

MEMORANDUM

Date: April 27, 2026
To: Finance and Personnel Committee
From: Owen Carter, Community Services *OC*
Re: Acceptance of IDHS, Emergency Solutions Grant (ESG) Award

Community Services Division is seeking City Council approval of the award acceptance, if awarded, of the Emergency Solutions Grant (ESG) from Illinois Department of Humans Services (IDHS) for \$25,000. The grant does require a 100% cost match by source CSBG. The grant term is from July 1, 2026 to June 30, 2027.

The Grant Purpose

Emergency Solutions Grant (ESG) will provide essential services necessary to reach out to unsheltered homeless people and connect them with housing and/or services to prevent families/individuals from becoming homeless. This grant aligns with our strategic goal and objectives in coordination with our current homeless prevention grants.

How Grant Funds Will Be Used

The funds will pay for street outreach, HMIS (data entry), and administration. The grant does NOT require the city to bear any additional costs.

RESOLUTION
of the
CITY COUNCIL OF THE CITY OF ROCKFORD, ILLINOIS
SUBMITTED BY: FINANCE AND PERSONNEL COMMITTEE

RESOLUTION APPROVING APPLICATION AND ACCEPTANCE OF GRANT AWARD

WHEREAS, the Illinois Department of Human Services (IDHS) is seeking applications for its Emergency Solutions grant program; and

WHEREAS, the purpose of the grant is to provide funding for helping homeless people connect with housing and services and to prevent families and individuals from becoming homeless; and

WHEREAS, the City of Rockford intends to use the funds to pay for street outreach, HMIS data entry, and administration; and

WHEREAS, if awarded, the City of Rockford will receive \$25,000.00 to provide such services.

BE IT RESOLVED, THEREFORE, by the City Council of the City of Rockford as follows:

- 1) That the City of Rockford is authorized to apply for and, if awarded, accept a grant under the terms and conditions of the Illinois Department of Human Services and shall enter into and agree to the understandings and assurances contained in said application and award agreement.
- 2) That the Mayor and City Legal Director, on behalf of the City of Rockford, shall execute such documents and all other documents necessary for the carrying out of said application and award acceptance.
- 3) That the Mayor and City Legal Director are authorized to provide such additional information as may be required to accomplish the obtaining of such grant.

BE IT FURTHER RESOLVED that this Resolution shall be in full force and effective immediately upon its adoption.

The above and foregoing Resolution was adopted by the City Council of the City of Rockford, Illinois, this _____ day of May 2026.

Mayor Thomas P. McNamara
City of Rockford, Illinois

ATTEST:

ANGELA HAMMER, Legal Director
Ex Officio Keeper of the Records and
Seal of the City of Rockford, Illinois

ROCKFORD, IL.

Committee Action Taken Date: April 27, 2026

RECOMMENDATION FOR RESOLUTION

TO THE CITY COUNCIL OF THE CITY OF ROCKFORD:

Council Members:

The Committee on Finance & Personnel, to whom was referred the matter of approving the application and acceptance of the Illinois Department of Human Services Emergency Solutions Grant award, if awarded, hereby begs leave to report recommending approval of said award. The Legal Director shall prepare the appropriate resolution.

Kevin Frost (Chair)

Jonathan Logemann (Vice chair)

Frank Beach

Dawn Granath

Chad Tuneberg

Frost:	Ayes:___	Nays:___	Absent:___
Logemann:	Ayes:___	Nays:___	Absent:___
Beach:	Ayes:___	Nays:___	Absent:___
Granath:	Ayes:___	Nays:___	Absent:___
Tuneberg:	Ayes:___	Nays:___	Absent:___



**Illinois Department of Human
Services 823 E Monroe Street
Springfield, Illinois 62701**

**Emergency Solutions Grant (ESG)
Program
Provider Funding Packet**

Please complete this application and submit it electronically to:

Angie.walker@rockfordil.gov

Note: Deadlines will be emailed once allocations are received.

Funding packet should not exceed 50 pages, not including attachments.

Introduction

The Emergency Solutions Grant (ESG) Funding Packet contains the required forms and attachments which must be completed to be considered for funding for ESG. These documents have been designed to collect the necessary information upon which the Illinois Department of Human Services (IDHS) Office of House Stability (OHS) will make its funding decisions. Applicants should fully explain their project and return a completed funding packet to DHS.ESG@illinois.gov, copying their assigned ESG Grant Manager. For information on your Grant Manager, please review the following website: [Emergency Solutions Grant \(ESG\) Program - FY27](#)

Application Review and Instructions

The purpose of the application review is to assess the need and extent to which the proposed project will impact people experiencing homelessness and/or at risk of homelessness. Since the IDHS will conduct a thorough review of each application, recommended provider agencies must submit a complete funding packet. The review process will ensure that funds are awarded to units of local government, faith-based organizations, and/or not-for-profit shelter/service providers that demonstrate a need for funds that address those needs and can utilize funds immediately.

