

The Criminal Justice Information Authority (ICJIA) is pleased to announce that it is seeking new applications for funding under the S\*T\*O\*P Violence Against Women Act Grant Program

**S\*T\*O\*P Violence Against Women Act Multi-Disciplinary Team Response Programs**

**2015 Request for Applications**

**RFA # 001 ICJIA-Fund-year-15**

***Eligibility***

*Only 501(c)(3) not-for-profit organizations and units of government may apply. Proposals for multidisciplinary coordinated programs shall list all partner agencies, but funding is limited to prosecution, law enforcement, probation, and victim services agencies.*

***Deadline***

*Applications are due at 4:59 P.M. on August 31, 2015*

***Award Period***

*January 1, 2016 – December 31, 2016*

*With the option to renew for up to two additional years*

***Contact Information***

*For assistance with the requirements of this solicitation, contact:*

*Ronnie Reichgelt at 312-793-8550 or Ronnie.reichgelt@illinois.gov*

***Release Date***

*July 31, 2015*

*[left click on table of contents section to go directly to information.)*

**APPLICATION**

**TABLE OF CONTENTS**

***Application Form***

[Appendix a 3](#_top)

[I. PROPOSAL CHECKLIST 3](#_Toc419887953)

[Appendix B](#_Toc419887952) 5

[PART I. DESCRIPTION OF PARTNERSHIP 7](#_Toc419887953)

[PART II. DESCRIPTION OF JURISDICTION 7](#_Toc419887953)

[PART III: STATEMENT OF PROBLEM 7](#_Toc419887954)

[PART V: PROGRAM STRATEGY 12](#_Toc419887955)

[PART VI: Logic Model 13](#_Toc419887956)

[ATTACHMENT 1 - APPLICANT QUESTIONS 15](#_Toc419887957)

[ATTACHMENT 2 - Definitions 17](#_Toc419887958)

[ATTACHMENT 3 – gENERAL cERTIFICATION OF aBILITY AND COMPLIANCE 19](#_Toc419887959)

[ATTACHMENT 4 – ILLINOIS REGIONS 20](#_Toc419887965)

**APPENDIX A**

**APPLICATION FORM**

**PROPOSAL CHECKLIST**

Please use the checklists below to indicate submission of each of the required documents by placing a √ in the Applicant column below. This checklist is to be signed by the agency authorized official and submitted with the RFA.

**Implementing Agencies**

|  |  |  |
| --- | --- | --- |
| **Applicant** | **Required materials** | **ICJIA** |
|  | Completed proposal narrative file |  |
|  | Completed proposal budget |  |
|  | Certification of State of Illinois Drug Free Workplace Act and Federal Lobbying/Debarment Certification |  |
|  | Federal Civil Rights Certification |  |
|  | Federal EEOP Certification |  |
|  | DUNS number (listed on grey cover page) |  |
|  | SAM registration expiration date (listed on grey cover page) |  |

**Program Agencies**

|  |  |  |
| --- | --- | --- |
| **Applicant** | **Required materials** | **ICJIA** |
|  | Federal Civil Rights Certification |  |
|  | Federal EEOP Certification |  |
|  | DUNS number (listed on grey cover page) |  |
|  | SAM registration expiration date (listed on grey cover page) |  |
|  | General Certification of Ability and Compliance |  |

**Additional requirements for Not-for-Profit Agencies**

|  |  |  |
| --- | --- | --- |
| **Applicant** | **Required materials** | **ICJIA** |
|  | Letter of determination of that status from the United State Internal Revenue |  |
|  | Certificate of Good Standing from the Illinois Secretary of State |  |

