

May 10, 2021

TO: FEMA, Region V
U.S. Department of Homeland Security
175 West Jackson Boulevard, Fourth Floor
Chicago, Illinois 60604-2698

VIA: Illinois Emergency Management Agency
2200 S. Dirksen Pkwy
Springfield, Illinois 62703
PA.Grants@illinois.gov

RE: Reimbursement for Non-Congregate Sheltering
Disaster: DR-44889-IL, Illinois COVID-19 Pandemic
Subrecipient: City of Aurora
PA ID: 089-03012-00

Subsequent to President Trump's March 13, 2020, Nationwide Emergency Declaration for Coronavirus Disease 2019 (COVID-19) and the recognition that non-congregate sheltering may be necessary to save lives and protect health and safety during this Public Health Emergency, the City of Aurora Emergency Management Agency requests approval for Public Action to Deliver Shelter, Inc. d/b/a Hesed House established and managed COVID-19 pandemic outbreak non-congregate sheltering and support services for FEMA-4489-DR-IL.

The City of Aurora requests a total of approximately \$287,778.00 be approved for reimbursement to Hesed House under Public Assistance Category B – Emergency Protective Measures. This request is being made to ensure Hesed house can effectively continue to protect their high-risk population while maintaining critical community services to those stricken by homelessness.

Per FEMA COVID-19 Fact Sheets: Non-Congregate Sheltering Delegation of Authority; Procurement During Emergency/Exigent Circumstances Fact Sheet; and Eligible Emergency Protective Measures Fact Sheet; the following information is provided.

Background:

Hesed House is the 2nd largest homeless shelter in Illinois. Hesed House is located in Aurora, IL and operates multiple shelter spaces including a daytime adult program, adult overnight emergency shelter program, and a 24/7 family shelter program. In addition, Hesed House provides both on-site and off-site permanent supportive housing, case management services, rapid rehousing services, veterans services, and homeless prevention services amongst many others. Hesed House also partners with a number of local organizations to provide the following services to our guests on-site: legal aid and counseling, mental and behavioral health counseling, substance dependency counseling and services, domestic violence services, family counseling, parenting classes, therapeutic play, full service medical clinic, and school/GED tutoring. Prior to

the COVID-19 pandemic, Hesed House served approximately 250 men, women, and children on a daily basis.

On May 4, 2020, Hesed House was issued a joint letter from the City of Aurora, Kane County, and Kane County Health Department advising that, moving forward, the maximum occupancy level in its main shelter spaces would be 103 individuals (plus another 12 individuals in on-site permanent supportive housing) due to CDC guidelines. After review by the Illinois Department of Public Health, it was determined the occupancy number could be raised to 165 individuals while still meeting CDC and IDPH guidelines.

Realizing this would not be enough space to provide shelter to the growing population of individuals experiencing homelessness, Hesed House constructed a new 101-person shelter space. Construction wrapped up in late December and the facility opened officially in mid-January. This new space raised the overall capacity of Hesed House to 266 individuals. It also allowed Hesed House to act as an overflow shelter for a neighboring county as all of the shelter spaces (congregate and non-congregate) in that county reached capacity. Without this shelter expansion project, over 100 individuals would have been on the streets during this past winter.

While construction of this space was on-going, Hesed House moved 21 of its highest-functioning guests off-site into a hotel to create more social distancing space within its shelter in accordance with CDC guidelines and guidance from the Kane County Health Department. Hesed House acquired funding for a portion of this project (covering nights until 1/18/2021); however, funding for the nights of stay in this request have not been provided by any other agency.

In addition, Hesed House realized that containing COVID+ individuals and exposed/symptomatic individuals to a hotel room would simply not be possible due to the highly vulnerable and sometimes difficult population which it serves. This was confirmed by the Kane County Health Department as non-homeless individuals isolated in local hotels through the Kane County Health Department were consistently non-compliant with isolation and quarantine rules. With this in mind, Hesed House converted its family shelter program space to a COVID+ isolation shelter space and a portion of other shelter spaces to an exposed/symptomatic quarantine shelter space with the permission of the Kane County Health Department. In order to repurpose these areas, Hesed House needed to move its family shelter program guests off-site to hotels. This was better for whole-family social distancing as well as e-learning for the children. The repurposing of these areas reduced Hesed House's overall capacity by 63-87 spots, depending on the need.