IDHS will review each application using the following criteria:

- Demonstrated need for type of services in the community/county
- Demonstrated capability of the not-for-profit organization to implement project activities, including:
 - A review of past expenditure of ESG funds and ESG program compliance
 - Extent of linkages with other housing and supportive service programs
 - The extent to which people experiencing homelessness and/or program participants are involved in the planning or development or management of the proposed activity
 - Commitment of other program funds or in-kind contributions
 - Quality of implementation plan
 - Organization's track record, including providers past performance in administering funds within OHS, if applicable
- Ability to meet State of Illinois Pre-Award Requirements:
 - Must be registered and in Good Standing with the [Illinois State Secretary of State](#)
 - Must not be on the Federal Excluded Parties List, Illinois Stop Pay List or on the Dept. Of Healthcare and Family Services Sanctions List
 - Must [obtain a FEIN/EIN from the IRS](#) if you do not already have one
 - Must have register for [SAM.gov](#), have a current Federal System for Award Management Commercial and Government Entity Code (SAM Cage Code) and Unique Entity Identifier (UEI)
 - Must sign up for [Illinois.gov](#) and link GATA Account
 - Must create an organization profile on the [Grantee Portal](#)
 - Must complete an [Internal Controls Questionnaire \(ICQ\)](#) as the Fiscal and Administrative Risk Assessment

ESG Submission Checklist

Type an "X" if Included Or N/A if Not Applicable	Required Documents:	Page Number
	Completed Submission Checklist (This Page)	
	Provider Agency Funding Packet Cover Sheet	
	Provider Agency Funding Packet Authorization	
	ESG Contact Information List	
	Narrative Responses (all sections complete) <ul style="list-style-type: none"> • Organization, Operations and Services Provided • Community Need • Continuum of Care Participation • Homeless Consumer Participation • Financial Management 	
	Grant Proposal	
	Project Budget Form (Enclosed) (<i>See Sample Project Budget Table</i>)	
	Illinois Department of Human Services Notification of Additional Authorized Designee	
	Att. A -- Certification of Primarily Religious Organization (If Applicable)	
	Att. B -- Certification of Local Approval	
	Att. C -- ESG Program Certifications	
	Att. D – Environmental Documents (forms attached)	
	Att. E – Lead Based Paint Statement and pamphlet providing to clients	
	Att. F – Subcontract Information	
	Att. G – Shelter Inspections with shelter habitability standard documentation	
	Att. H – Permanent Housing Checklist	
	Att. I - Documentation/Verification of Match Commitment	
	Att. J – IRS Letter of Non-For-Profit Status (if applicable)	
	Att. K – Shelter Fire Inspection Documentation (within last 12 months)	
	Att. L – Shelter Health Inspection Documentation (within last 12 months)	
	Att. M – Verification of Registration as a Charitable Organization with the Office of the IL Attorney General	
	Att. N – Current Networking Agreements (minimum of 3 and maximum of 6 entered within last 12 months)	
	Att. O – Current Local Support Letters (minimum of 3 and maximum of 6 entered within last 12 months)	
	Att. P – Written Organization Non-Discrimination Policy	
	Att. Q – Written Staff Grievance Policy	
	Att. R – Staff/Client Confidentially Policy	
	Att. S – Client Intake/Assessment Forms	
	Att. T – Written Shelter Rules & Regulations (if applicable)	
	Att. U – Written Client Grievance Procedure	
	Att. V – Written Client Termination Policy, Including Appeals Process	
	Att. W – List of Not-For-Profit Board of Directors, Including Addresses, Telephone Numbers, and Email Addresses. Indicate the homeless or formerly homeless member.	
	Att. X – IRS W-9 Form-Request for Taxpayer Identification Number & Certification	
	Att. Y – Continuum of Care Written Standards	

Legal Name of Agency: City of Rockford Health & Human Services

Agency Address: 612 N. Church St

Agency Mailing Address: Rockford, IL 61103
425 W. State St.