***By checking the box, I acknowledge the submission of this proposal and that failure to accept any of the grant obligations may result in the cancellation of awards resulting from the selection***

|  |  |  |
| --- | --- | --- |
| **Scoring Criteria** | **Possible Points** | **Points Awarded** |
| **Summary of the Program:** provides a clear, concise summary of the proposal. States problems or needs, objectives and outcomes to be gained. | 20 |  |
| **Statement of the Problem:** clearly established need and explains the problem. Includes relevant facts, statistics, or other measures of the problem/need. Clearly describes and uses date specific to the target population affected. | 15 |  |
| **Goals/Objectives/Performance Indicators:** Performance measures are realistic and aimed at reaching the stated goals. | 15 |  |
| **Program Strategies:** Clearly describes how project success will be measured; includes who, how and when data will be collected. | 20 |  |
| **Logic Model:** Clearly describes responsible party, timeline, how each objective will be accomplished and resources needed. | 10 |  |
| **Adequacy of Cost Estimates** |  |  |
| **Budget:** Is complete, allowable and cost-effective in relations to the proposed activities. | 10 |  |
| **Budget Narrative:** clearly details how the applicant arrived at and calculated the budget amounts, including match if applicable. | 10 |  |
| **Total Score (out of possible 100)** |  |  |

Appendix B

**PART I: DESCRIPTION OF PARTNERSHIP**

**Program Funded Staff**

Report the total number of full-time equivalent (FTE) **staff funded by this program** during the proposed grant period. Report staff by the function(s) performed, not by title or location. Include employees who are part-time and/or only partially funded with these funds as well as consultants/contractors. Include employees who are funded with any required grant match. **All activities provided by any position indicated below must be fully explained in both the logic model, which is part of this document, as well as the Budget Narrative.**

FTE is calculated by the number of total hours funded in a week divided by the average work week for your organization. Please provide a description of your Multi-disciplinary Team (MDT), include a detailed.

**Partnership Elements**

|  |  |  |
| --- | --- | --- |
| STAFF | # of positions | Total FTE |
| Administrator (fiscal manager, executive director) |  |  |
| Attorney (**does not include prosecutor**) |  |  |
| Counselor |  |  |
| Court personnel |  |  |
| Information technology staff |  |  |
| Investigator (prosecution-based) |  |  |
| Law enforcement officer |  |  |
| Legal advocate (**does not include attorney or paralegal**) |  |  |
| Paralegal |  |  |
| Probation officer/offender monitor |  |  |
| Program coordinator (mandatory) |  |  |
| Prosecutor |  |  |
| Sexual assault nurse examiner/sexual assault forensic examiner (SAFE/SANE) |  |  |
| Support staff (administrative assistant, bookkeeper, accountant) |  |  |
| Trainer |  |  |
| Translator/interpreter |  |  |
| Victim advocate (**non-governmental**, includes domestic violence, sexual assault, and dual) |  |  |
| Victim assistant (**governmental,** includes victim-witness specialist/coordinator) |  |  |
| Other (specify): |  |  |
| TOTAL |  |  |

**Partnership Elements**

Please provide a description of your Multi-disciplinary Team (MDT), include a detailed description of all activities for each staff position listed above.

If these funds will be used for the expansion of an already implemented Multidisciplinary Team program please explain how the activities listed here will supplement (not supplant) the current program activities.

*Supplanting*

*Federal funds must be used to supplement existing funds for program activities and must not replace those funds that have been appropriated for the same purpose. Supplanting will be the subject of application review, as well as preaward review, postaward monitoring, and audit. If there is a potential presence of supplanting, the applicant or grantee will be required to supply documentation demonstrating that the reduction in non-Federal resources occurred for reasons other than the receipt or expected receipt of Federal funds. For certain programs, a written certification may be requested by the awarding agency or recipient agency stating that Federal funds will not be used to supplant State or local funds.*

*See the OJP Financial Guide (Part II, Chapter 3). Additional information appears on the “OJP Recovery Act Additional Requirements” webpage at:*

<http://ojp.gov/financialguide/PDFs/OCFO_2014Financial_Guide.pdf>

**Please include a copy of all individual partner agency protocols pertinent to this crime type with your application.**

**MDT Community Collaboration**

Identify all funded and unfunded agencies participating in the implementation of the project or whose cooperation or support is necessary to its success. Letters of participation/support representing unfunded partners are encouraged, but not required, with each application. Letters submitted should be specific to your application, describing deliberate interagency coordination, and the nature of the project commitment. In particular, letters of support should be included from agencies that will collaborate with the MDT by providing training to develop the course content and materials, especially where particular culturally specific or linguistically isolated populations are targeted.

