

**Steering Committee Conference Call  
January 11, 2007, 10:30 a.m.**

**Participants:**

- |   |  |
|---|--|
| <input type="checkbox"/> Barb Baker Chapin, Transitions               | <input type="checkbox"/> Suzan Nash, Western IL Regional Council |
| <input type="checkbox"/> Cheryl Esselman, Two Rivers Regional Council | <input type="checkbox"/> Tammi Lonergan, MCS Comm. Services      |
| <input type="checkbox"/> Glenda Farkas, YWCA                          | <input type="checkbox"/> Abbey Lesko, Western IL University      |
| <input type="checkbox"/> Jeff Cozadd, Western IL Regional Council     |  |
| <input type="checkbox"/> Lori Sutton, Western IL University           |  |

1. Welcome (Lori Sutton)
2. Housing Provider Update
  - a. Transitions (Barb Chapin): HUD will help fund the construction of two group homes for developmentally disabled individuals.
  - b. YWCA (Glenda Farkas): One of the YWCA's clients was able to purchase her own home. The client was able to do this with a collaboration of funds from Two Rivers, 1<sup>st</sup> Bankers, the YWCA, and her own funds.
  - c. WIRC (Jeff Cozadd): WIRC has an opening in their Bushnell apartment.
  - d. MCS (Tammi Lonergan): MCS has one family preparing to move out and another from their waiting list to fill the apartment. Another unit may open in a few months.
3. DHS Proposal (Lori Sutton & Suzan Nash): DHS has sent the continuum the FY08 Homeless Prevention Program proposal packet. Our estimated budget for FY08 is \$181,500; continuums are not permitted to request additional funds for FY08. All continuums need to complete a new proposal packet. The proposal needs to be sent back to DHS by February 15, 2007.

Each agency requesting funding (Two Rivers, MCS, and WIRC) needs to complete the following pages, and send to Suzan Nash, Western Illinois Regional Council, 223 South Randolph Macomb, IL 61455 by Jan. 31:

- pages 2, agency cover sheet
- pages 6-7, 11 from section I
- pages 12-19 from section II
- attachments in regard to question 6 and 7 (page 18)

Suzan will let Lori know if she needs assistance with the application. The proposal packet also wants copies of your 501C letter. Lori has copies of the 501C letters submitted with the FY06 proposal.

**FY 08 distribution for WCICCC region**

Organization	Percent of Total	FY08
WIRC	25%	\$45,375
MCS	31%	\$56,265
TRRC	44%	\$79,860
Total	100%	\$181,500

4. Website Update – [www.wciccc.com](http://www.wciccc.com) (Lori Sutton): The website now has 26 organizations listed in the housing directory and 70 organizations listed in the service directory. The first mailing to solicit information was done in August and a second mailing was done in November. A few additions have been added this month.
5. Plan to End Chronic Homelessness (Lori Sutton): Abbey Lesko will be contacting representatives in each of the regions to see if certain activities mentioned in the plan are currently being done in the region. The National Alliance to End Homelessness recently released a report that reviews local plans. Abbey and Lori Sutton will be reviewing the report to see if there are additional changes that are needed.
6. By-laws and Code of Conduct (Lori Sutton): HUD is moving towards providing greater definition and setting standards on the governing process of Continuum of Care. The updated by-laws and the new code of conduct are a result of HUD's changes. Both documents will be reviewed at the next full continuum meeting. If there are no changes or other concerns, a vote will be taken to accept changes. Please see the minutes from the Oct. 12, 2006 meeting if you would like to see the by-laws or code of conduct documents.
7. Brochure (Lori Sutton): Abbey Lesko will be finishing up the brochure. Lori has received updates from most of the individuals involved; however, Abbey will need to get ahold of one or two people for information.
8. New Business
  - a. Two Rivers and WIRC have both received a Home Modification Grant in collaboration with their corresponding area agency on agency to assist people with disabilities. The grant came from IHDA. (Cheryl Esselman and Suzan Nash)
  - b. The YWCA recently had a meeting with the public housing authority in Quincy and our Jane Lear about starting a Sheltered Plus Care program in the near future. Unfortunately, it looks like Shelter Plus Care can only assist the chronically homeless. (Glenda Farkas)
  - c. Bridgeway, Inc. is looking at applying to HUD for a permanent housing project for the disabled in Monmouth. (Suzan Nash)
  - d. Abbey Lesko will be completing the point in time counts at the end of the month.
  - e. There is no news on when agencies will find out the results of last year's grant application.
9. Future meetings/conference calls (normally 2<sup>nd</sup> Thursday of month)
  - Feb. 8, 10:30 a.m., WCICCC Full Continuum conference call
  - March. 15, 10:30 a.m., WCICCC Steering Committee conference call **(date changed)**

