

**DEPARTMENT OF FAMILY AND SUPPORT SERVICES - HOMELESS SERVICES
2020 Scope of Services**

SECTION A - AGENCY INFORMATION

Agency:

Program Model: System Planning

Program Name:

Program Name in HMIS:

Unique Service Point HMIS ID:

Administrative Office Site Address & Ward:

_____ /Ward _____

Listing of Program Sites:

*Site #	Address	Zip	Ward	Site Name
1.				
2.				
3.				
4.				

*Delegate agencies with more than one site should list them here and refer to # assigned to that particular site throughout the document.

Please refer to your award notice to complete the information below:

Term of Budget: January 1, 2020 through December 31, 2020

Total Program Amount: \$ _____

P.O. Number	Award Amount (\$)	Contract Type/Funding Source
1.		
2.		
3.		
4.		
5.		
6.		

AGENCY CONTACT PERSON FOR THIS CONTRACT:

Executive Director

Name:

Phone Number: _____ **ext.** _____

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Fax Number:
E-Mail:

Program Director

Name:
Phone Number: ext.
Fax number:
E-Mail:

Fiscal Contact

Name:
Phone Number: ext.
Fax Number:
E-Mail:

Reporting Contact

Name:
Phone Number: ext.
Fax Number:
E-Mail:

BASIC PROGRAM OPERATION PER SITE ADDRESS

DAYS OF OPERATIONS

Please list all sites with corresponding site # from page 1. If site is open 24 hours per day, 7 days per week, please check box. If not, please list times the site is open on each day or indicate if site is closed.

Site #	24/7 <i>(check if so)</i>	SUN <i>(from-to)</i>	MON <i>(from-to)</i>	TUES <i>(from-to)</i>	WED <i>(from-to)</i>	THU <i>(from-to)</i>	FRI <i>(from-to)</i>	SAT <i>(from-to)</i>
1	<input type="checkbox"/>							
2	<input type="checkbox"/>							
3	<input type="checkbox"/>							
4	<input type="checkbox"/>							

ADDITIONAL INFORMATION

Is your agency [ADA](#) compliant?

- Yes
- No

Does your agency adhere to [Section 504 Policies](#) ensuring accessibility for persons with disabilities?

- Yes
- No

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DESCRIPTION OF PROGRAM AND ACTIVITIES – ALL PROGRAMS

In a brief statement, please describe activities to be performed. If relevant, describe coordination with other source(s)/partner(s). This section is expected to describe the program(s) at full operational capacity

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SECTION B – PROGRAM GOALS AND CORE ELEMENTS

DFSS Homeless Division Goals

The DFSS Homeless Services Division seeks to create an effective crisis response system that prevents homelessness whenever possible and rapidly returns people who experience homelessness to stable housing.

SECTION C – PERFORMANCE MEASURE

Overview

DFSS is committed to moving beyond measuring *how many* people receive services, to focus on whether Chicagoans are *better off* after receiving services. As part of this outcome-oriented approach, DFSS has implemented a Strategic Framework that guides how the department measures, reports on, and reviews its priorities and outcome goals, and uses them to drive contracting, decision-making and greater collaboration.

The DFSS Homeless Services Division seeks to actively and regularly collaborate with delegate agencies to enhance contract management, improve results, and adjust program delivery and policy based on learning what works.

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SECTION D – REQUIREMENTS

Program Requirements

Programs must adhere to the standards set forth in the **HEARTH Act**, see <https://www.hudexchange.info/homelessness-assistance/hearth-act/>. Agencies are responsible for learning about any revisions or updates to the legislation throughout the course of the contract and revising policies and procedures as necessary.

Programs must adhere to the Core Values and Core Elements of homeless services programming, as defined by the Chicago **Continuum of Care** in the **Program Models Chart**, as well as the Essential Elements for the appropriate program model, see https://allchicago.org/sites/allchicago.org/files/2014_PMC_Updated_February_2017.pdf. Agencies are responsible for awareness and adherence to the most recent version of the Program Models Chart.

Programs must participate in the **Coordinated Entry System (CES)** and follow CES Policies and Procedures as detailed for the appropriate program model, see <https://www.csh.org/chicagoces/>.

Additional and Priority DFSS Requirements for All Programs

- **Family preservation:** Programs designated to serve families with children under 18 shall not deny admission to any family based on the age of any child under age 18, family composition or the marital status of the adults in the family. Families with children who are 18 years of age or older and are still enrolled in and attending high school should not be separated. Families served must consist of one or more dependent children in the legal custody of one or more adults who, prior to losing housing, were living together and working cooperatively to care for the children. This definition includes two-parent and one-parent families, including those with same-sex partners, families with intergenerational and/or extended family members, unmarried couples with children, families that contain adults who are not the biological parents of the children, and other family configurations.

To reflect this family preservation policy, delegate agencies must have written standards for eligibility that promote access to program services for all families, regardless of the age of children, family composition or marital status.

- **Programmatic changes:** Please note if there are any changes to your staff, facility, facility location or Scope you must notify in writing to your DFSS Program Liaison and Director of Homeless Services Division.
- **Participation in system activities:**
 - Participate in the Annual Homeless Point in Time Count and other special initiatives as required by DFSS.

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- **Must voucher monthly.** Below illustrates what percentage of the grant should be expended quarterly.
 - First quarter – 25%
 - Second Quarter – 50%
 - Third Quarter – 75%
 - Fourth Quarter – 100%

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SECTION E – SUBMITTAL AND APPROVAL

CERTIFICATIONS:

- By checking this box your agency certifies that all information provided in the Scope of Services is correct and that the agency will comply with the requirements listed in the Scope of Services

SUBMITTAL AND APPROVAL:

a) Applicant signature Original must be signed in blue ink	
b) Name (typed)	
c) Date submitted:	
d) DFSS Staff signature :	
e) Name (typed):	
f) Date approved	

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Source Documents

Provided below are hyperlinks to source documents. It is your due diligence to read and understand funding source rules and regulations:

U.S. Department of Housing and Urban Development (HUD)

<https://www.hudexchange.info/>

Emergency Solutions Grant (ESG) Program Regulations:

<https://www.gpo.gov/fdsys/pkg/FR-2011-12-05/pdf/2011-30938.pdf>

Emergency Solutions Grant (ESG) Eligible and Ineligible Activities:

<https://www.hudexchange.info/resources/documents/ESG-Program-Components-Quick-Reference.pdf>

CDBG Regulations: <http://www.ecfr.gov/cgi-bin/text-idx?SID=7db635ac5b5e89240f57194fa0125f1f&mc=true&node=pt24.3.570&rqn=div5>

CDBG Eligible and Ineligible Activities: (570.201-eligible activities; 570.207-ineligible activities) <http://www.ecfr.gov/cgi-bin/text-idx?SID=7db635ac5b5e89240f57194fa0125f1f&mc=true&node=pt24.3.570&rqn=div5>

U.S. Department of Health and Human Services (HHS)

CSBG Regulations:

<https://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap106.pdf>

Ineligible Activities-42 USC Ch. 106 § 9918

Illinois Department of Human Services (IDHS)

<http://www.dhs.state.il.us>

Illinois Department of Commerce and Economic Development: Community Services Block Grant (CSBG) Web Page (includes Eligible Activities)

<https://www.illinois.gov/dceo/CommunityServices/HousingAssistance/CSBG/Pages/default.aspx>

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Illinois Department of Human Services Homeless Services Program Manual
Emergency and Transitional Housing (includes Eligible and Ineligible Activities)
<http://www.dhs.state.il.us/page.aspx?item=75395>