**Attach all letters of support to the grant application. Letters submitted separately from the application will not be accepted.**

### 

### PART II. DESCRIPTION OF JURISDICTION

Provide a short description of the jurisdiction this project serves, including information on region, population served, and any special characteristic or issues. Please include demographic information pertaining to the population in your jurisdiction. [Populations in Illinois Counties](http://www.icjia.org/public/sac/index.cfm?metasection=forms&metapage=rawMetadata&k=300)

### PART III: STATEMENT OF PROBLEM

Indicate the problem as it exists in the geographic area listed above. Data information can be obtained through the [Illinois Criminal Justice Information Authority Statistical Analysis Cente](http://www.icjia.org/public/sac/index.cfm?metasection=forms&metapage=raw)r, or through the Illinois State Police “[Crime in Illinois](http://www.isp.state.il.us/crime/cii2009.cfm)” The problem description should be stated in terms of the needs of your community and clients. Document the source and date of all cited data.

**Underserved Populations**

As part of this program your team will be expected to provide a meaningful response to the needs of underserved populations through linguistically isolated and culturally specific services and activities. The applicant must demonstrate that it has the expertise in providing culturally relevant and linguistically accessible community-based outreach and intervention service or have the capacity to link to existing services in the community tailored to the needs of the population. Applicant must have an advisory board or steering committee and staffing which is reflective of the demographics of the community. You are expected to provide services to a minimum of one linguistically isolated or culturally specific population as part of this VAWA funded program. Check all that apply.

|  |  |
| --- | --- |
| American Indian | Lesbian, gay, bisexual, transgender |
| Asian | People with disabilities |
| Black or African American | Limited English proficiency |
| Hispanic or Latino | Other Vulnerable Populations (specify) |
|  |  |

Describe the proposed efforts your program will make in serving the needs of underserved populations identified above and the provision of linguistically and culturally specific services and activities.

**Mandatory Self Evaluation**

As a recipient of Federal Violence Against Women Act funds it is mandatory that you develop and implement a yearly self-evaluation of your grant funded program. Federal grant funds cannot pay for any part of the evaluation, but can be used for victim surveys and per and post testing for training. Describe the evaluation your program will use and include all activities used.

PART IV: GOALS AND OBJECTIVES

**GOAL**: To develop and implement, or expand, a program that provides specialized criminal justice and victim service personnel in the areas of domestic violence, dating violence, sexual assault, and stalking through a Multidisciplinary Team (MDT) Response so that victim services can be provided in a coordinated fashion and hold offenders accountable.

The following are objectives linked to performance toward the goal. Complete the blank for each objective. You will be required to submit quarterly data reports using the Performance Measures to gather the quantifiable information on the activities of your MDT.

|  |  |
| --- | --- |
| **Multidisciplinary Teams (MDT)**  Representatives of several agencies meet to discuss common cases and share information to enhance investigation, prosecution, and victim restoration. Cases are followed through in this manner to closure. | |
| Objective | Performance Measure |
| Hold       multidisciplinary case review team meetings per month. (minimum 1 per month) | Number of multidisciplinary meetings |
| Conduct a minimum of       case reviews per month. | Number of case reviews by the MDT |
| Interview       % of victims in all active cases to gain additional information. | Number of active cases  Number of victims interviewed for case information |
| Other (specify) |  |
| Other (specify) |  |

|  |  |
| --- | --- |
| **Interagency Case Coordination or Networking**  Maintain liaison with various community entities through: monthly or quarterly networking meetings; membership on task forces and advisory boards; face-to-face meeting with agency heads; coordination with other local agencies service victims; and emergency response team participation. | |
| Objective | Performance Measure |
| Attend a minimum of       Family Violence Coordinating Council meetings per quarter | Number of Family Violence Coordinating Council meetings attended and number that were held |
| Initiate a minimum of       networking contacts per month | Number of networking contacts initiated |
| Other (specify) |  |
| Other (specify) |  |