Making the Connection: *Accessing Public Benefits for Low Income Persons*, various dates between August 2006 and May 2007 – see meeting minutes for September 7, 2006 for copy of brochure -- [http://www.wciccc.com/MeetingSchedule/docs/1152722400\\_28747.pdf](http://www.wciccc.com/MeetingSchedule/docs/1152722400_28747.pdf).



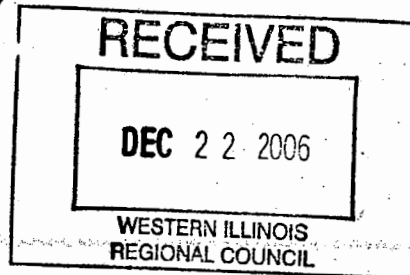
Rod R. Blagojevich, Governor

Illinois Department of Human Services

Carol L. Adams, Ph.D., Secretary

100 South Grand Avenue, East • Springfield, Illinois 62762  
401 South Clinton Street • Chicago, Illinois 60607

**IMPORTANT NOTICE**



December 19, 2006

Ms. Suzan J. Nash - Western Illinois CoC  
Western Illinois Regional Council/CAA  
223 South Randolph  
Macomb, IL 61455

Dear Ms. Nash:

The time is quickly approaching to begin the Homeless Prevention Program contracting process for Fiscal Year 2008 (FY'08). While the FY'08 DHS Homeless Prevention Budget has not been announced, it is imperative that we move forward with your Continuum's estimated funding plan. **Based upon the FY'07 maintenance-level budget, the estimated Homeless Prevention FY'08 funding amount for your Continuum will be \$181,500. Continuums are not permitted to request additional funds for FY'08.** Should additional funds become available for FY'08, we will allocate them through a pro-rated percentage based upon your existing FY'07 funding.

For FY'08, all Continuums will be required to complete a new Homeless Prevention Funding Proposal Packet (enclosed). This proposal packet outlines your Continuum's homeless prevention strategies as well as the strategies of each selected homeless prevention provider within your Continuum. The Homeless Prevention Funding Proposal Packet has been modified significantly to capture new pieces of information, so please ensure that you complete the packet in its entirety.

If we do not receive your proposal packet by Thursday, February 15, 2007, we will assume that you will not be participating in the Homeless Prevention Program next fiscal year. Please forward all information to:

Gerráh L. Caldwell, Coordinator  
Homeless Prevention Program  
Illinois Department of Human Services  
Bureau of Homeless Services and Supportive Housing  
400 West Lawrence Ave., Floor 2C  
Springfield, IL 62704  
(217) 524-5850 [phone]  
(217) 557-9673 [fax]

If you have any questions or concerns regarding this process, feel free to contact Ms. Caldwell at the number listed above. Thank you, in advance, for your cooperation.

Sincerely,

*Brenda A. Hanbury*

Brenda A. Hanbury, Chief  
Bureau of Homeless Services and Supportive Housing

Enclosures

**HOMELESS PREVENTION PROGRAM  
CONTINUUM OF CARE  
FUNDING PROPOSAL PACKET  
FISCAL YEAR 2008**

**CONTINUUM COVER SHEET**

Name of Continuum: \_\_\_\_\_

Continuum Contact Person: \_\_\_\_\_

Contact Person Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Contact Person Telephone: \_\_\_\_\_

Contact Person Fax: \_\_\_\_\_

\_\_\_\_\_  
Signature of Continuum Representative

Please mail or fax  
your entire packet to:  
(by 02/15/07)

Gerráh L. Caldwell, Coordinator  
Homeless Prevention Program  
Illinois Department of Human Services  
Bureau of Homeless Services & Supportive Housing  
400 West Lawrence Ave., Floor 2C  
Springfield, IL 62704  
(217) 782-1317 [phone]  
(217) 557-9673 [fax]