Targeted population by priority and estimated numbers since April 2020:

- Families moved into off-site non-congregate setting hotels: 16 families (42 individuals)
- Individuals moved off-site to non-congregate setting hotels: 21 individuals

Cost Analysis:

Pursuant to the Public Assistance Program and Policy Guide (PAPPG), Chapter 2: VI.B.10.b *Sheltering*, the City of Aurora finds that non-congregate sheltering for Hesed House is the best available option for meeting the urgent public health needs of COVID-19 and to protect health and safety in the community. Initially, the sheltering will not extend beyond a 30-day duration as per PAPPG guidance. As the situation evolves, we will communicate with FEMA regarding any potential need for extension.

Key Financial Considerations:

Therefore, the costs associated with the use of off-site hotel rooms for emergency sheltering from 10/26/2020 through 7/1/2021 totals \$287,778 for 63 people.

	Families / Room Count	Average Nightly Rate	Hotels Start Date	End Date / Anticipated End Date	Total Nights	Anticipated Expense
Families Off-site	16 (42 people)	\$69.00	10/26/2020	7/1/2021	248	\$273,792.00
Adults Off-site	21	\$74.00	1/18/2021	1/27/2021	9	\$13,986.00
TOTAL	63					\$287,778.00

Conclusion:

Hesed House actively chose non-congregate sheltering to address the immediate public health and safety needs of individuals that were experiencing homelessness already associated with their organization. Hesed House, the City of Aurora, and Kane County Public Health conducted assessments to review moving the entire population off-site into a hotel; however, due to the massive costs involved as well as the lack of availability of a single-site hotel, that option proved to be unfeasible. In addition, Hesed House worked diligently and held weekly calls with the City of Aurora, Kane County Health Department, and the Illinois Department of Public Health to ensure operations were safe and met required guidelines. Ultimately, it was determined by all organizations involved that a combination of both off-site non-congregate shelter and on-site congregate shelter was the best way forward to preserve the health and safety of the community.

We confirm our review of the Regional Administrator's Memo re: Non-Congregate Sheltering Delegation of Authority and accept all criteria. Specifically, the City of Aurora confirms that funding to support Hesed House's non-congregate sheltering as specified in this request has not been received by any other federal agency. Hesed House will follow FEMA's Procurement Grants Conducted Under Exigent or Emergency Circumstances guidance; and include a termination for convenience clause in contracts. And applicable Environmental and Historic

Preservation laws, regulations, and executive orders apply and will be adhered to as a condition of assistance.

Thank you for your consideration of this request under Public Assistance Emergency Protective Measures.

If you have any questions, please contact:

Natalie Wiza, Coordinator
Aurora Emergency Management Agency
(630) 256-5802
nwiza@aurora-il.org

Joe Jackson
Executive Director - Hesed House
630-897-2156 ext. 897
jjackson@hesedhouse.org

Sincerely,

A handwritten signature in dark ink, appearing to read "Natalie E. Wiza".

Natalie E. Wiza, Coordinator
Aurora Emergency Management Agency

Attachment:

- 1) Official order for non-congregate shelter from Kane County Health Department



Case No.

Date 4/13/2020

ORDER FOR CLOSURE OF FACILITY / PLACE

The Kane County Health Department has determined, based upon the information contained below, that the facility or other place referred to in this order is, or may be, the source of, or contaminated with a dangerously contagious or infectious disease. As a result, it is required that this facility or other place remain closed until it is no longer poses a risk of contagion or infection to others.

