frequently remarking on how wonderful it is to hear that they don't need to wait to make an appointment to access services. The success of this program has resulted in increased productivity of staff as well as increased client satisfaction.

Our challenges with the program have included scheduling predictability as we shifted to a drop-in intake format and have had to grapple with wide variations in flow, staffing needs arising from this new structure, and capacity issues resulting from higher demand. We continually assess the system, look for ways to address unanticipated issues, and flexibly respond to any challenges that arose.

Turning Point has been awarded highest ratings by The Commission on Accreditation of Rehabilitation Facilities. The agency was a recipient of the 2017 Illinois Association for Behavioral Health's Excellence in Mental Health Award, and the 2015 Impact Award for Excellence in Behavioral Healthcare Management from the National Council for Behavioral Health. In 2017, Turning Point received the Public Health Partners of Excellence Award from the Skokie Health Department and Board of Health, in recognition of exceptional contributions to the health of Skokie. Turning Point was named 2011 and 2012 Non-Profit

of the Year by the Skokie Chamber of Commerce, making it the first to be honored in two consecutive years. With a commitment to solid support, Turning Point has been serving the community for 49 years, providing expert and affordable care in a context of understanding, compassion and hope.

8. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

The Open Access program is overseen by Turning Point's Compliance Officer, Martina Cortez, MS, LCPC. Our goals for the coming year are to increase our outreach and to build upon this successful program by serving more people in need. The information that we collect and track includes demographics as well as number of inquiries, number of completed intakes, number of high priority intakes, and status of the wait list.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2019, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 must show an increase in people served if applying for an increase in CDBG funding.

450	Unduplicated people to be served in 2019
54	Unduplicated Evanston residents to be served in 2019
405	Unduplicated low/moderate income people to be served in 2019
49	Unduplicated low/moderate income Evanston residents to be served in 2019
450	Unduplicated people served in 2018
54	Unduplicated Evanston residents served in 2018
405	Unduplicated low/moderate income people served in 2018
49	Unduplicated low/moderate Evanston residents served in 2018
1,916.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

Now celebrating 49 years, Turning Point Behavioral Health Care Center is an award-winning, non-profit outpatient mental health center serving both children and adults from throughout the Chicago metropolitan area with a mission to provide solid support, when you need it most. Turning Point provides expert, affordable, and compassionate care to approximately 1,300 clients annually, approximately 90% of whom are low income and approximately 10% of whom are Evanston residents. We have no geographic boundaries and of the approximately 45 communities in metropolitan Chicago that Turning Point serves, Evanston ranks third in the amount of residents served, with only Skokie and Chicago ranking higher.

Turning Point maintains a clinical and administrative staff of approximately 70 led by Chief Executive Officer Ann Fisher Raney, AM, LCSW. Our Board of Directors includes 13 individuals, five women and eight men. One member is a person of color. The age breakdown of the Board is as follows: 15% are under 45 years, 62% are 45 – 65, and 23% are over 65 years of age. The Board attends seven Board meetings over the course of the year as well as actively participating in Finance, Development, Audit, Community Awareness, and Board Effectiveness and Governance Committees.

11. How many staff of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

Leadership staff totals seven individuals, two of whom (or 28.6%) are people of color.

12. Describe 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).

Turning Point Behavioral Health Care Center is in its 49th year, has received numerous awards, and has been awarded highest ratings by The Commission on Accreditation of Rehabilitation Facilities (CARF). Most recently, CARF awarded Turning Point a Three Year Accreditation in April 2016. The agency is rigorously audited annually and has extensive experience with CDBG record keeping, having received support from both the Cook County CDBG program and the Village of Skokie CDBG program.

13. 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)

14. 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? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

The Open Access program is overseen by Compliance Officer, Martina Cortez, MS, LCPC. Ms. Cortez oversaw the extensive and agency-wide preparations for the launch of Open Access and now manages its ongoing operation. Her clinical areas of expertise include mood disorders, addiction, and anxiety. She has more than 16 years of experience in community mental health and has extensive experience with training and supervising of students and clinical staff. Ms. Cortez oversees the Open Access program staff which includes:

- the Open Access Intake Coordinator
- three Therapists/Assessors dedicated to the program
- two Floor Generals
- two Client Services Specialists

Including the Compliance Officer who oversees the program, the demographics for the nine program staff members are as follows: Two men and seven women, with ages ranging from 25 – 42 years of age, and with four members of the program staff (or 44%) being people of color. Three of the staff are African American and one is Hispanic.

The Open Access intake service is staffed by Turning Point Master's level therapists. Therapists at Turning Point must have master's degrees or be studying towards master's degrees in order to provide treatment for Medicaid recipients or self-pay clients. Recovery Support Specialists and Case Managers must have bachelor's degrees. Medical staff must be MD, DO or APN. Therapists must have a clinical license (LCPC, LCSW, LMFT, PsyD) in order to provide services to clients with private insurance, or under U.S. Probation Office, or to provide clinical supervision to other clinical staff or students. Medicare requires therapists to be licensed as either LCSW or PsyD.

Further expansion of Open Access staffing is not anticipated and neither is a reduction in staff. Annually, Turning Point serves approximately 1,300 clients with a staff of approximately 70.

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

Jennifer Sultz, Development Director, jsultz@tpoint.org, (847)933-0051 x591

16. 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)

060370657

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

- Yes
- No

18. 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

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

Turning Point is located at 8324 Skokie Boulevard in Skokie, Illinois 60077. The agency is easily accessible by car, with abundant free parking, and by public transit only a short walk from bus lines and from the Oakton stop on the CTA Yellow Line.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019 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 Fisher Raney, Chief Executive Officer

Budget

Funding Sources/Revenues	2018	2019	2019 Committed
City of Evanston CDBG	USD\$ 0.00	USD\$ 0.00	USD\$ 0.00
City of Evanston Mental Health Board Funds	USD\$ 10,000.00	USD\$ 10,000.00	USD\$ 0.00
Other Grants	USD\$ 20,000.00	USD\$ 22,000.00	USD\$ 0.00
Fundraising & Events	USD\$ 30,000.00	USD\$ 30,000.00	USD\$ 0.00
DMH Fee for Service & Other Fee for Service	USD\$ 150,181.00	USD\$ 190,000.00	USD\$ 0.00
Total	USD\$ 210,181.00	USD\$ 252,000.00	USD\$ 0.00

Funding Uses/Expenses	2018	2019 Total	2019 CDBG	2019 MHB
Human Resources	USD\$ 205,395.00	USD\$ 244,860.00	USD\$ 0.00	USD\$ 9,500.00
Office Expense: Computer & IT Consulting	USD\$ 3,828.00	USD\$ 5,280.00	USD\$ 0.00	USD\$ 400.00
Community Awareness & Marketing	USD\$ 958.00	USD\$ 1,860.00	USD\$ 0.00	USD\$ 100.00
Total	USD\$ 210,181.00	USD\$ 252,000.00	USD\$ 0.00	USD\$ 10,000.00

Budget Narrative

The Turning Point fiscal year runs from July 1 to June 30. The Open Access program staff has increased this year. Staffing costs cover the following positions, all of which are currently filled:
 Compliance Officer @ .50 time, Open Access portion of salary \$37,040
 Intake Coordinator @ .50 time, Open Access portion of salary \$23,250
 Three Clinicians @ .55 time, Open Access portion of salary \$57,750
 Two Client Services Specialists, Open Access portion of salary \$66,300
 Two Floor Generals/Schedulers, Open Access portion of salary \$60,520
 TOTAL OF ABOVE STAFFING COSTS: \$244,860.

Staff members would not exclusively serve Evanston residents. In fiscal year 2017, the first year of our Open Access program, approximately 11% of the individuals we served through Open Access were Evanston residents. Overall, the portion of our clientele that has been comprised of Evanston residents has been approximately 10%. The percentage of our Open Access program staffing expenses covered by the MHB budget would be approximately 4%. On the revenue side of our budget, fundraising revenue consists of a portion of our annual appeal campaign revenue. A number of other grant applications are being submitted to support Open Access and that is indicated in Other Grants.

Program Outcomes

Beneficiary Demographics

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod
White	248	223	248	223	30	28	30	28
White/Hispanic	45	41	45	41	5	4	5	4
Black or African American	59	54	59	54	7	6	7	6
Black, African American/Hispanic	0	0	0	0	0	0	0	0
Asian	45	41	45	41	5	4	5	4
Asian/Hispanic	0	0	0	0	0	0	0	0
Native American	5	4	5	4	1	1	1	1
Native American/Hispanic	5	4	5	4	1	1	1	1
Other	27	24	27	24	3	3	3	3
Other/Hispanic	16	14	16	14	2	2	2	2

1									\$ 0
2									\$ 0
3									\$ 0
4									\$ 0
5									\$ 0
6									\$ 0
7									\$ 0
8									\$ 0
9									\$ 0
10									\$ 0
11									\$ 0
12									\$ 0
13									\$ 0
14									\$ 0
15									\$ 0
Total	0	\$0							

Documents

Documents Requested *

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

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

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

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

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2017 only if changed).

Brief biographies of key staff including demographic information.

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

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

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

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.
[download template](#)

Required? Attached Documents *



[Audited Financial Statement & Form 990](#)

[Organization Prior Year Activities](#)



[IRS Letter of Determination](#)



[Key Program Staff Biographies](#)

[Open Access Brochure](#)

[Strategic Plan](#)

[Board of Directors List with demographics](#)

[Turning Point Sliding Scale](#)

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

[Agency 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 FY2018.

[FY18 Unaudited Revenues & Expenditures](#)

Organizational commitment to equity, diversity and inclusion.

[Statement on Equity Diversity Inclusion](#)

Extra

How many of those Evanston residents receiving intakes in 2018 also received intakes in 2017?

One of the Evanston residents receiving an intake through the Open Access program in 2018 also was seen in 2017.

How many Evanston residents receiving high intakes in 2018 also received them in 2017?

None.

Client demographic data for 2019 lists exactly the same percentages as that reported for 2018. Also the projected number of Evanston residents (54) remains unchanged. Is this accurate?

As we are only halfway through our reporting for 2018, and not wishing to over-estimate our projected numbers for 2019, we have conservatively kept the projected totals the same for next year.

Great to see an increase in the fees for service total for 2019. What do you attribute to the increase?

Due to the growth of the agency as a direct result of our Open Access program and the increased volume of potential clients seen through the Open Access program the agency derived additional fees for service revenue. Because of the projected continued growth of the agency, Turning Point added an additional clinician in its FY19 Budget. Turning Point chose to allocate more matching funds including fee for service revenue to the Evanston MHB grant as a direct result of the increase in the number of clients coming through the Open Access program.

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

Application ID: 121950

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board
8/15/2018 deadline

Metropolitan Family Services Family Support and Prevention Program

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

Submitted: 8/15/2018 11:43:49 AM (Pacific)

Project Contact

Jennifer Michel
michelj@metrofamily.org
Tel: 312-986-4145

Additional Contacts

none entered

Metropolitan Family Services

1 North Dearborn
Suite 1000
Chicago, IL 60602
United States

Telephone 312-986-4145
Fax 312-986-4334
Web www.metrofamily.org

President and CEO

Ricardo Estrada
estradar@metrofamily.org

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/ Evanston/Skokie Center Family Support and Prevention 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.

Council on Accreditation

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. 2019 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
80,000	MHB (Human Services Fund)
80,000.00	TOTAL

9. Funding request is:

Programs funded in 2018 should be classified as renewal even if amount requested is different from 2018 grant.

- Renewal of 2018 CDBG funding
- Renewal of 2018 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 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 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"/>	Operating Budget-MFS-Skokie-Evanston
REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including demographic information, professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards	<input checked="" type="checkbox"/>	MFS Evanston Board MFS 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 download template		MFS Conflict of Interest

Application Questions

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

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 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. The program addresses the mental health needs of the clients as well as linking them to services to meet basic needs, such as housing, food and medical care. 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 the 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 2018, FSP has the ability to support Evanston residents who want to attend an entire series of Parenting Fundamentals classes at no cost to them. Residents who attend the group will also be eligible to receive up to four home-based visits by the parenting group facilitator. A resident who attended in 2018, after completing services, stated how he now understands his son's feelings and behavior and, as a result, he has more patience with his son. He also stated that the changes he has made contributed to a decrease in his son's negative behavior.

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

Metropolitan Evanston's Family Support and Prevention (FSP) Program served 60 families in calendar year 2017 and year to date 2018, the program has served 32 families. All of them are residents of Evanston. There is at least one child per family and most of the parents are between the ages of 18 and 64. The program also serves older adults who are raising grandchildren. The percentage breakdown by race in calendar year 2017 was 32% African-American, 45% Hispanic, 17% white, and 3% Asian and 3% multiracial and so far in calendar year 2018 the breakdown is 15% African-American, 62% Hispanic, 21% white, and 2% Asian; 98 percent of the client population is lower income, with many families being single-parent female 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.

Here is a success story that highlights the work in FSP: Client is a 24-year-old Hispanic mother of a 3-year-old boy. Client was seeking services because she was struggling with depression over her relationship with her son's father and struggling with parenting her son. Client shared her self-esteem was low to the point where she found it difficult to look into the mirror without making negative comments about herself. Client reported increasing frustrations with her son, and the FSP therapist referred her to Parenting Fundamentals. Client completed the class and the information that she learned about child development and parenting changed her relationship with her son. Client continued to seek support to improve the relationship with her son's father. Regardless of whether they stayed together, client wanted her son to benefit from having both parents in his life.

Therapist and client worked on decreasing client's depression and increasing her self-esteem. Client had wanted to join a gym for a long time and had never signed up. Therapist and client looked into nearby gyms that client could sign up for and client signed up. Client shared she wanted to go back to school but felt anxious every time she began to think about it. Therapist worked with client, encouraging client to make an appointment with a college counselor and register for school. With the support, client followed through and is now happy to report that she has finished her third semester in school and that she is also doing well in the classes. Client has recently shared with therapist how difficult this past year has been for her and how fortunate she feels to be in the FSP program. Client feels wonderful about the improvement in her confidence in parenting and the enjoyment that she feels with her son. She also feels excited about achieving new goals. Client will continue services in the FSP program to maintain her progress and continue to receive support to accomplish her goals.

3. Describe what underrepresented populations are identified and targeted for services and how City funds would improve equity of service delivery. How would the program measure/report impact to these populations?

If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses. Metropolitan Evanston's FSP program targets low and very low income Evanston residents to ensure that those residents have access to high quality mental health, case management and parenting services. The program's therapist is bilingual (Spanish-English) and bicultural to meet the needs of Spanish speaking clients; and many of the FSP clients speak only Spanish. Parenting Fundamentals also offers classes in both Spanish and English. If the client family speaks a language other than English or Spanish the program does obtain translator services to help engage the client family and access added resources to meet their complex needs.

Metropolitan Evanston also has a bilingual (Spanish-English) and bicultural therapist who works with children and adolescents. The FSP therapist and the children's therapist coordinate to provide wrap-around services when mental health services are also indicated for the child of a FSP client.

The FSP Program also works with a number of partner agencies to support their Spanish-speaking families. For example, The FSP therapist co-facilitates a group in Spanish for parents and their babies and toddlers at the District 65 Family Center.

FSP also provides a number of strategies to reduce barriers to FSP participants in accessing services such as providing Ventra Cards for transportation for client needs such as job interviews, or visits to Metropolitan Evanston offices for services; as well as home-based services to reduce barriers for client engagement and support retention for FSP participants to continue with the program. Metropolitan Evanston through a mini-grant is also able to send a few of the children from the FSP program to Camp Echo through the McGaw YMCA.

Metropolitan Evanston through the FSP program and with support from these funds helps to promote equity by continuing to reduce the barriers that can hinder a parent and their child's wellbeing, development and success, and by promoting positive parenting, social emotional skills, and family development. The impact is measured in several ways: the benefits for the individual in services, the benefits for all the family members, the ripple effect of benefits for the schools and community and other relationships with which the family interacts.

4. 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="50"/>	Referrals
<input type="text" value="40"/>	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="15"/>	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="6"/>	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="181.00"/>	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

There is no waiting list and no eligible clients are turned away. All clients who engage in services receive an assessment. If it is determined that the program cannot meet their needs, then the client may be referred to another service; however, this is a rare occurrence because of the broad scope of FSP. The demand does fluctuate and referrals increase in the fall, especially when the schools re-open and programming resumes at the District 65 Family Center.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

MFS FSP program provides both internal referrals to other programs/services offered by MFS Evanston as well as to external partner agencies. Internal referrals are made to programs including Child & Adolescent Mental Health and Parenting Fundamentals. External referrals are made to Erie Family Health Center, McGaw YMCA, District 65 Family Center, Evanston Township and a variety of programs to assist clients with education, food, housing, legal aid and immigration.

MFS requires clients to sign consent forms so when referrals are made MFS staff can share client information with the receiving entity and MFS FSP staff will coordinate the referral to ensure there is a warm-hand-off to the receiving MFS program or external partner agency. Referrals are identified through assessment and ongoing case management; and are made if there

is a need for added support for the client family. MFS FSP staff will provide the referral source, complete a referral follow-up form with name, date of referral, and date of service received so as to track its completion. The FSP staff therapist will also provide assistance in connecting the family, whether it's to assist with any paperwork that needs to be completed to apply for and receive service, engagement of the receiving agency's/ MFS program point of contact to schedule the first visit/initial appointment for the client family, and/or accompanying the client family on their initial visit to support the transition of the client the receiving program/partner agency. FSP staff will conduct a follow-up after the referral is made to ensure completion and success of the relationship or as needed will provide added support if a challenge or barrier to completion. All referrals are tracked in the client's case file, as well as through the Smartcare EHR system.

7. 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 offer wrap-around services and the depth of assistance that FSP can offer. 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. 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.

8. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

The goal of FSP is to strengthen families, identify and address mental health needs, improve parent-child difficulties and provide intensive individualized case management for the basic needs of housing, food and medical care. 2019 Outcomes will be: 1) family functioning and parent-child difficulties to improve; 2) parents to improve parenting, self-care, and coping skills; 3) family to be linked to additional community resources and support. 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. 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. The Family Together Form is completed when the case opens and then every 3 months to assess family conflict, relationships, communication, safety, financial resources and residential stability. 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 yields a Total Stress score from three scales: Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child to see changes that occur and is recognized as a valid measurement for at-risk families (ACF, 2010). Parenting Fundamentals participants are assessed at two points in time: before the first class (pre-test) and at the conclusion of the series (post-test).

Metropolitan Evanston's leadership staff ensure the FSP program is implemented as planned. The Executive Director comes with years of leadership and community engagement experience. The Senior Clinical 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 and supervision. 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.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2019, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 must show an increase in people served if applying for an increase in CDBG funding.

60	Unduplicated people to be served in 2019
60	Unduplicated Evanston residents to be served in 2019
58	Unduplicated low/moderate income people to be served in 2019
58	Unduplicated low/moderate income Evanston residents to be served in 2019
60	Unduplicated people served in 2018
58	Unduplicated Evanston residents served in 2018
58	Unduplicated low/moderate income people served in 2018
58	Unduplicated low/moderate Evanston residents served in 2018
470.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under 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 FY2017, 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.

11. How many staff of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

The executive leadership team is made up of 10 professional staff: the CEO, COO, CFO, VP of Human Resources, VP of

External Affairs, the Executive Director of Legal Aid Society, and the Executive Directors of MFS's North/Evanston Skokie, Calumet, Midway and DuPage community centers. Of these 10 leaders, five are staff of color (50%).

12. Describe 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 60 million and has a staff team of more than 1,000 full- and part-time professional staff. The portfolio of funding is varied and extensive. For its most recently completed fiscal year (2018), 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 Ultipro 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, RSM. The most recent audit shows a continued pattern of financial stability.

13. 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)

14. 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? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide 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 direct service hours to 60 families and their children to include comprehensive home-based family intervention, counseling/case management support and referrals for basic needs; and to provide Parenting Fundamentals groups to Evanston residents through FSP. The direct staff designated to FSP is a 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. The clinician is a 30-year-old Hispanic-Mexican female. This staff member has also completed the 40-hour domestic violence training. The Senior Clinical Program Supervisor is a Licensed Clinical Social Worker and an Illinois Certified Domestic Violence Professional. The supervisor is a 53-year-old Asian-Indian female. 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.

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

Jennifer Jenks, jenks@metrofamily.org, 773-371-3711

16. 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

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

- Yes

18. 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

19. 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.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019 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.
Theresa C. Nihill

Budget

Funding Sources/Revenues	2018	2019	2019 Committed
City of Evanston CDBG			
City of Evanston Mental Health Board Funds	USD\$ 67,200.00	USD\$ 80,000.00	
Fund Raising	USD\$ 37,500.00	USD\$ 37,500.00	
Metropolitan Unrestricted	USD\$ 9,392.00	USD\$ 1,615.00	
Total	USD\$ 114,092.00	USD\$ 119,115.00	USD\$ 0.00

Funding Uses/Expenses	2018	2019 Total	2019 CDBG	2019 MHB
Salary	USD\$ 64,252.00	USD\$ 66,180.00		USD\$ 59,843.00
Fringe Benefits	USD\$ 15,581.00	USD\$ 17,950.00		USD\$ 16,157.00
Staff Travel	USD\$ 1,225.00	USD\$ 1,225.00		
Program expenses	USD\$ 800.00	USD\$ 800.00		
Telecommunications	USD\$ 3,596.00	USD\$ 3,650.00		
Occupancy	USD\$ 9,465.00	USD\$ 9,750.00		
Professional Fees	USD\$ 4,000.00	USD\$ 4,000.00		USD\$ 4,000.00
Other expenses	USD\$ 2,756.00	USD\$ 2,800.00		
Administrative	USD\$ 12,387.00	USD\$ 12,760.00		
Total	USD\$ 114,062.00	USD\$ 119,115.00	USD\$ 0.00	USD\$ 80,000.00

Budget Narrative

Metropolitan Family Services' fiscal year runs from July 1st through June 30th time period. These funds are for an existing program. No significant differences in revenues/expenses other than standard increases for staff salaries and non salary items.

MHB funds will cover

- 1.0 Fte of a Mental Health Practitioner - \$45,863/Salary and \$12,383/fringe
- 0.10 Fte of a Sr. Clinical Supervisor - \$7,337/salary and 1,981/fringe
- 0.10 Fte of a Case Manager - \$3,451/salary and \$932/fringe
- 0.08 Fte of a Sr. Office Assistant - \$3,192/salary and \$861/fringe

Funds will also be used to cover costs for Parenting Fundamental classes for clients. Cost is \$4,000.
All clients served are Evanston clients.

Program Outcomes

Beneficiary Demographics

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod
White	8	7	8	7	8	7	8	7
White/Hispanic	36	36	36	36	36	36	36	36
Black or African American	15	15	15	15	15	15	15	15
Black, African American/Hispanic								
Asian	1	1	1	1	1	1	1	1
Asian/Hispanic								
Native American								
Native American/Hispanic								
Other								
Other/Hispanic								
Total	60	59	60	59	60	59	60	59

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. Family functioning and parent-child difficulties will improve.	The Family Together form will be completed at baseline, every 3 months and at closing. The PSI will be collected at baseline, 6 months, and/or closing (if in service beyond 6 months).	20	8	12	14	54				0
2	2. Parents will improve parenting, self-care, and coping skills.	Treatment plans will be reviewed at 3-month intervals and will report on client's progress toward goals. GAF scores collected at baseline, 3-month intervals and closing.	18	8	10	12	48				0
3	3. Family will be linked to additional community resources and support.	Referrals will be provided to clients and outcomes of the referrals will be tracked in the case file.	16	6	8	10	40				0
4						0					0
5						0					0
Total			54	22	30	36	142	0	0	0	0

Program Line Item Expenditures

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1 Salary	66,180	0	59,843					\$ 0
2 Fringe Benefits	17,950	0	16,157					\$ 0

3 Staff Travel	1,225	0	0						\$ 0
4 Program Expenses	800	0	0						\$ 0
5 Telecommunications	3,650	0	0						\$ 0
6 Occupancy	9,750	0	0						\$ 0
7 Professional Fees	4,000	0	4,000						\$ 0
8 Other Expenses	2,800	0	0						\$ 0
9 Administrative	12,760	0	0						\$ 0
10									\$ 0
11									\$ 0
12									\$ 0
13									\$ 0
14									\$ 0
15									\$ 0
Total	119,115	0	80,000	0	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1 City of Evanston MH Funds	80,000	0	80,000					\$ 0
2 Fundraising	37,500	0	0					\$ 0
3 Unrestricted	1,615	0	0					\$ 0
4								\$ 0
5								\$ 0
6								\$ 0
7								\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0
Total	119,115	0	80,000	0	0	0	0	\$0

Documents

Documents Requested *

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

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

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

Required? Attached Documents *

✓ [Metro Audit](#)
[Metro 990](#)

[MFS Fact Sheet](#)

✓ [IRS Letter](#)

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 2017 only if changed).

Brief biographies of key staff including demographic information.



[Brief Biographies](#)

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

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

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

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

[download template](#)

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

[MFS Skokie-Evanston Org Chart](#)

[MFS Agency 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.



[Chart of Accounts 1](#)

[Chart of Accounts 2](#)

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 FY2018.



[Memo Financial Statement](#)

[Financial Statements](#)

Organizational commitment to equity, diversity and inclusion.

Extra

Unrestricted funds in 2018 budget dropped. Please provide more information.

The difference in unrestricted funds from the 2018 and 2017 is reflected in the 2018 request verses the actual amount received in 2017 which is the reported amount in the proposed budget.

Where are Parenting Fundamentals classes held?

