

**Uniform Notice for Funding Opportunity  
(NoFO)  
Summary Information**

	<b>Data Field</b>	
1.	Awarding Agency Name:	Illinois Department of Human Services
2.	Agency Contact:	Karrie Rueter, Associate Director Illinois Department of Human Services Division of Family and Community Services Bureau of Positive Youth Development 401 South Clinton, 4 <sup>th</sup> Floor Chicago, IL 60607 <a href="mailto:Karrie.Rueter@illinois.gov">Karrie.Rueter@illinois.gov</a> (217) 557-0193
3.	Announcement Type:	<input checked="" type="checkbox"/> Initial announcement
4.	Type of Assistance Instrument:	Grant
5.	Funding Opportunity Number:	20-444-80-0846-01
6.	Funding Opportunity Title:	Community Services
7.	CSFA Number:	444-80-0846
8.	CSFA Popular Name:	Community Youth Services
9.	CFDA Number(s):	Not applicable
10.	Anticipated Number of Awards:	65 to 100
11.	Estimated Total Program Funding:	\$5 Million
12.	Award Range	Up to \$50,000 for 1 <sup>st</sup> year New Community Committees (Year one will primarily be a planning year). Up to \$75,000 for Established Community Committees.
13.	Source of Funding:	<input type="checkbox"/> Federal or Federal pass through <input checked="" type="checkbox"/> State <input type="checkbox"/> Private / other funding <p style="text-align: right;">Mark all that apply</p>
14.	Cost Sharing or Matching Requirement:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Indirect Costs Allowed Restrictions on Indirect Cost	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes provide citation governing the restriction: Per the federal guidelines, indirect costs charged to this grant may not exceed 15%.
16.	Posted Date:	March 26, 2018
17.	Application Range:	March 26, 2018 to May 2, 2018 no later than 3:00 p.m.
18.	Technical Assistance Session:	Session Offered: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Session Mandatory: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No specify date and time Provide link to registration, if applicable

**Agency Specific Content for the Notice of Funding Opportunity  
Community Youth Services (CYS)**

**A. Program Description**

Community engagement builds “social capital” – social ties, networks, and support – which is associated with better community health and well-being. Everyone – parents, residents, youth, businesses, educators, health care institutions, law enforcement – has a role in creating healthier and safer communities for youth. Increasing the focus on delinquency and violence prevention will help improve a community's health, quality of life, and prosperity and increase the likelihood that youth lead productive lives.

Community engagement is a thoughtful approach to planning and the design of services, which includes input from interested community stakeholders throughout the process. Engagement builds trust and leads to success. Participatory decision-making can uncover and mobilize community assets, strengths, and resources that would have been otherwise overlooked. Building the capacity of community member recognizes the vast wisdom community residents possess and empowers stakeholders to solve their own community issues as they have the most at stake.

In an effort to strengthen communities and ensure youth reach their greatest potential, a systematic planning approach inclusive of public health principles provides the framework for preventing violence and delinquency. A public health approach seeks to improve the health and safety of youth by addressing underlying risk factors and conditions that increases the likelihood of youth engagement in unhealthy or risky behaviors. Through the provision of primary, population-based prevention activities and strategies, youth can avoid negative consequences (i.e., school dropout, violent crimes, engagement in the juvenile justice system, substance use/addiction and pregnancy) and achieve better long-term outcomes (i.e., high school graduation, attending institutions of higher education or trade schools, employment).

The purpose of the Community Youth Services (CYS) grant program is to develop, and implement, strategies, activities, and services that are intended to prevent delinquency and violence among Illinois youth who are 11 to 24 years of age. The CYC program focuses on community engagement, strategic planning, services (coordination, linkage, and/or delivery) and referral. The CYC grant program represents a comprehensive approach.

To achieve the goal of **reducing the rates of delinquency and violence among youth ages 11 to 24 in designated service areas**, all Applicants are required to address the following objectives.

1. Increase in community engagement for developing and supporting delinquency and violence prevention.
  - Increase in community member engagement in the development of the plan – assessment, summarizing and analyzing data, prioritization, and selection of strategies and programs.
2. Increase in meaningful youth involvement in the development of delinquency and violence prevention.
  - Improve youth decision-making in the development of the plan – assessment, summarizing and analyzing data, prioritization, and selection of strategies and programs.
  - Improve youth role in educating peers regarding available community resources.
  - Ensure services and programs selected are a good fit (age, developmental, and culturally appropriate) for the youth population.
3. Increase youth connection to existing health, employment and human services.
  - Increase youth knowledge of available services.
  - Increase youth knowledge of their rights and fees associated with services.

- Ensure services that are referral sources are youth-friendly (youth are welcome and served with dignity and respect, hours of operation can accommodate youth, etc.).
  - Increase youth (16-24 years of age) knowledge of available employment opportunities.
  - Increase youth (16-24 years of age) knowledge of youth employment training programs and resources.
  - Increase youth (16-24 years of age) referrals to youth employment programs and training programs.
4. Increase in family communication and supervision of youth. Examples:
- Increase in parental monitoring of youth – knowing friends and whereabouts of their children.
  - Increase parent use of clear and consistent rules and implementation of age and developmentally-appropriate consequences.
  - Improve parent/child communication so that youth see their parent as a trusted resource.
  - Increase parent ability to communicate important behavioral health (alcohol, tobacco and other drug use, sexual activity, and abstinence) and aspirations for the future.
  - Increase parental monitoring of academic performance.
5. Increase in life skills development that will lead to self-sufficiency and delay and deter engagement in risk behaviors – alcohol tobacco and other drug use, sexual activity, fighting, gang involvement, etc. Examples:
- Increase youth life skills such as problem solving, conflict resolution, decision making, handling peer pressure, relationships, coping, and stress management.
  - Increase youth communication skills – interpersonal, writing, and oral.
  - Increase youth recognition of feelings and how feelings influence their behaviors and actions.
  - Increase youth understanding in managing money, budgeting, and managing a checking account.
  - Increase youth skills in using existing health, employment, and human services.
6. Increase in preparation to continue onto college and high-demand career fields by youth. Examples:
- Increase youth knowledge of career options, salaries, and quality of life issues associated with various professions.
  - Increase youth awareness of their talents, skills, interest areas, and aspirations and their relationship to choosing a future career.
  - Increase youth abilities to accurately identify education and training associated with career options identified as an interest.
  - Increase youth knowledge of opportunities (i.e., internships, obtaining work experience) that can provide valuable insight and exposure to future professions.
  - Increase youth exposure to adults engaged in careers.
  - Improve youth career exploration skills.
  - Improve youth goal setting skills.
  - Improve youth knowledge of the relationship between school course work and related careers.
  - Improve youth understanding of the pathways to reaching goals related to career options of interest.
  - Improve youth understanding of degrees and training programs related to career options.
  - Increase youth knowledge of financial aid, scholarships and support available education and training.
7. Increase educational aspirations by parents. Examples:
- Improve parent expectations for their child’s academic attainment.
  - Improve parent support for their child’s future aspirations.
  - Improve parent communication with key school personnel (teachers, counselors, etc.), ability to advocate for needed services (i.e., tutoring).

8. Improve the physical environment including school climate in local schools within the designated service area through advocacy strategies. Examples:
  - Improve communication and action by community leaders to address the physical conditions (lighting, safe playground and safe equipment, removal of graffiti, cleanliness – removal of trash, broken glass, and abandoned vehicles, beautification – community gardens, maintenance of lots) in public places such as parks, vacant lots, retailers, etc. in the designated service.
  - Improve the access (i.e., safe passage, days and hours of operation) to existing resources.
  - Improve school disciplinary policies.

**NOTE:** Providers will evaluate objectives by using tools provided by IDHS and will be reported by the established deadlines.

The proposed program approach includes strategies that are intended to refer and link youth who are in need to an array of support services. Moreover, the proposed approach will implement strategies designed to affect environmental and individual changes. These strategies include:

- Recruiting and maintaining involvement from indigenous leaders and community stakeholders.
- Defining the problem through the systematic collection of data and information about the magnitude, scope, characteristics, and consequences of violence and delinquency.
- Identifying the factors that increase or decrease the risk for violence and delinquency, and the factors that could be modified through advocacy and programs. Prevention generally targets specific risk factors, but also aims to promote healthy behaviors and foster safe environments.
- Implementing effective and promising services and programs targeting multiple domains: individual (youth and peers), family (parents/care givers), and community (physical environment).
- Referring and linking youth to a network of agencies and organizations that can assist youth in addressing an array of health (e.g., behavioral and physical), human (e.g., sexual assault, connecting to benefits such as child care), and employment issues.

Related to and supporting the successful implementation of the CYS program, the following activities will be delivered. The Area Project Board, Community Committee, and Youth Committee must target **at least one of the following age groups/grade levels: 11 to 13 years old (6-8th grade), 14 to 18 years old (9-12th grade), and/or 19 to 24 years old (young adults).**

1. Develop and/or work with at least one new and/or established Area Project Board and one new and/or established Community Committee.
2. Develop and/or engage with at least one new and/or established Youth Committee.
3. Engage new Community Committees in an assessment, and for established Community Committees in an assessment update, and develop an assessment summary that entails the review of the data collected (data, existing resources and gaps) and a prioritization of the data based upon the results of the assessment and the assessment update.
4. Develop, and or update a community work plan. The work plan must include an identified need, problem statement, activity goal, activity objective, type of service(s) addressing the issues of delinquency and violence prevention for the designated service area.
5. Identify youth-serving organizations and providers for the purpose of linkage and referral.

**NOTE:**

- Services may complement, but not duplicate, existing services in the designated service area. Funds may not be used for any treatment services.
- The Applicant must indicate how direct services identified in the plan will be funded (i.e., use of volunteers, fundraising, grant funds).

- If a portion of the grant funds will be used to support the activities and strategies, the amount allocated for this purpose must be indicated in the budget narrative.
- Funds must not be allocated for direct services until the community action plan is approved.

To assist Applicants with understanding the terminology found in this Notice of Funding Opportunity, definitions for commonly used terms are provided below.

**Area Project Board:** A group of concerned community stakeholders, traditional and non-traditional, responsible for developing, managing, providing, and coordinating community service programs.

**Community Committee:** An organized group of indigenous leaders and concerned citizens and community stakeholders, traditional and non-traditional, responsible for planning and the coordination and/or delivery of community services in the designated service area.

**Community Youth Worker:** The employee of the funded-agency responsible for planning, coordinating, supporting, and facilitating the delivery of the community service programs.

**Youth Committee:** A group of concerned, indigenous youth working in partnership with the Community Committee responsible for providing input and feedback regarding the planning and the coordination and delivery of community services in the designated service area.

**Established Area Project Board:** A developed and active group of concerned community stakeholders, traditional and non-traditional, with an identified chairperson and treasurer, that has planned and coordinated the delivery of community services in a designated service area. The Board is comprised of representation from at least ten of the required sectors and contains no fewer than nine active Board members.

**Established Community Committee:** A developed, and active Community Committee comprised of representatives, traditional and non-traditional partners, that contributed to the success of the CYS program and represented the designated service area. The majority of the Community Committee membership are residents and/or parents of the designated service area and the Committee is comprised of at least ten of the required sectors

**Established Youth Committee:** A developed Youth Committee, is comprised of members of the target population from the designated service area. The Youth reflect the demographics of the community and included a cross-representation of youth. The Youth Committee (YC) supported the Community Committee's goal (s) and objectives and also engaged in activities, such as: (1) community action planning, completion of the assessment, the selection of programs and strategies, (2) identified referral activities to ensure agencies listed in the referral guide are youth friendly, and (3) created a referral guide and implemented a distribution plan for the referral guide.

**Single Projects** – One Area Project Board responsible for one Community Committees.

**Multiple Projects** – One Area Project Board responsible for Multiple Community Committees.

**Combinations:** Any combination of Single Projects and or Multiple Projects.

**Referral Guide:** Refers to a list and description of agencies providing services in or near the designated service area. A referral guide familiarizes the funded agency and its youth participants with information regarding referral sources and the referral process.

**Delinquency:** Refers to young people at-risk for engagement in risky behaviors (i.e., sexual behavior, drug use, fighting) and with the juvenile justice system.

**Violence:** Refers to when young people intentionally use physical force or power to threaten or harm others. Youth violence can take different forms, such as fighting, bullying, threats with weapons, and gang-related violence. It typically involves youth perpetrating violence against other young people.

## **Community Youth Services Program (CYS) Deliverables and Performance Standards**

The following information defines the major deliverables and performance standards aimed at reaching the goal of decreasing delinquency and violence referenced in the above Program Description.

