**Applicant Organization Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROPOSAL CHECKLIST**

Please use the checklists below to indicate submission of each of the required materials by placing a “√” or “X” in the Applicant column below. This checklist is to be signed by the agency’s authorized official and must be submitted with the RFP.

|  |  |  |
| --- | --- | --- |
| **Applicant** | **Required Materials** | **ICJIA** |
|  | **One email with the following Attachments:** |  |
|  | **Completed Cover Page (Word)** |  |
|  | **Proposal Narrative (Word or PDF) labeled as Exhibit A** |  |
|  | **Completed proposal budget (Excel – 3 tabs) labeled as Exhibit B** |  |
|  | **Completed Proposal Checklist (Word or PDF)** |  |

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| **Applicant** | **Additional Required Materials for Not-For-Profit Agencies** | **ICJIA** |
|  | Letter of determination (or affirmation) of that status from the United State Internal Revenue Service that is dated 2009 or later |  |
|  | Certificate of Good Standing from the Illinois Secretary of State (dated no later than one year prior to the application submission deadline |  |
|  | Not for profit organizations that are not schools must provide a letter of support from each school that will be a part of this project |  |

***I, the undersigned, acknowledge by the submission of this proposal and my signature here that failure to accept any of the grant obligations may result in the cancellation of awards resulting from the selection.***

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*Signature of Authorized Official of Applicant Date*

COVER PAGE

|  |  |
| --- | --- |
| **PROGRAM TITLE:** | Bullying Prevention |
| **AGREEMENT NUMBER** (to be filled out by ICJIA) |  |
| **PREVIOUS AGREEMENT NUMBER(S):** | N/A |
| **ESTIMATED START DATE:** | November 1, 2013 |
| **SOURCES OF PROGRAM FUNDING:** |  |
| *State Funds:* | $ |
| *Matching Funds:* | $ |
| **Total:** | **$** |
|  |  |
| **IMPLEMENTING AGENCY’S NAME:** |  |
| **ADDRESS (This address must be the physical address that is registered with SAM and include nine digit zip code):** |  |
| **IMPLEMENTING AGENCY’S AUTHORIZED OFFICIAL:** |  |
| **TITLE:** |  |
| **FEDERAL EMPLOYER IDENTIFICATION NUMBER:** |  |
| **IMPLEMENTING AGENCY’S DUNS NUMBER:** |  |
| **IMPLEMENTING AGENCY’S SAM Registration Expiration Date:** |  |
| **IMPLEMENTING AGENCY’S CAGE CODE:** |  |
|  |  |
| **IMPLEMENTING AGENCY’S FINANCIAL OFFICER:** |  |
| **TITLE:** |  |
| **TELEPHONE:** |  |
|  |  |
| **FISCAL CONTACT PERSON:** |  |
| **AGENCY:** |  |
| **TITLE:** |  |
| **TELEPHONE:** |  |
| **FAX:** |  |
| **E-MAIL:** |  |
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| **PROGRAM CONTACT PERSON:** |  |
| **TITLE:** |  |
| **TELEPHONE:** |  |
| **FAX:** |  |
| **E-MAIL:** |  |
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| **Implementing AGENCY’S Legislative DISTRICT (This must be based on the nine digit zip code registered with SAM. The district can be located by using this** [**link**](http://gis.elections.il.gov/map_viewer_update/default.aspx)**.):** | Congressional District:  State Senate District:  State Representative District: |
| **Primary area of performance (This should be either the Program Agency’s office or the location where a majority of the grant activity takes place. A street address does not need to be provided, but please list city, state and nine digit zip code.:** |  |
| **Primary area of performance’s Legislative District (This must be based on the nine digit zip code listed above. The district can be located by using this** [**link**](http://gis.elections.il.gov/map_viewer_update/default.aspx)**.):** | Congressional District:  State Senate District:  State Representative District: |
| **Question 1) Are more than 80% of the Program Agency’s revenue from the federal government?:** |  |
| **Question 2) Are the Program Agency’s federal revenue more than $25,000,000?:** |  |
| **Question 3) Are the Program Agency’s top five compensated officers’ compensation not available through the Securities and Exchange Commission or the Internal Revenue Service?:** |  |
| **If the answer to all of the three above questions is yes, then please list the five highest compensated officers and their compensation.** |  |
| **Name** | **COMPENSATION** |
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**PROPOSAL**