Parenting Fundamentals classes are held at our Evanston office, 820 Davis, Suite 218, and also at other locations in Evanston. Classes have been held at Erie Family Health Center in Evanston and Child Care Center of Evanston. In October, classes are scheduled for Youth & Opportunity United, Evanston Township High School and Child Care Network of Evanston.

Unclear on the answer to question 1 under the Extras tab. Could this please be further extrapolated?

MFS budget for this program covers the same expenses as last program year with slight increases for this year because of cost of living increases for salaries and associated fringe. The 2019 request at \$80,000 is to help cover the total cost of the program. The difference in unrestricted funds between 2018 and 2019 reflects the actual grant amount we received in 2018 (\$67,200) verses the requested amount in 2019 of \$80,000. MFS uses its unrestrictive dollars to cover budget costs not fully

covered by restricted grant dollars. Recognizing the need for diversified funding, MFS invests in fundraising and development to raise unrestrictive dollars so that MFS programs do not go into deficit.

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

Application ID: 122142

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board
8/15/2018 deadline

**Shore Community Services, Inc.
Lois Lloyd Center**

USD\$ 19,000.00 Requested
USD\$ 19,000 MHB Request

Submitted: 8/15/2018 1:48:24 PM (Pacific)

Project Contact

Mary K. Matz, CFRE
mmatz@shoreservices.org
Tel: 847-982-2030

Additional Contacts

none entered

Shore Community Services, Inc.

8350 Laramie Avenue
Skokie, IL 60077
United States

Telephone 847-982-2030
Fax 847-982-2039
Web www.shoreservices.org

Chief Executive Officer

India Alexis Ehioba, MNA, CFRE
india@shoreservices.org

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.

Shore Community Services, Inc. - Lois Lloyd Center provides developmental training for adults who have moderate to severe/profound intellectual and other developmental disabilities.

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 International - March 2018 Shore received a perfect score (100%) on over 900 standards and marked the agency's 16th

consecutive 3-year accreditation, which is the highest awarded from this prestigious organization.

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: Individuals with intellectual and other developmental disabilities

8. 2019 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="\$19,000"/>	MHB (Human Services Fund)
<input type="text" value="19,000.00"/>	TOTAL

9. Funding request is:

Programs funded in 2018 should be classified as renewal even if amount requested is different from 2018 grant.

- Renewal of 2018 CDBG funding
- Renewal of 2018 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 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 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).

✓

[Fiscal Year 2019 Proposed Operating Budget](#)

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

✓

[Board of Directors](#)
[Board Demographic Info](#)

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](#)

[Compliance](#)

Application Questions

1. Describe your program, including the need(s) that it addresses. Be specific about the activities/services

provided, days/times of services and frequency/duration for the average client.

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

Shore serves over 400 children and adults with intellectual and other developmental disabilities annually. In Fiscal Year 2018 (7/1/17-6/30/18), 330 individuals received services. Clients came from 20 communities with the largest representation coming from Skokie, Evanston and Chicago. Over 100 additional individuals received evaluations/referral and follow-up services but they are currently not enrolled in any of our programs or services. Shore classifies these individuals as Non-Registered Clients and tracks the numbers because there is no reimbursement available for the time staff spends with the individual and/or their family.

The Lois Lloyd Center is home to the Adult Services & Seniors Program (AS) and the Director oversees the Early Intervention and Life In Motion-Your Choice Program. The AS Program offers developmental training for adults with severe and profound levels of disabilities and provides programs and services to maintain and improve their adaptive daily living skills. LIM offers more empowerment for clients to make decisions about how they spend their day.

The ability to realize a fulfilling quality of life can easily be taken for granted, except when you have an intellectual or developmental disability. Our mission is to provide all the necessary supports to give individuals with disabilities the best options and opportunities to become a more integral part of community living while enjoying a life filled with hope, happiness and optimism. Currently, individuals with disabilities who want to be more community involvement receive services in segregated settings like the Lois Lloyd Center operated by Shore. Our top priority is to transition our day program towards total inclusion by offering a comprehensive range of options that include community-based activities, vocational options, volunteering, learning, and overall neighborhood engagement.

For decades, we have tried to offer a multitude of choices to our individuals so they can self-select how they want to spend their days. This, in turn, enriches their lives. We believe that choice promotes enhanced personal autonomy, and lets others know when they need assistance or when they wish to participate, or not, in a given activity. Shore's goal is to transition the AS Program to model LIM, which would expand the Person Centered Approach for our individuals served.

The AS Program runs Monday-Friday from 8:45 a.m.-2:45 p.m. for 240 days a year. In Fiscal Year 2018 (7/1/17-6/30/18), Shore provided a total of 98,071 hours of service to 88 adults with intellectual and other developmental disabilities, of which 7,798 were provided to Evanston residents.

EI serves infants to 3 year olds who are experiencing developmental delays. These children range from at-risk infants with drug or alcohol exposure to children with mild to severe delays. Currently, Occupational Therapy and other services are provided at the child's home or day care. Research has demonstrated that working on prevention type activities with children at a very young age is much more cost effective than remedial type programs with children at a later age.

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

Since 1980, the Shore Adult Services & Senior (AS) Program serves individuals 18 years or older who have severe and profound developmental disabilities, are physically challenged and medically fragile. Many of these individuals are non-ambulatory and require assistance in eating and personal hygiene. The program offers a specialized form of education, which is necessary for an individual to maintain and improve their skills, especially once they age out of the public school system at the age of 21. Individualized goals are set, focusing on improving daily living activities, self-care, socialization and pre-vocational skill development. A Developmental Activities Trainer plans weekly enrichment activities i.e. arts and crafts, music appreciation, literature hour, health and wellness, cooking, and community integration outings. A sensory room is also available. Services are provided to stimulate the motor, language, and cognitive and social development of the adults in order to promote their functional independence, and ensure the highest level of community integration possible. Shore is one of the few programs in the Chicagoland area with a full-time nurse on staff. With this coverage, individuals that require daily medication or G-tube feedings are able to receive community services, as opposed to staying at home without programming or moving into a nursing based residential facility. One example is a program participant who is an insulin dependent diabetic, and would not be able to leave their skilled nursing residential program without a nurse on staff.

The majority of the individuals in the AS Program are non-verbal. Shore uses a variety of methods to facilitate communication, including: Augmentative Communication Devices, pictures, sign language, gestures, eye movements and pointing or retrieving the desired item. Choice making is an integral program component, as well. Using a customized, person-centered service plan, individuals are encouraged to choose their own enrichment and/or community integration activities. The national movement is towards community integration, and Shore is fully committed to that end by providing a full complement of outings to restaurants, shopping, parks, and other places and activities of interest.

Life in Motion - Your Choice Program is designed to offer opportunities and choices for individuals who have chosen an alternative day program. Individuals can try out new experiences, have direct input into the services offered and make informed choices to expand their horizons. The objectives are as follows:

To provide choices to individuals and develop ability to make informed choices.
Expand experiential learning by providing community integration opportunities.
Provide individual and group activities in both facility based and in community settings.
Maintain and or improve activities of daily living skills and social skills.

Eligibility requirements include: a diagnosis of an intellectual or other developmental disability; 18 years old; free of communicable, contagious or infectious disease; sufficient behavior adjustment to function in a group setting without continuous one-to-one supervision, sufficient medical stability not requiring frequent on-site medical care; Medicaid/Medicaid Waiver eligibility for selected programs; preference of the parent/guardian/applicant/person served to enroll in the program; obtained appropriate government and/or other third party authorization for service and completed all required admission documentation.

In FY 18, 117 people received services from the AS Program, 26 from EI and 3 from LIM. The demographics are from the AS and LIM Program since funding is being sought from the MHB.

Age: 35% -18-39, 38% - 40-59, 27% - 60-65+

Gender: 57% Male & 43% Female

Race/Ethnicity: 56% White, 22% Black, 14% Hispanic, 7% Asian & 1% Pacific Islander

Family Status: 25% Have State Guardians, 63% Have a family member or friend as guardian & 12% Self Guardians

Income: 99% Low, 1% Medium

Primary Diagnosis/Intellectual Disability: 3% Autism, 2% Mild, 20% Moderate, 35% Severe, 39% Profound & 1% Cerebral Palsy

Mobility: 60% Walks, 6% Walks with Aides & 34% Use a Wheelchair

Toileting: 26% Independent, 46% Need Assistance/Training & 28% Dependent

Eating: 28% Independent, 58% Need Assistance, 12% Dependent & 2% G-Tube Feed

3. Describe what underrepresented populations are identified and targeted for services and how City funds would improve equity of service delivery. How would the program measure/report impact to these populations?

If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses. An estimated 4.6 million Americans have an intellectual or developmental disability (Larson, 2000). More school-age children are receiving the diagnosis of a learning disability, developmental delay, or behavior disorder than ever before. In the Chicagoland area, there are over 2 million individuals with support needs that include the soaring diagnosis of autism.

Participants at the Lois Lloyd Center have profound developmental disabilities and are fragile, both physically and medically. In addition, the vast majority (99%) have extreme financial challenges, the mean falling in the low-income and poverty level. More importantly, participants in this program would most likely be turned away at other organizations, and have no other options for care and development. With the social service financial crisis, especially in Illinois, many organizations have closed their doors. Remaining providers have been forced to reject this population due to the fact the care of individuals with severe and profound developmental disabilities, physical disabilities and medical issues is both challenging and expensive. They simply don't have the financial resources to serve and support participant aspirations to reach their unique potential and enjoy the benefits of community inclusion.

For the past 67 years, Shore has been providing services to individuals with intellectual and other developmental disabilities and their families. This group of individuals has always been underrepresented. Since the majority of individuals in this group tend to not vote, they have a limited lobby both in Springfield and Washington D.C. Shore strives on limited reimbursement from the State to guide individuals to reach their greatest potential and live the lives they want. Funding from EMHB will help Shore help this population. Through funding more individuals will participate in various community experiences. As individuals are more visible in the community the stigma of a developmental disability will slowly fade away. Individuals will be able to enhance relationships and receive support from people who are not paid to interact with them.

Shore would measure the community integration activities that our clients participate in annually.

4. 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="5"/>	5 Intake/assessment
<input type="text" value="5"/>	5 Referrals
<input type="text" value="11"/>	11 Individual case management plan/services
<input type="text" value="11"/>	11 Services delivered on an individual basis (e.g. home delivered meals)
<input type="text" value="on-going"/>	on-going One time event or activity (e.g. field trip preparation)

20	Multi-session program (e.g. after school program)
NA	Focused topic activities (e.g. workshops, trainings)
NA	Drop in services (e.g. computer lab, tutoring, help desk)
NA	Phone or online help (e.g. 24-hour help lines)
52.00	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

No eligible people are being turned away for services as the program has no wait list. If an individual is interested in enrolling in the program, space would be available at a minimum of 30 days after the initial intake is conducted and the State of Illinois approves funding. If the individual is planning to privately pay for services then a 30 day wait would be required. Demand for services does not fluctuate throughout the year.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

Shore operates three programming divisions, two community day programs and a variety of residential options. The agency strives to find the most appropriate program for each individual. As with the general population, as individuals age, their skills may deteriorate. With that foresight, 20 years ago Shore started a Seniors Program for individuals who wanted to participate in leisure activities after they retired from community employment or no longer wished to work a full day. This program moved to the Lois Lloyd Center in August 2016. Individuals in this program have the choice to participate in the enrichment activities offered at the Lois Lloyd Center-cooking, art, performances (fashion show, play), horticultural, and community experiences to name a few.

If it is determined that Shore is unable to provide the best possible programming to an individual, that individual will be referred to Community Alternatives Unlimited, which the local PAS agency who will help them find the most appropriate program to help serve their needs.

7. 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.

Rimland is another organization in the area that addresses the needs of adults with intellectual and other developmental disabilities. The Adult Services Program will refer clients to them since they serve individuals primarily with Autism.

The Adult Services Program collaborates with Human Services Management Services (HSMS), which has over 20 developmental disabilities organizations in the Chicagoland area and offers streamlined case management and other utilities for staff, and Infinitic which is a coalition of over 30 developmental disabilities organizations throughout Chicagoland offering unified, online and onsite training programs. These programs are designed to meet requirements of most state and federal funding sources including: Illinois Department of Human Services, Illinois Department of Public Health and HUD.

Others include: Therapy Providers - provides physical and occupational therapy to persons served; Community Alternatives Unlimited – referral source; Illinois Masonic Dentistry for the Handicapped Program - provides free dental screenings once a year; Nessel Family Practice, which is an affiliate of Lutheran General Hospital – Many of Shore’s residents that attend the center have doctors at this location; and Active Visions – Home Based Services. These residential facilities send their residents to our day program: Alden Village North – Intermediate Care Facility for the Developmentally Disabled (ICF/DD), Orchard Village – Community Integrated Living Arrangement (CILA), Diane Home Care – CILA, LEEDA Services – CILA, Achieve Developmental Center – CILA, Lutheran Social Services – CILA, Lake Shore Nursing and Rehab (Skilled Nursing Home) and Mulford Homes. Students from Evanston Township High School and staff from the Kellogg School of Business at Northwestern University have completed volunteer service hours. Students from Wright Junior College's Occupational Therapy Assistant Program have completed internship hours. In fact, many students from Wright have specifically asked to be placed at Shore based by the positive recommendations received from former interns.

As for successes, we consistently receive the highest marks (96-100%) by all of our certifying bodies and high satisfaction (95% and above) on program service surveys from clients, parents and other stake holders. We have a high staff retention rate that is around 94% while others in the industry typically experience much higher turnover and retain fewer than 50% of their employees year to year. Securing resources for the program and to implement new ones has been an on-going challenge.

The Lois Lloyd Center is set apart from others by providing services to children and adults with developmental delays and disabilities, medically fragile and physical limitations, including those with autism. We accept all individuals regardless of their level of disability including those who have toileting needs, which is rare for similar programs. A full-time nurse is on staff, which makes Shore one of the few programs in the Chicagoland area that offers nursing services. With this staff coverage, individuals that require daily medication or G-tube feedings are able to receive community services as opposed to staying at

home without programming or moving into a nursing based residential facility. One prime example is that an client is an insulin dependent diabetic who would not be able to leave his skilled nursing program without a nurse on staff.

8. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

1. 80% (8/10) Evanston clients enrolled will improve their expressive language skills, verbally or non-verbally using sign language or an augmentative communication system as measured by staff evaluation of Individual Program Plan (IPP) goals by 12/31/2019.
2. 80% (8/10) Evanston clients enrolled in the Adult Services Program will participate in six enrichment activities per week as measured by enrichment activity records by 12/31/2019.
3. 90% (9/10) Evanston clients will improve their appropriate community behavior skills by participating in two community integration activities for two out of four quarters as measured by outing attendance records by 12/31/2019.

Shore tries to keep goals realistic and achievable based on the special needs of the individuals we serve. The goals are similar to 2018 but the numbers have decreased due to a drop in enrollment by Evanston residents.

The Adult Services & Seniors Program and Life In Motion-Your Choice Program does initial assessments on individuals to determine their functioning level and then on an annual basis. These assessments include the ICAP (Inventory for Client and Agency Planning) as a standardized adaptive behavioral scale, and the PACG (Prevocational Assessment and Curriculum Guide) for prevocational work skills adjustment needs. A Strengths and Needs Assessment is then developed based on these results and other identified areas from the Interdisciplinary Team (IDT), which includes: the individual served, the individual's case manager at Shore, family member or guardian, if applicable a residential representative, State appointed case coordinator and other disciplines or advocates that may be involved with the individual. As the State of Illinois moves towards more Person Centered Planning, Community Alternatives Unlimited (CAU), which is the authorized funding agent, will meet with the individual to complete a discovery process. The individual expresses their desired outcomes, then Shore develops an implementation plan based on their outcomes. The staff collects ongoing daily data and Shore's case manager develops a monthly summary of results. At a minimum, an annual staffing of the IDT is held to evaluate and determine new or revised goals and objectives.

The agency has an extensive Program Outcomes Plan, which establishes goals which are based on best practices in the field as identified by national accreditation, for example: community integration, health and wellness, person centered planning, etc. The plan monitors service delivery improvements through an analysis of caseload, consumer satisfaction, efficiency and effectiveness measures, cost per unit of service, service access and capacity. External monitoring agencies do on-site surveys of the programs including: CARF International, Department of Public Health, Department of Human Services, Healthcare and Family Services, Department of Housing and Urban Development, Evanston Health Department, local and state fire departments and peer quality reviews. Persons served and other stakeholders also complete annual satisfaction surveys.

Lanisa Abrams, QIDP, Director of the Lois Lloyd Center, is responsible for ensuring the program is implemented as planned.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2019, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 must show an increase in people served if applying for an increase in CDBG funding.

<input type="text" value="115"/>	Unduplicated people to be served in 2019
<input type="text" value="15"/>	Unduplicated Evanston residents to be served in 2019
<input type="text" value="115"/>	Unduplicated low/moderate income people to be served in 2019
<input type="text" value="15"/>	Unduplicated low/moderate income Evanston residents to be served in 2019
<input type="text" value="117"/>	Unduplicated people served in 2018
<input type="text" value="12"/>	Unduplicated Evanston residents served in 2018
<input type="text" value="116"/>	Unduplicated low/moderate income people served in 2018
<input type="text" value="12"/>	Unduplicated low/moderate Evanston residents served in 2018
<input type="text" value="517.00"/>	TOTAL

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

Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

The mission at Shore is to improve the quality of life for individuals with intellectual and other developmental disabilities. Our goal is to help children and adults reach their full potential so they can lead more independent and productive lives. This is accomplished through educational, residential, vocational and related programs, along with community integrated support services.

In 1951, the late Lois and Thomas Lloyd, along with a group of Evanston parents, co-founded Shore Community Services. The Lloyd's had a daughter named Patricia, fondly called Patty. In the late 1940's, the Lloyd's were unable to find proper services for Patty because nothing was available for children with developmental disabilities. As a school teacher, Mrs. Lloyd believed that Patty, and other children with special needs, deserved the very best education possible. By collaborating with other families in Evanston and neighboring communities, a school program was started in the basement of the Lloyd's home. Rapid growth necessitated the need for larger accommodations. This was accomplished by aligning the organization with local churches and area businesses.

In 1953, Shore was selected to be 1 of 6 schools to participate in a statewide research project to determine if children with developmental disabilities could benefit from public education. The school's success led to its incorporation in 1954, when it became part of Evanston-Skokie School District 65. As the progressive idea of inclusion moved to the forefront, and institutionalized care diminished, Shore continued to grow and develop more diversified programs.

From humble beginnings filled with hope, passion and purpose, Shore now provides a comprehensive array of services that benefit over 400 individuals each year, including: small group homes, CILAs (Community Integrated Living Arrangements), SLAs (Supported Living Arrangements), Vocational Training & Employment Services, Adult and Seniors Program, Life in Motion – (Choices Program), True North, Early Intervention and Home Based Support and Service Facilitation.

The organizational structure consists of the Board of Directors overseeing the Chief Executive Officer (CEO) India Alexis Ehioba, MNA, CFRE. The CEO is responsible for running the agency and the Program Directors supervise their respective staff.

The Board is encouraged to support the following three areas: Development: fundraising events, marketing, recruiting attendees, sponsorships and acting as representatives for the agency; Policy: approves annual budget, capital expenditures, approves operational policies and employs CEO who in turn employs Program Directors and other staff; and Accountability: attends board and committee meetings, monitor monthly financials and efforts to improve quality and quantity of programs, and performs all functions in an objective manner without personal interest affecting the agency. There are currently 21 Board and 10 Honorary Board Members.

In June 2018, Deborah Shulruf, former Director of the Lois Lloyd Center, was promoted to be the Senior Director of Program Administration and Lanisa Abrams was promoted to the Director position. Keisha Unger was hired as a Program Manager at the Lois Lloyd Center and she will help run the Life In Motion-Your Choice Program. True North, which is a new job discovery and exploration program, opened at 4125 Oakton Street in Evanston.

11. How many staff of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

Out of 105 employees at Shore, we have six Black, one Asian and one Hispanic in leadership/decision-making positions, which is 13%. Shore's Chief Executive Officer is Black and the Senior Director of Residential Services who was hired in May is Asian. The agency always tries to hire qualified staff for all open positions regardless of race/ethnicity. We have four inservices throughout the year that are used for staff trainings. As part of a Strategic Planning for the agency's future, staff of all color and position were asked for feedback on ways to improve Shore through programming, marketing, technology upgrades and other pertinent issues through SWOT (Strengths, Weaknesses, Opportunities and Threats) that were conducted by a consultant. Directors work closely with their staff and have meetings, some daily, to discuss programming and other issues. In addition, DISC trainings are being offered to leadership and program managers to learn how to better communicate with others, which will help in engaging all staff in decision making.

12. Describe 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).

Shore has a long history of successfully implementing programs/services and capital improvements that have received funding through the Evanston Mental Health Board and CDBG (Community Development Block Grants) i.e. Evanston, Skokie and Cook County. In the agency's Administrative Procedures for Division Directors manual, there is an entire section on purchasing and procurement. All funds are immediately booked in a computerized accounting program (Quick Books) at our Administration Center by the accounting department. Shore also adheres to all requirements and submits reports in a timely manner.

over 400 individuals throughout Chicago and its North and Northwest suburban communities. The organization is accredited by CARF International, formerly Commission on Accreditation of Rehabilitation Facilities, which is an independent, nonprofit accelerator of health and human services.

CARF accredited providers are recognized for their ongoing innovation and adherence to the highest 'best practice' standards. In addition, Shore has received the highest accolade: 16 consecutive 3-year accreditations. We are a member of the Illinois Association of Rehabilitation Facilities (IARF) and recently achieved the highest donor rating from GuideStar for transparency and best practices in operations with a Platinum Level Approval Rating. Less than 5% of charities nationwide receive this rating.

For over 40 years, Shore has had a comprehensive Program Outcomes Plan in place, formerly called Program Evaluation, which monitors the program effectiveness and provides data for formulating improvements and modifications. The Short and Long Range Plans are submitted by each division/program to strategically set goals for the upcoming fiscal year. New plans are formulated on the basis of goals yet to be met, and new needs that have emerged. These goals are formulated with the assistance of committees comprised of Board Members, Program Directors, Chief Executive Officer, and other stakeholders, including parents and individuals served by Shore. We take great pride in the fact that we have been successfully implementing plans that are detailed and data driven from Direct Service Professionals (DSPs) to Directors. Our approach is also a model for other developmental disabilities agencies. It should be noted that in a recent CARF Survey, a surveyor commented that our "Program Outcomes are informative, thorough and far more extensive than any plan they have seen before."

Shore Community Services consistently achieves the highest marks in evaluations and audits from:
BALC – Bureau of Accreditation Licensing and Certification at the Illinois Department of Human Services.
The Illinois Department of Public Health
US Department of Housing and Urban Development

13. 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)

14. 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? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

The Adult Services Program has 22 staff. Lanisa Abrams, the new Director of the Lois Lloyd Center, started in March 2017 as the Program Manager for the Life In Motion-Your Choice Program. She has a Bachelor of Arts Degree and over 10 years of experience with individuals with intellectual and other developmental disabilities. Eileen Mikota, Registered Nurse, is Licensed by the State of Illinois; has 14 years at Shore and 29 overall. Tanasha Slaton, Developmental Activities Trainer, has a High School diploma, 20 years at Shore and 26 years overall. Keisha Unger was hired in July 2018 as a Program Manager and has a Bachelor of Science/Rehabilitation Services Degree. She has 12 years of experience. The other 16 Direct Service Professionals (DSPs) have High School Diplomas. See attached resumes and demographic information for Mikota, Slaton, Unger and Abrams.

The Lois Lloyd Center has an open Program Manger position but it is not dependent on City of Evanston funding. All staff positions that funding is being sought will be retained even if funding is not received.

Due to the severity and medical issues of our clients, the client to staff ratio is 6 to 1.

The main requirements for program licensing and accreditation that the programs at the Lois Lloyd Center adhere to are the following: Through the Illinois Department of Human Services (DHS), the Bureau of Accreditation Licensure & Certification (BALC) survey's the program annually. They review an individual's program plan, work activities, staff training and environmental conditions. The Bureau of Quality Management (BQM) reviews the services an agency provides to an individual. They select an individual; review their file and observe them at home and their day program. The State Fire Marshall inspects the facility annually. As for accreditation, the center adheres to 978 standards set by CARF International.

