

**Division of Alcoholism and Substance Abuse**

#### Bureau of Program Services

**Services for**

**Illinois Adolescent Infrastructure and**

**Treatment Enhancement Initiative**

Released: August 25, 2014

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**PART I**

**A. Date of Issuance:** August 25, 2014

**B. Issuing Organizational Unit**

Illinois Department of Human Services

Division of Alcoholism and Substance Abuse

Bureau of Program Services

401 S. Clinton, 2nd Floor

Chicago, IL 60607

**Contact Person(s):**

Kellie Gage, **Project Director** or Lisa Cohen, **Project Manager**

Division of Alcoholism and Substance Abuse

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Chicago, IL 60607

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**C. RFA Availability**

Copies of this RFA may be downloaded from the Illinois Department of Human Services (DHS) website at [www.dhs.state.il.us](http://www.dhs.state.il.us). Look under “for Providers, RFA’s”. Additional copies may be obtained by calling the contact person listed above.

**D. Due Date, Location and Time of Proposal Opening**

Applications must be received no later than **2:00 PM** on **September 22, 2014**. The proposal container will be time-stamped upon receipt. The Department will not accept applications submitted by electronic mail, on diskette or by facsimile machine. Mail your completed grant applications to:

Illinois Department of Human Services Procurement Office

“Sealed Bid – Do Not Open”

Illinois Adolescent Infrastructure and Treatment Enhancement Initiative 80944

Centrum North, 401 North 4th Street, 2nd floor.

Springfield, IL 62702.

Due Date & Time: **September 22, 2014 2:00 PM**.

Applications may be personally dropped off at the above listed site by the due date and time.

# E. Audit Submission Requirements

**All organizations applying for state funds must submit one (1) copy of their most recent audited financial statements as part of their proposal.** The Department will use the audit to ascertain the fiscal health of Applicants.

While the audit will not be scored as part of the review the Department reserves the right to use information in the audit to assist in the final recommendation for funding. Applicants are expected to demonstrate through their audits a strong financial position and an ability to obtain funding outside of the public sector.

Units of government (such as cities and counties, schools, health departments, etc.) **do not** need to submit an audit.

1. **Proposal Submission Requirements**

To be considered, proposals must be in the possession of the Department of Human Services staff at the specified location and by the designated date and time listed above. The deadline will be strictly enforced without exception. In the event of a dispute, the applicant bears the burden of proof that the application was received on time at the location listed above.

**PROPOSALS THAT ARE FAXED, HANDWRITTEN, SINGLE-SPACED AND/OR LATE WILL NOT BE ACCEPTED AND WILL BE IMMEDIATELY DISQUALIFIED. THERE WILL BE NO EXCEPTIONS.**

All applications must be typed on 8 1/2 x 11-inch paper using 12-point type and at 100% magnification (not reduced). With the exception of letterhead and stationery for letter(s) of support, the entire proposal should be typed in black ink on white paper. The program narrative must be typed, double-spaced, on one side of the page, with 1-inch margins on all sides. The program narrative must not exceed the specific page limits outlined in this RFA. The appendices, assurances, letters of support/collaboration and budget forms are NOT included in the page limitation.

The entire application, including appendices, must be sequentially page numbered. Proposals should be bound with a single staple or binder clip in the upper left-hand corner. Applicants **must not** use any other form of binding, including ring binders, spiral binders, report covers or rubber bands as well as subject dividers or tabs to extend beyond the 8 1/2 x 11 inch page.

**Not adhering to these guidelines for proposal submission constitutes grounds for proposal disqualification. Therefore, the Department is under no obligation to review applications that do not comply with the above requirements.**

**G. Eligible Applicants**

All public, private or not-for-profit community-based agencies are eligible to apply for funds under this Request for Applications. The funding opportunity is not limited to those who currently have a Services for Illinois Adolescent Infrastructure and Treatment Enhancement Initiative contract award from the Department of Human Services.

**H. Questions and Answers**

Each applicant must have access to the Internet. The Department’s website will contain information regarding the RFA. It is the responsibility of each applicant to monitor that website and comply with any instructions or requirements relating to the RFA.

“Frequently Asked Questions with Answers” will be posted on the DHS website at The site will be updated periodically. **The last day to submit a question is September 15, 2014**.

**I. Award Process**

Successful Applicants will be notified in writing by letter from the Secretary of the Department of Human Services. A Notice of Grant Award is not equivalent to an agreement with the Department to commence providing service. Successful applicants will receive the FY14 Community Service Agreement or an amendment thereto for their signature and return. The release of this RFA does not compel the Department of Human Services to make an award.

# J. Review Panel

Proposals will be reviewed by a panel established by staff from DHS, which may include Department staff familiar with the requirements of the program, academics and experts in relevant field, and community-based social services providers who are not party to applications for funding under this announcement. Panel members will initially read and evaluate applications independently using guidelines furnished by DHS and will subsequently participate in review panel meetings during which proposals will be reviewed and scored collectively.

The Department reserves the right to consider factors other than the Applicant’s final score in determining final grant recommendations. Such factors may include (but are not limited to) geographic service area, Applicant’s past performance, or degree of need for services.

**K. Estimated Length of Agreement**

The Department estimates that the term of the agreement resulting from this RFA will be 10/01/14, and continuing through 9/29/15, and will require the mutual consent of both parties, and be dependent upon the Provider’s performance and adherence to program requirements and the availability of funds.

**L. Withdrawal Disclaimer**

The Department of Human Services may withdraw this Request for Applications at any time prior to the actual time a fully executed agreement is filed with the State of Illinois Comptroller’s Office.

**M. Modifications to Proposals by Applicants**

To make a modification to a proposal after it has been submitted, the applicant must submit a complete replacement proposal package, as described above under “Proposal Submission Requirements,” accompanied by a letter requesting that the replacement proposal be considered. This must be received at the prescribed location by date and time designated under Item D.

**N. Modifications to Proposals by DHS**

If it becomes necessary or appropriate for DHS to change any part of the RFA, a modification to the RFA will be available from the Department’s (DHS) website: http://www.dhs.state.ilus and it will be issued to all known recipients of the RFA. In case of such an unforeseen event, DHS will issue detailed instructions for how to proceed.

**O. Clarifications, Negotiations or Discussions Initiated by DHS**

The Department may contact any applicant prior to the final award for the following purposes.

As part of the Department’s review process, the Department may request an applicant clarify its bid or proposal. An applicant may not be allowed to materially change its bid or proposal in response to a request for clarification.

Discussions may be held to promote understanding of the Department’s requirements and the applicant’s proposal and to facilitate arriving at a contract that will be most advantageous to the State considering price and other evaluation factors set forth in the RFA.