1. Retain highly qualified (experience and education) staff who will dedicate their time and effort to the  
CYS program.
  - At least one part-time (.5 or higher) highly qualified (experience and education) Community Youth Worker was retained for the  
CYS program.
2. Develop and or worked in partnership with at least one Area Project Board committed to developing, managing, providing, and coordinating community service programs. The Area Project Board must meet every two months, at minimum. One Area Project Board must be developed (may already be established) comprised of representatives, traditional and non-traditional partners, who can contribute to the success of the  
CYS program and represent the designated service area. Membership shall include equal representation from all Community Committees of the Area Project. The Area Project Board must identify a chairperson and treasurer. A member of the Area Project Board may only represent one sector. There is a minimum of ten required sectors to establish an Area Project Board. Area Project Board members may NOT receive payment for their service to the Board. The sectors BELOW must be represented on the Area Project Board.
  - a. Business
  - b. Civic/Volunteer
  - c. Community Residents
  - d. Parents of middle school/junior high students, high school students, alternative high school students, and young adults
  - e. School representatives (representing middle, high, and alternative schools and institutions of higher education)
  - f. Healthcare (e.g., hospitals, health departments, federally-qualified health centers)
  - g. Judicial/Courts
  - h. Social service agencies (i.e., sexual assault prevention providers, mental health treatment, substance abuse treatment providers, youth-serving organizations)
  - i. Faith-based organizations
  - j. Media
  - k. Law enforcement
  - l. Local government
  - m. Members from each Community Committee
  - n. Philanthropic
  - o. Youth
  - All 10 of the required sectors must participated on the Area Project Board and the required sectors must attend at least 75% or more of the scheduled meetings.
  - One chairperson and one treasurer were identified.
  - How many required 100% of the Area Project Board meetings were held.
  - At least one member from each Community Committee(s) must participated on the Area Project Board.

3. Develop and or worked with at least one new and/or established Community Committee. The Community Committee must meet on a quarterly basis, at minimum. The Community Committee must be developed and comprise of representatives, traditional and non-traditional partners, who can contribute to the success of the CYS program and represent the designated service area. The majority of the Community Committee membership must be residents and/or parents of the designated service area and the Committee must be comprised of at least ten required sectors (parents and residents are considered two of the required sectors). Community Committee members may NOT receive payment for their service to the Committee. The sectors BELOW must be represented on the Community Committee.
  - a. Business
  - b. Civic Volunteer
  - c. Parents of middle school/junior high students, high school students, and alternative high school students
  - d. Judicial/Courts
  - e. Residents and indigenous leaders in the community
  - f. Schools (representing middle, high, and alternative schools)
  - g. Healthcare (e.g., hospitals, health departments, federally-qualified health centers)
  - h. Social Service Agencies (e.g. sexual assault prevention providers, mental health treatment, substance abuse providers, youth serving organizations)
  - i. Faith-based organizations
  - j. Media
  - k. Law enforcement
  - l. Local government
  - m. Philanthropic
  - n. Youth
  - A minimum of ten of the required sectors must participate on the Community Committee and the required sectors must attend at least 75% or more of the scheduled meetings.
  - More than 51% of the members were residents and/or parents.
  - How many required 100% of the Community Committees meetings were held.
  
4. The Community Worker in partnership with the Community Committee must conduct a community assessment and or a community assessment update comprised of the following components, at minimum: (1) review objective data (self-report and social/archival data sources), (2) conduct key informant interviews with community stakeholders, (3) conduct a resource assessment (creating an inventory of existing youth services and identification of the gaps) and (4) conduct an environmental scan of the designated service area (i.e., if there is a park, the condition of the park described in writing or through a photo). Youth must be engaged in the assessment in at least two of the assessment activities (e.g. youth are engaged the environmental scan and take photographs of the conditions of the neighborhood, public parks, empty fields, forest preserves) and the assessment must be re-evaluated and or updated every three months.

The assessment data must be used to identify at least one problem, at least one goal, address all (8) objectives, utilizing the (3) service components (Organizing, direct and advocacy) and including the strategies and activities that will address the objectives. The Community Committee must develop a community action plan that outlines the problem, goal(s), objectives, service components and the strategies and services that will be delivered to address delinquency and violence in the designated service area. Additionally, the community action plan will (1) identify gaps and a plan for addressing service gaps found in the designated service area, (2) promote and refer youth and families to existing services to ensure youth and families are aware and use the existing resources in the designated service area, and/or (3) identify services that complement, but not duplicate existing services in the designated service area. The Applicant must also indicate how direct services identified in the plan will be funded (i.e., use of volunteers, fundraising, grant funds).

- a. At least four assessment methods (objective data, key informants, resource assessment, and environmental scan) were used to assess needs in the designated service area.
  - b. Each Community Committee was developed and submitted one assessment summary inclusive of the identification of existing services, service gaps, and needs for the designated service area.
  - c. Youth are engaged in at least two assessment methods.
  - d. Each Community Committee was developed and submitted one community action plan including all aforementioned components (problem statement, goal(s), objectives, strategies and activities) for the designated service area.
  
5. At least one Youth Committee will be developed that includes members of the target population from the designated service area. If one or more age groups are targeted to participate on the committee, the youth must be close in age (no more than four years difference). For example, a 13 year old and 24 year old could not participate on the Committee; however, a 13 year old and 17-year-old could serve on the same committee. Youth must reflect the demographics in the community and include a cross-representation of youth (school and/community involvement – high, low or no involvement, academics – good to bad grades, areas of interest, school attendance – high, low or no attendance, various values, beliefs and perspectives, etc.). More than one Youth Committee may be established. The Youth Committee (YC) must support the Community Committee’s goal (s) and objectives and also be engaged in the following activities, at minimum, to ensure all services and activities are relevant for the target population: (1) community action planning -- the assessment, the selection of programs and strategies and the other activities as noted in #3 and #4 under *Section A: Community Youth Services Deliverables and Performance Standards*, (2) referral activities to ensure agencies listed in the referral guide are youth friendly, and (3) development of a referral guide and implementation of a plan for the distribution of the referral guide.
  - a. One Youth Committee was established inclusive of members from the target population of the designated service area.
  - b. Evidence (i.e., meeting minutes) that the Youth Committee was engaged in community action planning and referral activities.
  - c. One Youth Referral Guide and distribution plan for the Youth Referral Guide was developed.
  
6. The Community Committee(s) is required to engage the Youth Committee and establish and maintain formal communication with the Youth Committee.
  - a. One formal communication channel was established between the Community Committee and Youth Committee.
  
7. In partnership with the Youth Committee, a plan for the development or update and distribution of one Youth Referral Guide. The Guide must provide information regarding organizations in or near the designated service area. Linkages or Memorandums (MOU’s) must be identified and established and for future referral making with the network of organizations including IDHS-funded providers such as comprehensive community-based youth services (see list below), youth-serving organizations (i.e., park district, Boys and Girls Clubs, Big Brothers Big Sisters, 4-H Cooperative Extension), human (i.e., sexual assault), and healthcare organizations (i.e., substance abuse treatment, mental health providers, public health departments, school-based health clinics) that can provide high quality services for youth. The format and type of guide is to be determined in partnership with the Youth Committee.
  - a. One Youth Referral Guide, targeting youth, was developed and distributed in partnership with the Youth Committee.
  - b. The Youth Referral Guide was comprised of at least four types of services.
  - c. The format for the Youth Referral Guide was determined in partnership with the Youth Committee.

- d. 80% of the linkages were established for future referral making to the network of organizations including providers such as comprehensive community-based youth services and other IDHS-funded services (see the list below) as well as other social, human, and healthcare organizations (e.g., substance abuse treatment, mental health providers) that can provide high quality services for youth and their families. (1) Comprehensive Community-based Services (CCBYS), (2) Redeploy, (3) Juvenile Justice Councils, (4) County Probation Departments, (5) Teen REACH, (6) Community Youth Employment Program, (7) Homeless Youth, (8) Substance Abuse Prevention Program, (9) Teen Pregnancy Prevention Program.
8. Identify, develop, and regularly update (every two month) a resource to promote job training and youth employment opportunities with those who are 16 to 24 years old nearby or in the designated service area.
    - a. One resource for the promotion of job training and youth employment opportunities, nearby or in the designated service area, was developed and shared with those who are 16 to 24 years old.
    - b. The resource was updated every two months during the fiscal year.
  9. The three service components (organizing, advocacy, and direct service) must be delivered in each non-planning year. For new communities. This information must be planned for in the community work plan(s). Established communities will have a work plan that shows application of the three service components
    - a. Three components (organizing, advocacy, and direct service) were provided for established communities or planned for in the community action plan for new communities during the fiscal year.
  10. The Provider will submit monthly expenditure documentation forms in the format prescribed by the Department. The Expenditure Documentation forms must be submitted no later than the 15th of each month for the preceding month by email. 100% of the required documentation must be submitted by established deadlines
  11. Quarterly Program, Narrative and Performance data reports will be submitted by email in a format prescribed by the Department, no later than the 15th of the month immediately following the quarter for the preceding quarter 100% of the required documentation must be submitted by established deadlines
  12. Program Deliverable such as meeting agendas, meeting minutes, rosters for the Area Project, Community Committee(s), Youth Committee must be submitted by the deadlines established below for New and established communities See *Section F: Award Administration Information - #3: Reporting*.
    - a. 90% of the meeting agendas, meeting minutes, and rosters were submitted by the established deadlines See *Section F: Award Administration Information - #3: Reporting*.
  13. Participate in an evaluation (formal) of the program using a format developed by IDHS that includes identified data collected for the project by the established deadlines.
    - b. Provider participation in evaluating implemented activities.
    - c. Providers administered evaluation tools to 90% of the program participants.
  14. Submit the other required documents (Youth Referral Guide, Distribution Plan for Youth Referral Guide – See *Section F: Award Administration Information - #3: Reporting*) by the established deadlines.
    - a. 90% of the required documentation is submitted by established deadlines.

15. Project coordinator must attend and participate in CYS required meetings.
  - 90% of the meetings were attended by the Project Coordinator.

## **B. Funding Information**

1. This announcement is considered a new competitive funding opportunity
2. The release of this NOFO does not obligate the Illinois Department of Human Services to make an award. Work cannot begin until a contract is fully executed by the Department.
3. This award is funded with State General Revenue funding and does NOT have an in-kind and/or financial match requirement.
4. Funding under this grant may be utilized by the Department to meet federal Maintenance of Effort (MOE) requirements. Therefore, the provider should not plan to use these funds to match other federal grants. Per the federal guidelines, indirect costs charged to this grant may not exceed 15%.
5. Applications will be accepted for **Single Projects** - One Area Project Board responsible for a single Community Committee. **Multiple Projects** – One Area Project Board responsible for Multiple Community Committees and **Combinations**: Any combination of Single and/or Multiple projects. (Refer to section C8, Eligible Application Types). Please do not submit Multiple Applications.
6. Applications will be accepted for **New Projects; Established Projects and Combinations** of New and Established Projects. (Refer to section C8, Eligible Application Types below)
7. **Subject to appropriation, the grant period will begin no sooner than July 1, 2019 and will continue through June 30, 2020.**
8. In FY2020, IDHS anticipates the availability of approximately \$5,000,000 in funding available for grants under this Funding Notice.
9. IDHS anticipates funding 60 to 100 Community Committees.
10. Maximum award amounts are determined based on the following:
  - New Community Committees – Up to \$50,000 (The first 6 months will primarily be assessment and planning).
  - Established Community Committees – Up to \$75,000.
11. If multiple Community Committees are requested, a single combined budget must be submitted in the CSA system. Individual summary budgets will also be required per Community Committee.
12. Successful applicants under this funding notice may be eligible to receive up to two (2) subsequent one-year grant awards for this program.
13. Proposed project budgets and narratives must be sufficiently detailed and justified to be approved by IDHS. This includes names of all staff identified in the budget. Successful applicants will NOT receive a grant agreement until after their budget has been approved through the CSA system. Refer to **Appendix 12** for additional instructions for registering and completing budgets in the CSA system.
14. Subcontractor Agreement(s) and budgets must be pre-approved by the Department and on file with the Department. Subcontractors are subject to all provisions of this Agreement. The successful Applicant Agency shall retain sole responsibility for the performance of the subcontractor. Subcontractor budgets are not entered in CSA, forms can be found via link listed in **Appendix 12**
15. All funding is subject to sufficient appropriation.
16. Pre-Award costs will not be allowed with this Award.
17. The release of this NOFO does not obligate IDHS to make an award.
18. **In NO case will more than one application be funded to serve the same Community Committee designated service area.**

## **C. Eligibility Information & Grant Funding Requirements**

1. **Eligible Applicant**  
This competitive funding opportunity is limited to those public or private, not-for-profit community-based agencies who meet all of the Pre-Qualification and Mandatory Requirements described in this section.

Failure to provide the requested information as outlined in this NOFO to demonstrate these criteria are met will result in the application being removed from funding consideration. It is not necessary for an applicant to be a current or former provider for the CYS program to be eligible to apply.