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

Mary K. Matz, CFRE, mmatz@shoreservices.org, (847) 982-2030 ext. 221

16. 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)

06-861-8826

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

- Yes
- No

18. 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

19. Where (address/location) does your program take place and how will clients get to the location or facility?
Adult Services, Seniors Program and Life In Motion-Your Choice Program take place at the Lois Lloyd Center, 8350 Laramie Avenue, Skokie. Clients are transported by a parent/guardian, PACE or Shore Staff to the day programs.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019 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 K. Matz, CFRE, Senior Philanthropy Officer

Budget

Funding Sources/Revenues	2018	2019	2019 Committed	
City of Evanston CDBG	USD\$ 0.00	USD\$ 0.00		
City of Evanston Mental Health Board Funds	USD\$ 17,000.00	USD\$ 19,000.00		
Purchase of Care & Public Grants	USD\$ 851,000.34	USD\$ 968,124.10	USD\$ 968,124.10	
Grants - Foundations, Corporations & Businesses	USD\$ 50,000.00	USD\$ 8,000.00	USD\$ 8,000.00	
Client/Family Payments	USD\$ 37,757.00	USD\$ 19,892.00	USD\$ 19,892.00	
Contributions	USD\$ 105,000.00	USD\$ 35,462.16	USD\$ 35,462.16	
Special Events	USD\$ 15,000.00	USD\$ 8,724.00	USD\$ 8,724.00	
Other Revenue	USD\$ 100.00	USD\$ 142.20	USD\$ 142.20	
Total	USD\$ 1,075,857.34	USD\$ 1,059,344.46	USD\$ 1,040,344.46	

Funding Uses/Expenses	2018	2019 Total	2019 CDBG	2019 MHB
Salaries	USD\$ 552,347.29	USD\$ 588,685.12		USD\$ 16,150.00
Program/Administrative Salaries	USD\$ 61,371.92	USD\$ 58,221.60		
Health, Worker's Comp & Retirement Benefits	USD\$ 125,959.84	USD\$ 135,618.47		USD\$ 1,900.00
Payroll Taxes	USD\$ 49,542.09	USD\$ 51,011.30		USD\$ 950.00
Professional Fees & Contracts	USD\$ 45,999.49	USD\$ 18,693.55		
General Operating	USD\$ 124,468.53	USD\$ 105,620.50		
Occupancy	USD\$ 56,745.76	USD\$ 59,395.27		
Misc./Depreciation	USD\$ 61,422.42	USD\$ 67,670.72		
Equipment & Fixed Assests	USD\$ 0.00			
Total	USD\$ 1,077,857.34	USD\$ 1,084,916.53	USD\$ 0.00	USD\$ 19,000.00

Budget Narrative

Shore Community Services Fiscal Year is July 1, 2018-June 30, 2019. The budget for Fiscal Year 2019 is currently being compiled so the budget is based on actuals as of June 30th.

As a result of continued delay of payments from Illinois and their budget problems, Shore has had to increase borrowing from its line of credit for payroll and cash flow needs. Reimbursement is received 60-90 days after services are rendered

and Shore's budget consists of 80% funding from State Medicaid Payments. Shore is doing everything within its financial capability to maintain our programs and services without disruption. Measures to help reduce budgetary costs includes: deferring non-emergency maintenance, new hires and substitutes have been delayed and will only be hired as required by State law to provide necessary coverage; community outings that Shore funds have decreased and all driving is reduced to essential travel only; and only safety related maintenance repairs will be performed.

Shore continues to increase performance and energy efficiency to reduce costs. Grants to upgrade lighting and HVAC units, which decrease energy costs, have been received. Shore explores other revenue resources to diversify income sources to cover operating and capital needs as rising costs occur in transporting individuals to/from home; repairing aging vehicles, general maintenance; and worker's compensation insurance.

The positions with salary, benefits and taxes, that funding is being sought from the MHB are the Developmental Activities Trainer-\$38,000, Registered Nurse-\$66,000 and Program Manager who will oversee the Life in Motion (LIM)-Your Choice Program - \$42,000, this is 18%. The positions are currently filled and serve all clients including Evanston residents. We are seeking an increase because we expect to have more clients will participate in the LIM Program as the community becomes more aware of this offering.

The programs at the Lois Lloyd Center operate with the program deficit. This is the result of the State capping the number of reimbursable hours to 115 a month or a total of 1,100 per year for each individual who attends the program, which is not enough to cover an entire year of service. For example, if a person served attends the program everyday they will use their allocated hours in about 10 months and Shore is responsible for the other two months of programming. Shore offers 240 days of service at six hours a day, which totals 1,440 hours available to the individuals we serve. The State covers only the Developmental Training aspect of the program but no program supplies i.e. paper, food for cooking, materials for arts and craft projects, community outings, etc. No maintenance or upkeep costs are covered nor are staff benefits, utilities or other operating expenses. We are committed to offering these programs even with a continual deficit because there is a growing need for these day services.

The State of Illinois does not have a Life In Motion mandate as to how many individuals can participate in a community integration experience. Because we want as many participants possible to receive the benefits of inclusion, we have elected to have 3 or 4 slated to participate in a particular experience. This is a huge challenge because we do not have enough staff to accommodate the required ratio. Another challenge is having appropriate and reliable vehicles/transportation. Approximately half of the individuals receiving services at the Lois Lloyd Center are non-ambulatory, which means lift vehicles are necessary to complete community experiences. Shore will use agency vehicles and adjust the outings based on client preferences and space.

* Shore did not commit any MHB funding under 2019 as it has not been determined if any funding will be awarded.

Program Outcomes

Beneficiary Demographics

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod
White	50	49	50	50	6	6	6	6
White/Hispanic	12	12	12	12	0	0	0	0
Black or African American	19	19	20	20	5	5	6	6
Black, African American/Hispanic	0	0	0	0	0	0	0	0
Asian	6	6	6	6	1	1	3	3
Asian/Hispanic	6	0	0	0	0	0	0	0
Native American	0	0	0	0	0	0	0	0
Native American/Hispanic	0	0	0	0	0	0	0	0
Other	1	1	1	1	0	0	0	0
Other/Hispanic	0	0	0	0	0	0	0	0
Total	94	87	89	89	12	12	15	15

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	80% (8 out of 10) Evanston clients enrolled will improve their expressive language skills, verbally or non-verbally, using sign language or an augmentative communication system as measured by staff evaluation in their Personal Plan by 12/31/19.	6	6	6	6	24	42					0
2	80% (8 out of 10) Evanston clients enrolled in the Adult Services Program will participate in at least 10 center based enrichment activities monthly as measured by enrichment attendance records by 12/31/19.	6	6	6	6	24	42					0
3	90% (9 out of 10) Evanston clients will improve their appropriate community behaviors skills by participating in two community integration activities for two out of four quarters as measured by outing attendance records by 12/31/19.	6	8	8	6	28	50					0
4							0					0
5							0					0
Total			20	20	18	76	134	0	0	0	0	0

Program Line Item Expenditures

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan- Mar	Q2 Apr- Jun	Q3 Jul- Sep	Q4 Oct- Dec	Spent to Date
1 Salaries	583,718		16,500					\$ 0
2 Program/Administrative Salaries	64,858							\$ 0
3 Health, Worker's Comp & Retirement Benefits	128,579		1,500					\$ 0
4 Payroll Taxes	47,664		500					\$ 0
5 Professional Fees & Contracts	17,364							\$ 0
6 General Operating	113,532							\$ 0
7 Occupancy	59,947							\$ 0
8 Misc./Depreciation	69,255							\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0

Total	1,084,916	0	18,500	0	0	0	0	0	\$0
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Program Line Item Funding

Item Description	Total 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			19,000					\$ 0
2 Purchase of Care & Public Grants	968,124							\$ 0
3 Grants - Foundations, Corporations & Businesses	27,000							\$ 0
4 Client/Family Payments	19,892							\$ 0
5 Contributions	35,462							\$ 0
6 Special Events	8,724							\$ 0
7 Other Revenue	142							\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0
Total	1,059,345	0	19,000	0	0	0	0	\$0

Documents

Documents Requested *

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

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

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

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

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2017 only if changed).

Brief biographies of key staff including demographic information.

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 *

✓ [FY17 audited financial statement](#)

[Form 990 part 1](#)

[Form 990 part 2](#)

[2017 annual report](#)

✓ [501\(c\)\(3\)](#)

[Staff resumes](#)

[Accessibility Plan](#)

[Marketing report](#)

agency, as applicable.

[Marketing plan](#)

[Short & Long Range Plan](#)

[Short/long range planning Lloyd](#)

[Board demographics](#)

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

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

[download template](#)

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

[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.

[2018 program draft actuals](#)

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 FY2018.



[2018 agency draft actuals](#)

Organizational commitment to equity, diversity and inclusion.

[Diversity and inclusion](#)

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

Application ID: 122053

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board
8/15/2018 deadline

Shore Community Services, Inc. Residential Services

USD\$ 22,000.00 Requested
USD\$ 22,000 MHB Request

Submitted: 8/15/2018 1:47:56 PM (Pacific)

Project Contact

Mary K. Matz, CFRE
mmatz@shoreservices.org
Tel: 847-982-2030

Additional Contacts

none entered

Shore Community Services, Inc.

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Fax 847-982-2039
Web www.shoreservices.org

Chief Executive Officer

India Alexis Ehioba, MNA, CFRE
india@shoreservices.org

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.

Shore Community Services, Inc. - Residential Services provides a variety of housing options, In-Home Respite Care, Home Base Support and Service Facilitation for youth and adults with intellectual and other disabilities that promote independent living.

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 International - March 2018 Shore received a perfect score (100%) on over 900 standards and marked the agency's 16th consecutive 3-year accreditation, which is the highest awarded from this prestigious organization.

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: Individuals with intellectual and other developmental disabilities

8. 2019 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
\$22,000	MHB (Human Services Fund)
22,000.00	TOTAL

9. Funding request is:

Programs funded in 2018 should be classified as renewal even if amount requested is different from 2018 grant.

- Renewal of 2018 CDBG funding
- Renewal of 2018 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 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 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).	✓	Fiscal Year 2019 Proposed Operating Budget
REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including demographic information, professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards	✓	Board of Directors Board Demographic Info
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		Conflict of Interest

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

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

Shore serves over 400 children and adults with intellectual and other developmental disabilities annually. In Fiscal Year 2018 (7/1/17-6/30/18), 330 individuals enrolled in our programs and services. Clients came from 20 communities with the largest representation coming from Skokie, Evanston and Chicago. Over 100 additional individuals received evaluations/referral and follow-up services but they are currently not enrolled in any of our programs or services. Shore classifies these individuals as Non-Registered Clients and tracks the numbers because there is no reimbursement available for the time staff spends with the individual and/or their family.

Shore's Residential Services Program provides quality adult residential, Home Based Support and Service Facilitation to children and adults with intellectual and other developmental disabilities. Primary residential eligibility includes: a diagnosis of an intellectual or other developmental disability; age 18; free of communicable, contagious or infectious disease; behavior adequate to avoid being of harm to self or others; sufficient medical stability to live in a group setting without frequent on-site medical care; recent application filed for social security benefits or receipt of such benefits; employment in a competitive or vocational work setting, approval of the regional Pre-Admission Screening (PAS) agency; preference of the parent/guardian/applicant/person served to enroll in the program; obtained appropriate government and/or other third party authorization for service; and completion of all required admission documentation.

In Fiscal Year 2018, 95 unduplicated individuals received services from the Residential Program (24 at Shore Homes, 17 at CILAs (Community Integrated Living Arrangements), 15 Supported Living Arrangements, 4 In-Home Respite Care and 35 Home Based Support and Service Facilitation). Out of the 95, 35 individuals reside in Evanston. This year, the numbers reflect the entire caseload for Home Based Support and not just Evanston residents to show that there are more clients being served by Shore.

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

Shore offers the following programs under Residential Services: residential and Home Based Support. First, Buehler House/Shore Homes East & West have 24 residents in a yearly 24-hour staff supported living arrangements that meets each individual's respective needs. Community integration is encouraged and programming and support is provided to improve independent living skills. All residents are in daytime employment, training or senior leisure programming. Person-Centered Individual Program plans are developed by an Interdisciplinary Team annually, with measurable goals that focus on areas of self-care, self-direction, mobility, money management and capacity for independent living. Behavior programs are developed for those individuals who need self-direction support, and the Human Rights and Behavior Management Committees review behavior plans quarterly. The homes are a transitional facility with the goal to move residents to a more independent residential setting. However, in some cases, a resident may spend most of his/her life at this home, many times by their choice.

The Supported Living Arrangements (SLA) provides services to individuals who are more independent. The Patricia Lloyd Townhomes (PLT) is comprised of five two-story homes serving adults functioning in the mild range of intellectual and other developmental disabilities. A Support Services Manager provides support and intervention. Other individuals served live in apartments or condos in Evanston and surrounding communities. Residents live as independently as possible with intermittent support and direction. They take responsibility for their living areas and training is provided in budgeting, banking, self-care, meal planning, healthy living, exercise, medical needs, socialization and other independent living skills. Many residents have jobs in the community and Shore aims to secure inclusive employment for them when it is appropriate and possible. Due to the economy, some individuals have lost their jobs and staff is assisting them in finding employment.

Community Integrated Living Arrangements (CILAs) are homes for 2 to 7 residents, and meets the needs of each resident on a long-term basis. Shore has three CILAs - 1 in Evanston and 2 in Skokie that provides 24-hour staff supervision on a yearly basis to individuals with more moderate to severe/profound disabilities. The two men who reside in Evanston have severe Autism and unique behavioral needs.

Home Based Support (HBS) Services are provided to families and individuals with an intellectual or other developmental disability who have received an IL Department of Human Services award letter that states that they have access to funding for services, which includes: Service Facilitation, Personal Support Work, Developmental Training and Supported Employment, provided by the HBS Program. HBS is designed to provide the support necessary to maintain persons with a disability in the least restrictive setting possible, their own home. Hours vary depending on the State allocation. Numerous SLA residents receive additional support, which is needed to help them maintain independence especially as they age and encounter more health issues. Persons served are encouraged to participate in one of Shore's day programs, if not employed in the community, and integrate often.

Residential Services provided an estimated 14,947 nights of service. The demographics are as follows:

Age Range: 16-80+

Gender: 57% Male and 43% Female

Race/Ethnicity: 60% White; 15% Black; 9% Hispanic; 7% Pacific Islander, 1% Native American & 8% Asian

Family Status: 9% Have State Guardians; 64% Have a family member or friend as guardian and 27% are Self Guardians

Income: 100% Low

Disability: 100% have an intellectual and/or other developmental disability, which varies from 34% mild to 66% moderate/profound.

The majority of these individuals (75%) require 24-hour supervision because of the severity of their disability.

3. Describe what underrepresented populations are identified and targeted for services and how City funds would improve equity of service delivery. How would the program measure/report impact to these populations?

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

An estimated 4.6 million Americans have an intellectual or developmental disability (Larson, 2000). More school-age children are receiving the diagnosis of a learning disability, developmental delay, or behavior disorder than ever before. In the Chicagoland area, there are over 2 million individuals with support needs that include the soaring diagnosis of autism.

Participants at the Lois Lloyd Center have profound developmental disabilities and are fragile, both physically and medically. In addition, the vast majority (99%) have extreme financial challenges, the mean falling in the low-income and poverty level. More importantly, participants in this program would most likely be turned away at other organizations, and have no other options for care and development. With the social service financial crisis, especially in Illinois, many organizations have closed their doors. Remaining providers have been forced to reject this population due to the fact the care of individuals with severe and profound developmental disabilities, physical disabilities and medical issues is both challenging and expensive. They simply don't have the financial resources to serve and support participant aspirations to reach their unique potential and enjoy the benefits of community inclusion.

For the past 67 years, Shore has been providing services to individuals with intellectual and other developmental disabilities and their families. This group of individuals has always been underrepresented. Since the majority of individuals in this group tend to not vote, they have a limited lobby both in Springfield and Washington D.C. Shore strives on limited reimbursement from the State to guide individuals to reach their greatest potential and live the lives they want. Funding from EMHB will help Shore help this population. Through funding more individuals will participate in various community experiences. As individuals are more visible in the community the stigma of a developmental disability will slowly fade away. Individuals will be able to enhance relationships and receive support from people who are not paid to interact with them.

Shore would measure the community integration activities that our clients participate in annually and their placement in the least restrictive environments.

4. 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.

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

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

Residential Services currently have 16 individuals on a wait list. The wait time can be years, depending on the individual needs of the applicant and availability of resources to expand services. The turnover rate is limited due to life-long nature of the needs

of the individuals with intellectual and other developmental disabilities. In the interim, many individuals attend one of Shore's day programs.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

Shore operates three programming divisions, two community day programs and a variety of residential options. The agency strives to find the most appropriate program for each individual. Shore's Social Worker handles all inquiries and intake for the Residential Services Program. She documents an individual's interest for residential placement and makes periodic contact with individuals on the waiting list and information/referrals are offered as needed.

If it is determined that Shore is unable to provide the best possible programming to an individual, that individual will be referred to Community Alternatives Unlimited (CAU), which is the local PAS agency who will help them find the most appropriate program to help serve their needs.

7. 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.

Rimland and Leeda provide residential services to adult individuals with intellectual and other developmental disabilities. Shore will refer others to these agencies as Rimland focuses more on Autistic needs and the others are private paid programs that may have openings for residents that are looking for CILAs (Community Integrated Living Arrangements) or intermittent support that Shore cannot provide due to capacity issues. Search and Douglas Center - Skokie offer day programs that two residents attend because one has aggressive behaviors that are too challenging for Shore to handle in our day program and the other attends by family choice. We collaborated with Park School in Evanston as one resident graduated in May.

We collaborate with Human Services Management Services (HSMS), which has over 20 developmental disabilities organizations in the Chicagoland area and offers streamlined case management and other utilities for staff, and Infinitec which is a coalition of over 30 developmental disabilities organizations throughout Chicagoland offering unified, online and onsite training programs. These programs are designed to meet requirements of most state and federal funding sources. Other include: Northwestern University Best Buddies Program has helped residents who need companionship. Residents attend the YadR'Yad program facilitated by Jewish Family and Children's Services that provides integrated socialization opportunities for Jewish adults with and without disabilities. Many residents participate in Evanston Special Olympics; Levy Center, Keshet, YWCA's New Year Co-Ed's, Center for Enriched Living and Maine-Niles Association Special Recreation (MNASR) for exercise and community integration activities. The Levy Center also provides free tax preparations for many of our residents. Some residents are members of Evanston Churches and Synagogues and others have attended Shabbat activities at the Beth Hillel Congregation in Wilmette, which offers a community integration experience for people without disabilities to be introduced to individuals with disabilities. Our residents have enjoyed the social interaction and have forged friendships with members of this congregation. Additional counseling is available to residents of the Supported Living Arrangements Program through a private Social Worker. Patricia Lloyd Townhomes residents receive healthy food delivered through St. Francis' Meals at Home Program.

Shore's programs are set apart from others because we provide a variety of residential settings that are well maintained to meet individuals needs including: 24-hour staff assisted residential options - two 12 bed facilities (group homes), two 7-bed and one 2-bed CILA; Supported Living Arrangements for individuals that can live independently include: the Patricia Lloyd Townhomes (PLT), offers staff assistance to individuals as needed to scattered-site apartments and condos where individuals live independently and receive intermittent staff assistance. The PLT is unique in the respect that residents have their own units; their rent is affordable through a subsidy received from Shore, additional support is provided with their rent, and the Support Services Manager is available 24 hours a day if an emergency arises. Home Based Support is also provided so that the individual can remain in their own home.

8. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

1. 86% (30/35) Evanston residents will improve their independent living and community integration skills based on staff attendance records.
2. 77% (17/20) Evanston residents will live healthy by maintaining their ideal body weight measured by tracking logs.
3. 100% (35/35) Evanston residents will maintain their residential placement, preventing placement in a more restrictive setting.

The 2019 goals are similar to 2018 but there is an increase in the number of Evanston residents having the goal. Shore tries to keep goals realistic and achievable based on the special needs of the individuals we serve.

For individuals in the residential settings, initial assessments are conducted on residents to determine their functioning level and then they are reassessed on an annual basis. These assessments include the ICAP (Inventory for Client and Agency Planning) as a standardized adaptive behavioral scale, the Mid-Nebraska Community Living Skills Evaluation and the Human Sexuality Assessment. A Strengths and Needs Assessment is developed annually based on these results and other identified areas from the Interdisciplinary Team (IDT), which includes: the individual, the individual's case manager, family member, State appointed case coordinator and other disciplines or advocates involved. As the State of Illinois moves towards more Person Centered Planning, Community Alternatives Unlimited (CAU), which is the authorized funding agent, will meet with the individual to complete a discovery process. The individual expresses their desired outcomes, then Shore develops an implementation plan based on their outcomes. The staff collects ongoing data and a monthly summary of results is developed. A health and safety checklist is conducted weekly on all independent living environments (apartments/condos) where individuals live. At a minimum, an annual staffing of the IDT is held to evaluate and determine new or revised goals.

The agency has an extensive Program Outcomes Plan, which establishes goals based on best practices in the field as identified by national accreditation, for example: community integration, health and wellness, person centered planning, etc. The plan monitors service delivery improvements through an analysis of caseload, consumer satisfaction, efficiency and effectiveness measures, cost per unit of service, service access and capacity. External monitoring agencies do on-site surveys of the programs including: CARF International formerly Commission on Accreditation of Rehabilitation Facilities, Department of Public Health, Department of Human Services, Healthcare and Family Services, Department of Housing and Urban Development, Evanston Health Department, Skokie Health Department, local and state fire departments and peer quality reviews. Clients and other stakeholders also complete annual satisfaction surveys.

Uma Muppidi, Senior Director of Residential Services, and Alexandra Halilovic, Director of Shore Homes, will ensure the programs are implemented as planned.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2019, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 must show an increase in people served if applying for an increase in CDBG funding.

98	Unduplicated people to be served in 2019
35	Unduplicated Evanston residents to be served in 2019
98	Unduplicated low/moderate income people to be served in 2019
35	Unduplicated low/moderate income Evanston residents to be served in 2019
95	Unduplicated people served in 2018
35	Unduplicated Evanston residents served in 2018
95	Unduplicated low/moderate income people served in 2018
35	Unduplicated low/moderate Evanston residents served in 2018
526.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

The mission at Shore is to improve the quality of life for individuals with intellectual and other developmental disabilities. Our goal is to help children and adults reach their full potential so they can lead more independent and productive lives. This is accomplished through educational, residential, vocational and related programs, along with community integrated support services.

In 1951, the late Lois and Thomas Lloyd, along with a group of Evanston parents, co-founded Shore Community Services. The Lloyd's had a daughter named Patricia, fondly called Patty. In the late 1940's, the Lloyd's were unable to find proper services for Patty because nothing was available for children with developmental disabilities. As a school teacher, Mrs. Lloyd believed that Patty, and other children with special needs, deserved the very best education possible. By collaborating with other families in Evanston and neighboring communities, a school program was started in the basement of the Lloyd's home. Rapid growth necessitated the need for larger accommodations. This was accomplished by aligning the organization with local churches and area businesses.

In 1953, Shore was selected to be 1 of 6 schools to participate in a statewide research project to determine if children with developmental disabilities could benefit from public education. The school's success led to its incorporation in 1954, when it became part of Evanston-Skokie School District 65. As the progressive idea of inclusion moved to the forefront, and institutionalized care diminished, Shore continued to grow and develop more diversified programs.

From humble beginnings filled with hope, passion and purpose, Shore now provides a comprehensive array of services that benefit over 400 individuals each year, including: small group homes, CILAs (Community Integrated Living Arrangements), SLAs (Supported Living Arrangements), Vocational Training & Employment Services, Adult and Seniors Program, Life in Motion – (Choices Program), True North, Early Intervention and Home Based Support and Service Facilitation.

The organizational structure consists of the Board of Directors overseeing the Chief Executive Officer (CEO) India Alexis Ehioba, MNA, CFRE. The CEO is responsible for running the agency and the Program Directors supervise their respective staff.

The Board is encouraged to support the following three areas: Development: fundraising events, marketing, recruiting attendees, sponsorships and acting as representatives for the agency; Policy: approves annual budget, capital expenditures, approves operational policies and employs CEO who in turn employs Program Directors and other staff; and Accountability: attends board and committee meetings, monitor monthly financials and efforts to improve quality and quantity of programs, and performs all functions in an objective manner without personal interest affecting the agency. There are currently 21 Board and 10 Honorary Board Members.

Shore restructured its organizational layout in late spring 2018. A new position, Senior Director of Residential Services, was created and now all residential programs are overseen by Uma Muppidi. Shore partnered with a family and opened a CILA (Community Intergrated Living Arrangement) in a home in Skokie that is owned by the family. A young gentleman resides in the CILA that is supervised when he is not in school. This is an example of Shore offering more Person Centered Planning.

11. How many staff of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

Out of 105 employees at Shore, we have six Black and one Asian in leadership/decision-making positions, which is 15%. Shore's Chief Executive Officer is Black and the Senior Director of Residential Services who was hired in May is Asian. The agency always tries to hire qualified staff for all open positions regardless of race. We have four inservices throughout the year that are used for staff trainings. As part of a Strategic Planning for the agency's future, staff of all color and position were asked for feedback on ways to improve Shore through programming, marketing, technology upgrades and other pertinent issues through SWOT (Strengths, Weaknesses, Opportunities and Threats) that were conducted by a consultant. Directors work closely with their staff and have meetings, some daily, to discuss programming and other issues. In addition, DISC trainings are being offered to leadership and program managers to learn how to better communicate with others, which will help in engaging all staff in decision making.

12. Describe 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).

Shore has a long history of successfully implementing programs/services and capital improvements that have received funding through the Evanston Mental Health Board and CDBG (Community Development Block Grants) i.e. Evanston, Skokie and Cook County. In the agency's Administrative Procedures for Division Directors manual, there is an entire section on purchasing and procurement. All funds are immediately booked in a computerized accounting program (Quick Books) at our Administration Center by the accounting department. Shore also adheres to all requirements and submits reports in a timely manner.

From day one, nearly 68 years ago, Shore has grown from providing essential services to one child to meeting the needs of over 400 individuals throughout Chicago and it's North and Northwest suburban communities. The organization is accredited by CARF International, formerly Commission on Accreditation of Rehabilitation Facilities, which is an independent, nonprofit accelerator of health and human services.

CARF accredited providers are recognized for their ongoing innovation and adherence to the highest 'best practice' standards. In addition, Shore has received the highest accolade: 16 consecutive 3-year accreditations. We are a member of the Illinois Association of Rehabilitation Facilities (IARF) and recently achieved the highest donor rating from GuideStar for transparency and best practices in operations with a Platinum Level Approval Rating. Less than 5% of charities nationwide receive this rating.