When the Department knows or has reason to conclude that a mistake has been made, the Department shall ask the Applicant to confirm the information. Situations in which confirmation should be requested include obvious or apparent errors on the face of the document or a price unreasonably lower than the price others submitted, or if the price is considerably high than what is currently paid for this type of services. If the Applicant alleges a mistake, the bid or proposal may be corrected or withdrawn following the conditions set forth by the State of Illinois.

# DHS Grants Information Conference

Not applicable for this RFA.

**Q. Late Proposals/Responses**

Late proposals will not be opened or considered and will be automatically disqualified, but will be retained by the Department. The Department will notify all applicants whose proposals will not be considered because of lateness or non-compliance with proposal submission requirements.

**R. Objections**

Applicants who object to any provision of the RFA, who believe their proposal was improperly rejected, or who believe that the selected proposal(s) is/are not in the best interest of the Department may submit a written protest of the Department’s action. The Department will consider all such written protests that are submitted according to the time periods specified below. The Department will investigate all allegations and issue a written response.

The decision of the Department is final. Protests must be in writing and will be considered filed when physically received by the Department at the following address:

Department of Human Services General Counsel’s Office

Robert Conner, Deputy General Counsel

100 W Randolph, Suite 6-400   
Chicago, Illinois 60601

Protests must be filed within fourteen (14) calendar days after the Protestor knows or should have known of the facts giving rise to the protest.

Protests regarding RFA specifications must be filed with fourteen (14) calendar days after the date the RFA was issued and, in any event must be filed before the date for opening the proposals. If a protest is received, any award made is not final until the protest is resolved.

**S. Commencement of Service**

The Department will not reimburse applicants for expenses incurred prior to the complete and final execution of the written contract. If the applicant receives an award letter from the Secretary, then it is reasonable to assume that the Department will be forwarding the Applicant a contract.

No services can be reimbursed prior to the full and complete execution of the contract and filing with the Illinois Office of the Comptroller.

**T. Public Information**

Some information submitted pursuant to this RFA is subject to the Illinois Freedom of Information Act. The successful applicant must recognize and accept that any material marked proprietary or confidential that must be made a part of the contract may be considered open for public inspection. Price information submitted by the successful Applicants shall be considered public.

For proposals that are not selected for funding, only the list of those submitting proposals/responses shall be considered public. Any internal documentation used to determine grant selections will not be considered public information.

Applicant scores will **NOT** be made public. The Department may give Applicants feedback about their proposal upon request and at the discretion of the Department.

###### **U. Contract**

The legal agreement between DHS and the successful Applicants will be in the form and format prescribed by DHS. The standard DHS Community Service Agreement will be used when contracting for services. Samples of this agreement may be found at www.dhs.state.il.us. If selected for funding, the Applicant will be provided a DHS Community Service Agreement for their signature and return.

**V. Program Evaluation and Reporting Requirements**

In order to assure accountability at all levels of service provision, the Illinois Department of Human Services is implementing the practice of performance-based contracting with its grantee agencies. The articulation and achievement of measurable outcomes assure that we are carrying out the most effective programming possible.

1. **Training and Technical Assistance**

If required, programs must agree to receive consultation and technical assistance from authorized representatives of the Department. The program and collaborating partners will be required to be in attendance at site visits. Programs may be required to attend regular meetings and training as provided by the Department or a sub-contractor of the Department.

**X. Congressional and Legislative Districts**

On the required Application Cover Sheet, the Applicant must provide, the Congressional District (by number), available at the following web site: <http://www.house.gov/> and the Illinois House and Senate Legislative Districts (by number), available on the Illinois General Assembly web site at <http://www.ilga.gov/>.

**Y. Additional Information**

The Department reserves the right to request additional information that could assist the Department with its award decision. Applicants are expected to provide the additional information within a reasonable period of time. Failure to provide the information could result in the rejection of the proposal.

1. **Sectarian Issue**

Applicant organizations may not expend federal or state funds for sectarian instruction, worship, prayer, or proselytization. If the applicant organization is a faith based or religious organization that offers such activities, these activities shall be voluntary for the individuals receiving services and offered separately from the program

**AA. Background Checks**

Background checks are required for all program staff and volunteers who have one-on-one contact with children and youth. Funded programs will be required to have a written protocol on file requiring background checks, as well as evidence of their completion.

**BB.** **Child Abuse/Neglect Reporting Mandate**

Per the Child Abuse and Neglect Reporting Act, adults working with children and youth under the age of 18 years old are mandated reporters for suspected child abuse and neglect. Funded programs must have a written protocol for identifying and reporting suspected incidents of child abuse or neglect.

**CC. 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’s 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 area of education and work experience.

**PART II**

**INTRODUCTION**

1. **Intent of the RFA**

The Illinois Department of Human Services (IDHS or Department), is issuing a Request for Application (RFA) funded by the Illinois Adolescent Infrastructure and Treatment Enhancement Initiative (SAT-ED) with the intent of establishing a statewide Family Center. The Illinois SAT-ED is a federal grant funded through the Substance Abuse Mental Health Services Administration/Center for Substance Abuse Treatment (SAMHSA/CSAT). The goal of the Family Center is to ensure that there is family involvement and input in all aspects of adolescent care within the Illinois substance abuse treatment system. Therefore, IDHS is seeking proposals from community-based, public, private, or not-for-profit agencies. Services must be executed in a culturally appropriate manner.

The Department is particularly interested in seeking proposals for statewide coverage by ensuring that each of the five regions has two Family Recovery Advocates, one parent/caregiver and one youth identified to work with the Family Center’s coordinator.

1. **Department’s Need for Services (Rationale)**

IDHS/DASA has consulted with families of youth who have been involved in the Illinois’ substance abuse treatment system in developing the SAT-ED. In addition, IDHS/DASA consulted results from Listening Session or Focus Groups conducted during the Illinois State Adolescent coordination (IL-SAC) project. Six listening sessions were conducted that included over 200 hundred parents and caregivers from various parts of the state. Parents and family members shared their struggles and triumphs in involving their adolescents in treatment services in Illinois. In 2009, CSAT convened the first national meeting of family members of youth with substance use disorders, which included family representatives. This meeting brought together representatives of youth who were receiving, or who had received, treatment for substance use disorders from 34 States, the District of Columbia, and four Tribal Nations. The resulting publication, Families of Youth with Substance Use Addiction: A national Dialogue (ASMHSA, 2010), includes an Issue Brief that recommends families and professionals partner collaboratively focusing on the practice, program, and policy levels of the treatment system.

The IL-SAC project laid the foundation for the work that will continue through the IL SAT-ED project. IL-SAC formed a Consumer Task Force and collaborated with the Illinois Federation of Families (IFF) with the intent of promoting collaboration and coordination with family support organizations and to strengthen services for youth. The SAT-ED project will utilize the Family Center as a means to bring family involvement to the statewide adolescent treatment system. In order to accomplish and sustain this goal, the organization that is awarded the funds to establish the Family Center will need to explicitly describe how they will address youth and family partnership at the program, practice and policy level in their application.

