**PROGRAM NARRATIVE**

*(30 pages maximum)*

**Description of Need**

*Using the check boxes below and referring to the detailed table in the Notice of Funding opportunity, please indicate state regions which the proposed program will serve.*

* Cook County
* Collar Counties
* Northern Illinois Non-Cook, Non-Collar
* Central Illinois
* Southern Illinois

*Please indicate the specific geographic area the proposed program will serve within each region selected.*

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*Please describe the current availability of training for law enforcement personnel in the target area.*

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*Please describe any barriers to the use of existing training resources.*

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*Please describe the need for law enforcement personnel training resources in the target area.*

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## **Proposed Program Design**

*Please describe how the training plan will be developed.*

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*What data, law enforcement input, board guidance, or other information will be used to design the plan to assure that it is responsive to the needs of the target area?*

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*Please describe how the training plan will address any existing barriers to training provision described above.*

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*Please describe how the training method will be selected for each training.*

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*Please describe how the training plan will be implemented, specifying whether the identified trainings will be delivered by existing agency staff or if trainers will need to be identified to provide training.*

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*Please describe how the agency will identify training sites, detailing any past experience in the selection of training sites that will inform decision making.*

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*Please describe how the training opportunities will be advertised.*

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*Please describe how the agency will handle training registration and any reimbursement for training participant lodging, travel, or per diem, detailing any agency experience with registration and reimbursement.*

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*If Buy Back is proposed, please detail how this process will be implemented and any agency experience administering Buy Back. If Buy back is not proposed, please indicate that this question is “Not Applicable”.*

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*Please describe any proposed contracts with other entities or individuals and indicate why each contract is necessary,*

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*Please indicate if the proposed contractors will provide identical services widely available to others, and if the services will be designed, modified, or adapted to meet the needs of the proposed training.*

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*If the development of new training curricula is proposed, please identify the agency staff that will develop the training.*

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*Please describe training oversight and supervision that will be provided, identifying the agency staff that will be responsible for these tasks.*

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*Please describe how will any deficiencies in the funded training be identified and addressed.*

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*Please describe who will be responsible for the development of the required pre- and post-tests, and what components – such as Knowledge attainment; Attitude change; Willingness to use; Perception of training -- will be used.*

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*Please describe the administration of the required pre- and post-testing of training participants.*

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*Please describe how participant feedback on the effectiveness of the training will be collected.*

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*Please how participant testing and feedback will be used to inform program implementation.*

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*Staffing Plan*

*Please use the chart below to list all program staff to be funded with federal or matching funds. Report full-time and part-time employees and employees only partially charged to the grant, as well as contractual staff or consultants. Please include staff and consultants who will budgeted to federal and matching funds. Add additional lines as necessary.*

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| --- | --- | --- |
| **Federal and Match- Funded Staff & Consultants** | **# of positions** | **Total FTE** |
| *Ex*: *Training Coordinator*  |       |       |
|  |       |       |
|  |       |       |
|  |  |  |
|  |       |       |
| **TOTAL** |  |  |

*Please describe the roles and responsibilities of each of the staff members listed above, detailing the basic qualifications for each title.*

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*Goals, Objectives and Performance Measures*

*Please use the following table to set process and outcome objectives to measure program performance. Objectives should be ambitious yet realistic.*

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| **GOAL:** To provide Illinois law enforcement personnel with the training necessary to maximize officer and community safety and well-being. |
| **Process Objectives** | **Process Performance Measures** |
| Hire funded training and administrative staff by \_\_\_\_\_ month of the period of performance. | * Month funded staff hired.
 |
| Develop training plan by \_\_\_\_ month of the program. | * Month training plan is developed.
 |
| Conduct \_\_\_\_\_\_ training sessions. | * Number of training sessions conducted by training topic, location, and training method.
 |
| \_\_\_\_\_ # of law enforcement personnel will participate in training. | * Number of law enforcement personnel participating in training by training topic, department, and training method.
 |
| Administer pre- and post-tests to 100% of participating law enforcement personnel. | * Percentage of participating law enforcement personnel completing pre- and post-tests, by training topic, department and training method.
 |
| Survey 100 % of participating law enforcement personnel. | * Percentage of participating law enforcement personnel surveyed.
 |
| **Outcome Objectives** | **Performance Measures** |
| Participating law enforcement personnel will average a \_\_\_\_% increase in content knowledge between pre- and post-tests. | * Percentage increase in training content between pre- and post-tests by training topic and training method.
 |
| Surveyed law enforcement personnel will rate training at an average of \_\_\_\_\_ on a \_\_\_\_ point scale. | * Average training rating by training topic and delivery method.
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## **Agency Capacity and Management**

*Please describe applicant agency history of providing training or law enforcement personnel.*

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*Total agency annual budget for the current agency fiscal year.*

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*Please describe the applicant agency’s fiscal experience and capacity to manage grants.*

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*Please describe how required performance data will be collected, reported, and used to inform ongoing service provision.*

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*Describe how the applicant agency will sustain the funded program at the end of the three-year funding period.*

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*Implementation Schedule*

*Complete the table below, defining each step in the implementation and operation of the proposed program, 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.*

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| **Task**  | **Staff Position Responsible** | **Date Due** |
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| Submit quarterly data report to the Authority |  | 15th of calendar quarters |
| Submit quarterly fiscal reports to the Authority |  | 15th of calendarquarters |

*Grantee Contact*

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Address** |  |
| **City** |  |
| **Zip** |  |
| **Phone** |  |
| **TTY#** |  |
| **Fax#** |  |
| **Email address** |  |