

## **Agency Specific Content for the Notice of Funding Opportunity** **Homeless Youth**

The Institute for Children, Poverty and Homelessness reported that in 2015 homelessness affected 1.3 million children in American public schools. The National Network for Youth reports that current data is limited but national estimates have found that 1.3 to 1.7 million youth experience one night of homelessness a year with 550,000 youth being homeless for a week or longer. In 2017, *Missed Opportunities: Youth Homelessness in America-National Estimates*, the first in a series of Research-to-Impact briefs by Chapin Hall at the University of Chicago on understanding and addressing youth homelessness was released. The overall findings showed one in 10 young adults ages 18-25, and at least one in 30 adolescents ages 13-17, experience some form of homelessness unaccompanied by a parent or guardian over the course of a year. The survey concluded that 72% of those who slept on the streets or in shelters also couch surfed. 42% experienced two or more episodes. 73% experienced an episode lasting more than a month and 52% felt unsafe.

On June 16<sup>th</sup>, 2018, there were 56,881 Illinois students identified by ISBE as homeless. This represents a 16% increase since 2012 and far exceeds the less than 12,000 homeless youth identified in 2002. (See **Appendix 1** ISBE Homeless Youth School Year 2018). It is important to note that these staggering numbers only include school-age youth and only those that had attended school.

Nationally, approximately two-thirds of homeless youth seeking shelter are female. Half of these young women report having had a pregnancy experience compared to less than 10 percent living in a household. Results of these pregnancies, seemingly divided by thirds, are miscarriages, abortions and live delivery. In Illinois nearly 40% of the youth served in the program are pregnant, parenting or both.

Contributing factors to youth homelessness include poverty, lack of affordable housing, low education levels, unemployment, mental health, and substance abuse. Beyond these factors, youth homelessness is largely a reflection of family breakdown. Youth become homeless for varying reasons, including running away from home, being abandoned by their parents or guardians, being emancipated, or discharged from some sort of state care. Homeless youth often flee homes where they experience physical abuse. Violence and traumatic life events play a major role in the lives of homeless children. According to the National Center on Family Homelessness, by the age of 12, 83 percent of homeless children have been exposed to at least one serious violent event and 25 percent of homeless children have witnessed acts of violence within their families. Lesbian, gay, bisexual, and transgender (LGBT) youth have an increased risk of experiencing homelessness compared to youth who identify as heterosexual. These findings reinforce growing evidence on the heightened risk of experiencing homelessness among LGBT youth. This often stems from a lack of acceptance that young people experience both in and outside of the home. Many youth experience abandonment and severe family conflict stemming from their sexual orientation and gender identity. Some youth become homeless because they are pregnant or parenting. According to the Chapin research, young parents—especially those unmarried—had three times the risk of experiencing homelessness compared to non-parenting peers.

Homeless youth are socially marginalized and often arrested for “status” offenses, such as running away or breaking curfew. For youth who are released from juvenile corrections facilities, reentry is often difficult because they lack support systems and opportunities for work and housing.

Homelessness has serious consequences for young people and is especially dangerous for those between the ages of 16 and 24 who do not have familial support. Living in shelters or on the streets, unaccompanied homeless youth are at a higher risk for physical and sexual assault or abuse and physical illness, including HIV/AIDS. Furthermore, homeless youth are at a higher risk for anxiety disorders, depression, posttraumatic stress disorder (PTSD), and suicide because of increased exposure to violence while living on their own. Children experiencing homelessness have heightened health problems. According to the National Center for Family Homelessness, children are four times more often sick than their non-homeless counterparts, go

hungry twice the rate and have high rates of nutritional deficiencies. Overall, homeless youth are likely to become involved in prostitution, to use and abuse drugs, and to engage in other dangerous and illegal behaviors.

Life as a homeless youth is beset with significant hardships and undermined by severe social and emotional experiences. Homeless Youth Services represents Illinois' intervention to protect, shelter, feed, counsel and educate unaccompanied teenagers and young adults in an attempt to foster healthy and productive lives.

#### **A. Program Description**

Funded projects will be required to provide services to individual homeless youth designed to increase their safety, well-being, and self-sufficiency.

