**REQUEST FOR INFORMATION  
Narrative**

Please provide thorough and clear responses to the questions below. The submitted document should be single spaced.

Section page limits:

* Program Summary, Statement of the Problem; and Agency Capacity and Experience, maximum of 4 pages.
* Project Implementation, Deliverables, Milestones; and Goals, Objectives and Performance Measures, maximum of 5 pages for each program area selected.

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| Agency Name: |
| Agency DUNS number: |

**Program Summary**

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| 1. Provide a one- or two-paragraph summary of your agency. Include a brief description of the proposed target population, services that will be provided, and number of expected sub-grantees, participants anticipated to receive each service. |
| Response: |

**Statement of the Problem**

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| 1. Describe the geographic areas to be supported. Please list the county. If the proposed program will not serve the entire county, list the town(s)/cit(ies) or neighborhood(s) that will be served. If proposing to serve town(s)/cit(ies) or neighborhood(s), please also include zipcodes. |
| Response: |

**Agency Capacity and Experience**

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| 1. Describe your agency’s administrative and fiscal experience and capacity to implement the proposed program. |
| Response: |

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| 1. Describe your agency’s sub-grantee monitoring process, include both programmatic and fiscal monitoring activities. If your agency has written policies and procedures for grantee monitoring, please submit them as a separate document. |
| Response: |

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| 1. If the proposed program will require increasing your capacity, describe how this will be achieved. For example, additional staff positions, trainings, outreach strategies. |
| Response: |

**Project Implementation**Complete these questions for each proposed program area. Copy/paste responses, as needed.

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| 1. Check the proposed program area:   Housing  Supportive Services  Agency Support  Foodbank  Other |

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| 1. Describe the proposed program, all services to be provided and how your agency will use funds to prevent, prepare for and respond to COVID-19. If applicable, include eligibility criteria. |
| Response: |

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| 1. Describe your agency’s expertise in service provision for the selected program area. Include information on the network of direct service providers to be funded through this program. |
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| 1. Describe how the community(ies) will be made aware of the services. |
| Response: |

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| 1. List and describe all staff positions involved in the proposed project, both at the lead entity and sub-grantee level (if known). Include at minimum: name of position; roles and responsibilities; reporting and supervision structure. At the sub-grantee level, if the provider network agencies operate with a similar staffing structure, description of this overall structure is sufficient. |
| Response: |

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| 1. If you will be training staff, please describe the types of trainings that will be provided. If no training will be provided, please state that. |
| Response: |

**Deliverables or Milestones**

Complete these questions for each proposed program area. Copy/paste responses, as needed.

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. Include a target due date. Do not use personal names/identifiers. Add additional lines, as necessary.

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| **Task** | **Staff Position Responsible** | **Date Due** |
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| Submit quarterly data report and quarterly timekeeping certifications to the Authority |  | 15 days after the end of each quarter |
| Submit monthly financial status reports to the Authority |  | 15 days after the end of each month |
| Submit closeout financial status report, property inventory, and closeout data report to the Authority |  | June 30, 2021 |

**Goals, Objectives, and Performance Measures**

Complete these questions for each proposed program area. Copy/paste responses, as needed.

Grantees are required to submit quarterly progress reports that will minimally include quarterly status on the approved goals, objectives, and performance measures. The respondent must provide **at least one goal with related objectives and performance measures for each proposed program area.** Please provide as much information as possible; ICJIA staff will help you finalize these objectives. Feel free to include additional measures.

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| Goal: To provide relief to individuals, families and communities impacted by COVID-19 | |
| **Objectives** | **Performance Measures** |
| *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.*  ***All applicants must enter ambitious yet realistic numbers for each objective.*** | # of \_\_\_\_ services provided |
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In addition, selected respondents will be required to comply with U.S. Bureau of Justice Assistance performance metric requirements. ICJIA will notify respondents once these metrics become available.