

CHECKLIST

Prior to application due date:

- [Obtain a Data Universal Numbering System \(DUNS\) number.](#)
- [Register with the System for Award Management \(SAM\).](#)
- [Apply for, update or verify the Employer Identification Number \(EIN\).](#)
- [Create a Grants.gov account with username and password.](#)
- [Complete registration in the Grantee GATA Portal.](#)

Submission Checklist:

- Uniform Application for State Grant Assistance – Submitted in PDF (signed, and scanned) AND Word file
- Program Narrative –Do not change the format of this document – Submitted in Word File
- Budget/Budget Narrative –Excel format (no signatures required for this document at this time)
- United States Internal Revenue Service 501(c)(3) determination letter - PDF (Non-Profit Agency Required)

Uniform Notice for Funding Opportunity (NOFO)
[Trauma Recovery Centers]

	Data Field	
1.	Awarding Agency Name:	Illinois Criminal Justice Information Authority (ICJIA)
2.	Agency Contact:	Jason Wynkoop Illinois Criminal Justice Information Authority 300 West Adams, Suite 200 Chicago, Illinois 60606 Jason.wynkoop@Illinois.gov (312) 793-1301
3.	Announcement Type:	<input checked="" type="checkbox"/> Initial announcement <input type="checkbox"/> Modification of a previous announcement
4.	Type of Assistance Instrument:	Grant
5.	Funding Opportunity Number:	2232-1253
6.	Funding Opportunity Title:	Trauma Recovery Centers
7.	CSFA Number:	546-00-2232
8.	CSFA Popular Name:	TRC
9.	CFDA Number(s):	NA
10.	Anticipated Number of Awards:	4-6
11.	Estimated Total Program Funding:	\$2,200,000
12.	Award Range	\$50,000 (minimum)-\$500,000 (maximum)
13.	Source of Funding:	<input type="checkbox"/> Federal or Federal pass-through <input checked="" type="checkbox"/> State <input type="checkbox"/> Private / other funding
14.	Cost Sharing or Matching Requirement:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Indirect Costs Allowed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Restrictions on Indirect Costs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Posted Date:	November 5, 2019
17.	Application Range:	November 5, 2019 – December 12, 2019
18.	Technical Assistance Session:	Session Offered: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Session Mandatory: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No It is recommended that applicants view the recorded technical assistance, which will be available beginning on November 5, 2019, at 3:30 p.m. Link to Technical Assistance Recording

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Notice of Funding Opportunity

Trauma Recovery Centers (TRC)

A. Program Description

The Illinois Criminal Justice Information Authority (ICJIA) is a state agency dedicated to improving the administration of criminal justice. ICJIA brings together key leaders from the justice system and the public to identify critical issues facing the criminal justice system in Illinois, and to propose and evaluate policies, programs, and legislation that address those issues. The statutory responsibilities of ICJIA fit into four areas: grants administration; research and analysis; policy and planning; and information systems and technology.

Section 7 of the Illinois Criminal Justice Information Act grants ICJIA authority “to apply for, receive, establish priorities for, allocate, disburse, and spend grants of funds that are made available by and received on or after January 1, 1983, from private sources or from the United States pursuant to the federal Crime Control Act of 1973, as amended, and similar federal legislation, and to enter into agreements with the United States government to further the purposes of this Act, or as may be required as a condition of obtaining federal funds” and “to receive, expend, and account for such funds of the State of Illinois as may be made available to further the purposes of this Act.” Additionally, the Act charges ICJIA with the responsibility “to conduct strategic planning and provide technical assistance to implement comprehensive trauma recovery services for violent crime victims in underserved communities with high levels of violent crime, with the goal of providing a safe, community-based, culturally competent environment in which to access services necessary to facilitate recovery from the effects of chronic and repeat exposure to trauma. Services may include, but are not limited to, behavioral health treatment, financial recovery, family support and relocation assistance, and support in navigating the legal system.” (20 ILCS 3930/7(k), (l), (w))

ICJIA must comply with all applicable provisions of state and federal laws and regulations pertaining to nondiscrimination, sexual harassment and equal employment opportunity, including, but not limited to: The Illinois Human Rights Act (775 ILCS 5/1-101 et seq.), The Public Works Employment Discrimination Act (775 ILCS 10/1 et seq.), The United States Civil Rights Act of 1964 (as amended) (42 USC 2000a-and 2000H-6), Section 504 of the Rehabilitation Act of 1973 (29 USC 794), The Americans with Disabilities Act of 1990 (42 USC 12101 et seq.), and The Age Discrimination Act (42 USC 6101 et seq.).

1. Purpose

The purpose of this Notice of Funding Opportunity (NOFO) is to support comprehensive mental health and case management services for victims of violent crime and their families in underserved communities with high levels of violence through implementation of the Trauma Recovery Center (TRC) model. Funding available through this solicitation will support developing new trauma recovery center programs and enhancing existing ICJIA-funded trauma recovery center programs.

The TRC model addresses both the psychological and tangible needs of violent crime victims and their families, particularly those in underserved groups. The model uses coordinated and comprehensive clinical case management to provide trauma-informed, evidence-based mental health services. Research indicates violent crime victims have a significant need for specialized mental health treatment and psychological services. For some victims, debilitating symptoms emerge and persist for years, impacting their overall functioning and quality of life.¹ Trauma symptoms, such as a fear of leaving one's home, may cause financial burden, emotional distress, or social isolation that impact long-term safety and stability.² These symptoms, as well as stereotypes about mental health, shame and embarrassment, or fears about being believed, can create a reluctance to engage in services, specifically mental health treatment.³ Vulnerable and underserved populations, such as young people of color, the homeless, LGBTQ+ people, people with chronic mental health issues and/or substance use disorders, non-English speaking people, and those living in poverty, also face substantial barriers to treatment access.⁴ These barriers include, but are not limited to, a lack of transportation or childcare, language accessibility, and social stigma or norms about seeking help.⁵ An ICJIA victims needs assessment confirmed these barriers to treatment, and identified a lack of services that are sensitive to the needs of vulnerable victims.^{6,7}

TRCs are designed to address the needs of crime victims who typically do not access services due to individual and cultural barriers to help seeking. The model uses early and assertive outreach and coordinated clinical case management to provide services to victims whose trauma needs require a greater level of engagement than traditional

¹ Yuan Yuan, N. P., Koss, M. P., & Stone, M. (2016). The psychological consequences of sexual trauma. National Online Resource Center on Violence Against Women.

http://vawnet.org/sites/default/files/materials/files/2016-09/AR_PsychConsequences.pdf

² Masters, R., Friedman, L. N., & Getzel, G. (1988). Helping families of homicide victims: A multidimensional approach. *Journal of Traumatic Stress, 1*, 109-125.

Office for Victims of Crime. (2012). *Homicide*. Office for Victims of Crime Training and Technical Assistance Center's website:

https://www.ovcttac.gov/downloads/views/TrainingMaterials/NVAA/Documents_NVAA2011/ResourcePapers/Color_Homicide%20Resource%20Paper_2012%20_final_508c%209%2017%202012.pdf.