All funded projects will effectively demonstrate the capacity to implement a holistic model that includes an outreach component, an emergency shelter/interim housing component and a transitional living component. This continuum of care would allow a youth to enter the program at any stage and afford them the opportunity to transition from one component to the next if appropriate.

All programs will have the capacity to address the immediately identifiable needs of homeless youth through an emergency safety assessment/care plan that will identify and address immediate needs such as safety, food, clothing, shelter, medical, etc. through direct interventions and appropriate referrals. Programs will have one or more facilities located in areas frequented by and/or easily accessible by homeless youth where Outreach services will be made available. Outreach services will include maintaining the capacity to provide case management services to a minimum of 4 youth not housed in the program at any given time. All programs will have the capacity to provide homeless youth access to age-appropriate emergency/interim shelter (A minimum of 4 beds will be required) available on a 24 hour basis for a maximum of 120 days. All projects will have a Transitional Living Program component that will provide stable, safe living accommodations for youth for a maximum of 24 months. (A minimum capacity of 4 will be required.) These accommodations may be host family homes, group homes, supervised apartments, etc. Supervised apartments are either agency-owned apartment buildings or "scattered-site" apartments, which are single-occupancy apartments rented directly by youth with support from the agency.

Each successful applicant will provide an array of services to these youth that will include: emergency safety assessments/care plans; comprehensive individualized assessments; individualized case management; housing; needed goods (clothing, shoes, food and personal hygiene products, etc.); benefits services (e.g., SSI, SSDI, WIC, TANF etc.); educational services; life skills/independent living skills; employment and/or vocational training ; recreational services; social skills training; prevention services; transportation; individual counseling; services for special populations (pregnant; parenting; LGBTQ ; delinquent; developmentally disabled) such as access to child care; parenting classes; prenatal care; nutrition education, etc. and services generally provided through referral including: substance abuse services; legal services; mental health services; physical health services; dental services etc.; discharge planning; and follow-up services.

Program models will

1. Reflect a trauma-informed approach, which involves understanding and responding to the symptoms of chronic interpersonal trauma and traumatic stress, as well as the behavioral and mental health consequences of trauma.
2. Reflect a positive youth development (PYD) approach. Rather than targeting individual negative behaviors, PYD is a holistic approach that supports youth in achieving developmentally appropriate milestones and in having positive interactions with their family, school, neighborhood, society, and culture.
3. Include strategies for helping youth build protective factors and resiliencies that moderate the impact of past and future negative experiences.
4. Meaningfully involve each youth in program decisions that affect them.

5. Include an array of evidence-based and evidence-informed services and interventions that address the behavioral, psychological, and physical health of youth.

In an effort to reduce the number of homeless youth in Illinois, programs will ensure youth are safe, strive to meet the basic emergency/survival needs of youth; to ensure youth are employed or are in school; have acquired a High School Diploma or GED; are enrolled in eligible mainstream benefits; and have developed the social and life skills necessary to achieve healthy and productive independence.

In addition, services for special needs populations will also be assessed. For example: programs that serve pregnant youth will ensure that these youths receive pre-natal care and that pregnant and parenting youth receive parenting skills/classes.

### **Required Services**

Providers will implement a holistic model that includes an outreach component, an emergency shelter/interim housing component and a transitional living component. The primary service delivery approach will be individualized case management.

#### **1. Outreach Requirements**

Outreach programs are designed to identify homeless youth, who are not wards of the State, to ensure that their basic safety, survival and immediate needs are being met, and to provide case management and other services designed to assist homeless youth in making healthy lifestyle choices.

##### **A. Eligibility requirements:**

- 1) Youth must be at least 14 years of age and may not have reached their 24<sup>th</sup> birthday.
- 2) Youth may not be enrolled after their 24<sup>th</sup> birthday.
- 3) For youth up to the age of 18, including minor unmarried parents, **immediately** upon intake, the provider must notify the local CCBYS (Comprehensive Community-Based Youth Services) agency about any youth who is a minor away from home who has run away or whose parents will not allow him/her into the home; and when necessary notify DCFS and /or the local law enforcement.

##### **B. All youth will immediately receive the following:**

- 1) A safety assessment; an emergency care/safety plan and that plan will be implemented to ensure that the immediately identifiable needs of these youth in crisis are met, including food, clothing, emergency shelter, survival aid, medical treatment, emergency mental health /substance use referral/ treatment, etc.
- 2) Referring youth under the age of 18 to the local CCBYS provider as indicated above.
- 3) Contacting the DCFS hotline in required situations.