|  |  |
| --- | --- |
| **Protocol Development & Implementation**  Develop protocols in collaboration with law enforcement, prosecution, domestic violence experts and community-based law enforcement organizations serving DV & SA victims as to how law enforcement, social service agencies and prosecutors cooperate in their response to incidents of domestic violence. | |
| Objective | Performance Measure |
| Will develop and/or revise protocols and implement to ensure consistency | Number of protocols developed and/or revised |
| Other (specify): |  |

|  |  |
| --- | --- |
| **Training**  Specialized and/or cross training of law enforcement officers, probation officers, and prosecutors to more effectively identify and respond to violent crimes against women, including the crimes of sexual assault, domestic violence, stalking, and dating violence. | |
| Objective | Performance Measure |
| Provide       trainings during grant period | Number of trainings held |
| Will provide       of trainings to first responders | Number of first responders trained |
| Will provide       of trainings to probation | Number of probation officers trained |
| Will provide       of trainings to prosecutors | Number of prosecutors trained |
| Will work with community advocacy agencies to encourage cross training where culturally specific or linguistically isolated populations are targeted by training       advocates | Number of advocates trained |
| Other (specify): |  |
| Other (specify): |  |

|  |  |
| --- | --- |
| **General Victim Services**  Victim Service personnel proactively enforce and promote the rights of victims and survivors, work to increase the variety and volume of services available to  victims and their families, and provide support and information at every stage of the criminal process. | |
| Objective | Performance Measure |
| Will serve       % of victims requesting services per quarter | Number of victims served  Number of victims partially served  Number of victims not served |
| Will respond to 100% of requests for Civil Legal Advocacy services per quarter. | Number of Civil Legal Advocacy services requested and responded to |
| Will respond to 100% of requests for Counseling Services/Support Group services per quarter. | Number of Counseling services/Support Group services requested and responded to |
| Will respond to 100% of requests for criminal justice advocacy services per quarter. | Number of criminal justice advocacy services requested and responded to |
| Will respond to 100% of requests for crisis intervention services per quarter. | Number of crisis intervention services requested and responded to |
| Will respond to 100% of requests for victim/survivor advocacy services per quarter. | Number of victim/survivor advocacy services requested and responded to |
| Will assist in the filing of 100% of requests for Civil Orders of Protection (OP) per quarter. | Number of civil OPs requested and number assisted |
| Other (specify) |  |
| Other (specify) |  |

|  |  |
| --- | --- |
| **Law Enforcement/Investigation**  Investigators work with law enforcement and prosecutors to ensure complete and thorough investigation needed to prosecute cases. Conduct interviews, takes statements, assist with crime scene photos and evidence collection. | |
| Objective | Performance Measure |
| Investigate       % of incidents. | Number of incident reports  Number of cases investigated |
| Collect forensic medical evidence in 100 % of cases (sexual assault cases only) | Number of cases and number of cases where forensic medical evidence collected. |
| Make an arrest in       % of cases investigated. | Number of cases investigated and number of arrests |
| Make an arrest in       % of violations of an Order of Protection. | Number of violations of an Order of Protection and number of arrests |
| Issue 100% of Order of Protection requests. | Number of requests  Number of protections orders issued |
| Refer for prosecution of 100% of cases where an arrest was made. | Number of cases where arrest was made and number of cases referred to prosecutor |
| Other (specify) |  |
| Other (specify) |  |

|  |  |
| --- | --- |
| **Prosecution**  Prosecutors work closely with victim services personnel, investigators, and the victim to develop a criminal case and prosecute offenders of violent acts. Assistance is provided from initial assessment through final disposition. May prosecute criminal or civil litigation. | |
| Objective | Performance Measure |
| Review 100% of cases referred. | Number of case referrals received  Number reviewed |
| Accept a minimum of       % of reviewed cases for prosecution. | Number reviewed  Number of cases accepted for prosecution Number of cases declined |
| Obtain a conviction in a minimum of       % of cases that were accepted for prosecution. | Number of cases accepted for prosecution  Number of cases resulting in a conviction  Number of cases resulting in any disposition (closed) |
| Other (specify) |  |

