



Carrie Eklund
Central Services Manager
Finance Department

**REQUEST FOR PROPOSALS
EMERGENCY SOLUTIONS GRANT PROGRAM
RFP NO.: 815-HS-098**

8/20/15

Name of Proposing Firm: _____

Address _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

RFP Opening Time and Date 11:00 a.m., Local Time, Thursday, August 20, 2015

Proposals will be accepted until the specified opening time and date. Any bidder attempting to deliver after the opening time and date will be refused.

Bid Deposit/Bid Bond: NO
Prevailing Wage NO
Performance Bond: NO

PLEASE MARK THE RETURN SEALED ENVELOPE:

- 1. RFP Opening Date and Time
- 2. Title of Job
- 3. RFP Number

RETURN PROPOSALS TO:

City of Rockford
Central Services Manager
425 East State Street, 4th Floor
Rockford, Illinois 61104

PROPOSALS SUBMITTED BY FASCIMILE OR E-MAIL WILL NOT BE ACCEPTED

PROPOSAL RESULTS:

Bid results may be obtained by telephone at (779) 348-7164, by fax at (800) 380-7174. or at www.rockfordil.gov

CITY OF ROCKFORD, ILLINOIS—BIDDING GENERAL CONDITIONS

1. Pricing. The bidder shall insert price for all bid items and all other information requested in these specifications. The price shall be the *full, delivered cost* to the City of Rockford with no additions.
2. Total versus “Per Item” Awards. The City generally awards contracts based on a lump sum basis to the lowest responsible and responsive bidder. However, the City may choose to award on a per item basis. Therefore, each bidder must submit pricing for each item indicated on the bid forms. Bidders must clearly indicate which items are bid and which are not.
3. Delivery of Merchandise. Delivery terms will always be Freight On Board (FOB)—Destination. The City of Rockford accepts no responsibility for the condition of any merchandise purchased prior to acceptance by City Personnel. Failure to comply with this requirement may constitute rejection of the bid.
4. Acceptance of Merchandise at Delivery. The City of Rockford reserves the right to refuse acceptance of delivered merchandise that differs substantially from the specifications in this invitation to bid or as otherwise permitted by Illinois law.
5. Prompt Payment Act. The City of Rockford intends to comply with the governmental prompt payment act. The awarded vendor will be paid upon submission of invoices to: City of Rockford Accounts Payable, 425 East State Street, Rockford, IL 61104.
6. W-9 Request for Taxpayer Identification Number. Prior to issuance of a purchase order, the successful bidder will be required to supply the City of Rockford with a federal W-9 Request for Taxpayer Identification Number and Certification. Failure to comply with this requirement will be considered a violation of contract terms, for which the City may bar the vendor from bidding for a period of up to three years.
7. Legal Compliance. The vendor awarded this contract will comply with all Federal, State, County, and City laws, ordinances, rules and regulations, which in any manner affect the product or service placed for bid herein. Lack of knowledge on the part of the awarded vendor of applicable law will in no way be cause for release of this obligation. If the City becomes aware of violation of any laws, ordinances, rules and regulations on the part of the awarded vendor, it reserves the right to reject any bid, cancel any contract, and pursue any other legal remedies deemed necessary.
8. Legal Requirements. This contract sets forth the entire final agreement between the City of Rockford and the bidder and shall govern the respective duties and obligations of the parties. The validity of this contract, and any disputes arising from the contract, shall be governed by the laws of the State of Illinois. Any litigation under this agreement shall be resolved in the trial courts of Winnebago County, State of Illinois. Should a provision of this contract be declared invalid by a court of competent jurisdiction, it shall not affect the validity of the remaining provisions of the contract.
9. Safety. Prevention of accidents at any project is the sole responsibility of the awarded vendor and its subcontractors, agents, and employees. The awarded vendor, its subcontractors, agents, and employees shall be fully and solely responsible for the safety of this project. The awarded vendor shall retain exclusive and direct control over the acts or omissions of its subcontractors, agents and employees, and any other persons performing portions of the work and not directly employed by the awarded vendor.

10. Criminal Background Check. When necessary for the protection of citizens and/or City staff, the City may require an awarded vendor to conduct a criminal background check on all of its personnel who will have direct contact with City facilities or residents/businesses served under this contract. Personnel are defined as representatives, agents, employees, subcontractors, or anyone else who will be utilized to fulfill obligations under this contract. Criminal background checks, at a minimum, shall consist of a county level felony and misdemeanor check for each county in which the personnel resided in the last 10 years. The awarded vendor shall notify the City of any of its personnel who have been convicted of a felony or misdemeanor prior to commencing any work under this contract. At the City's discretion, personnel with any felony or misdemeanor convictions which raise a concern about the safety of building, property, or City staff/resident's personal security, or is otherwise job related (as determined by the City) shall not perform work under this contract. Once given notice that a background check(s) will be required, it must be completed within 14 calendar days so as to not delay work to be completed.

11. Control of the Work. With respect to the awarded vendor's own work, the City shall not have contractual, operational, and/or supervisory control over and/or charge of the work and shall not be responsible for construction means, methods, techniques, sequences, procedures, and programs in connection with the awarded vendor's work, since these are solely the vendor's responsibility under the agreement. The City shall not be responsible for the awarded vendor's failure to carry out the work in accordance with the agreement's terms and conditions. The City shall not have control over and/or charge of acts or omissions of the awarded vendor, its subcontractors, and/or their agents or employees, or any other person performing portions of the work not directly employed by the awarded vendor. The awarded vendor shall be considered to be an "independent contractor" pursuant to Illinois law.

12. Bid Bond. When required on the cover sheet, a bid bond for not less than 5 percent of the bid amount must accompany all bids as a guarantee that if the bid is accepted, the bidder will execute and file the proper contract. A bank cashier's check, bank draft, or certified check equal to the amount specified is acceptable in lieu of a bid bond. Bid bonds of the two lowest firms will be retained until the contract is awarded.

13. Performance Bond. When required by the specifications herein, the awarded vendor shall furnish a performance bond equal to the amount of the contract, acceptable to the City, within 14 calendar days after notification of contract award. Failure to furnish the required bond within the time specified may be cause for rejection of the bid and any bid deposit may be retained by the City as liquidated damages and not as a penalty.

14. Taxes. No charge will be allowed for taxes from which the City of Rockford, Illinois is exempt. The City of Rockford, Illinois is not liable for the Illinois Retailers' Occupation Tax, the Service Occupation Tax or the Service Use Tax. The City is exempt from the Federal Excise and Transportation Tax.

15. Withdrawal of Bids. Firms may withdraw or cancel their bids at any time prior to the advertised invitation to bid opening. After the opening time, no bid shall be withdrawn or cancelled. All bids shall be firm and valid for a period of sixty (60) calendar days. If a bidder to whom a contract is awarded refuses to accept the award, the City may, at its discretion, suspend the bidder for a period of time up to three (3) years.