##### **C. When necessary, youth will have access to age-appropriate emergency shelter.**

##### **D. Whenever possible, youth will receive the following:**

- 1) Comprehensive individualized assessment and case planning services. Providers must maintain the capacity to provide assessment-based, individualized case management services to a minimum of 4 youth, not housed in the program, at any given time.
- 2) Help to reunify youth with his/her family where appropriate.
- 3) Help to achieve safe, stable living arrangements.
- 4) Information on employment, job readiness and support services;
- 5) Responding to the educational needs of youth. Informing them of their rights and working with the appropriate McKinney-Vento liaison to ensure their rights are honored. (Federal law that ensures youth experiencing homelessness have full and equal access to an appropriate public education and that they experience success in school.)
- 6) Offering education, prevention, and access to intervention services on issues related to domestic violence, sexual abuse, or exploitation

##### **E. Outreach Program Activities at a minimum will include:**

- 1) Contacting homeless youth where they congregate, through site-based outreach and/or a drop in shelter;
- 2) Conducting outreach events - Services are provided in areas where homeless youth are known

- to congregate or where they are located; or
- 3) Other outreach activities – These are activities within the community designed to make them aware of services available at the agency. This may include in-person outreach, flyers, speaking to community groups, hotlines and/or other means of establishing the agency as a resource for homeless youth.

## **2. Emergency Shelter/Interim Housing (ES)**

Emergency/Interim Housing programs provide temporary housing and services to homeless youth who are not wards of the State, on a 24-hour basis for up to 120 days. These programs are designed to ensure that basic safety, survival and immediate needs are being met, to reunify the youth with his/her family, when possible or to transition them from homelessness to self-sufficient living. Programs will also provide case management and other services designed to assist homeless youth in making healthy lifestyle choices.

### **A. Eligibility requirements:**

- 1) Youth must be at least 14 years of age and may not have reached their 24<sup>th</sup> birthday.
- 2) Youth may not be enrolled after their 24<sup>th</sup> birthday.
- 3) Youth enrolled prior to their 24<sup>th</sup> birthday remain eligible for up to 120 days of service even if it exceeds their 24<sup>th</sup> birthday. (Youth will not be terminated on their 24<sup>th</sup> birthday.)

### **B. For youth up to the age of 18, including minor unmarried parents:**

- 1) Immediately upon intake, the provider must notify the local CCBYS (Comprehensive Community-Based Youth Services) agency about any youth who is a minor away from home who has run away or whose parents will not allow him/her into the home; and/or
- 2) Within 48 business hours of intake, parental permission must be obtained in writing or, if verbal, it must be witnessed by two parties. If permission cannot be secured within 48 business hours:
  - the agency must document its attempts to secure parental permission; and
  - the agency must follow procedures outlined in the Illinois Juvenile Court Act, found at 705 ILCS 405/3-5.

### **C. Agency staff must be available 24 hours a day to enroll youth and provide services that at a minimum will include:**

- 1) Conducting a safety assessment; developing an emergency care/safety plan and implementing it to ensure that the immediately identifiable needs of these youth in crisis are met, including food, clothing, emergency shelter, survival aid, medical treatment, emergency mental health /substance use referral/ treatment, etc.
- 2) Referring youth under the age of 18 to the local CCBYS provider.
- 3) Contacting the DCFS hotline in required situations.
- 4) Providing safe, clean, dry place to sleep for a minimum of 4 youth.

## **3. Transitional Living (TL)**

Transitional Living programs provide housing and services to homeless youth who are not wards of the State, for up to 24 months. Programs are designed to transition youth from homelessness to self-sufficient living; and/or to reunify the youth with his/her family, when possible.

### **A. Eligibility requirements:**

- 1) Youth must be at least 16 years of age and may not have reached their 24<sup>th</sup> birthday.
- 2) Youth may not be enrolled after their 24<sup>st</sup> birthday
- 3) Services to youth will end with their 24<sup>th</sup> birthday. Any exception to this rule will be case by case and must be approved in writing by the DHS Program Administrator. Approved extensions must meet criteria established by DHS and will be 3 months in length. In NO case will extensions exceed one year.
- 4) For enrollment of youth up to the age of 18, parental permission must be granted or the youth must be partially or fully emancipated.