Section A: Type of Order

This order for closure is made upon (check all that apply):

☒ **Voluntary (Consented)** (see Section H)

☒ **Immediate** (If this is an immediate order then the health department may order closure without consent or a court order if immediate action is required to protect the public from a dangerously contagious or infectious disease. The health department must as soon as practical (within 48 hours after issuing immediate order) obtain consent or request a court order except when the court system is unavailable or it is impossible to do so.) 20 ILCS 2305/2(c)

Section B: Information**Place Subject to Closure:**

Name of Place: **Hesed House**

Address: (Street) **659 S. River Street** (Apt./Rm.#) _____ (City) **Aurora**
(State/Country) **IL** (Zip) **60506** (Telephone) **(630) 897-2156** (Fax) _____
(Cell/pager) _____ (Email) _____

Owner of Place Subject to Closure:

Name: **Public Action to Deliver Shelter, Inc dba Hesed House**

Current Location of Owner:

Address: (Street) **659 South River Street** (Apt./Rm.#) _____ (City) **Aurora**
(State/Country) **IL** (Zip) **60506** (Telephone) **(630) 897-2156** (Fax) _____
(Cell/pager) _____ (Email) _____

Emergency or Other Contact Information of Owner:

Name: (Last) **RYAN** (First) **DOWD** Relationship: **EXECUTIVE DIRECTOR**
Address: (Street) **659 SOUTH RIVER STREET** (Apt./Rm.#) _____ (City) **AURORA**
(State/Country) **IL** (Zip) **60506** (Telephone) **(630) 914-6424** (Fax) _____
(Cell/pager) _____ (Email) **ryan@hesedhouse.org**



Case No

Date 4/13/2020

Section C: Department of Public Health Findings

1. A reasonable belief exists that the place identified in this order is or is suspected of being contaminated with the following dangerously contagious or infectious disease: novel coronavirus (2019-nCoV)
2. A reasonable belief exists that immediate action (closure) is required to protect the public from the dangerously contagious or infectious disease identified above, which could spread to or contaminate others if remedial action is not taken.
3. Closure is ordered based upon the following findings:
☐ Physical Examination ☐ Medical Evaluation ☐ Laboratory Testing ☐ Environmental Testing
☒ Environmental or Human Exposure ☐ Other Information

Describe the facts in support of closure:

An outbreak of COVID-19 has been identified at facility, with 2 confirmed and 10 suspect cases. There are 250 residents and 5 staff. Facility is unable to assure social distancing of guests. Facility needs deep cleaning.

4. Voluntary Compliance:
☐ Consent Signed ☐ Efforts Made to Obtain Voluntary Compliance ☐ Seeking Voluntary Compliance would create a Risk of Serious Harm

Description:

5. Duration of Closure: _____
Commencing on the following date: 4/14/2020 at the following time: 8:00am
Ending on the following date: Until Kane County Health Department has determined that facility no longer poses a threat for COVID-19 spread, including documentation of satisfactory deep cleaning per CDC guidance (attached).

Section D: Terms of Closure

The place subject to this order is required to close and remain closed. No person is permitted access to the premises without prior approval from the local health department. Persons who are permitted access by the local health department must follow all instructions, policies and procedures determined by the local health department.

Section E: Statement of Legal Rights and Duties

1. The Kane County Health Department has ordered this place to be closed and made off limits to members of the community, and requires that you follow the instructions set forth in Section D above, because it is believed that this place has been contaminated with a dangerously contagious or infectious disease which must be controlled in order to protect others from becoming infected.
2. This closure order will remain in effect only as long as there is a danger of spreading the disease to others.
3. You have the right to agree or refuse to agree to this order.



Case No.

Date 4/13/2020

4. If this is an Immediate Order, or you have refused to consent to this order, you have the right, at any time while it is in effect, to petition the circuit court to request a hearing for review, as set forth in 77 Ill. Admin. Code 690.1345.
5. If you agree to this order, it will not be reviewed by the court unless you withdraw your consent.
6. The Kane County Health Department requests that you sign the consent agreement contained in Section H of this order. If you do not consent, then the Kane County Health Department will seek a court order to require that this place remain closed. **If this is an immediate order for closure then the Kane County Health Department is not required to obtain your consent or file a petition seeking a court order until after issuing the order.** The health department must as soon as practical (within 48 hours after issuing immediate order) obtain consent or request a court order except when court system is unavailable or it is impossible to do so. 20 ILCS 2305/2(c)
7. You have the right to counsel. If you are indigent, the court will appoint counsel for you. 20 ILCS 2305/2(c).