For over 40 years, Shore has had a comprehensive Program Outcomes Plan in place, formerly called Program Evaluation, which monitors the program effectiveness and provides data for formulating improvements and modifications. The Short and Long Range Plans are submitted by each division/program to strategically set goals for the upcoming fiscal year. New plans are formulated on the basis of goals yet to be met, and new needs that have emerged. These goals are formulated with the assistance of committees comprised of Board Members, Program Directors, Chief Executive Officer, and other stakeholders, including parents and individuals served by Shore. We take great pride in the fact that we have been successfully implementing plans that are detailed and data driven from Direct Service Professionals (DSPs) to Directors. Our approach is also a model for other developmental disabilities agencies. It should be noted that in a recent CARF Survey, a surveyor commented that our "Program Outcomes are informative, thorough and far more extensive than any plan they have seen

before.”

Shore Community Services consistently achieves the highest marks in evaluations and audits from:
BALC – Bureau of Accreditation Licensing and Certification at the Illinois Department of Human Services.
The Illinois Department of Public Health
US Department of Housing and Urban Development

13. 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)

14. 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? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

Residential Services (RS) has 40 employees. The education levels include: 19 High School Degree; 8 Bachelor Degree; 5 Master Degree; 3 with some college; 2 Registered Nurses, 1 Certified Nursing Assistant and 1 Social Worker. The Senior Director of Residential Services has a Master Degree in Public Health and the Director of has a BA in Psychology.

There are no vacancies so new staff will not be hired nor are new positions dependent on City funding. However, 15% of the salary, (including benefits and taxes), for a full-time Support Services Professional (SSP) for the Supported Living Arrangements (SLA) Program, Program Manager for Home-Based Services Facilitation and the Program Manager (PM) at Buehler House/Shore Homes East are being sought from MHB. The SSP has been at Shore since May 2017. She has over 15 years of experience, is 49 years old and is Caucasian. She provides supervision to 10 residents living semi-independently at the Patricia Lloyd Townhomes and 6 who live in scattered-site apartments in the community. The DSP monitors the physical and mental health of the SLA individuals and sees that they visit their doctor (i.e. Psychiatrist, Psychologist or Social Worker) at the recommended intervals. She monitors the individual's medication pillboxes and supervises that refills are obtained at the intervals prescribed by the doctors, but SLA residents self-administer their own medications. The PM observes the health and behavior of each individual and implements programming for each Individual and Behavioral Plan. Other duties include: complying with reporting and documentation requirements; completing health and safety checklist, conducting fire and evacuation drills, holding council meeting, running an arts and crafts club, coordinating social/recreational activities, and more.

The Program Manager for Home-Based Services Facilitation has been at Shore for over 5 years and is a Qualified Intellectual Disability Professional (QIDP); 37 years old Caucasian female. Her responsibilities include: assisting families in identifying and accessing the services of the HBS program; develops an Individual Service Plan (ISP) which describes the services, programming and objectives which will be worked on throughout the year; monitors services and programming regularly; links to other services and support; assists families to connect with a personal support worker, and additional case management services as needed. She also works closely with the DSP to ensure that SLA residents receive the support needed and oversees the HBS Program.

The Program Manager at Buehler House/Shore Homes East has been at Shore over eight years and is a QIDP; 51 year old Caucasian Male. He acts as a case manager for 12 residents and is available 24-hours a day/7 days a week for crisis intervention. This position organizes an individual's services including: quarterly Interdisciplinary Team meetings; ongoing communication with the family, State Guardian or State assigned Case Coordinator; develops goals and objectives in accordance with the resident's needs; oversees staff in providing training to individual's and the daily data; completion of monthly summary reports and annual assessments; referral, linkage and follow-up with other organizations for each individual and insuring individual's rights are upheld.

These staff positions will be retained in the future even without City funding.

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

Mary K. Matz, CFRE, mmatz@shoreservices.org, (847) 982-2030 ext. 221

16. 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)

06-861-8826

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

✓ Yes

✓ No

18. 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."

Buehler House/Shore Homes East & West and some scattered-site locations are ADA compliant but the Townhomes and Brown CILA are not. Our Administration Center in Skokie is used for meetings if accessibility is an issue for a family member or guardian.

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

Buehler House/East-503 Michigan Avenue, Shore Homes West-8167 Lincoln, Townhomes-1823-31 Brummel, 727 Brown and other private homes in Evanston and Skokie. These are residences and clients can either self-transport or are transported by Staff.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019 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 K. Matz, CFRE, Senior Philanthropy Officer

Budget

Funding Sources/Revenues	2018	2019	2019 Committed	
City of Evanston CDBG	USD\$ 0.00	USD\$ 0.00		
City of Evanston Mental Health Board Funds	USD\$ 20,000.00	USD\$ 22,000.00		
Purchase of Care & Public Grants	USD\$ 422,233.41	USD\$ 406,909.74	USD\$ 406,909.74	
Grants - Foundations, Corporations & Businesses	USD\$ 0.00			
Client/Family/HUD Payments for Rent & Services	USD\$ 161,841.63	USD\$ 164,745.12	USD\$ 164,745.12	
Contributions	USD\$ 60,922.00	USD\$ 11,453.00	USD\$ 11,453.00	
Special Events	USD\$ 20,239.00	USD\$ 16,332.50	USD\$ 16,332.50	
Other Revenue	USD\$ 10,052.58	USD\$ 3,251.00	USD\$ 3,251.00	
Total	USD\$ 695,288.62	USD\$ 624,691.36	USD\$ 602,691.36	

Funding Uses/Expenses	2018	2019 Total	2019 CDBG	2019 MHB
Salaries	USD\$ 283,641.79	USD\$ 340,935.02		USD\$ 18,500.00
Program/Administrative Salaries	USD\$ 31,515.70	USD\$ 29,646.52		
Health, Worker's Comp & Retirement Benefits	USD\$ 48,480.00	USD\$ 76,837.47		USD\$ 2,100.00
Payroll Taxes	USD\$ 26,658.50	USD\$ 32,709.66		USD\$ 1,400.00
Professional Fees & Contracts	USD\$ 73,702.65	USD\$ 42,470.09		
General Operating	USD\$ 127,818.04	USD\$ 119,359.15		
Occupancy	USD\$ 82,620.35	USD\$ 34,269.13		
Misc./Depreciation	USD\$ 21,851.59	USD\$ 7,712.50		
Total	USD\$ 696,288.62	USD\$ 683,939.54	USD\$ 0.00	USD\$ 22,000.00

Budget Narrative

Shore's Fiscal Year runs July 1st-June 30th. The budget for 2019 is based on the actual income and expenses for the last fiscal year because the budget is currently being created. The budget for 2019 is significantly lower than 2018 because it only reflects the programs that funding is being sought for staff from EMHB, which includes: the Patricia Lloyd Townhomes-Supported Living Arrangements, Buehler House/Shore Homes East, and Home Base Support and Service Facilitation. Shore also sold a condo that was used as a scattered-site unit for two residents, which reduced the occupancy cost for 2019.

As a result of continued delay of payments from Illinois, Shore has had to increase borrowing from its line of credit for payroll and cash flow needs. Reimbursement for services rendered take on average 60-90 days and 80% of Shore's funding from State Medicaid Payments. Shore is doing everything within its financial capability to maintain our programs and services without disruption. Measures to help reduce budgetary costs includes: deferring non-emergency maintenance, new hires and substitutes have been delayed and will only be hired as required by State law to provide necessary coverage; community outings that Shore funds have decreased; all driving is reduced to essential travel only; and only safety related maintenance repairs will be performed.

The agency focuses on ways to increase performance and energy efficiency to reduce costs. Grants to upgrade lighting and HVAC units, which decrease energy costs, have been received. Shore explores other revenue resources to diversify income sources to cover operating and capital needs as rising costs occur in transporting individuals to/from home; repairing aging vehicles, general maintenance; and worker's compensation insurance. Shore's Joseph Koenig, Sr. Training Center created a new electronic recycling business called Shore eCycle and is a partner with Cyclepoint from SourceAmerica's electronic recycling program. This business has the potential to be a new revenue stream for the agency while providing valuable employment opportunities and an environmental friendly initiative. In addition, our resale shop Second Time Around Thrift & Gift Shop is an important revenue source and is used as a job site for clients who are acquiring job skills because it offers retail experience.

The positions with salary, benefits and taxes, that MHB funding is being sought are the Support Services Professional for the Supported Living Arrangements Program (SLA) - \$35,000 Program Manager at Buehler House/Shore Homes East - \$52,000 and Program Manager for Home Based Services Facilitation - \$50,000, which represents @14% of their salaries. All three positions are currently filled and serve all clients including Evanston residents. Shore is seeking an increase because additional service hours are being provided to two additional residents at the Patricia Lloyd Townhomes. The services Shore provides will enable our clients to build their confidence in order to live a more self-sufficient lifestyle. This spring, we partnered with a family to offer private CILA (Community Integrated Living Arrangement) services in the home owned by the family. This type of service is becoming more in demand as clients and their families want total input on the type of residency and other services that will help them/their child maintain their level of independence.

The Program Manager for the Home-Based Service Facilitation also supports the Support Services Professional. She serves 15 SLA residents and 7 additional Evanston families that receive Home Based Support. The HBS program continues to grow and additional Personal Support Workers are being sought in order to expand services for our clients and open new cases as well. In fact, the majority of the individuals who receive HBS would not be able to maintain residency in a least restrictive environment without this support. This extra support is needed for the SLA residents to help them remain independent as they age.

Program Outcomes

Beneficiary Demographics

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod
White	57	57	57	57	20	20	20	20
White/Hispanic	9	9	9	9	4	4	4	4
Black or African American	14	14	14	14	5	5	5	5
Black, African American/Hispanic								
Asian	8	8	8	8	1	1	1	1
Asian/Hispanic								
Native American	1	1	1	1	1	1	1	1
Native American/Hispanic								
Other								
Other/Hispanic								
Total	89	89	89	89	31	31	31	31

1 City of Evanston Mental Health Board Funds		22,000							\$ 0
2 Purchase of Care & Public Grants	406,910								\$ 0
3 Grants - Foundations, Corporations & Businesses	22,000								\$ 0
4 Client/Family Payments	164,745								\$ 0
5 Contributions	11,453								\$ 0
6 Special Events	16,333								\$ 0
7 Other Revenue	3,251								\$ 0
8									\$ 0
9									\$ 0
10									\$ 0
11									\$ 0
12									\$ 0
13									\$ 0
14									\$ 0
15									\$ 0
Total	624,691	0	22,000	0	0	0	0	0	\$0

Documents

Documents Requested *

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

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

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

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

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2017 only if changed).

Brief biographies of key staff including demographic information.

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.

Required? Attached Documents *



[2017 audit](#)

[Form 990 part 1](#)

[Form 990 part 2](#)

[2017 annual report](#)



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



[Staff resumes](#)

[Accessibility Plan](#)

[Marketing report](#)

[Marketing plan](#)

[Short & Long Range Plan](#)

[Short/long range planning Residential](#)

[Short/long range planning Homes](#)

[Board demographics](#)

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

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

[download template](#)

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

[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.

[2018 program draft actuals](#)

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 FY2018.

[2018 agency draft actuals](#)

Organizational commitment to equity, diversity and inclusion.

[Diversity and inclusion](#)

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

Application ID: 122056

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board
8/15/2018 deadline

North Shore Senior Center
North Shore Senior Center, Social Services for Seniors and Their Families

USD\$ 35,000.00 Requested
USD\$ 35,000 MHB Request

Submitted: 8/15/2018 10:02:03 AM (Pacific)

Project Contact

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brudzin@nssc.org
Tel: 8477846024

Additional Contacts

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North Shore Senior Center

161 Northfield Road
Northfield, IL 60093

Executive Director

Jordan Luhr
jluhr@nssc.org

Telephone 847-784-6000

Fax 847-446-8762

Web www.nssc.org

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.

North Shore Senior Center, Social Services for Seniors and Their Families

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.

Received a three-year accreditation from CARF International in April 2019. Five-year accreditation by the National Institute of Senior Centers in July 2013 and we are just starting the process for reaccreditation.

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. 2019 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
35000	MHB (Human Services Fund)
35,000.00	TOTAL

9. Funding request is:

Programs funded in 2018 should be classified as renewal even if amount requested is different from 2018 grant.

- Renewal of 2018 CDBG funding
- Renewal of 2018 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 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 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).	✓	NSSC Budget FY2019
REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including demographic information, professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards	✓	2018BDDIR.ALL
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. Describe your program, including the need(s) that it addresses. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

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

We provide supportive counseling and case management services to Evanston seniors and their families. Typically, we receive a call to Intake from one or more of the following: hospital discharge planners, family, friends, clergy, physicians, police or seniors who need help. Intake is the central point of entry, and staff has an understanding of the intricacies of making referrals appropriately. Sometimes, a need is met during a phone call. If the intake specialist is unable to resolve the caller's issue, the caller is assigned to a case manager.

North Shore Senior Center is the only organization designated by the Illinois Department on Aging as a Care Coordination Unit (CCU) under its Community Care Program. CCUs have designated areas and do not overlap. Therefore, we are the only agency that can administer the State-required comprehensive 21-page needs assessment. This assessment is an integral part of determining and setting-up the services needed by seniors. The assessment evaluates a senior's ability to perform activities of daily living and instrumental activities of daily living. It also evaluates mental status, medical conditions, nutritional status, social support system, access to transportation, spiritual support as well as financial and legal status. The assessment is done in the home, allowing our case managers to make a visual assessment of the environment to recommend measures that may enhance client safety and access. The case manager identifies needs, develops a care plan and, with the client's input and agreement, arranges for services.

Our programs help seniors navigate the challenges of remaining in their homes and communities. Examples of our programs include:

- Older Adults Benefit Program: Provides trained volunteers to assist seniors in applying for and maintaining public entitlements and other benefits.
- Chore Housekeeping: Provides trained housekeepers to assist seniors by doing light housekeeping several hours each month.
- Home Delivered Meals Program: Links seniors living alone to meal providers so that they can enjoy healthy, nutritious food in their own homes.
- Support Groups: Offers a variety of groups, free of charge, to our clients, their families and their caregivers. They include low vision, Parkinson's disease, hearing loss, Alzheimer's disease and caregiver support.
- Escorted Transportation Services: Arranges rides for seniors to and from medical and dental appointments.
- Choices for Care: Ensures that individuals who are planning to enter a nursing facility actually need that level of care and are aware of the options and community resources.
- Health and Wellness Program: Held in four Evanston rent-subsidized buildings, educates clients, using evidenced-based presentations on how to effectively communicate with health providers.

Once all services are in place, case managers monitor the effectiveness of the services, reassess needs, make adjustments, and continue to communicate with clients during the time their case is open for services, which is typically a number of years.

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

The target population for our program is low-income seniors residing in Evanston who need help accessing social services programs. The seniors served comprise of adults age 60 and over and their families. Some 68% are frail or disabled, 43% live alone, and 6% have limited or no English-speaking skills. A further breakdown of their race/ethnicity shows 45% White/Non-Hispanic; 1% White/Hispanic; 32% Black-African American/Non-Hispanic; less than 1% Black-African American/Hispanic; 3% Asian/Non-Hispanic; and .2% other. Gender breakdown is Male 33% and female 67%. The family status of our clients is 22% single, 23% married, 1% separated, 10% divorced, 27% widowed and .2% living with a domestic partner.

More than 97% of our clients live between the poverty line and low-income levels and do not have the funds for the basic necessities Their economic status is as follows: 86% client's very low (<30%), 7% clients low (<50%), 4% clients moderate (<80%).

To be eligible for some of our programs, we look at client's income. We determine low-income levels by following the federally established guidelines as listed on the National Aging Program Information Systems (NAPIS) intake form, which identifies poverty-level income as \$0 to \$12,140 and low income as \$27,657 to \$44,250. For means-tested services, clients are asked to state their incomes and assets. The information is verified through clients' bank account records, tax returns, Social Security income statements and other documentation.

The majority of the older adults we serve need emotional support and/or counseling, financial security or access to safety-net benefits, and help with preserving or improving health and well-being. We offer home- and community-based services that support independent living. Living life at or below the poverty line presents significant challenges for seniors and those challenges can be overwhelming. Some of our clients do not even have funds for the basic necessities. Some are forced to further reduce their expenses by cutting down or eliminating medications, cutting back on utilities or even food. The services North Shore Senior Center provides Evanston seniors helps them remain independent and in their homes rather than requiring placement in a nursing home. These services enable Evanston seniors to remain members of their community, sharing their

wisdom and life experiences for as long as possible.

Since many of our clients speak English as a second language, our staff includes case managers who speak Assyrian, Spanish, Russian, Tiv, Chinese, Korean, Haitian Creole, Haitian French, Urdu, Ukrainian, Mandarin Chinese, German, Romanian as well as American Sign Language to assure effective communication. These case managers have firsthand knowledge of the challenges faced by immigrant groups. We also provide access to translators or interpreters, who speak other languages, when required to assure effective communication.

3. Describe what underrepresented populations are identified and targeted for services and how City funds would improve equity of service delivery. How would the program measure/report impact to these populations?

If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses. According to the 2010 Census data, Evanston demographics show that the population is 65.6% white, 18.1% black or African American, the other 16.3 % is comprised of American Indian, Native Alaskan, Asian, and other races. It also shows that 91% percent of Evanston residents identify as not Hispanic or Latino and 9% as Hispanic or Latino. This information can be found at: <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>. Demographics stated in question number 2 show the diversity of our clientele. Our program provides services to low-income seniors and Evanston residents who need help accessing social service programs. The clientele we serve meets the demographic for underrepresented populations. As described in the City of Evanston 2015-2019 Consolidated Plan under Public Services, initiating, expanding and maintaining the access to needed services as in this grant application, we address the ongoing need of service coordination to the underrepresented residents of Evanston including older adults. By assisting clients to access services such as caregiver support, entitlement assistance as well as services that help people remain independent in their homes such as home maker services and home delivered meals, we help improve equity of service delivery by identifying and serving this underrepresented population.

4. 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="550"/>	Intake/assessment
<input type="text" value="500"/>	Referrals
<input type="text" value="750"/>	Individual case management plan/services
<input type="text" value="50"/>	Services delivered on an individual basis (e.g. home delivered meals)
<input type="text" value="350"/>	One time event or activity (e.g. field trips, tax preparation)
<input type="text" value="45"/>	Multi-session program (e.g. after school program)
<input type="text" value="55"/>	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="2,300.00"/>	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

None of the programs and services we provide to Evanston residents has a wait list.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

Yes, North Shore Senior Center offers many different program options and we often refer within the organization to ensure that client needs are met in the most effective way. If the Senior and Family Services Department is working with an individual that identifies mental health needs, a referral can be made to North Shore Senior Options Behavioral Health. If Senior Options identifies someone needing assistance with caregiver resources, a referral can be made to Senior and Family Services. Referrals can be made in one of two ways: we can transfer phone calls from one department to another or, with proper client consent, staff members can refer clients from one department to another.

North Shore Senior Center also makes referrals to outside service organizations when clients present with needs that are beyond our areas of expertise or beyond our service area. We document referrals in client records.

We also administer two different surveys. The first survey is administered every January and is directed toward clients who have received Information and Referral services. This survey asks about client satisfaction and accuracy of referrals. The second survey is directed toward our professional referral sources. This survey asks about response times and customer service.

7. 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 is the only organization designated by the Illinois Department on Aging as a Care Coordination Unit (CCU) under its Community Care Program for the City of Evanston. CCUs have designated areas and do not overlap. Therefore, we are the only agency that can administer the State-required comprehensive 21-page needs assessment. These assessments are an integral part of determining and setting up the services required by seniors.

We make regular referrals to variety of other agencies to support Evanston residents. By working together with Connections for the Homeless, we help seniors remain in their homes or relocate appropriately. Our collaboration with the Second Sense and Chicago Lighthouse supports seniors who have low vision. We also refer clients and collaborate with CEDA-LIHEAP (Low Income Home Energy Assistance Program), SHIP, CJE SeniorLife, Open Communities, Senior Connections, Faith in Action, Family Focus, Legal Assistance Foundation and various churches and synagogues.

North Shore Senior Center's Niles/Evanston offices also collaborate with the City of Evanston to conduct various programs and services at the Levy Senior Center as well as other municipal sites. In addition, we provide the administration for the Senior Farmers' Market Nutrition Program in collaboration with the City of Evanston, the Village of Skokie and CJE Senior Life.

8. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

Program Goal 1: To reduce the need for nursing home placement by providing community-based supportive services to Evanston open case management and CCP (Community Care Program) clients.

Expected Outcome: 85% of Evanston open case management and CCP (Community Care Program) clients receiving community-based supportive services will remain in independent living environments, avoiding nursing home placement during funding year 2019.

What Data are Collected/Used to Analyze Program and Measure Success: Information will be tracked using customized software developed to electronically track outcomes.

Program Goal 2: To provide Evanston residents with assistance completing the Low Income Home Energy Assistance Program (LIHEAP) application.

Expected Outcome: 350 Evanston residents will complete LIHEAP applications during funding year 2019.

What Data are Collected/Used to Analyze Program and Measure Success: Information will be tracked using customized software developed to electronically track outcomes.

Program Goal 3: To provide caregiver clients with programs and services, including education, training, emotional, support and socialization opportunities.

Expected Outcome: 80% of caregiver clients will receive support services during calendar year 2019.

What Data are Collected/Used to Analyze Program and Measure Success: Attendance at events, case management, Caregivers educational classes, support groups, respite and other services will be tracked using customized software developed to electronically track outcomes.

Twenty-five professional staff work in the Niles/Evanston offices. Jonas Flick, Evanston Senior Services Coordinator, works exclusively with Evanston residents, and his office is in the Evanston Civic Center. Our older adults benefits specialist works two full days at the Evanston Civic Center to help Evanston seniors determine which of the 20 different public entitlement and other benefit programs they are eligible to apply. Other case managers also work with Evanston residents. Katherine Honeywell, Director of Senior and Family Services, has overall responsibility for our Niles/Evanston offices.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2019, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 must show an increase in people served if applying for an increase in CDBG funding.

<input type="text" value="25325"/>	Unduplicated people to be served in 2019
<input type="text" value="2864"/>	Unduplicated Evanston residents to be served in 2019
<input type="text" value="22650"/>	Unduplicated low/moderate income people to be served in 2019
<input type="text" value="2658"/>	Unduplicated low/moderate income Evanston residents to be served in 2019
<input type="text" value="22025"/>	Unduplicated people served in 2018

2491	Unduplicated Evanston residents served in 2018
18657	Unduplicated low/moderate income people served in 2018
2312	Unduplicated low/moderate Evanston residents served in 2018
98,982.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

North Shore Senior Center is a 501(c)(3) organization founded in 1956 by a group of Winnetka residents who set out to enrich the lives of seniors. Since 1996, when North Shore Senior Center was awarded the government contract to facilitate the Community Care Program (CCP) for 300 clients, we have had an office in Evanston. The Grandparents Raising Grandchildren program was initiated in Evanston in 1998 because a growing number of Evanston grandparents had assumed the responsibility of raising their grandchildren and no other support was available to serve the needs of these families. In July 2017, we began PEARLS (Program to Encourage Active and Rewarding Lives for Seniors) program targeting low-income Evanston residents with signs of depression to provide home-based therapy.

The need for our services was increasing and we were running out of office space in Evanston, even though most of our services are community-based. To help address this, in March 2016, to be more centrally located in the southern sector of our service area, we moved the office to Niles. To maintain our presence in Evanston, we do have an office in the Evanston Civic Center. Our Evanston Senior Service Coordinator provides case management to Evanston residents, responds to 311 callers, provides community education programming, services as a liaison to the City of Evanston and other community groups. The service coordinator along with a group of dedicated volunteers provides benefits counseling to Evanston Residents.

As an organization, North Shore Senior Center's original intent was to enrich the lives of older adults by giving them a place to socialize, volunteer and learn. Later, counseling and social services were offered. Since our founding, our mission has been to foster the independence and well-being of older adults, enhance their dignity and self-respect, and promote their participation in and contribution toward all aspects of community life.

We are governed by a 25-person Board of Directors with oversight by Executive Director Jordan Luhr. Seven program directors supervise the departments of Lifelong Learning, Development, House of Welcome Adult Day Services, Senior and Family Services, North Shore Senior Options, Program Evaluation and Quality Assurance and Facilities/Operations. Our goals as an organization include assuring financial stability; developing strategic marketing initiatives; attracting and retaining the highest quality board members, staff and volunteers; exploring expansion and contraction; and maintaining a commitment to excellence.

We are constantly evaluating ways to maximize the use of our resources (human and financial) toward our services for our members, clients and participants. Through that analysis, in fiscal year 2018, we have made a strategic decision to move our Payroll and Human Resource services to ADP, our IT services to ProvenIT and some of our financial support to the CPA firm Kutchins Robbins & Diamond Ltd. These changes provide North Shore Senior Center cost savings and allow us to better focus our resources toward our mission related activities.

11. How many staff of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

The staff of color in leadership/decision making positions at North Shore Senior Center is less than 25%. The Board Development Committee has a conscious effort to seek and recruit new members of color. We continue to hire for representation of the communities we serve and to promote people of color into leadership roles from within.

To ensure that we are getting input that represents all of our client constituencies, including people of color, we conduct regular surveys of those we serve to receive input that is used in making decisions regarding the services we provide and how we provide them.

12. Describe 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).

North Shore Senior Center's Finance Department tracks revenues and expenditures and restricts funds designated for a specific purpose, such as those requested from the City of Evanston/CDBG. North Shore Senior Center has an external annual audit conducted each year and expenditures are monitored by our Board of Directors.

