**GRANT APPLICATION NARRATIVE FOR IMMIGRANT FAMILY RESOURCE PROGRAM**

**Format Requirements**

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

**NAME OF ORGANIZATION:**

**ADDRESS:**

**TELEPHONE:**

**E-MAIL:**

**CONTACT PERSON:**

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

**TYPE OF APPLICATION: \_\_\_\_\_\_ Individual Agency**

**\_\_\_\_\_\_ Prime Grantee/Fiscal Agent for A Consortium of Agencies**

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

Provide a one-page summary of the proposal, including the completion of the information below.

1. Total number of agencies included in the grant application:\_\_\_\_\_\_\_\_\_
2. Geographic coverage of the entire application (e.g. statewide, specific communities):\_\_\_\_\_
3. Language(s) covered:\_\_\_\_\_\_\_\_\_\_\_\_
4. Total number of **unduplicated clients** proposed to be served for the grant period:\_\_\_\_\_\_\_
5. Specific deliverables for the grant period:

Number of documents projected to be translated \_\_\_\_\_\_\_\_\_\_\_in \_\_\_\_\_\_\_\_\_\_\_\_\_\_language(s)

Number of persons reached via multi-media campaign:\_\_\_\_\_\_\_\_\_\_

Number of persons reached via community outreach: \_\_\_\_\_\_\_\_\_\_\_\_

Number of persons projected to be provided with translation/interpretation services:\_\_\_\_\_\_

1. **Agency Qualifications (3 pages maximum)**
2. **Individual Agency** (complete section 2a only under Agency Qualifications if you apply as an individual organization, independent from a consortium of organizations)

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

1. **Prime Grantee/Fiscal Agent** (complete section 2b only under Agency Qualifications if you apply on behalf of a consortium of organizations)

* Describe your agency’s qualifications and track records in the following areas: human services, managing grants with sub-grantees, system planning and program operation, collection of service data and production of reports using the data provided by the service providers, program monitoring and evaluation, and capacity to review and prepare financial reports required. Describe management’s process for insuring agency compliance with service outcomes, interagency policy agreements, and timely submission of both fiscal and programmatic reports.
* Prime grantee/Fiscal agent applicant must provide information about all sub-contractors and describe how the consortium will operate and be managed. Describe the process and criteria used to select sub-recipients and explain how the applicant is able to ensure a fair and objective selection process. Each sub-recipient must complete an agency profile and (see Appendix A) and budget form.

1. **Community Identification and Client Projection (3 pages maximum)**

1. Describe the geographic coverage proposed in this application. Include information on immigrant/refugee community in which the agency currently works by country of origin, language(s) served, estimated size, age groups, and economic status.
2. Describe the priority populations that are the most in need of services. What are their greatest service needs while accessing public benefits and safety net programs? What are the common barriers they face while trying to access public benefits?
3. Describe the services the agency anticipates will be in high demand, or require high-level of attention, in the community to be provided through this program.
4. If you are new agency proposing service under this initiative, how do you propose to recruit/identify clients? What agency or agencies are currently serving the populations for whom you are proposing service?

Summary Table (To be completed only by Prime Grantee/Fiscal Agent Applicant)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Geographic area | Name of FCRC | Name of agency recommended to provide services | Number of unduplicated low-income LEP immigrant/refugees to be served | Languages proposed to be provided |
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1. **Program Design and Implementation (5 pages maximum):**

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

1. **Translation**

* List key IDHS and other documents that the agency is frequently asked to translate. (Note: IDHS reserves the rights to work with selected grantees to determine the key documents that need to be translated)
* Explain if the translator(s) is/are certified to provide translation services. If not, explain how the agency ensures that accurate and quality translation work is done.

1. **Multi-media campaign in multiple languages**

* Describe media strategies used for maximum impact.
* List types of ethnic media used in the public education campaign.
* Provide estimates on audience reached through the media campaign.

1. **Outreach and community education**

* Describe outreach strategies used that are most effective to reach the potential eligible populations for public benefits and IDHS services.
* Provide estimates on number of persons reached through the community outreach strategies.

1. **Interpretation and translation services**

* Describe qualifications of staff who will provide translation and interpretation services.
* Identify FCRCs the agency is most likely to work with to provide interpretation and translation assistance.
* Provide estimates on the number of unduplicated individuals who will benefit from the translation and interpretation services.

1. **Case management services**

* Describe the most common barriers faced by immigrants applying for public benefits or human services.
* Describe strategies used to help immigrants address barriers identified.
* List the top three most time-consuming case management services.
* Provide estimates on the number of unduplicated individuals who will be provided with case management services.

1. **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.

Grant applicants can find information on how to access the CSA via this link:  <http://www.dhs.state.il.us/page.aspx?item=61069>

Applicant needs to submit a budget for the period for which the services are anticipated to be delivered, within the State Fiscal Year 2020. For application submitted on behalf of a consortium of agencies, the amount intended for subcontracts must be shown on Contractual/Sub-awards. Additionally, each subcontract must complete the budget form consistent with the GATA format.

*Note: Pre-award costs for services in anticipation of an award are allowable where necessary for the efficient and timely performance of the program, and are subject to 2 CFR 200.458.  Applicants who have been performing the services specified in this NOFO since July 1, 2019 must provide proof of services.*

*Only applicants who receive an award as a result of the NOFO and merit-based review process will be eligible for pre-award costs.  Any applicant who has performed services since July 1, 2019 that does not receive an award under this NOFO will not be eligible for reimbursement of costs incurred.*

**APPENDIX TO GRANT APPLICATION** (Use only for Prime Grantee/Fiscal Agent Application on behalf of a consortium of organizations)

**Profile of partner/subcontractor**

Complete this profile for each organization included in the grant application

Agency name:

Address:

Tel:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FY19 Immigrant Integration/Welcoming Center grantee: \_\_\_\_ Yes \_\_\_\_\_No

If yes, how much funding did the agency receive for:

* Illinois Family Resource Program (IFRP) $\_\_\_\_\_\_\_\_\_\_\_\_
* New Americans Initiative: $ \_\_\_\_\_\_\_\_\_\_\_
* Welcoming Centers: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of funding request for FY19. List amount requested for a specific program: a) Human Services Access/IFRP: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Citizenship Assistance/NAI: $\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President/Executive Director:

Telephone number: Email address:

Program manager responsible for the services applied:

Telephone number: Email address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total FY19 Agency annual budget:

\_\_\_\_\_\_% public funds \_\_\_\_\_% private funds

Total number of staff:

List languages available through existing staff:

FY19 Services provided by agency – complete the chart below. For example, childcare service (30%); ESL (25%)

|  |  |  |  |
| --- | --- | --- | --- |
| Service | Percentage of agency’s budget | Geographic Service area | Percentage clients served who are immigrants/refugees |
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