**PROGRAM NARRATIVE**

*(30 pages maximum)*

**Description of Need**

*Please indicate the geographic area the proposed program will serve.*

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*Please indicate how many homicides have occurred in the proposed service area over the five several years.*

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*Please describe the crisis response, case management and counseling services currently available to the survivors of homicide victims in the proposed service are, detailing the agencies providing these services and whether the services are tailored for survivors of homicide victims.*

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*How are survivors of homicide victims made aware of or connected to these services?*

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*Please describe any barriers to accessing services that the survivors of homicide victims currently encounter.*

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*Please provide demographic or other relevant information on these homicide victims and their surviving family members, indicating if a significant number of victims in any of the underserved groups listed below.*

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| *~~ Homeless* | *~~ Males* | *~~ Elderly* | *~~ Younger Persons* |
| *~~ People with disabilities* | *~~ People of color* | *~~ Second language learners* | |
| *~~ Victims with an undocumented immigration status* | | | |
| *~~ Lesbian, Gay, Bi-sexual, Transgendered and Questioning* | | | |

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## *Please describe any additional barriers to services underserved clients may experience and their need for specialized services*.

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## **Proposed Program Design**

*This NOFO seeks to support comprehensive services for the survivors of homicide victims, which include crisis response, case management and counseling services. The applicant agency may request funding to support all three components, or funding for one or two components that will complement existing services and supply the target community with these comprehensive services.*

*Please indicate which of these three components are proposed for this funding.*

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*Please describe the partners with which the proposed program will work, detailing any history of collaboration, and each partner’s role in your proposed program.*

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*Please describe the processes the proposed program will use to identify potential clients, indicating if this process is already in place or will need to be established.*

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*If the client identification process will need to be established, please describe how it will be built, detailing the partner agencies with which the program will need to work.*

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*Please describe how the program will address the service barriers described above.*

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*Please describe how the proposed program will be responsive to underserved clients.*

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*Describe how the program design will incorporate Trauma-Informed Care as outlined in the Notice of funding Opportunity.*

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*Crisis Response Services*

*Describe in detail how crisis response services will be provided, including staffing, hours the service will be available.*

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*Please describe program staff services that will provided to survivors at the crime scene, morgue, and/or hospital.*

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*Please describe how program staff will assist survivors with immediate needs for food, housing, and safety.*

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*Please describe how services will be provided to limited English-speaking survivors.*

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*Please describe how program staff will transition clients to case management services.*

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*Case Management Services*

*Describe the proposed case management services, detailing required staffing and the process used to transition clients from crisis response services.*

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*Please describe the client intake and assessment process, detailing the assessment tools that will be used, the development of individual care plan, and when follow-up assessments will be conducted.*

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*Please describe the personal and legal advocacy services that will be provided.*

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*Please describe transportation, child care, emergency financial assistance and relocation services that will be provided.*

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*Please describe how clients will be assisted with Victims Compensation applications.*

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*Please describe how program staff will connect clients to counseling services.*

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*Counseling Services*

*Describe the proposed counseling services, detailing the staffing required and the hours that services will be available.*

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*Please describe the specialized counseling services that will be provided for minor victims.*

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*Please describe how the applicant agency will assure that counseling services are trauma-informed.*

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*Staffing Plan*

*Please use the chart below to list all program staff to be funded with federal funds. Report full-time, part-time employees and employees only partially charged to the grant, as well as contractual staff. Add additional lines as necessary.*

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| **Position** | **# of positions** | **Total FTE** |
| *Ex*: Crisis Responder |  |  |
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| **TOTAL** |  |  |

*Please describe the roles and responsibilities of each of the staff members and consultants listed above, detailing the basic qualifications for each title.*

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*What training will be provided to these staff?*

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

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*How will the unique needs and challenges of underserved clients be addressed through these trainings?*

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*Please describe the steps that will be taken to build self-care and guard against vicarious trauma among direct service staff.*

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*Please describe the plan for program supervision and coordination with partner agencies.*

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*Goals, Objectives and Performance Measures*

*Please use the following table to set process and outcome objectives to measure program performance. Objectives should be ambitious yet realistic.*

