* 1. Executive Summary (One page maximum)

1. If applicable, check the underserved group your proposed program will reach (select all that apply):

* Older adults (i.e. aged 60+)
* Homeless
* LGBTQ+
* Males
* People with disabilities
* People of color
* Second Language Learners
* Victims with an undocumented immigration status

Applicant must include unique approaches to addressing this underserved group(s) in all the Program Requirements sections.

1. Problem Statement

## Please list the count(ies) to be served by your program:

## If applicant is proposing a program to serve a portion of a county, please specify those municipalities and/or neighborhoods.

## Describe the problem in your service area that demonstrates the need for your proposed program. This may include a description of available indicators on the extent of victimization and legal assistance sought in your service area. Some county-level data may be retrieved from the Authority’s Research & Analysis Unit website<https://icjia.illinois.gov/researchhub/datasets>.

## Describe strengths and challenges of the community to be served. A minimum of two strengths and two challenges are essential and must be related to the problem described in question 3C.

## Community characteristics. Please complete the table below to describe demographics and other characteristics of your service area. Illinois statistics are also provided for your information. Most percentages can be obtained from [U.S. Census Bureau QuickFacts](http://www.census.gov/quickfacts/table/PST045215/00). (Click Add/Remove Geographies and enter one or more geographic areas.).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service area. Please list cities and/or counties to be served by your program: | | | Illinois (statewide) | |
|  | Number | Percent | Number | Percent |
| Total population of area served, 2018 |  | 100% | 12,741,080 | 100% |
|  | Percent | | Percent | |
| Ethnicity: Hispanic or Latino |  | | 17.4 | |
| Race: American Indian and Alaska Native alone |  | | 0.6 | |
| Race: Asian alone |  | | 5.9 | |
| Race: Black or African American alone |  | | 14.6 | |
| Race: Native Hawaiian and Other Pacific Islander alone |  | | 0.1 | |
| Race: White alone, not Hispanic or Latino |  | | 61.0 | |
| Race: Two or more races |  | | 2.0 | |
| Foreign-born persons, 2013-2017 |  | | 14.0 | |
| Language other than English spoken at home, % of persons ages 5+ years, 2013-2017 |  | | 22.8 | |
| High school graduate or higher, % of persons ages 25+ years, 2013-2017 |  | | 88.6 | |
| Bachelor’s degree or higher, % of persons ages 25+ years, 2013-2017 |  | | 33.4 | |
| With a disability, % under age 65, 2013-2017 |  | | 7.1 | |
| In civilian labor force, % of population ages 16+ years, 2013-2017 |  | | 65.2 | |
| In civilian labor force, female, % of population ages 16+ years, 2013-2017 |  | | 60.4 | |
| Persons in poverty, % |  | | 12.1 | |
|  | Dollars | | Dollars | |
| Median household income, 2013-2017 |  | | $61,229 | |
| Median gross rent, 2013-2017 |  | | $952 | |

**Community characteristics of area to be served**

Data to complete the table below can be retrieved from: <https://www.census.gov/quickfacts/fact/table/US/PST045218>

1. Agency Capacity and Experience

## Describe history of providing legal assistance for victims of crime. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions. If agency is new, state whether a minimum of 25 percent of its financial support comes from sources other than the Crime Victims Fund.

## Describe the applicant agency’s geographical and jurisdictional limitations to provide services. Include how clients outside of these limitations are supported.

## Describe fiscal experience and capacity to manage grants. Include all non-state funding sources that support legal assistance programming. Include quantitative (e.g. size of budget and number of grants) and qualitative (e.g. process and procedure; summary of previous management) descriptions.

## If applicant does not have a history of providing services for this specific focus area please explain how the applicant will build capacity to provide them. This explanation should include at least one capacity building example and demonstrate a strong understanding of such services.

## If applicable, describe history of providing services to the selected underserved groups listed on page 1. Include quantitative (e.g. years of service; number of clients served last year) and qualitative (e.g. description of services provided; client case summaries) descriptions.

