**Victims of Crime Act (VOCA)**

**Court Appointed Special Advocate CASA Victim Assistance Program**

**PROGRAM NARRATIVE**

**NOFO # 1745-1652**

Program narrative may not exceed 35 pages, including the questions and tables in this document. Responses must be written in Times New Roman 12-point font and **double-spaced** with 1-inch margins. Do not delete template questions in your responses and do not change formatting of this document. Questions that require narrative response should be answered in the box that says: “**Response**” beneath each question. Failure to comply with formatting requirements may lead to applicant disqualification.

The purpose of this Notice of Funding Opportunity is to fund CASA direct services for victims of crime through county court appointed special advocate programs.

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| These VOCA funds will primarily be used to (check one):  *Note: To make a selection, hover your mouse over the box. Click your mouse’s left button and an “X” will appear in the box.*   |  |  | | --- | --- | | ☐ Expand services into a new geographic area. | ☐ Offer new types of services | | ☐ Serve additional victim populations | ☐ Continue existing services to crime victims. | |

**Executive Summary – 2 Points** (One page maximum)

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| Please give a brief summary of the proposed program design. |
| **Response**: |

**Statement of the Problem– 10 Points**

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| 1. Please list the count(ies) to be served by your program: |
| **Response**: |

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| 1. 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. County-level data may be available on ICJIA website at <http://www.icjia.org/> (Click **RESEARCH** at top and then the DATA tab to view downloadable datasets.). Provide jurisdictional data, if possible. |
| **Response**: |

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| (b) 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 violence against children or child abuse/neglect. |
| **Response**: |

**Project Description– 8 Points**

Please provide a general sense of your organization’s activities. An overview of activities is requested versus activities solely related to the program for which you are seeking VOCA funds

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| 1. Please provide a brief description of your entire organization, including unit descriptions and staffing. |
| **Response**: |

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| 1. What, if any, other victim services does your agency provide? Include examples of how these services are coordinated with the VOCA funded victim service activities. |
| **Response**: |

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| 1. Please indicate the total number of staff currently dedicated to all Victim Service programs at your organization. | |
| **Type of staff** | **Number of staff** |
| Number of staff providing direct services  *(Do not include managerial and support staff in this count).* |  |
| Number of managerial staff |  |
| Number of administrative support staff |  |

**Agency Capacity and Experience – 11 Points**

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| 1. 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 program is new, state whether a minimum of 25% of its financial support comes from sources other than the Crime Victims Fund. |
| **Response**: |

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| 1. If your agency does not have a history of providing services for this specific focus area as described in application, please explain how you will build capacity to provide them. This explanation should include at least one capacity-building example and demonstrate a strong understanding of such services |
| **Response**: |

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| 1. Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service programming in your agency. Include quantitative (size of budget and number of grants) and qualitative (process and procedure; summary of previous management) descriptions. |
| **Response**: |

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| 1. If funds will be used for a program that is currently operational explain how proposed activities will supplement—not supplant—current program activities and staff positions. If appropriate, explain how much of the currently operational program is funded with VOCA funds. |
| **Response**: |

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| 1. Describe how your agency will financially sustain the program at the end of a three-year funding period. |
| **Response**: |

**Proposed Program (Direct Services) – 29 Points**

These funds are to be used for the creation or enhancement of services for crime victims provided through county CASA programs. Explain in detail all required program elements listed in the Notice of Funding Opportunity on page 4.

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| 1. Public agencies, and nonprofit victim service agencies applying to provide services within a public agency, must provide a detailed explanation of how the program will function, including: |
| * 1. How victims will be screened for eligibility. |
| **Response**: |
| * 1. How referrals will be made for services. |
| **Response**: |
| * 1. How services will be available for all victims of crime. |
| **Response**: |
| * 1. Location of victim service staff |
| **Response**: |
| * 1. Coordination of services with other victim service staff. |
| **Response**: |

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| 1. Project the number of clients to be served during the grant period. Explain and justify this projection. |
| **Response**: |
| Describe known barriers to victims in accessing victim services and how your agency will address them. |
| **Response**: |
| Discuss the types of services you will not be able to provide and to whom the clients will be referred. |
| **Response**: |

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| Describe how the program design will incorporate trauma-informed care. |
| **Response**: |

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| Victim eligibility for services cannot be dependent on participation in the criminal justice process. Services also must be made available after a victim’s involvement with the criminal justice system has ended. Explain how services for victims in your program will continue to be provided either by your agency or referral to a victim service provider. |
| **Response**: |

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| Describe collaborative partners, any history of collaboration, and each partner’s role in your proposed program |
| **Response**: |

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| Programs receiving VOCA funds must notify all victims of the VOCA Victims Compensation program administered through the Office of the Illinois Attorney General. \* Please explain how your agency informs victims of the VOCA Victims Compensation program. |
| **Response**: |

\*Notification is defined as simply advertising the Victims’ Compensation program through posters or brochures publicly visible in the agency’s office. Other options include providing information on and referrals to the program and assistance with the application.