Rockford, IL 61104

Agency FEIN Number: 36-6125747

Agency UEI Number L8CRGBLX2DA3

DUNS Number: 136666083

COC: IL-501

SAM CAGE Code: 4c7J3

Executive Director: Anqunette Parham

Executive Director E-mail Address: Anqunette.parham@rockfordil.gov

Executive Director Telephone: 779-348-7509

ESG Point of Contact: Angie Walker

ESG Point of Contact E-mail: Angie.walker@rockfordil.gov

ESG Point of Contact Telephone: 779-348-7567

Service Communities: Winnebago, Boone, and DeKalb

Faith Based Organization _____

Not-for-Profit _____

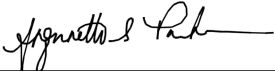
Type of Organization: Unit or General Local Government X

Victim Services Provider: Yes _____ No X

AUTHORIZATION

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

Legal Name of Agency: City of Rockford Health & Human Services



04/06/2026

Signature

Date

Anquetta Parham

Printed Name

Legal Name of Agency: City of Rockford Health & Human Services

Contact Number (Internal Use): 779-348-7567

Agency Contacts

Please complete the following table with contact information for members of your agency. The contact information will be consulted by IDHS staff.

Title	Name	Email	Phone/Ext
CEO/President	Mayor Thomas McNamara	Thomas.menamara@rockfordil.gov	779-348-7333
CSA Access	Owen Carter	Owen.carter@rockfordil.gov	779-348-7565
CSA Signature Rights	Owen Carter	Owen.carter@rockfordil.gov	779-348-7565
GOMB Portal Access			
CRV Portal Access			
SAGE Portal Access	Angie Walker	Angie.walker@rockfordill.gov	779-348-7567

Responsible Parties for the Following Reports:

Report	Name & Title	Email	Phone/Ext
PFR (Quarterly Financial Report)	David Harkabus Accountant	David.harkabus@rockfordil.gov	779-348-7505
EDF (Monthly Reimbursement Report)	David Harkabus Accountant	David.harkabus@rockfordil.gov	779-348-7505
HMIS/SAGE Lead	Angie Walker, Homeless Program Manager	Angie.walker@rockfordill.gov	779-348-7567
Statistical (Quarterly Report)	Angie Walker	Angie.walker@rockfordill.gov	779-348-7567

Monthly Provider Meeting Attendees:

Title	Name	Email
Accountant	David Harkabus	David.harkabus@rockfordil.gov
Homeless Program Manager	Angie Walker	Angie.walker@rockfordill.gov
CoC Specialist	Joseph Sculuca	Joseph.sculuca@rockfordil.gov

The narrative portion of the application must include all information requested, when applicable. The Narrative Responses are separated into the following sections: Organization, Operations and Services Provided, Community Need, Continuum of Care Participation, Homeless Consumer Participation, and Financial Management. Attach pages as necessary.

Organization, Operations and Services Provided

1. Briefly describe your organization's history and mission. Include information on the current staff size (FTE) and the educational background and experience of key management staff.

The Rockford Human Services Dept. is a public Community Action Agency and has been providing services in the community for over 50 years. The Dept. offers assistance to residents in both Winnebago and Boone Counties. Community Action Agencies exist to break the cycle of poverty and help mitigate its effects by addressing systemic, community and individual factors. Services are administered under two divisions with input from a community advisory Board of Directors and the Head Start Policy Council. Our mission statement is: We are the Community Action Agency serving Boone and Winnebago Counties... Engaging, educating and empowering people in poverty to build stronger communities through programs and partnerships. We currently have 95 employees serving in housing, community services, weatherization, LIHEAP and Head Start programming. The staff managing the ESG program will be Angie Walker, the Homeless Program Manager. She has a Bachelor's Degree in Psychology and a Master's in Public Administration and has been with the Human Services Department for 17 years. She supervises 13 staff persons who currently work in various programs with the homeless department. Angie is supervised by Community Services Director, Chris Greenwood, the Deputy Director, Owen Carter, and Executive Director Anquette Parham.

2. Provide information about the board of directors and/or advisory council, such as the regularity of meetings, list of subcommittees and the regularity of their meetings and how the board has utilized recommendations from a homeless representative to change the organization's policies, practices, or services. How does the board relate to the CoC board?

Rockford Human Services has a Community Action Advisory Board comprised of fifteen members: five public sectors, five private sector and five client representatives. The Board meets eleven times a year. The Board committees include the Executive Committee, Advocacy/Public Awareness Committee, and Legal/ Technical Review Committee, which meet as needed. Not only are department clients surveyed on a daily basis, but we use ROMA practices to perform an annual comprehensive data analysis and survey process that includes input from clients, agencies and community members (including homeless and formerly homeless individuals); results are shared with the Board in analyzing program direction. Our department is the Collaborative applicant for our CoC (Northern IL Homeless Coalition) and serve as the lead agency. Additionally, as the Single Point of Entry for our local Coordinated Entry System, staff also oversees the CES Committee, Medical Respite steering committee, and Mental Health and Homelessness Committee. Our staff serves on the CoC board and participates in all committee work, plus attends Community Action Board meetings, ensuring an informed relationship between the two entities.