## 2. **Pre-Qualification**

Applicant entities will not be eligible to apply for a grant award until they have pre-qualified through the Grant Accountability and Transparency Act (GATA) Grantee Portal, [www.grants.illinois.gov](http://www.grants.illinois.gov) Grantee Links tab. Registration and pre-qualification are required annually. During pre-qualification, verifications are performed including a check of federal Debarred and Suspended status on the Illinois Stop Payment List and good standing with the Secretary of State. An automated email notification is sent to the entity alerting them of “qualified” status or providing information about how to remediate a negative verification (e.g., inactive DUNS, not in good standing with the Secretary of State). A federal Debarred and Suspended status cannot be remediated. The pre-qualification process also includes a financial and administrative risk assessment utilizing an Internal Controls Questionnaire. A Programmatic Risk Assessment must also be completed for each separate grant for which an applicant intends to apply. Applicants must be pre-qualified, therefore, applications from entities that have not completed the GATA pre-qualification process prior to the due date of this application will NOT be reviewed and will NOT be considered for funding. **A screenshot or statement indicating the applicants has completed Pre-Qualification steps and is currently Pre-Qualified will be required with the application.**

The Provider’s proposed budget must be entered into the CSA system. The completed budget must be electronically signed and submitted in the CSA system, and a printed copy of the signed and submitted budget must be included with the application. To do this, the following is required: at a minimum, the applicant agency’s Chief Executive Officer (CEO) or equivalent, or the Chief Financial Officer (CFO) or equivalent must be registered in the CSA system to electronically sign the required budget documents prior to submission. Budgets not submitted as described here and by the due date and time will **not** be considered. Identical For more information about submitting a budget in the CSA system, refer to **Appendix 12** and also see: [http://www.dhs.state.il.us/OneNetLibrary/27896/documents/Contracts/FY18-GATA-Budgets/DHSBudgetTrainingManual\\_Revision\\_3\\_28\\_18.pdf](http://www.dhs.state.il.us/OneNetLibrary/27896/documents/Contracts/FY18-GATA-Budgets/DHSBudgetTrainingManual_Revision_3_28_18.pdf)

## 3. **Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM)**

Each applicant is required to:

- a) Be registered in SAM before submitting the application. The following link provides a connection for SAM registration: <https://governmentcontractregistration.com/sam-registration.asp> ;
- b) provide a valid DUNS number in its application; and
- c) continue to maintain an active SAM registration with current information at all times in which the applicant has an active Federal, Federal pass-through or State award or an application or plan under consideration by a Federal or State awarding agency.

DHS may not make a Federal pass-through or State award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time DHS is ready to make the award, DHS may determine that the applicant is not qualified to receive the award and use that determination as a basis for making the award to another applicant.

## 4. **Mandatory Requirements of Applicant**

The Mandatory Requirements are essential items that must be met by the Applicant. If any Mandatory Requirement is not met, the responding Applicant’s entire proposal will not be considered. If all responding applicants fail to meet a particular mandatory requirement, that mandatory requirement may, at the sole discretion of the State, be removed from the Mandatory Requirements so the evaluation process may continue.

However, this does not obligate DHS to make an award to any applicant that fails to meet all mandatory requirements.

A. **Technology:** Agencies awarded funds through this NoFO must have a computer that meets the following minimum specifications for the purpose of utilizing the required IDHS reporting forms and the receipt/submission of electronic program and fiscal information:

- Internet access, preferably high-speed
- Email capability
- Microsoft Excel
- Microsoft Word
- Adobe Reader

B. **State and Federal Laws and Regulations:** The agency awarded funds through this NOFO must agree to comply with all applicable provisions of state and federal laws and regulations pertaining to nondiscrimination, sexual harassment and equal employment opportunity including, but not limited to: The Illinois Human Rights Act (775 ILCS 5/1-101 *et seq.*), The Public Works Employment Discrimination Act (775 ILCS 10/1 *et seq.*), The United States Civil Rights Act of 1964 (as amended) (42 USC 2000a-and 2000H-6), Section 504 of the Rehabilitation Act of 1973 (29 USC 794), The Americans with Disabilities Act of 1990 (42 USC 12101 *et seq.*), and The Age Discrimination Act (42 USC 6101 *et seq.*).

5. **Cost Sharing or Match Requirements**

Providers are NOT required to provide in-kind and/or financial match.

6. **Grant funds – Use Requirements**

All applicants will use grant funds according to the guidelines, conditions and parameters set forth in this funding notice and in compliance with federal statutes, regulations and the terms and conditions of any applicable federal awards.

1. Please refer to 2 CFR 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, PART 200 Subpart E - Cost Principles to determine the **Allowable costs:**

Allowable costs are those that are necessary and reasonable based on the activity(ies) contained in the Scope of Work, are justified in the Budget Narrative, and are allowable under Subpart E of 2 CFR 200. Funding allocated under these grants is intended to provide direct services to youth. It is expected that administrative costs, both direct and indirect, will represent a small portion of the overall program budget. Any budget deemed to include inappropriate or excessive administrative costs will not be approved. Program budgets and narratives must detail how all proposed expenditures are necessary for program implementation.

2. **Unallowable costs**

Please refer to 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, PART 200 Subpart E – Cost Principles to determine the appropriateness of costs. In addition, and specific to this grant, the following costs will be unallowable without specific prior written approval from DHS:

1. Entertainment costs, except where specific costs that might otherwise be considered entertainment have a programmatic purpose and are authorized in the approved budget (2 CFR 200.438)
2. Capital expenditures for general purpose equipment, including any vehicle regardless of cost, buildings, and land (2 CFR 200.439)

3. Capital expenditures for improvements to land, buildings, or equipment which materially increase their value or useful life (2 CFR 200.439)
  4. Food, and other goods or services for personal use of the grantee's employees, contractors, or consultants of the grantee unless authorized as per diem under the State of Illinois Governor's Travel Control Board (2 CFR 200.445).
  5. Deposits for items, services, or space
- 3. Limitation of Use of Award funds for Employee Compensation:** With respect to any award over \$250,000, recipients may not use federal funds to pay total cash compensation to any employee that exceeds 110% of the maximum annual salary payable to a member of the Federal Government's Senior Executive Service (SES) at an agency with a Certified SES Performance Appraisal System for that year. A salary table is available at the U.S. Office of Personnel Management website <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2017/ES.pdf>
- 4. Indirect cost requirements**  
In order to charge indirect costs to this grant, the applicant organization must have a Federal or State annually negotiated indirect cost rate agreement (NICRA) or must elect to use the De Minimis Rate.

**Every organization that receives an FY2020 state award must make an indirect cost rate proposal or election in the Crowe Activity Review System (CARS), including organizations that are choosing not to claim payment for indirect costs.**

CARS URL: <https://solutions.crowe.com/CARS/StateofIllinoisGOMB/Login.aspx>

Indirect Cost Rate Election:

1. **Federally Negotiated Rate.** Organizations that receive direct federal funding may have an indirect cost rate that was negotiated with the Federal Cognizant Agency. Illinois will accept the federally negotiated rate. The organization must provide a copy of the federal NICRA as **Attachment 13**.
2. **State Negotiated Rate.** The organization must negotiate an indirect cost rate with the State of Illinois by completing an indirect cost rate proposal in the CARS system if they do not have Federally Negotiated Rate or elect to use the De Minimis Rate.
3. **De Minimis Rate.** An organization that has never received a Federal or State Negotiated Rate may elect a de Minimis rate of 10% of **modified total direct cost (MTDC)**. Once established, the de Minimis rate may be used indefinitely. The State of Illinois must verify the calculation of the MTDC annually in order to accept the de Minimis rate. If programs elect to use the De Minimis rate, it is **critical** that program budgets accurately calculate the MTDC base. Please see the regulation below and note the exclusions to MTDC.

***2 CFR § 200.68 Modified Total Direct Cost (MTDC).***

*MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and subawards and subcontracts up to the first \$25,000 of each subaward or subcontract (regardless of the period of performance of the subawards and subcontracts under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward and subcontract in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.*

5. **"No Rate"**: Grantees have discretion not to claim payment for indirect costs. Grantees that elect not to claim indirect costs cannot be reimbursed for indirect costs. The organization must record an election of "No Indirect Costs" into CARS.

#### **Crowe Activity Review System (CARS).**

CARS will allow your organization to document your already established federally approved indirect cost rate, complete an indirect cost rate proposal (see State Negotiated Rate above), elect to charge the De Minimis rate (10%) of modified total direct costs (MTDC), or select that no reimbursement of indirect costs will be requested. Submission requirements are located on page 2 of the Uniform Budget Template as well as 2 CFR 200 Appendices IV, V & VII.

1. Organizations which have not previously made an indirect cost rate election must submit an election (and indirect cost rate proposal, if necessary) immediately and no later than 3 months after receiving an award notification or invitation to the CARS system.
2. Organizations that have previously established an indirect cost rate election must submit a new indirect cost rate election immediately and no later than 6 months after the close of their organization's fiscal year.
3. Every organization must make an indirect cost rate election in CARS even if the organization is choosing De Minimis Rate or "no rate". Organizations that do not make an election or submission inside the CARS system within the required timeframes will not be allowed to claim indirect cost reimbursement.
4. For more information, see <https://www.illinois.gov/sites/GATA/Pages/default.aspx> .

#### **6. Administrative costs**

It is expected that administrative costs, both direct and indirect, will represent a small portion of the overall program budget. Program budgets and narratives will detail how all proposed expenditures are directly necessary for program implementation and will distinguish between Indirect/Direct Administrative and Direct Program expenses. Funding under this grant will be utilized by the Department to meet federal MOE/match requirements. Therefore, the Provider should not plan to use these funds as match for other grants AND per the federal guidelines, indirect costs charged to this grant may not exceed 15%. Any budget deemed to include inappropriate or excessive administrative costs will not be approved. *At no time may the approved NICRA be exceeded under this agreement. Documentation will be required to verify the approved NICRA.*

#### **7. Simplified Acquisition Threshold**

Potential grantees under this funding announcement may receive an award in excess of the Simplified Acquisition Threshold, currently \$250,000 (Refer to 2CFR200 Section 200.88). Therefore, the grantee must be aware of the following regarding the Simplified Acquisition Threshold as it will be applicable to any qualifying sub award:

- That the grantee agency, prior to making a sub-award with a total amount of funds greater than the simplified acquisition threshold, is required to review and consider any information about the applicant that is in the designated integrity and performance system accessible through SAM (currently FAPIIS) (see 41 U.S.C. 2313);
- That an applicant, at its option, may review information in the designated integrity and performance systems accessible through SAM and comment on any information about itself that the awarding agency previously entered and is currently in the designated integrity and performance system accessible through SAM;

- That the awarding agency will consider any comments by the applicant, in addition to the other information in the designated integrity and performance system, in making a judgment about the applicant's integrity, business ethics, and record of performance under awards when completing the review of risk posed by applicants as described in §200.205 awarding agency review of risk posed by applicants.

7. **Additional Requirements:**

- A. Applicants must commit to becoming trauma-informed as recognized through the CBAT-O Assessment tool. Applicants must be trauma-informed and demonstrate an ongoing commitment to developing/maintaining trauma informed capacity within the organization. Applicants are expected to achieve this status by on or before 6/30/2020. Training and technical assistance will be made available to successful applicants to achieve/maintain this status. ICOY's link: <https://www.icoyouth.org/capacity-building/illinois-department-human-services-supported-training>
- B. Applicants agree to provide Community Youth services as describe in **Section B. Required Services.**
- C. Collaboration with local Family and Community Resource Centers (FCRCs): Providers will maintain a collaborative working relationship with the local DHS FCRCs. This will include outreach to FCRCs to develop awareness of the Community Youth program, recruit potential participants, and regularly participating in local FCRCs' service provider meetings as requested. Additionally, Providers are required to communicate agency job openings to the local FCRCs. This is not a requirement to hire, simply to share vacancy announcements.
- D. Program Evaluation Reporting Requirements: Providers will be required to participate in evaluation efforts as directed by the Department and/or its subcontractor(s) and collect and report data accordingly. All Providers are required to utilize the Department's reporting system for all youth served. Providers will be required to report quarterly regarding program performance measures and outcomes. Providers will be required to participate in a Department directed Performance and Standards Assessment review. A year-end program and performance measures and outcomes report will also be required. Additional data and information may be requested throughout the year as determined by the Department
- E. Hiring and Employment Policy: It is the policy of the Department to encourage cultural diversity in the work environment and to promote employment opportunities through its programs. The Department philosophy is that the program workforce should appropriately reflect the populations to be served, with special attention given to hiring individuals indigenous to those communities. Consistent with Department policy, whenever a position becomes available, funded programs are encouraged to consider TANF clients for employment, contingent upon their qualifications in the areas of education and work experience.
- F. Training and Technical Assistance: Programs must agree to receive consultation technical assistance from authorized representatives of the Department. The program and collaborating partners will be required to be in attendance at site visits. Programs will be required to attend regular meetings and training as provided by the Department or a subcontractor of the Department and should budget accordingly.
- G. Sectarian Issue: Applicant organizations may not expend federal or state funds for sectarian instruction, worship, prayer, or to proselytize. If the applicant organization is a faith-based or a religious organization that offers such activities, these activities shall be voluntary for the individuals receiving services and offered separately from the program.
- H. Child Abuse/Neglect Reporting Mandate: Per the Abused and Neglected Child Reporting Act (ANCRA, 325 ILCS 5/4), mandated reporters are professionals who may work with children in the course of their professional duties. Mandated reporters are required to report suspected child maltreatment immediately when they have "reasonable cause to believe that a child known to them in their professional or official capacity may be an abused or neglected child" (ANCRA Sec.4). This is done by calling the Illinois Department of Children and Family Services (DCFS) Hotline at 1-800-252-2873 or 1-800-25ABUSE. Programs funded through this grant opportunity must review

ANCRA and, where appropriate, have a written protocol for identifying and reporting suspected child maltreatment.