16. Subcontracting. The bidder shall provide information for all subcontractors, leased operators/equipment, and suppliers and all other information requested in the Subcontractor and Supplier Detail Forms attached. Requests for deviations from the completed detail forms submitted must be made in writing, and reviewed and approved by the City's Diversity Procurement Officer and the Central Services Manager or designee. The awarded vendor may not subcontract any portion of the contract after award without written consent of the City of Rockford

Central Services Manager. When subcontractors are used, the awarded vendor is required to pay subcontractors promptly after completion of work. Delay of payment is prohibited.

17. Termination of Contract. The City of Rockford reserves the right to terminate the contract in its entirety or in portions, upon written notice to the awarded vendor, if the Rockford City Council does not appropriate sufficient funds to complete the contract or in the event of default by the awarded vendor. Default is defined as failure of the awarded vendor to perform any of the provisions of this contract or failure to make sufficient progress so as to endanger performance of this contract in accordance with its terms. In the event of default, the City may purchase the product(s) and/or service(s) from other sources and hold the defaulting company responsible for any excess costs occasioned thereby. The City may require payment of liquidated damages for non-performance. Should default be due to failure to perform or because of a request for a price increase, the City reserves the right to remove the firm from the City's bidder list for a period of up to three years.

18. Late Bids and Proposals. Regardless of cause, late bids and proposals will not be accepted and will automatically be disqualified from further consideration. It shall be solely the vendor's risk to ensure delivery at the designated office by the designated time. Late bids and proposals will not be opened and may be returned to the awarded vendor at their request and expense.

19. EEO Forms. Each firm shall be required to submit with its bid information all EEO forms included in the invitation to bid package. Any bid which fails to include the properly completed compliance items will not be read and will not be considered. All subcontractors shall also be required to comply with the same EEO forms as the firm.

20. Restrictive or Ambiguous Specifications. It is the responsibility of the bidding firm to review the invitation to bid specifications and to notify the Central Services Manager if the specifications are formulated in a manner that would unnecessarily restrict competition. Any such protest or question regarding the specifications or invitation to bid procedures must be received by the Central Services Division not less than seventy-two hours prior to the time set for the opening. In the event a contract term is not defined within the contract document, the term will be given its ordinary dictionary definition.

21. Bid Protest. Firms wishing to protest bids or awards shall notify the Central Services Manager in writing within 7 days after the invitation to bid opening. The notification should include the bid number, the name of the firm protesting, and the reason why the firm is protesting the bid. The Central Services Manager will respond to the protest within seven (7) calendar days. A successful protest may result in the reversal of a previously awarded contract.

22. Disputes. In case of disputes as to whether or not an item or service quoted or delivered meets specifications, the decision of the Central Services Manager, or authorized representative shall be final and binding to all parties. The Central Services Manager has the right to waive technicalities as they see fit. The Central Services Manager may request a written recommendation from the head of the department using the equipment or service being procured.

23. Exceptions. Any deviations from these specifications shall be noted and submitted with the bid. Failure to address deviations from specifications may result in bid rejection.

24. Acceptance/Rejection of Bids. The City of Rockford reserves the right to accept or reject any or all bids or proposals at any time, for any reason, including but not limited to the Rockford City Council not appropriating

sufficient funds to purchase equipment or complete the contract. The City may make awards in any manner deemed in the best interest of the City.

25. Prevailing Wage. When indicated on the cover page of this document, this contract calls for the construction of a "public work," within the meaning of the Illinois Prevailing Wage Act, 820 ILCS 130/.01 *et seq.* ("the Act"). The Act requires awarded vendors and subcontractors to pay laborers, workers, and mechanics performing services on public works projects no less than the "prevailing rate of wages" (hourly cash wages plus fringe benefits) in the county where the work is performed. When required, awarded vendors are responsible for paying current prevailing wage rates, as posted on the Illinois Department of Labor's website at: <http://www.state.il.us/agency/idol/rates/rates.HTM>. It is the awarded vendor's responsibility to verify current wage rates, as they are updated monthly. All awarded vendors and subcontractors rendering services under this contract must comply with all requirements of the Act, including but not limited to, all wage, notice, and record keeping duties.

26. Certified Payroll. All Certified Payroll reports required to be submitted under the Prevailing Wage Act, 820 ILCS 130, must be submitted monthly via the City's current Certified Payroll reporting system. No paper copies or non-conforming Certified Payroll reports will be accepted. The City reserves the right to withhold payment due to the awarded vendor until the vendor displays compliance with this provision.

27. Substance Abuse Prevention. When required by Illinois State Statutes, awarded vendors must have in place and file with the City a written program for prevention of substance abuse among its employees. This program must include pre-hire, random, reasonable suspicion, and post-accident drug and alcohol testing, as required by the Substance Abuse Prevention on Public Works Projects Act.

28. Apprenticeship Requirement. For construction contracts over \$50,000, awarded vendors must participate in apprenticeship and training programs approved and registered with the United States Department of Labor's Bureau of Apprenticeship and Training for all Trades that will be in the awarded vendor's (or his subcontractor's) employment, with each worker receiving the required apprenticeship/training appropriate to his trade. Owners or work performed by owners is not exempt from the apprenticeship and training requirement.

29. Indemnification. To the fullest extent permitted by law, the awarded vendor shall indemnify and hold harmless the City, its officers, representatives, elected and appointed officials, agents, and employees from and against all claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from the awarded vendor's performance of work under this agreement, and indemnifies and agrees to defend and hold harmless the City against any and all losses, claims, damages, and expenses arising from the work performed hereunder of the erection, construction, placement, or operation of any scaffold, hoist, crane, stay, ladder, support, or other mechanical contrivance in connection with such work including but not limited to losses, claims, damages, and expenses arising pursuant to claims asserted against the City pursuant to theories premised upon section 414 of the Restatement (Second) of Torts and section 343 of the Restatement (Second) of Torts.

This indemnification agreement shall not be limited in any way by any limitations on the amount or type of damages, compensation, or benefits payable by or for the awarded vendor under Worker's Compensation Acts, disability benefit acts, or other employee benefit acts, and serves as an express agreement to waive the protection of *Kotecki v. Cyclops Welding Corp.*, 146 Ill.2d 155, 585 N.E.2d 1023 (1991) in Illinois.

Further, the awarded vendor agrees that it is solely responsible for compliance with all safety laws applicable to the work performed hereunder, including but not limited to the Occupational Safety and Health Act of 1970 and

the Construction Safety Act of 1960 and all standards and regulations which have been or shall be promulgated by the agencies which administer the Acts.

Under no circumstances shall the awarded vendor, its subcontractors, agents, and employees be required to indemnify the City for its own negligence.

30. Officers. Each bidder affirms, by submission of a response to this bid or request for proposals, that no officer of the City of Rockford, Illinois, is directly or indirectly interested in the proposal for any reason of personal gain.

31. Non-Waiver. The failure by the City to require performance of any provision shall not affect the City's right to require performance at any time thereafter, nor shall a waiver of any breach or default of this contract constitute a waiver of any subsequent breach or default or a waiver of the provision itself.