Our policy for cash disbursements states the following:

The positions authorized to sign checks are: Chair, President/Executive Director, Treasurer, and General Counsel. One signature is required on checks up to \$4999.99. Two signatures will be required on checks in the amount of \$5,000 and higher. If one of the signatures is that of a staff position, the second signature must be a Board position.

The bookkeeper will maintain the accounts payable system. The Controller will review all disbursements prior to check print. All disbursements require receipts and approvals.

Any procurement related to federal programs will comply with the applicable standards and procedures.

13. 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)

14. 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? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

Twenty-five professional staff members provide services in the Niles/Evanston Senior and Family Services offices. Included in this group are 19 case managers, one caregiver specialist, one older adults benefits specialist, two clinical supervisors, one receptionist and one director.

All case managers have a minimum of a bachelor's degree and most have master's degrees and clinical licenses. Jonas Flick, Evanston Senior Services Coordinator, works exclusively with Evanston clients. Jonas joined the staff of North Shore Senior Center as a case manager in November of 2014. Jonas earned a bachelor's degree from the University of Umeå, SWEDEN and he is a licensed Social Worker. He provides outreach and case management services on a weekly basis at Ebenezer Primm Towers senior housing and the Levy Senior Center with visits to Fleetwood-Jourdain Center and other centers on an as-needed basis. Jonas's position is not contingent on City funding. Jonas provides outreach and case management services on a weekly basis at Ebenezer Primm Towers senior housing and the Levy Senior Center with visits to Fleetwood-Jourdain Center and other Evanston facilities on an as-needed basis.

The grant will also cover a portion of the salary and benefits for the older adults benefits specialists who work at the Evanston Civic Center office twice a week, helping Evanston residents applying for and maintaining public entitlements and other benefits. Individuals are screened for their eligibility for 20 different programs that provide money or services. The older adults benefits specialists position is not contingent on City funding. In addition, the grant will cover the cost of leasing office space in the Evanston Civic Center.

No new staff will be hired even though caseloads continue to grow. North Shore Senior Center supports the salaries and benefits for other case managers working with Evanston residents, the caregiver specialist, and other staff providing programs and services to Evanston residents. The staff to participant ratio is 1 to 160. North Shore Senior Center received a three-year accreditation by CARF International in April 2015 and a five-year accreditation by the National Institute of Senior Centers in July 2013.

The demographics of the primary North Shore Senior Center staff working with Evanston residents because of this grant is:

Age 24, 29, 34, and 35 y/o
Gender 25% Male, 75% Female
Race/Ethnicity 100% White

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

Katherine Honeywell attended the pre-application meeting. Her email is khoneywell@nssc.org and phone number is 847-784-6074. Barbara Rudzin also attended the pre-application meeting. Her email is brudzin@nssc.org and phone number is 847-784-6024.

16. 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)

131214538

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

- Yes
- No

18. 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

19. Where (address/location) does your program take place and how will clients get to the location or facility?
We see most clients in their homes. Our Evanston office is in the Evanston Civic Center. Clients use the City of Evanston subsidized taxi, CTA#93 or Purple Line. Our Niles Office is at 7900 Milwaukee Ave. and clients take the CTA#208 to CTA#270.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019 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.

We see most clients in their homes. Our Evanston office is in the Evanston Civic Center. Clients use the City of Evanston subsidized taxi, CTA#93 or Purple Line. Our Niles Office is at 7900 Milwaukee Ave. and clients take the CTA#208 to CTA#270.

Budget

Funding Sources/Revenues	2018	2019	2019 Committed
City of Evanston CDBG	USD\$ 0.00		
City of Evanston Mental Health Board Funds	USD\$ 50,000.00	USD\$ 35,000.00	
Village of Skokie CDBG	USD\$ 10,000.00	USD\$ 10,000.00	
Illinois Dept. on Aging CCP	USD\$ 1,237,400.00	USD\$ 1,223,600.00	
Illinois DORS	USD\$ 42,000.00	USD\$ 42,000.00	
AgeOptions	USD\$ 288,469.00	USD\$ 290,000.00	
Townships	USD\$ 3,000.00	USD\$ 2,000.00	
Corporations, Foundations & Organizations	USD\$ 45,000.00	USD\$ 50,000.00	
Contributions	USD\$ 334,962.00	USD\$ 355,000.00	
Total	USD\$ 2,010,831.00	USD\$ 2,007,600.00	USD\$ 0.00

Funding Uses/Expenses	2018	2019 Total	2019 CDBG	2019 MHB
Salaries	USD\$ 1,368,917.00	USD\$ 1,409,984.00		
Payroll Taxes & Fringes	USD\$ 283,568.00	USD\$ 296,096.00		
Professional Fees	USD\$ 34,369.00	USD\$ 30,000.00		
Printing	USD\$ 7,309.00	USD\$ 5,000.00		
Supplies & Food	USD\$ 18,170.00	USD\$ 15,000.00		
Telecommunications	USD\$ 3,490.00	USD\$ 4,000.00		
Postage	USD\$ 7,016.00	USD\$ 5,000.00		
Occupany	USD\$ 97,627.00	USD\$ 98,000.00		
Local Tranporation	USD\$ 14,824.00	USD\$ 14,000.00		
Assistance	USD\$ 36,110.00	USD\$ 30,000.00		
Conferences & Meetings	USD\$ 2,668.00	USD\$ 1,500.00		
Multimedia & Dues	USD\$ 219.00	USD\$ 1,000.00		
Equipment, Rent & Repair	USD\$ 9,246.00	USD\$ 6,000.00		
General Administrative	USD\$ 1,334.00	USD\$ 1,000.00		
Indirect Expenses	USD\$ 125,964.00	USD\$ 91,020.00		
Total	USD\$ 2,010,831.00	USD\$ 2,007,600.00	USD\$ 0.00	USD\$ 0.00

Our fiscal year begins on July 1 and ends June 30.

There are no staffing changes planned with this grant request. The grant will partially fund Jonas Flicks salary and benefits because he works exclusively with Evanston clients. It will also partially fund two days of salary and benefits for our older adults benefits specialist and the rent at the Evanston Civic Center.

The 2019 Mental Health Board grant would fund the following:

- Case manager: \$ 40,657.00 (salary & benefits – 24/pay periods per year) 100%
 - Rent - Civic Center: \$ 6,138.00
 - Older adults benefits specialist: \$ 17,617.00 (salary & Benefits – two days a week)
- \$ 64,412.00

North Shore Senior Center will support the salaries and benefits for other case managers working with Evanston residents, the Caregiver Specialist, all other costs besides rent associated with having an office at the Civic Center and other staff providing programs and serves to Evanston residents.

A portion of the salaries and benefits for other case managers working with Evanston residents and the rent at the Civic Center would be:

- Case Manager II – 45, 502.00 (salary & benefits) 18%
- Case Manager II – 45, 502.00 (salary & benefits) 18%
- Case Manager II – 45, 502.00 (salary & benefits) 18%

Program Outcomes

Beneficiary Demographics

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod
White	14,149		14,225		1,131		1,175	
White/Hispanic	458		485		32		38	
Black or African American	1,363		1,396		804		853	
Black, African American/Hispanic	2		3		1		1	
Asian	3,184		3,225		80		86	
Asian/Hispanic								
Native American	14		16					
Native American/Hispanic								
Other	3,242	18,657	3,275	22,650	463	2,406	497	2,658
Other/Hispanic	52		25		6		8	
Total	22,464	18,657	22,650	22,650	2,517	2,406	2,658	2,658

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 Evanston open case management and CCP (Community Care Program) clients receiving community-based supportive services will remain in	Information will be tracked using customized software developed to electronically track outcomes.	204	203	203	204	814				0

161 of 212

	independent living environments.									
2	Complete 350 LIHEAP applications for Evanston residents during funding year 2019.	Information will be tracked using customized software developed to electronically track outcomes.	75	100	75	100	350			0
3	80% of caregiver clients will receive support services during calendar year 2019.	Attendance at events, case management, support groups, respite and other services will be tracked using customized software developed to electronically track outcomes.	25	25	25	25	100			0
4							0			0
5							0			0
Total			304	328	303	329	1,264	0	0	0

Program Line Item Expenditures

Item Description	Total 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
Total	0	0	0	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total 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
Total	0	\$0							

Documents

Documents Requested *

Required? Attached Documents *

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



[Notrth Shore Senior Center Audit](#)

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

[2017 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).



[North Shore Senior Center 501 \(c\) \(3\) letter](#)

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 2017 only if changed).

Brief biographies of key staff including demographic information.



[North Shore Senior Center Leadership Bio's](#)

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.

[North Shore Senior Center Strategic Plan](#)
[NSSC Board of Directors List](#)

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

[NAPIS Intake Form](#)

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.
[download template](#)

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

[Organizational Chart NSSC](#)

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



[NSSC Chart of Accounts](#)

expenditures, revenue, assets and liabilities.

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

[NSSC PRogram Budget MHB](#)

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 FY2018.



[FY 2018 Income Statement NSSC](#)

Organizational commitment to equity, diversity and inclusion.

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

Application ID: 122214

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board
8/15/2018 deadline

North Shore Senior Center
North Shore Senior Center, PEARLS, a program of North Shore Senior Options.

USD\$ 12,000.00 Requested
USD\$ 12,000 MHB Request

Submitted: 8/15/2018 11:48:41 AM (Pacific)

Project Contact

Barbara Rudzin
brudzin@nssc.org
Tel: 8477846024

Additional Contacts

egordon@nssc.org,
tmchugh@NorthShoreSeniorOptions.org

North Shore Senior Center

161 Northfield Road
Northfield, IL 60093

Telephone 847-784-6000
Fax 847-446-8762
Web www.nssc.org

Executive Director

Jordan Luhr
jluhr@nssc.org

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.

North Shore Senior Center, PEARLS, a program of North Shore Senior Options.

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.

Received a three-year accreditation from CARF International in April 2019. Five-year accreditation by the National Institute of Senior Centers in July 2013 and we are just starting the process for reaccreditation.

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. 2019 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
12000	MHB (Human Services Fund)
12,000.00	TOTAL

9. Funding request is:

Programs funded in 2018 should be classified as renewal even if amount requested is different from 2018 grant.

- Renewal of 2018 CDBG funding
- Renewal of 2018 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 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 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).



[NSSC Budget FY2019](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS.



[2018BDDIR.ALL](#)

Board of Directors, including demographic information, 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](#)

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

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

According to the National Council on Aging, depression, anxiety, addiction, and other mental health issues are not a normal part of aging. Left untreated, they can lead to fatigue, illness, and even suicide. One in four seniors experiences some form of mental disorder. This number is expected to double to 15 million by 2030. While disabilities due to mental disorders are a major public health concern, there are a limited number of effective programs for seniors. Up to 5% of seniors in the community meet diagnostic criteria for major depression and up to 15% have clinically significant depressive symptoms that impact their functioning.

Depression can impair a senior's ability to function, enjoy life and can contribute to poor health outcomes and high healthcare costs. Compared to seniors without depression, those with depression often need greater assistance with self-care, daily living activities and often recover slower from physical disorders. Counseling can help reduce symptoms and increase the physical and emotional well-being. When depression is properly treated, according to the American Association of Geriatric Psychiatry, more than 80% of those suffering from depression can return to their normal life after treatment.

PEARLS, the Program to Encourage Active and Rewarding Live(S) empowers seniors to take action and make changes in their behavior that can reduce their symptoms of depression and improve their quality of life. PEARLS offers low-income Evanston seniors, suffering from symptoms of depression, to actively manage their depression by providing a concrete, easy-to-learn approaches. Licensed clinical social workers meet nine times over a 19-week period with clients to teach them problem-solving techniques for specific issues. Clients learn how to address their problems step-by-step in between sessions.

An important distinction of the PEARLS program is that counseling is provided in the home, so transportation and mobility barriers are eliminated. Additionally, seniors with depression, are less likely go outside their homes, compared to those without depression.

PEARLS is an evidenced-based program developed at the University of Washington, Seattle with funding from the Centers for Disease Control and Prevention. PEARLS uses structured problem solving treatment to empower seniors to actively manage depressive symptoms. Throughout the 19-week program seniors are guided/encouraged to: Identify a particular problem and implement steps toward solving it, thereby building problem-solving skills; Incorporate more physical and social activity into a daily regimen; and Identify a pleasurable activity to engage in weekly.

PEARLS counselors and clients collaborate to identify a discrete problem, possible solutions and the steps needed to activate the chosen solution. In addition, clients schedule physical, pleasurable and social activities for the period between sessions. Success of the plan is reviewed at the following session. Following the intake session, a total of eight additional sessions are scheduled weekly, then bi-weekly and then monthly at a time convenient for the client.

PEARLS is based on three fundamental principles: what a client is experiencing are symptoms and the symptoms are due to depression; there is a close link between depression and unsolved problems; increasing participation in social, physical and other pleasant activities will lead to a decrease in depressive symptoms.

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

North Shore Senior Options, a subsidiary of North Shore Senior Center, started providing therapy and counseling to adults 55 and over in January of 2017, based on the recognition that mental health problems, faced by the seniors we serve, were going untreated. The intent of our new Behavioral Health programs is to encourage seniors to attend therapy with a licensed clinical social worker (LCSW) to help them decrease their stress and increase their wellbeing.

PEARLS, Program to Encourage Active and Rewarding Live(S), was initiated in July, 2018 as a specific short-term evidenced-based problem-solving program conducted in client's homes. To be eligible for the program, low-income Evanston residents need to meet the following criteria:

- Be age 55 and over.
- Enrolled in Medicare Part B, or supported through a sliding scale fee provision.
- Have the cognitive ability to follow a structured program.
- Screened positive for symptoms of depression.
- Are not functionally impaired by cognitive impairment, bipolar disorder, schizophrenia or chronic substance abuse.

The population we anticipate serving in Evanston, is comprised of adults age 55 and older. Some 82% are frail or disabled, 70% live alone, and 0% have limited or no English-speaking skills. A further breakdown of their race/ethnicity shows 76% is White/Non-Hispanic; 0% is White/Hispanic; 24% Black/African American/Non-Hispanic. Gender breakdown is Male 35% and

female 65%. The family status of our clients is 18% single, 24% married, 0% separated, 29% divorced, 29% widowed.

More than 88% of our clients live between the poverty line and low-income levels and do not have the funds for the basic necessities. The economic status is as follows: 24% client's very low (<30%), 59% clients low (<50%), 5% clients moderate (<80%), and 12% clients not low/moderate (>80%).

3. Describe what underrepresented populations are identified and targeted for services and how City funds would improve equity of service delivery. How would the program measure/report impact to these populations?

If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses. The financial resources to pay for mental health services, and to have access to those services, are particular barriers to low-income older adults. Added to those barriers, older adults with symptoms of depression are less able to reach out and participate in counseling that could provide relief for depression.

As described in the City of Evanston's 2015-2019 Consolidated Plan, under Public Services, the PEARLS program addresses initiating, expanding and maintaining the access of needed mental health services to low-income older adults, and specifically addresses the general lack of in-home mental health services for low-income older adults. This lack of mental health services is exacerbated by the continued reduction in the State of Illinois funds that support the needs of older adults through the Illinois Department on Aging,

The experience from the first six months of initial funding for the Senior Options PEARLS program has demonstrated feasibility to identify, recruit and provide counseling to high-risk, low-income seniors living in Evanston and other communities.

Additionally, the outcomes for PEARLS clients have been positive in showing a reduction in symptoms of depression. Outreach to community partners, and from within North Shore Senior Center, has been an effective way to implement PEARLS. Presentations to inform community partners about our PEARLS program were held at the following:

- o The Merion (Evanston)
- o Evanston Advisory Council
- o Jane Pearlman Apartments (Evanston)
- o Services for Adults Staying in their Homes (SASI) including Senior Connections
- o Evanston Ombudsman
- o Evanston Library Social Worker

We are reaching out to residents in Evanston subsidized buildings, and those attending support groups and other venues, thus allowing us to provide direct recruitment of older adults who might be eligible for PEARLS counseling,

4. 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="30"/>	Intake/assessment
<input type="text" value="35"/>	Referrals
<input type="text"/>	Individual case management plan/services
<input type="text" value="30"/>	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="270"/>	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"/>	Phone or online help (e.g. 24-hour help lines)
<input type="text" value="365.00"/>	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

We will not have a waiting list for PEARLS. As the need for the program grows, we will be able to add additional counselors trained in the PEARLS methodology. Since the program began in July of 2017, we have already had an additional counselor trained and have a third scheduled to participate in a training in September of 2018.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

Yes, North Shore Senior Center offers many different program options and we often refer within the organization to ensure that client needs are met in the most effective way. If the Senior and Family Services Department is working with an individual that identifies mental health needs, a referral can be made to North Shore Senior Options Behavioral Health. If Senior Options identifies someone needing assistance with caregiver or other social service resources not provided by Senior Options, a referral would be made to Senior and Family Services. Referrals can be made in one of two ways: we can transfer phone calls from one department to another area or, with proper client consent, staff members can refer clients from one Center area to another.

North Shore Senior Center also makes referrals to outside service organizations when clients present with needs that are beyond our areas of expertise or beyond our service area. We document referrals in client records.

We also administer two different surveys. The first survey is administered every January and is directed toward clients who have received Information and Referral services. This survey asks about client satisfaction and accuracy of referrals. The second survey is directed toward our professional referral sources. This survey asks about response times and customer service.

7. 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 Options is the only organization, in this area, to be providing the PEARLS in-home program to serve low-income Evanston seniors suffering from symptoms of depression. There are two other agencies that provide psychotherapy. North Shore Senior Center has always collaborated with other agencies serving Evanston residents, and we regularly make referrals to a variety of other agencies to support Evanston residents. In addition to receiving referrals for PEARLS services from the Centers' Senior and Family Services case managers who work with low-income Evanston residents, Senior Options has been collaborating with other organizations throughout the Evanston community.

In an effort to collaborate with other partners in the Evanston community, presentations to inform them about our PEARLS program were held at the following:

- o The Merion staff (Evanston)
- o Evanston Advisory Council
- o Jane Pearlman Apartments residents (Evanston)
- o Services for Adults Staying in their Homes (SASI) including Senior Connections
- o Evanston Ombudsman
- o Evanston Library Social Worker

8. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

All PEARLS participants are administered the Patient-Health Questionnaire (PHQ-9), a screening tool for depression. To be eligible for PEARLS, a senior must have minor depression, major depression or dysthymia as indicated by their score on the PHQ-9. The PHQ-9 is repeated at the beginning of each session to help participants learn to recognize their symptoms of depression. This information is also used by the counselor to assess depression severity and determine if a participant have demonstrated reduced depression symptoms between sessions.

Program Goal 1: To successfully recruit clients to participate in the PEARLS program during the funding year.

Expected Outcome: Recruit 30 clients, of whom 15 are low-income Evanston seniors, to participate in the PEARLS program during the funding year.

What Data are Collected/Used to Analyze Program and Measure Success Goal: PEARLS Baseline questionnaire and PHQ-9 screen for depression are completed by client week 1.

Program Goal 2: To administer the PEARLS program to 30 clients during the funding year.

Expected Outcome: 80% of clients complete the PEARLS program.

What Data are Collected/Used to Analyze Program and Measure Success Goal: PHQ-9 completed during each in-person session with client.

Program Goal 3: To complete the PEARLS program so clients can reduce their symptoms of depression.

Expected Outcome: Clients who complete the program will have meaningful reduction of depressive symptoms at the end of the treatment.

What Data are Collected/Used to Analyze Program and Measure Success Goal: PEARLS Final Questionnaire and PHQ-9 completed at the ninth in-home session with client.

Terri McHugh, LCSW, clinical supervisor for North Shore Senior Options, is responsible for ensuring the PEARLS program is

implemented as planned. Eddie Meyer, a trained PEARLS counselor, will also provide counseling to program clients. Elizabeth Gordon, PhD, Director of North Shore Senior Options, has the overall responsibility for the program.

Data Collected/Used to Analyzed to Measure Success of Goals

PEARLS Baseline Questionnaire and Patient Health Questionnaire-9 (PHQ-9) are completed with client during the first session. PHQ-9 is completed at each subsequent session and a final questionnaire is completed during or after the last session. The baseline and final questionnaire use the same tool to measure the extent that the client participates in physical, social and pleasant activities. The PHQ-9 measures the number and frequency of depression symptoms experienced by the client. Success is measured by an increase in physical, social and pleasant activities and a decrease in PHQ-9 score. Clients are contacted by phone once a month for 3 months for follow-up. A PEARLS tracking report is used to record each participant's PHQ-9 score at baseline and at the end of the program. A PEARLS Program Participation Report is used to track referrals, program eligibility, enrollment, disenrollment, number of sessions, program completion and follow-up.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2019, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 must show an increase in people served if applying for an increase in CDBG funding.

<input type="text" value="30"/>	Unduplicated people to be served in 2019
<input type="text" value="15"/>	Unduplicated Evanston residents to be served in 2019
<input type="text" value="30"/>	Unduplicated low/moderate income people to be served in 2019
<input type="text" value="15"/>	Unduplicated low/moderate income Evanston residents to be served in 2019
<input type="text" value=""/>	Unduplicated people served in 2018
<input type="text" value="6"/>	Unduplicated Evanston residents served in 2018
<input type="text" value="15"/>	Unduplicated low/moderate income people served in 2018
<input type="text" value="6"/>	Unduplicated low/moderate Evanston residents served in 2018
<input type="text" value="117.00"/>	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

North Shore Senior Center is a 501(c)(3) organization founded in 1956 by a group of Winnetka residents who set out to enrich the lives of seniors. Since 1996, when the Center was awarded the government contract to facilitate the Community Care Program for 300 clients, we have had an office in Evanston. The Grandparents Raising Grandchildren program was initiated in Evanston in 1998 because a growing number of Evanston grandparents had assumed the responsibility of raising their grandchildren and no other support was available to serve these families.

The need for our services was increasing and we were running out of office space, even though most of our services are community-based. To help address this, in March 2016, to be more centrally located in the southern sector of our service area, we opened an office to Niles. To maintain our presence in Evanston, we have an office in the Evanston Civic Center. Our Evanston Senior Service Coordinator provides case management to Evanston residents, responds to 311 callers, provides community education programming, serves as a liaison to the City of Evanston and other community groups. The service coordinator, along with a group of dedicated volunteers, provides benefits counseling to Evanston residents.

North Shore Senior Options began using the evidenced-based PEARLS counseling program at the beginning of our 2018 fiscal year. Since January of 2017, we specifically have been targeting low-income Evanston residents who are suffering from depression, to provide home-based therapy. An affiliate of North Shore Senior Center, North Shore Senior Options was carefully designed to focus on the ever-increasing needs of seniors so they can maintain a maximum quality of life as they age. Senior Options works closely with seniors and their families to ensure they are knowledgeable about all of the resources available to them. The dynamic Senior Options team provides a suite of specialized services including: care management, guardianship, money management, home safety assessments, and psychotherapy.

We are governed by a 25-person Board of Directors with oversight by Executive Director Jordan Luhr. Seven program directors supervise the departments and other areas that are Lifelong Learning, Development, House of Welcome Adult Day Services, Senior and Family Services, North Shore Senior Options, Program Evaluation and Quality Assurance and Facilities/Operations. Our goals as an organization include assuring financial stability; developing strategic marketing initiatives; attracting and retaining the highest quality board members, staff and volunteers; exploring expansion and

contraction; and, maintaining a commitment to excellence. our mission has been to foster the independence and well-being of older adults, enhance their dignity and self-respect, and promote their participation in and contribution toward all aspects of community life.

We are constantly evaluating ways to maximize the use of our resources (human and financial) toward our services for our members, clients and participants. Through that analysis, in fiscal year 2018, we have made a strategic decision to move our Payroll and Human Resource services to ADP, our IT services to ProvenIT and some of our financial support to the CPA firm Kutchins, Robbins & Diamond Ltd. These changes provided North Shore Senior Center cost savings and allowed us to better focus our resources toward our mission related activities.

11. How many staff of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

The staff of color in leadership/decision making positions at North Shore Senior Center is less than 25%. The Board Development Committee has a conscious effort to seek and recruit new members of color. We continue to hire for representation of the communities we serve and to promote people of color into leadership roles from within.

To ensure that we are getting input that represents all of our client constituencies, including people of color, we conduct regular surveys of those we serve to receive input that is used in making decision regarding the services we provide and how we provide them.

12. Describe 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).

North Shore Senior Center's Finance Department tracks revenues and expenditures and restricts funds designated for a specific purpose, such as those requested from the City of Evanston/CDBG. North Shore Senior Center has an external annual audit conducted each year and expenditures are monitored by our Board of Directors.

Our policy for cash disbursements states the following:

The positions authorized to sign checks are: the Chair, President/Executive Director, Treasurer, and General Counsel. One signature is required on checks up to \$4999.99. Two signatures will be required on checks in the amount of \$5,000 and higher. If one of the signatures is that of a staff position, the second signature must be a Board position.

The bookkeeper will maintain the accounts payable system. The Controller will review all disbursements prior to check print. All disbursements require receipts and approvals.

Any procurement related to federal programs will comply with the applicable standards and procedures.

13. 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)

14. 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? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

Terri McHugh, a licensed clinical social worker (LCSW), received her master's degree from Loyola School of Social Work. Ms. McHugh has been with North Shore Senior Center for nine years, serving most recently as a clinical supervisor for the past three years in our Niles office. Prior to joining the Center, Terri was a P.R.N. social worker for Rainbow Hospice and Palliative Care and Horizon Hospice and Palliative Care. Ms. McHugh, the clinical supervisor for North Shore Senior Options, a program of North Shore Senior Center, has completed training through the University of Washington for the evidenced-based PEARLS program and holds a certificate of training in cognitive behavioral therapy.

