**Uniform Notice for Funding Opportunity (NOFO)**

Paul Coverdell Forensic Science/National Forensic Science Improvement Act

**(NFSIA) FFY 19 Program Narrative**

**Summary of the Program**

**(Total 30 points)**

*Using the check boxes below and referring to Appendix I in the Notice of Funding Opportunity, please indicate state regions which the proposed program will serve. Include the number of labs and the name of each lab,* ***being funded ONLY****, in each area (Ex: If an agency has 6 labs* ***and*** *equipment is being purchased for only two labs, only list the two labs that are being funded. This information must match the information provided in the budget).*

* Northern outside of Cook and Collar Counties:
* Collar Counties:
* Cook County:
* Central:
* Southern Counties:

***Provide a detailed description of your agency-5pts***

***Provide a clear, concise summary of the proposal and state outcomes to be gained. 5pts***

***An additional 24 months of funding may be awarded after the initial funding period. 10pts***

***Year Two - Briefly describe activities/purchases.***

***Year Three-Briefly describe activities/purchases.***

***Accreditation Status-5pts***

*State your agency’s appropriate accrediting body*

*Indicate the scope of each accreditation*

***Serious Allegations within the last 12 months-5pts***

“Serious Allegation(s)” is definedas allegations of serious negligence or misconduct committed by laboratory employees.

*State the number of and nature of any serious allegations committed by laboratory employees.*

*State the information on the referrals of such allegations (e.g., the government entity or entities to which referred, the date of referral).*

*State the outcome of such referrals*

*If any such allegations were not referred, state the reason(s) for the non-referral.*

**Statement of the Problem**

**(Total 10 points)**

*Provide a detailed description of the issue.* *Include information on the* *opioid crisis in your area. This should be discussed in relation to the geographic area you are looking to serve, including trend data. This should include data to justify the extent of the opioid problem within your area. Data can be found at the following site, but applicants can also use local data sources:* <http://www.dph.illinois.gov/opioids/idphdata> *- 5pts*

*Clearly explain the current strategies being implemented to address the stated need- 5pts*

**Project Implementation**

**(Total 10 points)**

*Describe a reasonable, achievable plan to implement the project that addresses the documented need. Clearly detail program components to be funded. -5pts*

*Describe your agency’s procurement process and how the equipment&/or services will be procured, installed and operational by the target dates-5pts*

**Goals, Objectives and Performance Indicators**

**(Total 10 points)**

Projects funded through ICJIA have set goals and objectives that serve as performance benchmarks. These objectives are used to develop the data reports that are submitted to ICJIA each quarter to determine project performance.

Complete the table listed and provide a number in the area marked with an XX. Additional objectives may be added as deemed appropriate for the program, however, they must be measurable and within the scope and goal of the program. If applicable, add additional goals, objectives and performance measures.

|  |  |  |
| --- | --- | --- |
| **Objective** | **Performance Measure(s)** | **Data Recipient Provides** |
| To improve the quality and timeliness of forensic services and to reduce the number of backlogged cases in forensic laboratories. | **Outcome Measure**  1.Reduction in the average number of days from the submission of a sample to a forensic science laboratory to the delivery of test results to a requesting office or agency.  2.Percent reduction in the number of backlogged forensic cases.  **Output Measure**  1.The number of appropriate training or educational opportunities provided with FY 2019 Coverdell funds for forensic science or medical examiner/coroner (if applicable to the grant) | 1. (XX)Average number of days to process a sample at the beginning of the grant period.  2. (XX)Average number of days to process a sample at the end of the grant period.  3. (XX)Number of backlogged cases at the beginning of the grant period.  4. (XX)Number of backlogged cases at the end of the grant period.  5. (XX)Number of training opportunities for forensic science personnel.  6. (XX)Number of training opportunities for medical examiner/coroner personnel. |
| To increase the number of agencies/organizations that are accredited with Coverdell funding | Percent of agencies/organizations that are accredited per FY 2019 Coverdell funding | (XX)Number of agencies/organizations/labs receiving funding.  (XX)Number of agencies/organizations/labs currently accredited.  (XX)Number of agencies/organizations/labs seeking initial accreditation with FY 2019 Coverdell funding.  (XX)Number of agencies/organizations/labs obtaining initial accreditation with FY 2019 Coverdell funding.  (XX)Number of agencies/organizations/labs using FY 2019 Coverdell funding to maintain accreditation. |
| To increase the number of individuals certified with Coverdell funding | Percent of certified individuals. | (XX)Number of currently employed analysts.  (XX)Number of analysts currently certified.  (XX)Number of analysts seeking certification with FY 2019 Coverdell funding. |

# Project Management

**(Total 10 points)**

*Describe your agency’s plan for the coordination and supervision of the project activities.* *-5pts*

*Describe your agency’s plan for collecting the required data for this solicitation’s Performance Measures-5pts*

# Implementation Schedule (Deliverables & Milestones)

**(Total 10 points)**

## 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. Please add additional lines as necessary. *(5 Points)*

|  |  |  |
| --- | --- | --- |
| Task | Staff Position Responsible | Date Task will be Completed |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Submit quarterly data report and Semiannual report to ICJIA |  | 15th of the month following the end of the quarter |
| Submit monthly fiscal reports to ICJIA |  | 15th of the month following the end of the month |
| Submit close out material  * Final Fiscal Report * Final Data Report * Property Inventory Sheet |  | 30 days after the grant ends |

# ADDITIONAL INFORMATION

***Total*** *agency’s annual budget for the current agency fiscal year.*

**Grantor Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TTY#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax#: \_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_