32. Professional Services Selection Act. The City of Rockford intends to comply with 50 ILCS 510/5 governing the selection of professional services. Any reference in these terms and conditions to supplying pricing or price as a determining factor in selection do not apply for services covered by said act.

33. The City of Rockford reserves the right to accept or reject any and all proposals and to waive technicalities in submitted bids.

**BID REQUIREMENTS FOR
EQUAL EMPLOYMENT OPPORTUNITY**

All bidders seeking to do business with the City of Rockford are **REQUIRED** to submit with any formal, sealed bid all of the following documents and information, attached herewith, completed and signed:

1. Equal Employment Opportunity Affirmative Action Plan Statement of Policy.
2. The Statement of Non-Compliance and Certificate of Non-Segregated Facilities.
3. The Contractor or Vendor Workforce Data Form listing all current employees, by classification, directly employed by the bidder. All categories of information requested must be supplied.
Note: The number of employees must be entered under each category (no check marks)

Below are the Federal definitions of the following racial groups accepted as minorities by the City of Rockford:

Black: A person having origins in any of the Black racial groups of Africa, not of Hispanic origin.

Hispanic: A person of Spanish or Portuguese culture with origins in Mexico, South or Central America, or the Caribbean Islands, regardless of race.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Republic and Samoa.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America.

4. Your State of Illinois Pre-Qualification Certification Number, issued by the Illinois Department of Human Rights for the Illinois Department of Human Rights Act, **must provide expiration date entered in the place provided therefore.**
5. Certificate of Non-Barred Bidding
6. All executed Subcontractor/Leased Operator and Supplier forms.

If you have not obtained your State of Illinois Pre-Qualification Number (item #4), by signing these documents you agree to make application for this number within 30 days from the date of bid opening.

ANY BID WHICH FAILS TO INCLUDE THE CITY OF ROCKFORD EEO PAGES 2, 4, 5, 6, AND 7, COMPLETED AND SIGNED WITH YOUR SEALED BID WILL NOT BE READ AND WILL NOT BE CONSIDERED – NO EXCEPTIONS.

Falsification of any required Equal Employment Opportunity or Affirmative Action information on the part of the bidder could result in rejection of the bid submitted or in the case where a contract has already been awarded, in the cancellation of said contract.

Any questions pertaining to E.E.O. requirements should be addressed to Ron Moore, Diversity Procurement Officer, Legal Department, 425 East State Street, Rockford, Illinois 61104, Phone: : (779) 348-7396 or ron.moore@rockfordil.gov

EQUAL EMPLOYMENT OPPORTUNITY
AFFIRMATIVE ACTION PLAN
STATEMENT OF POLICY

It is the policy of this company, _____
to provide equal employment opportunity without regard to race, religion, color, national origin, handicap, age or sex through a program of positive action affecting all employees. In this program, our company carries out the requirements of Federal Executive orders 11246 and 11375, Civil Rights Act of 1964, Equal Employment Act of 1972, and all other applicable laws, and indicates its active support of the principle of equal opportunity in employment.

At present, _____ % of our work force are minorities and _____ % of our work force are females, and we will attempt to utilize minorities and females through a positive, continuing program in all jobs for which we contract in the future. Our company will utilize referrals from the City of Rockford's Diversity Procurement Officer for use of minorities and females regarding any future job vacancies.

It is also our intent to make efforts to purchase supplies or equipment from small business concerns located in the City of Rockford or counties of Winnebago or Boone and owned in substantial part (at least 51 per cent) by minorities or females.

_____ is the official who will be responsible for implementing this policy statement.

_____ will be designated as the Equal Opportunity Officer in our company, responsible for submission of all required equal employment opportunity documents.

In addition, _____ is hereby authorized to sign payroll as well as this company's officers. (NOTE: If only officers will be authorized to sign payrolls, please fill in "No One" in this space.)

STATEMENT OF NONCOMPLIANCE

If the equal employment opportunity hearing committee determines that a contractor, subcontractor/leased operator of equipment or bidder is not in compliance with this chapter, (also known as Chapter 11, Article III the City of Rockford Equal Opportunity Employment Ordinance), the hearing committee shall issue and serve upon such person a written statement of noncompliance setting forth the manner in which it finds such person has violated this chapter, and imposing and/or requiring appropriate sanctions, including, but not limited to any and/or all of the following:

- a. Denying, suspending or revoking qualifications, or declaring the contractor or subcontractor irresponsible and ineligible for future contracts or subcontracts until such time as the contractor or subcontractor shall demonstrate to the equal employment opportunity hearing committee that it is in compliance;
- b. Withholding or delaying payment on the contractor or;
- c. Suspending, avoiding or canceling contract work.

CERTIFICATION OF NON-SEGREGATED FACILITIES

The bidder certifies that he/she does not maintain or provide for his/her employees any segregated facilities at any of his/her establishments, and that he/she does not permit his/her employees to perform their services at any location, under his/her control, where segregated facilities are maintained. The bidder agrees that a breach of this certification will be a violation of the Equal Opportunity clause in any contract resulting from acceptance of this bid.

The bidder agrees that (except where he/she has obtained identical certification from proposed subcontractors/leased operators of equipment for specific time periods) he/she will obtain identical certification from proposed subcontractors/leased operators of equipment from the provisions of the Equal Opportunity clause, and that he/she will retain such certification in his/her files.

CERTIFICATE OF NON-BARRED BIDDING

The undersigned certifies that it is not barred from bidding on this contract as a result of a conviction for the violation of State laws prohibiting bid rigging or bid rotating. The undersigned also certifies that current or prospective employees, contractors, and subcontractors/leased operators of equipment are not listed as Excluded Individuals/Entities with the US Government, as maintained by the US General Services Administration.

By signing below, the firm agrees that all information provided in the previous pages is accurate, and that if the firm below does not currently have a Department of Human Rights number they will apply for one within thirty days with the State of Illinois.

Authorized Signature

Title

Firm

Our firm is a:

Minority Business Enterprise

City-Certified? Yes No

Women Business Enterprise

City Certified? Yes No

Neither

(Revised 12/21/09)

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|---|
| Interest and dividend payments | All exempt payees except for 7 |
| Broker transactions | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 4 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt payees 1 through 5 ² |
| Payments made in settlement of payment card or third party network transactions | Exempt payees 1 through 4 |

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|--|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 4. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| 5. Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A)) | The grantor ⁴ |

| For this type of account: | Give name and EIN of: |
|---|---------------------------|
| 7. Disregarded entity not owned by an individual | The owner |
| 8. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 11. Partnership or multi-member LLC | The partnership |
| 12. A broker or registered nominee | The broker or nominee |
| 13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B)) | The trust |

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Emergency Solutions Grant Program
RFP No: 815-HS-098

1.0 Scope

An initial request for proposals was opened on July 9, 2015. This request is being issued for additional responses as there were not enough qualifying requests to fully expend the award. The amounts identified below represent the remaining balance of funds available for funding.