**HOMELESS PREVENTION PROGRAM  
FUNDING PROPOSAL PACKET  
FISCAL YEAR 2008**

**AGENCY COVER SHEET**

Legal Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone \_\_\_\_\_

Chairman Board of Dir.: \_\_\_\_\_ Telephone \_\_\_\_\_

F.E.I.N. # \_\_\_\_\_ Number of years in operation \_\_\_\_\_

**Amount of Estimated Proposal Request**

Rent (or Mortgage) Assistance/Arrearage \$ \_\_\_\_\_

Security Deposit Assistance \$ \_\_\_\_\_

Utility Assistance/Arrearage \$ \_\_\_\_\_

Supportive Services  
(Legal Service Applicants Only) \$ \_\_\_\_\_

Case Management Services (10%) \$ \_\_\_\_\_

**TOTAL PROPOSAL REQUEST** \$ \_\_\_\_\_  
**(Estimated)**

**AUTHORIZATION**

With my signature, I hereby affirm that I am duly authorized to submit proposals on behalf of the applicant organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **PROPOSAL SUBMITTAL PROCEDURES**

### **Step 1.**

Complete the Proposal Application and submit **ONE** copy to the Continuum of Care group which covers your county - Attn: contact person. **Include a copy of the entire Proposal Package.**

### **Step 2.**

When the Continuum of Care group returns your proposal with their "Ranking" sheet, submit the "Ranking" sheet and **FOUR** copies of the proposal to the Department of Human Services staff person listed on the "Proposal Package". **The proposal must be submitted within the designated time lines.**

## **REQUIRED ATTACHMENT**

- 501C letter from the IRS that advises of exemption of Federal income tax.

**SECTION I**  
**TO BE COMPLETED BY THE CONTINUUM OF CARE**  
**AND SUBMITTED WITH THE PROPOSAL BY THE APPLICANT**

**Section I submission is for applicants involved in the same Continuum of Care. All homeless prevention strategies must be identical. Section I responses should be developed by the Continuum of Care in the area and submitted with the proposal by the applicant.**

1. Describe the proposed prevention activities which are to be provided in your service area. Include any funding limitations to be placed on the Homeless Prevention Program, such as funding caps and other eligibility limitations.

**Note: In accordance with the Program Manual, you must obtain IDHS approval prior to implementing any Homeless Prevention policy, procedure, dollar cap, and/or eligibility limitations.**

2. What Continuum coordination linkages exist in your service area which will minimize duplication of effort and maximize the effective distribution of homeless prevention funds? Include a discussion of coordination among local service providers, utility companies, and landlords.



3. Explain in detail your Continuum's strategy for preventing clients from accessing homeless prevention funds from more than one agency and/or more than once in a two-year period.

**Note:** To prevent duplication of service, also include a breakdown of the geographic area to be served by your proposed agency/agencies with Homeless Prevention funding:

<u>Agency Name</u>	<u>Geographic Area to be Served w/ Homeless Prevention Funds (i.e., County, City, Town)</u>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

4. Describe the existing prevention service gaps in your service area.

5. Describe the Continuum's outreach efforts to solicit potential applicants for administration of the Homeless Prevention Program. (Examples of this outreach effort could include recruitment of tenants' rights organizations, service providers, housing groups and/or legal assistance agencies).

6. Describe any leveraging or use of other funds in the area in support of homeless prevention activities or any other resources designated toward homeless prevention.

7. Describe the process any agency may utilize to refer participants to prevention services. The description should include how those agencies who are not members of the Continuum may access prevention services for participants as well as a description of your process to ensure community-wide access to the program.

8. Based on the "Amount of Proposal Request," please project:

1. The total number of households to be served in FY'08.
2. The total number of households to receive rental assistance in FY'08.
3. The total number of households to receive utility assistance in FY'08.
4. The total number of households to receive security deposit assistance in FY'08.

**SECTION II**  
**TO BE COMPLETED BY EACH INDIVIDUAL APPLICANT**  
**AND SUBMITTED WITH THE PROPOSAL**

**THIS SECTION SHOULD DETAIL THE INDIVIDUAL APPLICANT AGENCY'S PLAN FOR RESPONDING TO THE RESULTS OF THE CONTINUUM OF CARE RESPONSES IN SECTION I.**

**NOTE:** Answer all questions in the space provided. DO NOT use the back of the page or add pages.

1. Describe your agency's experience and the experience of your staff in providing prevention services. Include a description of your agency's fiscal and administrative procedures that verify more than one level of approval (both fiscal and client eligibility approval) for all transactions made within the Homeless Prevention Program.

