**APPLICATION FOR WELCOMING CENTER**

**Format Requirements**

1. *All applications must be typed on 8 1/2 x 11-inch paper using 12-point type and at 100% magnification. Tables may be used to present information with a 10-point type.*
2. *The program narrative must be typed single-spaced, on one side of the page, with 1-inch margins on all sides. The program narrative must not exceed the page totals specified.*
3. *The entire application, including appendices, must be sequentially page numbered (hand written page numbers are acceptable). Items included in the Attachments are NOT included in the page limitations.*
4. *Applicants must submit the proposal via an email by noon on August 17, 2018. Submit the proposal to DHS.GrantApp@Illinois.gov.* ***The Department is under no obligation to review applications that do not comply with the above requirements.***

**NAME OF ORGANIZATION:**

**ADDRESS:**

**TELEPHONE:**

**E-MAIL:**

**CONTACT PERSON:**

**TOTAL AMOUNT OF FUNDING REQUEST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Executive Summary (1 page)**

Provide a one-page summary of the proposal and complete the column B in the chart below.

|  |  |
| --- | --- |
| A | B |
| 1. Geographic coverage
 |   |
| II. Target population served and language(s) covered |  |
| III. Total number of **unduplicated customers** proposed to be served for the project period |  |
| IV. Total number of customers served monthly |  |
| 1. Number of new customers receiving intakes and plans for services monthly
 |  |
| 1. Number of cases requiring crisis intervention
 |  |
| 1. Total number of successful case resolutions
 |  |
| 1. Services provided
 |  |
| 1. Number of referrals made and services referred
 |  |
| 1. Outcomes achieved
 |  |
| V. Number of workshops offered |  |
| 1. Workshop topics and rationale
 |  |
| 1. Number of workshop participants monthly
 |  |
| VI. Community service coordination, planning andbuilding alliances |  |
| 1. Number of meetings
 |  |
| 1. List key service provider partners in the community assisting Welcoming Center clients (please indicate if there MOU with specific providers by adding an (\*) next to the name of the agency
 |  |

1. **Agency Qualifications (3 pages maximum)**
* Provide a brief history of the organization and its accomplishments. Discuss why your agency is qualified to provide the proposed services specific to this program area and how those services fit within the overall agency mission. Discuss any appropriate certifications that apply. Describe the organization’s cultural and linguistic capacity.
* Provide brief description of qualifications of key staff that will be responsible for the delivery of the services including their educational background, years of experience and other relevant information. Attach current resumes of key staff.
* Describe how the agency collects and maintains data, measure activities versus outcomes, how data is used for program planning, evaluation and improvement.
1. **Community Identification and Customer Projection (2 pages maximum)**

1. Describe the geographic coverage proposed in this application. Include information on the immigrant/refugee populations currently served by the agency, such as country of origin, language(s), estimated size, age groups, general economic status of the community and the number/percentage of low-income households. Explain which of the service gap among the three cited in this NOFO the agency seeks to address:
* There is no Welcoming Center service available in the geographic areas with high need for the services; or

## The available Welcoming Center service is inadequate to meet the documented needs in the community; or

## A new immigrant/refugee population with high needs is currently underserved by the current service systems.

1. Describe the priority populations that are the most in need of services. What are their greatest service needs? What are the common barriers they face while trying to access human services? What are the unmet needs of the target population in the geographic service location?
2. Describe the services the agency anticipates will be in high demand, or require high-level of attention, in the community to be provided through this program.
3. If the applicant is a new agency proposing service under this initiative, how do you propose to recruit/identify customers? What agency or agencies are currently serving the populations for whom you are proposing services? If community linkages do not currently exist, describe how they will be established.
4. **Program Design and Implementation (5 pages maximum):**

Describe in details program design and measurable outcomes for the services below:

* 1. **One-stop center**:

Describe the qualifications that allow for the agency to serve as a central location where either on-site co-location of various services, or arrangements that are in place to provide a wide range of services without the customers having to go to multiple locations for services.

* 1. **Comprehensive Case management Services**

Describe the agency’s strategies and experience in delivering strength-based and family-centered including intake assessment that guides the service provision to include the following service components:

* + Appropriate intervention that includes immediate counseling and supportive services to customers facing an emergency; assisting customers with multiple needs to navigate the social service system, and providing additional case management as requested by the customer in order to reach their goals.
	+ Prioritization of services in order to resolve and stabilize a customer in crisis. Examples of persons in crisis situation that require services include those: in need of detoxification, requiring immediate prescription medication or medical assistance, suffering from severe hunger and/or homelessness, domestic violence, or mental health crisis.
	+ Provision of referrals to the appropriate IDHS division, state or local agency, or community service provider to meet the customer’s immediate needs and long-term goals;
	1. **Community education workshops**
	+ Describe the agency’s experience and past performance in delivering community education programs.
	+ List workshop topics and explain the rationale for why those topics the agency considers to be important for community workshops.
	1. **Linkages and development of community alliances**
	+ Describe existing community alliances, partnerships and linkages with community providers for the provision of appropriate services, including but not limited to: health care, mental health services, substance abuse treatment, and urgent care services.
	+ Attach Letters of Support or Inter-agency agreements.
1. **Budget & Costs Justification:**

Applicant needs to submit a budget using the attached Uniform Grant Budget Template for the period for which the services are anticipated to be delivered, within the State Fiscal Year 2019. The proposed budget must be in compliance with all relevant federal and state cost guidelines in 2 CFR 200. All proposed budget line items should clearly support the proposed program activities and objectives. Each line item must also be supported by cost justification explaining the need for said costs and, if applicable, demonstrating any formulae or allocation methods used to arrive at the cost estimates.