**PROGRAM NARRATIVE**

**(Maximum of 30 pages)**

The purpose of this Notice of Funding Opportunity is to fund the Statewide Domestic Violence Hotline Services for Victims of Domestic Violence through the City of Chicago Department of Family and Support Services.

**Problem Statement**

**A. Describe the problem which demonstrates the need for your proposed program. This may include a description of available indicators on the extent of victimization and services sought in your service area.**

**B. Describe the challenges and barriers to services provided in the community to be served through this program.**

**Agency Capacity and Experience**

1. **Description of Applicant Agency**
2. **Describe your agency’s history and expertise in the provision of services to victims of domestic violence.**
3. **Besides the services funded through this NOFO, what (if any) other victim services does your agency provide? Include examples of how these services are coordinated with the VOCA funded activities.**
4. **Describe your agency’s fiscal experience and capacity to manage grants. Include total staff dedicated to all victim services at your organization and 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.**
5. **Who will oversee implementation of this funding opportunity? Include titles, duties, primary qualifications and any mandatory training of staff.**
6. **Check all types of victim services to be provided:**

|  |  |
| --- | --- |
| Crisis Counseling | Criminal Justice Support/Advocacy |
| Follow Up Contact | Emergency Financial Assistance |
| Therapy | Legal Advocacy |
| Group Treatment | Assistance in Filling Compensation Claims\* |
| Crisis Hotline Counseling | Personal Advocacy |
| Forensic Interviewing | Telephone Contacts (Information and Referral) |
| Information and Referral (In person) | Shelter/Safe house |
| Substance Abuse Counseling  Other (Specify)  \* Assistance in filling compensation claims is **MANDATORY** | |
|  | |
|  | |

1. **For each type of victim service checked above, describe in detail the proposed services and program rationale.**

## 

1. **Underserved Populations. Check at least one victim group to be served:**

|  |  |
| --- | --- |
| American Indian | Lesbian, gay, bisexual, transgender |
| Asian | People with disabilities |
| Black or African American | Limited English proficiency |
| Elderly | Mental health issues |
| Hispanic or Latino | Substance abuse issues |
| Homeless or living in poverty | Rural areas |
| Immigrants, refugees, or asylum seekers | Children |
| Other (specify): | |

1. **Describe the program for which you are seeking VOCA funds. This must include all direct services to be provided to crime victims with VOCA and match funds.**
2. **Project the number of clients to be served through these funds during the grant period. Explain and justify this projection.**
3. **Describe how your standards and guidelines encourage serving the needs of the underserved populations identified above and the provision of linguistically and culturally specific services and activities.**
4. **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.**
5. **Describe the client referral and intake process used, including but not limited to intake questions and criteria for acceptance. Also provide justification for these practices.**
6. **Describe how the program will address identified barriers to accessing services. The response must include a plan to provide the following:**

## A low barrier screening and intake process

## Hours of operation and intake beyond traditional working hours

## Translation and interpretation services

1. **How will staff notify all victims of the crime victims compensation program?**
2. **How will the program promote community efforts, through coordinated public or private efforts, to aid crime victims?**
3. **Aside from issues already discussed, please describe any additional challenges at the community level your sub-grantees may encounter. Explain how your program will address those challenges.**
4. **What training needs have been identified for the staff funded under this program? How will they be addressed?**
5. **After reviewing “Trauma and Trauma Informed Care” in the supplied materials, describe how the applicant will assure the program will incorporate each key component and key principles of trauma informed services. Specifically, describe agency trainings provided and how the proposed services implement victim centered approaches and address matters of safety. If the applicant’s services are not currently victim centered and trauma informed, describe the plan to build staff capacity in this area.**
6. **Describe how the applicant utilizes volunteers, and how the proposed program will utilize volunteers. Describe how many FTE volunteer staff are used by your agency. Describe any trainings for program volunteers when direct services will be provided primarily by volunteers.**
7. **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. Attach job descriptions and list required training for each position. Place asterisks by each VOCA grant-allowable activity in the job descriptions.**

|  |  |  |  |
| --- | --- | --- | --- |
| PROGRAM-FUNDED STAFF | **Agency Full Time Equivalent\*** | **% time on VOCA funded program** | **Program Full Time Equivalent\*\*** |
| *Example: Advocate* | .75 | 50 | .375 |
| Victim Information and Referral Advocates (VIRA) |  |  |  |
| Direct Services Supervisor |  |  |  |
|  |  |  |  |
| TOTAL |  |  |  |

## \*Agency FTE is calculated by the number of total hours worked in a week divided by the average work week for your organization.