## 8. Eligible Application Types

- A. Applicants may apply to serve more than one designated community area (Community Committee).
- B. The CYS program model may reflect a one-to-one ratio of one Area Project Board working with a single Community Committee, the model may also reflect a one to multiple approach as well. Therefore, applications will be accepted as follows:
- **Single Projects** - One Area Project Board responsible for a single Community Committee.
  - **Multiple Projects** – One Area Project Board responsible for Multiple Community Committees.
  - **Combinations:** Any combination of **Single Projects** and/or **Multiple Projects**.
- C. Applications may include and will be accepted for **New Projects**; **Established Projects** and **Combinations** of **New** and **Established** projects.
- D. If **Multiple Projects** or **Combination Projects** are requested; the Budget Narrative section of the application must describe and detail expenditures separately by Community Committee. Additionally, a separate budget summary sheet (**Appendix 13**) detailing proposed expenditures for each **separate** Community Committee must be completed and included with the application as **Attachment 15**.
- E. If **Multiple Projects** or **Combination Projects** are requested; one combined budget must be submitted into the CSA system. (*Refer to Appendix 12 for instructions*)
- F. Maximum award amounts are determined based on the following:
- **New** Community Committees – Up to \$50,000 each (Year one will primarily be a planning year).
  - **Established** Community Committees – Up to \$75,000 each.
- G. The CYS program model may reflect a one-to-one ratio of one Area Project Board working with a single Community Committee or a one to multiple ratio, because of this, if multiple Community Committees are requested to be supported by a single Area Project Board, it will be necessary for the applicant to provide clear and convincing evidence/justification in the program narrative describing the need to combine Community Committees under a single Area Project Board. While applicants may request multiple Community Committees under a single Area Project Board, multiple Community Committees will only be funded if the need, benefit and Area Project Board representation is met and supported with convincing evidence/justification. Applicants will be asked to:
- Make the case as to why the proposed Community Committees should be combined under a single Area Project Board – discuss the communities’ commonalities and the circumstances that uniquely tie them together; demonstrate/justify why it is more beneficial for a single Area Project Board to oversee the proposed number of Community Committees rather than develop a more local Area Project Board.
  - Demonstrate how each member of the Area Project Board will contribute to the success of each Community Committee and represent **each** of the designated service areas (Community Committees) proposed. The grant requires that Area Project Board members must; 1.) contribute to the success of the program and 2.) represent the designated service area (Community Committee).
- An example: a scenario in which it may be appropriate for one Area Project Board to oversee multiple Community Committees: A scenario in which multiple, distinctly separate communities have been consolidated into one school district. In this scenario, you can easily make the case that the separate communities are distinct yet are uniquely tied together as all of the youth in these communities attend the same schools and share many of the same public services. (Note: This example is **NOT** intended to demonstrate an adequate level of justification, it is simply intended to provide an example of a scenario that could potentially be justified).*
- H. Following the application review, the Department reserves the right to approve all or deny any

portion of an application. In other words, if any combination of multiple communities or Boards are requested, it is possible that the Department will recommend funding of all proposed communities or any number of communities less than proposed.

## **D. Application and Submission Information**

- 1. Address to Request Application Package:** Application materials are provided throughout the announcement. Appendices will be made available in user/printer friendly format and may be found on the Illinois Department of Human Services web site at: <http://www.dhs.state.il.us/page.aspx?item=115957>. Please click on the corresponding link to the right. Additional copies may be obtained by contacting the contact person listed below.

Each applicant must have access to the internet. The Department's web site will contain information regarding the NOFO and materials necessary for submission. Questions and answers will also be posted on the Department's website as described later in this announcement. It is the responsibility of each applicant to monitor that web site and comply with any instructions or requirements relating to the NOFO.

**Contact:**

Thurman Byrd, Program Administrator  
Illinois Department of Human Services  
401 South Clinton Street, 4<sup>th</sup> Floor  
Chicago, IL 60607  
[Thurman.Byrd@illinois.gov](mailto:Thurman.Byrd@illinois.gov)  
(312)793-27553

## **2. Content and Form of Application Submission:**

**Proposal Narrative Content:** Applicants must submit a proposal that contains the information outlined below. Each section must have a heading that corresponds to the headings in bold type listed below. If the applicant believes that the subject has been adequately addressed in another part of the application narrative, then provide the cross-reference to the appropriate part of the narrative. The narrative portion must follow the page guidelines set for each section and must be in the order requested.

Applicant agencies will provide the following information.

### **A. Executive Summary (1-page maximum per Community Committee) – 5 points**

Complete **Appendix 14** - Executive Summary and Include as **Attachment 16**.

1. Overview of Application
  - Identify the Application Type(s) for which the applicant is applying (Refer to section **C8, Eligible Application Types**).
  - Provide an overview of the total number of Area Project Boards and Community Committees requested in the application and the total funding requested.
  - Identify each Area Project Board name and indicate if it is New or Established.
    - Complete **Appendix 3** and include as **Attachment 9**.
  - Identify each Community Committee name and service area - indicate if it is New or Established.
2. Provide a brief overview of the of the application. Please be concise and direct in your description and provide summarize the services proposed with these funds. Identify the outcomes that will be achieved for each Community Committee proposed. This description should provide a clear understanding of how these services will be delivered, the process, and how services will be individualized to each Community and Youth Committee.

## **B. Capacity - Agency Qualifications (6 pages), 15 points**

The purpose of this section is for the applicant to present an accurate picture of the agency's ability to provide services in the area of delinquency and violence prevention. Information in this section should include, but not necessarily be limited to, the following:

1. Provide convincing evidence that the applicant agency is capable of carrying out the proposed program - i.e., to ensure implementing and expanding strategies, activities, and services that are intended to prevent delinquency and violence among Illinois youth who are at risk.
2. Describe experience that your agency has organizing, developing and managing multi-system Boards or Committees around a common purpose. Particularly describe if this experience has been focused on issues relevant to at-risk youth and at-risk communities.
3. Describe the experience that your agency has in conducting delinquency and violence prevention services for youth (11 to 24 years of age) who's safety is compromised and are at risk for negative consequences in the community (i.e., school dropout, violent crimes, engagement in the juvenile justice system, substance use/addiction and pregnancy). Describe relevant major accomplishments of your organization in the area of services to this population in achieving better long-term outcomes (i.e., high school graduation, attending institutions of higher education or trade schools, employment, military career etc.).
4. Provide a description of your agency's current programs and activities relevant to the services described in this NOFO. Please describe how these programs currently impact the targeted population. Please include as **Attachment 1** an organizational chart of the applicant organization, showing where the program and its staff will be placed. If subcontractors will be used, include the relationship with those organizations in the chart.
5. Identify key staff positions that will be responsible for the program. Include evidence that your agency maintains adequate staff coverage. Present the résumés of the Community Youth Service Coordinator, Community Worker, Agency Director and Fiscal Manager as **Attachment 2** of your proposal (see **Appendix 1**).
6. Job descriptions for all employee positions that will be funded in whole or in part with this grant, and an indication of the percent of time those employees will spend in this program. Programs must recruit and hire staff that is qualified for the positions through education, experience and/or training. Include the job descriptions in **Attachment 3**.
7. Include as **Attachment 4** the Program Contact Information Forms for the Grantee (see **Appendix 1**).
8. Also include in **Attachment 5** copies of corresponding subcontractor agreements and Budget.
9. A description of your agency's readiness for service provision commencing **July 1, 2019**, taking particular note of the following:
  - i. Describe the agency's willingness to ensure that all staff will participate in training sessions devoted to basic concepts of community youth services, i.e. community engagement, recruiting committees, prior to commencement of service delivery. For purposes of the proposal, assume that if your agency requires training on quarterly reporting, monthly fiscal reporting, data collection, the Department will provide that training to appropriate staff within your agency prior to commencement of services.
  - ii. Discuss your readiness in terms of the physical space where the Community Youth Services program activities will be carried out. Describe whether this is space your agency currently occupies (and/or pays for), whether it is under construction, or if arrangements to rent/lease/buy or build a physical facility are not yet final. Include in **Attachment 6** of your application copies of any agreements or other documents (lease, rental agreement, evidence of ownership, etc.) to illustrate your situation with regard to physical space. Include

Subcontractor Information Forms if applicable as **Attachment 5** (see **Appendices 10 & 11**)

- iii. Discuss your readiness to recruit sectors members to establish the foundation of your agency Area Project Board, Community Committee and Youth Committee.
  - iv. A description of existing linkages, Memorandum of Understanding and/or referral procedures your agency has with other community resources and services essential to the positive development of youth, including physical and mental health, probation, truancy and education services. Include copies of signed, current existing linkage agreements and or memorandum of understanding in **Attachment 7** of your application.
  - v. A description of any certifications or accreditations (e.g. C.A.R.F., J.C.A.H.O., etc.) your agency may have and how they improve your ability to deliver the Community Youth Service program. Include copy of certification in **Attachment 7** of your application. Also, a description of the applicant's quality assurance process, if any.
  - vi. Describe your experience with capacity to conduct process and outcome evaluation activities. Explain the ways your agency organizes and maintains data (i.e., rosters, satisfaction survey, content logs). Describe your data collection activities related to reporting outcomes and your capacity to summarize, report, and use data for program planning, improvement, revision, or elimination. Discuss how you have shared information (measures and results) with community stakeholders, institutions, and community representatives for planning and evaluation purposes.
10. Applicants must provide documentation to support if the applicant organization is a trauma-informed organization as recognized through the CBAT-O Assessment tool in **Attachment 7** and provide a statement of an ongoing commitment to further developing/maintaining trauma informed capacity within the applicant organization; or applicants must provide a statement demonstrating a commitment to develop and maintain trauma informed capacity within the applicant organization. Applicants are expected to achieve this status on or before 6/30/2020. *Assessment, training and technical assistance will be made available to successful applicants to achieve/maintain this status.*

**C. Designated Service Area/Need Statement (7-page Maximum per Community Committee; Multiple Projects will have 2 additional pages for item 3), 30 points**

*Refer to section C8, Eligible Application Types to complete this section.*

- If a **Single project** is requested include all information requested in 1), 2) and 4) below.
  - If multiple **Single Projects** are requested each community committee must begin on a new page and include all information requested in 1), 2) and 4) below.
  - If **Multiple Projects** or **Combination Projects** are requested, each community committee must begin on a new page and include all information requested in 1), 2), 3) and 4) below.
1. Identify the Area Project Board and the Community Committee for which it supports.
  2. IDHS is interested in gathering information about the designated service area for which the Community Committee is representative. Because of the importance of this information, your proposed service area will be reviewed in the context of your application and the State's need for services in that area. Provide a description about the geographic area you intend to serve with the funds awarded through this grant opportunity. Provide the

following information for age groups/grade levels: 11-13 years old (6-8th grade), 14-18 years old (9-12th grade), 19-24 years old (young adults) within the designated service area (Community Committee) proposed. For each indicator, provide the data source, the year the data represents and age groups/grade levels. Use the most recent data available and data that best represents the designated service area. Identify the designated service area your agency plans to target for services and include the following information.

- Designated service area (i.e., Saline County, Downers Grove Township, Austin). The designated service area may be comprised of multiple counties, townships, municipalities, and Chicago Community Areas. The designated service area may also be a specific municipality(s) in a county(s) such as Decatur in Macon County, municipality(s) in a township (i.e., Tinley Park in Bremen Township), a portion of a municipality (i.e., southeast portion of Peoria) or a neighborhood(s) in a Chicago Community Area(s) (Roscoe Village and Lathrop Homes Housing Development in Lake View). If your agency is proposing to serve a smaller geographic area, when possible provide specifics regarding this smaller area. Provide zip codes and boundaries to further describe the geographic area to be served.

**NOTE:** If your agency is proposing to work with one or more counties, townships, municipalities or Chicago Community Areas, the communities must share at least one geographic border.

- Type: Indicate if the service area is a municipality(s), Chicago Community Area(s), township(s), or county(s). If your agency is proposing to serve a township(s) or county(s), list all the towns and municipalities, indicate the number of towns or municipalities in the township and/or county and if all or specific towns or municipalities are targeted for services.
- Setting: Indicate if the designated service area is urban, suburban, rural, or other urban.
- Description of the designated service area: Indicate the main source of industry/business, housing (i.e., housing developments, farms) libraries, park district programs, institutions of higher education).
- School Information: Indicate the total number of schools serving 6-12th grade students and young adults (elementary, middle/junior highs, high schools, alternative schools, charter schools, private/parochial schools) in the designated service area. Also include the type of schools serving the targeted age groups for this grant program (i.e., middle schools, 7-8th grades) by community.

**NOTE:** If your agency proposes to work with multiple communities (i.e., two counties, two municipalities), provide the aforementioned information by community.

- Identify any unique characteristics of the designated service area to serve, if applicable (i.e., diversity such as culture, religion, sexual orientation).
- Describe demographic information: socio-economic, population (total number of residents, age groups, race, ethnicity), family structure, and youth employment.
- Describe consequence data for the youth population (i.e., school drop-out, expulsions, substance use, teen pregnancy, violence, status offenses).
- **Area Project Board:** The grant **requires** that Area Project Board members 1.) contribute to the success of the program and 2.) represent the designated service area and thereby the associated Community Committee. Describe how **each** specific member of the Area Project Board will 1.) contribute to the success of community committee and 2.) describe how each member represents the designated service area described above.