|  |  |
| --- | --- |
| **Probation/Parole**  Probation/Parole officers investigate offender personal history, provide supervision, maintain and track contacts, and conduct surveillance of domestic violence offenders. Maintain and improve communication with the court regarding offender compliance or violations, as a result of enhanced monitoring and/or stronger policies on reporting violations. | |
| Objective | Performance Measure |
| Maintain a caseload of       domestic violence offenders. | Number of domestic violence offenders on caseload this month |
| Perform a minimum of       face to face meetings with offenders on caseload per month. | Number of face to face meetings with offenders |
| Perform a minimum of       telephone contacts with offenders on caseload per month. | Number of telephone contacts |
| Perform a minimum of       incidents of unscheduled surveillance of offenders on caseload per month. | Number of unscheduled surveillance incidents of offenders |
| Discuss 100% of violation reports during MDT case review. | Number of violations  Number of violation cases discussed during case review  Number of violations filed |
| Other (specify) |  |

Any continuation of this program if approved will be required to include a before and after comparison of baseline data from the performance indicators provided above. Additionally, the evaluation must include an assessment of the objectives and the extent of which they were achieved. This should allow statistical comparison of the problem prior to the implementation of the project and after project commencement.

### PART V: PROGRAM STRATEGY

Describe how your program will address the issues stated in the *Problem Statement*. Explain how the specific activities each staff member, federal and match funded, will attribute to the success of the program and explain how those activities benefit the victims served and hold offenders accountable. Please describe the program’s service methodology (ex: best practices, training manuals, evidence-based practices).

**Program Sustainability**

Describe the sustainability plan for this program when Federal funds were no longer available.

**PART VI: Logic Model**

Detail all planned activities/services, major interventions or program elements designed to accomplish the goals of this program below. This chart should be used as a planning tool for the program and should reflect a realistic projection of how the program will proceed. All positions included in Section 1 of this proposal under Program Funded Staff must be included in the Logic Model.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Purpose: to serve victims of domestic violence or sexual assault** | | | | |
| **Inputs:** | **Outputs:** | | **Outcomes:** | |
| **Resources** | **Activities** | **Clients (Victims)/**  **Partners in Change/Products** | **Short-Term** | **Medium-Term** |
| *“What we invest”*  *(Program Partners/Staff)* | *“What we do”* | *“Who we work with”*  *“Who we serve”*  *“What we produce”* | *Immediate changes we expect to see in:*   1. *Clients/victims* 2. *CJS System* | *Changes we expect to see in 1-2 years in:*   1. *Clients/Victims* 2. *CJS System* |
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| **Assumptions** | **External Factors** |
| *“What we believe about why/how our program works”* | *“Things beyond our control that affect*  *our activities, partners, and clients”* |
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Describe how the Logic Model will be use as part of your Self Evaluation:

# ATTACHMENT 1 - APPLICANT QUESTIONS

PLEASE DO NOT IDENTIFY YOUR NAME OR YOUR COMPANY’S NAME OR PRODUCT NAMES OF INTELLECTUAL PROPERTY IN YOUR QUESTIONS.

ADD ROWS BY HITTING THE TAB KEY WHILE WITHIN THE TABLE AND WITHIN THE FINAL ROW.

The following instructions must be followed when submitting questions using the question format on the following page.

1. DO NOT CHANGE THE FORMAT OR FONT. Do not bold your questions or change the color of the font.
2. Enter the RFA section number that the question is for in the “RFA Section” field (column 2). If the question is a general question not related to a specific RFA section, enter “General” in column 2. If the question is in regards to a State Term and Condition or a Special Term and Condition, state the clause number in column 2. If the question is in regard to an attachment, enter the attachment identifier (example “Attachment A”) in the “RFA Section” (column 2), and the attachment page number in the “RFA page” field (column 3).
3. Do not enter text in column 5 (Response). This is for the ICJIA’s use only.
4. Once completed, this form is to be e-mailed per the instructions in the RFA. The e-mail subject line is to state the RFA number followed by “Questions.”

