* 1. Executive Summary (One page maximum)

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

* Elderly
* 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 victims of crimes including, but not limited to, domestic violence (including intimate partner violence), human trafficking, anti-LGBTQ+ violence, and forced labor in your service area. Some county-level data may be retrieved from the Authority’s [Research & Analysis Unit](http://www.icjia.state.il.us/research/overview) website (Click the DATA tab to view downloadable 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). To obtain the rental vacancy rate, go to the [U.S. Census Bureau's Selected Housing Characteristics](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP04&src=pt) page (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, 2015 |  | 100% | 12,859,995 | 100% |
|  | Percent | | Percent | |
| Ethnicity: Hispanic or Latino, 2015 |  | | 16.9 | |
| Race: American Indian and Alaska Native alone, 2015 |  | | 0.6 | |
| Race: Asian alone, 2015 |  | | 5.5 | |
| Race: Black or African American alone, 2015 |  | | 14.7 | |
| Race: Native Hawaiian and Other Pacific Islander alone, 2015 |  | | 0.1 | |
| Race: White alone, not Hispanic or Latino, 2015 |  | | 61.9 | |
| Race: Two or more races, 2015 |  | | 1.9 | |
| Foreign-born persons, 2010-2014 |  | | 13.9 | |
| Language other than English spoken at home, % of persons ages 5+ years, 2010-2014 |  | | 22.5 | |
| High school graduate or higher, % of persons ages 25+ years, 2010-2014 |  | | 87.6 | |
| Bachelor’s degree or higher, % of persons ages 25+ years, 2010-2014 |  | | 31.9 | |
| With a disability, % under age 65, 2010-2014 |  | | 7.0 | |
| In civilian labor force, % of population ages 16+ years, 2010-2014 |  | | 65.9 | |
| In civilian labor force, female, % of population ages 16+ years, 2010-2014 |  | | 61.0 | |
| Persons in poverty, % |  | | 14.4 | |
| Rental vacancy rate, 2014 (See instructions for more information) |  | | 6.7 | |
|  | Dollars | | Dollars | |
| Median household income, 2010-2014 |  | | $57,166 | |
| Median gross rent, 2010-2014 |  | | $903 | |

**Community characteristics of area to be served**

1. Agency Capacity and Experience

## Describe history of providing housing and/or victim services. If agency is new, state whether a minimum of 25 percent of its financial support comes from non-federal sources.

## Describe lessons learned from providing these services.

## Describe fiscal experience and capacity to manage grants. Include all major funding sources and specify transitional housing funding received, if applicable.

## Describe how the applicant agency will sustain the transitional housing program at the end of the three-year funding period.

## 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.

## Describe fiscal experience and capacity to manage grants. Include all funding sources that support victim service 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 currently receives VOCA funding, discuss how the proposed program complements existing funding.

1. Proposed Program

## Describe the proposed transitional housing program including program model(s), rent structure(s), and estimated number of available housing units (See page 32 of NOFO for description of common models and rent structures.).

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

## Describe referral mechanisms, eligibility criteria, and program policies, including their rationales.

## Describe how the program will provide the required supportive services that will be offered to adult and child residents, including rationale. See page 10 of NOFO for list of services.

## If supportive services offered include child care describe how services will be provided. (please note; licensing and insurance will be required for off-site child care services and must be explained)

## If supportive services offered include transportation describe how services will be provided and tracked. (please note; licensing, insurance and tracking process will be required for transportation services and must be explained)

## Describe the challenges your clients may face. This includes life events prior to and during program participation. Explain how your program will address those challenges.

## Describe how your proposed program, policies, and support services will be trauma-informed (See page 31 of NOFO for a list of core principles for trauma-informed services).

## 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.

## Please describe the benchmarks that demonstrate to clients and staff that progress is being made and the process the program uses to determine when a client has successfully completed the program and is ready to transition to permanent housing.

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.

**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 |
| Case Manager (mandatory) |  |  |
|  |  |  |
| Victim advocate |  |  |
| Administrator (fiscal manager, executive director) |  |  |
| Program Coordinator |  |  |
| Support staff (administrative assistant, bookkeeper, accountant) |  |  |
| Translator/interpreter |  |  |
| 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 and outcome 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 should create a program specific objective and performance measure for each program activity provided by the proposed program in addition to the objective and performance measures included below, example: Provide #\_\_\_ clients with transportation each quarter. List a minimum of three additional support service objectives for the program.

|  |  |
| --- | --- |
| **Goal**: To provide victims of crime and their children with pathways to safe, permanent housing and help victims increase self-sufficiency, interdependence through individualized trauma-informed services. | |
| **Objective** | **Performance Measure** |
| Screen # \_\_\_\_ adult clients for program within 90 days of contract execution. | Number of adult clients screened |
| Place # \_\_\_\_ adults into transitional housing during the first year. | Number of adult clients placed. |
| Place # \_\_\_\_ children into transitional housing during the first year. | Number of children placed. |
| Conduct # \_\_\_\_ client/family needs assessments within \_\_\_\_ days of placement. | Number of clients assessed within \_\_\_ (#) days.  Number of clients assessed after \_\_\_ (#) days. |
| Case manager will meet #\_\_\_\_ times each quarter with each client/family enrolled in transitional housing. | Total number of client/family meetings held. |
| Provide #\_\_\_\_ clients with [insert service type here] each quarter. | Insert |
| Provide #\_\_\_\_ clients with [insert service type here] each quarter. | Insert |
| Provide #\_\_\_\_ clients with [insert service type here] each quarter. | Insert |
| Provide #\_\_\_\_ clients with [insert service type here] each quarter. | Insert |
| Provide #\_\_\_\_ clients with [insert service type here] each quarter. | Insert |
| Add as many additional rows as necessary to include key program services. |  |