- 5) The facilities must have the capacity to accommodate not fewer than 4 youth at any time.
- 6) The facilities must be in compliance with State and local licensing requirements to operate the proposed housing model.
- 7) Programs must provide homeless youth with stable, safe living accommodations. Living accommodations may be host family homes, group homes, or supervised apartments. Supervised apartments are either agency-owned apartment buildings or “scattered-site” apartments, which are single-occupancy apartments rented directly by youth people with support from the agency.
- 8) Programs must provide youth with basic life skills training, including health promotion, life planning and goal setting, household management and budgeting, and interpersonal skill-building. Interpersonal skill-building must include helping youth develop permanent connections with peers, family and other adults.
- 9) Programs must also provide pregnant and parenting youth with life skills training in adequate supervision, parenting skills, family budgeting, health and nutrition, child care for dependent children, family planning, and pregnancy prevention.
- 10) Programs must provide youth with educational opportunities, such as GED preparation, post-secondary training, or vocational education. Services for secondary education must be coordinated with the youth’s McKinney-Vento Homeless Assistance Act of 1987 (as amended).
- 11) Programs must develop and implement a job readiness plan with each youth that includes steps to obtaining and keeping a job, resume writing, interviewing skills, and appropriate professional work attire.
- 12) Programs must collaborate with each youth to develop individual goals designed to help youth transition from supervised participation in the program to independent living or another safe and appropriate living arrangement.
- 13) Programs must develop and implement a discharge plan that includes providing follow-up support and/or additional services to each youth at least 3 months, 6 months, and 1 year after they leave the program.
- 14) The organization must have a supervisory structure that provides for adequate on-site supervision for both staff and youth in residential and non-residential services. On-site supervision is not required in host family homes.

#### **4. Programming**

Each funded program will provide the following in addition to the preceding services.

- A. Intake - Intake should be completed within 24 hours of accepting the client into the program. Often this will be completed in conjunction with the emergency safety assessment. Intake should include, at a minimum, the following information, documents and/or processes:
  1. Enrollment - The provider must collect demographic information, emergency contact information, referral date, source and reason, education and employment status, information regarding special population status (pregnant, parenting, LGBTQ, Disability etc.) and information on other current and/or prior services.
  2. Client’s Rights - The provider must inform the youth of his/her rights that are protected by state and federal law. The agency assures that the youth’s rights are:
    - a. presented to the youth in writing;
    - b. communicated to the youth in a language that he/she understands;
    - c. signed by the youth, his/her parent or guardian (when applicable) and caseworker; and
    - d. kept on file at the provider agency.
  3. Informed Consent - The provider must confirm that the youth consents to services. This document must:
    - a. be presented to the youth in writing;
    - b. include the types of services to be provided;
    - c. be communicated to the youth in a language that he/she understands;