RFA0Enter Number Enter Title

| **Question** | **RFA Section** | **RFA Page** | **Question** | **Response** |
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# ATTACHMENT 2 - Definitions

*Federal program* means: (a) All Federal awards which are assigned a single number in the CFDA. (b) When no CFDA number is assigned, all Federal awards to non-Federal entities from the same agency made for the same purpose must be combined and considered one program. (c) Notwithstanding paragraphs (a) and (b) of this definition, a cluster of programs. The types of clusters of programs are: (1) Research and development (R&D); (2) Student financial aid (SFA); and (3) “Other clusters,” as described in the definition of Cluster of Programs.

*Grant agreement* means a legal instrument of financial assistance between a Federal awarding agency or pass-through entity and a non-Federal entity that, consistent with 31 U.S.C. 6302, 6304: (a) Is used to enter into a relationship the principal purpose of which is to transfer anything of value from the Federal awarding agency or pass-through entity to the non-Federal entity to carry out a public purpose authorized by a law of the United States (see 31 U.S.C. 6101(3)); and not to acquire property or services for the Federal awarding agency or pass-through entity's direct benefit or use; (b) Is distinguished from a cooperative agreement in that it does not provide for substantial involvement between the Federal awarding agency or pass-through entity and the non-Federal entity in carrying out the activity contemplated by the Federal award. (c) Does not include an agreement that provides only: (1) Direct United States Government cash assistance to an individual; (2) A subsidy; (3) A loan; (4) A loan guarantee; or (5) Insurance.

*Indirect (F&A) costs* means those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved. To facilitate equitable distribution of indirect expenses to the cost objectives served, it may be necessary to establish a number of pools of indirect (F&A) costs. Indirect (F&A) cost pools must be distributed to benefitted cost objectives on bases that will produce an equitable result in consideration of relative benefits derived.

*Internal controls* means a process, implemented by a non-Federal entity, designed to provide reasonable assurance regarding the achievement of objectives in the following categories: (a) Effectiveness and efficiency of operations; (b) Reliability of reporting for internal and external use; and (c) Compliance with applicable laws and regulations.

*Internal control over compliance requirements for Federal awards* means a process implemented by a non-Federal entity designed to provide reasonable assurance regarding the achievement of the following objectives for Federal awards: (a) Transactions are properly recorded and accounted for, in order to: (1) Permit the preparation of reliable financial statements and Federal reports; (2) Maintain accountability over assets; and (3) Demonstrate compliance with Federal statutes, regulations, and the terms and conditions of the Federal award; (b) Transactions are executed in compliance with: (1) Federal statutes, regulations, and the terms and conditions of the Federal award that could have a direct and material effect on a Federal program; and (2) Any other Federal statutes and regulations that are identified in the Compliance Supplement; and (c) Funds, property, and other assets are safeguarded against loss from unauthorized use or disposition.

*Local government* means any unit of government within a state, including a: (a) County; (b) Borough; (c) Municipality; (d) City; (e) Town; (f) Township; (g) Parish; (h) Local public authority, including any public housing agency under the United States Housing Act of 1937; (i) Special district; (j) School district; (k) Intrastate district; (l) Council of governments, whether or not incorporated as a nonprofit corporation under state law; and (m) Any other agency or instrumentality of a multi-, regional, or intra-state or local government.

*Memorandum of Understanding:* describes a bilateral or multilateral agreement between two or more parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where parties either do not imply a legal commitment or in situations where the parties cannot create a legally enforceable agreement.

*Nonprofit organization* means any corporation, trust, association, cooperative, or other organization, not including IHEs, that: (a) Is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest;(b) Is not organized primarily for profit; and (c) Uses net proceeds to maintain, improve, or expand the operations of the organization.