3. Is the facility an Emergency Shelter or Transitional Housing? Yes _____ No **X** _____
4. If the facility is Transitional Housing, were you ESG funded in 2010? Yes _____ No **X** _____
 - a. Please attach the contract or Award Letter
5. Is the facility a Domestic Violence Shelter? Yes _____ No **X** _____

6. FOR SHELTER FACILITIES ONLY: N/A

- a. Number of beds, excluding cribs: _____
- b. 24-hour on-site supervision: Yes _____ No _____
- c. Hours of Operation (check all the apply): _____Year-round _____7 days/week _____24hours/day
- d. Is the facility accessible to persons with disabilities? Yes _____ No _____
- e. If no, what arrangements are made to assist people with disabilities?

- f. Do you serve families or individuals? _____Families _____Individuals
- g. If your program serves families, which populations do you serve: (Check all that apply)
 - ___ Single Women with Minors (children 17 and under)
 - ___ Single Men with Minors (children 17 and under)
 - ___ Straight Couples with Minors (children 17 and under)
 - ___ Same Sex Couples with Minors (children 17 and under)
 - ___ Other Family Composition with Minors (may include multigenerational)
- h. How do you serve transgender clients?

Transgender clients are served at our agency with dignity and respect. They are addressed using the gender and/or pronouns that they choose. They are eligible for all of our services without extra conditions.

- i. How do you service special needs clients? (Clients with service animals, HIV)?

Service animals are allowed into the office and are housed with anyone that we serve. Most times, we even allow clients to bring in animals that aren't service animals (assuming they are well behaved and not aggressive) because we recognize that if they are homeless, they likely do not have anywhere safe to leave their pets. Any special accommodations that clients request, we try our best to accommodate. We always try to meet clients where they are at, if they have a reason that coming to the office is difficult or a barrier, we go to them or meet in an agreed upon location.

- j. How do you service clients of gender-based violence?

We have not had a lot of experience with this since we are not a victims' service provider. However, we recognize that servicing clients who have experienced gender-based violence requires a client centered, trauma informed approach that prioritizes safety and dignity. It is important to create an environment where the person feels heard and respected so that you can work with them on safety planning, referrals to other needed services, and moving ahead.

7. Describe:

- a. The type(s) of services currently provided focus on services provided to the homeless or persons at risk of homelessness particularly as it relates to rapid re-housing.
- b. The total number of persons served annually.

In calendar year 2025, the City of Rockford entered 1,212 persons into the Coordinated Entry system. In total, our agency serves nearly 15,000 people in calendar year 2025 across all our programs.

- c. The target group(s) served.

Through ESG (and our homeless program), we focus on those who are literally homeless, living in shelters, places not meant for human habitation, or actively fleeing from domestic violence. Our agency as a whole works with any families in need of assistance who are low-income.

- d. The location of office(s) or shelter(s) providing assistance. Location includes the cities and/or counties to be served through the proposed ESG project.

Office is located at 612 N. Church St. in Rockford, IL. However, staff services clients anywhere in Winnebago or Boone county. In some cases, we even serve those in DeKalb, if the DeKalb agencies cannot for any reason.

- 8. If applicable, describe any formal or informal restrictions on services provided and the basis for these restrictions.

- a. Describe Grievance Policy

Under our ESG policies and procedures: A client has the right to request a review of the decision in writing within 30 days to the terminating agency. The program participant will have the opportunity to present written or oral objections to the termination. Program director will provide prompt written notice of the final decision to the program participant.

Each of our programs in the office has grievance procedures that meet the requirements of their funders. In most cases, any complaints or grievances issues are submitted in writing (unless the client is unable) and submitted to the Community Services Director for a review and decision.

- b. Describe Termination of Services Policy

The City of Rockford follows the rules that are stated in our CoC Policies/Procedures for the ESG ES or RRH programs:

"the NIHC has approved the Housing First Model as the recommended practice to all service providers. This means that all shelters are asked to eliminate as many barriers as possible when housing individuals/families experiencing homelessness and only exit persons in extreme circumstances."