## If applicant currently receives VOCA funding, discuss how the proposed program complements existing funding.

1. Proposed Program
2. Check at least one type of legal assistance to be provided:

\_\_\_ Emergency Legal Assistance

\_\_\_ Victim Rights Enforcement

\_\_\_ Civil Legal Assistance

For each type of legal assistance checked above, please describe in detail the proposed services and program rationale.

1. Programs must commit to providing services to at least one of the victim populations below. Programs are not limited to providing services to the population chosen. Please indicate the populations that your program intends to serve.

\_\_\_ Domestic Violence Victims

\_\_\_ Elderly Victims

\_\_\_ Human Trafficked Victims

\_\_\_ Financial Exploitation Victims

\_\_\_ Sexual Violence Victims

* 1. For each selected victim population, please describe the applicant’s understanding of this victim group’s needs and discuss how the program is designed to meet these needs.
  2. If applicant has not served a selected victim population, please explain how the applicant will build capacity to serve this or these victim type(s). This explanation should include at least one capacity building example.
  3. If applicable please indicate other victim populations you intend to serve under this program, including the applicants understanding of each additional victim populations needs and the how the program is designed to meet these needs. If you have not served these other victim populations, please explain how you will build capacity to serve these population groups. This explanation should include at least one capacity building example.

## Describe activities that will promote and direct potential clients to the proposed services. At minimum, include method, language(s), venues and past experiences in this activity.

## Project the number of clients to be served during the grant period. Explain and justify this projection.

## Describe the client referral and intake process, including, but not limited to, intake questions, and criteria for acceptance. Please briefly explain the referral process when a case is not accepted due to eligibility or organizational capacity. Also provide justification for these practices.

## Describe how applicant agency will address the following barriers to accessing legal assistance. At minimum, the response must include a plan to provide a low barrier screening and intake process.

## Program eligibility independent of victim income

## Hours of operation and intake beyond traditional working hours

## Interpretation services

## Transportation support for clients that request this support. This support can

include transportation costs and assistance for victims to receive direct services and to participate in criminal justice proceedings related to the crime.

1. State if services are provided free of charge. Please affirm that your program will not use a client’s income and assets to determine eligibility.
2. List the types of assistance that the applicant agency will not be able to provide and to who clients with such needs will be referred.
3. Aside from issues already discussed, please describe any additional challenges your clients may encounter. This includes life events prior to and during program participation. Explain how your program will address those challenges. Include at least one example each of challenge at the individual, family and community levels and how the program will address these.
4. Describe collaborative partners, any history of collaboration, and each partner’s role in your proposed program. Applicants must include Letters of Commitment from each collaborative partner describing their specific role in your proposed program. Attach all Letters of Commitment to the grant application. Letters submitted separately from the application will not be accepted.
5. After reviewing “Trauma and Trauma Informed Care” in *Attachment A*, describe how the proposed program will incorporate each key component and key principles of trauma informed services. Specifically, describe agency trainings provided and how the proposed services implement victim centered approaches and address matters of safety. If the applicant’s legal services are not currently victim centered and trauma informed, describe the plan to build staff capacity in this area.
6. Please complete the following Implementation Schedule.

**DELIVERABLES OR MILESTONES**

|  |  |  |
| --- | --- | --- |
| **Task** | **Staff Position Responsible** | **Date Due** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Submit quarterly data report to the Authority |  | 15th of the following month end of the quarter |
| Submit quarterly fiscal reports to the Authority |  | 15th of the month following the end of the |

1. Staffing Plan

List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; reporting and supervision structure; time budgeted, and funding source.

Report the total number of full-time equivalent (FTE) staff to be funded by the program during the grant period. FTE is the ratio of the staff person’s total number of funded hours during a period (part-time, full-time, and contracted hours) by the number of hours in the average full-time work week.

