**PROGRAM NARRATIVE**

(20 pages maximum, not including Implementation Plan or Goals section)

Please type in the shaded boxes.

**Description of Problem**

Please list cities and/or counties to be served by your program. If applicant is proposing to work in Cook County, please also list the municipalities and/or city neighborhoods. *(0 Points)*

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.) *(0 Points)*

|  |  |  |
| --- | --- | --- |
| Demographics | Service Area | Illinois (statewide) |
|  | Number | Percent | Number | Percent |
| Total population of area served, 2016 |       | 100% | 12,801,539 | 100% |
|  | Percent | Percent |
| Ethnicity: Hispanic or Latino, 2016 |       | 17.0 |
| Race: American Indian and Alaska Native alone, 2016 |       | 0.6 |
| Race: Asian alone, 2016 |       | 5.5 |
| Race: Black or African American alone, 2016 |       | 14.7 |
| Race: Native Hawaiian and Other Pacific Islander alone, 2016 |       | 0.1 |
| Race: White alone, not Hispanic or Latino, 2016 |       | 61.7 |
| Race: Two or more races, 2016 |       | 1.9 |
| Foreign-born persons, 2011-2015 |       | 14.0 |
| Language other than English spoken at home, % of persons ages 5+ years, 2011-2015 |       | 22.7 |
| High school graduate or higher, % of persons ages 25+ years, 2011-2015 |       | 87.9 |
| Bachelor’s degree or higher, % of persons ages 25+ years, 2011-2015 |       | 32.3 |
| With a disability, % under age 65, 2011-2015 |       | 7.1 |
| In civilian labor force, % of population ages 16+ years, 2011-2015 |       | 65.6 |
| In civilian labor force, female, % of population ages 16+ years, 2011-2015 |       | 60.7 |
| Persons in poverty, % |       | 13.6 |
|  | Dollars | Dollars |
| Median household income, 2011-2015 |       | $57,574 |

Describe the problem in your service area. This must include a description of available indicators on the extent of risk and protective factors 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.) and see Appendix IV for violent crime numbers) Discuss how the presented data informs your proposed program. *(5 points)*

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 above. *(5 Points)*

**Agency Capacity and Experience**

Describe history of providing violence prevention and intervention services. 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 applicant does not have a history of providing community-based services for at risk or high risk youth, 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 population and services. *(5 Points)*

Describe lessons learned during service provision and how these lessons impacted program design. Include at least one example and implication for program design. *(5 Points)*

Describe current fiscal experience managing grants. Include all current State and non-state funding sources that support violence prevention and intervention programming. Include quantitative (e.g. size of budget and number of grants) and qualitative (e.g. process and procedure; summary of previous management) elements. *(5 Points)*

**Proposed Program (please refer to pages 5-6 for program requirements)**

Community Coalition

Describe the agency’s experience leading coalitions. If the agency does not have experience, explain how the agency will build capacity. The explanation should and demonstrate a strong understanding of coalition building. *(2 Points)*

Describe the coalition that will work to achieve inter-agency collaboration to ensure efficient and effective services. Include a list of the proposed members’ agencies, frequency of meetings, and the group’s activities. Please include whether this is a new or existing group. If this is an existing group, please describe the group’s previous activities, accomplishments and how the proposed program needs will be incorporated into the existing group. *(3 Points)*

Public Awareness

Describe the public awareness activities you propose to undertake that will promote the proposed service(s) to potential clients. At minimum, include method, language(s), venues and past experience in this activity. (5 Points)

Direct Services

For each proposed service, check the box next to the service. Underneath the service, enter the projected number of clients to be served during the grant period *(0 Points)*

[ ]  Street Intervention/Interruption

Projected number of clients to be served:

[ ]  Counseling and Therapy

Projected number of clients to be served:

[ ]  Case Management

Projected number of clients to be served:

[ ]  Youth Development

Projected number of clients to be served:

Describe the proposed service, including but not limited to service model goals, associated research findings (if present), identified risk and protective factors addressed, anticipated service length, and related details. *(5 Points)*

Describe the proposed target population. Include risk and protective factors most commonly observed. *(5 Points)*

Describe how clients will be referred for each proposed service offered. Include the referral sources. *(5 Points)*

Describe the client intake process, including but not limited to intake questions and criteria for acceptance. *(5 Points)*

Describe partnerships with other organizations that are essential to ensuring your clients’ immediate needs are being addressed as part of the service plan. It is recommended that applicants have a letter of commitment or linkage agreement. *(5 Points)*