If a shelter is discharging someone from their program, they should notify the SPOE, notwithstanding confidentiality obligations and safety, as to the discharge date and reason for discharge to allow SPOE to better follow up with services. If the discharge is for a specified amount of time, please indicate that also. The referral form that the SPOE send to the agencies initially does contain a release of information for housing information however this release of information does not meet the confidentiality obligations for programs specifically serving individuals who identify as victims of domestic violence, sexual assault, stalking and commercial sex trafficking. Each situation will be assessed individually and the SPOE will assist based on the circumstances and availability of other services. Hotel vouchers or Rapid-rehousing may be used as a bridge until other permanent housing options are available.

c. Describe Conflict of Interest Policy

Our CoC requires all members to sign a Conflict of Interest Disclosure form which states the following:

A conflict of interest occurs when a member has a direct or indirect fiduciary or financial interest in or relationship to (including, but not limited to) ownership, employment, contractual, creditor, consultative relationship, or Board or staff membership in a business, organization, program, or other entity, and:

- The member has a direct financial, contractual, or other recognized relationship with such entity, and/or such entity is the direct or indirect subject of a decision by the CoC.
- No Member shall use his or her position, or the knowledge gained therefrom, in such a manner that a conflict between the interest of the organization or any of its affiliates and his or her personal interests arises.
- If a Member has an interest in a proposed transaction in the form of a personal financial interest, or in any organizations involved in the transaction, or holds a position as trustee, director, or officer in any such organization, he or she must make full disclosure of such interest before any discussion or negotiation of such transaction.
- Any Member who is aware of a potential conflict of interest with respect to any matter coming before the board or any committee is obligated to disclose such a conflict of interest to the entire board.

Community Need

This section of the proposal must address the COMMUNITY needs of the homeless population in your service area and describe the agency-specific needs and gaps in services that you will address if the ESG proposal is funded. This should factor in the CoCs needs assessment. Attach pages as necessary.

1. Provide a description of the specific community need(s) or gaps in services that your organization will address if the proposed ESG project is funded. Specify the services that will be provided and state whether the service is currently not provided in the community or is not being adequately provided by the existing service delivery system.

Currently within our geographic area, there are only 2 agencies (including City of Rockford) that provide outreach services. One agency is our local PATH provider and provides outreach to those with mental illnesses. They do a lot of "in reach" to agencies and shelters. Our agency is the only agency that provides street outreach in Winnebago and Boone Counties to all populations. The funds requested in this application will cover part of those staffing costs that are needed to maintain adequate levels of street outreach. We have staff on the streets Monday-Friday during normal business hours but we also do nighttime outreach at least once per week. This allows us to better meet the unhoused population where they are at and to gain trust and build relationships with them. It also allows us to verify "sleeping locations" so that we can provide homeless verification for other PSH or RRH programs. Additionally, these funds will help cover HMIS costs associated with completing data entry/intake to get clients into the system through our CES systems.

Continuum of Care Participation

Services provided through ESG funds are usually the early steps in the Continuum of Care (CoC) for persons who are homeless or at risk of homelessness. The CoC model uses a community-based process to envision, organize and plan a coordinated, systematic approach to address homelessness. The process should be as inclusive as possible, which means all agencies and organizations that provide services to homeless persons or those at risk of homelessness should be involved regardless of whether they are requesting ESG funding. Homeless and/or formerly homeless persons should also be involved to the greatest extent possible.

1. Is your organization an active, participating member in a local Continuum of Care? Yes X No _____
a. If Yes, Which Illinois CoC(s) are you a member?

IL-501, Northern Illinois Homeless Coalition

- b. If no, please provide an explanation:

2. If you answered “Yes” to question 1, how often does the CoC meet annually? How many of those meetings were attended by staff from your organization?

12 general membership meetings and 12 board meetings—all meetings were attended by our agency staff.

3. Do your programs utilize coordinated entry with collaboration from your CoC? If so, how?
a. How will your proposed program use coordinated entry?

We are the CES provider for Winnebago and Boone county. We work in collaboration with the CoC and abide by policies that are made through the CES Committee and approved by the CoC Board. Since we are using these funds mainly for street outreach, the people who we find in street outreach will be sent to the CES intake worker to notify her that they have been found and verified as homeless. At that time, she would try to reach out to them for a CES intake to ensure they are accounted for on our By-Name List, making them eligible for housing referrals.

Homeless Consumer Participation

The interim rule revises the current homeless participation requirement so that if a recipient is unable to meet the participation of homeless individual's requirement, the recipient must develop a plan to consult with homeless or formerly homeless individuals in considering and making policies and decisions regarding any facilities, services, or other assistance that receive ESG funding. As per 24 CFR Part V, 576.56 (b) (1).

1. Does the organization have representation of a Homeless or Formerly Homeless member on the Board of Directors or other equivalent Policymaking Entity?