Report staff by the job activities performed, not by title or location. Also report employees who are part-time and/or only partially funded with these funds and any consultants/contractors.

1. Describe how attorney(s) will collaborate with victim advocate(s) and/or other staff (in or outside applicant agency) to best support client(s).
2. Describe how the social worker (optional), will work with attorney(s), assess the client(s) needs and improve on the services for the client(s).
3. Describe how cases are assigned and supervised.
4. Describe how the agency will ensure that all staff working with client(s), receives the required training for each victimization group proposed.
5. Describe how the proposed program will include staff trauma skills training and consultation to improve informed response to clients and increase their knowledge and utilization of strategies for mitigating vicarious trauma among staff. Include plan to hold at least one training.
6. Report the total number of full-time equivalent (FTE) staff to be funded by the program during the grant period. FTE is the ratio of the staff person’s total number of funded hours during a period (part-time, full-time and contracted hours) by the number of hours in the average full-time work week.
7. Describe how the proposed program will utilize volunteers and describe volunteer training.

Report staff by the function(s) performed, not by title or location. Also report employees who are part-time and/or only partially funded with these funds and any consultants/contractors.

**Include employees who are funded with any required grant match.**

All activities provided by the following staff must be fully explained in the budget narrative.

|  |  |  |
| --- | --- | --- |
| PROGRAM-FUNDED STAFF | # of positions | Total FTE |
| Managing Attorney/Attorney |  |  |
| Administrator (fiscal manager, executive director) |  |  |
| Support Staff (administrative assistant, bookkeeper, accountant) |  |  |
| Bi-Lingual Support staff |  |  |
| Paralegal |  |  |
| Social Worker/Case Manager (optional) |  |  |
| Other (specify): |  |  |
| Other (specify): |  |  |
| TOTAL |  |  |

## Attach job descriptions and documentation of required training for each position. Place an asterisk by each VOCA grant-allowable activity in the job descriptions.

1. Goals and Objectives   
     
   The following table depicts process objectives linked to performance indicators to show progress toward the proposed program goal. Complete the table by entering ambitious yet realistic numbers for each objective based on your proposed program. Applicants will report on process performance measures quarterly.