- d. be signed by the youth, his/her parent or guardian (when applicable) and caseworker; and
      - e. be kept on file at the provider agency.
    4. Rules of the Home – For youth participating in ES or TLP programming, the provider must inform the youth of the rules of the home, including the consequences for breaking them. These rules must be:
      - a. provided to the youth in writing;
      - b. communicated in a language that he/she understands;
      - c. signed by the youth; and
      - d. kept on file at the provider agency.
- B. Comprehensive Assessment
  1. Within 30 days of accepting a client into the program, the provider must conduct a comprehensive assessment of the client's needs, using an individualized assessment process, as prescribed by the Department.
  2. Within 30 days of determining that a youth is pregnant or parenting, he or she must have an additional assessment, as prescribed by the Department.
  3. Additional assessments should be conducted as necessary. These would include, but are not limited to Substance Abuse; Mental Health; Educational; Trauma etc. These can be completed by referral.
- C. Case Planning - Within 45 days of enrollment into the program, and after completing the comprehensive assessment, the provider agency must develop an individualized case plan with the youth, as follows:
  1. The provider must convene a case planning meeting which must include, at a minimum, the youth and provider staff. The youth's support (e.g., friends, family, guardian, other service providers, and/or clergy) are encouraged to participate, when possible and appropriate.
  2. The case plan must include clearly stated goals and measurable objectives, in language that the youth can understand.
  3. The goals should relate directly to the needs identified by the youth's comprehensive assessment and should be aimed toward positive discharge of the youth from the program.
    - This will also include any needs resulting from additional assessments conducted and may include items from the emergency/safety plan that are yet to be completed.
  4. The case plan must include the frequency and manner of interaction between the youth and his/her case worker, as appropriate to the achievement of his/her goals.
  5. The case plan must be signed by the youth, provider staff, and any other service provider who was present at the meeting, indicating that they agree to and support the plan. Other individuals who attend the meeting are encouraged to sign, when appropriate.
  6. The provider agency must keep the original case plan on file, and provide a copy to the youth.
  7. The case plan must be monitored as described in Section F, Case Monitoring and Tracking, below.
- D. Required Services. All providers must provide or subcontract for the following services, in a manner that is culturally sensitive and developmentally appropriate, indicated through the assessment of the client's needs and appropriate to implementation of the case plan. Available services shall include, but not be limited to:
  1. Housing
  2. Food - The provider will insure that the youth has access to sufficient food to meet his/her physical needs
  3. Needed goods - The provider will assure that the youth has access to needed goods, including, but not limited to, clothing, shoes, food and personal hygiene products
  4. Benefits - The provider will assist youth in obtaining and maintaining available entitlements supports and services (e.g., SSI, SSDI, WIC, TANF, subsidized housing).
  5. Educational services - The provider will assure that the youth has access to an educational program promoting achievement of a GED or high school diploma.
  6. Life skills/independent living skills - Life skills or independent living skills training that promote the youth's self-sufficiency and address the needs of special populations.

7. Employment and/or vocational training - The provider will assure that the youth has access to an employment/vocational program promoting achievement of career or vocational goals.
  8. Social skills training - The provider will promote the development of interpersonal skills in the youth through positive modeling and/or access to formal training or involvement in group activities.
  9. Prevention services - Any of a variety of support services designed to improve the health and well-being of the youth and to enhance his/her chances of achieving or maintaining self-sufficiency and a healthy lifestyle.
  10. Transportation - May include the purchase of tickets and/or passes for airplanes, buses or trains; taxi or car fare; or provision of transportation for a youth by a driver approved by the provider agency.
  11. Individual counseling - Problem-solving, guidance and consultation with the youth around the case plan and/or his/her immediate concerns
  12. Special population needs - Services to address the needs of youth with special needs, such as those who are pregnant and/or parenting, including fathers; LGBTQ (lesbian, gay, bi-sexual, transgender, questioning); delinquent; developmentally disabled.
- E. Additional Services - The provider may provide onsite, refer and/or link the youth to community-based resources for the following services, in a manner that is culturally sensitive and developmentally appropriate, as indicated through the assessment of needs and appropriate to implementation of the case plan:
1. Substance abuse services
  2. Legal services
  3. Mental health services
  4. Individual therapy
  5. Physical health services
  6. Dental services
- F. Case Monitoring/Tracking - Providers must monitor and track the youth's progress toward achievement of his/her goals as established in the case plan.
1. Providers must document the youth's progress toward achievement of his/her stated goals, entering case notes into his/her file that are clearly related to the case plan.
  2. The case plan in its entirety must be reviewed with the youth every 90 days, at a minimum, and updated as necessary. Updating will include the development of new goals and objectives that reflect the youth's progress and current status.
- G. Discharge/Case Closure - When possible, prior to leaving the program, the provider will meet with the youth and others, as appropriate, to discuss the youth's impending discharge.
1. The provider will document the circumstances of and reason(s) for the youth's discharge from the program.
  2. The provider will meet with the youth to develop a discharge plan which includes, at a minimum, a summary of services received, activities currently in place, and services that will be available to him/her through the provider and other community agencies for a minimum of 30 days. The plan will also include recommendations for follow-up.
  3. The provider will collect data necessary to track program and youth progress and outcomes. At a minimum this will include: Discharge date and reason, education and employment status, information regarding special population status for example if youth was pregnant, did she receive pre-natal care. Information will also be collected on case plan progress and additional items deemed necessary by the Department.
- H. Follow-up Services - Three months after the case is closed, the provider must have documented attempt(s) to contact the youth to assure that the situation continues to be stable. If necessary, the case will be re-opened to provide additional needed services.