³ McCart, M. R., Smith, D. W., & Sawyer, G. K. (2010). Help seeking among victims of crime: A review of the empirical literature. *Journal of Traumatic Stress, 23*(2), 198-206.

⁴ Wiggall, S. & Boccillari, A. (2017). The UC San Francisco trauma recovery center manual: A Model for removing barriers to care and transforming services for survivors of violent crime. Retrieved from:

<http://traumarecoverycenter.org/wp-content/uploads/2017/05/TRC-Manual-v1-5-10-17.pdf>

⁵ McCart, M. R., Smith, D. W., & Sawyer, G. K. (2010). Help seeking among victims of crime: A review of the empirical literature. *Journal of Traumatic Stress, 23*(2), 198-206.

⁶ Aeffect, Inc. (2017). *2016 Victim Needs Assessment*. Chicago, IL: Illinois Criminal Justice Information Authority. Retrieved from

http://www.icjia.state.il.us/assets/articles/2016_ICJIA_Victim_Needs_Assessment_Summary_Report.pdf

⁷ Houston-Kolnik, J., Vasquez, A., Alderden, M., & Hiselman, J. (2017). *Ad Hoc Victim Services Committee Research Report*. Chicago, IL: Illinois Criminal Justice Information Authority. Retrieved from

<http://www.icjia.state.il.us/articles/ad-hoc-victim-services-committee-research-report>

service models generally provide.⁸ In this model, a single clinician actively engages with victims to provide both clinical intervention and case management and works toward client-defined priorities. The model offers mental health interventions and advocacy services in tandem, simultaneously addressing the multifaceted social and tangible needs of victims. The model eases access to a variety of resources, allowing for services tailored to individual needs.

The first TRC was established in 2001 at [Zuckerberg San Francisco General Hospital/University of California San Francisco](#). The four-year demonstration project addressed violent crime victim barriers to accessing support services and explored how funding and subsequent services could better reach underserved, urban populations. The model of care was developed to provide comprehensive, high quality, effective mental health services to victims of violent crime in underserved populations, many of whom faced insurmountable barriers to connecting with support services after victimization. Research shows the model is both clinically and cost effective.⁹

2. Program Design

The proposed program design must incorporate the nine core elements described below. Applicants are encouraged to review the University of California-San Francisco Trauma Recovery Center Manual for an example of how the elements are integrated to create a comprehensive program. The manual may be downloaded for free in pdf format at <http://traumarecoverycenter.org/trc-manual/>. Applicants must describe how each element will be implemented and how that implementation is appropriate for the setting. Applications that fail to address one or more element may not be scored.

TRC Model Core Elements:

1. Assertive outreach and engagement with underserved populations

Programs must conduct outreach and provide services to victims of violent crime who are historically underserved or marginalized, including, but not limited to, survivors who are homeless, chronically mentally ill, members of immigrant and refugee groups, live with a disability, have severe trauma-related symptoms or complex psychological issues, or are members of a racial or ethnic minority group. TRCs also serve child or youth victims, including minors who have had contact with the child welfare or justice system, if they are designed to meet the needs of children or youth

2. Inclusive treatment of victims of all types of violent crimes

Programs must serve victims of a wide range of violent crimes, including, but not limited to, sexual assault, domestic violence, vehicular assault, human trafficking,

⁸ Kelly, V. G., Merrill, G. S., Shumway, M., Alvidrez, J., & Boccellari, A. (2010). Outreach, engagement, and practical assistance: Essential aspects of PTSD care for urban victims of violent crime. *Trauma, Violence, & Abuse, 11*, 144-156.

⁹ Wiggall, S. & Boccellari, A. (2017). The UC San Francisco trauma recovery center manual: A Model for removing barriers to care and transforming services for survivors of violent crime. Retrieved from: <http://traumarecoverycenter.org/wp-content/uploads/2017/05/TRC-Manual-v1-5-10-17.pdf>

and aggravated battery. Family members also may be served, such as survivors of victims of homicide or when the victim's experience and/or healing directly and profoundly impacts the emotional or psychological health of family member(s).

3. Comprehensive mental health and support services

Mental health and support services must be comprehensive, structured, and evidence-based. Comprehensive services may include crisis intervention, individual and group treatment, medication management, outpatient substance use disorder counseling, case management, and assertive outreach. Methods of delivery shall be flexible, increase service access, and remove barriers by providing services in locations that meet the victims' needs: on site, in the home, in the community, or in other locations.

4. Multidisciplinary staff team

Staff shall consist of a multidisciplinary staff team that includes, at minimum, a program director, clinical supervisor, psychiatrist, TRC clinicians (licensed mental health providers, i.e., licensed psychologists, social workers, and marriage and family therapists), and a project evaluator. The TRC clinical staff must be licensed clinicians, or closely supervised clinicians engaged in the applicable licensure process. Clinical supervision is provided to staff on an ongoing basis to ensure the highest quality of care and to help staff constructively manage any vicarious trauma they experience as service providers to victims of violent crime. The treatment team shall collaboratively develop treatment plans to achieve positive outcomes for clients.

5. Coordinated care tailored to individuals' needs

Each licensed mental health clinician (TRC clinician) serving clients directly provides both psychotherapy and clinical case management services to individual clients, guided by a treatment plan created collaboratively with the client. A TRC clinician must serve as the primary point of contact for the victim, with support from an integrated multi-disciplinary trauma treatment team. Having a single point of contact simplifies communication for clients and focuses accountability for client engagement so that the responsibility for outreach and follow-up is clear within the TRC staff team.

6. Clinical case management

General case management is a client-centered strategy to improve coordination and continuity of care, particularly for those with multiple needs.¹⁰ The clinical case management intervention embedded in the TRC model provides both typical and active case management. Using therapeutic techniques, a TRC clinician coordinates all the resources a client might need while also providing therapy.¹¹ Clinical case management takes into account that many clients have competing priorities and will

¹⁰ Moxley, D. P. (1989). *Practice of Case Management* (Vol. 58). Sage.

¹¹ Wiggall, S. & Boccellari, A. (2017). The UC San Francisco trauma recovery center manual: A Model for removing barriers to care and transforming services for survivors of violent crime, 98. Retrieved from: <http://traumarecoverycenter.org/wp-content/uploads/2017/05/TRC-Manual-v1-5-10-17.pdf>

benefit most when practical assistance and mental health interventions are simultaneously provided. Services shall encompass assertive case management, including, but not limited to, accompanying a client to court proceedings, medical appointments resulting from the victimization, or other related appointments, as needed; assistance with victim compensation application or police report filing; assistance with obtaining safe housing, financial entitlements, and linkages to medical care; employment advocacy; and providing a liaison to community agencies, law enforcement, or other supportive service providers as needed.

7. Inclusive treatment of clients with complex problems

Care must be taken to meet the needs of clients whose trauma-related emotional or behavioral issues—including but not limited to, substance misuse, poor initial engagement, high levels of anxiety, or defensive behaviors—might result in exclusion from traditional outpatient settings due to safety concerns for staff or other participants. The multidisciplinary staff team will provide consultation and support to the TRC clinician in meeting the needs of the client while preserving the safety and integrity of the program and environment for all clients. The program must have a protocol for assessing and responding to clients whose behaviors may pose risks for those clients or others.

