**Division of Family & Community Services**

**Office of Workforce Development**

**Bureau of Employment & Training**

**401 S. Clinton Street – 3rd Floor**

**Chicago, IL 60607**

Fiscal Year 2020 Program Plan

Date Program Plan Completed:

**Program CSFA & Name**

 **0709 SNAP Supportive Services**

Prepared By:

**Program Plan Narrative Content**

Grantees must submit a program plan narrative that contains the information outlined below. Each section must have a heading that corresponds to the headings in bold type listed below. The narrative portion must follow the page guidelines set for each section and must be in the order requested. The narrative must be in Arial 12-point font, single-spaced, with 1-inch margins on all sides using 8 1/2 x 11 paper. The total narrative is not to exceed 15 pages. See allowable page breakout below. The attachments do not have to conform to the format requirements above.

1. **Executive Summary**

The Executive Summary will serve as a stand-alone document for the successful Grantee that will be shared with various state-level stakeholders and others requesting a brief overview of the funded project. Therefore, Grantees should be concise and direct in their description and provide an overview of the services proposed with these funds and the outcomes that will be achieved.

* Describe your vision, mission and values for the program you are requesting to be funded.
* Provide a short explanation of the connection of the Vision of Hope to ICO.
* Describe services to be provided, catchment area to be served, capacity to provide the services and the projected numbers to be served within the program.
* Describe the service area, target population and the need for services in your community for the program you are requesting to be funded.
* Explain the number of customers you are able to serve monthly and annually, how and why.
1. **Capacity – Agency Qualifications/Organization Capacity**
	* Describe how your agency will increase the capacity of individuals served
	* Describe the number of customers who can be served monthly and for what specific service type of care is provided under what circumstances.
	* Explain the decrease in service numbers over the years and how the organization intends to boost the number of eligible customers to receive services working in tandem with the local Family Community Resource Centers in the Cook region or City of Chicago.
	* Describe the organizational structure of your agency and how this program will fit into overall operations and agency mission for employment and training supporting low income individuals and those who are recipients of SNAP or TANF benefits.
	* Describe your program staff's qualifications and training. Include education and/or experience, initial and ongoing training, staff supervision, training budget, certifications.
	* Describe the role of volunteers in your program (if applicable). Describe recruitment and train efforts and identify common tasks or responsibilities of volunteers.
	* Describe how your program will achieve the targeted performance standards. List any additional outcomes your program will target to achieve.
	* Describe facility layout floor by floor (i.e. reception desk and waiting area, offices, computer room, orientation room, staff offices, cafeteria/lunchroom), restrooms (how designated male, female, unisex bathroom), square footage and maximum occupancy, entry and exit way and ADA compliant.
	* Describe parking and public transportation accessibility.
	* Describe internet service, current equipment for emails and electronic submissions in addition to operational equipment needed to do business with the State of Illinois: (i.e.: printers, computers, copiers/scanners, staplers, desks, chairs).
2. **Quality – Description of Program/Services**
	* Describe the scope of services that your agency will provide for the program you are requesting to be funded.
	* Provide a detailed plan of how your program will flow from the point of customer intake through employment retention including job/career coaching schedules for this specific program. Provide copies of intake forms, standard operating procedural manual, employee handbooks.
	* Describe any other program that you have, that is publicly funded, and the successful outcomes from the deliverables required of said program.
	* Provide a detailed plan of potential facility closure, handling customer case records and Program Director change.
	* Provide a flyer or brochure and link to website to market the services you provide specific to IDHS SNAP & TANF recipients and eligibility criteria. (\*\*It was noted on the ICO website that there did not appear to be a mention of a partnership or funding from IDHS nor a historical count of actual customers serviced year to year or to date.

 **D. Budget & Budget Narrative**

• The grant award for FY 20 is not based upon FY 19 funding levels. The Grantee must submit a budget narrative which identifies the requested amount of funding and clearly demonstrates the need The budget narrative should support Grantee proposed activities and established deliverables and expected performance standards in the contract.

• This will include all funds budgeted for the program, including non-DHS funds. 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. Illustrate the use of state or federal funds, other than grant funds, that will be used to support the program. A sample budget template is provided. List any other local, city, county, state or federal awards currently received.

• Entry of the budget into the CSA system should not be done until after being notified by the Bureau about the amount of the FY 20 grant award. Once receiving notification of the award amount through the Notice of State Award (NOSA the grantee budget must be submitted electronically in the CSA system. 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 amount. Please include cost allocations as necessary. 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. If indirect costs are included in the budget, a copy of the approved NICRA must be included with the Application.

* **Please note, your FY 2020 contract will not be processed until your budget has been reviewed AND approved in the CSA system.** It is critical that the budget submitted is as detailed as possible.

Once directed, go to [www.dhs.state.il.us](http://www.dhs.state.il.us) click on the provider tab and look up provider tools for instruction on creating a budget in CSA.

Uniform Grant Budget - The budget template and instructions can be used as a tool to assist in determining expenses; however, the final budget must be completed in CSA Budget/Tracking System and Registration Information database. **A pdf budget or paper copy will not be accepted.**

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

* + Describe your spending plan and personnel needs for the program you are requesting to be funded (dot points only).
	+ Describe in detail how your agency plans to expend the funds for the program you are requesting to be funded.

**E. Customer Employment, Entrepreneurship Basics, Work Experience or Potential Scholarship Referrals**

This section is intended to reinforce to Grantees that consideration for customers to be folded into employment opportunities or work experience opportunities (same as what volunteers might do) within the Grantee’s organization is a goal of the Bureau of Employment and Training.

IDHS’ Office of Workforce Development recognizes there are a wealth of customers who have varying degrees of experience, education and skills. Each customer requires individualized planning based on their career aspirations. As such, janitorial, CNA, fast food service, doorman, housekeeping should not be the highest expectations of our customers.

* + Describe how your agency can implement the hiring of IDHS customers into your agency or provide work experience with an anticipated number per year, the provision of work experience opportunities that lead to sustainable employment for a living wage, marketing and advertising for active IDHS customers, identify benefit package opportunities, minimal and potential wage earnings, professional development activities to bolster fitness into agency.
	+ Identify potential referral opportunities for customers you provide ophthalmologic services for who receive TANF or SNAP benefits to one of the IDHS Scholarship Grantee College or University Institution.