Under the Emergency Solutions Grant Program (ESGP), the U.S. Department of Housing and Urban Development (HUD) has been authorized by Congress to provide funds for the rehabilitation, renovation or conversion of emergency shelters, for operational and essential service expenses of emergency and transitional shelters, for HMIS, for street outreach, and for homeless prevention and rapid-rehousing. The City of Rockford Human Services Department will be providing \$91,924 in program funds and \$1,885 in administrative funds available to not-for-profit organizations providing these services within the City of Rockford. This allocation is established under the HEARTH Act and as such will have new standards to meet which are outlined in the notice below. At least 40% or \$48,988 of the allocation must be expended on rapid rehousing which includes both financial assistance and stabilization services for rapid rehousing of homeless persons and financial assistance and stabilization services to prevent loss of housing. Agencies are strongly encouraged to apply to use funds for this purpose. Due to the limited administrative funding, no applications requesting less than \$20,000 will be considered for funding.

Priorities:

The City of Rockford will prioritize applications based upon the type of funding requested. Projects that include Rapid Rehousing are especially sought. The City of Rockford recognizes that not all applicants have the cash flow to manage rental payments and is willing to enter into discussion with Rapid Rehousing applicants about the City acting as payee for rents in order to broaden the number and types of households who can access Rapid Rehousing. Shelter, Outreach, Transitional Housing and Homeless Prevention are the next priority areas. Renovation/Rehab and HMIS are the lower priorities for funding. The City of Rockford reserves the right to utilize ESG funds for eligible programs operated by the City of Rockford.

2.0 General Requirements

- 2.1 Vendor Qualifications. No contract shall be awarded except to responsible firms capable of providing the class of service described.
- 2.2 Evaluation. Awards will be made on a competitive basis. The department will review each proposal for completeness and eligibility and the review committee established by the Continuum of Care will review and make award recommendations to the City of Rockford's Human Services Department. City Council will make the final determination on funding awards.
- 2.3 Submittal. An original and two (2) copies of the proposal must be submitted by 11:00 AM on Thursday, August 20.
- 2.4 Contact. Prior to the award of contract to the successful vendor, prospective vendors shall contact Jennifer Jaeger at jennifer.jaeger@rockfordil.gov or 779-348-7565

3.0 Specific Requirements

- 3.1 Supplement Emergency Solutions Program Grant funds with an equal or greater amount of funds from other sources. Match source documentation including administrative match will be required at time of application and will also be monitored throughout the grant term. Match funds must be identified separately in the grantee's financial documentation and must demonstrate both receipt of the match funds (in) and expenditure of the match funds for the grant (out). All documentation submitted for match must meet the same standards as documentation submitted for reimbursement including but not limited to invoices and proof of payment. General grant documents showing existence of match funds will no longer be accepted. Sub-grantees must show the source of match, program use of match (invoice within period) and proof of payment of invoice.
- 3.2 Assist homeless individuals in obtaining appropriate services essential for achieving independent living such as permanent housing, medical treatment, mental health treatment, counseling, and other federal, state and local assistance available for the homeless. All selected awardees will be required to participate in the Coordinated Assessment process as defined by HUD through HEARTH regulations.
- 3.3 Ensure that the project has a HUD accepted method to document that those served are homeless and a method to address consumer concerns.
- 3.4 *Limitations on provision of essential services.* Funds can be used for a new service or quantifiable increase in the level of service above that provided during the immediately previous 12-month period. ***This provision in the legislation prohibits using ESGP funds to replace existing non-profit funding of services.*** However, once a new or increased level of services meets the standards of a new or increased service then ESGP funds may be used to continue funding that service in subsequent years.
- 3.5 Costs to the applicant for preparation and submission of the application are not allowable under the Emergency Solutions Grant Program.
- 3.6 Eligible Applicants. Any not-for-profit provider may apply for ESGP funds. A not-for-profit organization is defined as a secular or religious organization described in Section 501(c) of the Internal Revenue Code of 1954, making it exempt from taxation, assuring it has an accounting system and a voluntary governing board and practices non-discrimination in the provision of services. An eligible applicant would provide the following:
 - 3.6.1 Rapid Rehousing services that include housing relocation and stabilization services as well as short and long term tenant based rental assistance. These services will focus on rapidly rehousing households that are homeless.
 - 3.6.2 Homeless Prevention services that include housing relocation and stabilization services as well as short and long term tenant based rental assistance. These services will focus on preventing households from entering into homelessness.
 - 3.6.3 Emergency Shelter services that includes the costs of providing essential services to homeless families and individuals in emergency shelters, renovating buildings to be used as emergency shelters for homeless families and individuals, and operating emergency shelters.
 - 3.6.4 Street Outreach that includes the costs of providing essential services necessary to reach out to unsheltered homeless people, connect them with emergency shelter, housing, or critical

services; and provide urgent, non-facility based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing or an appropriate health facility.

3.6.5 HMIS Lead Agency Services including software solutions.

3.7 Eligible Activities. See Attachment A - Subpart B: Program Components and Eligible Activities 576.100

3.8 Ineligible Activities. Emergency Solutions Grant Program funds MAY NOT be used for:

- 3.8.1 Acquisition of real property
- 3.8.2 Mortgage payments
- 3.8.3 Property clearance or demolition
- 3.8.4 Rehabilitation administration
- 3.8.5 Staff training or fund raising activities associated with rehabilitation
- 3.8.6 Rehabilitation services performed by a not-for-profit organization, such as preparation of work specifications, loan processing or inspections.
- 3.8.7 Depreciation Costs associated with the organization rather than the supportive housing project (advertisements, pamphlets about organization, surveys, etc.)
- 3.8.8 Public relations or fund raising
- 3.8.9 Staff recruitment, training, entertainment, conferences, or retreats
- 3.8.10 Existing services and staff (services must be new or provided to more persons)
- 3.8.11 Salary of case management supervisor when not working directly on participant issues
- 3.8.12 Advocacy, planning, and organizational capacity building
- 3.8.13 Transportation costs not directly associated with service delivery
- 3.8.14 Building maintenance and repairs
- 3.8.15 Direct payments to individuals
- 3.8.16 Long-term assistance beyond several months
- 3.8.17 Application for Federal Funds or Un-programmed Funds
- 3.8.18 Bad debts/late fees

3.9 Definition of Homelessness under HEARTH. The final rule maintains these four categories. The categories are: (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided; (2) individuals and families who will imminently lose their primary nighttime residence; (3) unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; and (4) individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

3.9.1 The link to the final rule and additional information on documentation of homelessness acceptable to HUD can be found at:

https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

3.10 Matching Funds

3.10.1 Each grant recipient must supplement, or demonstrate an attempt to supplement, its emergency shelter grant funds with an equal or greater amount of funds from other sources. These funds must be available to the project after the date of the grant award. Match source documentation will be required at time of application and will also be monitored throughout the grant term. Match funds must be identified separately in the grantees financial documentation

and must demonstrate both receipt of the match funds (in) and expenditure of the match funds for the grant (out).