8. Use of trauma-informed, evidence-based practices

The TRC model utilizes evidence-based practices (EBPs) developed through research and with implementation shown to improve client outcomes.¹² Applicants must clearly outline the integration of EBPs and trauma-informed policies and practices into the proposed program and should reference the UCSF Trauma Recovery Center Manual for examples of such practices. TRC mental health clinicians shall adhere to established, evidence-based practices, including but not limited to, motivational interviewing, Seeking Safety, cognitive-behavioral therapy, and dialectical behavioral and cognitive processing therapy.

9. Accountable services

Programs must provide holistic and accountable services. Programs shall provide up to 16 sessions of treatment and ensure that treatment efforts are aligned with the treatment plan. For clients with ongoing problems and a primary focus on trauma, treatment may be extended after special consideration from the clinical supervisor. Extension beyond 32 sessions requires approval by the multi-disciplinary team that considers the client's progress in treatment and remaining need for services.

3. Program Requirements

In addition to incorporating the core elements identified above, applicants must include the following in the structure of their programs.

a) Trauma Recovery Center Coordination and Implementation Group

¹² Sackett, D.L., Rosenberg, W.M., Gray, J.A. Haynes, R.B., & Richardson, W.S. (1996). Evidence based medicine: What it is and what it isn't. *British Medical Journal*, 312, 7-12.

Applicants must identify a TRC Coordination and Implementation group (TRC Coordination Group) to preside over an initial coordination process lasting up to four months. The TRC Coordination Group will convene at least quarterly thereafter during the grant period to oversee TRC model implementation and foster intra- and inter-agency collaboration that ensures efficient and effective victim services.

The TRC Coordination Group may take the form of a board, committee, coalition, or community task force depending on the need and capacity of the applicant agency and proposed model. The group may include the program director, community-based agency representatives, and senior representatives of the hospital's emergency room and trauma and mental health units.

The TRC Coordination Group will be responsible for drafting protocols to ensure that victims are identified and served in a trauma-informed, multi-disciplinary, collaborative approach both within and beyond the hospital setting. Protocols must include the process by which identified referral sources shall make referrals to the TRC and how these and other agencies will work collaboratively with the TRC to address victims' needs.

b) Supervisors and Direct Service Staff

A staffing plan is required to ensure essential program functions while allowing flexibility to fit the applicant's organizational structure. Position titles can be changed to match agency structure. Staff shall consist of a multidisciplinary team that includes at minimum:

- Program Director: This position oversees the entire program, manages relationships with other service providers, and can conduct trainings and provide supervision of direct service providers. This position must have a clinical orientation. In the absence of a TRC liaison (see below), the program director promotes the program and advocates for resources within the hospital system to ensure trauma-informed programming and is responsible for developing protocols for communication between the TRC and the hospital system.
- Clinical Supervisor: This position supervises direct service staff and services, fosters inter-agency coordination, and conducts trainings. The role includes providing direct services.
- TRC Clinicians: These positions may include psychologists, social workers, counselors, and marriage and family therapists. Clinical staff hold master's degrees and have a clinical license (Clinical Psychologist, LCPC, LCSW, LMFT) or are engaged in supervised practice to meet the requirements of clinical licensure. Team members must have expertise or will acquire the necessary training to serve the target population of the TRC program.
- Psychiatrist for medication management and case consultation.
- Project Evaluator: This position requires a person with experience analyzing data, producing reports, and performing quality assurance activities. In

coordination with the program director, the project evaluator manages programmatic documentation, reports and statistics, assessment completion, and monitors services to ensure the TRC Core Elements are followed.

Additional positions that enhance service delivery or strengthen the implementation of the model may be included in the program design. Examples include (but are not limited to):

- **Peer Support Provider:** A peer support provider (e.g., certified peer specialist, peer support specialist) is a person who uses their personal experience of recovering from victimization and/or exposure to violence and skills learned in formal training to deliver services to promote recovery and resiliency. This non-clinical position can assist in the identification, engagement, and facilitation of community resources. This position must not replace clinical staff and must be integrated into the team structure (e.g., a participating member of the multidisciplinary team).
- **TRC Liaison:** A staff person that promotes the program and advocates for resources within the hospital system to ensure trauma-informed programming. This may include convening hospital leadership to educate them on trauma-informed hospital settings while translating hospital policies into trauma-informed practices. This person may assist in developing protocols for communication between the TRC and the hospital system. This role may include community outreach that results in appropriate referrals to the TRC and additional resources for clients. This position may also collaborate with other departments in the hospital to coordinate cross-disciplinary training on topics related to trauma and traumatic injury (e.g., traumatic brain injury, physical therapy, etc.). In a well-established TRC, the responsibilities of the liaison often are performed by the program director; however, a TRC liaison may play a critical role in establishment and early implementation of a trauma recovery center.

See [San Francisco's TRC Program Model](#) for an example of staffing structure and proposed trainings. Staff at the TRC should be equipped and trained in culturally humble services to the underserved and marginalized clients their program will serve.

c) Training

Initial and ongoing training is a critical component of any TRC model. Within the program narrative, applicants should outline the training needed for program staff (e.g., training in evidence-based treatment modalities), outlining which program staff are already trained and/or which trainings will be sought for staff who do not possess core skills or competencies or who have yet to be hired. In addition, applicants must explain how clinical supervision will be provided to staff to ensure the highest quality of care, including how self-care will be incorporated and opportunities for professional development.

d) Direct Services

TRC staff will directly provide an array of clinical and other services as needed, including client assessment and service planning (up to 16 session treatment episodes with an extension to 32 weeks, as needed), individualized psychotherapy, outpatient substance use disorder counseling, group psychotherapy, medication management, and clinical case management. Additional services that must be provided directly by TRC staff or by community providers at the expense of the TRC program as needed, include advocacy, accompaniment, transportation to services, and referrals to partner agencies. Legal advocacy, housing assistance, and support groups also must be made accessible to TRC clients and may be provided by TRC staff or through direct, individual referral to qualified external partners.

e) Peer Support

A TRC is well positioned to create opportunities for clients to receive support from peers with lived experience and provide opportunities for those who have experienced victimization to support others. This can take many forms, including participation in public awareness and outreach work and paid direct service work as a peer support provider.

Current TRC clients should not be considered for paid direct service work and should be supported to choose how, if at all, to participate in public awareness and outreach activities. Examples of public awareness and outreach work include, but are not limited to, participation in panel discussions or presentations with clinical program staff. Opportunities to participate should be presented to clients only when the clinical case manager, supervisor, and client agree that participation would benefit the client in their recovery. TRC staff are responsible for creating a supportive environment and responding to the needs that arise for volunteers as the result of their engagement in peer support work.

f) Assessment Protocol

Assessment is a core component of the TRC model. Client assessments aid in service delivery and help measure a client's progress in meeting goals.

As a part of this grant, agencies will be required to engage in client assessments, which may include scales to measure trauma history, mental health, sleep, physical pain, quality of life, and client need. While required assessments will be finalized during the planning phase, examples of potential scales include:

- PTSD Checklist-5 (PCL-5) or Child PTSD Scale Self Report (CPSS-SR).
- Child Behavior Checklist (CBCL).
- Carlson's Trauma History Screen (THS).
- Patient Health Questionnaire-9 (PHQ-9; Depression).
- PROMIS Sleep Disturbance.