**C. Objectives/Services to be Performed (the Approach)**

Funding will be awarded to an entity that can describe how the Family Center will meet DASA’s goal of addressing youth and family partnership at the program, practice and policy levels.

Activities may include: Youth and parent education and training; support for parents who have a child in treatment or recovery; formation of parent support groups and other recovery supports; creation of a clearing house providing links to information regarding substance abuse treatment, recovery, education, prevention legislation and policy issues; consultation with providers to ensure family involvement is embedded in youth treatment plans; stigma reduction activities; and addiction, intervention and treatment advocacy.

The requirements for the Family Center will include 1) a full time coordinator that is/must become qualified as a Certified Family Partnership Professional within one year of hire; 2) the establishment of two Family Recovery Advocates, one parent/caregiver and one youth, in each of the five regions; 3) the development of a website to be maintained as a clearinghouse for youth and families providing links to information regarding substance abuse treatment, recovery, education, prevention legislation and policy issues in Illinois.

**D. Service Area**

The Department is interested in funding proposals that offer statewide coverage by ensuring that each of the five regions has two Family Recovery Advocates, one parent/caregiver and one youth identified to work with the Family Center’s coordinator. To the extent possible, it is the intention of the Department to fund a Family Center that is accessible statewide.

**E.** **Mandatory Requirements of Applicants**

Interested applicants should take note of the following program specific mandatory requirements. Other non-program specific requirements are found in Part 1 of this RFA.

* Any entity applying for funding for the Family Center must be an established organization that has been in place for at least five years or more.
* A full time coordinator, qualified as or the ability to become qualified as a Certified Family Partnership Professional within one year of hire. Certified Family Partnership Professionals (CFPPs, IAODAPCA, 2012) are individuals trained to incorporate their unique life experiences gained through parenting a child who’s emotional and/or behavioral challenges required accessing resources, services and supports from multiple child-serving systems as they progressed toward achievement of the family’s goals. Detailed information can be found at: <http://www.iaodapca.org/?page_id=536>
* Establishment of two Family Recovery Advocates, one parent/caregiver and one youth, in each of the five regions. These individuals will serve on the Project Steering Committee along with the Family Center’s Coordinator.
* Development of a website to be maintained as a clearinghouse for youth and families providing links to information regarding substance abuse treatment, recovery, education, prevention legislation and policy issues in Illinois.
* Cultural and Linguistic Competency. Overall, services must be provided in a culturally sensitive manner. Providers need to understand, acknowledge, and respect cultural differences among youth and their families and provide services in a relevant, competent and appropriate manner in accordance with these differences. Please see and complete the Attachment included.

1. **Award Amount**

The Illinois Adolescent Infrastructure and Treatment Enhancement Initiative (SAT-ED) anticipates awarding $150,000 for a contract that will last through September 30, 2015.

**PROPOSAL CONTENT (SCORED AS INDICATED)**

Applicants must submit a proposal that contains the information outlined below. Each section must have a heading that corresponds to the headings 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 and limits set for in each section and must be in the specified order below. **Exceeding the prescribed page limits is grounds for automatic disqualification.**

**A . Executive Summary (2 page maximum) – Not scored**

1. State the total amount of funds requested.
2. Address the need for family involvement and input in all aspects of adolescent care within the Illinois substance abuse treatment system.
3. Describe the target population.
4. Describe how you will guarantee that there is statewide coverage through the five regions.
5. Provide a clear overview of the services/resources you propose to provide with these funds.

**B. Organization Qualifications/Organizational Capacity (7 page maximum)**

**(35 points)**

The purpose of this section is for the Applicant to present an accurate picture of the agency’s ability to provide the services and capacity for community collaboration. Information in this section should include, but not be limited to, the following:

* Organization’s mission
* Description of current main programs and total number of clients served in each program
* Organization history, milestones, major achievements
* Geographic area served
* Cultural and linguistic competency (if applicable, describe how the organization demonstrates cultural and linguistic competence in achieving its mission)
* Evaluation and monitoring (a description of how the organization will evaluate whether it has achieved all measurable objectives contained herein)

1. Organization’s readiness and capacity for service delivery. Include any identified training needs and any linkages that are already in place with other service providers.
2. Evidence that the Applicant is experienced and capable of carrying out the proposed program. Include experience with family involvement in adolescent treatment services or another service system.
3. Involvement with existing advisory groups and collaborative relationships with community partners related to family involvement in adolescents care.
4. Evidence of staff qualifications. If training is needed, describe what those training needs are, as well as the agency’s willingness to ensure that all staff in need of training receives it prior to commencement of service delivery. Describe procedures to ensure program staff is capable and sensitive to working with your target population.
5. Procedure for conducting background checks.
6. Description of Applicant’s access to the Internet. Include e-mail addresses for personnel funded through this program application.
7. Description of how Applicant is rooted in the community it proposes to serve.
8. The following organizational background items should be included as Appendices:

* Appendix A: Resumes of the Applicant Executive Director and Program Director
* Appendix B: Job descriptions for all employee positions that will be funded with this grant, including the Program Director, and an indication of the percent of time those employees will spend in this program.
* Appendix C: Organizational chart of the Applicant showing where the program and its staff will be placed.

**C. Proposal**

1. Purpose of Funding (12 page maximum) (65 points)

a. Program Description: explanation of how the funds will be used, which covers the following:

* Coordinator: this is a full time position. The coordinator will sit on the Steering Committee for the Illinois Adolescent Infrastructure and Treatment Enhancement Initiative. The coordinator will report out progress monthly to the group at large regarding funded proposal activities. It is a requirement of this position that within a year of being hired they become qualified as a Certified Family Partnership Professional.
* Family Recovery Advocates — In each of the five regions, two Family Recovery Advocate positions must be established within the first year of funding. One should be a parent/caregiver and the other a youth.
* Website — The development of a website to be maintained as a clearinghouse for youth and families providing links to information regarding substance abuse treatment, recovery, education, prevention legislation and policy issues in Illinois. This must be established within the first year of funding[same].

b. Program Methodology

1. Describe **how** Applicant plans to provide the required activities above in terms of method, strategies, and curricula for each component
2. Describe how services will be delivered in a culturally appropriate and sensitive manner and in a setting appropriate to the target population.

c. Program Timeline

Describe program implementation timeline. Include when the initial activities will begin, a description/planned dates for: key meetings with partners; selection of program delivery site(s); personnel transactions; component curricula selection; staff trainings.

1. Target Population (1.5 page maximum) (10 points)

* Describe the community status, such as the prevalence and incidence rates for adolescents with substance use disorders in Illinois over time for the service area, the number/percent of low-income families, percent of welfare recipients, general economic status of the community, racial/ethnic breakout, prevalence of female-headed families, school drop out rate, and other indicators of the overall status of the community.
* Describe the need for family involvement for adolescents with substance use disorders programming and the unmet need for this population.
* Outline the geographic area to be served and the location of the service area(s) in the community where the program will be provided.
* Describe the specific population you plan to serve. Eligible population includes adolescents and families.