Section F: Signature of Authorizing Official

Kane County Health Department

Barbara Jeffers, MPH

1240 North Highland Avenue

Aurora, IL 60506

Phone: 630.208.3801 / Fax: 630.897.8128 (After-hours Phone) 630.208.3801

Email: jeffersbarbara@co.kane.il.us

Digitally signed by Barbara Jeffers

DN: cn=Barbara Jeffers, o=Kane County Health Department, ou=Executive Director, email=jeffersbarbara@co.kane.il.us, c=US

Date: 2020.04.13 15:25:57 -0500

Signature

Date and Time

Executive Director

Title

Section G: Enforcement

Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any dangerously contagious or infectious disease in connection with the Department's power of quarantine, isolation and closure or refuses to comply with a quarantine, isolation or closure order is guilty of a Class A misdemeanor. (20 ILCS 2305/2(k).)



Case No.

Date 4/13/2020

Section H: Consent Agreement to Closure (Optional, if individual consents)

I, _____, voluntarily agree to allow the place to be closed as ordered by the Kane County Health Department. I understand that my compliance with this closure order is important to safeguarding the public's health and that if I violate its terms, I will put myself at risk, endanger the community's health, and risk spreading a communicable disease to others. I have received a copy of, and have read or had explained to me, information on the disease novel coronavirus (2019-nCoV). The terms and conditions of the closure order have been explained to me, I have had a chance to ask questions, and they were answered to my satisfaction. I understand that this order will not be revised by a court unless I withdraw my consent.

I understand that I must comply with this closure order and that if I wish to withdraw my voluntary consent to this closure order I will notify the Kane County Health Department at (630) 208-3801 (during normal business hours) or (630) 208.3801 (after hours). I understand I must confirm withdrawal of my consent in writing within 24 hours of calling the Kane County Health Department by mailing confirmation to 1240 N. Highland Ave., Aurora, IL 60506. If I withdraw my voluntary consent to this closure order, I will be subject to an involuntary, immediate order of closure, and the Kane County Health Department will seek a court order to require that the place remain closed. If this is an immediate order for closure then the Kane County Health Department is not required to obtain my consent or file a petition seeking a court order until after issuing the order. The Kane County Health Department must as soon as practical (within 48 hours after issuing immediate order) obtain consent or request a court order except when the court system is unavailable or it is impossible to do so.

I understand that if I violate this order that I may be guilty of committing a Class A misdemeanor as described in Section G of this order.

I understand that if I have any questions regarding this closure order I should contact the Kane County Health Department at (630) 208-3801 (during normal business hours) or (630) 208-3801 (after hours).

Signature

Date and Time

Section I: Legal Authority

This order is issued pursuant to the legal authority contained in the Department of Public Health Act (20 ILCS 2305/2).



Case No.

Date 4/13/2020

Section J: Proof of Service

State of Illinois)
) SS
County of Kane)

I, _____, in my capacity as _____ with the Kane County Health Department, under penalty of perjury, hereby attest that the foregoing Order for Closure of Facility/Place was served upon the below-named individual, at the time and date and in the manner specified below:

Place Subject to Closure:

Name of Place: Hesed House

Address: (Street) 659 S. River Street (Apt./Rm.#) _____ (City) Aurora
(State/Country) IL (Zip) 60506 (Telephone) (630) 897-2156 (Fax) _____
(Cell/pager) _____ (Email) _____

Owner of Place Subject to Closure:

Name: Public Action to Deliver Shelter, Inc dba Hesed House

Address (Street) 659 South River Street (Apt./Rm.#) _____ (City) Aurora
(State/Country) IL (Zip) 60506 (Telephone) (630) 897-2156
(Fax) _____ (Cell/pager) _____ (Email) _____

☐ By personal service to the person at the above address, on _____, 2020, at ____:____.m.

☐ By certified mail, postage prepaid, return receipt requested to the person's last known address (indicated above), by placing the same in the U.S. Mail on _____, 2020, at ____:____.m. in _____, Illinois.