**Geographic Location (0 Points)**

Please state the Region of the State you are located in. See Attachment A for map (0 Points)

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**Geographic Description (10 Points)**

Please describe the geographic location of your proposed program. Include the region, county(ies) and municipality(ies) and school district(s) where this program will be implemented. State which school(s) where the Bullying Prevention program will be implemented. Provide information on the racial/ethnic and nationality and socioeconomic composition of your community’s population. Indicate the source of your data (It is recommended to use U.S Census Bureau data, which can be found at [www.census.gov](http://www.census.gov/) ).

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**Statement of Problem (20 points)**

Please describe the problem your proposed program will address. Supply data or other information that demonstrates the need for a bullying prevention program in your target area. This data may include number of incidents, referrals, victim needs, services provided, etc. Include the school (s) 2011 Youth Risk Behavior Survey data and the 2012 Illinois Youth Survey data if possible. (Schools that participate in these surveys have been sent their data reports.)You must provide citations for all data provided. Also include any program or policies that may impact the problem. If your agency has indicated past experience with providing bullying prevention programming, include a statement regarding current efforts to address the problem, and an explanation for why these efforts aren’t sufficient to adequately reduce or eliminate the problem.

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**Agency Capacity/Experience (20 points)**

Please tell us about your school/school district or agency/organization. If a community-based agency/organization , also provide your mission and scope of current program activity. (5 points)

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Describe in detail, your school or agency/organization’s experience with and capacity to plan for and subsequently provide bullying prevention programming. If your agency is a community-based, you must also specify your experience providing bullying prevention awareness and/or programming in schools. (10 points)

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If the applicant is not a school/school district, identify the school(s) where the bullying prevention programs will take place. Indicate whether your organization has a history of working with the proposed school(s) or whether you are planning to engage these schools as new partners for the purpose of this initiative. If this will be a new partnership, your response should include your organization’s plan to create and sustain a strong partnership. (5 points)

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**Planning Period Program Implementation (15 points)**

Describe the school’s plans to form a bullying prevention committee with the associated time frames. List all recommended participant roles (no names please, use position titles) and outline planned activities. Please note minimum activities include:

* Assessing bullying in your school(s) by January 15, 2014
* Selecting the bullying prevention program by February 15, 2014
* Training all staff on the program by June 30, 2014
* Planning for fall launch of school-wide bullying prevention program (continguent of FY 15 funding appropriation and approval of continuation grant) through renewal application (due date to be determined) and final close out data report (due July 30, 2014) (6 points)

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If such a committee already exists, please describe how long the committee has been in place and summarize accomplishments. (3 points)

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Indicate your school/school district or agency/organization’s commitment to addressing the full spectrum of bullying as it affects all people, motivated by actual or perceived race, religion, sexual orientation, ability, and other characteristics as specified in the Prevent School Violence Act (105 ILCS 5/27-23.7). Indicate your school or organization’s willingness to receive training and technical assistance in this area as required by the grantor. (6 points)

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**Staffing and Management Plan (10 points)**

Describe your school or organization’s plan for managing the school-wide bullying prevention planning grant, including a staffing plan and major functions of the staff position(s) responsible as it relates to this grant. Indicate what position will supervise the staff implementing the program. Please only include job titles and do not include individual names.

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**Planning Period Implementation Schedule (15 points)**

The implementation schedule should be used as a planning tool for the project and should reflect a realistic projection of how the program will proceed and should describe in outline form, the funded activities which will be undertaken to accomplish each objective, who will be responsible for each activity (position title, no indivudal names) and the expected completion date of each activity.

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| **Activity** | **Month Begun** | **Month Completed** | **Position Responsible** | **If ongoing, how often** |
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**PROCESS GOALS AND OBJECTIVES (5 Points)**

The proposed goals and objectives offer some relief of the problem(s) defined. Goals are general statements of what the project hopes to accomplish. Objectives are the specific, measurable, and realistic changes intended to bring about. Performance indicators gauge the performance of the program and which will be used as a basis for the quarterly performance reports. Goals and objectives should only include this Bullying Prevention grant, as well as any activities that are described in the implementation plan and funded through local match dollars identified in your budget.