3. Community Outreach and Collaboration: (1 page maximum) (5 points)

1. Provide letters of commitment from community partners in Appendix D, a description of related existing linkages to other community resources and services. If linkages do not exist, describe how, when, and why they will be established. If they do exist, letters of collaboration from those entities will strengthen the proposal and should also be included in Appendix D.

4. Monitoring (1 maximum) (5 points)

* Describe the agency’s plan for meeting the required activities described in section C.1.  Please include timelines.  At a minimum, the Department will conduct an annual guidance and technical assistance site visit.
* You agree to comply with the following monitoring requirements if your agency is awarded.

1. Family Recovery Advocates and FC Coordinator will attend and participate in the Project Steering Committee meetings and work projects.
2. Timely submission of a monthly report detailing activities of the Family Center to Project Director by the 15th of the following month. The format will be provided.

5. Budget and Budget Justification (5 page maximum) (20 points)

1. Complete the Budget Forms found in the Attachments according to the Allowable Costs of this RFA.
2. Provide a Budget Narrative describing how appropriate resources and personnel have been allocated for the tasks and activities described.
3. Provide the percentage and amount of funds to be used for administration and other services. Clearly present any staff training needs.
4. Please note, no more than 20% of the total request may be used for administrative costs. “Administrative” means those activities performed by staff, and costs which are supportive of and required for the program, for which there is no direct client contact such as administrative and fiscal staff, clerical support, rent, utilities and general office equipment. Travel to and from scheduled meetings with the Department should also be included in administrative costs.

**D. Linguistic and Cultural Competency Guidelines – Not Scored**

1. Linguistic and Cultural Competence Plan (6 page maximum)

* Complete the Linguistic and Cultural Competence Plan document found in the Attachments according to the outlined guidelines.
* A scoring rubric will be used to evaluate applicant Linguistic and Cultural Competence Plans, which must meet the criteria outlined in the guidelines included in the Attachment.
* For applicants selected through the RFA process, their Linguistic and Cultural Competency Plans must meet the criteria outlined in the Attachment.

**ATTACHMENTS**

**Attachment A: Applicant Cover Sheet**

**Attachment B: Proposal Content Checklist**

**Attachment C: Budget forms and instructions**

**Attachment D: Allowable costs**

**Attachment E: Linguistic and Cultural Competency Guidelines**

**ATTACHMENT A**

**APPLICANT COVER SHEET**

**(INSTRUCTIONS AND FORM)**

**ATTACHMENT A**

**APPLICANT COVER SHEET**

**INSTRUCTIONS**

All applications shall be submitted as required in the Request for Applications or other instructions distributed by the Department of Human Services.

1. Provide applicant name and address as it is to appear in the contracts for services that will be developed for successful applicants.

FEIN/TIN number: Provide your nine-digit federal Taxpayer Identification Number (also known as the Federal Employer Identification Number) or the state-assigned Governmental Unit Code. Governmental agencies (county or municipality) should use the Governmental Unit Code, which generally begins with 20 or 30; non-governmental agencies or multi-county agencies should use the FEIN, which generally begins with 36 or 37.

Applicants not currently receiving funding from the Division of Community Health and Prevention should attach a copy of the applicant’s Internal Revenue Service (IRS) Form 575K, Notice of New Employee Identification Number Assigned, or an IRS Form W-9 in which the applicant’s name and FEIN/TIN number is consistent with the information on record with the Secretary of State and the IRS.

2. Enter the date the application is forwarded to the Department.

3. Provide the name and title of the person authorized to enter into contracts or otherwise obligate the agency to provide services. This information will be used for the signature block for contracts offered to successful applicants.

Signature of "Authorized Official" certifies compliance with all requirements as described in the Request for Applications, applicable program rules and regulations, and applicable state and federal rules and regulations.

4. Enter the project period to be covered by this application, if different than that indicated.

5. Mark (X) to indicate your type of organization. Documentation of current status such as a certificate of good standing from the Secretary of State or other comparable proof of status must be provided for all applicants other than governmental entities.

6. Provide the appropriate district numbers for the area(s) to be served.

ILLINOIS DEPARTMENT OF HUMAN SERVICES

535 WEST JEFFERSON STREET

SPRINGFIELD, ILLINOIS 62702-5058

Division of Community Health and Prevention

**APPLICANT COVER SHEET**

**ATTACHMENT A**

1. APPLICANT ORGANIZATION:

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FEIN/TIN NUMBER: :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Attach IRS Form 575K or Form W-9, when applicable

1. DATE OF SUBMISSION:

\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Month Day Year

3. APPLICANT CERTIFICATION:

To the best of my knowledge, the data and statements in this application are true and correct. The applicant agrees to comply with all State/Federal statutes and Rules/Regulations applicable to the program.

AUTHORIZED OFFICIAL:

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

Typed name

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

Title

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

Signature and Date

4. PROJECT PERIOD:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. TYPE OF ORGANIZATION:

Governmental Entity

\*Not-For-Profit Corporation

Corporation

Medical/Health Care Provider Corporation

\*Tax Exempt Organization (IRC 501(a) only)

\* Must provide documentation of current status

6. LEGISLATIVE DISTRICT NUMBERS:

CONGRESSIONAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEGISLATIVE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(State Senate District)

REPRESENTATIVE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(State Representative District)

7. FOR DEPARTMENT USE ONLY:

**ATTACHMENT B**

**PROPOSAL CONTENT CHECKLIST**

**Attachment B**

**Illinois Department of Human Services**

**PROPOSAL CONTENT CHECKLIST**

**Name of RFA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The proposal should contain the following in this order:

🞎 Applicant Cover Sheet

🞎 This PROPOSAL CONTENT CHECKLIST

🞎 Executive Summary

🞎 Organization Qualifications/Organizational Capacity

🞎 Purpose of Funding

🞎 Target Population

🞎 Community Outreach and Collaboration

🞎 Evaluation and Monitoring

🞎 Budget Forms and Budget Justification

🞎 Appendix A: Resumes

🞎 Applicant’s Executive Director

🞎 Program Director

🞎 Appendix B: Job Descriptions

🞎 Program Director

🞎 Other Grant Funded Employees

🞎 Appendix C: Organizational Chart

🞎 Appendix D: Letters of Agreement/Support from collaborating agencies/organizations (if applicable)

🞎 Appendix E: Most recent audited financial statements

🞎 Appendix F: Board of Directors list (if applicable)

🞎 Appendix G: Tax-exemption documentation (if applicable)

**ATTACHMENT C**

**BUDGET FORMS**

**(INSTRUCTIONS**

**AND FORMS)**

**Contract Number:**

**Document Number:**

(To be completed by DHS)