2. Provide a detailed narrative of your agency's plan to prevent homelessness in your area. Include a description of your agency's intake procedures as well as office hours during which time prevention applications would be accepted.



3. Describe your agency's staffing plan and/or utilization of volunteers to carry out the proposed activities of the Homeless Prevention Program.

4. Describe your agency's capacity/experience in administering homeless prevention activities, including a description of collaborations and partnerships with other local service providers, utility companies, and landlords.

5. Explain the case management and other supportive services provided by your agency to support homeless prevention activities.

A. Include an explanation of your agency's capacity to deliver the following **required** services to support Homeless Prevention activities:

1. Case Management
2. Financial Counseling
3. Follow-Up Services
4. Food Stamp Service Coordination\*
5. LIHEAP Service Coordination\*

B. Include an explanation of your agency's capacity to deliver supplemental services provided through other funding (including, but not limited to):

1. Outreach
2. Advocacy
3. Counseling (i.e., Life Skills, Family, Domestic Violence)
4. Mental Health Services
5. Alcohol/Substance Abuse Services
6. Health/Dental Services
7. Adult Basic Education/GED
8. Job Preparation/Job Placement
9. Transportation
10. Employment Services
11. Child Care/Children's Services
12. Housing Location/Inspection
13. Legal Services

**\*Please Note:** In accordance with the Program Manual and Contract Deliverables, all homeless prevention providers must have the capacity to down-load the DHS food stamp application and distribute it to Homeless Prevention households as well as screen every household to determine their need and eligibility for LIHEAP assistance and, based upon that determination, assist with a LIHEAP application (or referral).



6. Family Community Resource Center (FCRC) Connection - Attach a Memorandum of Understanding between your agency and the Family Community Resource Center (formerly known as the IDHS Local Office) in your service area. The agreement must include meetings with the local FCRC and other service providers and detail documentation of referrals and notification of funding availability.

7. Outreach Plan - must include: a detailed description for notifying the community of the program, its hours of operation and admittance requirements into the program; number of community contacts made with community social service agencies, the local Family Community Resource Center (formerly known as the IDHS Local Office), police departments, hospital and emergency room personnel, and other community partners; and the publication and distribution of flyers, printed materials and brochures throughout the service area. (Attach additional pages if necessary).

**IDHS  
HOMELESS PREVENTION SERVICES  
AFFORDABLE HOUSING TRUST FUND MONIES (GRF)  
FISCAL YEAR 2008**

<b>SERVICE CATEGORY</b>	<b>ESTIMATED BUDGET</b>
<b>Rental (or Mortgage) Assistance/Arrearage</b> Rental/Mortgage Asst. no more than 2 months Rental/Mortgage Arrearage no more than 3 months	_____
<b>Security Deposit</b> No more than 2 months	_____
<b>Utility Assistance/Arrearage</b> No limits specified in legislation	_____
<b>Supportive Services*</b> (Legal Service Applicants Only)	_____
<b>Case Management Services (10%)*</b>	_____
<b>TOTAL</b>	_____

**\*As with FY'07, you are again allowed to move funds freely from one category to another without prior approval, with the exception of Supportive Services and Case Management Services. DHS requires that agencies obtain prior approval to move any additional funds into the Supportive Services and/or Case Management categories from any of the other categories. Agencies are allowed to move funds from the Supportive Services and/or Case Management categories into any other category without permission from DHS.**

Gerráh L. Caldwell, Coordinator  
Homeless Prevention Program  
Illinois Department of Human Services  
Homeless Services & Supportive Housing  
400 West Lawrence Ave., Floor 2C  
Springfield, IL 62704  
(217) 524-5850 [Office]  
(217) 557-9673 [Fax]

# CONTINUUM OF CARE

## PROPOSAL REVIEW RANKING SHEET

\*If combination request, enter letter followed by comma (Ex: R,D,U etc.)

**R** = Rent Assistance/Arrearage

**D** = Rent/Security Deposit

**U** = Utility Assistance/Arrearage

**S** = Supportive Services

**CM** = Case Management Services

<u>Project Priority Ranking</u>	<u>Provider Name</u>	<u>Continuum Recommended Funding Amt.\$</u>	<u>Type of Service</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Total Funds Recommended \$ \_\_\_\_\_

Continuum of Care \_\_\_\_\_

Continuum of Care Representative \_\_\_\_\_