

**Grant Application: Outreach and In-Person Application Assistance Partner**

There are seven sections to the application, as well as a list of required attachments. Please be sure to answer each question completely. Incomplete applications will not be considered. Applicants may answer directly in the provided application document or create a separate document that includes clear responses to all sections and questions.

**Applicant Agency Name**

**Section 1: Primary Contact Information**

Primary Contact Name:

Primary Contact Email:

Primary Contact Phone:

**Section 2: Organization Information**

Organization Name:

Organization Address:

Organization Phone:

Organization Website:

Organization DUNS Number:

Years of Operation:

Head of Organization Name:

Head of Organization Title:

Head of Organization Email:

Head of Organization Phone:

Has your organization ever contracted with Cook County before? (Yes/No)

Has your organization ever contracted with another government entity before? (Yes/No)

**Section 3: Existing Presence and Cultural Competency in Target Communities**

1. Please describe your organization’s current or past work conducting outreach in and providing services to low-income individuals, communities of color, intended priority populations, and other hard to reach communities in **suburban Cook County**. Responses should show strong cultural competency and an understanding of the critical needs of these communities, as well as the unique capabilities your organization will bring to the project.
2. Please describe your organization’s current or past work conducting outreach in and providing services to low-income individuals, communities of color, intended priority populations, and other hard to reach communities in the **City of Chicago**. Responses should show strong cultural competency and an understanding of the critical needs of these communities, as well as the unique capabilities your organization will bring to the project.
3. Please describe the geographic locations in which you currently operate. Does your organization currently own or rent properties in Cook County where application assistance may be offered? If not, please describe your plan, target geographies, and timeline for standing up in-person application assistance sites.
4. Please describe your organization’s commitment to equity and inclusion. How does your organization work internally to promote and enhance inclusion and equity, particularly racial equity?
5. What languages will your outreach, communications, and in-person services be offered in?

**Section 4: Proposed Program Design**

1. Please describe your proposed **communications and outreach plan** in detail, including proposed activities, target communities, and partner organizations. Please discuss staffing plan, timeline, and other logistics as part of your response.
2. Please describe your proposed **in-person application assistance plan** in detail, including targeted areas for in-person assistance locations, hours of availability, scheduling and intake process, staffing plan, timeline, and other logistics as part of your response.
3. Does your organization plan to coordinate with existing support services to improve outreach to priority populations? What relationships will be leveraged in service of this program?
4. Does your organization have evidence that demonstrates the effectiveness of your proposed plan? Please describe.
5. Please indicate the geography that your organization and any subcontractors intend to serve.

**Section 5: Organizational Capacity**

1. Please detail your organization’s current and projected workload.
2. Please detail your organization’s existing capacity – is it sufficient to take on this project? If not, please provide a staffing plan and timeline for scaling up that reflects the County’s desired program timeline.
3. Does your organization have experience directly supporting residents who are applying for social service programs? If so, please detail your customer service process.
4. Are you applying as a single agency or lead agency? Please list any organizations that you will partner or subcontract with to meet the requirements of this program.

**Section 6: Data, Evaluation, and Reporting**

1. Please discuss how your organization collects, manages, and stores data, especially sensitive data with personal information. How will this data be accessed by the County and our Evaluation Partner?
2. Please describe how your organization monitors and evaluates program activities, including your experience with data-driven performance management.
3. Please discuss any experience your organization has with federal and/or local government grant reporting requirements.

**Section 7: Budget and Finance**

1. Describe your capacity to expend funds prior to reimbursement, or if you expect that advance payments will be required to accomplish your proposed program design.
2. Please attach a completed budget form and budget narrative as part of your application submission. Be sure to specify the level of funding dedicated to each subcontractor, if applicable.
3. Please discuss how your organization will monitor program expenditures. Include a description your organization’s fiscal monitoring procedures and any experience your organization has with federal and/or local government fiscal compliance requirements.

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**Section 8: Attachments (\*Required)**

1. **Completed Application**\* - Attach your completed grant application. Incomplete applications will not be considered.
2. **Budget Form and Narrative**\* - Upload a copy of your completed budget form
3. **Key Personnel**\* - Identify key personnel committed to this project
4. **501(c)(3) IRS Determination Letter\*** - Applicants should submit a copy of the IRS Determination Letter or Affirmation Letter exhibiting that the Corporation is tax exempt under 501(c)(3) and 501(c)(4)
5. **List of Board of Directors\*** - Please submit a list of your Board of Directors
6. **Copy of Articles of Incorporation (recommended)** - Please submit a Copy of Amended Articles of Incorporation
7. **Certificate of Good Standing (recommended)** - For applicants in the State of Illinois, please submit a Certificate of Good Standing. For applicants outside of Illinois, please submit a certificate of similar state documentation.
8. **Most Recent Financial Statement or Audit\* -** Submit your A133 Single Audit, if applicable. Otherwise, submit your latest audited financials. If you do not have audited financials, you may submit other financial documents for consideration.
9. **Supporting Document 1** **-** Additional supporting documentation as needed
10. **Supporting Document 2** - Additional supporting documentation as needed
11. **Supporting Document 3** - Additional supporting documentation as needed
12. **Supporting Document 4** - Additional supporting documentation as needed