☐ By electronic transmission via e-mail or tele facsimile (see transmission receipt attached) to _____, on _____, 2020, at ____:____.m., and further by certified mail, postage prepaid, return receipt requested to the person's last known address (indicated above), by placing the same in the U.S. Mail on _____, 2020, at ____:____.m., in _____, Illinois.

Attest:

By: _____
Kane County Health Department

Subscribed and sworn to before me on this _____ day of _____, 2020

Notary Public

HEALTH

Case No.

Date 4/13/2020

ORDER FOR CLOSURE OF FACILITY / PLACE

The Kane County Health Department has determined, based upon the information contained below, that the facility or other place referred to in this order is, or may be, the source of, or contaminated with a dangerously contagious or infectious disease. As a result, it is required that this facility or other place remain closed until it is no longer poses a risk of contagion or infection to others.

Section A: Type of Order

This order for closure is made upon (check all that apply):

☒ **Voluntary (Consented)** (see Section H)

☒ **Immediate** (If this is an immediate order then the health department may order closure without consent or a court order if immediate action is required to protect the public from a dangerously contagious or infectious disease. The health department must as soon as practical (within 48 hours after issuing immediate order) obtain consent or request a court order except when the court system is unavailable or it is impossible to do so.) 20 ILCS 2305/2(c)

Section B: Information

Place Subject to Closure:

Name of Place: Hesed House

Address: (Street) 659 S. River Street (Apt./Rm.#) _____ (City) Aurora
(State/Country) IL (Zip) 60506 (Telephone) (630) 897-2156 (Fax) _____
(Cell/pager) _____ (Email) _____

Owner of Place Subject to Closure:

Name: Public Action to Deliver Shelter, Inc dba Hesed House

Current Location of Owner:

Address: (Street) 659 South River Street (Apt./Rm.#) _____ (City) Aurora
(State/Country) IL (Zip) 60506 (Telephone) (630) 897-2156 (Fax) _____
(Cell/pager) _____ (Email) _____

Emergency or Other Contact Information of Owner:

Name: (Last) RYAN (First) DOWD Relationship: EXECUTIVE DIRECTOR
Address: (Street) 659 SOUTH RIVER STREET (Apt./Rm.#) _____ (City) AURORA
(State/Country) IL (Zip) 60506 (Telephone) (630) 914-6424 (Fax) _____
(Cell/pager) _____ (Email) ryan@hesedhouse.org

HEALTH

Case No

Date 4/13/2020

Section C: Department of Public Health Findings

1. A reasonable belief exists that the place identified in this order is or is suspected of being contaminated with the following dangerously contagious or infectious disease: novel coronavirus (2019-nCoV)
2. A reasonable belief exists that immediate action (closure) is required to protect the public from the dangerously contagious or infectious disease identified above, which could spread to or contaminate others if remedial action is not taken.
3. Closure is ordered based upon the following findings:
☐ Physical Examination ☐ Medical Evaluation ☐ Laboratory Testing ☐ Environmental Testing
☒ Environmental or Human Exposure ☐ Other Information

Describe the facts in support of closure:

An outbreak of COVID-19 has been identified at facility, with 2 confirmed and 10 suspect cases. There are 250 residents and 5 staff. Facility is unable to assure social distancing of guests. Facility needs deep cleaning.

4. Voluntary Compliance:
☐ Consent Signed ☐ Efforts Made to Obtain Voluntary Compliance ☐ Seeking Voluntary Compliance would create a Risk of Serious Harm

Description:

5. Duration of Closure:
Commencing on the following date: 4/14/2020 at the following time: 8:00am
Ending on the following date: Until Kane County Health Department has determined that facility no longer poses a threat for COVID-19 spread, including documentation of satisfactory deep cleaning per CDC guidance (attached).

Section D: Terms of Closure

The place subject to this order is required to close and remain closed. No person is permitted access to the premises without prior approval from the local health department. Persons who are permitted access by the local health department must follow all instructions, policies and procedures determined by the local health department.

