**Division of Family & Community Services**

**Office of Workforce Development**

**Bureau of Employment & Training**

**401 S. Clinton Street – 3rd Floor**

**Chicago, IL 60607**

**FY 2020 TANF Supportive Services Program Plan**

**CSFA# 0701**

**Prepared By: Anita Battle-Morris**

**Date Program Plan Completed: 03/20/2019**

1. **Executive Summary**
2. Describe your vision, mission and values for the program you are requesting to be funded.
3. Describe the service area, target population and the need for services in your community for the program you are requesting to be funded.
4. **Capacity – Agency Qualifications/Organization Capacity**
   1. Describe how your agency will determine and satisfy the capacity required for the program you are requesting to be funded.
   2. Be able to list and provide a copy of business registrations with local, county and state entities.
   3. Provide a detailed plan of how vehicle safety checks and inspections will take place, how often, where, when, with supporting documentation of completion.
   4. Describe what insurance coverage has been obtained for self, business, employees and all vehicles.
   5. Provide a detailed plan of your hiring process, along with drug testing, back ground checks, and driving records for all employees new and existing.
   6. Describe the organizational structure of your agency and how this program will fit into overall operations and agency mission.
5. **Quality – Description of Program/Services**
   1. Describe the scope of services that your agency will provide for the program you are requesting to be funded.
   2. Describe any other program that you have, that is publicly funded, and the successful outcomes from the deliverables required of said program.
   3. Describe your plan on how you will be communicating with the FCRC’s to obtain listing probable customers.
   4. Describe your plan on how to secure a relationship/partnership with a designated employer to obtain a listing of referrals of customers, assigning designated locations for drop off and pick-ups.
   5. Provide a detailed plan of how you will ensure at least %50 of all customers are active IDHS customers.
   6. Describe your agency will monitor and track daily rides, collect fares, to and from each destination and odometer readings monthly.
   7. Describe in detail what information technology systems/sources you will be utilizing to complete your monthly reports.
   8. Provide a detailed plan of potential facility closure, for Executive Director Exit, and change in staff.
   9. Provide a detailed plan on how you would complete an unusual incident report relating to: accidents, injuries, medical emergencies, fights, fire and death.
6. **BUDGET & BUDGET NARRATIVE**
   1. Describe your spending plan and personnel needs for the program you are requesting to be funded (dot points only).
   2. Describe in detail, of how your agency plans to expend the funds for the program you are requesting to be funded.

Assistance on how to complete a budget is found at the following website: [www.dhs.state.il.us](http://www.dhs.state.il.us)

1. **Uniform Grant Budget** - The [budget template and instructions](http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/GOMBGATU-3002.pdf) 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](http://www.dhs.state.il.us/page.aspx?item=61069).  **The pdf budget or paper copy will not be accepted.**
2. 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)
   1. Describe your expenditures that will be needed: (ie: printers, computers, copiers/scanners, staplers, desks, chairs).
   2. Describe any additional fiscal funding you will receive outside of Federal and State dollars.
   3. Provide a detailed report on how the revenues from the customers fares will be implemented into your budget.
3. **Priority Points**
   1. Describe how your agency will plan and implement a policy that will give IDHS customers priority as it relates to employment opportunities vs. non-IDHS customers for the program you are requesting to be funded.