

Emergency Fund- Flexible Financial Funds Letter of Interest

Applicant General Information

1. Primary Contact *

Applicant Organization Name

Project/Department Name

First Name

Last Name

Title

Street Address

Apt/Suite/Office

City

Zip

Phone Number

Email Address

2. Secondary Contact

First Name

Last Name

Title

Phone Number

Email Address

Letter of Intent Questions

3. Please provide an introduction and overview of your organization, including its mission and current programming. (maximum is 1500 characters) *

4. For 2014, please provide the number program participants served by the organization according to household type: (pleas enter 0 if you did not serve a specific household) *

Single Adult Females

Single Adult Males

Single Adult Transgender

Unaccompanied Youth *(18-24 yr olds)

Total number of Adults & Children in Family Households

Total : 0

4a. For 2014, please provide the number of program participants served by the organization according to Family Household type.

Number of Families with Children under 18 yrs. old

Number of families with children over 18 yrs old

Total : 0

4b. For 2014, please provide the number of program participants served by the organization according to monthly income: (please enter 0 if you did not serve a specific income) *

	# of Participants Served
\$0 - \$500	<input type="text"/>
\$501 - \$1,000	<input type="text"/>
\$1,001 - \$1,500	<input type="text"/>
\$1,501 - \$2,000	<input type="text"/>
\$2001 and above	<input type="text"/>

4c. For 2014, please provide the number of program participants served by the organization according to race: (please enter 0 if you did not serve a specific race) *

	# of Participants Served
African-American	<input type="text"/>
Caucasian	<input type="text"/>
Asian	<input type="text"/>
Native American	<input type="text"/>

4d. For 2014, please provide the number of program participants served by the organization according to ethnicity: (please enter 0 if you did not serve a specific ethnicity) *

	# of Participants Served
Latino/a	<input type="text"/>
Non- Latino/a	<input type="text"/>

4e. For 2014, please provide the number of program participants served by the organization according to primary language: (please enter 0 if you did not serve a specific primary language) *

	# of Participants Served
English	<input type="text"/>
Spanish	<input type="text"/>
Polish	<input type="text"/>
Other (please specify)	<input type="text"/>

4f. For 2014, please provide the number of program participants served by the organization according to the geographic area: (please enter 0 if you did not serve a specific geographic area) *

	# of Participants Served
South	<input type="text"/>
West	<input type="text"/>
North	<input type="text"/>

4g. For 2014, please provide the number of program participants served by the organization according to "special populations": (please enter 0 if you did not serve a specific population)

	# of Participants Served
Families with Children	<input type="text"/>
Chronically Homeless	<input type="text"/>
Veterans	<input type="text"/>
Unaccompanied Youth (18-24yr. olds)	<input type="text"/>
People with Disabilities	<input type="text"/>
Victims of Domestic Violence	<input type="text"/>
Other Special Population(s) - Please specify	<input type="text"/>

5. Please describe how a monthly amount of up to \$2500 in Emergency Fund assistance will be used to meet the needs of the community(ies) served by the organization? (Maximum 1500 characters) *

6. The Emergency Fund is based on the values of: 1) Helping people immediately; and 2) Limiting “red tape.”

How will your organization uphold these values? (Maximum 1500 characters) *

7. Does your organization have experience operating an emergency financial assistance program? If yes, please describe. (Maximum 850 characters) *

8. The Emergency Fund-Flexible Financial Funds requires partner organizations to identify and select a Fund Manager. Please identify this direct service staff person by position and describe their current responsibilities. (Maximum 850 characters)

9. Can your organization commit to receiving referrals from the Homeless Prevention Call Center and serve HPCC referred clients in a timely manner?

*

- Yes
- No

10. How would the use of the Emergency Funds by your organization contribute to the strategic priorities of [Chicago's Plan 2.0 to End Homelessness](#)? (Maximum 1500 characters) *

11. Is your organization a member of [Chicago's Continuum of Care](#)? *

- Yes
- No

11a. Describe the organization's involvement in the [Chicago CoC](#). (Maximum 850 characters) *

12. Does your organization currently use the Homeless Management Information System (HMIS) database? *

- Yes
- No

12a. For what program types does your organization currently use the Homeless Management Information System (HMIS) database (select all that apply)? *

- Permanent Supportive Housing
- Transitional Housing
- Shelter/Interim Housing
- Supportive Services Only projects

12b. Is the organization willing to learn more about HMIS? *

- Yes
- No

13. Please upload the following agency documents (each file limit is 1MB):

- a. 501 (c) 3 status
- b. Most recent Audit Report & Management Letter
- c. Most recent Employer's Quarterly Federal Tax Return
- d. Most recent 990 IRS form

*

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