3. Required ONLY for applicants seeking funding for **Multiple Projects** or **Combination Projects** (Refer to section **C8, Eligible Application Types**)

The CYS program model may reflect a one-to-one ratio of one Area Project Board working

with a single Community Committee or a one to multiple ratio, because of this, if multiple Community Committees are requested to be supported by a single Area Project Board, it will be necessary for the applicant to provide clear and convincing evidence/justification in the program narrative describing the need to combine Community Committees under a single Area Project Board. While applicants may request multiple Community Committees under a single area Project Board, they will only be funded if the need, benefit and Area Project Board representation is met and supported with convincing evidence/justification. Beginning on a separate page, the applicants must:

- Make the case as to why the proposed Community Committees should be combined under a single Area Project Board – discuss the communities’ commonalities and the circumstances that uniquely tie them together; demonstrate/justify why it is more beneficial for a single Area Project Board to oversee the proposed number of Community Committees rather than develop a local Area Project Board.
- Describe how each specific member of the Area Project Board will contribute to the success of each Community Committee and represent each of the designated service areas (Community Committees) proposed. The grant requires that Area Project Board members must; 1.) contribute to the success of the program and 2.) represent the designated service area (Community Committee).

4. If multiple Community Committees are requested, please complete **Appendix 4** for each Community Committee and include it/them as **Attachment 9**.

**D. Description of Program Services (7-page maximum per Community Committee), 35 points**

If multiple Community Committees are requested, each Community Committee must begin on a new page and include all information requested below.

1. Provide the following information regarding the proposed services that will be delivered in the designated service area. The following services must be delivered in the designated service area.
  - Describe the types of assessment and assessment update methods that will be used to either develop or enhance services in the designated area. Describe the types of objective data that will be collected, summarized, and presented to the Community Committee. Include the data sources that will be used to collect the data.
  - Describe the key informants (i.e., school personnel, law enforcement) that will be interviewed and the types of information that will be collected. Provide examples of the types of content covered during a key informant interview.
  - Representatives from the following grant programs must be interviewed as part of the key informant interviews, if available in or near your agency’s designated service area: (1) Comprehensive Community-based Services (CCBYS), (2) Redeploy, (3) Juvenile Justice Councils, (4) County Probation Departments, (5) Teen REACH, (6) Community Youth Employment Program, (7) Homeless Youth and (8) other youth-serving organizations.
  - Describe the resource assessment that will be conducted. Indicate the type of resources that will be identified and the process for gathering this information.
  - Describe the environmental scan that will be conducted. Indicate the type of resources that will be documented and the process for gathering this information.
  - Provide a timeline and activities associated with the completion of each type of assessment and development of a community action plan.
  - For Established Committees, include assessment Information as **Attachment 8 (see Appendix 8)**
2. Describe the types of activities and methods that will be used to develop or enhance the Area Project Board.
  - Indicate if the Area Project Board is new or established.

- If established, name of the Area Project Board and the year it was established. Indicate the total number of members serving on the Area Project Board. If new, indicate the number of members to be recruited.
  - Sectors representation on the Area Project Board. If new, proposed sectors to be recruited and timeline and activities associated with recruiting the members.
  - If it is an established Area Project, indicate the missing sectors, if applicable, and describe how your agency will recruit missing sectors.
  - If established, describe successes including the data collected demonstrating the accomplishments of the Area Project Board.
  - Describe the types of support the Area Project Board will provide to each Community Committee proposed.
3. Describe the Community Committee(s).
- Indicate if it is new or established.
  - If established, name of the Community Committee and the year it was established.
  - Community served by the Community Committee.
  - If it is an established Community Committee, total number of members and the sectors represented. Include Community Committee Information Forms as **Attachment 9** (see **Appendix 4**). If new, proposed number of members and sectors to be recruited.
  - If it is an established Community Committee, indicate missing sectors, if applicable, and describe how your agency will recruit members.
  - Provide a timeline and activities for recruiting sectors, if new, and/or missing sectors, if established.
  - Describe how your agency will engage and communicate with the Youth Committee.
  - Describe how your agency's Youth Worker will lead the Community Committee in the development of a community action plan. Indicate the processes used for engaging the Committee and the anticipated timeline for completion of the plan.
4. Describe the Youth Committee (YC).
- Indicate if it is new or an established Youth Committee
  - If established, name of the Youth Committee and the year it was established.
  - Community served by the Youth Committee.
  - If it is an established Youth Committee, provide total number of members represented. Include Youth Committee Information Forms as **Attachment 9** (see **Appendix 5**).
  - If it is an established Youth Committee describe how your agency recruited Youth to replace missing members.
  - If new, Identify the number of Youth Committee(s) that will be established.
  - Identify the number and age of the youth that will be recruited to serve on the Youth Committee per Youth Committee, if applicable.
  - Describe the characteristics of the youth (i.e., age group) your agency is seeking to engage.
  - Describe the strategies that will be used to recruit youth.
  - Describe logistics associated with the Youth Committee (i.e., how often the committee will meet, length of meetings).
  - Describe the training that will be provided to the youth serving on the committee.
  - Describe the strategies that will be used to retain youth participation.
  - Describe the type of activities the youth will be engaged in developing and planning.
5. Describe the Youth Referral Guide.
- If new, Indicate the how your agency will guide youth in the development of the youth referral guide (i.e., types of services to be included, format).
  - If established, describe how your agency guided youth in developing the youth referral guide (i.e., types of services included, format etc.). Include the Youth Referral Guide Form as **Attachment 10** (see **Appendix 6**).

6. Describe the referral and linkage system.
  - If new, describe how your agency will establish and use a system to provide referrals and linkages for participants to human, employment and health services.
  - If established, describe how your agency initiated and tracked referrals, and linkages for participants to human, employment and health services.
  - Describe the development or established protocols and procedures for how referrals to employment, human, and health services will be made.
7. Describe the promotion of job training and youth employment opportunities.
  - If new, describe how your agency will identify, regularly maintain and determine the best resource for the promotion of job training and youth employment opportunities.
  - If established, describe how your agency identified, regularly maintained and determined the best resources used to promote job training and youth employment.
  - If new, describe the development of protocols and procedures for referrals to job training and youth employment opportunities will be made.
  - If established, describe how your agency utilize the protocol and procedures to initiate referrals to job training and youth employment opportunities.
8. Describe activities and strategies.
  - If new, describe how the agency will guide the Community Committee in the selection of strategies and activities.
  - If new, describe your agency's experience in delivering strategies and activities related to the objectives found in ***Section A: Community Youth Services – Program Description***.
  - If new, describe how your agency will ensure the proposed services do not duplicate the existing services, promote existing services or complement existing services.
  - If established, describe how your agency guided the Community Committee in the selection of strategies and activities.
  - If established, describe how your agency implemented, delivered and tracked strategies and activities related to the objectives found in ***Section A: Community Youth Services – Program Description***
  - If established, describe how your agency averted duplicating, promoting, and complementing existing services in your service location.

**E. Evaluation (3 pages), 10 points**

To ensure accountability at all levels of service provision, IDHS implemented the practice of performance-based contracting with its grantee agencies. The articulation and achievement of measurable outcomes help to ensure that we are carrying out the most effective programming possible. Data collected related to performance and outcome attainment may be considered when determining eligibility for years two and three continuation funding and may be considered when determining funding allocation in continuation years. Your agency performance and outcome data will be considered when making future funding decisions. At minimum, all applicants will be expected to collect and report data indicators and performance measures. Describe how your agency will track, collect, process and evaluate outcome data relevant to the Community Youth Service program performance measures. If multiple Community Committees are applied for, indicate if description applies to all, if not provide detail of the differences.

**F. Budget Narrative (Narrative - 3 pages maximum) 5 points**

In this section of the application narrative, provide a detailed, no more than 3 pages, Budget Narrative of the items allocated within your proposed budget. This will include all funds budgeted for the program. Identify the source of those funds and detail how the specified resources and personnel are being allocated to ensure the tasks, activities, goals and objectives

described in your proposal will be implemented. Describe the methodology behind the allocation of funds between Area Project Boards and associated Community Committees. Understanding that the primary purpose of these funds is service provision and not administration. Describe the use of any additional funds, other than CYS grant funds, that will be used to support the program. If sub-contractors are planned, please also describe how these funds will be utilized to implement the program.

**If Multiple Projects or Combinations Projects are requested;** in addition to the above requested information, the applicant must also describe and detail expenditures separately by Community Committee. Please complete a separate (**Appendix 13**) budget summary sheet and narrative detailing proposed expenditures for each separate community committee and included with the application as **Attachment 15**.

In addition to the above narrative, the budget must be submitted electronically in the CSA system (Refer to (**Appendix 12**) for more information). The Budget entered into the CSA system will also include a narrative or detailed description/justification for each line in the budget and will describe why each expenditure is necessary for program implementation and how you arrived at the particular amount. Please include cost allocations as necessary and staff names. This narrative must also clearly identify indirect costs, direct program costs, direct administrative costs, and match within each line item as appropriate. The Budget (including MTDC base exclusions as appropriate) should clearly describe how the specified resources and personnel have been allocated for the tasks and activities described in your plan. The Budget should be electronically signed and submitted in the CSA system included with the Application as **Attachment 15**. The Budget must be signed by the Provider's Chief Executive Officer and/or Chief Financial Officer. If indirect costs are included in the budget, a copy of the approved NICRA must be included with the Application as **Attachment 13**.

Please note, your FY 2020 contract **will not** be processed until your budget has been reviewed AND approved. It is critical that the budget submitted is as detailed as possible including staff names. Subcontractor budgets, budget narratives and actual sub-contracts must be submitted with this application as they need to be pre-approved. Refer to (**Appendix 12**) for information regarding Subcontractor Budgets. Subcontractor agreements and budgets will be submitted as **Attachment 5** of your application.

**If Multiple Projects or Combinations Projects are requested;** one combined budget must be submitted into the CSA system. For more information about how to access the CSA system, Refer to (**Appendix 12**).

Maximum award amounts are determined based on the following:

- Community Committees – Up to \$50,000 each
- Established Community Committees – Up to \$75,000 each.

**G. Attachments to Your Application Narrative (Not included in page Limits)**

The Attachments should be labeled accordingly and placed in the order below.

Attachment 1 Organizational Chart

Attachment 2 Resumé of CYS Coordinator, Agency Director and Fiscal Manager,  
Community Worker

Attachment 3 Job Descriptions

Attachment 4 Program Site & Program Contact Information

Attachment 5 Program Subcontractor Information, Unsigned Agreements and Budgets (*if applicable*)

Attachment 6 Program Readiness

Attachment 7 Signed Linkage Agreements and Memorandum of Understanding (MOU's)

with other Service Providers & Referral Sources, External certification and or accreditation

Attachment 8 Assessment Information Form

Attachment 9 Area Project Board, Community Committee & Youth Committee Form

Attachment 10 Youth Guide Form

Attachment 11 Youth Employment Form

Attachment 12 Grant Objectives/Action Plan Form

Attachment 13 Copy of Currently Approved NICRA if indirect costs are included in the budget.

Attachment 14 Copy of Agency's current Federal Form W9

Attachment 15 Separate Grant Budget summary sheet pertinent to each specific service area

Attachment 16 Executive Summary

### 3. Submission Dates and Times

Submission Format, Location and Deadline

- A. Applicants must submit four (4) printed copies of complete application including all required narratives and attachments in the prescribed order with the signed Uniform Application for State Grant Assistance (Uniform Application) on top. Each of the four (4) printed copies should be identical with the exception that at least one copy must include an original signature on the Uniform Application. The Uniform Application can be found at the following [link](#). In addition to the 4 printed copies, submissions **must** also include one (1) electronic copy on either a flash drive or other media such as a CD or DVD. The electronic copy **must** be a complete single PDF file with the same content and in the same order as the printed copies.
- B. Complete applications must be **received by May 2, 2019 by 3:00pm** at the address below. Application submissions or delivery to any other address, including other DHS offices, will not be considered for review or funding.

Thurman Byrd, Program Administrator  
Illinois Department of Human Services  
401 South Clinton Street, 4<sup>th</sup> Floor  
Chicago, IL 60607  
[Thurman.Byrd@illinois.gov](mailto:Thurman.Byrd@illinois.gov)  
(312)793-2755

- C. Complete applications may be delivered in-person. **In-person submissions will ONLY be accepted between the hours of 9:00 AM and 3:00 PM on Thursday, May 2, 2019.**
- D. Complete applications must be **received** by the Department at the specific location **no later than 3:00 PM, on Thursday, May 2, 2019**. Any applications received after the deadline will be designated late and will not be reviewed or considered for funding. A submission receipt will be given for any application delivered in-person. For applications received via mail, applicants will receive an email confirmation within 48 hours of receipt notifying them that their application was received and if it was received by the due date and time. This email will be sent to the 2 email addresses provided in the application. Applications received after the due date will be considered late submissions which may result in the rejection of the application and denial of a grant award under this continuation application.
- E. Applicants are required to notify the Department by **Monday, May 6<sup>th</sup> at noon**, if they did **NOT** receive an email notifying them that their application was received. If the Provider does not receive an email and does not notify the Department **by Monday, May 6<sup>th</sup> at noon**, their application will be considered a late submission and will **NOT** be reviewed or scored. The Provider will **NOT** have the right to protest the submission/receipt of their application to the Department after **Monday, May 6<sup>th</sup>, at noon**.