**ILLINOIS DEPARTMENT OF HUMAN SERVICES**

**FAMILY RESOURCE CENTER FOR THE ILLINOIS ADOLESCENT**

**INFRASTRUCTURE AND TREATMENT ENHANCEMENT INITIATIVE.**

**FISCAL YEAR 2014 PROGRAM PLAN SUMMARY**

|  |  |
| --- | --- |
| 1. Agency Name: |  |
| 2. Agency Address: |  |
| 3. Remittance Address: |  |
| 4. Agency Head and Title: |  |
| Telephone: |  |
| Email Address (Required): |  |
| 5. Program Contact Person and Title: |  |
| Telephone: |  |
| Email Address (Required): |  |
| 6. Fiscal Contact Person and Title: |  |
| Telephone: |  |
| Email Address (Required): |  |
| 7. Fax Number: |  |
| 8. Tax Payer I.D. Number: |  |
| 9. Title XX Social Services Block Grant Service: |  |
| 10. 10.Identify geographic service area for  11. DFI program ( e.g., neighborhood,  city, county): |  |
| 11.Identify the target population to be served  by the DFI program (e.g., women, men,  children, age groups): |  |
| 12. Identify the location(s) at which service  provision will occur. |  |
| 13. A. Total Funds Requested From IDHS: |  |
| B. Local 25% Required Match (A3)  (Match may be all cash or a combination of cash and In-kind) no less than 10% cash and up to 15% In-Kind Match Cash +In-Kind |  |
| C.Total DFI Program Budget (A + B)  or (A.75) |  |
| D. Identify amount and source(s) of Cash Match |  |
| E.Identify amount and source(s) of In-Kind Match |  |
| 14.Identify your Congressional District (by  number) |  |
| Identify your Illinois Senate District (by number) |  |
| Identify your Illinois House District (by number) |  |
| 15. Identify your local IDHS office (s) that you link with, by name and number. |  |

**FY14 FAMILY RESOURCE CENTER FOR THE ILLINOIS ADOLESCENT**

**INFRASTRUCTURE AND TREATMENT ENHANCEMENT INITIATIVE budget**

**(Include 25% match)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | (**A)**  **Admin/**  **Indirect** | **(B)**  **Program**  **Services** | **(C)**  **Total** |
| **A. Personal Services:**(Attach Narrative) |  |  |  |
| Salaries | $0 | $0 | $0 |
| Payroll Taxes and Fringe Benefits | $0 | $0 | $0 |
| Contractual | $0 | $0 | $0 |
|  |  |  |  |
| **B. Consumables:(Attach Narrative)** |  |  |  |
| Supplies | $0 | $0 | $0 |
| Printing | $0 | $0 | $0 |
| Postage | $0 | $0 | $0 |
|  |  |  |  |
| **C. Occupancy:** |  |  |  |
| Rent | $0 | $0 | $0 |
| Utilities | $0 | $0 | $0 |
| Building Maintenance | $0 | $0 | $0 |
| Telephone | $0 | $0 | $0 |
|  |  |  |  |
| **D. Miscellaneous:** |  |  |  |
| Staff Travel | $0 | $0 | $0 |
| Equipment Maintenance | $0 | $0 | $0 |
| Depreciation | $0 | $0 | $0 |
| Conferences, Meetings | $0 | $0 | $0 |
| Liability/Other Insurance  Insurance | $0 | $0 | $0 |
| Management/General | $0 | $0 | $0 |
|  |  |  |  |
| **E. Other (Specify):** |  |  |  |
| Client Subsidies | $0 | $0 | $0 |
| Computers and Software | $0 | $0 | $0 |
|  |  |  |  |
| **TOTAL** | $0 | $0 | $0 |

Administrative Cost Percentage

To calculate the administrative cost percentage, divide the total administrative costs, Column A, by the total program services costs, Column B:

Grand Total of Column A x 100= % No more than 20%.

Grand Total of Column B

Reimbursement is not available for purchase of fixed equipment more than $1,000. Typical examples for administrative/indirect are administrative personnel, rent, utilities, building maintenance, local telephone, equipment maintenance, management and general and accounting. For purposes of this program, it is requested that direct costs be those directly associated with the delivery of program services. These may include labor, program supplies, space for services, etc. Classification of costs are subject to interpretation by the Department. Federal Circulars can be referenced for assistance: OMB Circular A-21, “Cost Principles for Educational Institutions” A-87 “Cost Principles for State, Local ...Governments”, A-122 “Cost Principles for Non-Profit Organizations.”

**FAMILY RESOURCE CENTER FOR THE ILLINOIS ADOLESCENT**

**INFRASTRUCTURE AND TREATMENT ENHANCEMENT INITIATIVE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Salary Detail | FTE  To | (A)  Admin/  Indirect | (B)  Program  Services | (C)  Total |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| TOTAL SALARIES |  |  |  |  |

The TOTAL figures must match those reported on line A, Personal Services: Salaries on previous page. Do not include payroll taxes, fringe benefits, or contractual.

For each position, enter the full-time equivalency (FTE) for that position. An FTE of 1.0 means that the position is equivalent to a full-time worker. An FTE of 0.5 indicates that the worker is only half-time. Note: There should be a correlation between the number of FTE’s budgeted for direct service and quantity of service hours to be delivered.In other words, amounts that are billed should be proportionate to the services delivered, as the program is fee for service.

**BUDGET NARRATIVE**

Provide a budget narrative for each line item of the budget. Any package received without a budget narrative will be returned to the Provider.

Each line item must have a narrative explanation or justification stating the method used in determining the amount allocated to each line item, why and how funds are to be utilized. Include your basis for determining administrative/indirect and direct program services. For assistance in determining administrative/indirect versus direct cost components, please consult either OMB Circular A-21 Cost Principles for Educational Institutions, OMB Circular A-87 “Cost Principles for State, Local and Indian Tribal Governments” or OMB Circular A-122 “Cost Principles for Non-Profit Organizations.” Specifically identify the components of each line item. For larger line items, a separate schedule may be used to provide a breakout. A budget submitted without narrative explanation or justification of each line item will be considered incomplete.

Note: While it is permissible for more than one funding source to share the costs of a given service, it is not permissible for two funding sources both to reimburse the same cost of a service. Double claiming is prohibited even if the combined sources do not exceed the expenditures.

**Personal Services:** *(Attach Narrative)*

**Salaries**:

**Payroll Taxes** **and Fringe Benefits**: A separate budget allocation is unnecessary because, for the staff who are to be employees of the DuPage Federation, payroll taxes and fringe benefits are included in the 15% administrative fee paid to the University.

