**Division: 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**

**Program CSFAs:**

**a. 0698 – Work First**

**b. 0699 – TANF JP**

**c**. **0704 – SNAP/Earnfare (Cook County)**

1. **0705 – SNAP/Earnfare (Downstate)**
2. **0707 – SNAP JP**
3. **0708-- SNAP Special Project**
4. **1268 TANF Special Project \_CARA**

**Program Plan Narrative Content**

Grantee 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 25 pages. See allowable page breakout below. The attachments do not have to conform to the format requirements above.

DO NOT COPY AND PASTE MATERIALS FROM WEBSITE OR NOFOS. ALL INFORMATION SUBMITTED MUST BE SPECFIC AND DETAILED TO THE APPLICANT’S PLAN FOR SERVICES.

1. **Executive Summary**

The Executive Summary will serve as a stand-alone document for the successful applicant that will be shared with various state-level stakeholders and others requesting a brief overview of the funded project. Therefore, Grantee 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.
* The description should provide a clear understanding of how these services will be delivered, the process and how the services will be individualized.
* Describe services to be provided, need for the services, area to be served, capacity to provide the services and the projected numbers to be served within each program component.
* Describe the service area, target population and the need for services in your community for the program you are requesting to be funded.

**(Complete Attachment E)**

* Explain the number of customers able to serve, how and why.

1. **Capacity – Agency Qualifications/Organization Capacity**
   * Describe how your agency will satisfy the capacity required for the program you are requesting to be funded.
   * Describe the qualification, credentials and licenses that your agency has, that warrants an award for the program you are requesting to be funded.
   * Describe the organizational structure of your agency and how this program will fit into overall operations and agency mission. **(Complete Attachment B)**
   * Provide the delegation of authority for those individuals who are given signatory rights on behalf of the organization when the primary contact is not accessible. **(Complete Attachment D)**
   * Update the Organizational Contact information as prescribed in **Attachment C**
   * 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.
   * Provide board composition, contact information and agency affiliations. **(Complete Attachment I)**
   * 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. **(Complete Attachment J & K)**
   * Describe parking and public transportation accessibility.
   * Describe internet service, current equipment for emails and electronic submissions and daily customer utilization for supervised job searches, Illinois Worknet registration and other tasks (resume writing, cover letter, curriculum vitae, vocational education training, Testing for Adult Basic Education (TABE) etc.). In addition to operational equipment that will be needed to do business : (ie: 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 file documents, storage and Executive Director change, change in staff.
   * The Grantee **must declare the industry specialties** tied to your organization **(Complete Attachment G):**
3. Agriculture, Food & Natural Resources (Energy)
4. Architecture & Construction
5. Arts, Audio/Video Technology & Communications
6. Business Management & Administration
7. Education & Training
8. Finance
9. Government & Public Administration
10. Health Science
11. Hospitality & Tourism
12. Information & Technology
13. Human Services
14. Law, Public Safety, Corrections & Security
15. Marketing, Sales & Service
16. Manufacturing
17. Science, Technology, Engineering
18. Transportation, Distribution & Logistics
    * The Grantee is required to ***identify the industry and indicate the formal ties to institutions, employers, agencies, schools etc.*** ***that they are connected to for placement and work experience.*** Provide names of corporations, addresses, and phone numbers for worksite agreements and formal partnerships and alliances (i.e. Amazon, Walmart, Chicago Food Depository, UPS, Clorox, Leg, Method Plant, Rush Hospital, Hyatt Hotel, Knight Trucking or a clinic).
    * Detail what credentialing is required to become certified in industry specialties.

**BUDGET & BUDGET NARRATIVE**

**(Add Attachment F)**

• The grant award for FY 20 is not based upon FY 19 funding levels. The applicant must submit a budget narrative which identifies the requested amount of funding and clearly demonstrates the need for the requested funds. Budget should support delivery of Comprehensive Employment & Training Services as defined in Section A Program Description and Section B Funding Information. In this section of the application narrative, provide a detailed, Budget Narrative of the items allocated within your proposed budget. The budget narrative should support applicant proposed activities and established deliverables and expected performance standards in the NOFO.

• 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. **(Complete Attachment H)**

• 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>

If you need assistance on how to create a budget in the CSA, we have provided a link to the IDHS Training Manual for use of the GATA Budget Templates in the CSA Tracking System.

<http://www.dhs.state.il.us/OneNetLibrary/27896/documents/Contracts/FY18-GATA-Budgets/DHSBudgetTrainingManual_Revision_3_28_18.pdf>

* + 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 such as facility rental, equipment: (ie: printers, computers, copiers/scanners, staplers, desks, chairs), supplies, training/workshops, contractual services, consultant fees, telecommunications etc.

1. **Customer Employment, Entrepreneurship Basics and Work Experience**

This section is intended to reinforce to Grantees that consideration for customers to be folded into employment opportunities 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 plans to implement the hiring of IDHS customers into your agency with a number of customers anticipated 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 and potential referral opportunities to gain additional schools in tandem with WIOA or establishment with resources from your respective board members.