#### 4. Other Submission Requirements.

##### A. Proposal Container and Format Requirements

All applications must be typed on 8 ½ x 11-inch paper using 12-point type and at 100% magnification. With the exception of letterhead and stationery for letter(s) of support (not required), the entire proposal should be typed in black ink on white paper. 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 in the “Content and Form of Application Submission” section including the Executive Summary. Items included as Attachments are NOT included in the page limitations.

The entire application, including attachments, must be sequentially page numbered and compiled in the order specified below in **Section B**. The complete application must be compiled into a single PDF document, saved to a flash drive or other media such as a CD or DVD and submitted along with the printed application as directed in **Section 3.A**.

Applications will **ONLY** be accepted as described herein. Faxed copies, emailed copies etc. will not be accepted. The Department is under no obligation to review applications that do not comply with the above requirements.

##### B. ALL Applications MUST include the following mandatory forms/attachments in the order identified below.

1. Uniform State Grant Application
2. A screenshot or statement indicating the applicants has completed Pre-Qualification steps and is currently Pre-Qualified.
3. Statement indicating the ICQ & PRA have been completed.
4. Proposal Narrative
  - Executive Summary
  - Capacity - Agency Qualifications/Organizational Capacity
  - Need - Description of Need
  - Quality - Description of Program Design and Services
  - Budget Narrative
  - Attachments to Your Application
    - Attachment 1 Organizational Chart
    - Attachment 2 Resumé of CYS Coordinator, Agency Director and Fiscal Manager, Community Worker
    - Attachment 3 Job Descriptions
    - Attachment 4 Program Site & Program Contact Information
    - Attachment 5 Program Subcontractor Information, Unsigned Agreements and Budgets (*if applicable*)
    - Attachment 6 Program Readiness
    - Attachment 7 Signed Linkage Agreements and Memorandum of Understanding (MOU’s) with other Service Providers & Referral Sources, External certification and or accreditation
    - Attachment 8 Assessment Information Form
    - Attachment 9 Area Project Board, Community Committee & Youth Committee Form
    - Attachment 10 Youth Guide Form
    - Attachment 11 Youth Employment Form
    - Attachment 12 Grant Objectives/Action Plan Form
    - Attachment 13 Copy of Currently Approved NICRA if indirect costs are included in the

budget.

Attachment 14 Copy of Agency's current Federal Form W9

Attachment 15 Separate Grant Budget summary sheet pertinent to each specific service area

Attachment 16 Executive Summary

**5. Uniform Grant Budget** – The proposed budget must be entered, signed and submitted in CSA and is required for the application to be considered complete. A hard copy of this signed and submitted budget must be included with the application.

### **5. Unique entity identifier and System for Award Management (SAM)**

Each applicant is required to: (i) Be registered in SAM before submitting its application; (ii) provide a valid unique entity identifier in its application; and (iii) continue to maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by the Department. The Department may not make an award to an applicant until the applicant has complied with all applicable unique entity identifier and SAM requirements and, if an applicant has not fully complied with the requirements by the time the Department is ready to make an award, the Department may determine that the applicant is not qualified to receive an award and use that determination as a basis for making an award to another applicant. Please refer to *Section C. Eligibility Information & Grant Funding Requirements* for additional information and detail regarding SAM.

### **6. Intergovernmental Review**

This funding opportunity is NOT subject to Executive Order 12372, "Intergovernmental Review of Federal Programs,".

### **7. Funding Restrictions**

The applicant must develop a budget consistent with program requirements as described in *Section A. Program Description* and in accordance with *Section C. 6 Grant Funds Use Requirements*.

The Department will not allow reimbursement of pre-award costs under this funding opportunity

## **E. Application Review Information**

### **1. Criteria.**

Applications that fail to meet the criteria described in section C "Eligibility Information" will not be scored and considered for funding.

Review teams comprised of at least 3 individuals employed by DHS serving in the Division of Family and Community Services will be assigned to review applications. These review teams, where possible will be comprised of staff within the Office of Community and Positive Youth Development and may include individuals working in the office serving as Government Public Service Interns under contract from the University of Illinois at Springfield.

Applications will first be reviewed and scored individually. Then, team members will collectively review the application, their scores and comments to ensure team members have not missed items within the application that other team members identified. Application highlights and concerns will be discussed. Individual team members may choose to adjust scores to appropriately capture content that may have been missed initially. Scores will then be sent to the application Review Coordinator to be compiled and averaged to produce the final application review team score.

Scoring will be on a 100-point scale.

### **Proposal Scoring:**

Application Narratives will be evaluated on the following criteria:

Executive Summary	5 points
Capacity – Agency Qualifications	15 points
Designated Service Area/Needs Statement	30 points
Description of Program/Services	35 points
Agency Evaluation and Reporting	10 points
Budget and Budget Narrative	5 points
<b>TOTAL</b>	<b><u>100 POINTS</u></b>

The application criteria to be reviewed and scored are found under each category in this announcement in *Section F. Content and Form of Application Submission*.

**2. Review and Selection Process:**

As described in the Criteria section above, scoring will be on a 100-point scale. Scoring will not be the sole award criterion. The Department reserves the right to consider other factors such as: geographical distribution, ICQ and PRA results, demonstrated need, past performance as a state grantee, etc. While recommendations of the review panel will be a key factor in the funding decisions, the Department maintains final authority over funding decisions and considers the findings of the review panel to be non-binding recommendations. Any internal documentation used in scoring or awarding of grants shall not be considered public information.

Final award decisions will be made by the Director of the Division of Family and Community Services at the recommendation of the Associate Director for the Office of Community and Positive Youth Development.

The Department reserves the right to negotiate with successful applicants to adjust award amounts, targets, etc. The Department reserves the right to approve all or deny any portion of an application. In other words, if any combination of multiple Community or Area Project Boards are requested, it is possible that the Department will recommend funding of all proposed Community or any number of communities less than proposed.

**3. Merit-Based Evaluation Appeal Process.**

- A. Competitive grant appeals are limited to the evaluation process. Evaluation scores may not be protested. Only the evaluation process is subject to appeal and shall be reviewed by IDHS' Appeal Review Officer (ARO).
- B. Submission of Appeal.
  - 1) An appeal must be submitted in writing to Karrie Rueter at [dhs.youthservicesinfo@illinois.gov](mailto:dhs.youthservicesinfo@illinois.gov) who will send to the ARO for consideration.
  - 2) An appeal must be received within 14 calendar days after the date that the grant award notice has been published.
  - 3) The written appeal shall include at a minimum the following:
    - a) the name and address of the appealing party;
    - b) identification of the grant; and
    - c) a statement of reasons for the appeal.
- C. Response to Appeal.
  - 1) The DHS will acknowledge receipt of an appeal within fourteen (14) calendar days from the date the appeal was received.
  - 2) DHS will respond to the appeal within 60 days or supply a written explanation to the appealing party as to why additional time is required.
  - 3) The appealing party must supply any additional information requested by DHS within the time period set in the request.
- D. Resolution

- 1) The ARO shall make a recommendation to the Agency Head or designee as expeditiously as possible after receiving all relevant, requested information.
- 2) In determining the appropriate recommendation, the ARO shall consider the integrity of the competitive grant process and the impact of the recommendation on the State Agency.
- 3) The Agency will resolve the appeal by means of written determination.
- 4) The determination shall include, but not be limited to:
  - a) Review of the appeal;
  - b) Appeal determination; and
  - c) Rationale for the determination.

#### **4. Simplified Acquisition Threshold**

Potential grantees under this funding announcement may receive an award in excess of the Simplified Acquisition Threshold, currently \$250,000 (Refer to 2CFR200 Section 200.88). Therefore, the grantee is subject to Simplified Acquisition Threshold. Refer to *Section C. 6 Grant Funds Use Requirements*

### **F. Award Administration Information**

#### **1. State Award Notices.**

Providers recommended for funding under this Notice of Funding Opportunity following the above review will receive a Notice of State Award (NOSA). The NOSA shall include:

- Grant Award Amount
- The terms and condition of the award.
- Specific conditions assigned to the grantee based on the fiscal and administrative and programmatic risk assessments.

Upon acceptance of the grant award, announcement of the grant award shall be published by the awarding agency to Grants.Illinois.gov

A written Notice of Denial shall be sent to the Providers not receiving awards.

The NOSA must be signed by the grants officer (or equivalent). This signature effectively accepts the state award amount and all conditions set forth within the notice. This signed NOSA is the document authorizing the Department to proceed with issuing an agreement. The Agency signed NOSA must be remitted to the Department as instructed in the notice.

#### **2. Administrative and National Policy Requirements.**

The agency awarded funds shall provide services as set forth in the DHS grant agreement and shall act in accordance with all state and federal statutes and administrative rules applicable to the provision of the services.

To review a sample of the FY2020 DHS Uniform Grant Agreement, please visit the DHS Website at <http://www.dhs.state.il.us/page.aspx?item=29741>.

The agency awarded funds through this Funding Notice must further agree to comply with all applicable provisions of state and federal laws and regulations pertaining to nondiscrimination, sexual harassment and equal employment opportunity including, but not limited to: The Illinois Human Rights Act (775 ILCS 5/1-101 *et seq.*), The Public Works Employment Discrimination Act (775 ILCS 10/1 *et seq.*), The United States Civil Rights Act of 1964 (as amended) (42 USC 2000a-and 2000H-6), Section 504 of the Rehabilitation Act of 1973 (29 USC 794), The Americans with Disabilities Act of 1990 (42 USC 12101 *et seq.*), and The Age Discrimination Act (42 USC 6101 *et seq.*). Additional terms and conditions may apply.

### 3. Required Reporting

- A. The Provider will submit monthly expenditure documentation forms in the format prescribed by the Department. The Expenditure Documentation forms must be submitted no later than the 15th of each month for the preceding month by email.
- B. Quarterly Narrative and Performance data reports will be submitted by email in a format prescribed by the Department, no later than the 15th of the month immediately following the quarter for the preceding quarter.
- C. Year-End Financial, Narrative and Performance Data reports will be submitted by email in a format prescribed by the Department, no later than 30 days following the end of the fiscal year.
- D. Additional annual performance data may be collected as directed by the Department and in a format prescribed by the Department.
  1. Quarterly program reports for **New** communities will include the information listed below:
    - a. Unduplicated number of participants served for demographics (age, gender, race, and ethnicity)
    - b. Number of participants and sectors participated on the Area Project Board and Community Committee(s)
    - c. Number and age of the participants that served on the Youth Committee
    - d. Number of Area Project Board, Community Committee(s) and Youth Committee meetings held
    - e. Organizing program service activities – number of sessions/activities, length of sessions/activities, frequency of sessions/activities, content covered
    - f. Participant and community outcome information (promotion/graduation, school attendance, homework completion, improved grades, rates associated with problem statement, goals and objectives)
    - g. Provider agency administrative information: staffing, sites, subcontracts and other program information as required
  2. Required Program Deliverables for **New** Communities:
    - a. The Provider will submit one Youth Referral Guide and a distribution plan for the Youth Referral Guide by June 1, 2020.
    - b. The Provider will provide a status update regarding distribution plan no later than the 15<sup>th</sup> of the month immediately following the quarter for the preceding quarter.
    - c. The Provider will submit one Assessment Summary for each Community Committee by June 1, 2020 for approval.
    - d. The Provider will submit one Community Action Plan for each Community Committee by June 1, 2020.
    - e. The Provider will submit resources, (and a plan to update every two months) for promoting job training and youth employment opportunities with 16-24-year-old youth by June 1, 2020.
    - f. The Provider will email the Area Project, Community Committee(s), and Youth Committee(s) meeting agendas and meeting minutes including any handouts or presentations and rosters along with the Quarterly Program and Program Performance Reports no later than the 15<sup>th</sup> of the month immediately following the quarter for the preceding quarter.
  3. Quarterly program reports for **Established** communities will include the information listed below:
    - a. Unduplicated and duplicated number of participants served for demographics (age, gender, race, and ethnicity)
    - b. Number of participants and sectors participated on the Area Project Board and Community Committee(s)
    - c. Number and age of the participants that served on the Youth Committee
    - d. Number of Area Project Board, Community Committee(s) and Youth Committee meetings held

- e. Direct, Organizing and Advocacy Program service activities – number of sessions/activities, length of sessions/activities, frequency of sessions/activities, content covered
  - f. Participant and community outcome information (, promotion/graduation, school attendance, homework completion, improved grades, rates associated with problem statement, goals and objectives)
  - g. Provider agency administrative information: staffing, sites, subcontracts and other program information as required.
4. Required Program Deliverables **Established** Communities:
- a. The Provider will maintain on site the FY20 Youth Referral Guide and a distribution plan for the Youth Referral Guide.
  - b. The Provider will maintain on site the FY20 distribution plan status update.
  - c. The Provider will maintain on site the FY20 updated Assessment Summary for each Community Committee.
  - d. The Provider will maintain on site the FY20 CYS Community Action Plan for each Community Committee.
  - e. The Provider will maintain on site the FY20 updated (every two months) resources, for promoting job training and youth employment opportunities with 16-24 year old youth. A total of four (per quarter) updates are expected by May 31, 2020.
  - f. The Provider will maintain on site the FY20 Area Project, Community Committee(s), and Youth Committee(s) meeting agendas and meeting minutes including any handouts or presentations and rosters for each group (Area Project, Community Committee(s) and Youth Committee).
  - g. The Provider will submit year end Financial, Narrative, and Program Performance data reports. The performance reports must describe implementation of the services and activities, results (data) regarding successes related to the goals and objectives as indicated in the CYS Action Plan, as well as successes, challenges and plans to overcome challenges. Reports will be submitted by email in a format prescribed by the Department, no later than the 15th of the month immediately following the quarter for the preceding quarter.
  - h. Additional annual performance data may be collected as directed by the IDHS in a format prescribe by the Department.