## 5. **Administration**

Each provider is required to adhere to the following:

- A. Agency Licensure - Agencies that provide housing for youth under the age of 18 must be licensed by DCFS. The type of license that is appropriate for any given program (for example, child welfare,

aggregate living, etc.) will be determined by DCFS. Please refer to Title 89, Chapter II, Subchapter d, Part 37 Facilities and programs exempt from licensure AND subchapter e, Part 410 Licensing standards for youth emergency shelters.

B. Staffing

1. Ratio - The youth-to-staff ratio varies based on the type and intensity of services being provided, as follows:

- a) Group housing - The youth-to-staff ratio in licensed programs that provide housing for youth under the age of 18 will be determined by the DCFS license. In cases where licensing does not apply, the program shall maintain a ratio of staff to youth that is sufficient to ensure adequate supervision and treatment, as determined by the Department.
- b) Scattered site housing - The youth-to-staff ratio for case management of youth in scattered site living must be no more than 25 to 1.
- c) Outreach events/activities - For safety purposes, two staff persons or one staff person and one trained volunteer, at a minimum, must be present at every outreach event/activity.

C. Qualifications - Staff qualifications will vary based on the services being provided, as follows:

1) Housing - Staff qualifications in licensed programs that provide housing for youth under the age of 18 will be determined by the DCFS license. In cases where licensing does not apply, staff qualifications are as follows:

- a) Direct service - At least 21 years of age with a minimum of a high school diploma or GED plus experience; bachelors degree is preferred.
- b) Case managers - At least 21 years of age with a minimum of a bachelors degree in a related field plus experience; masters degree plus experience preferred.
- c) Supervisor - At least 25 years of age with a minimum of a bachelors degree plus experience; masters degree plus experience is preferred.
- d) Administrator - At least 25 years of age with a minimum of a masters degree plus experience.

2) Outreach

- a) Direct service - At least 18 years of age with a minimum of a high school diploma or GED plus experience (prior work experience and/or life experience); bachelors or masters degree plus experience is preferred.
- b) Supervisor/Administrator - At least 25 years of age with a minimum of bachelors degree plus experience; masters degree plus experience is preferred.
- c) Training and Continuing Education - Ongoing training and education is essential for the professional growth of the staff and assurance of high quality care for youth. At a minimum, each staff person must complete 15 hours of training every two years. This training must include:

- First aid/CPR certification
- Agency/program policies and procedures
- Youth and adolescent development
- Child Care Act of 1969 (225 ILCS 10) and mandated reporting
- Crisis intervention

D. Training - The organization must have a staff training program that includes ongoing training on the following topics: risk reductions; aftercare; homelessness and poverty; case management/planning; case documentation; safety protocols; ethics and boundaries; harm reduction; crisis intervention; trauma informed care; positive youth development; basic counseling skills; healthy sexual behavior; gay, lesbian, bisexual, and transgender issues; cultural awareness and sensitivity; mental health awareness; alcohol, drug and chemical dependency awareness; bullying and harassment; and sexual exploitation and prostitution.

E. Safety Protocol - Grantees must have policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and notional origin. Grantees must have procedures established to monitor claims, address them seriously, and document their corrective action(s) so all participants are assured that programs are safe, inclusive, and non-stigmatizing by design and in operation.

