# PROGRAM NARRATIVE

# (10 pages maximum, not including Implementation Plan or Goals section)

# Please type in the shaded boxes.

Statement of the Problem (max 5 points)

1. State the issue that the program design seeks to address.

Agency Capacity (max 20 points)

1. Describe agency’s experience providing training and technical assistance to the schools in the Illinois HEALS federal demonstration pilot site locations. Include years of experience, approximate numbers and types of training and technical assistance as well as the subject matter covered.

Project Implementation (max 30 points)

1. Describe the proposed activities for this funding period per the program design and requirements.
2. Implementation Schedule: Complete the table below, defining each step in the implementation and operation of the proposed program and detailing the staff position responsible for each task and a target date for completion. Please add additional lines as necessary.

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| --- | --- | --- |
| Task  | Staff Position Responsible | Date Task will be Completed |
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| Submit quarterly data report to ICJIA |       | 15th of the month following the end of the quarter |
| Submit quarterly fiscal reports to ICJIA |       | 15th of the month following the end of the quarter |

Goals, Objectives and Performance Indicators ( max 5 points)

1. Goals and Objectives (applicant can add additional objectives if desired)

|  |
| --- |
| **Goal:** Trauma aware school(s) that uses a Multi-Tiered System of Support model |
| **Process Objectives** | **Performance Measures** |
| For each school, identify the school based, multi-disciplinary team on the Trauma Responsive Implementation School Assessment tool | * Team membership that includes role in school and time
 |
| For each school, train the Team members | * Number of staff trained on tool
 |
| For each school, develop timeline with team roles identified to implement tool and assess results | * Project timeline submitted with April 15,2019 program report
 |
| For each school, conduct the assessment | * Date assessment completed
 |
| For each school, use the assessment results to develop an action plan outlining key activities and responsible parties | * Implementation Plan
* Assessment Results
 |
| **Optional Process Objectives** | **Performance Measures** |
| Provide informational sessions for students, families, teachers, administrators, school staff and partners on trauma’s impact on learning and the creation of trauma-sensitive school environments through this grant. | * Type and number of sessions held, number in attendance by discipline
 |

Project Management (max 20 points)

1. Describe the staffing plan for this funding period to accomplish program design and requirements.

Budget Related Information (no points)

1. If the applicant’s budget includes proposed subawards, answer the following questions:
	1. Explain why your agency must serve as a pass-through for other organization(s) which will carry out a portion of the grant program. Include information on special qualifications and areas of expertise.
	2. Explain your agency’s ability to comply with FFATA reporting and collection of certifications and financial and performance reports from subawardees.
	3. Explain how your agency will monitor subawards for compliance with program terms and Federal and State regulations. Detail your monitoring frequency and corrective action procedures, and ability to provide any needed technical assistance.
2. Provide Annual Agency budget.