

MEMORANDUM

Date: April 20, 2026
To: Finance and Personnel Committee
From: Owen Carter, Deputy Director of Program Operations for Health & Human Services *OC*
Re: Application Approval and Award Acceptance of IDHS Rapid Re-Housing (RRH) Grant Award

Community Services is seeking City Council approval to apply for and accept, if awarded, a Rapid Re-housing (RRH) grant from the Illinois Department of Human Services (IDHS) for \$374,169. The grant does NOT require a cost match. The grant term is from July 1, 2026 to June 30, 2027.

The Grant Purpose

Eligible clients receive a direct vendor payment to their landlord, electric and/or heating bill, relocation assistance to connect with support systems, and transportation costs to help obtain/maintain employment. This allows clients to remain housed and not enter the homelessness system.

How Grant Funds Will Be Used

The funds will pay for approved clients' landlord, housing & stabilization services, payroll, 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 is seeking applications for its Rapid Rehousing grant program; and

WHEREAS, the purpose of the grant is to provide funding for eligible clients to receive direct vendor payment to their landlord, electric and/or heating bill, relocation assistance, and transportation costs, which ensures clients remain housed; and

WHEREAS, the City of Rockford intends to use the funds to pay for approved clients' landlord, housing, and stabilization services, payroll, and administration; and

WHEREAS, if awarded, the City of Rockford will receive \$374,169.00 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 Rapid Re-Housing 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:___

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: 444-80-3153

6. CSFA Title: Rapid Rehousing

Catalog of Federal Domestic Assistance (CFDA)

Not Applicable

7. CFDA Number: _____

8. CFDA Title: _____

9. CFDA Number: _____

10. CFDA Title: _____

Funding Opportunity Information

11. Funding Opportunity Number: 444-80-3153

12. Funding Opportunity Title: Rapid Rehousing

13. Funding Opportunity Program Field: Rapid Rehousing

Funding Opportunity Information

Not Applicable

14. Competition Identification Number: _____

15. Competition Identification Title: _____

UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

Applicant Completed Section

Applicant Information

16. Legal Name (Name used for Data Universal Number System (DUNS) registration and grantee pre-qualification):

Rockford Health & Human Services Department

17. Common Name (Doing Business As-DBA): _____

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

19. Organizational Data Universal Number System (DUNS) Number: 136666083

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):

IDHS Rapid Rehousing

44. Proposed Project Term:

Start Date: July 01, 2026

End Date: June 30, 2027

45. Estimated Funding (include all that apply):

<input checked="" type="checkbox"/> Amount Requested from the State:	<u>374169</u>
<input type="checkbox"/> Applicant Contribution (e.g., in kind, matching):	<u>0</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

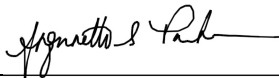
Authorized Representative

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:

04/13/2026
Date Signed: