**PROGRAM NARRATIVE**

(30 pages maximum)

Applicants applying for multiple focus areas must complete a unique Program Narrative for each focus area.

1. Check the types of victimization addressed in this narrative (select only one per narrative)

* Child Abuse: (check all that apply) \_\_\_ Children \_\_\_ Adult Survivor
* Financial Crime
* Impaired Driving

1. If applicable, check the underserved group your proposed program will reach (select all that apply):

* Elderly
* Homeless
* Lesbian, Gay, Bi-sexual, Transgendered and Questioning
* Males
* People with disabilities
* People of color
* Second Language Learners
* Victims with an undocumented immigration status
* Younger persons

Applicant must include unique approaches to addressing this underserved group(s) in all the Program Requirements sections.

1. Problem Statement *(2-3 pages)*

## Please list the count(ies) to be served by your program:

If applicant is proposing a program to serve a portion of a county, please specify those municipalities and/or neighborhoods.

## Community characteristics. Please complete the table below to describe demographics and other characteristics of your service area. Illinois statistics are also provided for your information. Most percentages can be obtained from [U.S. Census Bureau QuickFacts](http://www.census.gov/quickfacts/table/PST045215/00). (Click **Add/Remove Geographies** and enter one or more geographic areas.). If applicant agency proposes to serve more than one county, please select the county that best represents their program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service area: | | | Illinois (statewide) | |
|  | Number | Percent | Number | Percent |
| Total population of area served, 2015 |  | 100 percent | 12,859,995 | 100 percent |
|  | Percent | | Percent | |
| Ethnicity: Hispanic or Latino, 2015 |  | | 16.9 | |
| Race: American Indian and Alaska Native alone, 2015 |  | | 0.6 | |
| Race: Asian alone, 2015 |  | | 5.5 | |
| Race: Black or African American alone, 2015 |  | | 14.7 | |
| Race: Native Hawaiian and Other Pacific Islander alone, 2015 |  | | 0.1 | |
| Race: White alone, not Hispanic or Latino, 2015 |  | | 61.9 | |
| Race: Two or more races, 2015 |  | | 1.9 | |
| Foreign-born persons, 2010-2014 |  | | 13.9 | |
| Language other than English spoken at home, percent of persons ages 5+ years, 2010-2014 |  | | 22.5 | |
| High school graduate or higher, percent of persons ages 25+ years, 2010-2014 |  | | 87.6 | |
| Bachelor’s degree or higher, percent of persons ages 25+ years, 2010-2014 |  | | 31.9 | |
| With a disability, percent under age 65, 2010-2014 |  | | 7.0 | |
| In civilian labor force, percent of population ages 16+ years, 2010-2014 |  | | 65.9 | |
| In civilian labor force, female, percent of population ages 16+ years, 2010-2014 |  | | 61.0 | |
| Persons in poverty, percent |  | | 14.4 | |
|  | Dollars | | Dollars | |
| Median household income, 2010-2014 |  | | $57,166 | |

## Describe the problem in your service area that demonstrates the need for your proposed program. This must include a description of available indicators on the extent of victimization and victim assistance sought in your service area. Some county-level data may be retrieved from the Authority’s [Research & Analysis Unit](http://www.icjia.state.il.us/research/overview) website (Click the **DATA** tab to view downloadable datasets.). Provide jurisdiction level data if possible.

## Describe strengths and challenges of the community to be served. A minimum of two strengths and two challenges are essential and must be related to the problem described in 1A.

## Complete the VOCA SAR Form.

## Agency Capacity and Experience *(2-4 pages)*

## Describe history of providing services for victims of crime. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions. If the applicant agency is new, state whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund.

* + 1. If applicant does not have a history of providing services for this specific focus area please explain how the applicant will build capacity to provide them. This explanation should include at least one capacity building example and demonstrate a strong understanding of such services.
    2. If applicable, describe history of providing services to the selected underserved groups listed on page 1. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions.

## Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service programming. Include quantitative (e.g. size of budget and number of grants) and qualitative (e.g. process and procedure; summary of previous management) descriptions.

* + 1. If applicant currently receives VOCA funding, discuss how the proposed program complements existing funding.

## Describe how the applicant agency will sustain the funded program at the end of the three-year funding period.

* + 1. Complete this chart:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Funding Source | Number of Contracts or other agreements | Estimated amount of contracts or other agreements | Terms of the contracts or other agreements | Nature/purpose of the contracts or other agreements |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Proposed Program (Refer to pages 15-18 for program requirements. Applicants are responsible for reviewing program requirements) (*5-10 pages*).

## Core Direct Services

* + - * 1. Describe the processes by which clients (and their families) are identified in the proposed program. Include any screening tools (if used).
        2. Describe the proposed crisis intervention services. Including but not limited to when and where these services are available. Be sure to address the all aspects of the Direct Services Program Design outlined on page 16 of the NOFO.
        3. Describe the proposed case management services including, but not limited to, the intake and assessment process used, types of advocacy and other needs expected, and how these will be addressed. Be sure to address the all aspects of the Direct Services Program Design outlined on page 16 of the NOFO.
        4. Describe the proposed individual counseling services, including, but not limited to, how this service will meet client’s needs. Be sure to address the all aspects of the Direct Services Program Design outlined on page 16 of the NOFO.

e. For programs proposing to service minor victims of child abuse, describe the evidence informed therapeutic services provided to clients.

## Describe lessons learned during service provision and how these lessons impacted program design. Include at least one example and implication for program design.

1. Check the additional direct service(s) proposed for adult victims. Applicants must select at least one. (N/A for financial crime programs)

\_\_\_ Group Support

\_\_\_ Therapy

\_\_\_ Substance Use disorder Counseling

## For each additional direct service selected, describe how the service will be provided, including, but not limited to, how it will be determined that clients’ need proposed additional services, and when and where services will be provided. Include what agency will provide proposed services. If this is not the applicant agency, describe if services will be provided and how services will be coordinated and managed.

## Describe the agency’s experience providing each of the proposed services. If the agency does not have experience, explain how capacity to provide each of the services will be built. The explanation should include at least one capacity building example, and demonstrate a strong understanding of the services being proposed.

## Project the number of clients to be served during the grant period. Explain and justify this projection.

## Describe known barriers to accessing victim services and how applicant agency will address these.

1. Describe how the program design will incorporate Trauma-Informed Care as outlined in Attachment A. If addressing an underserved group, describe how program services will serve the underserved group(s).

## Describe collaborative partners, any history of collaboration, and each partner’s role in your proposed program.

1. Public Awareness: Describe activities that will promote and direct potential clients to the proposed services. At minimum, include method, language(s), venues and past experience in this activity. If addressing an underserved group, describe activities focused on reaching underserved groups.

## Recommended Program Element. Please complete the Stakeholder group section below if included in proposed program. (A bonus of 5 points will be assigned by each reviewer if applicant has adequately addressed this element.)

## Stakeholder Group

## Describe the group that will work to achieve inter-agency collaboration to ensure efficient and effective victim services. Include proposed members agencies, frequency of meetings and how the group will address the required activities. Please include whether this is a new or existing group. If existing, please describe the group’s previous activities, accomplishments and how the proposed program needs will be incorporated into the existing group. If applicant is addressing an underserved group, include how underserved groups will be represented on the Stakeholder group.

6. Implementation Schedule

Complete the table below, defining each step in the implementation and operation of the proposed program and detailing the staff position responsible for each task and a target date for completion. Do not use staff names. Please add additional lines as necessary.

|  |  |  |
| --- | --- | --- |
| **Task** | **Staff Position Responsible** | **Date Due** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| If applicable, submit subcontract to Authority for review and approval |  |  |
| Submit quarterly data report to the Authority |  | 15th of every quarter |
| Submit quarterly fiscal reports to the Authority |  | 15th of every quarter |

## 7. Staffing Plan *(2-4 pages not including attachments)*

## A. List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; reporting and supervision structure; time budgeted, and funding source.

## B. Describe how cases are coordinated and supervised within the agency.

## 

## C. If applying to serve underserved groups, describe how the agency will ensure that all staff working with these groups receive additional training to address the groups’ unique issues and needs.

## D. Describe how the proposed program will include staff trauma skills training and consultation to improve trauma informed response to clients. Include plan to hold at least one training.

## E. Describe how the applicant utilizes volunteers, and if and how the proposed program will utilize volunteers. Describe any trainings for program volunteers when direct services will be provided primarily by volunteers.

## F. Complete chart below by reporting staff by the function(s) performed, not by title or location.

## Also report employees who are part-time and/or only partially funded with these funds and any consultants/contractors. Include employees and consultants who are funded with any required grant match.

## **All activities provided by the following staff must be fully explained in the budget narrative.**

|  |  |  |
| --- | --- | --- |
| PROGRAM-FUNDED STAFF | # of positions | Total FTE |
| *Ex*: Victim advocate |  |  |
| *Ex*: Program Coordinator |  |  |
| *Ex*: Translator/interpreter |  |  |
| Other (specify): |  |  |
| Other (specify): |  |  |
| TOTAL |  |  |

## Attach job descriptions and list required training for each position. Place asterisks by each VOCA grant-allowable activity in the job descriptions. Describe how required training is ensured.

8. Goals, Objectives and Performance Metrics

The following table depicts objectives linked to performance indicators that show progress toward the proposed program goal. Complete the table by entering ambitious yet realistic numbers for each objective based on your proposed program. Applicants may list additional support service objectives for the program. These objectives also should also be reflected in the logic model (Attachment 4).