Eddie Meyer, a licensed social worker (LCSW- pending), received his master's degree in social work from Loyola University Chicago. Eddie is a therapist and the newest part of North Shore Senior Options behavioral health team. Mr. Meyer completed his PEARLS training in April 2018. Eddie joined the staff of North Shore Senior Center as a case manager in October 2015.

The demographic information of our current PEARLS staff is:

Age 42,62, and 77 y/o
Gender 33.33% Male, 66.67% Female
Race/Ethnicity 100% White

All PEARLS counselors will be licensed clinical social workers and will be trained in the PEARLS methodology. The counselor is the heart of the program because he or she works directly with the client to implement the program. Two outside professionals complete the treatment team: A geriatric psychiatrist to address medical and medication issues and a psychologist to provide case consultation. Geriatric psychiatrist Dr. Terry Hanusa, MD, was recruited as the required psychiatric consultant and Dr. Andrew Mantelman is the collaborating PsyD.

Elizabeth Gordon, PhD, Director of North Shore Senior Options, administers the program under the direction of Jordan Luhr, Executive Director of North Shore Senior Center. Before joining North Shore Senior Options, Dr. Gordon was director of Senior and Family Services for North Shore Senior Center's Niles office for nine years. Prior to that, she spent three years working in the Evanston office as a counselor and care manager. Prior to joining the Center, she served as the vice president and chief academic officer at Advocate Health Care, and earlier served as associate professor of Pediatrics and director of research at the College of Human Medicine, Michigan State University.

Dr. Gordon received her doctorate, master's and undergraduate degrees in psychology from Michigan State University and also earned a master's degree in human services/counseling from National Louis University.

This grant amount requested will be used to support sliding scale fees. PEARLS clients who do not have insurance coverage will have access to the PEARLS program. The grant will only cover the actual cost of the therapy sessions. We anticipate approximately 15 clients will be served through this grant. Each client will meet with a PEARLS counselor in-person nine times over a 19-week period, with assignments to do in between sessions.

None of our staff positions are contingent on City funding. New staff will be trained as PEARLS counselors as the need for the therapy grows. North Shore Senior Center received a three-year accreditation from CARF International in April 2019. We are just starting the process for reaccreditation for National Institute of Senior Centers.

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

Katherine Honeywell attended the pre-application meeting. Her email is Khoneywell@nssc.org and phone number is 847-784-6074. Barbara Rudzin also attended the pre-application meeting. Her email is brudzin@nssc.org and phone number is 847-784-6024.

16. 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)

131214538

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

Yes

No

18. 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

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

An important distinction of the PEARLS program is that counseling is provided in clients' homes, so transportation and mobility barriers are eliminated.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019 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.

Jordan Luhr, Executive Director

Budget

Funding Sources/Revenues

172 of 2018

2019 2019 Committed

City of Evanston CDBG			
City of Evanston Mental Health Board Funds	USD\$ 10,000.00	USD\$ 12,000.00	
Highland Park Healthcare Foundation	USD\$ 10,000.00	USD\$ 10,000.00	
Medicare Fees	USD\$ 23,107.00	USD\$ 10,230.00	
Total	USD\$ 43,107.00	USD\$ 32,230.00	USD\$ 0.00

Funding Uses/Expenses	2018	2019 Total	2019 CDBG	2019 MHB
Salaries and Benefits	USD\$ 61,757.00	USD\$ 63,610.00		
Assistance - sliding scale		USD\$ 11,680.00		
Professional Fees(Psychiatrist)	USD\$ 7,200.00	USD\$ 3,600.00		
Memberships	USD\$ 600.00	USD\$ 500.00		
Training & Development	USD\$ 1,200.00	USD\$ 1,000.00		
Supplies	USD\$ 850.00	USD\$ 300.00		
Printing	USD\$ 275.00	USD\$ 250.00		
Postage	USD\$ 250.00	USD\$ 150.00		
Transportation	USD\$ 450.00	USD\$ 350.00		
Occupany	USD\$ 3,822.00	USD\$ 3,822.00		
Program Administration (Supervision& Support)	USD\$ 20,217.00			
Total	USD\$ 96,621.00	USD\$ 85,262.00	USD\$ 0.00	USD\$ 0.00

Budget Narrative

Our fiscal year begins on July 1 and ends June 30. Terri McHugh, the clinical supervisor for North Shore Senior Options, is responsible for administering the PEARLS program.

This grant amount requested will be used to support sliding scale fees. PEARLS clients who do not have insurance coverage will have access to the PEARLS program. The grant will only cover the actual cost of the therapy sessions. We anticipate approximately 13 clients will be served through this grant. Each client will meet with a PEARLS counselor in-person nine times over a 19-week period with assignments to do in between sessions.

North Shore Senior Center will support the salaries and benefits for all staff involved in the PEARLS program, there are no staffing changes planned with this grant request. The positions are currently filled. We are also seeking support from other foundations for the program.

Program Outcomes

Beneficiary Demographics

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod
White	29		26		5		5	
White/Hispanic								
Black or African American	4		2		3		6	
Black, African American/Hispanic								
Asian	2		2					
Asian/Hispanic								
Native American								
Native American/Hispanic								
Other	9	28		30	1	8	4	15
Other/Hispanic								
Total	44	28	30	30	9	8	15	15

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	Recruit 30 clients, of which 15 are low-income Evanston seniors, to participate in the PEARLS program.	Clients are given the PEARLS Baseline questionnaire and PHQ-9 screen to determine if they are eligible for the program.	7	8	8	7	30					0
2	80% of clients complete the PEARLS program.	When Clients completes the program.	6	6	6	6	24					0
3	Clients who complete program will have 50% or greater reduction of depressive symptoms at the end of the treatment.	Measured by the Patient Health Questionnaire (PHQ-9) instrument and PEARLS baseline and final questionnaires	6	6	6	6	24					0
4							0					0
5							0					0
Total			19	20	20	19	78	0	0	0	0	0

Program Line Item Expenditures

Item Description	Total 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
Total	0	0	0	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total 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
Total	0	\$0							

Documents

Documents Requested *

Required? Attached Documents *

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



[Notrth Shore Senior Center Audit](#)

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

[2017 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).



[North Shore Senior Center 501 \(c\) \(3\) letter](#)

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 2017 only if changed).

Brief biographies of key staff including demographic information.



[North Shore Senior Center Leadership Bio's](#)

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.

[North Shore Senior Center Strategic Plan](#)
[NSSC Board of Directors List](#)

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

[NAPIS Intake Form](#)

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.
[download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for

[Organizational Chart NSSC](#)

which funding is requested and senior management.

REQUIRED FOR ALL EXTERNAL APPLICANTS. ✓

[NSSC Chart of Accounts](#)

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

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

[PEARLS 2019 Calendar YR budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. ✓

[FY 2018 Income Statement NSSC](#)

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 FY2018.

Organizational commitment to equity, diversity and inclusion.

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

Application ID: 122307

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board
8/15/2018 deadline

Children's Home & Aid Society of Illinois
Children's Home & Aid Society of Illinois' Daniel F. and Ada L. Rice Child + Family Center

USD\$ 7,000.00 Requested
USD\$ 7,000 MHB Request

Submitted: 8/15/2018 8:56:01 AM
(Pacific)

Project Contact

Elizabeth Startz
ekelliher-paz@childrenshomeandaid.org
Tel: 312-424-6824

Additional Contacts

ekropp@childrenshomeandaid.org

Children's Home & Aid Society of Illinois

125 S. Wacker Drive
14th Floor
Chicago, 60606-4429

President & CEO

Nancy Ronquillo
nronquil@childrenshomeandaid.org

Telephone 312-424-0200

Fax

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

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.

Children's Home & Aid Society of Illinois' Daniel F. and Ada L. Rice Child + Family 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.

Council on Accreditation, received July 2017, effective through September 2021

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. 2019 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
7000	MHB (Human Services Fund)
7,000.00	TOTAL

9. Funding request is:

Programs funded in 2018 should be classified as renewal even if amount requested is different from 2018 grant.

- Renewal of 2018 CDBG funding
- Renewal of 2018 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 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 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.

Children's Home & Aid has operated the Daniel F. and Ada L. Rice Child + Family Center, a children's residential treatment facility in Evanston, Illinois, since 1907. The Rice Center is home to youth ages six to 15 who suffer from severe emotional, behavioral, or mental health issues, resulting from trauma they have experienced. Recognized as an innovative leader in residential care, the Rice Center provides intensive care and treatment to foster children from all over the state of Illinois.

The Rice Center's residents are primarily from Chicago, with the rest coming from throughout Illinois. The resident profile is approximately 57% African American, 28% Caucasian, 3% Hispanic/Latino, and 12% biracial or multi-ethnic. Males comprise 75% of the population. About 95% of the children are wards of the state of Illinois' Department of Child and Family Services. Other children are referred to the Rice Center by their parents or guardians through the Illinois State Board of Education or the Illinois Department of Human Services. Eighty-eight percent (88%) of the children at the Rice Center have experienced physical abuse, sexual abuse, and/or neglect. They have also experienced multiple foster care placements, as many foster families are not equipped to manage the volatile and severe behaviors, resulting from underlying trauma and abuse issues, the children may present. The average child at the Rice Center has been through six failed foster placements, and 20% have been in ten or more failed placements. Most children have experienced at least one psychiatric hospitalization prior to entering the Rice Center.

Clinicians at the Rice Center develop individual treatment and transition plans for each child, based on the child's needs and strengths. Children receive a range of therapeutic and rehabilitative stabilization services designed to address their emotional needs while providing a supportive environment that encourages personal growth. The Rice Center's resources include a medical clinic, individual and group therapy services, family counseling, on-site special education facilities, and vibrant Expressive Therapy programming.

The Rice Center's services address each child's emotional needs while providing a therapeutic and supportive environment that encourages personal growth and progress. The team of clinicians at the Rice Center develop individual treatment plans for each child, with discharge planning occurring throughout the child's stay. The ultimate goal of the program is to treat children and allow them to successfully transition to a family or community setting within 18 months.

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.

Children who enter foster care have emotional, behavioral, and physical problems as a result of the trauma, separation, and loss they have experienced. Often, these problems are quite severe and require specialized care beyond what the majority of foster care parents can provide. For this reason, over 1,000 boys and girls in Illinois require intensive residential treatment, and thousands more require intensive clinical services.

The Rice Center's goal is to treat traumatized children and transition them back into a family setting as soon as it is feasible and in the child's best interest. The clinical complexity of children's issues treated at the Rice Center has increased in recent years, requiring an investment in enhanced therapeutic capacity. The standards of care and service levels of the past simply do not meet the increased needs exhibited by the children served at the Rice Center today. However, state funding levels have not kept pace with the rising severity of the needs of children living at the Rice Center, nor with the costs associated with providing basic necessities for the children. Additional support allows Children's Home + Aid to provide innovative services, such as Expressive Therapy, that meet the therapeutic needs of deeply traumatized children.

Children thrive in loving families, families who make a deep and enduring commitment to nurture, to care, and to guide their children on the path to adulthood. There are many reasons a family may be unable to protect and care for a child. Violence, substance abuse, and mental illness are just a few. Child abuse and neglect is one of the leading causes of death among children – killing more than six times as many children as childhood cancer each year. Each year, nearly 700,000 children in the U.S. and 30,000 in Illinois alone are abused or neglected. Without advocates looking out for them, children who survive abuse and neglect and enter foster care face lasting effects of trauma and tremendous obstacles.

The Rice Center is committed to serving the diverse needs of children in this population by providing specialized residential treatment. The overall use of youth residential care facilities in Illinois has declined by more than 50% since the year 2000, while the severity of the mental health, behavior, and emotional problems of children placed in residential centers has increased. Increasingly, residential care is used in only severe cases, such as for children who have experienced severe trauma, multiple foster placements, and the lasting effects of trauma such as post-traumatic stress disorder. The current population of over 1,000 children in residential care in Illinois is comprised of an increasing concentration of deeply troubled and traumatized children. This shift in the residential care population has created a need for intensive therapeutic services in residential care, a need the Rice Center is designed to meet. The breadth of services the Rice Center provides to the high-need population it serves makes it unique in the state. The Rice Center is:

- One of five centers in Illinois designated to serve children diagnosed with severe mental health and behavioral issues;
- One of only two centers in Illinois that serves young children;
- One of only two centers in Illinois that has a public school operating within its facility; and
- The only center of its kind in the Chicagoland area.

Documents Requested *

Required? Attached Documents *

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



[FY19 Agency Budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS.



[Board of Trustees](#)

Board of Directors, including demographic information, 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

[Conflict Disclosure](#)

[download template](#)

Application Questions

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

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 Daniel F. and Ada L. Rice Center's services address the complex needs of children in foster care who have severe emotional and behavioral problems that prevent them from living in a family setting. Recognizing that children thrive in a family setting, the Center's holistic, therapeutic treatment approach is designed to treat and transition youth back into a family

setting within 18 months. Clinicians develop individual treatment and transition plans for each child, based on their needs and strengths, and discharge planning takes place throughout the child's stay.

The 2015-2019 Consolidated Plan prioritizes funding for high priority, urgent community needs, including: mental health services, domestic violence services, youth services, violence prevention services, and health services. In particular, the Plan emphasizes the need for mental health services for victims of violence and family trauma and members of the community with special needs. Eighty-eight percent (88%) of the children at the Rice Center have experienced physical abuse, sexual abuse and/or neglect. Most residents (75%) have experienced at least one psychiatric hospitalization prior to entering the Center. Despite the growing need for residential services for children, residential care and treatment programs are rapidly disappearing in Illinois. The recent closure of two of Illinois few residential care programs for foster youth highlights the importance, now more than ever, for residential care programming and services for this at-risk, high-need population.

Children's Home + Aid is seeking \$7,000 in funding for a Clinical Supervisor, a position that provides leadership crucial to the Rice Center's therapeutic treatment model. The Clinical Supervisor is responsible for the overall implementation of therapeutic programming, as well as supervising the day-to-day activities of therapists and program staff, and meeting with residents and families. The Rice Center offers a continuum of services, including: milieu services, which are daily behavioral interventions (time varies based on task) used to teach residents basic skills such as independence and relating to others through activities like playing games or doing chores; therapeutic services, where a child's needs are viewed holistically and addressed in bi-weekly, hour long sessions from an individual, familial, social, and community perspective; expressive therapy, where children participate in activities like art therapy (one hour sessions, 3-4 times per month) and therapeutic yoga (one hour per week); and psychiatric and medical services, where the Center's consulting psychiatrist, pediatrician, and psychiatric nurses ensure that the medical and psychiatric needs of children are met, including vision and dental services. Many of these services occur as needed, and psychiatric and medical services are donated in monthly blocks by local physicians and nurses.

Other services include educational services, where children with special needs are able to attend the Center's day school, operated by the Evanston and Skokie Consolidated Public School District. The Clinical Supervisor position is essential to coordinating therapeutic programming and overseeing the busy day-to-day operations of the Rice Center.

In 2018-2019, the Clinical Supervisor will also be providing trauma training to the Evanston Police Department and to teachers within District 65.

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

Children's Home + Aid has operated a children's residential treatment facility in Evanston since 1907. In 1993 the agency's Daniel F. and Ada L. Rice Center, a 60,000 square foot modern building, was completed. The Rice Child + Family Center seeks to address the needs of boys and girls entering foster care in Illinois who suffer from emotional, behavioral, and physical problems as a result of the trauma and loss they have experienced.

Children's Home + Aid is seeking \$7,000 in funding for a Clinical Supervisor, a position that provides leadership crucial to the implementation of the Rice Center's therapeutic treatment model. The Rice Center provides services for up to 40 children ages six to 16 at a time, all of whom have endured some form of abuse or neglect. The average child at the Rice Center has been through six failed foster placements, and 20% have been in ten or more failed placements. Most residents have been through at least one psychiatric hospitalization prior to entering.

The Rice Center's resident profile is approximately 57% African American, 28% Caucasian, 3% Hispanic/Latino and 12% Bi-Racial or Multi-Ethnic, with males comprising 75% of the population. Residents are presumed eligible for funding based on their status as abused children/child-aged victims of violence. Further, most of these children (95%) are wards of the State of Illinois' Department of Children and Family. Those residents who are not wards of the state largely come from low-income or impoverished households. Children and youth become Evanston residents after living at the Center for 65 days. Rice Center's services utilize a holistic, therapeutic treatment approach designed transition youth back into a family setting within 18 months. Clinicians develop individual treatment and transition plans for each child, based on their needs and strengths, and discharge planning takes place throughout the child's stay. Our services and treatments have helped children rehabilitate quickly, allowing them to be placed in less-restrictive settings (i.e. birth, foster, or adoptive homes) sooner than in the past. Last year, after 90 days in their placements, all of children transitioned from the Center remained stable.

Each year, nearly 700,000 children in the U.S. and 30,000 in Illinois alone are abused or neglected. In Illinois, over 1,000 children require residential treatment, and thousands more desperately need clinical services. Without advocates looking out for them, children who survive abuse and neglect and enter foster care face tremendous obstacles:

- Physical and mental health problems throughout adolescence and into adulthood, including alcoholism, depression, drug abuse, eating disorders, obesity and suicide.
- Serious medical conditions such as impaired immunological functioning and cardiovascular conditions like high blood pressure as a result of trauma-related stress.
- Abused and neglected children are 11 times more likely to be arrested for delinquent behavior as juveniles.

The overall use of youth residential care facilities in Illinois has declined in recent years; however, the severity of the mental health, behavior, and emotional problems of children in residential centers has increased. This shift in population has created a need for proven, intensive therapeutic services in residential care which counteracts the effects of abuse and neglect and transitions children into loving homes as soon as possible.

This year, the Clinical Supervisor will provide one hour of trauma training quarterly to the Evanston Police Department and to teachers within District 65, to help personnel develop their capacity to understand symptoms of trauma and to adequately meet the needs of people who have been traumatized.

3. Describe what underrepresented populations are identified and targeted for services and how City funds would improve equity of service delivery. How would the program measure/report impact to these populations?

If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses. The children and youth served by the Rice Center are largely racial/ethnic minorities. As foster children with severe behavioral and emotional problems, they are particularly vulnerable and at risk of remaining in the foster care system until they reach the age of majority and "age out" of the system. Youth who age out of the foster care system are acutely at risk of homelessness, incarceration, substance abuse, and mental illness. Children and youth of color are disproportionately represented in the child welfare system and as a result, disproportionately at risk of the negative outcomes associated with "aging out." By supporting the Clinical Supervisor at the Rice Center, City Funds will help reduce the inequality in youth outcomes associated with the foster care system. The services provided by the Rice Center are designed to return children and youth to a family setting as soon as possible.

Additionally, the Clinical Supervisor will begin offering trauma training to Evanston Police Department and District 65 employees. The training will help personnel identify the symptoms of trauma, understand the impact of traumatic experiences on behavior and functioning, and respond appropriately to individuals who have been traumatized. The Clinical Supervisor plans to deliver one hour of training per quarter. The entire Evanston Police Department will participate in these trainings.

4. 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="65"/>	Intake/assessment
<input type="text"/>	Referrals
<input type="text" value="65"/>	Individual case management plan/services
<input type="text" value="65"/>	Services delivered on an individual basis (e.g. home delivered meals)
<input type="text" value="65"/>	One time event or activity (e.g. field trips, tax preparation)
<input type="text" value="65"/>	Multi-session program (e.g. after school program)
<input type="text" value="65"/>	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="390.00"/>	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

The Rice Center generally has a waiting list depending on the number of "beds" available throughout Illinois' network of residential care facilities. With the recent closure of two of Illinois' residential care programs for foster youth, there are now only five centers in the state designed to serve children with severe mental health and behavioral issues. The limited number of residential care facilities is further limited for young children as there are only two facilities, including the Rice Center, that provide services for children as young as six years old. The total of number of beds for high-need children between the ages of six and sixteen like those served by the Rice Center is about 80, and the Rice Center comprises 38-40 of those beds. As the majority of children at the Rice Center remain at the facility for approximately 18 months, this often results in a wait time due to the number of children in Illinois in need of residential care.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

The Rice Center provides mental health, educational, and physical health services on-site. Education is provided through a partnership with District 65. Children do not have to leave the Rice Center to access any services.

7. 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.

The Rice Center is committed to serving the diverse needs of children in this population by providing specialized residential treatment. The overall use of youth residential care facilities in Illinois has declined by more than 50% since the year 2000, while the severity of the mental health, behavior and emotional problems of children placed in residential centers has increased. The current population of over 1,000 children in residential care in Illinois is comprised of an increasing

concentration of deeply troubled and traumatized children. This shift in the residential care population has created a need for intensive therapeutic services in residential care. Despite the need for residential services for deeply troubled and traumatized children, residential care and treatment programs are rapidly disappearing in Illinois. The breadth of services the Rice Center provides to the high-need population it serves makes it unique in the state. The Center is:

- one of five centers in Illinois designated to serve children diagnosed with severe mental health and behavioral issues;
- one of only two centers in Illinois that serves young children;
- one of only two centers in Illinois that has a public school operating within its facility;
- and the only center of its kind in the Chicagoland area.

While the Rice Center offers “traditional” residential care programming like individual client therapy, family counseling, and medical services, it also provides on-site special education services and vibrant Expressive Therapy programming. The Rice Center’s partnership with the Evanston and Skokie Consolidated Public School District allows the Center to operate a public school on-site, with one-on-one assistance for children who need additional help. Another major success, the Expressive Therapy program utilizes the power of metaphor, which allows therapists to provide a less invasive form of serious trauma recovery work. This aspect of Expressive Therapy is essential to avoiding feelings of re-victimization when dealing with sensitive issues.

For abused children, Expressive Therapy is a less threatening alternative to traditional verbal therapy. Externalizing their experience through art, music, play and movement empowers children to reveal to themselves and others the difficult truth of their experience, while gaining strength and confidence to address their emotional pain. Residents enjoy participating in Expressive Therapy programming, and therapists noted the program’s many positive effects on youth, especially how it helps them stabilize and move more quickly to less restrictive settings. This investment in intensive therapeutic services for children has helped to vastly improve programming at the Rice Center, which has gained increasing recognition as a model for residential treatment, both in Illinois and nationally.

A major challenge for the Rice Center has been obtaining funding sufficient to operate at full capacity and provide a full array of essential services while still maintaining a balanced budget. Over the last year, the agency has been able to leverage its resources and continue to provide high-quality, innovative services. Programs like those at the Rice Center are a critical safety net for at-risk children and families. Although the agency is proud of its successes, continued support from public and private sources is essential to continue achieving outstanding results and provide services moving forward.

8. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

Children’s Home + Aid is committed to using data to measure results and inform continuous program improvement, and it retains a professional evaluation staff to support this function. The agency has developed a structured process, known as Best Results!, to evaluate its programs, including the Rice Center, and use data to improve practice at the direct service level. The Best Results! team explores topics such as the impact of length of treatment on clinical outcomes and characteristics of clients who are most and least responsive to the program. The aim of the Best Results! process is to set evidence-based goals that describe the change each program will achieve; regularly collect data on client progress towards goals; and use data to drive service decisions and constantly improve programming. The success of the Rice Center will be evaluated according to the following objectives, as outlined in the program’s Theory of Change:

- Objective 1: 85% of Rice Center residents who are discharged over the course of the year will be discharged into a less restrictive setting.
Evaluation: The numbers of discharges and the types of placement settings will be recorded in individual client case files and tracked in the Rice Center’s data management system, Efforts to Outcomes (ETO).
- Objective 2: The average length of stay at the Rice Center for residents who are discharged to a less restrictive setting will be 15 months.
Evaluation: The total length of stay of children living at the Rice Center is recorded in individual client files and tracked in ETO.
- Objective 3: 75% of placements of former residents will remain stable (without a disruption such as a hospitalization or a change in placement) for 90 days.
Evaluation: Once a resident is placed outside of the Rice Center, any disruptions in the placement will be recorded in client case files and tracked using the state system, RTOS.
- Objective 4: There will be a 10% reduction in the number of psychiatric hospitalizations for the Rice Center residents.
Evaluation: Psychiatric hospitalizations of Rice Center residents will be tracked by staff OMS.

The program goals and outcomes are largely unchanged from 2018.

The Clinical Supervisor is an essential component to achieving program goals and monitoring outcomes. As the Clinical Supervisor oversees the implementation of therapeutic programming overall, as well as monitoring the day-to-day activities of therapists and other program staff, the Supervisor must be able to monitor and implement the Rice Center’s continuous

quality improvement process, including outcome measures, clinical assessments, and funding reports, as informed by collaboration with the Best Results! Team. The Program Director, Director of Residential Services, Vice President of Child Welfare Services, and other program staff must all work together to observe and continuously improve upon the Rice Center's programming.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2019, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 must show an increase in people served if applying for an increase in CDBG funding.

65	Unduplicated people to be served in 2019
65	Unduplicated Evanston residents to be served in 2019
65	Unduplicated low/moderate income people to be served in 2019
65	Unduplicated low/moderate income Evanston residents to be served in 2019
65	Unduplicated people served in 2018
65	Unduplicated Evanston residents served in 2018
65	Unduplicated low/moderate income people served in 2018
65	Unduplicated low/moderate Evanston residents served in 2018
520.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

Children's Home & Aid has provided residential treatment services for children at this location in Evanston for over 105 years.

For over 130 years, Children's Home + Aid has been recognized for establishing best practices and achieving outstanding results through its programs and services that focus on child abuse prevention, healthy child development, and strengthening families. In 2017, the agency served over 42,000 children and families throughout its four statewide regions. We protected 1 of every 12 children in Illinois in care and more than half of young children in care with severe mental health and behavioral issues. And we helped 2,010 kids stay in their families, saving society over \$27.2 million per year that it would have cost to keep them in foster care.