- F. Supervision - Providers must ensure that there is sufficient supervision to provide for the safety and oversight of outreach workers.
- G. Reporting of Unusual Incidents  
The agency must notify appropriate Department staff in writing of any of the following incidents involving youth enrolled in the program, within 24 business hours of the incident:
- Serious threat or violence to self or others
  - Death
  - Suicide/suicide attempt
  - Violence between youth and staff that results in injury
  - Allegation of abuse or neglect reported to the State's Central Registry (DCFS)
- H. A confidential record keeping system, which includes a central standardized file on all clients will be developed, maintained and kept in a locked file cabinet. Files on each client shall include the intake/assessment, legal documents, care plan, agreements for care, and case notes reflective of the ongoing care and services to the youth.
- I. Policy and Procedure Manual - each agency will develop/maintain a written local policy and procedure manual that contains at a minimum, the policies/procedures for the following:
1. Emergency procedures for:
    - a. transportation - bad weather practices, accident procedures, driver requirements
    - b. serious illness/medical emergencies
    - c. assessing medical care for youth in agency placement
    - d. taking necessary precautions to guard against contagious and communicable diseases
  2. Maintenance of personnel files for all staff, including volunteers and interns
  3. Monitoring of staff who serve as child transporters for possession of a valid Illinois driver's license, good driving record documented by Secretary of State Transcript, current proof of insurance and a current background check on file.
  4. Maintenance of client confidentiality-both on paper and in computer.
  5. Non-traditional (off-site and after hours) usage of the Department's e-Cornerstone system.
  6. Notifying the local CCBYS agency about any youth who is a minor away from home, who has run away, or whose parents will not allow him/her to return home.
  7. All staff who administers the Ansell-Casey assessment must participate in the required DHS sponsored Ansell-Casey training in advance of administering the assessment. This training will be offered multiple times per year. Any exception to this must be pre-approved by the Department.
  8. Methods for assuring that staff are trained and updated on local policies.
  9. Maintenance of a central record for reporting unusual incidents that includes documentation of contact with DHS at a minimum and DCFS (as appropriate to the nature of the incident).
  10. Agency plan for outreach to local social service provider community to educate them about Homeless Youth and facilitate referrals (minimally with schools). Agency maintains documentation that outreach activities occur at least annually.
  11. Handling DCFS wards who are not program eligible.
  12. A policy for determining how and where outreach activities will be offered. Policy should include how data is used to support decisions, as well as information from other community entities or agencies such as law enforcement, faith-based organizations, etc. Agency has a methodology to determine "where youth are known to congregate."
  13. Availability of staff on a 24/7 basis.
  14. A policy addressing the review and updating of the Policy and Procedure Manual including the frequency with which it is done.
- J. The Provider agrees to send a minimum of one staff representative to attend mandated regional and/or statewide meetings sponsored by the Department. The Provider should budget for 2 meetings per year. Efforts will be made to schedule meetings in locations to ensure one-way travel time does not exceed 3 hours.
- K. Client Reporting: The Provider agrees to use the Department's eCornerstone system to fully document the provision of services to each client. This will be enrolling all youth served in the program,

capturing demographic and risk factor data; capturing education, employment, living and other status information; assessment information, case planning information; service delivery; termination and follow up information.

1. Clients will be enrolled in eCornerstone within 24 hours of initial contact.
  2. A Casey Assessment must be conducted within 30 days of enrollment.
  3. A case plan will be developed within 45 days of enrolment.
  4. Additional assessments will be recorded in eCornerstone upon completion.
  5. Casey Assessment(s) must be conducted upon discharge from program and recorded in e-Cornerstone.
  6. The client's eCornerstone enrollment must be terminated within 72 hours of exiting the program
- L. Client Records: A current hard copy record shall be maintained for each youth receiving services. Records for each child shall include, but not be limited to supporting documentation for the following:
1. Initial assessment
  2. Intake information
  3. Ansell-Casey Assessment including subsequent timely Assessments.
  4. Signed and dated client case plan with any subsequent revisions, updates, etc. and documentation that copy of case plan was provided to youth.
  5. Other legal documents, and agreements for care, as appropriate, and case notes reflective of the ongoing care and treatment of the child.

## **6. HY- Performance Measures**

The expected outcomes are as follows:

- A. Percent of proposed/funded service slots available.
- B. Percent of youth with a completed Safety Assessment.
- C. Percent of youth with an Emergency Care Plan implemented.
- D. Percent of youth with a completed Ansell Casey Assessment.
- E. Percent of youth with a Case Management Plan developed.
- F. Percent of youth with a Case Management Plan Implemented.
- G. Percent of Case Management Plans that include strategies to encourage employment and/or education (High School, GED, Vocational etc.)
- H. Percent of Case Management Plans that include the strategies to increase life skills.
- I. Percent of Emergency Shelter and Transitional Living Youth who exited the program to stable housing
- J. Percent of Transitional Living Youth who exited the program employed and/or enrolled in educational program
- K. Percent of pregnant youth that received prenatal care
- L. Percent of parenting Transitional Living Youth that receive parenting skills education
- M. Percent of eligible youth acquiring with one or more new mainstream benefits (SSI, Medicaid, TANF, SNAP, WIC)