- PEG Pain Intensity and Interference.
- World Health Organization Quality of Life (WHOQOL-BREF).

Applicants should budget for program director and program coordinator travel to ICJIA offices for monthly meetings during the initial period of performance to finalize the assessment tools, protocols, and database system. Additional metrics will be defined at the meetings as part of the grant agreement.

4. Evidence-Based Programs or Practices and Trauma-Informed Approach

The TRC model utilizes evidence-based practices (EBPs) developed through research and with implementation shown to improve client outcomes.¹³ Applicants are strongly urged to incorporate research-based best practices into their program design, when appropriate. Applicants must clearly outline the integration of EBPs and trauma-informed practices into the proposed program. Applicants should identify the evidence-based practice being proposed for implementation, identify and discuss the evidence that shows that the practice is effective, discuss the population(s) for which this practice has been shown to be effective, and show that it is appropriate for the proposed target population.

Applicants must describe how they will implement a model that is trauma-informed in policy and practice. In addition to direct service practices previously discussed, applicants must address staff well-being; facility accessibility, cultural relevance, and design issues (e.g., lighting, noise, messaging/signage); and ways that hospital policies and practices will be adapted at the TRC so that it is experienced by clients as trauma-informed. Some examples of trauma-informed models include the Sanctuary Model¹⁴ and the Substance Abuse and Mental Health Services Administration's Trauma-Informed Approach.¹⁵

Examples of evidence-based approaches and specific interventions appropriate for a TRC program include:¹⁶

- **Addressing risk due to problems with regulation of emotions and impulses.** Clinicians focus on therapeutic interventions that address the way clients manage their emotional experience, seeking to mitigate reactions that put them at risk for re-victimization, self-harm, and other adverse experiences.¹⁷ Example interventions include dialectical behavior therapy (DBT), Skills Training in

¹³ Sackett, D.L., Rosenberg, W.M., Gray, J.A. Haynes, R.B., & Richardson, W.S. (1996). Evidence based medicine: What it is and what it isn't. *British Medical Journal*, 312, 7-12.

¹⁴ <http://sanctuaryweb.com/>

¹⁵ <https://www.samhsa.gov/nctic/trauma-interventions>

¹⁶ Wiggall, S. & Boccellari, A. (2017). The UC San Francisco trauma recovery center manual: A Model for removing barriers to care and transforming services for survivors of violent crime, Retrieved from: <http://traumarecoverycenter.org/wp-content/uploads/2017/05/TRC-Manual-v1-5-10-17.pdf>

¹⁷ Ibid., 114.

affective and Interpersonal Regulation (STAIR), Seeking Safety and motivational interviewing.¹⁸

Examples of using a trauma-informed approach include:

- **Using a culturally humble, trauma-informed approach.**
In this approach, clinicians exercise self-awareness and invest in honoring the client's cultural and individual identity, history, and how beliefs about psychotherapy may impact treatment engagement. Stigma about having a mental health issue, being victimized, receiving mental health services, or taking psychotropic medication are culturally mediated beliefs that should be recognized and addressed early in treatment.¹⁹
- **Addressing threats to safety in the client's environment and behavior.**
Clinicians address a client's safety concerns due to a risk of re-victimization and severe psychiatric symptoms by addressing continuous traumatic stress. The clinician focuses on helping the client reduce current threats to safety and well-being by providing case management assistance (e.g., moving to a safe location, obtaining a restraining order, making a police report) and safety planning.²⁰

ICJIA may survey grantees to assess their knowledge of trauma-informed practices and implementation of these practices as part of a grant monitoring function. With periodic assessments, agencies like ICJIA can identify areas of strength and growth for adopting a trauma-informed approach to services that help to prevent re-traumatization.

5. Goals, Objectives, and Performance Metrics

Funded programs will be required to submit quarterly progress reports that will minimally include the following information based on the objectives the applicant agencies propose in their response to this solicitation.

Goal: To provide comprehensive advocacy and mental health services to victims of violent crime.	
Objective	Performance Measure
<i>OUTREACH ACTIVITIES</i>	
# ____ outreach meetings held with community organizations to provide information about TRC program and services.	# of meetings held with community organizations to provide information about TRC program and services. # of community organizations provided with information about TRC program and services.

¹⁸ Wiggall, S. & Boccellari, A. (2017). The UC San Francisco trauma recovery center manual: A Model for removing barriers to care and transforming services for survivors of violent crime, 115-116. Retrieved from: <http://traumarecoverycenter.org/wp-content/uploads/2017/05/TRC-Manual-v1-5-10-17.pdf>

¹⁹ Ibid., 111.

²⁰ Ibid., 112.

# ____ public awareness events to provide information about TRC program and services to the community.	<p># of public awareness events to provide information about TRC program and services to the community.</p> <p># of community residents provided with information about TRC program and services.</p>
# ____ clients that will be contacted through individual outreach and informed about TRC program and services.	<p># of clients provided information about the TRC program and services.</p> <p># of times staff provided information about the TRC programs and services.</p>
INFORMATION & REFERRAL	
# ____ clients will receive information about the criminal justice process.	<p># of clients provided information about the criminal justice process.</p> <p># of times staff provided information about the criminal justice process.</p>
# ____ clients will receive information about victim rights, how to obtain notifications, etc.	<p># of clients provided information about victim rights, how to obtain notifications, etc.</p> <p># of times staff provided information about victim rights, how to obtain notifications, etc.</p>
# ____ clients will receive referrals to other victim service providers.	<p># of clients provided with referrals to other victim service providers. Please list the agencies to which you referred.</p> <p># of times staff provided referrals to other victim service providers.</p>
# ____ clients will receive referrals to other services, supports, and resources (includes legal, medical, faith-based organizations, etc.)	<p># of clients provided with referrals to other services, supports, and resources.</p> <p># of times staff provided referrals to other services, supports, and resources.</p>
PERSONAL ADVOCACY/ACCOMPANIMENT	
# ____ clients will receive individual advocacy (e.g., assistance applying for public benefits).	<p># of clients provided individual advocacy (e.g., assistance applying for public benefits).</p> <p># of times staff provided individual advocacy (e.g., assistance applying for public benefits).</p>
# ____ clients will receive victim advocacy/accompaniment to emergency medical care.	<p># of clients provided victim advocacy/accompaniment to emergency medical care.</p>

	# of times staff provided victim advocacy/accompaniment to emergency medical care.
# ____ clients will receive victim advocacy/accompaniment to medical forensic exam.	# of clients provided victim advocacy/accompaniment to medical forensic exam. # of times staff provided victim advocacy/accompaniment to medical forensic exam.
# ____ clients will receive law enforcement interview advocacy/accompaniment.	# of clients provided law enforcement interview advocacy/accompaniment. # of times staff provided law enforcement interview advocacy/accompaniment.
# ____ clients will receive assistance filing for victim compensation.	# of clients provided assistance filing for victim compensation. # of times staff provided assistance filing for victim compensation.
# ____ clients will receive immigration assistance (e.g., special visas, continued presence application, and other immigration relief).	# of clients provided immigration assistance. # of times staff provided immigration assistance.
# ____ clients will receive assistance intervening with an employer, creditor, landlord, or academic institution.	# of clients provided with assistance intervening with an employer, creditor, landlord, or academic institution. # of times staff provided assistance intervening with an employer, creditor, landlord, or academic institution.
# ____ clients will receive child or dependent care assistance.	# of clients provided with child or dependent care assistance. # of times staff provided child or dependent care assistance.
# ____ clients will receive transportation assistance.	# of clients provided with transportation assistance. # of times staff provided transportation assistance.
# ____ clients will receive interpreter services.	# of clients provided with interpreter services. # of times staff provided interpreter services.
# ____ clients will receive employment assistance (e.g., help creating a resume or completing a job application).	# of clients provided with employment assistance (e.g., help creating a resume or completing a job application).

