

69-R-03

A RESOLUTION

**Authorizing the City Manager to
Sign an Intergovernmental Agreement
With the Township of Evanston
For Emergency Assistance Services**

WHEREAS, the City Council of the City of Evanston ("City") determined it was in the best interest of the City to transfer Emergency Assistance Services to the Township of Evanston ("Township"); and

WHEREAS, the City and Township entered into an Intergovernmental Agreement on June 11, 2002 to transfer Emergency Services to the Township; and

WHEREAS, the City and Township are desirous of continuing said Intergovernmental Agreement for the Township to provide such services; and

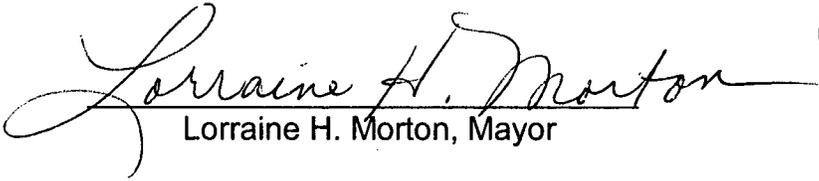
WHEREAS, the City Council of the City of Evanston has determined it is in the best interests of the City of Evanston to continue said Agreement,

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EVANSTON, COOK COUNTY, ILLINOIS:

SECTION 1: That the City Manager is hereby authorized to sign and the City Clerk hereby authorized to attest to the Intergovernmental Agreement with the Township of Evanston for Emergency Assistance Services, attached as Exhibit A.

SECTION 2: That the City Manager is hereby authorized and directed to negotiate any additional conditions of the Intergovernmental Agreement as may be determined to be in the best interests of the City.

SECTION 3: That this Resolution shall be in full force and effect from and after its passage and approval in the manner provided by law.


Lorraine H. Morton, Mayor

ATTEST:


City Clerk

Adopted: November 10, 2003

**City of Evanston / Township of Evanston
Emergency Assistance Services
Intergovernmental Agreement**

This contract is comprised of the following:

- Section I. The scope of program services/agreement**
- II. General requirement**
- III. Reimbursement process and requirements**
- IV. Specific program requirements**

I. The scope of program services and agreement

The **Township** of Evanston ("The Township") and The **City of Evanston** ("The City") desire to enter into an intergovernmental agreement. As the contractor, The **Township**, shall provide emergency assistance services for residents of Evanston in the manner defined herein:

The purpose of the Emergency Assistance Services (EAS) program is to provide relief to Evanston residents in times of hardship. EAS is a comprehensive program that provides: needs assessment, financial and other resource assistance, referral services and case management.

The EAS program provides short-term assistance to residents with an immediate/imminent financial crisis relating to basic food and other household needs. In addition, case managers provide referrals for clients needing other services in the community, helping them to stabilize their economic situations and meet their long term needs. EAS will also be part of a comprehensive effort to stabilize families and individuals and support the recipient's efforts to obtain self sufficiency.

A. Length of Agreement

March 1, 2003 – February 28, 2005

B. Amount of Appropriation Funds to the Contractor

The **City** agrees to reimburse the **Township** up to \$110,000 for services rendered during each City fiscal year. Monies received will be based on monthly invoice totals paid as monthly reimbursements from the City.

**C. The City will reimburse The Township for the following:
Maximum Benefits**

- Housing - Up to \$500 per household once every 12 months
- Food - Must meet Federal Poverty Guidelines. See attachment "A".
 - 1. Applicant meeting 125% of federal poverty guidelines and/or
 - 2. EAS Case Management determination of need but not to exceed computation chart. See attachment "A".

- D. Requests for reimbursement, for service payments, will be submitted monthly by the **Township**. The reimbursement schedule is provided in attachment "B".

II. The General Program Requirements

- A. Services to be provided by The **Township**. All recipients of these services must be City of Evanston residents. Funds for the EAS program will be used to provide services for the following programs: (1) Housing-Rental Assistance; (2) Emergency Food Voucher.

The **Township** staff will conduct a need(s) assessment of the applicants'. The EAS program staff will determine the amount of services and the outcome. The program criteria areas follows but not limited to:

Loss of income
Income interruption
Medical Interruption
Pending Employment

Besides the need assessment/determination, the staff will make appropriate referrals to support agencies such as: Social Security, the Illinois Department of Human Services, Food Pantries, Homeless Shelters, etc. These support services should increase the recipient's knowledge regarding other social services and benefiting programs. The EAS staff will make referrals to other agencies for services in order to address the recipient's concern in areas of education, employment, child care and other needs.

