**PROGRAM NARRATIVE**

(30 pages maximum)

* 1. Problem Statement *(approximately 2-3 pages)*

## 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](http://www.icjia.state.il.us/research/overview) website (Click the **DATA** tab to view downloadable datasets.). Provide jurisdiction level data if possible.

## 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, 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 |
|  | Dollars | Dollars |
| Median household income, 2010-2014 |  | $57,166 |

## 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 1A.

## Complete *Appendix E*.

## Agency Capacity and Experience *(approximately 2-4 pages)*

## 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 lessons learned during service provision and how these lessons impacted program design. Include at least one example and implication for program design.

## 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.

* + 1. Please complete the chart below specific to all state agency contracts the applicant agency currently holds with the State of Illinois.

STATE AGENCY CONTRACTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of State Agency | Number of Contracts or other agreements | Estimated amount of contracts or other agreements | Terms of the contracts or other agreements | Nature/purpose of the contracts or other agreements |
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## Describe how the applicant agency will sustain the legal assistance program at the end of the three-year funding period.

## Proposed Program (please refer to pages 7-8 for assistance descriptions and program requirements) (approximately 5-10 pages).

## A. 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.

##

## If applicant has not provided the checked legal assistance (as described in above), 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.

## B. Check at least one victim group to be served:

## \_\_ Domestic violence victims

## \_\_ Elderly victims

## \_\_ Human trafficked victims

## \_\_ Financial Exploitation victims

## \_\_ Sexual violence victims

## For each victim group selected above, please describe the applicant’s understanding of this victim groups needs and discuss how the program’s design meets these needs.

## If applicant has not served a checked victim group (as described above) 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.

## C. Describe activities that will promote and direct potential clients to the proposed

## services. At minimum, include method, language(s), venues and past experience in this activity.

## D. Project the number of clients to be served during the grant period. Explain and

## justify this projection.

## E. Describe the client referral and intake process, including but not limited to intake

## questions and criteria for acceptance. Also provide justification for these practices.

## F. Describe how applicant agency will address identified barriers to accessing legal

## assistance. At minimum, the response must include the 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

## Translation and interpretation services

## Transportation support for clients that request this support. This support can include transportation costs and assistance for victims to receive services and to participate in criminal justice proceedings

## Assistance with child care and respite care to enable a victim to attend activities related to criminal justice and other public proceedings arising from the crime

G. State if services are provided free of charge.

H. State if the applicant agency would require the client to take a specific legal strategy, or take some other course of action with which s/he disagrees.

## I. List the types of assistance that the applicant agency will not be able to provide

## and to whom clients with such needs will be referred.

J. 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 challenges at the individual, family and community levels and how program will address these.

## K. 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.

L. 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.

K. 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. Do not use staff names. Please add additional lines as necessary.*

|  |  |  |
| --- | --- | --- |
| **Task**  | **Staff Position Responsible** | **Date Due** |
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| Submit quarterly data report to the Authority |  |  |
| Submit quarterly fiscal reports to the Authority |  |  |

## Staffing Plan *(approximately 2-4 pages not including attachments)*

## 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.

B. Describe how attorney(s) will collaborate with victim advocate(s) and/or other staff (in or outside applicant agency) to best support client(s).

C. Describe how cases are assigned and supervised.

D. Describe how agency will ensure that all staff working with clients receive the required training for each victimization group proposed.

E. Describe how the proposed program will include staff trauma skills training and consultation to improve trauma informed response to clients. Include plan to hold at least one training.

## F. 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.

G. 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 and consultants 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 |
| *Ex*: Victim advocate  |       |       |
| *Ex*: VOCA Attorney  |       |       |
| *Ex*: Program Coordinator  |       |       |
| *Ex*:Support staff #1 (administrative assistant, bookkeeper, accountant) |       |       |
| *Ex*: Translator/interpreter |       |       |
| Other (specify):       |  |  |
| Other (specify):       |       |       |
| TOTAL |       |       |

## Attach job descriptions and list required training for each position. Place asterisks by each VOCA grant-allowable activity in the job descriptions. Describe how required training is ensured.

* 1. Goals, Objectives and Performance Metrics

The following table depicts process and outcome objectives/standards 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.

|  |
| --- |
| **GOAL: To provide victims comprehensive legal services.** |
| Process Objectives/Standards | Process Performance Measures |
| Provide \_\_\_ (#) of adult clients with comprehensive legal services. | Number of adult clients who requested services |
| Number of adult clients who received legal services |
| Provide comprehensive legal services to clients at provider’s full capacity. | Number of adult clients denied service due to not meeting eligibility requirements |
| Number of eligible adult clients denied service due to organizational capacity |
| Number of adult clients placed on a waiting list for legal services |
| **Emergency legal assistance services:***only complete if applicant is proposing to implement emergency legal assistance services* |
| \_\_\_\_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 these 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 will be provided to staff providing legal services. | Number of staff trained on victim rights |
| \_\_\_\_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 assistance services:***only complete if applicant is proposing to implement civil legal assistance services* |
| \_\_\_\_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 protective/restraining/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 a victim | 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 translation. | Number of clients enrolled in program with limited or no English proficiencyNumber of clients who received assistance with language translation |
|  \_\_\_\_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 staffNumber 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 staffNumber of staff who successfully completed specialized trainings/technical assistance sessions |
| If applicable:Additional Service Objectives:(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. |

Selected programs will be required to submit quarterly data reports reflecting information about these performance measures and may be asked to collect additional measures to track program progress and outcomes.