	# of times staff provided employment assistance (e.g., help creating a resume or completing a job application).
# ____ clients will receive education assistance (e.g., help completing a GED or college application).	# clients provided with education assistance (e.g., help completing a GED or college application). # of times staff provided education assistance (e.g., help completing a GED or college application).
# ____ clients will receive economic assistance (e.g., help creating a budget, repairing credit, providing financial education).	# of clients provided with economic assistance (e.g., help creating a budget, repairing credit, providing financial education). # of times staff provided economic assistance (e.g., help creating a budget, repairing credit, providing financial education).
EMOTIONAL SUPPORT OR SAFETY SERVICES	
# ____ clients provided with counseling, case management, or therapy services in a non-program location (e.g. homes, libraries, parks).	# of clients provided with counseling, case management, or therapy services in a non-program location. # of sessions provided by staff in a non-program location.
# ____ clients will receive crisis intervention.	# of clients provided with crisis intervention. # of crisis intervention sessions provided by staff.
# ____ clients will receive individual counseling (Non-crisis counseling or follow-up either in-person or over the phone (or via email, Facebook, etc.)).	# of clients provided with individual counseling. # of individual counseling sessions provided by staff.
# ____ clients will receive therapy.	# of clients provided with therapy. # of therapy sessions provided by staff.
# ____ clients will receive group support.	# of clients provided group support. # of group support sessions provided by staff.
# ____ clients will receive emergency financial assistance.	# of clients provided with emergency financial assistance. # of times staff provided emergency financial assistance.
SHELTER/HOUSING SERVICES	
# ____ clients will receive relocation assistance.	# of clients provided with relocation assistance. # of times staff provided relocation assistance.

# ____ clients will receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing)	# of clients provided with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing) # of times staff provided assistance with receive housing advocacy, or help with implementing a plan for obtaining housing (e.g., accompanying client to apply for Section 8 housing)
CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE	
# ____ clients will receive criminal advocacy/accompaniment.	# of clients provided criminal advocacy/accompaniment. # of times staff provided criminal advocacy/accompaniment.
# ____ clients will receive civil advocacy/accompaniment (includes victim advocate assisting with orders of protection).	# of clients provided civil advocacy/accompaniment. # of times staff provided civil advocacy/accompaniment.

B. Funding Information

This program will be supported with state General Revenue funds appropriated to the Illinois Criminal Justice Information Authority for grants related to trauma centers.

1. Award period

Grant awards resulting from this opportunity will have a target period of performance of February 18, 2019, to June 30, 2020. The funding period for this grant program will not exceed 36 months.

2. Available Funds

A total of \$2.2 million in funding is available through this solicitation. Additional funding of up to \$1 million annually may be awarded to each funded program after the initial performance period, contingent upon satisfactory performance, demonstrated need, and availability of funds. The table below details planned allocation of available funding. Funds may be shifted between categories to maximize funding impact.

Program Category	Available funds	Minimum Award	Maximum Award
Category 1: Establish New Trauma Recovery Center	\$2,000,000	\$250,000	\$500,000

Category 2: Enhance Existing Trauma Recovery Center	\$200,000	\$50,000	\$150,000
Totals:	\$2,200,000		

Agreements that result from this funding opportunity are contingent upon and subject to the availability of sufficient funds.

Applications must include an Implementation Schedule describing how program activities will be carried out. The Implementation Schedule must include information that will allow ICJIA to assess grant activity relative to planned project performance.

C. Eligibility Information

An entity may not apply for a grant until the entity has registered and pre-qualified through the Grant Accountability and Transparency Act (GATA) Grantee Portal, www.grants.illinois.gov/portal. Registration and pre-qualification are required each state fiscal year. During pre-qualification, verifications are performed including a check of federal SAM.gov Exclusion List and status on the Illinois Stop Payment List. The Grantee Portal alerts the entity of “qualified” status or informs how to remediate a negative verification (e.g., inactive DUNS, not in good standing with the Secretary of State). Inclusion on the SAM.gov Exclusion List cannot be remediated.

Applicants are also required to submit a financial and administrative risk assessment utilizing an Internal Controls Questionnaire (ICQ) for state fiscal year 2020 and obtain approval from their cognizant agencies before execution of the grant agreement. Delay in obtaining SFY20 ICQ approval will result in a delay in grant execution.

1. Eligible Applicants

Eligible applicants must meet the following requirements.

Category 1: Establish New Trauma Recovery Center

Eligible applicants include:

- Public or non-profit hospital that provides trauma care to more than 500 Illinois residents annually and has a Level I or Level II Adult or Pediatric Trauma Center designation by the Illinois Department of Public Health.
- A community-based non-profit agency registered in and in good standing with the State of Illinois that provides mental health services and is engaged in a formal partnership with a public or non-profit hospital that provides trauma care to more than 500 Illinois residents annually and has a Level I or Level II Adult or Pediatric Trauma Center designation by the Illinois Department of Public Health. A memorandum of understanding (MOU) and draft protocols for information sharing and access to patients for non-hospital staff are required as evidence of formal partnerships.

Category 2: Enhance Existing Trauma Recovery Center

Eligible applicants include:

- A public or non-profit hospital in Illinois currently operating a Trauma Recovery Center supported primarily with ICJIA-administered Victims of Crime Act grant funds.

2. Cost Sharing or Matching

There are no requirements for cost sharing or matching funds.

3. Indirect Cost Rate

In order to charge indirect costs to a grant, the applicant organization must have an annually negotiated indirect cost rate agreement (NICRA). There are three types of NICRAs:

- a) Federally Negotiated Rate. Organizations that receive direct federal funding, may have an indirect cost rate that was negotiated with the Federal Cognizant Agency. Illinois will accept the federally negotiated rate. The organization must provide a copy of the federal NICRA letter at time of application.
- b) State Negotiated Rate. The organization may negotiate an indirect cost rate with the State of Illinois if they do not have a Federally Negotiated Rate. If an organization has not previously established an indirect cost rate, an indirect cost rate proposal must be submitted through the State of Illinois' centralized indirect cost rate system no later than three months after receipt of a Notice of State Award (NOSA). If an organization previously established an indirect cost rate, the organization must annually submit a new indirect cost proposal through centralized indirect cost rate system within the earlier of: six (6) months after the close of the grantee's fiscal year; and three (3) months of the notice of award.
- c) De Minimis Rate. An organization that has never negotiated an indirect cost rate with the Federal Government or the State of Illinois is eligible to elect a *de minimis* rate of 10% of modified total direct cost (MTDC). Once established, the *de minimis* Rate may be used indefinitely. The State of Illinois must verify the calculation of the MTDC annually in order to accept the *de minimis* rate.