Children's Home + Aid employs more than 800 employees and 200 volunteers. Our Board of Trustees is comprised of 50 community leaders, and serves as the legal governing body of the agency. Trustees engage with Children's Home + Aid in a variety of ways, including advocating for the agency in efforts to expand public awareness for its programs and attending and participating in the activities and special events of the agency. Children's Home + Aid's mission is to partner with children, youth, and families whose potential is at risk to create hope, opportunity, and bright futures. Our vision is that all children, youth, and families thrive in strong communities.

Children's Home + Aid delivers a comprehensive array of programs and services under three core practice areas: Child Welfare, Education, and Family and Community Services. The Child Welfare practice area encompasses foster care services, residential services, and intact family services. Each of these services focuses on preserving, reuniting, and supporting families, as well as caring for children when their families are unable to due to a crisis. Education encompasses early childhood services and the Community Schools program. Each of our five early childhood centers provide priority enrollment to children considered at-risk, including victims of child abuse and/or neglect and children from low-income households. Family and Community Services encompasses youth services, clinical services, parent support, and adoption support. Children's Home + Aid addresses the mental health needs of youth in medically under-served communities. The youth services programs work to save at-risk children from homelessness, drug abuse, foster care placement, and involvement in the juvenile justice system.

11. How many staff of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

Of Children's Home & Aid's full-time staff, 44% are people of color. Our governing board is 27% people of color. Of the agency's program Vice Presidents, 25% are people of color.

12. Describe 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).

Children's Home + Aid's Finance Department is directed by the Chief Financial Officer who is a CPA with an MBA-Finance and 34 years of accounting, finance, internal control and operating experience. Children's Home + Aid holds contracts with the City of Chicago and the State of Illinois, and has been awarded several federal grants (Head Start, Early Head Start). The agency's Chief Financial Officer is well versed in the Uniform Administrative Requirements, OMB Cost Principles, and Audit Requirements for Federal Awards. The agency's practices also comply with GAAP accrual-based accounting. The financial system used for tracking expenses, revenue and financial reporting is Microsoft Dynamics Great Plains. This accounting system has been in place since FY2005 and includes modules for tracking revenue, expenses, payables and receivables, as well as a module for bank reconciliations. The agency maintains an annual Chart of Accounts with separate Cost Centers assigned to each program and function. Each grant award is assigned a separate Cost Center to ensure that the accounting of its expenses is maintained separately and distinctly from other revenue sources.

Children's Home + Aid has established an internal control system that includes mechanisms for: review by the Board of Trustees' Audit Committee; management review by more than one individual; assurance that management directives are carried out; prevention of error, mismanagement, or fraud; safeguarding and verification of assets; and segregation of duties to the extent possible. The safeguard and control of all Children's Home + Aid's assets is the responsibility of senior management with oversight from the Board of Trustees. The Finance and Audit Committee of the Board of Trustees oversees the financial reporting process. The Committee meets six times per year to review internal financial statements and approves the agency's annual financial budget. All items (including balance sheet, cash flow, financial statements, accounts payable and accounts receivable) are presented by senior management and reviewed at each Finance and Audit Committee meeting. All business records are retained for a period of not less than 5 years. Financial records for the most recently completed fiscal year are stored on-site at the corporate office. Records 2 years and older are stored off-site at a contracted record storage facility.

13. 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)

14. 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? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

To deliver the highest level of care, the Rice Center employs a culturally diverse, committed, and well-trained staff and utilizes the talents and contributions of community volunteers. The Rice Center itself is a modern building, complete with all the amenities necessary to provide for the special needs of the children it serves. The Rice Center has a 3-to-1 ratio of staff to residents, and is licensed by the Illinois Department of Children and Family Services and accredited through the Council on Accreditation.

Relevant to this proposal, key staff include: Melissa Ludington, Vice President of Child Welfare Services, who leads a workforce of over 200 professionals to deliver residential, foster care, family preservation and adoption services. She manages an annual budget of over \$22 million, and directs innovative programming and implementation of evidence-based practice models. Ms. Ludington is a Licensed Clinical Social Worker, and has a MSW from the University of Illinois at Chicago and a BA from Washington University in St. Louis. Keith Polan, MSW, LCSW is the Director of Residential Services for Children's Home + Aid and the Director of the Rice Child + Family Center, responsible for overseeing a multi-disciplinary team and support services for all of the children served at the Rice Center. Mr. Polan has an extensive clinical background in case management and supervisory experience, with over 25 years of experience in the field of child welfare. Mr. Polan has a Master of Social Work from Loyola University Chicago and a Bachelor of Science in Social Science.

Other clinical positions require Bachelors and Masters Degrees in Social Work, Psychology, Counseling, and related fields. Many staff in higher positions have received a Ph.D or Psy.D, as well. Licensure in candidate's fields (i.e. LCSW, LCPC) may be required, as well as a minimum number of years of experience in clinical services and other related areas, depending on the position for which a candidate applies. The Clinical Supervisor position for which this grant will be submitted is currently staffed, but will be dependent on City funding for the extent of the grant period. Children's Home + Aid aggressively seeks funding through public and private resources, and will continue to do so to support the Clinical Supervisor position as needed.

The Clinical Supervisor will be retained if City funding is not received in future years.

Of Children's Home & Aid's full-time staff, 1% are Asian American, 29% are African American/Black, 12% are Hispanic/Latino, 56% are Caucasian, and 3% are multi-ethnic or other.

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

Emily Kropp, ekropp@childrenshomeandaid.org, (312) 424-6805
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16. 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)

068479955

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

Yes

No

18. 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

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

The Rice Center is located at 1101 Washington Street in Evanston. Clients are brought to the Center by the state of Illinois or their parents/guardians. The Center handles transportation for its residents to appointments and other locations as needed.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019 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 Kropp, Director of Public Grants

Budget

Funding Sources/Revenues	2018	2019	2019 Committed
City of Evanston CDBG			
City of Evanston Mental Health Board Funds	USD\$ 7,000.00	USD\$ 7,000.00	
Contributions	USD\$ 182,000.00	USD\$ 251,500.00	
Government Fees and Grants	USD\$ 5,007,980.00	USD\$ 5,151,744.00	
Program Service Fees	USD\$ 305,676.00	USD\$ 316,932.00	
Total	USD\$ 5,502,656.00	USD\$ 5,727,176.00	USD\$ 0.00
Funding Uses/Expenses	2018	2019 Total	2019 CDBG 2019 MHB
Salaries and Benefits	USD\$ 3,854,677.00	USD\$ 4,043,700.00	USD\$ 7,000.00
Professional Fees	USD\$ 129,720.00	USD\$ 112,160.00	
Supplies	USD\$ 344,111.00	USD\$ 315,484.00	
Telecommunications	USD\$ 43,466.00	USD\$ 57,264.00	
Postage and Shipping	USD\$ 1,289.00	USD\$ 1,289.00	
Occupancy	USD\$ 252,637.00	USD\$ 248,186.00	
Printing	USD\$ 1,922.00	USD\$ 2,977.00	
Local Transportation	USD\$ 57,847.00	USD\$ 70,797.00	
Conferences and Meetings	USD\$ 20,797.00	USD\$ 12,044.00	
Specific Assistance	USD\$ 89,096.00	USD\$ 102,715.00	
Subscriptions and Publications		USD\$ 70.00	
Membership Dues	USD\$ 868.00	USD\$ 15.00	
Equipment Maintenance and Rental	USD\$ 36,505.00	USD\$ 34,547.00	
Miscellaneous	USD\$ 23,791.00	USD\$ 21,198.00	
Depreciation / Leasehold Improvements	USD\$ 377,314.00	USD\$ 198,557.00	
Management and General Expenses	USD\$ 669,957.00	USD\$ 668,288.00	USD\$ 0.00
Total	USD\$ 5,903,997.00	USD\$ 5,889,291.00	USD\$ 0.00 USD\$ 7,000.00

Budget Narrative

Children's Home & Aid's fiscal year is July 1- June 30.

Over the last year, the Rice Center has operated at full capacity, achieving outstanding results while still maintaining a

balanced budget. Children's Home + Aid has been able to accomplish this combination of high-quality programming and fiscal responsibility at the Rice Center through the generosity of private funders and the careful management of resources. The majority of funding for the Rice Center comes from the Illinois Department of Child and Family Services (DCFS) and the Illinois Department of Human Services (DHS).

In 2019, Children's Home + Aid expects to secure funding in the amount of \$251,500 from corporate and foundation grants for the Rice Center, with approximately \$102,000 committed. In total, expected revenue totals \$5,727,176, with \$5,151,744 expected in government fees and grants. The agency has currently received government funding from the Illinois Department of Children and Family Services, the Illinois Department of Human Services, and the Local Board of Education. The agency does not expect to receive outside funding from other state resources.

A grant from the City of Evanston will be used to fund the Clinical Supervisor position, which is currently filled. MHB funds in the amount of \$7,000 will support a portion the position's annual salary of \$45,000 as well as fringe benefits at a rate of 27.17%. This position will serve Rice Center residents as well as their families. Residents of the Rice Center become Evanston residents after 65 days, and thus the position will serve Evanston residents and their families.

Program Outcomes

Beneficiary Demographics

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod
White	9	9	9	9	9	9	9	9
White/Hispanic	0							
Black or African American	33	33	33	33	33	33	33	33
Black, African American/Hispanic	0							
Asian	0							
Asian/Hispanic	0							
Native American	0							
Native American/Hispanic	0							
Other	15	15	15	15	15	15	15	15
Other/Hispanic	4	4	4	4	4	4	4	4
Total	61	61	61	61	61	61	61	61

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 Rice Center residents who are discharged over the course of the year will be discharged into a less restrictive setting.	The numbers of discharges and types of placement settings will be recorded in individual client case files and tracked in the Rice Center's data management system, Efforts to Outcomes (ETO).	11	15	17	12	55				0
2	The average length of stay at the Rice Center for residents who are	The total length of stay of children living at the Rice Center is recorded in	11	15	17	12	55				0

	discharged to a less restrictive setting will be 15 months.	individual client files and tracked in ETO.									
3	75% of placements of former residents will remain stable (without a disruption such as a hospitalization or a change in placement) for 90 days.	Once a resident is placed outside of the Rice Center, any disruptions in the placement will be recorded in individual client case files and tracked using the state system, RTOS.	12	16	11	9	48				0
4	In 2018, there will be a 10% reduction in the number of psychiatric hospitalizations for the Rice Center residents	Psychiatric hospitalizations of residents will be tracked by staff using OMS.						0			0
5								0			0
Total			34	46	45	33	158	0	0	0	0

Program Line Item Expenditures

Item Description	Total 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
Total	0	0	0	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total 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
Total	0	\$0							

Documents

Documents Requested *	Required?	Attached Documents *
REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.	✓	Audited financials Single Audit
REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.		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).	✓	IRS Letter
Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2017 only if changed).		Employment Policies
Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2017 only if changed).		Articles of Incorporation
Brief biographies of key staff including demographic information.	✓	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).		Accessibility Plan
Supplemental information relating to your program or agency, as applicable.		Supplemental Information
Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.		
HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants. download template		
REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.		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](#)

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 FY2018.

Organizational commitment to equity, diversity and inclusion.

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

Application ID: 122138

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board
8/15/2018 deadline

ZOE PRAXIS INC NFP
Zoe Praxis

USD\$ 0.00 Requested
USD\$ 72,800 MHB Request

Submitted: 8/14/2018 2:31:39 AM (Pacific)

Project Contact

brigitte crepin
zoepraxis@gmail.com
Tel: 847 414 9743

Additional Contacts

kessler1720@yahoo.com

ZOE PRAXIS INC NFP

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#1770
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Telephone 847 563 8777
Fax
Web www.zoepraxis.com

Executive Director

Brigitte CREPIN
brigittecrepin.zp@gmail.com

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.

ZOE PRAXIS INC NFP - Zoe Praxis

2. Type of organization

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

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.

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:

8. 2019 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 2018 should be classified as renewal even if amount requested is different from 2018 grant.

- Renewal of 2018 CDBG funding
- Renewal of 2018 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 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 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.

It is Zoe Praxis' (ZP) mission to educate and provide support to alleviate the growing epidemic of existential and emotional distress. This distress is commonly associated with depression. Existential distress includes questioning the significance of living, the worth of one's life, and existential issues such as belonging, place, value, and purpose. Emotional distress includes depression, anxiety, stress, insomnia, self-harm, eating disorders, and addictions to substance abuse.

We reach depressive individuals from any race, gender, or culture who are students attending or dropping out of high school, undergraduates, youth in the workforce, unemployed and who are struggling with depression, addiction, suicidal thoughts, searching for their identity & purpose in life, seeking answers to their issues.

Helping depressive individuals is difficult because: they feel shame and are afraid to seek help, they don't have resources, or they don't want others to know how they feel deep inside.

To overcome these barriers, ZP has developed:

- 1) Free group presentations, the "Outreach Ambassador Program," to educate about the dynamics of life, the Process of Being, and ZP's approach which empowers individuals to realize the significance of their life. We illustrate causes and effects of emotional distress, explain emotional intelligence, and show a path to resolving their issues.
- 2)The "Seminars and Workshops Program". The seminars examine specific issues to provide deeper understanding of their dynamics and to enable individuals to realize that they have the power to solve their problems. Workshops are for more in depth examination & solving of issues.
- 3)The "Mentor Program" offers one-on-one mentoring to provide additional help and a more private setting.

Based on the founder's 26 years of experience in mental health, ZP established these programs because:

- a) People are more willing to attend free presentations on mental health without fear of attracting attention to their problems.
- b) Our approach helps clarify their thoughts, realize their self-worth, and deepen their self-awareness.
- c) Their desire to attend seminars (2nd program) shows that they have started working on their personal issues.
- d) As they find answers to their questions, their anxiety & stress level decrease. They see hope in solving their issues. Their anger declines, their life energy is revived & they develop motivation to accomplish goals. They reconnect with their "inner self", improve their relationships & feel genuinely better & happier.
- e) Once they feel comfortable with themselves, they usually ask for further examination of their issues: they are ready to attend workshops. They have entered the road to self-actualization.

To solve a math problem, you need to understand the process leading to a solution. To solve emotional issues, you need to understand the process leading to the formation of thought & the development of emotional intelligence. This newfound awareness is the base for solving emotional problems.

As a new foundation, we don't have numbers of participants. However, here is a brief description of our first implementation. In Nov 2017, we gave 2 free group presentations at the Evanston McGaw YMCA, followed by 12 hour-long seminars (Jan-March 2018). Attendees asked many questions during & after the seminar. Feedback from a questionnaire showed that we had achieved our goals. We are scheduled to give additional seminars (Fall 2018).

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 rising numbers of individuals committing suicide do not have a known mental condition. The escalating number of young adults, in search of an identity and a clearer understanding of their place, purpose, relationships and life, experience high levels of anxiety, stress, and depression. They have difficulty managing their stress and getting mental health care that meets their needs. A greater number of high school students experience high levels of anxiety. Very few college students with mental issues seek help; many avoid treatment due to stigma. Our Zoe Praxis (ZP) programs address this serious unmet need of treating mental health issues.

The Centers for Disease Control, CDC vital signs, published (June 2018) that suicide rates rose across the US from 1999 to 2016:

- Nearly 45 000 lives lost to suicide in 2016
- Suicide rates increased more than 30% in half of the states since 1999. (Illinois: 22.8%)
- More than 54% who committed suicide did not have a diagnosed mental condition.

A survey conducted by the American Psychological Association and Harris Interactive, (Feb 2013), reported that Millennials (ages 18-35) have a stress level of 5.4 on a 10-point scale; this exceeds the national average (4.9). They have difficulty managing their stress and getting mental health care that meets their needs.

Mental health problems don't start in college. According to Psychology Today, the average high school student today has the same level of anxiety as the average psychiatric patient in the early 1950s.

A survey of college students conducted at Cornell and Princeton University found that about 20% of women and 14% of men have participated in some form of self-harm. Less than 7% seek help.

Our foundation's ability to meet these mental health needs is based on more than a ¼ century of mental health practice and research on the roots of emotional distress by Brigitte Crépin, a Clinical Psychologist from the University of Toulouse (licensed 1992), and the founder of ZP. She has helped hundreds of patients with depression, suicidal thoughts, suicide attempts, addictions, relationships issues (couple, siblings, parent-child, professional), self-growth, learning disorders, ADHD, history of abuse, self-mutilation, eating disorders, sleeping disorders, and schizophrenia. These case studies led her to understand the underlying phenomenon of the thought process, as well as the conscious, unconscious and preconscious activities. An in-depth description of this process is available in her book, "The Joy Of Living – From Emotional Distress To Intrinsic Happiness" (ISBN 978-0-9966387-0-8).

Brigitte has noticed an escalating number of young adults in search of an identity, a purpose, and a clearer understanding of life and human relationships. They experience high levels of anxiety, stress, and depression. The lasting and consistent improvement in her patient's personal and family life, social relationships and professional work motivated the creation of ZP to help a wider number of depressed individuals. We predominantly target those who lack resources, information and support. Her cutting edge methodology empowers individuals to understand the rationale of their life, restore their self-worth, and revive their motivation to live, thereby resulting in greater self-fulfillment.

To implement our 2019 work in Evanston we plan to hire 2 part time ambassadors and 2 part time mentors. Each person will be trained on ZP methodology.

Requirement:

- Ambassador: CADC, AA, or AS degree
- Assistant Ambassador: individuals who recovered from mental health issues, and have a high school diploma or GDE
- Mentor: masters degree

Prior to her ¼ century experience in mental health, the founder has more than a decade of experience as a business executive, responsible for a sales team, accounting, and budgets (e.g., Orfèvrerie St Médard, Paris). This combination of business and mental health experience will enable an optimal and efficient implementation of the ZP programs.

For individual mentoring and business operations, ZP rents an office using privately donated funds. Seminar and private mentoring fees currently enable us to compensate a part time ZP ambassador. ZP has generated considerable interest from potential donors, including the MacArthur foundation. We are currently filing form 1023 for a certificate of exemption under 501 (c)(3). B. Crépin works full time to establish ZP. A former patient is volunteering to develop the ZP website.

ZP's strength is anchored in the expertise and experience of its founding directors and in the determination of Brigitte Crépin's

former patients who want to participate in developing ZP so that other young adults can benefit from Brigitte's methodology. We feel privileged to have such dedicated young adults who care deeply about contributing to ZP's mission.

Documents Requested *

Required? **Attached Documents ***

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



[2019 ZP Budget Evanston](#)

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



[ZP 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 [download template](#)

Application Questions

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

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 Zoe Praxis (ZP) Mental Health Outreach (MHO) Program aims to alleviate the growing epidemic of suicide, drug addiction, clinical anxiety, stress, depression, & self-harm. ZP's approach recognizes symptoms of mental disorder, but rather than focusing on a symptom as a disease, we examine the root of the problem triggering the symptom. This approach empowers people to understand the rational of their feelings & behavior, and it motivates them to manage their behavior & solve their problem. This understanding enables people to avoid choosing harmful behavior, or to change their already violent behavior into a constructive behavior. ZP implements this approach based on the individual's desire for "self-actualization" in our 3 MHO programs described below.

1. Outreach Ambassador Program

We send ambassadors to schools, colleges, youth centers, libraries, and other public venues to give free presentations. We describe ZP's approach to help individuals

- i) realize the relational dynamics of self-actualization & emotional intelligence;
- ii) understand the underlying causes and effects of emotional issues, frustrations, fears, and anger, that prevent self-actualization & lead to harmful actions, and
- iii) realize their ability to overcome and solve their problems.

They learn that problems often result from relational misunderstanding and unfortunate circumstances, and do not deserve blame, just as we don't blame people for catching a cold or suffering from a physical injury. This understanding eliminates the shame of mental illness. We demonstrate the importance of human interactions in self-actualization, show a different perspective to mental illness, and motivate individuals to attend the next program.

2. Seminar and workshop program

The seminars examine specific issues for a deeper understanding of their dynamics and for individuals to realize that they have the power to solve their issues. A Mentor conducts the seminar, sometimes assisted by a trainee. We help individuals clarify their thoughts and deepen their self-awareness in life. As they find answers to their questions, their frustrations, fears, stress, and anger level decrease. They see hope in solving their issues, and they start focusing on their abilities, which transforms their violent destructive behavior into a constructive desire to resume their self-actualization.

Workshops are designed to help people who are ready to solve their issues and achieve self-actualization.

Our program was developed over 26 years of research and case studies with hundreds of patients struggling with depression, suicidal thoughts, and other emotional and mental health issues.

A seminar series, available year round, includes 8 to 12 hours of interactive MHO, and is delivered weekly (1-2 hour).

Workshops span ½ day to 2 weeks.

Presentations, seminars & workshops are held according to agreements with the sponsoring organization.

3. The Private Mentor Program

This program is designed for individuals who need privacy & more personal attention to examine & solve their issues. Private sessions are typically 60 to 90 minutes per week, and last from a few weeks to few months depending on the severity of the problem.

Once individuals become aware of and understand the underlying causes of their problems, they start managing their

emotions & relationships, stop harmful behavior, restore their interest in life, & regain happiness in developing their skills to participate in society

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

People from any ethnic background should not feel ashamed or worry about financial burden when seeking help for their mental illness.

Our Mental Health Outreach (MHO) program targets teenagers and adults, predominantly those who feel shame, don't want others to know how they feel inside, don't have resources, or believe that seeking help for a mental disorder is a sign of weakness and not worth the cost.

Individuals above 14 years of age are welcome to participate in and benefit from Zoe Praxis (ZP) MHO programs regardless of gender, race, ethnicity, income, or religion. We invite people with a broad range of mental health issues including suicidal thoughts, drug abuse, anger, depression, clinical anxiety, stress, eating disorder, and self-harm.

The outreach presentations (1st program in Q1 response) are free, and we welcome individuals seeking help for: themselves, friends or family, or an organization. This outreach program has no eligibility requirements.

For seminars and workshops (2nd program in Q1 response), there is no eligibility requirement, and fees will be subsidized based on income determined from tax returns or other circumstances indicating low income. We expect that most participants in this program are seeking help for themselves, but we accept people attending for educational purposes. Educational attendees will not be subsidized.

For private mentoring (3rd program in Q1 response), the only eligibility requirement is an expressed desire for additional help on a particular mental health issue. An interview will help us evaluate the need. Fees will be subsidized based on income determined from tax returns or other circumstances indicating low income.

Our ZP programs are new and we don't have demographic information for participation. From our events, however, it is qualitatively clear that we serve a broad range of age, income, culture, ethnicity, and religion.

3. Describe what underrepresented populations are identified and targeted for services and how City funds would improve equity of service delivery. How would the program measure/report impact to these populations?

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

Our philosophy in Zoe Praxis (ZP) is to provide mental health service for people coming from any ethnic background, religion, gender, or income. No one should feel ashamed or feel financial burden about seeking help for their mental illness.

While it is difficult to specifically target minority participation, our 3 programs (see Q1 response) are designed to cover all Evanston neighborhoods. We feel that the best way to attract minority participation is to demonstrate our ability to help them as individuals, and to maintain confidentiality.

City funds will enable us to reach out and provide service without regard to income requirements.

Attendance of each seminar will be recorded and a questionnaire will be given asking for age, gender, ethnicity, family status, level of education, topics of interests (existential and emotional issues), city of residence with zip code, and comments on the presentation. To alleviate privacy concerns, including contact information (name and e-mail) is optional. A brochure and ZP contact information will be distributed at each seminar.

4. 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="0"/> | Intake/assessment |
| <input type="text" value="0"/> | Referrals |
| <input type="text" value="40"/> | 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="0"/> | One time event or activity (e.g. field trips, tax preparation) |
| <input type="text" value="800"/> | Multi-session program (e.g. after school program) |
| <input type="text" value="400"/> | Focused topic activities (e.g. workshops, trainings) |
| <input type="text" value="0"/> | Drop in services (e.g. computer lab, tutoring, help desk) |

0 Phone or online help (e.g. 24-hour help lines)

1,240.00 TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

So far in 2018 we have not turned away any individuals from the Zoe Praxis (ZP) program.

For our Mental Health Outreach program - outreach presentation, seminars and workshops - we do not anticipate turning away eligible participants in 2019, except in the unlikely event that the crowd size violates fire safety regulations.

For the individual mentoring program, it is possible that some eligible participants will be on a wait-list. The top priority will be given to those in most immediate need (e.g., suicidal thoughts). The next priority is first-come-first-serve. Ability to pay will not be used to set priority.

Demand for ZP services fluctuates throughout the year.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

If a Zoe Praxis (ZP) patient or program participant has critical needs which ZP cannot provide, the individual is referred to other agencies. Examples are as follows:

- Hospital (especially for detox or urgent medical issues)
- Homeless shelter (Connections for the homeless; Hospitality center-homeless; Evanston Ecumenical Action)
- Food service (TSA: Evanston Food Pantry; soup kitchens. We provide published schedules for the Evanston shelter and soup kitchen)
- Job search (Youth job center, and employment opportunities listed on cityofevanston.org)
- Community college for continuing education
- YMCA
- YWCA
- Evanston life magazine (for classes and recreation)
- AA meetings (to meet others with similar drug use problems)

We follow up each referral by contacting the individuals and asking about updates with the referred agency.

ZP has no financial interest in any of its referrals.