|  |  |
| --- | --- |
| **GOAL: To provide victims comprehensive legal services.** | |
| Process Objectives | Process Performance Measures |
| Provide \_\_\_ (#) of clients with comprehensive legal services. | Number of clients who contacted provider for legal services |
| Number of clients who received legal services |
| Provide comprehensive legal services to clients at provider’s full capacity. | Number of client’s ineligible for legal services |
| Number of eligible clients with unaddressed legal needs due to organizational capacity |
| Number of clients placed on a waiting list for legal services |
| Number of clients referred to other legal providers |
| **Emergency legal services:**  *only complete if applicant is proposing to implement emergency legal services* | |
| Provide \_\_\_\_ (#) of clients with emergency legal services. | Number of clients who contacted provider for emergency legal services |
| Number of clients who received emergency legal services |
| Provide emergency legal services to clients at provider’s full capacity. | Number of clients with unaddressed emergency legal service needs due to organizational capacity |
| Number of clients referred to other legal providers for emergency legal service needs |
| \_\_\_\_clients will receive assistance with emergency orders of protection, civil no contact orders, or stalking no contact orders. | Number of clients who received assistance with emergency protective orders |
| \_\_\_\_clients will receive assistance with emergency custody or visitation rights. | Number of clients who received assistance with emergency custody or visitation rights |
| **Victim rights enforcement training to staff and services to clients:**  *only complete if applicant is proposing to implement victim rights enforcement training to staff and services to clients* | |
| \_\_\_ number of trainings about victim rights enforcement will be provided to staff providing legal services. | Number of staff trained on victim rights |
| Provide \_\_\_\_ (#) of clients with victim rights enforcement services. | Number of clients who contacted provider for victim rights enforcement services |
| Number of clients who received victim rights enforcement services |
| Provide victim rights enforcement services to clients at provider’s full capacity. | Number of clients with unaddressed victim rights enforcement needs due to organizational capacity |
| Number of clients referred to other legal providers for victim rights enforcement needs |
| \_\_\_\_clients will receive assistance with completing a victim impact statement. | Number of clients assisted with completing a victim impact statement |
| \_\_\_\_clients will receive assistance with exercising other victim rights. | Number of clients assisted with exercising other victim rights |
| **Civil legal services:**  *only complete if applicant is proposing to implement civil legal services* | |
| Provide \_\_\_\_ (#) of clients with civil legal services. | Number of clients who contacted provider for civil legal services |
| Number of clients who received civil legal services |
| Provide civil legal services to clients at provider’s full capacity. | Number of clients with unaddressed civil legal service needs due to organizational capacity |
| Number of clients referred to other legal providers for civil legal service needs |
| \_\_\_\_clients will receive assistance related to plenary orders of protection, civil no contact orders, or stalking no contact orders. | Number of clients who received assistance with court-issued plenary protective orders |
| \_\_\_\_clients will receive assistance related to campus administrative protection/stay-away orders. | Number of clients who received assistance with campus protective orders |
| \_\_\_\_clients will receive legal assistance related to non-emergency family matters, including divorce, custody, support and dependency. | Number of clients who received legal assistance related to non-emergency family matters |
| \_\_\_\_clients will receive legal assistance related to housing matters. | Number of clients who received legal assistance related to housing matters |
| \_\_\_\_clients will receive legal assistance related to employment matters. | Number of clients who received legal assistance related to employment matters |
| \_\_\_\_clients will receive legal assistance related to immigration matters. | Number of clients who received assistance related to immigration matters |
| \_\_\_\_clients will receive legal assistance related to intervention with creditors, law enforcement (e.g., to obtain police records), or other entities on behalf of victims of identity theft and financial fraud. | Number of clients who received legal assistance related to intervention with creditors, law enforcement (e.g. obtaining police records), or other entities on behalf of victims of identity theft and financial fraud |
| \_\_\_\_clients will receive legal assistance related to intervention with schools/colleges in addressing the consequences of victimization. | Number of clients who received legal assistance related to intervention with schools/colleges in addressing the consequences of victimization |
| \_\_\_\_clients will receive legal assistance related to intervention with other organizations in addressing the consequences of a person's victimization. | Number of clients who received legal assistance related to intervention with other organizations in addressing the consequences of victimization |
| \_\_\_\_clients will receive assistance related to filing a motion to vacate and/or expunge certain convictions based on their status of being victims | Number of clients assisted with vacating and/or expunging convictions |
| **Other client support services and staff training** | |
| \_\_\_\_ (# or %) clients [with limited English proficiency] will receive assistance with language interpretation. | Number of clients enrolled in program with limited or no English proficiency |
| Number of clients who received assistance with language interpretation. |
| \_\_\_\_ (#) clients will receive assistance with transportation. | Number of clients who received assistance with transportation |
| Provide \_\_\_\_ (#) of trauma skills training/consultations with staff to improve trauma-informed response. | Number of trauma skills trainings/consultations held with staff |
| Number of staff who successfully completed training/consultations |
| Provide \_\_\_\_ (#) of other, more specialized trainings/technical assistance sessions with staff to enhance delivery of program services. | Number of specialized trainings/technical assistance sessions provided to staff |
| Number of staff who successfully completed specialized trainings/technical assistance sessions |
| **If applicable:**  Additional Service Objective:  (*Example: Clients assisted in completing crime victim compensation applications*) | *(Example: Number of clients that were offered XX service.*  *Number of clients who accessed XX service.)* |
| Additional Service Objective: | Number of clients that were offered XX service  Number of clients who accessed XX service |
| Additional Service Objective: | Number of clients that were offered XX service  Number of clients who accessed XX service |