- 3.10.2 The amount available for matching funds purposes must be injected during the grant period. Funds spent prior to the grant award cannot be considered in fulfillment of the match requirement. Potential sources of match may include, but are not limited to, Illinois Department of Healthcare and Family Services Emergency Food and Shelter Program or Federal Emergency Management Agency (FEMA) funds. A potential grant recipient may also include the value of any donated material or building, the value of any lease on a building, any salary to staff in carrying out the emergency shelter program in addition to the time and services contributed by volunteers to operate the shelter. Costs that are paid with other HUD funding are not eligible for use as match.
- 3.10.3 The following provisions apply when determining the value of in-kind contributions:
- Volunteer Services/Labor: Compute the total number of all volunteer hours. For purposes of this application, volunteer labor is to be calculated at \$5.00 per hour. All volunteer hours must be documented and be within the time frame of the grant.
 - Buildings/Facilities: Identify the value of any recently donated building to be used as part of the project or lease on a building, by submitting a copy of the appraisal with the application
 - Staff: Identify the staff positions, their salary, and qualifications which are committed to carrying out activities related to the Emergency Solutions Grant Program during the grant period.
 - Equipment/Supplies: Document current retail or fair market value of donated items. These items can include linens, furniture, food, supplies, appliances, etc.
- 3.10.4 Each funding source must be designated by name and specific amount. To document each matching contribution, a written letter of commitment must be provided from each source. The letter should contain:
- Language which indicates that funds or in-kind contributions have been committed by individuals or organizations empowered to award the amount.
 - A specific dollar amount.
 - For any in-kind contributions, an itemization of the contributions and a description of how the value was determined (e.g., number of volunteers, hours worked, etc.).
 - Signature of an authorized official.

4.0 Program Requirements

The Emergency Solutions Grant Program contains a number of program and federal requirements which may have an impact on the design or eligibility of a project. Therefore, it is important to be aware of the various limitations, assurances, and requirements associated with the program. ESGP entities funded under HEARTH have new, stricter requirements to meet for performance.

- 4.1 Housing Standards. Rental assistance may only be paid to units passing a Housing Quality Standards (HSQ) inspection. The recipient of these funds must conduct a HSQ inspection of all units prior to issuing any payments. The HSQ form must be kept in the client file submitted to city staff. All projects providing rental assistance will be expected to comply with all applicable lead-based paint regulations.
- 4.2 Quality Services and Appropriate Referral Linkages. Homeless individuals must have access to assistance in obtaining appropriate support services. This includes permanent housing, medical and mental health treatment, counseling and similar services essential to achieving independent living. A referral system

must be demonstrated to be in place, providing for quality services and aid (whether or not these services are to be provided with grant funds) and ensuring a coordinated approach to serving the homeless).

- 4.3 Program Certification. Under the Emergency Solutions Grant Program the applying organization must certify that the activities as outlined in the RFP are in compliance with the appropriate federal rules and regulations. The certification (Attachment "A") assures conformity with equal opportunity and other federal and state provisions.
- 4.4 Time Frame for Use of Funds. All ESGP funds must be obligated by the City within 180 days (6 months) and expended within 12 months from the date of award. For prevention activities, all funds must be expended within 180 days of grant award. Extension of grant program may be requested by the grantee. However, such request must be made within 180 days of the grantee award date and is subject to the review and approval of the City of Rockford. Be advised that program year extensions and failure to expend ESGP funding on a consistent and timely manner may result in negative scoring under future ESGP RFPs.
- 4.5 Homelessness Prevention and Rapid Re-Housing. At least 50% of households will have their housing stabilized or be safely rehoused within 28 days. **AND** 70% of the above households will continue to be in stable housing at least 90 days following assistance. Any assistance provided beyond the first ninety (90) days must be done on a step down basis with subsequent months being paid partially by the tenant and partially by the program.
- 4.6 Housing Case Management
- 4.6.1 Special Guidance on Case Management. Sub-recipients using ESG funding to fund Case Management activities must understand and agree to the following special guidance.
- 4.6.2 Clarifying Case Management vs. Intake/Screening. While acknowledging that case management should remain flexible to best serve the individual needs of households, the following defines basic expectations as to what is provided. This is preceded by a definition of Intake/Screening, another essential function for programs serving the homeless.
- 4.6.3 Intake/Screening. To provide coordination at the program or community level; and direct financial assistance where appropriate.
- Record base household information to determine immediate need, and eligibility for other assistance.
 - Assess if a household's needs can be met with financial assistance alone (such as back rent, mortgage arrearage, security deposit), or if more intensive supports are required.
 - Provide financial assistance where appropriate.
 - Determine what initial referral may be appropriate (case management, shelter, etc.).
 - Follow-up on initial referral to prevent a household from "falling through the cracks."
- 4.6.4 Case Management. To provide coordination for the household; to provide more intensive interaction and services for clients deemed unlikely to resolve their housing crisis with short-term financial assistance alone.
- Work closely with the household to acquire and maintain stable housing which is affordable to them.
 - Determine (in consultation with household and other community partners, if applicable) who shall be the lead case manager for the household.
 - Work with participants to develop a housing plan, set goals, and help participants stay on course.

- Employ best practices to help the household identify its strengths and opportunities, as well as underlying issues which may have led to homelessness, or could undermine success if not addressed.
 - Provide information and encouragement for the household (or members of the household) to avail themselves of other appropriate services or take appropriate action to address barriers.
 - Maintain a relationship with household, identifying the appropriate level of support without creating over-dependence. This includes providing -- when appropriate -- follow-up case management for higher-risk families after they have moved into permanent housing.
- 4.6.5 Case management performance measures include the following
- At least 90% of homeless households referred for case management will meet with a case manager or housing advocate within 3 days of the referral.
 - Within 90 days of referral, at least 50% of households will have at least 1 adult in the household who is employed **OR** has enrolled in an educational or training program, **OR** has qualified for income benefits such as TANF, SSI or G.A.
 - Family or staying with relatives, independent living, Job Corps, military, residential treatment/rehab.
 - Continued failure to meet performance measures may result in loss of funds or cancellation of the grant agreement.