**Contractual** None

**Consumables:** *(Attach Narrative)*

**Supplies**

**Printing**

**Postage**

**Occupancy:** *(Attach Narrative)*

**Miscellaneous:** *(Attach Narrative)*

**Staff Travel**

**Equipment Maintenance**

**Depreciation**

**Conferences, Meetings**

**Liability/Other Insurance**

**Insurance**

**Management/General** *(Attach a separate sheet to break out)*

**Other** (Specify): *(Attach Narrative)*

**ATTACHMENT D**

**ALLOWABLE COSTS**

**ATTACHMENT D**

**ALLOWABLE COSTS FOR REIMBURSEMENT**

**UNDER GRANT AGREEMENT**

To be reimbursable under DHS Grant Agreement, expenditures must meet the following general criteria:

a. Be necessary and reasonable for proper and efficient administration of the program and not be a general expense required to carry out the overall responsibilities of the agency.

b. Be authorized or not prohibited under federal, state or local laws or regulations.

c. Conform to any limitations or exclusions set forth in the applicable rules, program description or grant agreement.

d. Be accorded consistent treatment through application of generally accepted accounting principles appropriate to the circumstances.

e. Not be allocable to or included as a cost of any other state or federally financed program in either the current or a prior period.

f. Be the net of all applicable credits.

g. Be specifically identified with the provision of a direct service or program activity.

h. Be an actual expenditure of funds in support of program activities, documented by check number and/or internal ledger transfer of funds.

Examples of allowable costs include the following. This is not meant to be a complete list, but rather specific examples of items within each line item category.

Personnel Services:

Gross salary paid to agency employees directly involved in the provision of program services.

Employer's portion of fringe benefits actually paid on behalf of direct services employees; examples include FICA (Social Security), life/health insurance, Workers Compensation insurance, unemployment insurance and pension/retirement benefits.

Contractual Services:

Conference registration fees

Contractual employees (require prior program approval)

Repair & maintenance of furniture and equipment

Postage, postal services, UPS or other carrier costs

Software for support of program objectives

Subscriptions

Training and education costs

Payments (or pass-through) to subcontractors or subgrantees are to be shown in the Contractual Services section - **all subcontracts or subgrants require an attached detail line-item budget supporting this contractual amount.**

Allocation of the applicable portion of the following costs are allowable only if approved by the program and the allocation methodology is approved as part of the application process:

Rent or lease of space or facilities

Utility costs

Insurance

Copy machine rental or lease

Costs of improvements to real property

Travel:

Mileage (at state rate unless specifically noted otherwise)

Airline or rail transportation expense

Lodging

Per diem or meal costs

Operation costs of agency owned vehicles

Commodities (Supplies):

Office supplies

Medical supplies

Educational and instructional materials and supplies, including booklets and preprinted pamphlets

Household, laundry and cleaning supplies

Parts for furniture and office equipment

Equipment items costing less than $100.00 each

Printing (include in Supplies):

Letterpress, offset printing, binding, lithographing services

Photocopy paper, other paper supplies

Envelopes, letterhead, etc.

Equipment (requires prior written program approval):

Items costing over $100.00 each, with useful life of more than one year. Costs shall include all freight and installation charges.

Office equipment and furniture

Allowable medical equipment

Reference and training materials and exhibits

Books and films

Telecommunications (include in Contractual Services):

Telephone services

Answering services

Repair, parts and maintenance of telephones and other communication equipment

**Unallowable costs include**, but are not limited to:

Bad debts

Contingencies or provision for unforeseen events

Contributions and donations

Entertainment, alcoholic beverages, gratuities

Fines and penalties

Interest and financial costs

Legislative and lobbying expenses

Real property payments or purchases

Indirect cost plan allocations

**ATTACHMENT E**

**LINGUISTIC AND CULTURAL COMPETENCE GUIDELINES**

**Linguistic and Cultural Competency Guidelines**

The State of Illinois Linguistic and Cultural Competency Guidelines (LCC Guidelines) were developed as a mechanism for improving language and cultural accessibility and sensitivity in State-funded direct human services delivered by human service organizations that receive grants and contracts to serve the residents of the State of Illinois.

**Linguistic and Cultural Competency Mandate:** The Illinois Department of Human Services (the Agency) agrees to comply with the Constitution of the United States, Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act of 1990, ADA Amendments Act of 2008, Illinois Human Rights Act, the 1970 Constitution of the State and any laws, regulations or orders, Federal or State, which prohibit discrimination on the grounds of race, sex, color, religion, national origin, age, ancestry, marital status, disability, or the inability to speak or comprehend the English language. The Agency will assure native language/interpreter services to the extent possible, when serving Limited English Proficient clients.

**Vendor Goal:** This Request for Application includes a goal of improving access to culturally competent programs, services, and activities for Limited English Proficient (LEP) customers, persons who are hard of hearing or deaf, and persons with low literacy (the Goal). Vendors that meet the Vendor Parameters are asked to provide a plan meet the Goal, including a description of the customer base served by the Vendor, model used to deliver services, and their ability to implement the LCC Guidelines contained herein. The plan should explain how the Vendor is able to meet the needs of LEP and hearing-impaired customers, either through direct assistance, use of a private interpretation services or use of State-funded interpretation programs. Vendors are asked to explain how they will strive to meet the provisions of the LCC Guidelines with immediate and/or long-term strategies for improving their language and cultural competence. It is incumbent upon the Vendor to provide data-driven rationale for its approach to its LCC Plan.

Following are guidelines for the Vendor response in the Linguistic and Cultural Competency Plan (LCC Plan). A format for the LCC Plan is included in this section. The Vendor should include any additional information that will add clarity to the Vendor’s proposed plan to provide access to services for LEP customers. The LCC Plan must demonstrate that the Vendor has the capability to assist LEP customers or has made good faith efforts to do so.

If applicable, the LCC Plan should include any executed agreements specifying the terms and conditions of the relationship between the Vendor and any entity that would provide language access support to programs, services, and activities to meet the Goal. The Agency may request additional information to demonstrate compliance. The Vendor agrees to cooperate promptly with the Agency in submitting to interviews, allowing entry to places of business, or providing further documentation. Failure to cooperate may render the proposal non-responsive.

**Vendor Parameters:** All Agency purchase of care and/or grant requests for proposals for direct human services that exceed $250,000 will include the LCC Guidelines. Vendors that seek to provide direct human services to individuals or families in the State of Illinois must submit a response to the LCC Guidelines that demonstrates the Vendor’s ability to provide language access and cultural competence to its customers or a good faith effort to provide access to services, programs, and activities for LEP customers. This response must include a plan to provide access to all human services, programs, and activities for LEP customers, hearing impaired, and low literacy customers.