7. 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 is a vast mental health industry reaching people through insurance, schools, hospitals, clinics, private practice, and religious organizations. The continuing increase in suicide, depression, and other mental health issues each year shows that conventional resources and treatment methods are insufficient. For example, the Centers for Disease Control, CDC vital signs, published (June 2018) that suicide rates rose across the US from 1999 to 2016: in Illinois, the increase is 23%

Over the past ¼ century, Brigitte Crépin (founder of ZP) has successfully treated hundreds of patients by helping them release their frustrations, anger, stress, and fears, find their worth, place, and purpose, helping them solve a wide range of mental health issues. The vast majority of these patients had been using conventional services for mental health, lasting up to a decade, and they had achieved either temporary improvement, or none at all. They felt that their needs were not met. Crépin's experience is consistent with more global trends. For example, a survey conducted by the American Psychological Association and Harris Interactive (February 2013) reported that Millennials (18-35 year old) are more stressed than any other current living generation. Their stress level is 5.4 on a 10-point scale, exceeding the national average (4.9). This survey specifically noted: "They have trouble managing their stress and getting health care that meets their needs."

With Crépin's distinct methodology, improvement is almost immediate, with treatment lasting typically a few weeks to a few months, and relapse is rare. The goal of Zoe Praxis (ZP) is to bring this successful mental health treatment to Evanston residents who are struggling, afraid to ask for help, or lack resources, and to train ambassadors and mentors to reach and help more people

ZP has very little duplication with other mental health agencies since most participants were not getting treatment, or they were not getting adequate results with other mental health services. In addition to minimal overlap with other agencies, ZP's methodology is different from conventional services. We treat and examine the core problem causing symptoms, while conventional methods usually look at symptoms as disorders and treat the symptom. Treating the symptom may work for a while, but eventually the core problem resurfaces and the symptoms resume.

Before starting ZP, the founder explained and organized the principles of her methodology in an educational book, "The Joy Of

Living – From Emotional Distress To Intrinsic Happiness” (ISBN 978-0-9966387-0-8). This book serves as a foundational guide to train ZP staff, and its public availability invites further input.

Our success is seeing patients understand the root of their problem, and take initiative to implement their own corrective action. A good indicator of this success is that, all of Crépin’s patients were recommended by former patients, or a doctor (never used advertising in the past). Our biggest challenge in ZP is reaching people who are hiding their problems, or afraid to ask for help.

8. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

For 2019 our goal is to reach approximately 800 people through our free presentations in high schools, trade school, colleges, libraries, community centers, and other public venues. Attendance of each presentation will be recorded and a questionnaire will be distributed asking for age, gender, ethnicity, family status, level of education, city of residence, zip code, if they would recommend this presentation to others, and if so, why?

The questionnaire also asks for their topics of interests (existential and emotional issues), and subjects of seminars they would like to attend. Name and email address will be optional; however, persons interested in seminars are asked to leave contact information so we can inform them about events related to their interest.

A brochure with additional information about Zoe Praxis will be distributed to each attendee.

Making conservative assumptions with recent statistics, our goal for seminars is to reach 400 people, or half those who attend our free presentations.

After each seminar, a questionnaire is distributed to ask what they learned and what they would like to learn about in the following seminar. After the last seminar of the series, attendees are invited to answer the following questions:

What is the most important thing you learned from the topic of the series of seminars?

Would you recommend our series of seminars to friends, family, or people interested in this subject?

What related topics would you have liked to discuss or discuss more of?

What other topic of seminars would you like to attend?

Would you be interested in a workshop? If so, how long?

The Executive Director of ZP is responsible for the implementation.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2019, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 must show an increase in people served if applying for an increase in CDBG funding.

<input type="text" value="800"/>	Unduplicated people to be served in 2019
<input type="text" value="800"/>	Unduplicated Evanston residents to be served in 2019
<input type="text" value="600"/>	Unduplicated low/moderate income people to be served in 2019
<input type="text" value="600"/>	Unduplicated low/moderate income Evanston residents to be served in 2019
<input type="text"/>	Unduplicated people served in 2018
<input type="text"/>	Unduplicated Evanston residents served in 2018
<input type="text"/>	Unduplicated low/moderate income people served in 2018
<input type="text"/>	Unduplicated low/moderate Evanston residents served in 2018
<input type="text" value="2,800.00"/>	TOTAL

10. Provide a summary of the organization’s history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

Zoe Praxis Inc. NFP was incorporated on March 2nd, 2017

File # 7107-674-1 - Office of the Secretary of State Illinois

IRS 1023 application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code in process

The first year of Zoe Praxis (ZP) was dedicated to establishing the organization and its mental health outreach (MHO)

programs.

In November 2017, we introduced ZP to the residents' program director of the Evanston McGaw YMCA. We gave 2 free presentations to some YMCA residents, followed by a series of 12 one-hour long seminars (Jan-Mar 2018) on depression. This series was a great success. Attendees asked many questions during & after each seminar. Feedback from a questionnaire showed that we had achieved our goals. We are scheduled to give additional seminars (Fall 2018). About 75% of the 'free-presentation' attendees also returned for the seminars. All attendees expressed interest for another series of seminars.

Four individuals asked for private mentoring, one of whom was sent by the YMCA to ZP.

This individual, a 5 year resident at the YMCA, was unemployed and struggling with anger and alcoholism. After 2 months of private mentoring, his anger significantly decreased, he stopped drinking, found a job, reconnected with his daughter, and at the end of July he moved out of the YMCA. He continues to visit ZP once a month until Jan 2019.

In 2018, Brigitte Crépin (ZP founder) trained a part time ambassador and a part time mentor. They will finish their training in the fall of 2018 as Crépin conducts the next seminar series at the YMCA.

A part time administrative assistant was hired and will start September 1st 2018.

In 2018 a former patient of Crépin has been helping to create a website and Facebook profile.

For individual mentoring and business operations, ZP rents an office using privately donated funds. Seminar and private mentoring fees enable us to cover ZP overhead.

ZP's strength is anchored in the expertise and experience of its founding directors and in the determination of Brigitte Crépin's former patients who want to participate in developing ZP so that other young adults can benefit from her methodology. We feel privileged to have such dedicated young adults who care deeply about contributing to develop ZP's mission.

The members of the initial Board of Zoe Praxis are family related. To organize the corporation it was necessary that the members not only had complementary skills but also be familiar with Brigitte's work. They are not receiving any compensation for their contributions.

11. How many staff of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

The Zoe Praxis (ZP) board has no members of color. There are two key mechanisms for engaging people of color in making decisions. First, to offer free presentations, ZP often engages people of color in leadership roles who make decisions for a group of people under their direction, and who recommend specific needs regarding the presentations, seminars, and mentoring. Second, we actively seek feedback from participants in presentations and seminars, and use this information to make decisions about how to best meet their needs.

12. Describe 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).

While Zoe Praxis (ZP) is a young and growing organization, we have demonstrated our ability in 2018 to implement the proposed programs. These programs were designed by the ZP founder (Crépin), who earned a Masters' degree and license in clinical psychology from the University of Toulouse (1992), and has spent more than a 1/4 century providing mental health care to hundreds of patients.

For managing the operation and finances of ZP, the board members have decades of relevant work experience and expertise including:

- B. Crépin: established & operated several companies, team leadership (more than 30 employees) company management, establish & manage budgets, hire, train, & supervise employees.
- M.P. Venturella: project design & management, team leader, banking, hire & train employees.
- T. Crépin: team leadership, company management, employment history in 4 different countries (speaks English, Spanish, French, German)
- R. Kessler: implement and manage grants, team leadership, training young personnel, organize seminars & workshops

Finances are managed from a dedicated ZP bank account (First Bank & Trust of Evanston). The ZP board determines budgets for compensation, office materials, travel, insurance, Internet, web site creation & maintenance fees, and discretionary spending. We have been working with an accountant (DSR associates) to establish an accounting system.

The sources of ZP's income are from contributions to seminar and workshop services provided by ZP to public organizations such as YMCA, and from public fee participation and donation. Additional income sources will include grants, sponsorship and fundraising. Although Zoe Praxis is a new entity, we have generated considerable interest from potential donors. We anticipate that these donors will make contributions once we receive our certificate of exemption under §501(c)(3). The MBH grant will sustain the compensation of the full time Ambassador and part time mentor who are needed to implement our mission in Evanston.

13. 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)

14. 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? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

To implement our 2019 mental health outreach program in Evanston we need 1 full-time Ambassador and 1 part time mentor. Their compensation will be covered by the 2019 MHB funding.

Requirement:

- Ambassador: CADC, AA, or AS degree. Also individuals who have recovered from mental health issues and have a high school diploma or GDE can be eligible.
- Mentor: masters degree

Only the Ambassador and Mentor will be dependent on city funding.

Other staff members include:

- A part-time assistant for brochure design and administrative assistance (Hispanic male, age 55) hired Sept 1st 2018
 - A part-time assistant online communication coordinator (caucasian male, age 28) hired Oct 1st. 2018
- These two assistants are compensated mostly from privately donated funds (from the board members) and a small fraction from ZP fees collected for seminars and mentoring. Without the City funding we cannot implement our mental health outreach program in Evanston.
- In future years, if city funding is not received, the staff will be retained only if resources from fundraising and other funding can cover their compensation.
- Zoe Praxis is a non-discriminatory employer.

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

Brigitte Crepin. brigittecrepin.zp@gmail.com. cell 847 414 97 43 and Richard Kessler kessler1720@yahoo.com 773-517-1983

16. 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)

074390907

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

- Yes
- No

18. 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

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

Many places

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019 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.

Brigitte Crepin. Executive Director.

Budget

Funding Sources/Revenues	2018	2019	2019 Committed
City of Evanston CDBG			
City of Evanston Mental Health Board Funds	USD\$ 18,200.00	USD\$ 72,800.00	

In kind donation	USD\$ 16,052.00	USD\$ 17,139.00	USD\$ 17,139.00
Fees for programs services	USD\$ 22,000.00	USD\$ 41,600.00	
Operation funds After IRS 501(c)(3) recognition,		USD\$ 54,292.00	
grants and donations	USD\$ 27,402.00	USD\$ 44,294.00	
Total	USD\$ 83,654.00	USD\$ 230,125.00	USD\$ 17,139.00

Funding Uses/Expenses	2018	2019 Total	2019 CDBG	2019 MHB
Ambassador employee	USD\$ 7,800.00	USD\$ 31,200.00		USD\$ 31,200.00
Mentor employee	USD\$ 10,400.00	USD\$ 41,600.00		USD\$ 41,600.00
Total	USD\$ 18,200.00	USD\$ 72,800.00	USD\$ 0.00	USD\$ 72,800.00

Budget Narrative

Zoe Praxis fiscal year is April 1st to March 31st

Waiting for IRS 501(c)(3) to receive operating funds and begin fundraising.

MHB fund would pay for 1 full time Ambassador employee and 1 part-time Mentor.

Both staff members have been trained by ZP. Only the Ambassador currently works for ZP.

They will both serve Evanston exclusively.

The mentor starts Jan 3rd 2019

Total ambassador and mentor wages in 2018 budget is \$ 25,000

Program Outcomes

Beneficiary Demographics

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod
White							NA	
White/Hispanic							NA	
Black or African American							NA	
Black, African American/Hispanic							NA	
Asian							NA	
Asian/Hispanic							NA	
Native American							NA	
Native American/Hispanic							NA	
Other								
Other/Hispanic								
Total	0	0	0	0	0	0	0	0

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	Attendees in free	200	200	200	800	1,400	0	0	0	0	0

	presentations											
2	Attendees in seminars and workshops	100		100	100	100	400	700				0
3	Private mentoring	10		10	10	10	40	70				0
4								0				0
5								0				0
Total				310	310	310	1,240	2,170	0	0	0	0

Program Line Item Expenditures

Item Description	Total 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
Total	0	0	0	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1 salaries (Amb. Mentor)	72,800	0	72,800	18,200	18,200	18,200	18,200	\$ 72,800
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

Documents

Documents Requested *

Required? **Attached Documents ***

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



[financial statement](#)

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

[strategic plan \(question 10\)](#)

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 2017 only if changed).

Brief biographies of key staff including demographic information.



[Brief biographies](#)

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

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

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

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

[download template](#)

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

[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 account](#)

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.

[2018 Zoe Praxis Budget](#)

[Zoe Praxis 2018 Budget](#)

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 FY2018.



[Statement of operations](#)

Organizational commitment to equity, diversity and inclusion.

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

Application ID: 120171

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board
8/15/2018 deadline

Infant Welfare Society of Evanston Teen Baby Nursery

USD\$ 62,400.00 Requested
USD\$ 62,400 MHB Request

Submitted: 8/15/2018 10:39:20 AM (Pacific)

Project Contact

Stephen Vick
stephenvick@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

Telephone 847-491-9650
Fax 847-491-9410
Web www.iwse.org

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.

Infant Welfare Society of Evanston

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 Young Children

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. 2019 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
62,400	MHB (Human Services Fund)
62,400.00	TOTAL

9. Funding request is:

Programs funded in 2018 should be classified as renewal even if amount requested is different from 2018 grant.

- Renewal of 2018 CDBG funding
- Renewal of 2018 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 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 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"/>	budget
REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including demographic information, professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards	<input checked="" type="checkbox"/>	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		download template

Application Questions

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

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

funding.

Teen Baby Nursery (TBN) is a NAEYC accredited early care and education program for 16 infants and toddlers of parenting teens 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. Our experience has demonstrated that addressing the concerns, challenges and needs of the entire family is the most effective way of assuring a good start for the child.

The site itself is located at 2010 Dewey Ave. The hours are 7:30 a.m. to 5:30 p.m Monday-Friday 12 months a year. The parent education classes we offer are occasionally held at Evanston Township H.S. Individually bi-weekly home visits take place in the child's home.

Services provided at TBN are organized around the following principles:

- 1.Consistent, nurturing relationships are crucial for young children's health development
- 2.Use of evidence-based curriculum is essential for creating optimum learning environments
- 3.Intentional planning for the individual needs of each child promotes learning in all domains
- 4.Ongoing parental and staff communication is fundamental to building a partnership that will maximize the child's learning and development
- 5.Developmental screenings identify early evidence of developmental lags or disturbances
- 6.Home visiting is the first step to reducing isolation for Family Support Program participants.

All children are given a developmental screening within the first 45 days of their enrollment at TBN. Screenings continue at 6 month intervals while the child is enrolled. Results of the screenings are shared with parents and any further need for evaluations result in referrals to Early Intervention System. Our part time disabilities coordinator is also charged with integrating any IFSPs into the individual class curriculum and monitoring the classroom teachers. IWSE is vigilant about early detection of any developmental delays or challenges to allow remediation to take place as early as possible.

The young parents are screened as well for depression because post-partum depression is non uncommon in this population. Feelings of isolation from their peer group can contribute to this as does lack of support from family. Follow up services

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

The parents of our 16 infants and toddlers at full enrollment cannot be older than 23 years of age. We currently have 5 actively engaged fathers. At this writing there are 14 children in the program but full enrollment is expected by fall. The parents are required to be enrolled in school, training of some sort or working. The children cannot be older than 3 years.

These families struggle with a variety of issues. Because of their youth, they often lack the maturity to make the healthiest decisions for themselves and their children. That is why home visitors and family advocates work with them to understand the developmental stages of their children and the crucial role they play in developing competencies for their children including language and social emotional stability. At this writing, 95% of the parents are African American and all the households are single family and low-income, as defined by the Federal Poverty Guidelines. Many of these parents have neither consistent financial or emotional support from their own families and stress levels can be high.

Family Advocates make referrals to The Harbor, Connections for the Homeless and the City of Evanston for housing issues but those are not long term solutions and we have had mothers and children sleeping in their cars.

3. Describe what underrepresented populations are identified and targeted for services and how City funds would improve equity of service delivery. How would the program measure/report impact to these populations?

If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses. We serve primarily minority teens and young adults who have a variety of challenges include occasional homelessness and joblessness. Staff is in contact with the high school to identify pregnant teens in hopes of providing services when the infant is 18 weeks old.

4. 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="25"/>	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="25"/>	One time event or activity (e.g. field trips, tax preparation)

0	Multi-session program (e.g. after school program)
25	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)
75.00	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

No one who is eligible is turned away. We do maintain a wait list. Enrollment typically dips in summer and return to full enrollment in the fall.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

We do referrals for a variety of needs including unstable housing, employment counseling for parents, early intervention for any identified developmental delays in the children. Referrals internally to our early childhood development consultant are recorded in the child's file and results are shared with the classroom teacher and with the parents. Likewise referrals to outside agencies or consultants are recorded, tracked and a follow up contact is entered in the child's file.

The Family Advocate at Teen Baby is Tamekia Donaldson. She works with the parents to connect them to resources in the community that they need.

7. 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.

TBN is the only provider of comprehensive, full-day early care and education programming specifically for infants and toddlers of teen and young parents, some attending Evanston Township High School. We are the only agency offering consistent, daily working relationships with both parents and children. In addition, the extra support our families receive from the home visiting services is truly a value-added feature to TBN's program for a very vulnerable population.

We collaborate with the Evanston School Districts 65 and 202, Chicago School of Professional Psychology, Connections for the Homeless, The Harbor, Learning Bridge, McGaw YMCA Head Start Program, Evanston Community Foundation; Curt's Cafe, YWCA Evanston/North Shore, Erie Family Health Center, Evanston Hospital, Family Focus, Lurie Children's Hospital and Youth Job Center. These collaborations come in the form of referrals to meet the wide variety of needs of these families. Our center-based teachers, family advocates and home visitors work to avoid duplication by regular meetings and reporting to one another.

8. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze 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.

All TBN staff have successfully completed training and been certified to perform First Aid and CPR. Ongoing training and support from the Infant Mental Health Consultant (IMHC) has proven to be a great benefit to the staff and families at TBN. Through a series of trainings and observations the IMHC has been able to provide valuable feedback to staff in regard to supporting social and emotional growth.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2019, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 must show an increase in people served if applying for an increase in CDBG funding.

25	Unduplicated people to be served in 2019
25	Unduplicated Evanston residents to be served in 2019
25	Unduplicated low/moderate income people to be served in 2019
25	Unduplicated low/moderate income Evanston residents to be served in 2019
27	Unduplicated people served in 2018

25	Unduplicated Evanston residents served in 2018
27	Unduplicated low/moderate income people served in 2018
25	Unduplicated low/moderate Evanston residents served in 2018
204.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

Infant Welfare Society of Evanston is the organization that oversees TBN. IWSE was created in 1913. Initially the "Society" was created to ensure adequate milk supplies to children in the community and later services changed to include access to medical care for children. In later years, the creation of quality daycare for working mothers became the focus.

The Mission Statement is "to deliver exceptional care and education for infants and young children and support families' efforts to be effective parents and advocates for their child's learning and development. The Board of Directors has recently expanded to 22 to provide more support for our mission and fundraising capacity. The Board meets monthly and committees meet at varied schedules. The board is responsible for the financial oversight of the agency. It monitors programs, makes policy decisions and supervises the Executive Director.

The one significant change in the past year is a grant from ISBE to provide home visiting to 60 families in Skokie/Morton Grove. This is a partnership with the School district 69 in Skokie/Morton Grove called "Ready for Success." It is a 5 year grant.

11. How many staff of color are in leadership/decision-making positions? If less than 25%, describe how the agency is engaging people of color in decisions?

The Program Director of Teen Baby Nursery is an African American female as is the Program Director at Baby Toddler Nursery. Both of these women sit on the Leadership Team of the Agency. The lead teacher at TBN is an African American female.

12. Describe 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).

Infant Welfare Society has many years of experience in complying with federal records keeping requirements and other procedures for procurement. Our programs are funded by a variety of sources each requiring compliance and monitoring to continue the flow of funds. This is true for private sources such as family foundations and corporate giving programs. Programs such as Early Head Start/EHS, Child Care Assistance Program (CCAP), Child and Adult Care Food Program (CACFP) all have reporting requirements. This information is collected in part to determine eligibility.

13. 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)

14. 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? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

Tiffany Culpepper is the Program Director of Teen Baby Nursery. She has been in that position for two years. She is African American and holds a Master's Degree in Early Childhood Education.

She supervises two head teachers, one in the infant room and one in the toddler room. Each teacher has two assistants. All the head teachers have college degrees.

There are seven people working under Tiffany: 6 teachers and one Family Advocate/Enrollment Specialist. 6 are African-American and 1 is Hispanic. The ratio is 3 teachers to 8 children. The program staff ranges in age from 26-58. All the teachers are required to do professional development to maintain our NAEYC accreditation.

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

Stephen Vick, stephenvick@iwse.org, 847-491-9650

16. 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

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

- Yes
 No

18. 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

19. Where (address/location) does your program take place and how will clients get to the location or facility?
 2010 Dewey Ave.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019 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.
 Stephen Vick, Executive Director

Budget

Funding Sources/Revenues	2018	2019	2019 Committed	
City of Evanston CDBG	USD\$ 0.00			
City of Evanston Mental Health Board Funds	USD\$ 63,700.00	USD\$ 62,400.00		
Site Administered				
Contract/CCAP/IDHS/DCFS	USD\$ 133,854.00	USD\$ 132,039.00		
ISBE Food Program/CACFP	USD\$ 15,452.00	USD\$ 15,576.00		
School District 202	USD\$ 41,000.00	USD\$ 41,000.00	USD\$ 41,000.00	
Early Head Start/DHHS	USD\$ 159,223.00	USD\$ 163,362.00	USD\$ 159,222.00	
Parent Fees	USD\$ 6,618.00	USD\$ 7,904.00		
Grants/Individual Giving	USD\$ 2,370.00			
Total	USD\$ 422,217.00	USD\$ 422,281.00	USD\$ 200,222.00	

Funding Uses/Expenses	2018	2019 Total	2019 CDBG	2019 MHB
Wages	USD\$ 303,431.00	USD\$ 300,684.00		USD\$ 53,333.00
Benefits	USD\$ 49,377.00	USD\$ 52,154.00		USD\$ 9,067.00
Family Participation Expenses (food, transport)	USD\$ 872.00	USD\$ 1,200.00		
Mileage	USD\$ 187.00	USD\$ 700.00		
Staff Professional Development	USD\$ 3,874.00	USD\$ 3,804.00		
Contractual Services (consultants, audit, etc.)	USD\$ 15,216.00	USD\$ 32,834.00		
Communications	USD\$ 3,884.00	USD\$ 3,994.00		
Supplies	USD\$ 38,636.00	USD\$ 42,825.00		
Occupancy	USD\$ 41,584.00	USD\$ 41,995.00		
Equipment	USD\$ 1,764.00	USD\$ 2,600.00		
Publications, Subscriptions and Other Expenses	USD\$ 4,592.00	USD\$ 3,955.00		
Total	USD\$ 463,417.00	USD\$ 486,745.00	USD\$ 0.00	USD\$ 62,400.00

Budget Narrative

IWSE's fiscal year is July 1 - June 30.

Most expenses from year to year are similar; the one change from FY 2018 to FY 2019 is that Health and Education services were converted from staff to contractual.

MHB funding will be used to support 6 existing teachers in 2 classrooms. The total teacher wage budget is \$204,021. MHB funds would pay for 26% of these wages. All clients supported by these staff positions should be Evanston residents.

State of Illinois funding includes CCAP (\$132,039) and CACFP (\$15,576). Other federal funds come from Early Head Start/the Department of Health and Human Services, though District 65.

Program Outcomes

Beneficiary Demographics

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod
White								
White/Hispanic	1	1	1	1	1	1	1	1
Black or African American	24	24	22	22	23	23	22	22
Black, African American/Hispanic								
Asian								
Asian/Hispanic								
Native American								
Native American/Hispanic								
Other	2	2	2	2	1	1	1	1
Other/Hispanic								
Total	27	27	25	25	25	25	24	24

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	Measured by: Ensuring each child receives a developmental screening within 45 days of enrollment	100% of enrolled children (16) will be screened for physical, developmental, language, and social emotional progress.	16	16	16	16	64				0
2	Measured by: Teaching Strategies Gold	90% of children (14) will meet widely held expectations and progress across a developmental continuum as expected. When this does not occur, screenings and evaluations will determine the need for Early Intervention services.	14	14	14	14	56				0

3	Measured by: observational notes of behavior and language to assign placement on GOLD's age-appropriate developmental continuum.	80% of children (13) will progress at least one step on Teaching Strategies GOLD's age-appropriate continuum in both their social emotional and language development.	13	13	13	13	52						0
4	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.	70% (11) of parents or other family members in the household will read to their children at least 4 times a week.	11	11	11	11	44						0
5	Measured by: attendance will be monitored at educational programs for parents as well as for children at TBN.	90% of teen/young adult parents will attend high school, alternative high school or a job training program, and graduate as planned.	14	14	14	14	56						0
	Comments on #4: Only half the parents at TBN complete the reading longs on a weekly basis. TBN continued to utilize the weekly log to gather the needed information but this has definitely been a challenge. The parents report verbally that they read to their children periodically. We continue to stress this with our parents.	Comment on #5: During the most recent quarter we had two teen parents graduate from high school. Both will be enrolling in college programs in the fall of 2018.											
Total			68	68	68	68	272	0	0	0	0	0	0

Program Line Item Expenditures

Item Description	Total 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
Total	0	\$0							

Program Line Item Funding

Item Description	Total 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
Total	0	0	0	0	0	0	0	\$0

Documents

Documents Requested *

Required? Attached Documents *

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



[Audit](#)

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

[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).



[IRS Letter](#)

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 2017 only if changed).

Brief biographies of key staff including demographic information.



[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.

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

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

[download template](#)

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

[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](#)
[Class List](#)

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 FY2018.



[Profit and Loss FY 2018](#)

Organizational commitment to equity, diversity and inclusion.

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