Aside from issues already discussed, please describe any additional challenges your clients may encounter. At a minimum, the response must include life events prior to *and* during program participation. Include at least one example each of challenges at the individual, family and community levels and how program will address each of these challenges. *(5 Points)*

On June 26, 2017, ICJIA released a Notice of Funding Opportunity (NOFO) for victims of community violence. If your agency has applied, or plans to apply for these funds, you must provide a short description of the proposed target population and program activities under that June 26, 2017 NOFO. Your response must demonstrate that services will not be duplicative of that proposal. *(0 Points)*

**Staffing** Plan

List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; reporting and supervision structure. *(5 Points)*

Describe how cases are assigned to direct service staff and supervised within the agency. *(3 Points)*

Describe how the proposed program will include staff trauma skills training and ongoing consultation to improve trauma informed response to clients. *(2 Points)*

Describe hiring and administrative policies and procedures that ensure a physically safe environment for clients and their families immediately before services, during services and immediately after services. *(5 Points)*

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

|  |  |  |
| --- | --- | --- |
| Task  | Staff Position Responsible | Date Task will be Completed |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| Submit quarterly data report to ICJIA |       | 15th of the month following the end of the quarter |
| Submit quarterly fiscal reports to ICJIA |       | 15th of the month following the end of the quarter |

**Goals, Objectives and Performance Metrics**

The following tables depict objectives linked to performance indicators that show progress toward the proposed program goal.

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. Selected applicants may be required to work with the Authority 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. Selected programs will be required to adhere to data collection policies and procedures that allow the Authority to assess outcome objectives deemed appropriate, based on the program design chosen by the applicant. Programs selected for funding will be required to submit quarterly data reports reflecting progress toward each objective.

All applicants must enter ambitious yet realistic numbers for each objective. Additional objectives and performance indicators for the selected evidence informed model must be added into the table where noted. *(5 points)*

The following table must be completed.

|  |  |
| --- | --- |
| **Objective** | **Performance Measure** |
| Collaborative Partners (Must Be Completed) |
| Enlist       (#) collaborative partners by       (date). | Number of collaborative partners currently active (data report will list names, their roles and attendance at meetings)  |
| Hold       (#) meeting(s) with collaborative partners | Number of meetings held (data report will list names, their roles and attendance at meetings) |
| Maintain an active coalition by ensuring that       (%) of coalition members attend at least 75% of the meetings | Percent of coalition members who attend at least 75% percent of meetings; |
| Staff Training (Must Be Completed) |
| Hire and train       (#) staff in trauma informed care by       (date). | Number of staff hired and trained by the target date(list staff position, type of training and dates) |
| Provide additional staff training by       (date). | Number of staff trained by \_\_\_2017. (list staff position, type of training and dates) |
| Public Awareness (Must Be Completed) |
| Engage in       (#) public awareness activities.  | Number of public awareness activities |
| Reach       (#) persons through public awareness activities | Number of persons reached  |
|       (#) referrals received by our agency (from an external source) | Number of referrals received |
| Direct Services - Unduplicated (Must Be Completed) |
| **Objective** | **Performance Measure** |
| Reach       (#) of unduplicated persons through one or more direct service models | # Persons reached  |

If the applicant is proposing Street Intervention/Interruption-Active Outreach and Engagement, the following table must be completed by entering the proposed number served. The applicant must also add additional objectives and performance indicators outlined in the selected evidence-informed model.

|  |
| --- |
| Street Intervention/Interruption-Active Outreach and Engagement |
| **Objective** | **Performance Measure** |
| Reach       (#) persons through street intervention/interruption – active outreach and engagement | # Persons reached  |

If the applicant is proposing Counseling and Therapy, the following table must be completed by entering the proposed number served. The applicant must also add additional objectives and performance indicators outlined in the selected evidence-informed model.

|  |
| --- |
| Counseling and Therapy, *if applicable* |
| Provide counseling and therapy to       (#) persons  | # persons served |

If the applicant is proposing Case Management, the following table must be completed by entering the proposed number served. The applicant must also add additional objectives and performance indicators outlined in the selected evidence-informed model.

|  |
| --- |
| Case Management, *if applicable* |
| Provide case management to       (#) persons  | # persons served |

If the applicant is proposing Youth Development, the following table must be completed by entering the proposed number served. The applicant must also add additional objectives and performance indicators outlined in the selected evidence-informed model.

|  |
| --- |
| Youth Development, *if applicable* |
| Provide youth development to       (#) persons  | # persons served |