5.0 Administrative Requirements

The not-for-profit provider will be required to report fiscal and project data on a monthly basis to the City of Rockford Department of Human Services. All financial, statistical, property, materials, supplies, and supporting documentation must be retained for a period of 10 years from the termination of the grant period. The following administrative requirements apply to the Emergency Solutions Grant Program:

- 5.1 Progress Reports. Monthly progress reports and a year-end report generated by HMIS or a comparable system will be required by the department. These reports will meet HUD's standards for ESG reporting. Also, requests for payment must be submitted monthly and may only include expenses incurred after the date of the Agreement. The department reserves the right to request additional information to further clarify or document activities as may be necessary. The monthly reports are due by the 15th of each month. The annual report will be due within 30 days of the end of the program year. Agreements between the department and grantees must be executed within fifteen (15) days of receipt.
- 5.2 Financial Management Standards. The grantee is accountable for all funds received under this program. The grantee must maintain accountability over all funds, equipment, property and other assets under the grant as required by the department. Records shall be kept which detail the expenditures of grant funds and accurately document such expenditures. Financial management must meet the standards outlined in the ESGP Desk Guide and the relevant OMB (Office of Management and Budget) regulations for non-profit organizations.
- 5.3 Compliance. The department will evaluate agencies funded under this program on-site periodically throughout the grant period. The project will be evaluated for compliance with the terms and conditions of the grant document. Grantees are expected to comply with both ESGP rules and regulations and City of Rockford processes and rules related to the ESGP and Continuum of Care.
- 5.4 Audits. The grantee will be responsible for having an annual audit of all grant records. Such audit must be performed by an independent public accountant, certified and licensed by the authority of the State of Illinois. The grant audit should be conducted as part of the grantee's annual audit. Any grantee

determined to have misused grant funds (i.e. fraud and abuse, noncompliance with this program, noncompliance with terms and conditions of the grant document) as a result of an audit, shall be ineligible to apply for and receive funds under this program.

- 5.5 Special Conditions and Terms. For successful applicants, the department reserves the right to specify special grant conditions and terms of the grant agreement. It further reserves the right to establish the amount of the grant award. Grant-related expenses may be incurred only after the date of the grant award, and after all grant conditions have been met.
- 5.6 Participation in Continuum of Care. All ESGP award recipients must participate in the Rockford/Boone/Winnebago Continuum of Care as a member agency.
- 5.7 Participation in HMIS: All ESGP award recipients must participate in the Continuum of Care's Homeless Management Information System (HMIS). Participation will include, but is not limited to entry of homeless individuals with either identified or de-identifiable demographic and performance information. All data required by HUD to generate accurate and complete reports must be entered. Training will be provided for those agencies who are not currently users on the system. Failure to participate in HMIS will constitute grounds for immediate de-obligation of ESGP award. Exception to this rule will be made for organizations whose primary focus is to serve victims of domestic violence. Organizations which are exempt will still be required to furnish requested de-identified information.
- 5.8 Previous Performance of Grantees. If an applicant has been awarded ESGP funds within the past three years, the City of Rockford Human Services Department will consider past performance on meeting targets and on spending obligations in considering awards.
- 5.9 Additional Documentation. The department reserves the right to request additional documentation as necessary.

EMERGENCY SOLUTIONS GRANTS (ESG) PROGRAM

GENERAL INFORMATION

| | | |
|--|--|--|
| Name of Applicant Click here to enter text. | | |
| <input type="checkbox"/> Nonprofit organization | <input type="checkbox"/> Unit of local government | |
| Street address | P.O. Box Click here to enter text. | |
| City Click here to enter text. | State Click here to enter text. | Zip Code Click here to enter text. |
| County Click here to enter text. | Contact Person Click here to enter text. | |
| Title Click here to enter text. | Telephone number Click here to enter text. | |
| Fax Number Click here to enter text. | Email Address Click here to enter text. | |
| Total amount requested from FY2015 Allocation | \$ Click here to enter text. | |
| Application Deadline – See page 16 for deadline and submission instructions | | |

ELIGIBILITY (Check one answer for each of the following items)

| | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| 1. Applicant has a written policy designed to ensure that their facility is free from illegal use, possession, or distribution of drugs or alcohol by its beneficiaries and employees. If yes, attach document. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 2. Applicant has a written policy to ensure that activities conducted under ESG conform to the nondiscrimination and equal opportunity requirements contained in 24 CFR Part 576.407(a). If yes, attach document. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 3. Applicant will make known that use of the facilities, assistance and services are available to all individuals on a nondiscriminatory basis per 24 CFR Part 576.407(b) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 4. Applicant has a policy outlining the confidentiality of victims of domestic violence and the location of shelters for such persons. If yes, attach document. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 5. If Applicant is a primarily religious organization, do you agree to provide all eligible activities under this program in a manner that is free from religious influences in accordance with 24 CFR Part 576.406? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 6. Is the amount of match, consisting of funds, value of service, value of building, or value of materials to be provided, equal to or greater than the ESG funds requested? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 7. Will ESG funds be used to pay for acquiring a building or land, rehabilitating, inspection costs, loan processing, or other similar professional services not dealing exclusively with the homeless population? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 8. If the proposed grant is for street outreach, emergency shelter operations, homeless prevention, rapid re-housing, housing relocation, or short to medium-term rental assistance, the Applicant agrees to provide services or shelter to homeless individuals and families at least for the period during which ESG funds are provided. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

| | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| 9. Applicant agrees that all housing, whether the homeless shelter, or the rental housing units assisted with ESG, will meet the shelter and housing standards outlined under 24 CFR Part 576.403. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 10. Applicant agrees that all individuals and families, eligible for ESG will be given assistance to obtain permanent housing, medical and mental health treatment, counseling, supervision, and other services essential for achieving independent living; including assistance in obtaining other federal, state, local and private assistance. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 11. Applicant will, to the maximum extent possible, provide employment to homeless individuals or at a minimum, involve homeless or formerly homeless individuals in policy-making or decisions regarding its facilities, services, or other ESG funded activities. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 12. Is your agency an active member of the Rockford/Boone/Winnebago Continuum of Care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 13. Does your agency have the capacity and the available cash flow to effectively administer this grant based on the reimbursement requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

**ELIGIBILITY OF REHABILITATION
CONVERSION AND RENOVATION ACTIVITIES ONLY**

Are you requesting ESG funds for rehabilitation, conversion or renovation? If yes, please answer all questions (1-5) below. NOTE – this is a low funding priority for the State’s ESG program.

| | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| 1. Does the rehabilitation, conversion, or renovation activities involve a building on the National Register of Historic Places, a building located in a Historic District, or a building deemed to be eligible for inclusion on the National Register by the State Historic Preservation Officer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 2. If you have answered YES to 1, have the final plans and specifications for the rehabilitation project been approved by the State Historic Preservation Officer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 3. Will the estimated value of the improvements exceed 75 percent of the appraised value of the building before the improvements are made? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 4. If Applicant proposed to utilize ESG funds for rehabilitation, the Applicant agrees that the emergency shelter building will continue to be operated as an emergency shelter for at least 3 years or 10 years, if major rehabilitation or conversion of the building was completed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 5. Upon completion of renovation activity, will the building be accessible in accordance with Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR Part 8; the Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR, part 35? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

If you are planning any renovation activities, list and describe in detail what renovation activities are being requested along with at least 2 competitive bids for the project. If you are requesting more than one renovation activity, indicate a priority order.

Click here to enter text.