**Staffing – 20 Points**

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| List and describe all staff positions assigned to the proposed program. Include at minimum name of position, roles and responsibilities, location of services, reporting and supervision structure, time budgeted, and funding source |
| **Response**: |

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| What are the primary qualifications of program-funded staff (education, language skills, etc.)? |
| **Response**: |

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| Describe how cases are coordinated and supervised within the agency. |
| **Response**: |

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| Describe how the proposed program will include staff trauma skills training and consultation to improve trauma-informed responses to clients. Include a plan to hold at least one training. |
| **Response**: |

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| What other training needs have you identified for staff funded under this program? |
| **Response**: |

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| How will you address those training needs? If you are unable to address those needs, please explain why. |
| **Response**: |

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| Describe how your agency utilizes volunteers and how the proposed program will utilize volunteers. Describe how many FTE volunteer staff are used by your agency as a whole. If your volunteers will be providing direct services, list any training you will be providing to them. |
| **Response**: |

**Full Time Equivalent (FTE) Table**

Complete the FTE table below by reporting staff by function(s) performed (not by title or location). Also report employees who will be part-time and/or only partially funded with these funds and any consultants/contractors. Include employees and consultants who will be funded with any required grant match.

**All activities provided by the following staff must be fully explained in the budget narrative. Add lines if necessary.**

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| --- | --- | --- | --- |
| **Program-Funded Staff** | **Agency Full Time Equivalent\*** | **% time on VOCA funded program** | **Program Full-Time Equivalent\*\*** |
| *Example: Volunteer Coordinator* | .50 | 100 | .5 |
| *Example: Advocate* | .75 | 50 | .375 |
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| 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.

Job descriptions and list required training for each position must be submitted if application is funded.

Implementation Schedule

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

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| **Task** | **Staff Position Responsible** | **Date Due** |
| *Example: Hire Staff* | *Program Administrator* | *Month One* |
| *Example: Train Staff* | *Training Coordinator* | *Month One* |
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| Submit subcontract to ICJIA for review and approval (if applicable) |  |  |
| Submit quarterly progress report |  | 15th of every quarter |
| Submit quarterly financial performance report |  | 15th of every quarter |

**Goals, Objectives and Performance Indicators – 7 Points**

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| **Goal: To provide advocacy services to victims of crime.** | |
| **Objective** | **Performance Measure** |
| **SCREENING** | |
| #       victims screened for eligibility by your agency.  #       clients will be provided services by your agency. | # of victims screened for eligibility by your agency.  # of victims not eligible for services by your agency and referred to a victim service provider. Please list the agencies to which you referred.  # of clients provided services by your agency. |
| **INFORMATION & REFERRAL** | |
| #       clients will receive information about the criminal justice process. | # of clients provided information about the criminal justice process.  # of times staff provided information about the criminal justice process. |
| #       clients will receive information about victim rights, how to obtain notifications, etc. | # of clients provided information about victim rights, how to obtain notifications, etc.  # of times staff provided information about victim rights, how to obtain notifications, etc. |
| #       clients will receive referrals to other victim service providers (includes counseling). | # of clients provided with referrals to other victim service providers. Please list the agencies to which you referred.  # of times staff provided referrals to other victim service providers. |
| #       clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.) | # \_\_\_\_ clients provided with referrals to other services, supports, and resources.  # of times staff provided 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 filing for victim compensation. | # of clients provided assistance filing for victim compensation.  # of times staff provided assistance filing for victim compensation. |
| #      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 crisis intervention. | # of clients provided with crisis intervention.  # of crisis intervention sessions provided by staff. |
| **CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE** | |
| #       clients will receive notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.) | # of clients provided notification of criminal justice events.  # of times staff provided notification of criminal justice events. |
| #       clients will receive victim impact statement assistance. | # of clients provided victim impact statement assistance. |
| #       clients will receive assistance with restitution. | # of clients provided assistance with restitution. |
| #       clients will receive civil advocacy/accompaniment. | # of clients provided civil advocacy/accompaniment.  # of times staff provided civil advocacy/accompaniment. |
| #       clients will receive criminal advocacy/accompaniment. | # of clients provided criminal advocacy/accompaniment.  # of times staff provided criminal advocacy/accompaniment. |
| **REQUIRED TRAININGS** | |
| #      staff will receive training on trauma-informed advocacy | # of staff trained  # of trainings on trauma held |
| #       of individuals interviewed to become a CASA volunteer. | # of individuals interviewed to become a CASA volunteer.  # of individuals offered a volunteer CASA position. |
| #     of volunteer trainings to be held. | # of volunteer trainings held.  # of volunteers trained. |
| #       of current CASA volunteers. | # of current CASA volunteers. |
| #      of cases to be reviewed and assigned to advocates. | # of cases reviewed and assigned to advocates.  # of clients served by advocates.  # of supervision meetings held with advocates. |

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.

**Budget Detail and Budget Narrative – 13 Points** are on a separate Excel document.