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| **GOAL:** To mitigate the impact of trauma on the family members of homicide victims through the provision of age and culturally appropriate crisis response, supportive counseling, follow-up care, and comprehensive resources and referral services. | |
| **Process Objectives** | **Process Performance Measures** |
| Hired funded staff by month \_\_\_\_ of the period of performance. | Month funded staff hired. |
| Complete training of funded staff by month \_\_\_\_ of the period of performance. | Month staff training completed. |
| Complete specialized training addressing needs of underserved victims by month \_\_\_\_ of the period of performance. | Month specialized training addressing needs of underserved victims completed. |
| Crisis Response Services | |
| Respond to \_\_\_\_\_% of homicide notifications within \_\_\_\_ hours/days | * Number of homicide notifications * Number of homicide notifications responded to within hours/days |
| Provide crisis intervention services to \_\_\_\_% of victims’ families at crime scene or hospital | * Number of victim homicide victim families * Number of victim homicide victims’ families provided crisis intervention services at crime scene or hospital |
| Obtain service agreement signed by primary adult survivor family member for \_\_\_% of notifications | * Number of client families * Number of client families signing service agreements |
| Provide short-term financial assistance to \_\_\_\_\_ client families to provide for client safety and stability | * Number of client families receiving short-term financial assistance by type of assistance. |
| Provide short-term housing and relocation assistance to \_\_\_\_\_ client families to provide for client safety and stability | * Number of client families receiving short-term housing and relocation assistance by type of assistance |
| Complete practical needs and daily functioning assessments of \_\_\_% of client families. | * Number of clients completing practical needs and daily functioning assessments |
| Complete warm transfer to supportive services for \_\_\_% of client families | * Number of client families for whom a warm to transfer to supportive services is completed. |
| Case Management Services | |
| Create service plan for \_\_\_\_% of clients within 30 days of warm transfer to supportive services | * Number of clients for whom service plans are created within 30 days |
| Complete PTSD assessment for \_\_\_\_% of clients | * Number of clients for whom PTSD assessments are completed. |
| Provide \_\_\_ months of supportive case management services to \_\_\_\_ % of clients with service plan | * Percentage of clients receiving \_\_\_ months of supportive case management services; * Number of adults and minor children served; * Number of referrals by referral type. |
| Assist \_\_\_\_% of client with Victims Compensation Fund application | * Number of clients provided assistance completing application for Crime Victims Compensation |
| \_\_\_ clients will receive individual advocacy (e.g., assistance applying for public benefits). | * Number of clients provided individual advocacy * Number of times staff provided individual |
| \_\_\_\_\_ clients will receive assistance intervening with an employer, creditor, landlord, or academic institution. | * Number of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution. * Number of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution. |
| #\_\_\_\_ clients will receive child or dependent care assistance. | * Number of clients provided with child or dependent care assistance. * Number of times staff provided child or dependent care assistance. |
| #\_\_\_\_ clients will receive transportation assistance. | * Number of clients provided with transportation assistance. * Number of times staff provided transportation assistance. |
| #\_\_\_\_\_ clients will receive interpreter services. | * Number of clients provided with interpreter services. * Number of times staff provided interpreter services. |
| # \_\_\_\_\_ clients will receive emergency financial assistance. | * Number of clients provided with emergency financial assistance. |
| #\_\_\_\_\_ clients will receive relocation assistance. | * Number of clients provided with relocation assistance. |
| Complete daily functioning assessments at \_\_\_ months for \_\_\_\_% of clients | * Number of daily functioning assessments conducted at \_\_\_\_ months for clients |
| Document referral gaps and capacity limitations for 100% of client families | * Number of referral gaps and capacity limitations by referral type |
| Contact \_\_\_% of clients when cases move to court | * Number of cases moved to court * Number of client families contacted when cases move to court |
| Provide court accompaniment for \_\_\_ of client families contacted about court | * Number of clients accompanied to court. |
| Counseling Services | |
| \_\_\_\_\_ clients will receive group support. | * Number of clients provided with group support. * Number of group support sessions provided by staff or through contracted services. |
| \_\_\_\_\_ clients will receive substance use disorder counseling. | * Number of clients provided with substance use disorder counseling. * Number of substance use disorder counseling sessions provided by staff or through contracted services. |
| \_\_\_\_\_ client family adults will receive therapy. | * Number of adult and minor clients provided with therapy. * Number of therapy sessions provided by staff or through contracted services. |
| \_\_\_\_\_ of client family minors will be provided with therapy. | * Number client family minors provided with therapy. * Number of therapy sessions for minor victims provided by staff. |
| **Outcome Objectives** | **Outcome Performance Measures** |
| \_\_\_\_ % of clients who were working at the time of the homicide return to work within four weeks of the homicide. | * Number of clients who were working at the time of the homicide * Number of clients who were working at the time of the homicide who return to work within four weeks; * Number of clients who were working at the time of the homicide who return to work within six months of homicide. |
| \_\_\_ % of school age children in survivor families who return to school within four weeks of homicide | * Number of school age children in survivor families * Number of school age children in survivor families who return to school within four weeks of homicide; * Number of school age children in survivor families who return to school within six months of homicide |
| \_\_\_% of primary adult clients assessed at \_\_\_ months experience reduction in PTSD symptoms | * Number of adult clients assessed for PTSD symptoms at \_\_\_ months; * Number of adult clients assessed at for PTSD symptoms at \_\_\_ months who experience a reduction in PTSD symptoms |
| Primary adult clients assessed at \_\_\_ months experience an increase in daily functioning | * Number of adult clients assessed for daily functioning at \_\_\_ months; * Number of adult clients assessed for daily functioning at five months demonstrating an increase in daily functioning |

## **Agency Capacity and Management**

*Please describe history of providing services for victims of crime, detailing the number of years of services have been provided as well as the total number of clients served in the past 12 months. Include a description of services provided.*

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*If applicant does not have a history of providing services for survivors of homicide victims, please explain how the agency will build capacity to provide them.*

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*Please describe applicant history providing services to any underserved clients to the proposed program seeks to serve*

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*Total agency annual budget:*

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*Please describe the applicant agency’s fiscal experience and capacity to manage grants.*

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*Please describe how required performance data will be collected, reported, and used to inform ongoing service provision.*

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*Describe how the applicant agency will sustain the funded program at the end of the funding period.*

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*If the applicant agency proposes to enter into subawards for the provision of any of the program services, please describe why the agency will serve as a pass-through for other organizations which will carry out a portion of the grant program. Include information on special qualifications and areas of expertise.*

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*Please describe the applicant agency’s ability to comply with FFATA reporting and collection of certifications and financial and performance reports from subawardees.*

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*Please 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.*

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*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 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** |
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| Submit quarterly data report to the Authority |  | 15th of calendar quarters |
| Submit quarterly fiscal reports to the Authority |  | 15th of calendar  quarters |

*Grantee Contact*

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Address** |  |
| **City** |  |
| **Zip** |  |
| **Phone** |  |
| **TTY#** |  |
| **Fax#** |  |
| **Email address** |  |