Section E: Statement of Legal Rights and Duties

1. The Kane County Health Department has ordered this place to be closed and made off limits to members of the community, and requires that you follow the instructions set forth in Section D above, because it is believed that this place has been contaminated with a dangerously contagious or infectious disease which must be controlled in order to protect others from becoming infected.
2. This closure order will remain in effect only as long as there is a danger of spreading the disease to others.
3. You have the right to agree or refuse to agree to this order.

HEALTH

Case No.

Date 4/13/2020

4. If this is an Immediate Order, or you have refused to consent to this order, you have the right, at any time while it is in effect, to petition the circuit court to request a hearing for review, as set forth in 77 Ill. Admin. Code 690.1345.
5. If you agree to this order, it will not be reviewed by the court unless you withdraw your consent.
6. The Kane County Health Department requests that you sign the consent agreement contained in Section H of this order. If you do not consent, then the Kane County Health Department will seek a court order to require that this place remain closed. **If this is an immediate order for closure then the Kane County Health Department is not required to obtain your consent or file a petition seeking a court order until after issuing the order.** The health department must as soon as practical (within 48 hours after issuing immediate order) obtain consent or request a court order except when court system is unavailable or it is impossible to do so. 20 ILCS 2305/2(c)
7. You have the right to counsel. If you are indigent, the court will appoint counsel for you. 20 ILCS 2305/2(c).

Section F: Signature of Authorizing Official

Kane County Health Department

Barbara Jeffers, MPH

1240 North Highland Avenue

Aurora, IL 60506

Phone: 630.208.3801 / Fax: 630.897.8128 (After-hours Phone) 630.208.3801

Email: jeffersbarbara@co.kane.il.us

Digitally signed by Barbara Jeffers
DN: cn=Barbara Jeffers, o=Kane County Health Department, ou=Executive Director, email=jeffersbarbara@co.kane.il.us, c=US
Date: 2020.04.13 15:25:57 -0500

Signature

Date and Time

Executive Director

Title

Section G: Enforcement

Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any dangerously contagious or infectious disease in connection with the Department's power of quarantine, isolation and closure or refuses to comply with a quarantine, isolation or closure order is guilty of a Class A misdemeanor. (20 ILCS 2305/2(k).)

HEALTH

Case No.

Date 4/13/2020

Section H: Consent Agreement to Closure (Optional, if individual consents)

I, Ryan Mc, voluntarily agree to allow the place to be closed as ordered by the Kane County Health Department. I understand that my compliance with this closure order is important to safeguarding the public's health and that if I violate its terms, I will put myself at risk, endanger the community's health, and risk spreading a communicable disease to others. I have received a copy of, and have read or had explained to me, information on the disease novel coronavirus (2019-nCoV). The terms and conditions of the closure order have been explained to me, I have had a chance to ask questions, and they were answered to my satisfaction. I understand that this order will not be revised by a court unless I withdraw my consent.

I understand that I must comply with this closure order and that if I wish to withdraw my voluntary consent to this closure order I will notify the Kane County Health Department at (630) 208-3801 (during normal business hours) or (630) 208.3801 (after hours). I understand I must confirm withdrawal of my consent in writing within 24 hours of calling the Kane County Health Department by mailing confirmation to 1240 N. Highland Ave., Aurora, IL 60506. If I withdraw my voluntary consent to this closure order, I will be subject to an involuntary, immediate order of closure, and the Kane County Health Department will seek a court order to require that the place remain closed. If this is an immediate order for closure then the Kane County Health Department is not required to obtain my consent or file a petition seeking a court order until after issuing the order. The Kane County Health Department must as soon as practical (within 48 hours after issuing immediate order) obtain consent or request a court order except when the court system is unavailable or it is impossible to do so.

I understand that if I violate this order that I may be guilty of committing a Class A misdemeanor as described in Section G of this order.

I understand that if I have any questions regarding this closure order I should contact the Kane County Health Department at (630) 208-3801 (during normal business hours) or (630) 208-3801 (after hours).

Signature

Date and Time

Section I: Legal Authority

This order is issued pursuant to the legal authority contained in the Department of Public Health Act (20 ILCS 2305/2).