SITE CONTROL – SHELTERS ONLY

Indicate below the status of the shelter and attach documentation of site control (lease agreement, purchase option or property deed, if not already submitted).

| | |
|---|---|
| <input type="checkbox"/> Applicant own property | Date Acquired Click here to enter text. |
| <input type="checkbox"/> Lease | Expiration Date Click here to enter text. |
| <input type="checkbox"/> Option to purchase | Expiration Date Click here to enter text. |
| <input type="checkbox"/> Other | Describe Click here to enter text. |

ACCESSIBILITY FOR PERSONS WITH DISABILITIES

Federal regulations require that all agencies assisted with ESG funds must not exclude or deny benefits or assistance to people with disabilities. Emergency shelters and service agencies should therefore seek to ensure that their shelter and/or agency are physically accessible to people with disabilities.

Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats between 17-19 inches from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

PROJECT DESCRIPTION

What services will you administer with awarded ESG funds? *(check all that apply)*

Emergency Shelter Component

- Renovation
- Operations
- Essential Services
 - Case Management
 - Child Care, education, employment, and life skills services
 - Legal Services
 - Health, mental health, and substance abuse services
 - Transportation
 - Services for special populations

Street Outreach Component

- Engagement
- Case Management
- Emergency health and mental health services
- Transportation
- Services for populations

Homeless Prevention Component (At Risk of Homelessness Individuals and/or Households)

- Housing Relocation and Stabilization Services
 - Moving costs
 - Rental application fees
 - Security deposits
 - Last month's rent
 - Utility deposits
 - Housing search and placement
 - Housing stability case management
 - Mediation and legal services
 - Credit repair/budgeting/money management
- Short-Term rental assistance (project based assistance)
- Medium-Term rental assistance (project based assistance)

| |
|--|
| <input type="checkbox"/> Short-Term rental assistance (tenant based assistance) <input type="checkbox"/> Medium-Term rental assistance (tenant based assistance) |
| Rapid Re-Housing Component (Homeless Individual and/or Households) <input type="checkbox"/> Housing Relocation and Stabilization Services <ul style="list-style-type: none"> <input type="checkbox"/> Moving costs <input type="checkbox"/> Rental application fees <input type="checkbox"/> Security deposits <input type="checkbox"/> Last month's rent <input type="checkbox"/> Utility deposits <input type="checkbox"/> Housing search and placement <input type="checkbox"/> Housing stability case management <input type="checkbox"/> Mediation and legal services <input type="checkbox"/> Credit repair/budgeting/money management <input type="checkbox"/> Short-Term rental assistance (project based assistance) <input type="checkbox"/> Medium-Term rental assistance (project based assistance) <input type="checkbox"/> Short-Term rental assistance (tenant based assistance) <input type="checkbox"/> Medium-Term rental assistance (tenant based assistance) |

| |
|--|
| HMIS Component <input type="checkbox"/> Computer hardware, software, and software licenses <input type="checkbox"/> Office space, utilities, and equipment <input type="checkbox"/> Obtaining Technical Support <input type="checkbox"/> Salaries for HMIS operations <input type="checkbox"/> Staff travel for HUD sponsored/approved HMIS training and participant intakes <input type="checkbox"/> Participation fees charged by the HMIS lead |
| What type of Clientele will you be serving? (Check all that apply) <input type="checkbox"/> Elderly <input type="checkbox"/> Homeless individuals and/or households <input type="checkbox"/> At Risk of homelessness individuals and/or households <input type="checkbox"/> Low Income individuals and/or households <input type="checkbox"/> Domestic Violence Victims <input type="checkbox"/> Individuals and/or households with mental health issues <input type="checkbox"/> Individuals and/or households with substance abuse issues <input type="checkbox"/> Other (please explain) Click here to enter text. |

| PROPOSED PERFORMANCE OUTCOME MEASUREMENTS |
|---|
| As appropriate, please provide the proposed outcomes of your project. (Insert N/A for those indicators that do not apply to your project). The grant period runs from your last full program year. |
| 1. Proposed number of person(s) or households to be served within the grant period? Persons: Households: |
| 2. Income levels of persons or households to be served within the grant period? Number or percent of extremely low income Number or percent of low income Number or percent of moderate income |
| 3. Proposed number of homeless individuals and/or households that will be served by Rapid Re-Housing within the grant period? Individuals Households |

| |
|---|
| <p>4. Number of individuals and/or households that will be served by Homeless Prevention funding within the grant period?</p> <p>Individuals Households</p> |
| <p>5. Number of individuals and/households that will be sheltered within the grant period?</p> <p>Individuals Households</p> |
| <p>6. Please describe how the proposed program will promote self-sufficiency, help clients gain access to benefits and/or improve their financial stability for the clients that will be served.</p> <p>Click here to enter text.</p> |
| <p>7. Please describe the procedure that will be used to follow-up on clients who were served and then exited the program.</p> <p>Click here to enter text.</p> |
| <p>8. Please describe the procedures that will be in place to assist in transitioning your clients to permanent housing.</p> <p>Click here to enter text.</p> |
| <p>9. Please describe the needs you have within your community and/or service area, how the need was determined, listing of other agencies providing services, how the need will be filled and how performance will be measured.</p> <p>Click here to enter text.</p> |

SUMMARY OF FUNDS REQUESTED

Instructions for completing the Summary of Funds Requested

Please complete as accurately and completely as possible. Failure to do so may result in a reduction or denial of funding. Request only those funds expected to be expended over an 18-month period.
Round to the nearest \$1.00.

A summary of eligible activities follows. Applicants should also review 24 CFR, Part 576 and the HUD ESG Desk Guide for further clarification and details on how and when these services can be provided.

SHELTER ACTIVITIES

Eligible Activities are:

1. Renovation

Eligible Expenses: Labor, materials, tools and other costs for renovation (including major rehabilitation of an emergency shelter or conversion of a building into an emergency shelter). The emergency shelter must be owned by a government entity or private nonprofit organization.

2. Operations

Eligible Expenses: Cost of maintenance (including routine repairs), rent, security, fuel, equipment, insurance, utilities, food, furnishings and supplies necessary for the operation of the emergency

shelter. Where no appropriate emergency shelter is available for a homeless family or individual, eligible costs may also include a hotel or motel voucher for that family or individual.

3. Essential services

- a. **Eligible Program Participants:** Individuals and families who are homeless.

- b. **Eligible Expenses:** Case management, child care, education services, employment assistance, outpatient health services, legal services, life skills, mental health services, substance abuse treatment services, transportation, services for special populations.

STREET OUTREACH

DEFINITION: Activities to locate, identify, and build relationships with **unsheltered homeless people** for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs.

ELIGIBLE PARTICIPANTS: Unsheltered individuals and families.

ELIGIBLE EXPENSES: Engagement, case management, emergency health services, emergency mental health services, transportation and services to special populations.

RAPID RE-HOUSING ACTIVITIES

DEFINITION: To help homeless individuals or households transition as quickly as possible into permanent supportive housing.

ELIGIBLE PARTICIPANTS: Literally homeless individuals and households currently living in an emergency shelter or a place not meant for human habitation.