Yes, homeless representatives serve on the Board of Directors.

Yes, homeless representative serves on a Policymaking Entity.

No

- a. Explain.

All homeless policies are taken through the CoC for approval, so we consider them the policymaking entity. The CoC works to ensure that they always have a formerly homeless member on the board. They seek to continue that each year as part of their membership drive.

As part of the State's Homeless Response Collaborative system, we are actually working to get a PLE Advisory Council up and running. We have tried to do this for many years but did not have the capacity to actually do it. WE have a staff person working on it now, with the intend to hold the first meeting in June. We are soliciting members now from partner agencies and through our own programs. Additionally, we are working with the local Youth homeless provider to collaborate and assist with the Youth Action Board that they are working to put together.

2. Please list the number of homeless representatives on the Board of Directors or policymaking entity:

Currently there is 1 homeless representative on the board.

3. If homeless representative is a member of a Policymaking Entity, the name the Policymaking Entity:

Northern IL Homeless Coalition Board of Directors

4. Does the Policymaking Entity consider and make policies and decisions regarding any facility, service, or other assistance provided by your organization? Yes No

- a. If yes, explain the types of policies and decisions regarding the facilities, services, or other assistance which are made by the Policymaking Entity and how policies and decisions made by the Policymaking Entity are forwarded to the Board of Directors and what happens after.

This policymaking Entity (CoC board) does not make any decisions regarding our facilities. But they do make decisions regarding about our Homeless Programming. We have worked to have consistent policies/procedures for all homeless services that all CoC agencies should be following. This includes things such as CES policies, grievance, and termination policies as they pertain to any CoC, ESG, or state funded programs. We want policies and programs to be consistent across the CoC.

Financial Management

1. What method is used to track time spent on ESG related activities separately from time spent and funded from other resources?

Please complete the following chart:

	YES	NO	N/A
Do the accounting records for the organization (or agency) identify the source and use of all funds, including information on: <ul style="list-style-type: none"> • all grant awards received • authorizations or obligations of the awards received • un-obligated balances • assets and liabilities • program income • total actual outlays or expenditures to date 	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2Are the accounting records of the agency supported by adequate source documentation such that the combination of source documentation (bills, cancelled checks, receipts, work orders, payroll records, etc.) and accounting records could provide a complete audit trail, documenting when a purchase was requested and by whom, how it was formally approved, what funds were used to pay for it, when it was paid and for how much?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency use certifications of time spent, cost allocation plans or employee timesheets that allow grant funded time spent on ESG-related activities to be tracked separately from time spent and funded from other resources?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the agency have a system in place for maintaining its financial records for the greater of: <ul style="list-style-type: none"> • 5 years or • the period specified in the ESG Interim Regulations 576.500(y) or • until any litigation, claim, audit, or other action involving the records has been resolved, whichever comes later? 	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the agency have a current financial policy and procedure manual that covers basic accounting procedures such as those for recording financial transactions, for maintaining accounting records, segregations of duties and for approving grant funded expenditures?	X <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A detailed description and proposed budget of the project for which you are requesting funding. Include the following information in the description. Attach pages as necessary.

1. Define the population being services by proposed program. Include demographic information on the population that will benefit from ESG funding.

Literally homeless population. We currently have a total of 269 people on our by name list of homeless. Of those, 209 are single adults, 29 are youth, 22 are families with minor children, 7 are veterans, and 2 are chronically homeless. Primarily those who are unsheltered will benefit from these services but overall any homeless individual or family can benefit.

2. Will your agency be sub-contracting with ESG funds to another agency? Yes _____ No **X**_____

If yes, please complete Attachment F–Subcontract Information and provide executed subcontract. See Appendix 1 information on executed subcontracts.

3. Based on the proposed ESG budget, provide a detailed list and description of eligible activities and services funded under each budgeted cost category/line item.

For a list of eligible activities and definitions please refer to ESG Regulations, 24 CFR Part 576 (<https://www.ecfr.gov/current/title-24/part-576>), Appendix 2 and/or Appendix 3

Budgeted Cost Category	List and Description of Eligible Activities
Shelter Outreach a. Essential Services Only	SO/ES—engaging with homeless clients on the streets, making referrals and linkages
Emergency Shelter a. Operations b. Essential Services	N/A
Rapid Re-Housing a. Housing Relocation and Stabilization Services (RR/HRSS) b. Tenant-based Rental Assistance (RR/TRA) c. Project-based Rental Assistance (RR/PRA)	N/A
HMIS	Data entry into the HMIS system for CES intakes
Administration	