*Pass-through entity* means a non-Federal entity that provides a subaward to a subrecipient to carry out part of a Federal program.

*Performance goal* means a target level of performance expressed as a tangible, measurable objective, against which actual achievement can be compared, including a goal expressed as a quantitative standard, value, or rate. In some instances (e.g., discretionary research awards), this may be limited to the requirement to submit technical performance reports (to be evaluated in accordance with agency policy).

*Recipients* means a non-Federal entity that receives a Federal /State award directly from a Federal/State awarding agency to carry out an activity under a Federal program. The term recipient does not include subrecipients.

*Subrecipients* means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal/State awards directly from a Federal awarding agency

# ATTACHMENT 3 – General Certification of Ability and Compliance

## RFA TITLE: VAWA MULTIDISCIPLINARY TEAM PROGRAM

## 

**County:**

**Contact Name: Contact Phone:**

**Contact E-mail:**

INSTRUCTIONS

The checklist questions below refer to your last 12 months of activity:

* Mark YES id you are in compliance or if the statement is true.
* Mark NO if you are out of compliance or if the statement is not true. Noncompliance is grounds for exclusion of application form review process.

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| 1. Is the Applicant willing to comply with the requirements and attachments, including, but not limited to any Special Terms and Conditions listed in the RFA? |  |  |
| 1. Did someone other than an employee or an agent of the Applicant apply for this RFA with the expectation to only receive compensation if the award was given to the Applicant? |  |  |
| 1. Is this application firm and binding for ninety (90) days from the application opening date? |  |  |
| 1. Will the Applicant notify the Authority’s Ethics Office if the applicant solicits or intends to solicit any of the Authority’s employees during any part of the application process or during the term of any contract awarded? |  |  |
| 1. Is the Applicant a party to any active Grant Fund Recovery Act proceedings with any State of Illinois agency? (If YES, please explain below) |  |  |
| 1. Is the governmental agency participating in the project up to date on reporting Uniform Crime Statistics (UCR) or has a plan to be 2. up to date within 6 months of program start date? |  |  |
| 1. Is the law enforcement agency participating in the project either compliant or has a plan to become compliant with the Prison Rape Elimination Act (PREA)? |  |  |
| 1. Is the applicant currently, or has it ever been, subject to a local, state, or federal investigation concerning the use of grant funds? |  |  |

Grant Fund Recovery Activity:

By marking this box I certify that the information on this form is correct to the best of my knowledge at the time of the application. I understand that if information on this certification is proven false at a later date that the Authority has the ability to annul the contract without liability.