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| Goal 1 **Mandatory:** Assess the extent of bullying that occurs in school(s) | |
| Obj. 1 Complete Olweus questionaire survey for 95% of school/school district student population | PI 1: Percentage (%) of completed questionaires |
| Obj. 2 Review questionaire reports | PI 1: Submit questionnaire reports with Bullying Prevention committee comments by January 15, 2014 |

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| Goal 2 **Mandatory:** Form a Bullying Prevention (BP) committee to plan for bullying prevention implementation | |
| Obj. 1 BP Committee with at minimum required representation will meet at least 4 times a year | PI 1: Number of BP committee meetings held |
| Obj. 2 BP Committee will select bullying prevention program by February 15, 2014 | PI 1: Report selected program to ICJIA by February 28, 2014 |

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| Goal 3 **Mandatory:** Train all staff on selected bullying prevention program. | |
| Obj. 1 Hold all staff training(s) on selected bullying prevention program. | PI 1: Number of staff attending trainings held |
| Obj. 2 Ensure lead staff have additional training on bullying prevention | PI 1: Attendance at additional bullying prevention training |

**\* Please note that outcome goals will be developed for Implementation Years 2 and 3.**

**Proposed Budget/Budget Narrative**. (5 points for Budget; 5 Points for Narrative)

A budget and budget narrative [form attached - Exhibit B] need to be submitted. Make sure that each budget category is totaled correctly and that the total line for each budget category reflects both a federal/state amount and a matching total if you plan to show match. Match funds are not required for this application. If no costs are anticipated in a section of the budget itemization, write "not applicable" in that section. The Budget Narrative provides the justification and information necessary to 1) determine the manner in which the budget detail was computed, and 2) the relationship between major budget components and the achievement of the project goals.

**Budget Requirements**

The following items/costs must be considered:

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| **Olweus** | **Cost** | **Detail** |
| School-wide Guide | $ 90 | One per school |
| Olweus Questionnaire | $ 1 each | One questionnaire for each student to be completed before January 15, 2014. Can be completed on paper or on-line. |
| Bullying Prevention Assessment Report | $ 200 | One per school |
| Olweus Certified Trainer | $ 5,200 | This amount includes a possible $4,200 to attend the Trainer the Trainer plus $1,000 for costs associated with travel, hotel, etc. If the grantee receives this training for free, these funds will not be needed. |
| Travel | $ 1,000 | In-state travel, hotel, etc costs for one grantee training to be held in a central location in Illinois |
| Parent Incentives | $ 50 | Incentives for parent participation on committee |
| Teacher Guide | $ 60 | One per three teachers |
| Staffing | Variable | Minimum of 20% of one staff person’s time to manage grant deliverables. Justification in budget narrative must clearly state that no supplanting will occur. |

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| **Second Step/Steps to Respect** | **Cost** | **Detail** |
| Steps to Respect Complete School-wide Program | $ 860 | Includes grades 3-5 only |
| Second Step School-wide Program | $ 360 | Includes grades K-5 |
| Olweus Questionnaire | $1 each | Second Step/Steps to Respect uses Olweus Questionnaire. One questionnaire for each student, school personnel, parents to be completed before January 15, 2014. Can be completed on paper or on-line. |
| Bullying Prevention Assessment Report | $ 200 | One per school |
| Travel | $ 1,000 | In-state travel, hotel, etc costs for one grantee training to be held in a central location in Illinois |
| Parent Incentives | $ 50 | Incentives for parent participation on committee |
| Staffing | Variable | Minimum of 20% of one staff person’s time to manage grant deliverables. Justification in budget narrative must clearly state that no supplanting will occur. |

N**ote**: ICJIA understands that applicants will be submitting documents before selecting a Bullying Prevention program. If a grantee’s budget reflects the more expesnive program, ICJIA will determine how costs will be reallocated.

**Attachment A: Illinois Map**