All grantees must complete an indirect cost rate negotiation or elect the *de minimis* rate to claim indirect costs. Indirect costs claimed without a negotiated rate or a *de minimis* rate election on record in the State of Illinois' centralized indirect cost rate system may be subject to disallowance. It is the organization's responsibility to ensure that any indirect cost rate utilized is properly registered in the GATA Portal. Failure to register the rate properly may restrict an organization from charging indirect costs to a grant.

Grantees have discretion and can elect to waive payment for indirect costs. Grantees that elect to waive payments for indirect costs cannot be reimbursed for indirect costs. The

organization must record an election to “Waive Indirect Costs” into the State of Illinois’ centralized indirect cost rate system.

4. Other

Only one application per applicant may be submitted. If more than one application is submitted by an applicant or if an applicant is party to more than one application, none of the applicant’s applications will be reviewed.

D. Application and Submission Information

1. Accessing Application Package

Applications must be obtained at <https://grants.icjia.cloud/> by clicking on the link titled “SFY20 Trauma Recovery Center.” Paper copies of application materials may be requested from Jason Wynkoop by calling (312) 793-1301; mailing 300 West Adams Street, Suite 200, Chicago, Illinois 60606; or via Telephone Device for the Deaf (TDD) (312) 793-4170. Applications, however, may only be submitted via email.

2. Content and Form of Application Submission

a) Notice of Intent

Agencies interested in applying are strongly encouraged to complete an online Notice of Intent form by 11:59 p.m. on December 3, 2019. Submission of a Notice of Intent is nonbinding and will only be used for internal planning purposes. Upon receipt of a Notice of Intent, ICJIA will offer technical assistance to agencies that have not yet demonstrated GATA compliance.

Failure to submit a Notice of Intent by the deadline may result in an agency not receiving technical assistance on GATA compliance, therefore risking grant ineligibility.

The online Notice of Intent is available at [Link for Notice of Intent](#). Information required to complete the Notice of Intent will include:

- Program name.
- DUNS number.
- Locations to be served.
- Program contact information.

b) Forms and Formatting

Each document attached to the email must be submitted in the manner and method described below. Applications that are missing documents will be

rejected. The applicant is responsible for ensuring documents adhere to the instructions provided.

The following materials MUST be submitted by all applicants. The applicant must submit the documents based on the instructions provided below.				
Document	Document Name	PDF	Word	Excel
Uniform Application for State Grant Assistance – This form must be completed, signed, and scanned (PDF), and provide a Word file as well	<i>“Agency Name – Application”</i>	X	X	
Program Narrative – This document must meet the requirements outline in Section A. The narrative must be provided in this document. Do not change the format of this document.	<i>“Agency Name – Program Narrative”</i>		X	
Budget/Budget Narrative – This document is a workbook, with several pages (tabs). The last tab has instructions if clarification is needed.	<i>“Agency Name – Budget”</i>			X
Non-Profit Agency Required Documents				
United States Internal Revenue Service 501(c)(3) determination letter.		X		
Community-Based Agency Required Documents				
Partnership Documents —This is a single PDF of all documents providing evidence of a formal partnership with a hospital.	<i>“Agency Name – Partnership Documents”</i>	X		

c) **Application Formatting**

Please choose the correct narrative for your application category.

Category 1: Establish New Trauma Recovery Center

Program Narratives may not exceed 35 pages, single-spaced, with standard 1” margins. Program Narratives must be written in Times New Roman size 12-point font. Do not delete template questions.

Category 2: Enhance Existing Trauma Recovery Center

Program Narratives may not exceed 20 pages, single-spaced, with standard 1” margins. Program Narratives must be written in Times New Roman size 12-point font. Do not delete template questions.

d) **Partnership Documents**

Please include with your application any agreements with or letters of commitment from third parties as required; agreements and letters of commitment should be included as a single PDF and do not count toward the page limit.

3. Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM)

Each applicant (unless the applicant is an individual or federal or state awarding agency that is exempt from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the federal or state awarding agency under 2 CFR § 25.110(d)) is required to:

- a) Be registered in SAM before submitting its application. To establish a SAM registration, go to www.SAM.gov and/or utilize this instructional link: [How to Register in SAM from the www.grants.illinois.gov Resource Links tab](#);
- b) Provide a valid DUNS number in its application. To obtain a DUNS number, visit from Dun and Bradstreet, Inc., online at www.dunandbradstreet.com or call 1-866-705- 5711; and
- c) Continue to maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by a federal or state awarding agency. ICJIA may not make a federal pass-through or state award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time ICJIA is ready to make an award, ICJIA may determine that the applicant is not qualified to receive an award, and may use that determination as a basis for making a federal pass-through or state award to another applicant.

4. Submission Dates, Times, and Method

- a) **All required application materials must be emailed to CJA.SFY20NEWTRCNOFO@Illinois.gov by 11:59 p.m. on December 12,2019, to be considered for funding. The applicant agency name should appear in the Subject line of the email. Proposals will not be accepted by mail, fax, or in-person. Incomplete applications or those sent to another email address will not be reviewed. Late submissions will not be reviewed.**
- b) Applicants are encouraged to submit their applications 72 hours in advance of the deadline. Technical difficulties experienced at any point during the process should be reported immediately to ICJIA by calling Jason Wynkoop at (312) 793-1301 or emailing CJA.SFY20NEWTRCNOFO@Illinois.gov.

Applicants will receive an email reply to their email submission. Applicants that do not receive an email reply to their submission email should immediately

contact Jason Wynkoop at (312) 793-1301 or
CJA.SFY20NEWTRCNOFO@Illinois.gov.

5. Application Questions

Questions may be submitted via email at CJA.SFY20NEWTRCNOFO@Illinois.gov. The deadline for submitted questions is 11:59 p.m. on December 3, 2019. All substantive questions and responses will be posted on the ICJIA website at <https://grants.icjia.cloud/>. Due to the competitive nature of this solicitation, applicants may not discuss the opportunity directly with any ICJIA employee other than the respondent of this email address.

6. Funding Restrictions

- a) Federal Financial Guide. Applicants must follow the current edition of the Department of Justice Grants Financial Guide which details allowable and unallowable costs is available at:
https://ojp.gov/financialguide/doj/pdfs/DOJ_FinancialGuide.pdf. Costs may be determined to be unallowable even if not expressly prohibited in the Federal Financial Guide.
- b) Prohibited Uses. The following is a non-exhaustive list of services, activities, goods, and other costs that cannot be supported through this NOFO:
 - Land acquisition
 - New construction
 - A renovation, lease, or any other proposed use of a building or facility that will either result in a change in its basic prior use or significantly change its size
 - Minor renovation or remodeling of a property either listed or eligible for listing on the National Register of Historic Places or located within a 100-year flood plain
 - Implementation of a new program involving the use of chemicals
 - Capital expenditures
 - Fundraising activities
 - Most food and beverage costs
 - Lobbying
- c) Allowable expenses. All expenses must be reasonable, necessary, and allocable to the program. The following is list of services activities, goods, and other costs that can be supported through this NOFO. Applicants may propose additional services and activities; however, only those that are deemed allowable for the category of the application may be funded.