# ATTACHMENT 4 – ILLINOIS REGIONS

**Legend**

**Region**

Northern outside Cook and collar counties

Collar counties

Cook County

Central counties

Southern counties

LEE

LEE

PIKE

PIKE

WILL

WILL

COOK

COOK

MCLEAN

MCLEAN

LASALLE

LASALLE

OGLE

OGLE

KNOX

KNOX

ADAMS

ADAMS

HENRY

HENRY

IROQUOIS

IROQUOIS

FULTON

FULTON

BUREAU

BUREAU

SHELBY

SHELBY

WAYNE

WAYNE

KANE

KANE

LIVINGSTON

LIVINGSTON

LAKE

LAKE

LOGAN

LOGAN

EDGAR

EDGAR

CLAY

CLAY

CHAMPAIGN

CHAMPAIGN

VERMILION

VERMILION

FORD

FORD

PEORIA

PEORIA

HANCOCK

HANCOCK

MACOUPIN

MACOUPIN

FAYETTE

FAYETTE

DEKALB

DEKALB

MADISON

MADISON

MACON

MACON

SANGAMON

SANGAMON

WHITE

WHITE

MASON

MASON

PIATT

PIATT

CLARK

CLARK

COLES

COLES

MARION

MARION

ST. CLAIR

ST. CLAIR

CASS

CASS

CHRISTIAN

CHRISTIAN

MERCER

MERCER

POPE

POPE

GREENE

GREENE

JACKSON

JACKSON

KANKAKEE

KANKAKEE

UNION

UNION

BOND

BOND

WHITESIDE

WHITESIDE

MORGAN

MORGAN

PERRY

PERRY

JASPER

JASPER

TAZEWELL

TAZEWELL

WARREN

WARREN

MCHENRY

MCHENRY

CLINTON

CLINTON

RANDOLPH

RANDOLPH

JO DAVIESS

JO DAVIESS

SALINE

SALINE

DEWITT

DEWITT

JEFFERSON

JEFFERSON

CARROLL

CARROLL

GRUNDY

GRUNDY

MONTGOMERY

MONTGOMERY

JERSEY

JERSEY

WOODFORD

WOODFORD

MCDONOUGH

MCDONOUGH

MONROE

MONROE

FRANKLIN

FRANKLIN

DOUGLAS

DOUGLAS

WINNEBAGO

WINNEBAGO

HAMILTON

HAMILTON

STARK

STARK

STEPHENSON

STEPHENSON

WASHINGTON

WASHINGTON

EFFINGHAM

EFFINGHAM

SCHUYLER

SCHUYLER

DUPAGE

DUPAGE

BROWN

BROWN

BOONE

BOONE

CRAWFORD

CRAWFORD

MARSHALL

MARSHALL

SCOTT

SCOTT

MENARD

MENARD

WILLIAMSON

WILLIAMSON

JOHNSON

JOHNSON

RICHLAND

RICHLAND

KENDALL

KENDALL

ROCK ISLAND

ROCK ISLAND

GALLATIN

GALLATIN

MOULTRIE

MOULTRIE

LAWRENCE

LAWRENCE

HENDERSON

HENDERSON

CALHOUN

CALHOUN

MASSAC

MASSAC

WABASH

WABASH

CUMBERLAND

CUMBERLAND

PULASKI

PULASKI

HARDIN

HARDIN

EDWARDS

EDWARDS

ALEXANDER

ALEXANDER

PUTNAM

PUTNAM

**Regions represent the divisions of the U.S. District Courts of Illinois**

**Cook and Collar counties are subsets of the Northern U.S. Courts of Illinois regions.**

**Regional Classifications of Counties**

|  |  |  |  |
| --- | --- | --- | --- |
| Northern outside Cook and collar counties | **Central counties** | | **Southern counties** |
| Boone | Adams | Schuyler | Alexander |
| Carroll | Brown | Scott | Bond |
| DeKalb | Bureau | Shelby | Calhoun |
| Grundy | Cass | Stark | Clark |
| Jo Daviess | Champaign | Tazewell | Clay |
| Kendall | Christian | Vermilion | Clinton |
| LaSalle | Coles | Warren | Crawford |
| Lee | DeWitt | Woodford | Cumberland |
| Ogle | Douglas |  | Edwards |
| Stephenson | Edgar |  | Effingham |
| Whiteside | Ford |  | Fayette |
| Winnebago | Fulton |  | Franklin |
| McHenry | Greene |  | Gallatin |
|  | Hancock |  | Hamilton |
|  | Henderson |  | Hardin |
| **Cook County** | Henry |  | Jackson |
|  | Iroquois |  | Jasper |
| **Collar counties** | Kankakee |  | Jefferson |
| DuPage | Knox |  | Jersey |
| Kane | Livingston |  | Johnson |
| Lake | Logan |  | Lawrence |
| Will | McDonough |  | Madison |
|  | McLean |  | Marion |
|  | Macon |  | Massac |
|  | Macoupin |  | Monroe |
|  | Marshall |  | Perry |
|  | Mason |  | Pope |
|  | Menard |  | Pulaski |
|  | Mercer |  | Randolph |
|  | Montgomery |  | Richland |
|  | Morgan |  | St. Clair |
|  | Moultrie |  | Saline |
|  | Peoria |  | Union |
|  | Piatt |  | Wabash |
|  | Pike |  | Washington |
|  | Putnam |  | Wayne |
|  | Rock Island |  | White |
|  | Sangamon |  | Williamson |