4. Describe how your organization will involve families and individuals experiencing homelessness in:
 - a. Maintaining and operating facilities assisted under the ESG program. **N/A**
 - b. Providing services assisted under the program—The only service we are providing with this funding is street outreach. We do have on staff a member who was formerly homeless that participates in street outreach regularly. Additionally, at different time during the year, we do ask for volunteers to help with outreach. This would be another opportunity for people experiencing homelessness to help. PLE involvement in the future will be discussed and put into action more once our Advisory board kicks off.
 - c. Providing services for occupants of facilities assisted under the program—**N/A**

7. Beginning in FY2027, the State of IL is offering a 3-year funding commitment where Providers will have the opportunity to receive funding from the ESG grant for 3-years. How will 3 years of funding support your project? How will it further your commitment to your community and support individuals and families experiencing homelessness?

Three years of funding will allow us to use less time to complete grants/budgets and allow us to plan in advance based on the funding we have. We will not have to wonder if we will have the program next year, so the program can just continue to move forward.

8. Please explain how you foresee your program changing within the 3-year funding term? Will you expand or sunset any program components (i.e. number of beds, communities served, operations)?

I do not foresee our program changing too much over the next 3 years. We will continue to provide street outreach, as we are now. We are not really planning any expansions or to sunset anything at this time.

9. Please list the current number of individuals and households you plan to service and either (1) maintain or (2) grow this number over the next three years.

We will likely serve at least 100 people in this program in the next year. It is our hope that over the next 3 years, this number would go down as we place a big push at getting unsheltered people off the street. However, at that time, our focus would probably just move over to doing more “in reach” services. We do not anticipate that we will ever be without clients to provide outreach too.

Budget Proposal

The purpose of the budget is to clearly delineate costs to be expended with ESG and matching funds during the grant period. The budget should explain planned expenditures. ESG funds must be budgeted in only whole dollar increments.

For information, please refer to the following:

- ESG Activity Definitions please visit Appendix 2
- Eligible activities please visit Appendix 3
- ESG Match requirement please visit 24 CFR 576.201 of the ESG Regulations(<https://www.ecfr.gov/current/title-24/section-576.201>) and Appendix 2 & 5

For an example budget, please refer to Appendix 4

12 Month Project Budget
Grant Term: 7/1/2026-6/30/2027

Applicant Name: City of Rockford HHS

Date: 4/2/2026

ESG-Eligible Activity	Total Cost	ESG Funding Request	Match Funds	Match Source
Street Outreach	40,000	15,000	25,000	Volunteer hours
Emergency Shelter - Operations				
Emergency Shelter - Essential Services				
Rapid Re-housing- Housing Relocation and Stabilization Services				
Rapid Re-Housing - Tenant-based Rental Assistance				
Rapid Re-Housing - Project-based Rental Assistance				
HMIS	8,250	8,250		
Administration	1,750	1,750		
TOTAL	50,000	25,000	25,000	

NOTE:

1. Applicants should refer to **December 5, 2011**, interim rules and regulations for eligible activities and definitions.
2. Attach formal letters of commitment detailing matching funds and/or value of donations.
3. In-kind contributions must be supported by appropriate documentation, appraisals, etc.

**Illinois Department of Human Services
Notification of Additional Authorized Designee**

Grantee Name: City of Rockford

Authorized Signatory (Print): Thomas McNamara

Date: _____

Pursuant to the above referenced grant agreement(s), the Authorized Signatory may assign Authorized Designees to submit materials to the Department (IDHS) by submitting written notice. In processing the above referenced grant(s) and related documentation, the Department will only accept materials signed by the Authorized Signatory or Designee(s). By submitting this form, the Authorized Signatory of the above referenced grant(s) is providing notice that the following person(s) be named an Authorized Designee for the above referenced grant(s). The Authorized Signatory must approve each Authorized Designee separately by signing as indicated below.

Authorized Designee: Anquette Parham

Authorized Designee Title: Executive Director

Authorized Designee Phone: 779-348-7509

Authorized Designee E-mail: Anquette.parham@rockfordil.gov

Authorized Designee Signature: 

Authorized Signatory Approval: _____

Authorized Designee: _____

Authorized Designee Title: _____

Authorized Designee Phone: _____

Authorized Designee E-mail: _____

Authorized Designee Signature: _____

Authorized Signatory Approval: _____

Authorized Designee: _____

Authorized Designee Title: _____

Authorized Designee Phone: _____

Authorized Designee E-mail: _____

Authorized Designee Signature: _____

Authorized Signatory Approval: _____

Note: The Department will continue to accept documentation submitted by all Authorized Designee(s) until notified to the contrary in writing signed by the Authorized Signatory.