#### 4. Payment Terms

##### A. Payment Determination

- **Providers identified as low risk on the ICQ:** An initial prospective payment of 2/12 of the State General Revenue Award amount will be issued upon execution of the agreement; and may be rounded to the nearest \$100.00. Subsequent payments will be issued on a reimbursement basis and will consider all previously submitted documented expenditures.
- **Provider identified as Medium to High Risk on the ICQ:** Payments will be issued on a reimbursement basis and will consider all previously submitted documented expenditures.

- B. The Department will compare the amount of the prospective payments made to date with the documented expenditures provided to the Department by the Provider. In the event the documented services provided by the Provider do not justify the level of award being provided to the Provider, future payments may be withheld or reduced until such time as the services documentation provided by the Provider equals the amounts previously provided to the Provider. Failure of the Provider to provide timely, accurate and sufficiently detailed documentation will result in delayed payments and may result in a reduction to the total award.

- C. The final payment from the Department under this Agreement shall be made upon the Department's determination that all requirements under this Agreement have been completed, which determination shall not be unreasonably withheld. Such final payment will be subject to adjustment after the completion of a review of the Provider's records as provided in the Agreement. In the event payments made by the Department to the provider exceed the total amount of provider reported and Department authorized expenditures, the provider will be required to issue a repayment to the Department in an amount equal to the overpayment.

**G. State Awarding Agency Contact(s)**

**Questions and Answers**

If you have questions relating to this NOFO, please send them via email to:

[DHS.YouthServicesInfo@Illinois.gov](mailto:DHS.YouthServicesInfo@Illinois.gov) with “**CYS FUNDING NOTICE –Thurman**” in the subject line of the email. Questions with their respective answers will be posted on the DHS website at <http://www.dhs.state.il.us/page.aspx?item=11596>. This section will be updated periodically as new questions are received, so applicants are encouraged to check it frequently. Only written answers posted on the website will be considered valid and official. Note: The final deadline to submit any written questions regarding this Funding Notice will be **Thursday, April 25<sup>th</sup>, 2019**.

# **FY2020 CYS Funding Notice**

## **APPENDICES**

- Appendix 1 – Program Contact Information
- Appendix 2 – CYS Program Staffing
- Appendix 3 – CYS Area Project Board
- Appendix 4 – CYS Community Committee
- Appendix 5– CYS Youth Committee
- Appendix 6 –Referral Guide/ Youth Committee
- Appendix 7–Youth Employment Resources
- Appendix 8–Community Assessment
- Appendix 9–Grant Objectives and Action Plan
- Appendix 10–Program Contact Information - Subcontractor
- Appendix 11 –Additional Subcontractor Information
- Appendix 12 – CSA & Budget Information and Instructions
- Appendix 13 – Community Committee Budget Summary
- Appendix 14– Executive Summary

This document as well as the Appendices can be located at <http://www.dhs.state.il.us/page.aspx?item=115957> and FAQs can also be found at <http://www.dhs.state.il.us/page.aspx?item=15956> or by emailing [DHS.YouthPrevention@Illinois.gov](mailto:DHS.YouthPrevention@Illinois.gov) indicating “CYS NOFO Forms Request” in the subject line of the email if you experience accessibility issues.

**FY 2020 CYS NOFO Application – Appendix 1**  
**Program Contact Information**

<b>Agency Name:</b>		FEIN:	
Address:	City:	State:	Zip:
Agency Telephone Number and Email Address:		Agency Website:	

<b>Executive Director:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>CYS Program Supervisor:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>CYS Program Staff Contact:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Fiscal Contact:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Report Contact:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

## FY 2020 CYS NOFO Application – Appendix 2 CYS Program Staffing

List **ALL** Community Youth Services paid program staff by name, title, role, their full-time equivalency on this project and salary. Include staff at contractor agencies.

CYS Staff /Position Name	Position Title	Staff Role	FTE Allocation	Annual Salary
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
(Insert additional rows as necessary)		<b>TOTALS</b>		

**FY 2020 CYS NOFO Application – Appendix 4**  
**Community Committee**

<b>Community Committee Name:</b>				
<b>Service Area:</b>				
<b>Name of managing Area Project Board:</b>				
<b>If established, how frequent are meetings held:</b>				
<b>If established, indicate the # of Meetings held in the past 12 Months:</b>				
<b>Check Community Committee Status:</b>				<input type="checkbox"/> New <input type="checkbox"/> Established
<b>Sector Category</b>	<b># of Members Per Category</b>	<b>Describe Sector Name (i.e. Business name) and CC Service Affiliation</b>	<b>Member(s) name, Title, and Sector Affiliation</b>	<b>Describe Member Connection to CC Service Area</b>
Business:				
Civic/Volunteer:				
Community Residents:				
Education/School:				
Faith Based:				
Local Government:				
Healthcare:				
Judicial/Courts:				
Law Enforcement:				
Media:				
Parents/Guardians:				
Philanthropic:				
Social Service Agency:				
Youth:				

In the space below (add additional pages as necessary) describe all activities you plan to conduct with your community committee throughout the fiscal year. Also, clarify how each sector and member mentioned is connected to and represent the service area indicated. Describe the racial, ethnic, cultural linguistic diversity relative to the committee membership and the community being represented.

**FY 2020 CYS NOFO Application – Appendix 5**  
**Youth Community Committee**

<b>Youth Community Committee Name:</b>				
<b>Service Area:</b>		<b>Check Youth Committee Status:</b> <input type="checkbox"/> New <input type="checkbox"/> Established		
<b>Name of managing Area Project Board:</b>				
<b>If established, how frequent are meetings held:</b>				
<b>If established, indicate the # of Meetings held in the past 12 Months:</b>				
Youth Member Name	Gender		Age	Representation
	Male	Female		
1.	<input type="checkbox"/>	<input type="checkbox"/>		
2.	<input type="checkbox"/>	<input type="checkbox"/>		
3.	<input type="checkbox"/>	<input type="checkbox"/>		
4.	<input type="checkbox"/>	<input type="checkbox"/>		
5.	<input type="checkbox"/>	<input type="checkbox"/>		
6.	<input type="checkbox"/>	<input type="checkbox"/>		
7.	<input type="checkbox"/>	<input type="checkbox"/>		
8.	<input type="checkbox"/>	<input type="checkbox"/>		
9.	<input type="checkbox"/>	<input type="checkbox"/>		
10.	<input type="checkbox"/>	<input type="checkbox"/>		
11.	<input type="checkbox"/>	<input type="checkbox"/>		
12.	<input type="checkbox"/>	<input type="checkbox"/>		
13.	<input type="checkbox"/>	<input type="checkbox"/>		
14.	<input type="checkbox"/>	<input type="checkbox"/>		

In the space below (add additional pages as necessary) describe all activities you plan to conduct with your Youth committee throughout the fiscal year. Describe the racial, ethnic, cultural linguistic diversity relative to the committee membership and the community being represented.

**FY 2020 CYS NOFO Application – Appendix 6**  
**Referral Guide/Youth Committee**

Please provide the following information regarding the referral guide for each established youth committee:

<b>Youth Committee Name:</b>
<b>Community Committee Name:</b>
<b>Check Committee Status:</b> <input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Established</b>
Describe if, how and when (include dates) the referral guide was developed, updated and distributed in the past twelve months.
Describe how will the referral guide will be developed, updated and distributed in FY2020?

**FY2020 FY 2020 CYS NOFO Application – Appendix 7**  
**Youth Employment Resources**

Please provide the following information for the Youth Employment Resources distribution:

<b>Youth Committee Name:</b>
<b>Community Committee Name:</b>
<b>Check Committee Status:</b> <input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Established</b>
Describe if, how and when (include dates) the youth employment resources were developed, updated and distributed in the past twelve months.
Describe how will the youth employment resources be developed, updated and distributed in FY2020?

**FY 2020 CYS NOFO Application – Appendix 8**  
**Community Assessment**

Please provide the following information for the Community Assessment: Only for Establish Community Committees only.

Community Committee Name:
Date community assessment completed/updated:
Provide a brief description of the most current assessment that was conducted/updated:
Identify top community needs to be addressed in FY2020: 1. 2. 3. 4.
Are the identified needs
Explain how you arrived at the top four community needs for FY2020?

## **FY 2020 CYS NOFO Application Appendix 9**

### **Grant Objectives & Action Plan**

Please complete the following for Established Community Committees ONLY.

The eight objectives of the grant are instrumental to achieve the goal of reducing the rates of delinquency and violence among youth ages 11 to 24 in designated service areas.

Please complete the following tables and narratives for each objective for the next fiscal year. If your Area Project Board oversees multiple Community Committees, a complete set of tables/narratives must be completed for each Community Committee.

If you are addressing the objective with multiple activities, please complete additional tables/narratives as needed. Please report the following for each objective:

#### **TABLES**

- A. Identified community need.
- B. Problem statement of identified community need.
- C. Activity Goal (specific to address need):
- D. Activity Objective (specific to need and goals):
- E. Type of service: Organizing, advocacy or direct service to youth.
- F. Location – This should be the name of the community-based site where the service is being implemented.
- G. City/County – Enter the name of the city and county where the school and/or community-based site are located.
- H. Setting – Enter the setting in which you are conducting the service (i.e. school, work location, local provider, home, etc.)
- I. Age range of youth you are targeting.
- J. Number of youth to be served: Please indicate the number of youth to be served through this activity, at this location over the fiscal year. This should be an unduplicated number.
- K. Description of activity:
- L. Outcomes expected from this activity:
- M. Performance Measure & Standard that will demonstrate intended outcome was achieved:
- N. Performance Measurement method: How will the activity be measured?

#### **NARRATIVES**

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and meets the performance measure target.
6. If this is the same activity carried out previously, please indicate when and justify the need to continue to provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on addressing the identified need.

## FY 2020 CYS NOFO Application Appendix 9 Grant Objectives & Action Plan

**Objective 1. Increase in community engagement for developing and supporting delinquency and violence prevention.**

Community Committee Name:	
A. Identified Need:	
B. Problem statement:	
C. Activity Goals:	
D. Activity Objective:	
E. Type of service:	
F. Location Name:	
G. City and County of Location:	
H. Setting:	
I. Age range of youth:	
J. Number of youth to be served:	
K. Description of service:	
L. Outcomes expected:	
M. Performance measure and standard:	
N. Performance measurement method:	

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and
6. how it will meet the performance measure targeted.
7. If this is the same activity carried out previously, please indicate when and justify the need to continue or again provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on the identified need.

**FY 2020 CYS NOFO Application Appendix 9**  
**Grant Objectives & Action Plan**

**Objective 2. Increase in meaningful youth involvement in the development of delinquency and violence prevention.**

Community Committee Name:	
A. Identified Need:	
B. Problem statement:	
C. Activity Goals:	
D. Activity Objective:	
E. Type of service:	
F. Location Name:	
G. City and County of Location:	
H. Setting:	
I. Age range of youth:	
J. Number of youth to be served:	
K. Description of service:	
L. Outcomes expected:	
M. Performance measure and standard:	
N. Performance measurement method:	

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and
6. how it will meet the performance measure targeted.
7. If this is the same activity carried out previously, please indicate when and justify the need to continue or again provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on the identified need.

**FY 2020 CYS NOFO Application Appendix 9**  
**Grant Objectives & Action Plan**

**Objective 3. Increase youth connection to existing health, employment and human services.**

Community Committee Name:	
A. Identified Need:	
B. Problem statement:	
C. Activity Goals:	
D. Activity Objective:	
E. Type of service:	
F. Location Name:	
G. City and County of Location:	
H. Setting:	
I. Age range of youth:	
J. Number of youth to be served:	
K. Description of service:	
L. Outcomes expected:	
M. Performance measure and standard:	
N. Performance measurement method:	

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and
6. how it will meet the performance measure targeted.
7. If this is the same activity carried out previously, please indicate when and justify the need to continue or again provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on the identified need.

**FY 2020 CYS NOFO Application Appendix 9**  
**Grant Objectives & Action Plan**

**Objective 4. Increase in family communication and supervision of youth.**

Community Committee Name:	
A. Identified Need:	
B. Problem statement:	
C. Activity Goals:	
D. Activity Objective:	
E. Type of service:	
F. Location Name:	
G. City and County of Location:	
H. Setting:	
I. Age range of youth:	
J. Number of youth to be served:	
K. Description of service:	
L. Outcomes expected:	
M. Performance measure and standard:	
N. Performance measurement method:	

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and
6. how it will meet the performance measure targeted.
7. If this is the same activity carried out previously, please indicate when and justify the need to continue or again provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on the identified need.

