Instructions: Program Narrative may not exceed 20 pages, single spaced, with 1-inch margins. It must be written in Times New Roman, size 12 font. Do not delete template questions in your response and do not change the formatting of this document. Answer all questions, including those for which no point values have been assigned. Questions that require a narrative response should be answered in the box that says “Response” underneath the question.

**Application Region – Select One. This is REQUIRED for application review.**

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| 1. What region will your program serve? Refer to the [map of R3 zones](https://r3.illinois.gov/eligibility) to find the region and select ONE. **Only one application per region may be submitted.** Separate applications must be submitted for each region served by your proposed program. Funding amounts are based on the population that lives in R3 zones within each region.   *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.*   |  |  | | --- | --- | | Central  Minimum: $25,000 – Maximum: $728,093 | Northeast Central  Min: $25,000 – Max: $312,885 | | Collar  Min: $25,000 – Max: $1,374,297 | Northern  Min: $25,000 – Max: $717,818 | | Cook– Chicago Northern  Min: $25,000 – Max: $809,000 | Northwest  Min: $20,000 – Max: $245,577 | | Cook– Chicago Southern  Min: $25,000 – Max: $4,009,466 | Northwest Central  Min: $25,000 – Max: $858,668 | | Cook– Chicago Western  Min: $25,000 – Max: $1,852,442 | South Central  Min: $25,000 – Max: $830,620 | | Cook– Suburban  Min: $25,000 – Max: $2,166,010 | Southern  Min: $20,000 – Max: $270,124 |  * **Please indicate the amount you are requesting for this program. This amount should be within the range allowable, as shown by your selected region): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**   **Your program and budget narratives should describe the need for this funding amount.** |

**Local Preference (13 points)**

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| 1. Select ONE box to indicate whether your organization is within an R3 zone. Please refer to this [map of R3 zones](https://r3.illinois.gov/eligibility) and base your answer on your organization’s main address. (7 points)   *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.*  My organization **IS** located within an R3 zone.   List organization’s address, including ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  My organization **IS NOT** located within an R3 zone. |
| 1. **Please answer ONLY one of the following questions:**   **Answer 3(a) if you are applying as a collaborative group of organizations. Answer 3(b) if you are applying as a single organization.**  **(Question #3 is worth 6 points.)** |
| 3(a). If you are applying for funding **as a collaborative group of organizations**:   * How many organizations are included in your collaborative? \_\_\_\_\_\_\_\_\_\_\_ * How many of the organizations in your collaborative are located within an R3 zone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Identify and provide the addresses for organizations that are located within an R3 zone in the table below. Please add rows, if necessary, to fit all organizations into the list. Please refer to the [map of R3 zones](https://r3.illinois.gov/eligibility) to confirm the addresses are within an R3 zone. * A total of 6 points will be awarded if at least 50% of the collaborative members listed are located within an R3 zone.   *Note: To find the 4-digit R3 Zone IDs of eligible, shaded zones, click the color-coded areas of the map or use the search bar at the top right to find an address. Then, zoom out using the “+” button on the upper left side of the map. Using your mouse, hover over the zone covering your address and the R3 Zone ID will appear.*   |  |  |  |  | | --- | --- | --- | --- | | **Organization Name** | **Organization Address (including ZIP)** | **Located in R3 Zone?** | **R3 Zone ID (if previous box is “Y”)** | |  |  | Y:  N: |  | |  |  | Y:  N: |  | |  |  | Y:  N: |  | |  |  | Y:  N: |  | |  |  | Y:  N: |  | |
| 3(b). If you are applying for funding as **a single organization**: Select the box that best describes where the organization’s employees reside. Please refer to the [map of R3 zones](https://r3.illinois.gov/eligibility) to answer this question. *Note: To click on the box, hover your mouse over the box. Click once on the left button and you should see the box change from being blank to having an “X” inside.*  At least 50% of the employees of my organization reside within the R3 zone(s) to be served by the proposed assessment and planning process. Please complete and submit the attached “Certification of Employee Local Residence” form along with this Program Narrative as part of your application.  Fewer than 50% of the employees of my organization reside within the R3 zone(s) to be served by the proposed assessment and planning process. |

**Geographic Area (7 points)**

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| 1. Only organizations proposing to provide services for designated R3 zones are eligible for this funding. Please identify the zone(s) that will be covered by this proposed program of service delivery by listing the 4-digit “R3 Zone IDs” from this [map of R3 zones](https://r3.illinois.gov/eligibility). What counties, neighborhoods, or other geographic units are included in the covered area? (7 points will automatically be added to your score if your service area is considered “high-need.” The same data that identified the R3 zones was also used to determine which of the R3 zones are most heavily impacted by R3 issues of concern. These areas are described as “high need” in the pop-up boxes that can be found by hovering over any zone on the map of R3 zones with your mouse.)   *Note: To find the 4-digit R3 Zone IDs of eligible, shaded zones, click the color-coded areas of the map or use the search bar at the top right to find an address. Then, zoom out using the “+” button on the upper left side of the map. Using your mouse, hover over the zone covering your address and the R3 Zone ID will appear.* |
| Response: |