- B. The **Township** agrees to comply with all provisions of the American's With Disabilities Act of 1990 (ADA).
- C. The **Township** will assist in providing written and verbal translation during the application for services as well as case management for all residents of Evanston with limited English language proficiency.

III. Reimbursement process and requirements

- A. **Monthly Payments.** Reimbursements are made to the **Township** monthly for the cost of each invoice amount. The invoices will be submitted according to the schedule/dates shown in attachment "B". Payments to the **Township** will be issued every 30 days.
- B. **Monthly Reporting.** The **Township** will submit the Outcome Service Reports no later than the fifth day of each month and include the following:
- See attachment "C" for example of report.
 - Total itemized expenditures for: housing, and food.
 - Total number of recipients serviced/benefited.
 - Names, dates, social security numbers, voucher numbers, etc.
- C. **Administration Cost** The **Township** may bill the **City of Evanston** up to \$25,000 of administrative costs for each fiscal year of the contract based on a determination by the Township Supervisor of financial need. The **Township** may submit a bill for these costs no earlier than the last 60 days of the contract year.

- D. **Record Keeping.** The **Township** will maintain records in accordance with the following guidelines.
1. The City of Evanston and Township of Evanston will both maintain client confidentiality in the administration and public reporting of this program.
 2. The **Township** EAS staff will maintain confidentiality of all recipient records and will only share information with other service providers in seeking additional service for the recipient.
 3. Recipients must sign authorization for the release of information and that document must stay on file.
 4. The **Township** of Evanston & The **City of Evanston**, Department of Health & Human Services agrees to be available and mutually supportive of each other in the implementation of the terms of this contract.
 5. The **Township** agrees to cooperate in any monitoring program implemented or developed by the **City** as it relates to the EAS program.
 6. The **Township** will provide the **City** on a monthly basis a spread sheet that contains pending food and housing transactions for the current month. See attachment "D". The pending report is sent via email. Due dates for the pending report is described in attachment "B". Using the data information listed in attachment "C".
 7. The **Township** will maintain demographic data on all EAS program recipients. The information will include name, social security number, current address, ward, date of birth, gender, ethnicity, date of last service received, services needed and number of members in household.

IV. The specific program requirements

Unspent funds may not be carried over from one City fiscal year to another. Funding for the second year of this agreement is contingent upon budget approval of the Evanston City Council and the Evanston Township Trustees.

**EMERGENCY ASSISTANCE SERVICES
COMPUTATION CHART BREAKDOWN
FOOD ASSISTANCE**

	<u>MONTH</u>	<u>TWO WEEK</u>	<u>ONE WEEK</u>	<u>DAY</u>
1 =	\$135.00	\$67.50	\$33.75	\$6.75
2 =	\$248.00	\$124.00	\$62.00	\$12.40
3 =	\$356.00	\$178.00	\$89.00	\$17.80
4 =	\$452.00	\$226.00	\$113.00	\$22.60
5 =	\$537.00	\$269.00	\$134.00	\$26.80
6 =	\$644.00	\$322.00	\$161.00	\$32.20
7 =	\$712.00	\$356.00	\$178.00	\$35.60
8 =	\$814.00	\$407.00	\$204.00	\$41.00
9 =	\$916.00	\$458.00	\$229.00	\$46.00
10 =	\$1,018.00	\$509.00	\$255.00	\$51.00

***Request for Reimbursement Intergovernmental Agreement Reference**

Monthly Invoices
Will be submitted to the
City of Evanston the seventh day
Of each month.

Section III. - B. C.

Due Dates and Designation

March 7, 2003 A. Dean
April 7, 2003
May 7, 2003
June 7, 2003
July 7, 2003
August 7, 2003
September 7, 2003
October 7, 2003
November 7, 2003
December 7, 2003
January 7, 2004
February 7, 2004

Pending
Monthly Reports

Section III - B. C.

March 7, 2003
April 7, 2003
May 7, 2003
June 27, 2003
July 28, 2003
August 27, 2003
September 26, 2003
October 27, 2003
November 24, 2003
December 23, 2003
January 27, 2004
February 26, 2004

*In order to process payments expediently. Monthly invoices should be in no later than the 7th day of the month for the following month reimbursement.