## FY 2020 CYS NOFO Application Appendix 9 Grant Objectives & Action Plan

**Objective 5. Increase in life skills development that will lead to self-sufficiency and delay and deter engagement in risk behaviors – alcohol tobacco and other drug use, sexual activity, fighting, gang involvement, etc.**

Community Committee Name:	
A. Identified Need:	
B. Problem statement:	
C. Activity Goals:	
D. Activity Objective:	
E. Type of service:	
F. Location Name:	
G. City and County of Location:	
H. Setting:	
I. Age range of youth:	
J. Number of youth to be served:	
K. Description of service:	
L. Outcomes expected:	
M. Performance measure and standard:	
N. Performance measurement method:	

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and
6. how it will meet the performance measure targeted.
7. If this is the same activity carried out previously, please indicate when and justify the need to continue or again provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on the identified need.

**FY 2020 CYS NOFO Application Appendix 9**  
**Grant Objectives & Action Plan**

**Objective 6. Increase in preparation to continue onto college and high-demand career fields by youth.**

Community Committee Name:	
A. Identified Need:	
B. Problem statement:	
C. Activity Goals:	
D. Activity Objective:	
E. Type of service:	
F. Location Name:	
G. City and County of Location:	
H. Setting:	
I. Age range of youth:	
J. Number of youth to be served:	
K. Description of service:	
L. Outcomes expected:	
M. Performance measure and standard:	
N. Performance measurement method:	

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and
6. how it will meet the performance measure targeted.
7. If this is the same activity carried out previously, please indicate when and justify the need to continue or again provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on the identified need.

**FY 2020 CYS NOFO Application Appendix 9**  
**Grant Objectives & Action Plan**

**Objective 7. Increase educational aspirations by parents for their children.**

Community Committee Name:	
A. Identified Need:	
B. Problem statement:	
C. Activity Goals:	
D. Activity Objective:	
E. Type of service:	
F. Location Name:	
G. City and County of Location:	
H. Setting:	
I. Age range of youth:	
J. Number of youth to be served:	
K. Description of service:	
L. Outcomes expected:	
M. Performance measure and standard:	
N. Performance measurement method:	

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and
6. how it will meet the performance measure targeted.
7. If this is the same activity carried out previously, please indicate when and justify the need to continue or again provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on the identified need.

**FY 2020 CYS NOFO Application Appendix 9**  
**Grant Objectives & Action Plan**

**Objective 8. Improve the physical environment including school climate in local schools within the designated service area through advocacy strategies.**

Community Committee Name:	
A. Identified Need:	
B. Problem statement:	
C. Activity Goals:	
D. Activity Objective:	
E. Type of service:	
F. Location Name:	
G. City and County of Location:	
H. Setting:	
I. Age range of youth:	
J. Number of youth to be served:	
K. Description of service:	
L. Outcomes expected:	
M. Performance measure and standard:	
N. Performance measurement method:	

In the space below (include additional pages as necessary), please describe:

1. the activity;
2. how the activity meets the identified need
3. how the activity will be carried out;
4. how the activity will be documented;
5. how the outcome of the activity will be measured; and
6. how it will meet the performance measure targeted.
7. If this is the same activity carried out previously, please indicate when and justify the need to continue or again provide this activity. Include detail regarding the outcomes of the activity that were achieved and the impact on the identified need.

**FY 2020 CY5 NOFO Application – Appendix 10**  
Program Contact Information – Subcontractor

<b>Agency Name:</b>		FEIN:	
Address:	City:	State:	Zip:
Agency Telephone Number and Email Address:		Agency Website:	

<b>Executive Director:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>CYS Program Supervisor:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>CYS Program Staff Contact:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Fiscal Contact:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Report Contact:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

**FY 2020 CYS NOFO Application – Appendix 11**  
**Additional Subcontractor Information**

Please include this form for EACH Subcontractor.

**What is the amount of the subcontract?** \_\_\_\_\_

**Please provide a brief description (*up to 500 words*) of the services to be provided under the subcontract.**

---

A copy of the Executed Subcontract Agreement is included in the Application Package (May include current or draft if it will be a new agreement upon award execution)

A copy of Subcontract Budget and Narrative is included in the Application Package

**(If more than one subcontract is utilized, please copy the form from above and paste HERE – as needed.)**

## FY 2020 CYS NOFO Application – Appendix 12 CSA & Budget Information

For information regarding CSA. <http://www.dhs.state.il.us/page.aspx?item=61069>

### How to register for the CSA Tracking System

1. You will need a functioning Illinois.gov ID and password
2. If you do not have an Illinois.gov ID you will need obtain one at the following web link:  
<https://extapps.illinois.gov/ADIM/VerifyEmail.aspx>
  - **Please note:** Choose General Public (Not employed by the State of Illinois) [EXTERNAL] even if you are a State of Illinois employee. Your CSA registration will not be validated if you choose Other Employees [SPS].
  - **If you do not have a State of Illinois driver's license,** please email your request to [DHS.DHSOCA@Illinois.gov](mailto:DHS.DHSOCA@Illinois.gov) with the following information: Name, Company, Address, Phone #, DUNS #, FEIN # and email address.
3. The address for the CSA Tracking System Registration Site is:  
<https://csa.dhs.illinois.gov/gtrpublic/gtr>
4. You will need to input an Invitation Key Code in order to submit your request for CSA Tracking System access. If you do not have an Invitation Key Code, send an email to [DHS.dhsoca@illinois.gov](mailto:DHS.dhsoca@illinois.gov) to receive your Invitation Key Code.
  - **Please register only once with your Illinois.gov ID.** IDHS Grantee-Providers may have more than one employee register for the CSA Tracking System access. Once your registration is processed by the Office of Contract Administration personnel you will receive instructions on how to log into the Provider Access Area. After you successfully log in to the CSA Tracking System there may be a facilities page that will appear (if you are a new IDHS Provider) where you will need to enter your facilities information into the CSA Tracking System.
  - **Please note:** In order to access your IDHS Uniform Grant Agreements/EEC Contracts you will also need to ensure your organization has registered for access to the Centralized Repository Vault (CRV). If your organization has not registered for CRV access you will not be able to view your contracts. Please use the following web link to access the CRV Registration web page: [Central Repository Access \(CRV\)](#)

Confidentiality Notice - The Grantee-Provider shall comply with applicable State and Federal statutes, Federal regulations and Department administrative rules regarding confidential records or other information obtained by the Provider concerning persons served under this Agreement. The records and information shall be protected by the Provider from unauthorized disclosure.

After registering for CSA, you must submit a budget for the period designated in the Funding Notice. Your budgets can be entered at this link <https://csa.dhs.illinois.gov/gtpsecure/gtp>.

If you have any questions about your budget you can email [DHS.YouthServicesInfo@illinois.gov](mailto:DHS.YouthServicesInfo@illinois.gov).

### **How to create a budget in CSA**

- To access the IDHS Training Manual for use of the Budget Templates in the CSA System <http://www.dhs.state.il.us/OneNetLibrary/27896/documents/Contracts/FY18-GATA-Budgets/DHSBudgetTrainingManualRevision111617.pdf>

### **Uniform Grant Budget**

Complete the Uniform Grant Budget in the CSA system. For more information about how to access the CSA system, see <http://www.dhs.state.il.us/page.aspx?item=61069>. For instructions about how to enter a budget into the CSA system see the [Training Manual for use of the Budget Templates in the CSA System](#). For EACH cost item listed in the budget worksheet, a detailed justification must be included in the narrative section. This justification should describe specifically how the budgeted amount was derived. The justification must also directly correlate the expenditure to the grant program – why/how it is necessary under the grant. Items being cost allocated must be fully detailed as to the method utilized. The Budget and Budget narratives should be prepared to reflect the budget period as required by the funding notice. The Budget should be electronically signed and submitted in the CSA system. The budget must be electronically signed by the applicant’s Chief Executive Officer and or Chief Financial Officer. See <http://www.dhs.state.il.us/page.aspx?item=95350> for more information about requesting CSA budget signoff authority.

### **Sub-Contractor PDF Uniform Grant Budget Forms**

Complete the PDF version of the Uniform Grant Budget for Sub-Contractor budgets ONLY!  
Include completed Sub-Contractor Budgets found at this [link](#).

### **How to create a budget in CSA**

- To access the IDHS Training Manual for use of the Budget Templates in the CSA System <http://www.dhs.state.il.us/OneNetLibrary/27896/documents/Contracts/FY18-GATA-Budgets/DHSBudgetTrainingManualRevision111617.pdf>

### **Uniform Grant Budget**

Complete the Uniform Grant Budget in the CSA system. For more information about how to access the CSA system, see <http://www.dhs.state.il.us/page.aspx?item=61069>. For instructions about how to enter a budget into the CSA system see the [Training Manual for use of the Budget Templates in the CSA System](#). For EACH cost item listed in the budget worksheet, a detailed justification must be included in the narrative section. This justification should describe specifically how the budgeted amount was derived. The justification must also directly correlate the expenditure to the grant program – why/how it is necessary under the grant. Items being cost allocated must be fully detailed as to the method utilized. The Budget and Budget narratives should be prepared to reflect the budget period as required by the funding notice. The Budget should be electronically signed and submitted in the CSA system. The budget must be electronically signed by the applicant’s Chief Executive Officer and or Chief Financial Officer. See <http://www.dhs.state.il.us/page.aspx?item=95350> for more information about requesting CSA budget signoff authority.

### **Sub-Contractor PDF Uniform Grant Budget Forms**

Complete the PDF version of the Uniform Grant Budget for Sub-Contractor budgets ONLY!  
Include completed Sub-Contractor Budgets found at this [link](#).

**FY 2020 CYS NOFO Application – Appendix 13  
Community Committee Budget Summary**

Please provide a line item budget summary, narrative and staff chart for each Community Committee in your application. A separate set (budget summary, narrative and staff chart) must be completed for each.

<b>Community Committee Name:</b>							
<b>Check Committee Status:</b>		<input checked="" type="checkbox"/> <b>New (up to \$50,000)</b> <input type="checkbox"/> <b>Established (up to \$75,000)</b>					
<b>Service Area:</b>							
<b>Managing Area Project Board Name:</b>							
Budget Expenditure Categories:	Area Project Board Expenses		Community Committee Expenses		Total Expenditures		
	Grant	Match	Grant	Match	Grant	Match	
1. Personnel							
2. Fringe benefits							
3. Travel							
4. Equipment							
5. Supplies							
6. Contractual services/subawards							
7. Consultant							
8. Construction							
9. Occupancy – rent and utilities							
10. Research and development							
11. Telecommunications							
12. Training and education							
13. Direct administrative costs							
14. Other or miscellaneous costs							
15. Grant exclusive line item(s)							
16. Total direct costs (add lines 1-15)							
17. Indirect Costs							
18. Total costs (Lines 16 and 17)							

**FY 2020 CYS NOFO Application – Appendix 13  
Community Committee Budget Summary**

**Community Committee Name:**

**Community Committee Budget Narrative:**

**Instructions:**

Please include a detailed budget narrative describing how the specified line items are being allocated to ensure the delivery of tasks, activities, goals and objectives described in your request. This will include all funds budgeted for the program. Identify the source of those funds and detail how the specified resources and personnel are being allocated to ensure the tasks, activities, goals and objectives described in your proposal will be implemented. Describe the methodology behind the allocation of funds between Area Project Boards and associated Community Committees. Understanding that the primary purpose of these funds is service provision and not administration. Describe the use of any additional funds, other than CYS grant funds, that will be used to support the program. If sub-contractors are planned, please also describe how these funds will be utilized to implement the program.

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**FY 2020 CYS NOFO Application – Appendix 13  
Community Committee Budget Summary**

List ALL Community Youth Services paid program staff by name, title, role, their full-time equivalency on this project and salary. Include staff at contractor agencies.

**Community Committee Name:**

CYS Staff /Position Name	Position Title	Staff Role	FTE Allocation	Annual Salary
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
(Insert additional rows as necessary)		<b>TOTALS</b>		



**FY2020 CYS NOFO Application – Appendix 3**  
**Area Project Board (APB)**

<b>Area Project Board (APB) Formal Name:</b>				
<b>Number of Community Committees (CC) Overseen:</b>				
<b>If established, how frequent are meetings held:</b>				
<b>If established, indicate the # of Meetings held in the past 12 Months:</b>				
<b>Check Area Project Board Status:</b>			<input type="checkbox"/> New <input type="checkbox"/> Established	
<b>Sector Category</b>	<b># of Members Per Category</b>	<b>Describe Sector Name (i.e. Business name) and CC Affiliation</b>	<b>Member(s) name, Title, and Sector Affiliation</b>	<b>CC Name and Service Area Describe Member Connection to CC Service Area</b>
Business:				
Civic/Volunteer:				
Community Residents:				
Community Committee Members				
Education/School:				
Faith Based:				
Local Government:				
Healthcare:				
Judicial/Courts:				
Law Enforcement:				
Media				
Parents/Guardians:				
Philanthropic:				
Social Service Agency:				
Youth:				

\* If multiple Committees, indicate name of committee the member represents. Each CC must be represented equally on the APB. Add additional rows as necessary.

In the space below (add additional pages as necessary) describe all activities you plan to conduct with your area project board throughout the fiscal year. If multiple CC's, Please describe how CC's will be uniquely served based on needs etc. Also, clarify how each sector and member mentioned is connected to and represent the service area indicated. Describe the racial, ethnic, cultural linguistic diversity relative to the committee membership and the community being represented.