**Definitions:**

* ***Cultural Competence***: Cultural Competence is a set of behaviors, attitudes, and policies in a system, agency or among professionals that affect cross-cultural work. Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum (adapted from Cross et al., 1989).
* ***Cultural Competence***: (Individual Level) At the individual level, this means acquisition of the values, knowledge, skills and attributes that will allow an individual to work appropriately in cross-cultural situations.
* ***Cultural Competence***: (Organizational Level) At the organization level, this means systems and organizations sanction, and in some cases mandate the incorporation of cultural knowledge into policymaking, infrastructure and practice. An example regarding limited English proficiency would include: Written materials are translated, adapted, and and/or provided in alternative formats based on needs and preferences of the populations served. Interpretation and translation services comply with all relevant Federal, State and local mandates governing language access and consumers are engaged in evaluation of language access and other communication to ensure for quality and satisfaction.
* ***Language Access:*** Provision of language assistance services, including bilingual personnel and interpreter services, at no cost to each LEP customer, at key points of contact, in a timely manner. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin including actions that *delay, deny, or provide different* quality services to a particular individual or group of individuals.
* ***Meaningful Access:*** Subcontractors/Vendors, especially entities with a customer base that is more than five percent (5%) LEP, are required to take reasonable steps to ensure meaningful access to their services and programs by LEP persons. Compliance involves the balancing of four factors: 1) the number and proportion of eligible LEP customers, 2) the frequency of contact, 3) the importance or impact of the contact upon the lives of the person(s) served, and 4) the resources available to the organization. The organization will collect data on primary spoken language and, as appropriate, develop a plan to meet the needs of LEP customers.[[1]](#footnote-1)

**Vendor Assurance:** The Vendor shall not discriminate on the basis of race, color, national origin, sexual orientation or sex in the performance of this contract. The Vendor shall also adhere to the principle of providing “meaningful access” to all LEP customers that the agency provides services to, in the performance of this contract. The Vendor ensures accountability of subcontractors and vendors by measurable objectives and performance monitoring at regular intervals for individuals from LEP and diverse cultural groups. Failure by the Vendor to carry out these requirements is a material breach of this contract, which may result in the termination of this contract or such other remedy, as the Agency deems appropriate.

**Good Faith Effort:** If the Vendor is not able to provide access to its services, programs, and activities to LEP customers, hard of hearing or deaf customers, and/or individuals with low literacy levels, the Vendor must document in the LCC Plan any good faith efforts undertaken by the Vendor in order to provide such access. The Agency will consider the quality, quantity, and intensity of the Vendor’s efforts.

1) The following is a list of types of actions that the Agency will consider as evidence of the Vendor’s good faith efforts to meet the Goal. Other factors or efforts brought to the attention of the Agency may be relevant in appropriate cases.

a) Soliciting through all reasonable and available means the services of a subcontractor to provide interpretation, translation services, or other services (LCC Vendor) that will assist the Vendor in meeting the goals of the LCC Guidelines. The Vendor must solicit these services within sufficient time to allow interested LCC Vendors to respond to the solicitation. A Vendor using good business judgment will consider a number of factors in negotiating with LCC Vendors and will take a firm’s price and capabilities into consideration. The fact that there may be some additional costs involved in finding and using LCC Vendors is not by itself sufficient reason for a Vendor’s failure to meet the Goal, as long as such costs are reasonable. Vendors are not required to accept higher quotes from LCC Vendors if the price difference is excessive or unreasonable.

b) Effectively using the services of available minority community organizations; minority vendors’ groups; local, State, and federal minority business offices; and other organizations that provide assistance in meeting the Goal.

c) Establishing clear and achievable long-term goals and strategies for improving the Vendor’s language and cultural competence. The long term goals and strategies must include measurable goals and outcomes, timelines for implementation, and other evidence that the Vendor is working towards meeting the Goal.

d) Establishing requirements for specific language skills in job descriptions and remuneration for language skills.

2) If the Agency determines that the Vendor has made good faith efforts to meet the Goal, the Agency will award the contract provided that the Vendor is otherwise eligible for the award. If the Agency determines that the Vendor has not made good faith efforts, the Agency will notify the Vendor of that preliminary determination. The preliminary determination shall include a statement of reasons why good faith efforts have not been found, and may include additional good faith efforts that the Vendor could take. The Vendor shall have fifteen (15) business days to make the suggested good faith efforts and any other additional good faith efforts to meet the Goal. The Vendor shall report the additional final good faith efforts made in the time allotted. All additional efforts taken by the Vendor will be considered. If the Agency determines that additional good faith efforts have not been made, or were not sufficient to remedy the Vendor’s previous lack of good faith efforts, it will notify the Vendor in writing of the reasons for its determination within fifteen (15) business days of receipt of the final LCC Plan.

**Contract Compliance:** Compliance with this section is an essential part of the contract. The following administrative procedures and remedies govern the Vendor’s compliance with the contractual obligations established by the LCC Plan. After approval of the LCC Plan and award of the contract, the LCC Plan becomes part of the contract. If the Vendor did not succeed in achieving the Goal, and the LCC Plan was approved and the contract awarded based upon a determination of good faith, any longer-term goals and strategies for improving their language and cultural competence shall become the contract Goal.

1) The LCC Plan may not be amended without the Agency’s prior written approval. The Vendor must ensure that any amendments to the LCC Plan do not result in a reduction in access to programs, services, and activities for LEP customers.

2) The Vendor may not make changes to its contractual agreements with LCC Vendors without prior written notice to the Agency.

3) The Vendor shall maintain a record of all relevant data with respect to the access to services by LEP customers for a period of at least (5) five years after the completion of the contract. Full access to these records shall be granted by the Vendor upon forty-eight (48) hours’ written demand by the Agency to any duly authorized representative. The Agency shall have the right to obtain from the Vendor any additional data reasonably related or necessary to verify any representations by the Vendor.

4) The Agency will periodically review the Vendor’s compliance with these provisions and the terms of its contract. Without limitation, the Vendor’s failure to comply with these provisions or with its contractual commitments as contained in the LCC Plan, its failure to cooperate in providing information regarding its compliance with these provisions or its LCC Plan, or the provision of false or misleading information or statements concerning compliance, customer base, good faith efforts, or any other material fact or representation shall constitute a material breach of this contract and entitle the Agency to declare a default, terminate the contract, or exercise those remedies provided for in the contract or at law or in equity.

5) The Agency reserves the right to withhold payment to the Vendor to enforce these provisions and the Vendor’s contractual commitments. Final payment shall not be made on the contract until the Vendor submits sufficient documentation demonstrating compliance with its LCC Plan.

**LINGUISTIC AND CULTURAL COMPETENCE PLAN**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the Vendor) submits the following Linguistic and Cultural Competence Plan (LCC Plan) as part of our proposal in accordance with the requirements of the Linguistic and Cultural Competence Guidelines section of the solicitation for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We understand that compliance with this section is an essential part of this contract and that the LCC Plan will become a part of the contract, if awarded.

