**PROPOSAL NARRATIVE**

(20 pages maximum)

* 1. Executive Summary (One page maximum)
	2. Problem Statement

## 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 domestic violence and/or human trafficking in your service area. Some county-level data nay 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.).

## 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**

## Describe strengths and challenges of the community to be served.

## Complete *Appendix E*.

## 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.

## Proposed Program

## Describe the proposed transitional housing program including program model(s), rent structure(s), and estimated number of available housing units (See *Appendix J* 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 supportive services that will be offered to adult and child residents, including rationale.

## 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 *Appendix J* 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.

## 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 persons’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 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 both the Logic Model (*Appendix D*) and 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 asterisks by each VOCA grant-allowable activity in the job descriptions.

## 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. List a minimum of three additional support service objectives for the program. Applicants also are strongly encouraged to list additional outcome objectives for their program. These objectives also should also be reflected in the logic model *(Appendix D).*

Selected programs will be required to submit quarterly data reports reflecting information about these performance measures. Some objectives may only apply during the first quarter or during quarters when housing units become available. Additionally, selected applicants will be required to work with the Authority to develop additional objectives and performance indicators demonstrating desired program outcomes. Outcomes should measure meaningful, tangible changes in clients' lives resulting from program participation, such as increased levels of safety and stability, increased knowledge, or improved attitudes.

|  |
| --- |
| **GOAL:** To provide victims of domestic violence and/or human trafficking and their children with pathways to permanent, safe housing and self-sufficiency through individualized, empowering approaches**.** |
| **Process Objectives** | **Process Performance Measures** |
| Screen \_\_\_ (#) adult clients for program eligibility within \_\_\_ (#) days of contract execution. | Number of adult clients screened for eligibility within \_\_\_ (#) days of contract execution.Number of adult clients deemed eligible. |
| \_\_\_\_ (#) clients will be placed into transitional housing units. | Number of adult clients placed. Number of children placed.  |
| Conduct a needs assessment for each client/family within \_\_\_ (#) days of placement.  | Number of adult clients assessed.Number of children assessed. Number of clients assessed within \_\_\_ (#) days.Number of clients assessed after \_\_\_ (#) days. |
| Complete a service plan within \_\_\_ (#) days of placement for each client/family  | Number of service plans completed within \_\_\_ (#) days.Number of service plans completed after \_\_\_ (#) days. |
| Case manager will meet a minimum of \_\_\_ (#) times per quarter with each client/family | Total number of client/family meetings held. Percentage of clients/families that met the minimum number of times. |
| *Additional Service Objective:**(Example: Clients will be offered employment assistance)* | *Example: Number of clients that were offered XX service.**Number of clients who accessed XX service.* |
| *Additional Service Objective:* | *Example: Number of clients that were offered XX service.**Number of clients who accessed XX service* |
| *Additional Service Objective:* | *Example: Number of clients that were offered XX service.**Number of clients who accessed XX service* |
| **Outcome Objectives** | **Outcome Performance Measures** |
| \_\_\_ (#) clients will secure stable housing within \_\_\_ (#) months.  | Number of clients who secured stable housing within \_\_\_ (#) months.Number of clients who secured stable housing after \_\_\_ (#) months. |
| \_\_\_ (%) of adult clients who will be financially independent upon completion of the program.\* | Percentage of adult clients who have achieved financial independence upon completion of the program. |
| Other (specify)       |       |
| Other (specify)       |       |
| Other (specify)       |       |

\*Financial independence is gained when a client’s income, including forms of state assistance and other income, is sufficient to cover all household living expenses for the client and client’s children.