Certification of Local Approval

I, **Thomas McNamara, Mayor/Village President**, am duly authorized to act on behalf of the **Rockford, IL** (name of jurisdiction) hereby approve the project(s) proposed by **City of Rockford HHS** (name of jurisdiction) of non-profit) which is (are) to be located in Rockford, IL and/or Winnebago County, IL (name of jurisdiction).

Signature

Printed Name: Thomas McNamara, Mayor

Date



UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

Agency Completed Section

1. Type of Submission: Pre-application Application Change/Corrected Application
2. Type of Application: New Continuation (i.e. multiple year grant) Revision (modification to initial application)
3. Completed by State Agency upon Receipt of Application

Date Received by State: _____ Time Received by State: _____

4. Name of the Awarding State Agency: Illinois Department of Human Services

5. Catalog of State Financial Assistance (CSFA) Number: 444-80-0496

6. CSFA Title: Emergency Solutions Grant

Catalog of Federal Domestic Assistance (CFDA)

Not Applicable

7. CFDA Number: 14.231

8. CFDA Title: Emergency Solutions Grant

9. CFDA Number: N/A

10. CFDA Title: N/A

Funding Opportunity Information

11. Funding Opportunity Number: N/A

12. Funding Opportunity Title: N/A

13. Funding Opportunity Program Field: N/A

Funding Opportunity Information

Not Applicable

14. Competition Identification Number: _____

15. Competition Identification Title: 2027 Emergency Solutions Grant (ESG)



UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

Applicant Completed Section

Applicant Information

16. Legal Name (Name used for SAM.gov account/Unique Entity Identifier (UEI) and grantee pre-qualification):

Rockford Health & Human Services Department

17. Common Name (Doing Business As-DBA): N/A

18. Employer/Taxpayer Identification Number (EIN, TIN): 36-6125747

19. Organizational Unique Entity Identifier (assigned by SAM.gov): L8CRGBLX2DA3

20. Federal System for Award Management Commercial And Government Entity Code (SAM Cage Code): 4c7J3

21. Business Address:

Street: 425 E State St

City: Rockford State: IL County: Winnebago Zip+4: 61104

Applicant's Organization Unit

22. Department Name: Rockford Health & Human Services Department

23. Division Name: Community Services Division

Applicant's Name and Contact Information for Person to be Contacted for *Program* Matters involving this Application

24. First Name: Angie 25. Last Name: Walker 26. Suffix: _____

27. Title: Homeless Programs Manager

28. Organizational Affiliation: City of Rockford

29. Telephone Number: 779/348-7567 30. Fax Number: 779/903-3014

31. E-mail Address: angie.walker@rockfordil.gov

Applicant's Name and Contact Information for Person to be Contacted for *Business/Administrative Office* Matters involving this Application

32. First Name: Anquette 33. Last Name: Parham 34. Suffix: _____

35. Title: Executive Director

36. Organizational Affiliation: City of Rockford

37. Telephone Number: 779/348-7509 38. Fax Number: 815/987-5762

39. E-mail Address: anquette.parham@rockfordil.gov

Areas Affected

40. Areas Affected by the Project (cities, counties, state-wide):

Boone & Winnebago Counties

41. Legislative and Congressional Districts of Applicant:

16 & 17

42. Legislative and Congressional Districts of Program/Project:

16 & 17



UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

Applicant's Project

43. Description Title of Applicant's Project (Text only for the Title of the Applicant's Project):

2027 Emergency Solutions Grant (ESG)

44. Proposed Project Term:

Start Date: July 01, 2025

End Date: June 30, 2026

45. Estimated Funding (include all that apply):

- | | |
|--|--------------|
| <input type="checkbox"/> Amount Requested from the State: | <u>25000</u> |
| <input type="checkbox"/> Applicant Contribution (e.g., in kind, matching): | <u>25000</u> |
| <input type="checkbox"/> Local Contribution: | <u>0</u> |
| <input type="checkbox"/> Other Source of Contribution: | <u>0</u> |
| <input type="checkbox"/> Program Income: | <u>0</u> |

Applicant Certification:

By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001)

(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.

I Agree

Authorized Representative

46. First Name: Anquette 47. Last Name: Parham 48. Suffix: _____

49. Title: Executive Director

50. Telephone Number: 779/348-7509 51. Fax Number: 815/987-5762

52. E-mail Address: anquette.parham@rockfordil.gov

53. Signature of Authorized Representative: _____

04/06/2026

Date Signed: _____