(the Vendor) makes the following assurance and agrees to include the assurance in any agreements made to fulfill this contract: We shall not discriminate on the basis of race, color, national origin, sexual orientation or sex in the performance of this contract. We shall also adhere to the principle of providing “meaningful access” to all Limited English Proficient (LEP), hard of hearing or deaf, and low literacy customers that the Agency provides services to, in the performance of this contract. Failure by the Vendor to carry out these requirements is a material breach of this contract, which may result in the termination of this contract or such other remedy, as the Agency deems appropriate.

Representative of Vendor Responsible for Compliance:

Name:

Title:

Telephone: extension:

Email:

We submit one (1) of the following statements:

\_\_ We attach Section 1 to demonstrate our LCC Plan meets the Goal of improving access to services, programs, and activities for LEP, hard of hearing or deaf, and low literacy customers of the State.

\_\_ We attach Section 1 to detail that we do not fully meet the Goal. We also attach Section 2, Demonstration of Good Faith Efforts.

|  |  |
| --- | --- |
| **LINGUISTIC AND CULTURAL COMPETENCY GUIDELINE** | **OUTCOMES** |
| 1. **Organizations should have a linguistic and cultural competence plan for the funded program(s) or for the organization as a whole that includes clear goals, outcomes, policies and/or procedures related to the provision of culturally and linguistically appropriate services.** | 1. The plan addresses in a meaningful way the guidelines in this document and is consistent with the organization’s mission. 2. The plan has defined short-term and long-term goals and outcomes that incrementally improve services to LEP individuals, persons who are hard of hearing or deaf, and persons with low literacy. 3. There is an Identifiable staff member responsible for overseeing its implementation. 4. The plan is data driven, based on analysis of verifiable demographic and service data. 5. The data includes the consumers’ self-identified primary spoken language, race, and ethnicity. 6. The plan assesses new and emerging community/population needs. |
| 1. **Organizations should implement strategies to recruit, retain, and promote at all levels, diverse personnel and leadership that are representative of the demographic characteristics of the service area.** | 1. Demonstrated hiring, retention and promotion of staff of racial/ethnic backgrounds representative of target population served. 2. Personnel at different levels receive ongoing education and training in culturally and linguistically service delivery. 3. Establish requirements for specific language skills in job descriptions and remuneration for language skills. |
| 1. **Organizations should collect customer data to ensure that every effort is made to provide consumers with effective, understandable, and respectful services, provided in the consumer’s preferred language and in a manner sensitive to cultural beliefs and practices.** | 1. The data assesses new and emerging community/population needs. 2. The data includes the consumers’ self-identified primary spoken language, race, and ethnicity. 3. Organizations track consumer satisfaction with language access services and organizational sensitivity to consumer culture. |
| 1. **Organizations shall provide hearing impaired and language assistance services, including bilingual personnel and interpreter services, at no cost to each consumer with limited English proficiency, or those who are hard of hearing or deaf, at key points of contact, in a timely manner that facilitates maximum access to services.** | 1. Evidence that appropriate interpretation services are provided to the LEP, hard of hearing, or deaf consumers in a timely manner. 2. Language fluency is assessed to determine the level of competence of personnel and interpreters to provide language and/or American Sign Language services in their specific field of service. 3. Family, friends, or other untested individuals are not used to provide interpretation services. |
| 1. **Organizations shall provide to consumers in their preferred language both verbal and written notices of their right to receive language assistance services that are culturally appropriate.** | 1. Easily understood consumer-related materials and visible notices posted in languages of commonly encountered groups represented in the service area. 2. Pertinent written, oral, and symbolic consumer materials (including consent forms, statement of rights forms, posters, signs, and audio tape recordings) are available in the language of the consumer and/or Braille and available at all key points of access. 3. Quality assurance measures in place to verify accuracy of translated documents. |

**Section 1**

**Linguistic and Cultural Competence Plan**

This contract includes a goal of improving access to programs, services, and activities for LEP customers of the State of Illinois (Goal). Vendors are asked to provide a plan to serve LEP customers, including a description of the customer base served by the agency, model used to deliver services, and their ability to implement the LCC guidelines contained here. Vendors should include any additional information that will add clarity to the Vendor’s proposed plan to provide access to services for LEP customers. The LCC Plan should demonstrate that the Vendor has strategies in place to assist LEP, hard of hearing, and/or deaf customers and persons with limited literacy, or has made good faith efforts to do so.

1. Provide a general description of the linguistic and cultural competence plan for the funded program(s) or for the organization as a whole that includes clear goals, outcomes, policies and/or procedures related to the provision of culturally and linguistically appropriate services.

2. Describe the strategies used to recruit, retain, and promote at all levels, diverse personnel and leadership that are representative of the demographic characteristics of the service area. Provide a list of personnel positions and staff details (name, contact information) at different levels and across relevant disciplines who receive ongoing education and training in culturally and linguistically appropriate service delivery.

3. Describe the procedures that ensure that consumers receive effective, understandable, and respectful services, provided in the consumer’s preferred language and in a manner sensitive to cultural beliefs and practices. Include description of data collection procedures.

5. Describe any language assistance services, including bilingual personnel and interpreter services, cost of services, point of accessing the service, and how the service is delivered.

6. Describe practices established to ensure consumers receive both verbal and written notices, in their preferred language, of their right to receive language assistance or American Sign Language services that are culturally appropriate. List any consumer-related materials and signage in languages of commonly encountered groups represented in the service area, including the languages in which the materials are available.

**Section 2**

**Demonstration of Good Faith Efforts**

If the Goal of improving access to services, programs, and activities for LEP, hard of hearing or deaf customers and persons with limited literacy is not achieved, the Good Faith checklist must be submitted with the solicitation response (or as otherwise specified by the Agency). **Failure to do so may result in a loss of points, putting the Vendor’s solicitation response at risk of being non-competitive**.

**Good Faith Efforts Checklist**

Insert on each line below the initials of the authorized Vendor representative who is certifying on behalf of the Vendor that the Vendor has completed the activities described below. **If any of the items below were not completed, attach a detailed written explanation why each such item was not completed.** If any other efforts were made to improve access to services, programs, and activities for LEP, hard of hearing or deaf customers, and persons with limited literacy, in addition to the items listed below, attach a detailed written explanation.

\_\_ Solicited through all reasonable and available means, the services of a Vendor to provide interpretation and/or translation services, or other services (LCC Vendor) that will assist the Vendor in meeting the goals of the LCC Guidelines.

\_\_ Used the services of available minority community organizations; minority vendors’ groups; local, State, and federal minority business offices; and other organizations that provide assistance in meeting the Goal.

\_\_ Established clear and achievable long-term goals and strategies for improving language and cultural competence. The long-term goals and strategies include measurable goals and outcomes, timelines for implementation, and other evidence of working towards meeting the Goal.

1. Illinois Department of Human Services Inter-Office. Draft Memorandum. 5-05. [↑](#footnote-ref-1)