Category 1: Establish New Trauma Recovery Center

Allowable costs during the grant period are limited to:

- The hiring and training of staff including the TRC program director, clinical director, and mental health clinicians.
- Time working on the protocols and attending required ICJIA meetings.
- Travel necessary to meet requirements of the grant.
- Outreach work to create partnerships with community-based organizations and to increase awareness of the TRC program.

Category 2: Enhance Existing Trauma Recovery Center

Allowable costs during the grant period are limited to expenses that are not included in the program's current budget and are likely to enhance program effectiveness. Examples include:

- TRC Liaison.
- Peer Support Provider.
- Activities that support the professional development or wellbeing of staff.
- Equipment and supplies that enhance the trauma-informed nature of the program.

d) Pre-Award Costs. No costs incurred before the start date of the grant agreement may be charged to awards resulting from this funding opportunity.

e) Pre-approvals. Prior approvals may affect project timelines. In efforts to ensure the reasonableness, necessity and allowability of proposed uses of funds, ICJIA may require prior approval of the following, among other things:

- Out-of-state travel
- Equipment over \$5,000
- Certain Requests for Proposals and sub-contracts
- Conference, meeting, and training costs for grant recipients

Submission of materials for ICJIA approval should be incorporated into the application's Implementation Schedule.

e) State Travel Guidelines. Travel costs charged to ICJIA must conform to State Travel Guidelines, found here:

<https://www2.illinois.gov/cms/Employees/travel/Pages/TravelReimbursement.aspx>. Out-of-state hotel rates are based on the General Service

Administration (GSA) guidelines found here:

<https://www.gsa.gov/travel/plan-book/per-diem-rates>. Applicant agencies with lower cost travel guidelines than the State of Illinois must use those lower rates.

- f) Supplanting. Grant 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. If grant funds will be used for the expansion of an existing program, applicants must explain how proposed activities will supplement, not supplant, current program activities and staff positions. Agencies may not deliberately reduce local, federal, state funds, or other funds because of the existence of these grant funds. A written certification may be requested by ICJIA stating that these funds will not be used to supplant other state, local, federal, or other funds.

Supplanting will be the subject of application review, as well as pre-award review, post-award 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.

- g) Proposed Subawards and Subcontracts. Applicants may propose to enter into subawards or subcontracts under this award, each of which involve different rules and applicant responsibilities. A subaward carries out a portion of the grant agreement while a contract is often for obtaining goods and services for the grantee's own use. (44 Ill. Admin Code 7000.240). If a third party will provide some of the essential services, or develop or modify a product, that the applicant has committed to provide or produce, ICJIA may consider the agreement with the third party a subaward for purposes of grant administration.

Applicants must classify each expense in the contractual budget as a subaward or subcontract. The substance of the agreement, not the title or structure of the agreement, will determine whether it is a subaward of a subcontract. Applicants are advised to use the "Checklist for Contractor/Subrecipient Determinations" available at the GATA Resource Library for guidance:

<https://www.illinois.gov/sites/gata/pages/resourcelibrary.aspx>.

Applicants are required to justify their use of subawards and explain their capacity to serve as "pass-through" entities in the program narrative. Applicants will monitor subaward compliance with grant terms, applicable federal and state law including the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Award, 2 C.F.R. Part 200, the Grant Accountability and Transparency Act, 44 Ill. Admin. Code 7000, and ICJIA policies. Proposed subawards must be identified, if possible, and their roles described in both the program and budget narratives.

For procurement contracts, applicants are encouraged to promote free and open competition in awarding contracts. All subcontracts must comply with federal and state requirements as well as the ICJIA Subcontract Policy. Some

agreements may be entered into through a “sole source” process, however, other agreements must be competitively bid through a “Request for Proposal” process.

ICJIA will make the final determination whether a proposed agreement constitutes a subaward or a subcontract. ICJIA’s determination is final and not subject to appeal.

7. Other Submission Requirements

Applicant Technical Assistance Recording. Applicants are advised to view the following mandatory technical assistance recordings prior to application submission. All recordings are located on the [ICJIA YouTube channel](#).

- NOFO Programmatic Requirements

The recordings will be available for viewing beginning at 4:00 p.m. on November 5, 2019.

E. Application Review Information

1. Criteria

Application materials must address all components of this NOFO and demonstrate both a need for the program and an ability to successfully implement the program. Reviewers will score applications based on completeness, clear and detailed responses to program narrative questions, and inclusion of all mandatory program elements as well as consideration of past performance history and/or financial standing with ICJIA. The applicant must demonstrate that costs are reasonable, necessary, and allowable.

Category 1: Establish New Trauma Recovery Center

The total number of points available is 100. The minimum score to qualify for funding is 70, with at least 27 points in Proposed Program.

Scoring Criteria		Possible Points
Statement of the Problem:		17
• Demographics of population		3
• Types of crime victims to be served		3
• Service needs of victims to be served		3
• Why existing services are unable to meet need		8
Project Implementation:		17
• Description of coordination activities		12
• Coordination group and other stakeholders		5
Proposed Program:		36

• Clients		5
• Assertive outreach and engagement		10
• Comprehensive mental health and services		11
• Coordinated care tailored to individual needs		10
Capabilities and Competencies:		8
• Agency and staff experience in services		4
• Fiscal and grant management		2
• Explain how program expands existing activities		2
Trauma Informed Care:		7
• Model of trauma-informed care		5
• Program space		2
Goals, Objectives and Performance Measures:		5
• Complete with realistic projections		5
Budget Detail:		5
• Budget is complete.		3
• Budgeted items are cost-effective in relation to the proposed activities.		2
Budget Narrative:		5
• Narrative is complete for all line items, clearly detailing how the applicant arrived at and calculated the budget amounts.		5
Total Possible Points		100

Category 2: Enhance Existing Trauma Recovery Center

The total number of points available is 100. The minimum score to qualify for funding is 70.

Scoring Criteria		Possible Points
Statement of the Problem:		20
• Summary of existing program		5
• Identification of existing program needs		10
• Explanation of inadequacy of current funding		5
Proposed Program Enhancements:		40
• Multidisciplinary staff team		10
• Assertive outreach and engagement		10
• Comprehensive mental health and services		10
• Coordinated care tailored to individual needs		10
Trauma Informed Care:		15
• Summary of current practices		5
• Identification of gaps/areas of growth		7
• Program space		3
Goals, Objectives and Performance Measures:		5

• Complete with realistic projections		5
Budget Detail:		10
• Budget is complete.		5
• Budgeted items are cost-effective in relation to the proposed activities.		5
Budget Narrative:		10
• Narrative is complete for all line items, clearly detailing how the applicant arrived at and calculated the budget amounts.		10
Total Possible Points		100

2. Review and Selection Process

All applications will be screened for completeness and GATA ICQ submission for the current state fiscal year. Applications from agencies do not have a current ICQ submitted by the date of application will not be reviewed.