**Statement of Need (25 points)**

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| 1. What issues are currently being faced by community members in the R3 zone(s) to be served by this project? Describe how health, safety, and/or economic wellbeing are currently threatened. (15 points) |
| Response: |

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| 1. How did you come to know about the issues the R3 zones are currently facing? Explain in detail any assessment, planning, community meeting, data gathering and analysis, or other processes that led you to recognize these issues. (10 points) |
| Response: |

**Program Design (40 points)**

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| 1. Describe the proposed program and how the program activities address the issues identified in the “Statement of Need” above. Please identify the population to be served, the services to be provided, and the primary goals of the program. Describe how the program’s services will work together to achieve its goals. (10 points) |
| Response: |

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| 1. Describe how the proposed activities in the R3 service zone(s) match with one or more R3 Program Priorities. You may refer to the R3 Program Priorities Guide (Appendix A of the NOFO) to help make connections between your proposed activities and the R3 Program Priorities. (5 points) |
| Response: |

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| 1. Explain how and where your proposed program fits in relation to other programs in the service area that address similar issues. In what ways is it similar or unique? (5 points) |
| Response: |

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| 1. Explain how your program design embraces solutions that value the knowledge and perspectives of local community stakeholders. If this is an application on behalf of a collaborative of organizations, make sure to include information on each member of the collaborative, including each member’s role and responsibilities in relation to the overall program. Aside from the partners discussed above, identify any existing or potential local partners. Explain why these partners were chosen and what each partner’s role in the project is or will be. (10 points) |
| Response: |

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| 1. Describe how your organization (or collaborative of organizations) and the proposed program both reflect and promote the value of restorative justice. (10 points) |
| Response: |

**Program Staffing (5 points)**

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| 1. List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; required experience and/or qualifications; reporting and supervision structure. (2 points) |
| Response: |

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| 1. Describe how staff positions assigned to the proposed program will draw from local knowledge and experience to deliver appropriate services to the community. (3 points) |
| Response: |

**Applicant Capacity and Experience (5 points)**

*Note: Questions #14 and #15 are not scored as part of the merit-based review of your application. No points will be given based on an applicant’s current budget or experience in managing grants, and there will be no penalty for organizations that may be new to this work. These questions are asked only to help ICJIA determine the level of technical assistance that may be needed in the event your program is selected for funding.*

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| 1. State your organization’s current annual operating budget. (0 points) |
| Response: $ |

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| 1. Describe your organization’s experience managing grants. (0 points) |
| Response: |

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| 1. Describe your organization’s history of providing services in this community. If this is an application on behalf of a collaborative of organizations, please identify the experiences of collaborative members. (5 points) |
| Response: |

**Budget Detail and Narrative (5 points)**

Please complete a budget for your proposed program in the provided Excel template, and submit the budget as a part of the application packet.

**Goals, Objectives and Performance Measures**

Funded programs will be required to submit quarterly progress reports to ICJIA. These reports will minimally include the following information based on the proposed program objectives.

Please list your proposed process and outcome objectives and the performance measures that will be used to meet each one

**Process objectives** are milestones within the project that help you keep track of your progress. Examples include number of community meetings to be held, number of attendees anticipated at public meetings, number of site visits that will be made to community organizations, etc.

**Outcome objectives** are results that your program seeks to create that support your overall goal. Examples include successful completion of resource mapping, acceptance of data analysis regarding service gaps, final community plan approved by community representatives, etc.

**Performance measures** are actual discrete, clear, and quantifiable measures that your program will set in the application to determine whether you are meeting your goals. Examples may include “100 clients provided with youth development services,” “80% of workforce development clients gained employment,” etc.

Applicants must fill out each section of the table. Applicants are not required to fill in all rows of each section. Additional rows may be added, if needed.

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| **Overall Goal of your Program:** | |
| **Process Objectives** | **Performance Measures** |
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| **Outcome Objectives** | **Performance Measures** |
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**Implementation Schedule**

Complete the table below, defining each task 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 and quarterly timekeeping certifications to ICJIA |  | October 15, 2020; January 15, 2021; April 15, 2021; and July 15, 2021 |
| Submit monthly financial status reports to ICJIA |  | 15th of month after the end of the reporting month |
| Submit closeout financial status report, property inventory, and closeout data report to ICJIA |  | July 30, 2021 |

**Applicant Contact Information:** Please complete this table.

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