Selected programs will be required to submit quarterly reports on the following objectives and must identify the number of clients they aim to serve during the performance period. Objectives should estimate the number of clients that will receive each of the listed services in order to produce meaningful, tangible changes in clients' lives.

|  |  |
| --- | --- |
| **Goal**: To provide core direct services to underserved victim populations, specifically victims of child abuse, financial crime, and impaired driving. | |
| **Objective** | **Performance Measure** |
| *INFORMATION & REFERRAL* | |
| # \_\_\_\_ clients will receive referrals to other victim service providers. | # of clients provided with referrals to other victim service providers. |
| *PERSONAL ADVOCACY/ACCOMPANIMENT* | |
| # \_\_\_\_\_ clients will receive advocacy/accompaniment to emergency medical care. | # of clients provided with advocacy / accompaniment to emergency medical care. |
| #\_\_\_\_ clients will receive individual advocacy (e.g., assistance applying for public benefits). | # of clients provided individual advocacy (e.g., assistance applying for public benefits).  # of times staff provided individual advocacy (e.g., assistance applying for public benefits). |
| #\_\_\_\_\_ clients will receive assistance intervening with an employer, creditor, landlord, or academic institution. | # of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution.  # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution. |
| #\_\_\_\_ clients will receive child or dependent care assistance. | # of clients provided with child or dependent care assistance.  # of times staff provided child or dependent care assistance. |
| #\_\_\_\_ clients will receive transportation assistance. | # of clients provided with transportation assistance.  # of times staff provided transportation assistance. |
| #\_\_\_\_\_ clients will receive interpreter services. | # of clients provided with interpreter services.  # of times staff provided interpreter services. |
| # \_\_\_\_ clients will receive employment assistance (e.g., help creating a resume or completing a job application). | # of clients provided with employment assistance (e.g., help creating a resume or completing a job application).  # of times staff provided employment assistance (e.g., help creating a resume or completing a job application). |
| # \_\_\_\_ clients will receive education assistance (e.g., help completing a GED or college application). | # clients provided with education assistance (e.g., help completing a GED or college application).  # of times staff provided education assistance (e.g., help completing a GED or college application). |
| # \_\_\_\_ clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education). | # of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education).  # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education). |
| *EMOTIONAL SUPPORT OR SAFETY SERVICES* | |
| # \_\_\_\_\_ clients will receive crisis intervention. | # of clients provided with crisis intervention.  # of crisis intervention sessions provided by staff. |
| #\_\_\_\_\_\_clients will receive individual counseling. | # of clients provided with individual counseling.  # of individual counseling sessions provided by staff . |
| # \_\_\_\_\_ clients will receive emergency financial assistance. | # of clients provided with emergency financial assistance. |
| *SHELTER/HOUSING SERVICES* | |
| #\_\_\_\_\_ clients will receive relocation assistance. | # of clients provided with relocation assistance. |
| # \_\_\_ clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing)  # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) |
| *CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE* | |
| # \_\_\_\_ clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment.  # of times staff provided criminal advocacy/accompaniment. |
| *THERAPY FOR MINOR VICTIMS* | |
| # of clients provided with therapy.  # of therapy sessions provided by staff. | # of clients provided with therapy.  # of therapy sessions provided by staff. |
| *REQUIRED TRAININGS* | |
| *#\_\_\_\_\_staff will receive training on trauma* | *# of staff trained*  *# of trainings held* |
| *STAKEHOLDER GROUP, if applicable* | |
| # \_\_\_\_ of stakeholder meetings scheduled. | # of stakeholder group meetings held. |
| Average # \_\_\_\_ of stakeholder group attendees at each scheduled meeting. | Average # \_\_\_\_ attendees at stakeholder group meetings. |
| *PUBLIC AWARENESS* |  |
| Staff will engage in public awareness activities (e.g., development and distribution of print and online material, presentations, etc. to raise awareness of victim rights and services). | # \_\_\_ of hours staff engaged in public awareness activities (e.g., development and distribution of print and online material, presentations, etc. to raise awareness of victim rights and services). |
| *Child abuse and impaired driving applicants providing services to adult victims* ***must*** *complete objectives for each additional direct service being provided by the program or collaborative partner. Additional direct services include group support, therapy, and substance use disorder counseling. Each child abuse and impaired driving applicant providing services to adult victims is* ***required*** *to provide* ***at least one*** *additional direct service.* | |
| If providing group support:  # \_\_\_\_\_ clients will receive group support. | # of clients provided with group support.  # of group support sessions provided by staff or through contracted services. |
| If providing substance use disorder counseling:  # \_\_\_\_\_ clients will receive substance use disorder counseling. | # of clients provided with substance use disorder counseling.  # of substance use disorder counseling sessions provided by staff or through contracted services. |
| If providing therapy:  # \_\_\_\_\_ clients will receive therapy. | # of clients provided with therapy.  # of therapy sessions provided by staff or through contracted services. |

Additionally, a small number of successful applicants that demonstrate readiness may be invited to work with ICJIA to develop additional objectives and performance indicators demonstrating desired program outcomes. Outcomes should measure meaningful, tangible changes in clients' lives resulting from program participation, such as increased levels of safety and stability, increased knowledge, or improved attitudes.