Proposals that pass the screening process will be reviewed by evaluation panels of three or more professionals, each panel being led by an ICJIA staff person trained to review applications for this NOFO. Applications must receive an average score of 75 points for funding consideration. Proposals receiving the highest average scores in each category will be considered first for funding. In Category 1, ICJIA will award funding to the highest-scoring qualifying applicant in each region before awarding to additional applicants. Considerations for choosing additional applicants may include, but are not limited to, average score, program location relative to other TRC programs, and score in the Project Implementation category. For the purposes of this NOFO, geographic regions include Cook County (including Chicago), Collar/Northern counties (excluding Cook), and Central/Southern counties. See *Appendix A* for a listing of counties by region. Category 2 applications are evaluated without regard to region and applicants earning an average score of 70 points or higher will be funded.

ICJIA reserves the right to reject any or all incomplete proposals, proposals including unallowable activities, proposals that fail to meet eligibility or program requirements, or proposals that are otherwise deemed to be unsatisfactory. ICJIA also reserves the right to invite applicants to answer clarifying questions and modify budgets that include unallowable or unreasonable costs. NOFO application budgets will be reviewed for completeness and cost-effectiveness. ICJIA will perform an in-depth budget review of all grants awarded through this NOFO later. ICJIA may require budget modifications after a grant is awarded, but the modifications will not materially change the nature of the program or services.

Review panel recommendations will be forwarded to the ICJIA Budget Committee for approval. Applicants will be notified of the Budget Committee's decision.

Successful applicants whose applications contained unallowable or unreasonable costs will have their award reduced by the total amount of those costs. Upon applicant acceptance of the grant award, announcement of the grant award shall be published by the awarding agency to the GATA portal.

3. Appeal Process

Unsuccessful applicants may request a formal appeal. Only the evaluation process is subject to appeal. Evaluation scores and funding determinations may not be contested and will not be considered by ICJIA's Appeals Review Officer. The appeal must be via email and submitted within 14 calendar days after either the date the grant award notice is published or receipt of a Funding Opportunity Declination Letter from ICJIA, whichever comes first. The written appeal must include, at a minimum, the following:

- Statement indicating a request for a formal appeal.
- The name and address of the appealing party.
- Identification of the grant program.
- A statement of reason for the appeal.

Please send your appeal to:

Appeals Review Officer
Illinois Criminal Justice Information Authority
CJA.ARO@Illinois.gov

Once an appeal is received, ICJIA will acknowledge receipt of an appeal within 14 calendar days from the date the appeal was received. ICJIA will respond to the appeal, in writing, within 60 days or supply a written explanation as to why additional time is required. The appealing party must supply any additional information requested by ICJIA within the time period set in the request. ICJIA will resolve the appeal by means of written determination.

The determination will include:

- Review of the appeal.
- Appeal determination.
- Rationale for the determination.
- Standard description of the appeal review process and criteria.

4. Debriefing Process

Unsuccessful applicants may request a debriefing for feedback that could help them improve future funding applications. Debriefings will take the form of written advice to applicants on the strengths and weaknesses of their applications in terms of the evaluation and review criteria.

Requests for debriefings must be made via email and submitted within seven calendar days after receipt of notice. Debriefing requests will not be granted if there is an active appeal, administrative action, or court proceeding. The written debriefing requests shall include at a minimum the following:

- The name and address of the requesting party
- Identification of grant program
- Reasons for the debrief request

Please send requests to:

Jason Wynkoop
Illinois Criminal Justice Information Authority
CJA.SFY20NEWTRCNOFO@Illinois.gov

5. Programmatic Risk Assessment

All applicant agencies recommended for funding will be required to submit a completed ICJIA Programmatic Risk Assessment (PRA). This assessment will identify elements of fiscal and administrative risk at the program level and will be used to determine required specific conditions to the interagency agreement. The PRA must be completed for the program agency.

Implementing Agency vs. Program Agency

An implementing agency is the legal entity that receives state funds, such as a county.

A program agency:

- Is a subdivision of the implementing agency, such as a county probation department.
- Carries out program operations.
- Is responsible for data and fiscal reporting.

PRAs completed for other state agencies will not be accepted by ICJIA.

6. Anticipated Announcement and State Award Dates

Task	Date
NOFO posted	November 5, 2019
Technical Assistance Recording Available	November 5, 2019
Notices of Intent due	11:59 p.m., December 3, 2019

NOFO question submission deadline	December 3, 2019
Applications due	11:59 p.m., December 12, 2019
Budget Committee review/approval of recommended designations	January 2020
Program start date	February 18, 2020

F. Award Administration Information

1. State Award Notices

The ICJIA Budget Committee is scheduled to review and approve designations in January 2020.

ICJIA will transmit a Notice of State Award (NOSA), and the grant agreement to successful applicants after the Budget Committee reviews and approves designations. The NOSA will detail specific conditions resulting from pre-award risk assessments that will be included in the grant agreement. The NOSA must be accepted through the Grantee Portal unless an alternative distribution has been established by ICJIA. The NOSA is not an authorization to begin performance or incur costs.

ICJIA also requires additional documents to be submitted prior to the execution of an agreement, including:

- Fiscal Information Sheet
- Audit Information Sheet
- Programmatic Risk Assessment

2. Administrative and National Policy Requirements

In addition to implementing the funded project consistent with the approved project proposal and budget, agencies selected for funding must comply with applicable grant terms and conditions and other legal requirements, including, but not limited to the ICJIA Financial Guide and Policy and Procedure Manual, the Grant Accountability and Transparency Act, and the U.S. Department of Justice Grants Financial Guide, which will be included in the award documents, incorporated into the award by reference, or are otherwise applicable to the award.

Additional programmatic and administrative special conditions may be required. Conditions for this grant include (but are not limited to):

- Participation in required meetings hosted by ICJIA to review assessment tools, database systems, and protocols grantees will use to operate their programs and fulfill grant requirements.

- Program Director and additional staff site visit to UCSF TRC scheduled by ICJIA to receive technical assistance during the period of performance.
- Submission of draft TRC protocols to ICJIA for review by May 31, 2020.

3. Reporting

Recipients must submit periodic financial reports, progress reports, final financial and progress reports, and, if applicable, an annual audit report in accordance with the 2 CFR Part 200 Uniform Requirements. Future awards and fund drawdowns may be withheld if reports are delinquent.

G. State Awarding Agency Contact

For questions and technical assistance regarding application submission, contact:

Jason Wynkoop
Illinois Criminal Justice Information Authority
CJA.SFY20NEWTRCNOFO@Illinois.gov

H. Other Information

Neither the State of Illinois nor ICJIA are obligated to make any award as a result of this announcement. The ICJIA Executive Director or designee has sole authority to bind ICJIA to the expenditure of funds through the execution of grant agreements.

This application is subject to the Illinois Freedom of Information Act. Any information that the applicant believes should be exempt under FOIA should clearly highlight the information that is exempt and the basis of the exemption.

Upon notification of availability of fiscal year 2021 state grant funding for this initiative, ICJIA will release another NOFO. Funding support will be directed to trauma recovery centers that have developed protocols incorporating the core elements and program requirements articulated in this NOFO.

Appendix A

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