Housing Relocation and Stabilization Services include: Moving costs, rental application fees, security deposit, last month's rent, utility deposit, utility payments, housing search and placement, housing stability case management, mediation, legal services and credit repair.

Tenant Based Rental Assistance – Program participants select a housing unit in which to live and receive rental assistance.

- a. Short-term rental assistance: Up to 3 months
- b. Medium-term rental assistance 4 to 24 months

Project Based Rental Assistance – Applicants identify permanent housing units that meet ESG requirements and enter into a rental assistance agreement with the owner to reserve the unit and subsidize its rent so that eligible program participants have access to the units.

- a. Short-term rental assistance: Up to 3 months
- b. Medium-term rental assistance: 4 to 24 months

HOMELESS PREVENTION ACTIVITIES

DEFINITION: To prevent an individual or household from becoming homeless, and moving into an emergency shelter or an unsheltered situation.

ELIGIBLE PARTICIPANTS: Individuals or households who are at risk of becoming homeless and who are extremely low income (household income BELOW 30% AMI).

Housing Relocation and Stabilization Services include: Moving costs, rental application fees, security deposit, last month's rent, utility deposit, utility payments, housing search and placement, housing stability case management, mediation, legal services and credit repair.

Tenant Based Rental Assistance – Program participants select a housing unit in which to live and receive rental assistance.

- a. Short-term rental assistance: Up to 3 months
- b. Medium-term rental assistance 4 to 24 months

Project Based Rental Assistance – Applicants identify permanent housing units that meet ESG requirements and enter into a rental assistance agreement with the owner to reserve the unit and subsidize its rent so that eligible program participants have access to the units.

- a. Short-term rental assistance: Up to 3 months
- b. Medium-term rental assistance: 4 to 24 months

HMIS ACTIVITIES

Eligible Expenses: Hardware, equipment, software costs (license fees), staff salaries and training necessary to contribute data to the HMIS designated by the Rockford/Boone/Winnebago Counties Continuum of Care.

**SUMMARY OF FY 2015 FUNDS REQUESTED
(FY 2015 Allocation)**

| Activity Type | Requested amount |
|---|------------------|
| SHELTER ACTIVITIES | |
| Renovation* | \$ |
| Operations* | \$ |
| Essential Services* | \$ |
| STREET OUTREACH | |
| RAPID RE-HOUSING ACTIVITIES | |
| Housing Relocation and Stabilization Services | \$ |
| Tenant-Based Rental Assistance | \$ |
| Project-Based Rental Assistance | \$ |
| HOMELESS PREVENTION ACTIVITIES | |
| Housing Relocation and Stabilization Services | \$ |
| Tenant-Based Rental Assistance | \$ |
| Project-Based Rental Assistance | \$ |
| HMIS | |
| HMIS | \$ |
| | |
| TOTAL FY 2015 Request | \$ |

FY 2015 ALLOCATION MATCHING FUNDS

| Source of Match | Amount of Match |
|--------------------------------|-----------------|
| Volunteer hours (\$5 per hour) | \$ |
| Private donations | \$ |
| City government contribution | \$ |
| County government contribution | \$ |
| In-Kind (donations) | \$ |
| Donated value/use of building | \$ |
| Other | \$ |
| Other | \$ |
| Other | \$ |
| Total Match | |

If funds from the City, County, State agency or a private source are to be used to meet the match requirement, please attach a letter of commitment or award.

TOTAL BUDGET FOR OPERATIONS AND SERVICES

INSTRUCTIONS – for completing the attached Total Budget for Operations and Services

The Emergency Solutions Grants Program funding must be used in coordination with other funding sources and programs to ensure a continuum of services. This budget will provide information on your organization's activities, resources, and expenditures projected for the grant period. Please complete as accurately and completely as possible. Failure to do so may result in a reduction or denial of funding.

TOTAL PROJECTED BUDGET FOR OPERATIONS AND SERVICES FOR FY 2015 ALLOCATION

| Anticipated Resources | Amount Projected |
|---|------------------|
| United Way | \$ |
| VOCA (Victims of Crime Assistance) | \$ |
| DASA (Domestic and Sexual Abuse Grant) | \$ |
| ESG (Emergency Solutions Grants) <i>This must equal your total 2014 request</i> | \$ |
| Marriage License Fees | \$ |
| City/County Government Contribution | \$ |
| FEMA (Emergency Food and Shelter Program) | \$ |
| Documented Cash Contributions | \$ |
| FVPS (Family Violence and Prevention) | \$ |
| STOP Violence Against Women Grants | \$ |
| Other resources (specify) | \$ |
| Other resources (specify) | \$ |
| Projected Expenses | |
| Renovation | \$ |
| Shelter Operations | \$ |
| Shelter Essential Services | \$ |
| Street Outreach | \$ |
| Homeless Prevention Activities | \$ |
| Rapid Re-Housing Activities | \$ |
| HMIS Activities | \$ |
| Staff Salaries | \$ |
| Other supportive services (specify) | \$ |
| Other expenses (specify) | \$ |

ENVIRONMENTAL REQUIREMENTS

No rehabilitation, renovation or conversion funded by this program can involve adverse alterations to property listed on the National Register of Historic Places, property deemed eligible for the register, property in a historic district, or property immediately adjacent to such a property. Also, activities cannot take place in any 100-year floodplain as designated by the Federal Emergency Management

Agency unless flood insurance is obtained. Finally, activities cannot jeopardize the continued existence of endangered or threatened species.

Grant recipients must complete environmental requirements, submit environmental information to the Continuum, and receive a Release of Funds prior to the obligation of any ESG funds.

ATTACHMENTS

Please attach the following:

| | |
|---|--|
| 1. Bylaws and/or constitution | <input type="checkbox"/> Attached |
| 2. Articles of Incorporation | <input type="checkbox"/> Attached <input type="checkbox"/> We are a public, not a nonprofit agency |
| 3. Documentation of 501(c)(3) Status from the U.S. Internal Revenue Service | <input type="checkbox"/> Attached <input type="checkbox"/> We are a public, not a nonprofit agency |
| 4. Local Government Certification | <input type="checkbox"/> Attached |
| 5. Organizational chart of the Agency Board and Staff | <input type="checkbox"/> Attached |
| 6. Bids – at least 2 competitive bids for renovation/rehabilitation activities | <input type="checkbox"/> Attached <input type="checkbox"/> No renovation/rehabilitation funds requested |
| 7. Copy of the purchase or lease agreement(s) for the building(s) currently used as a shelter and/or office space. | <input type="checkbox"/> Attached |
| 8. Shelter pictures of any renovation activities (inside or outside) | <input type="checkbox"/> Attached <input type="checkbox"/> N/A |
| 9. Provide evidence of financial accountability such as the executive summary from your most recently completed audit or annual accounting with balance sheets. | <input type="checkbox"/> Attached |
| 10. Policies and narratives as necessary to complete the application questions. | <input type="checkbox"/> Attached |
| 11. Environmental forms | <input type="checkbox"/> Attached |