## \*\* Program FTE is calculated by Agency FTE times the time on the program.

**If the applicant’s budget includes proposed subawards, answer the following questions:**

1. **Explain why your agency must serve as a pass-through for other organizations carrying out part of the grant program. Include information on special qualifications and areas of expertise.**
2. **Describe your agency’s ability to comply with FFATA reporting and collection of certifications and financial and performance reports from subrecipients.**
3. **Explain how the applicant agency will monitor subawards for compliance with program terms and Federal and State regulations, detailing monitoring frequency and corrective action procedures, and agency ability to provide any needed technical assistance.**

**Implementation Schedule**

*Complete the table below. Define each step in implementation and operation of the proposed program. Detail the staff position responsible for each task and include a target date for completion. Do not use staff names or specific dates. Please add additional lines as necessary.*

|  |  |  |
| --- | --- | --- |
| **Task** | **Staff Position Responsible** | **Date Due** |
| *Example: Hire and train direct service staff* | *VIRA Supervisor* | *Month 1* |
|  |  |  |
|  |  |  |
|  |  |  |
| Submit quarterly data report to ICJIA |  |  |
| Submit quarterly fiscal reports to ICJIA |  |  |

**Goals, Objectives and Performance Metrics**

Grantee will be required to report on the following objectives and identify the number of clients it aims to serve during the performance period. Objectives should estimate the number of clients that will receive each of the listed services to produce meaningful, tangible changes in clients' lives. Grantee will be required to submit quarterly data reports reflecting information about these performance measures and may be asked to collect additional measures to track program progress and outcomes.

*Some objectives may not apply to your program. For those objectives, please enter N/A.*

|  |  |
| --- | --- |
| **Goal**: | |
| **Objective** | **Performance Measure** |
| *INFORMATION & REFERRAL* | |
| # \_\_\_\_ client will receive information about the criminal justice process | # \_\_\_\_ client provided with information about the criminal justice process |
| # \_\_\_\_ client will receive information about victims’ rights, how to obtain notifications, etc. | # of clients provided with information about victims’ rights, how to obtain notifications, etc. |
| # \_\_\_\_ clients will receive referrals to other victim service providers. | # of clients provided with referrals to other victim service providers. |
| # \_\_\_\_ clients will receive referrals to other services, supports and resources (*includes legal, medical, faith-based organizations, address-confidentiality programs, etc*.) | # of clients received referrals to other services, supports and resources |
| *PERSONAL ADVOCACY/ACCOMPANIMENT* | |
| #\_\_\_\_ 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 or information about filing for victim compensation. | # of clients provided assistance or information about filing for victim compensation.  # of times staff provided assistance filing for victim compensation. |
| #\_\_\_\_\_ clients will receive immigration assistance (e.g., special visa, continued presence application, and other immigration relief). | # of clients provided with immigration assistance (e.g., special visa, continued presence application, and other immigration relief).  # of times staff provided immigration assistance (e.g., special visa, continued presence application, and other immigration relief). |
| #\_\_\_\_\_ 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. |
| *EMOTIONAL SUPPORT OR SAFETY SERVICES* | |
| # \_\_\_\_\_ clients will receive hotline/crisis line counseling. | # of clients provided with hotline/ crisis counseling.  # of hotline/crisis counseling sessions provided by staff |
| *SHELTER/HOUSING SERVICES* | |
| # \_\_\_ clients will receive housing advocacy, or help with implementing a plan for obtaining housing | # of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing  # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing |
| *CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE* | |
| # \_\_\_\_ clients will receive civil legal assistance in obtaining protection or restraining order. | # of clients provided civil legal assistance in obtaining protection or restraining order.  # of times staff provided civil legal assistance in obtaining protection or restraining order. |
| # \_\_\_\_ clients will receive civil legal assistance with family law issues (e.g., custody, visitation, or support) | # of clients provided civil legal assistance with family law issues (e.g., custody, visitation, or support)  # of times staff provided civil legal assistance with family law issues (e.g., custody, visitation, or support) |
| # \_\_\_\_ clients will receive assistance with other justice-related issues. | # \_\_\_\_ clients provided assistance with other justice-related issues.  # of times staff provided assistance with other justice-related issues. |
| # \_\_\_\_ clients will receive criminal advocacy/accompaniment. | # \_\_\_\_ clients provided criminal advocacy/accompaniment.  # \_\_\_\_of times staff provided criminal advocacy/accompaniment. |