## **7. HY- Performance Standards**

- A. 100 Percent of proposed/funded service slots were available at any given time throughout the year. (Minimum 4 ES/IH; 4 TL; and 4 OR = Minimum 12 total slots required)
- B. 80 Percent of youth will have a completed Safety Assessment.
- C. 95 Percent of youth with a completed safety assessment that required immediate attention will have an Emergency Care Plan implemented.
- D. 70 Percent of youth will have a completed Casey Assessment. (Excludes Outreach Brief Contacts.)
- E. 90 Percent of youth with a completed Casey Assessment will have a Case Management Plan developed.
- F. 90 Percent of youth will have a Case Management Plan Implemented. (Considers only youth with a case plan developed. Considers those with the case plan 50% or more completed upon exit)

- G. 90 Percent of Case Management Plans will include strategies to encourage employment and/or education (High School, GED, Vocational etc.)
- H. 90 Percent of Case Management Plans will include the strategies to increase life skills.
- I. 70 Percent of Emergency Shelter and 80% of Transitional Living Youth will exit the program to stable housing.
- J. 80 Percent of Transitional Living Youth will exit the program employed and/or enrolled in educational program.
- K. 95 Percent of pregnant youth will receive prenatal care.
- L. 95 Percent of parenting Transitional Living Youth will receive parenting skills education.
- M. 65 Percent of eligible youth will acquire one or more new mainstream benefits (SSI, Medicaid, TANF, SNAP, WIC).

## **B. Funding Information**

1. This is a competitive funding opportunity.
2. **The release of this NOFO does not obligate the Illinois Department of Human Services to make an award.**
3. The Department anticipates funding approximately 2-3 applicants to provide the HY program.
4. This award may be a mixture of State General Revenue funds and Other State funds (Housing Authority Trust Fund). This grant will NOT require a match.
5. **Subject to appropriation, the grant period will begin no sooner than the grant start date and will continue through June 30, 2020.**
6. The grant start date is estimated to be **November 22, 2019**.
7. The successful applicants under this funding notice may be eligible to receive up to two (2) subsequent one-year grant awards for this program.
8. In FY2020 the Department anticipates the availability of approximately **\$650,000** in funding available for grants under this Competitive Funding Notice.
9. Proposed project budgets and narratives must be sufficiently detailed and justified to be approved by DHS. Successful applicants will NOT receive a grant agreement until after their budget has been approved through the CSA system. Refer to **Appendix 8** for additional instructions for registering and completing budgets in the CSA system.
10. Subcontractor Agreement(s) and budgets must be pre-approved by the Department and on file with the Department. Subcontractors are subject to all provisions of this Agreement. The successful Applicant Agency shall retain sole responsibility for the performance of the subcontractor. Subcontractor budgets are not entered in CSA, forms can be found via link listed in **Appendix 8**.
11. Pre-Award costs will be allowed under the following conditions: 1.) the applicant must have received and accepted the Notice of State award (NOSA) AND, 2.) Submitted any and all requested program plan and budget revisions per the NOSA; AND 3.) May NOT incur pre-award costs prior to the release of this funding notice, **September 25<sup>th</sup>, 2019**, AND, 4.) All Pre-Award costs must be accounted for separately in the Proposed Budget.
12. All funding is subject to sufficient appropriations.

## **C. Eligibility Information & Grant Funding Requirements**

### **1. Eligible Applicants**

This competitive Funding Notice is the 3<sup>rd</sup> Notice issued for this Homeless Youth program for implementation in FY2020. Successful applicants under the 1<sup>st</sup> and 2<sup>nd</sup> announcement (20-444-80-0711-01) and (20-444-80-0711-02) are NOT eligible to apply under this Notice. Please refer to **Appendix #11** for a list of successful applicants under the first Homeless Youth Funding Notice (20-444-80-0711-01) and (20-444-80-0711-02).

Further, this competitive funding opportunity is limited to those public or private, not-for-profit community-based agencies who meet all of the Pre-Qualification and Mandatory Requirements described in this section. Failure to provide the requested information as outlined in this NOFO to demonstrate

these criteria are met will result in the application being removed from funding consideration. *Note: It is NOT necessary for applicants to have previously held a Homeless Youth grant funded by DHS to be eligible.*

## 2. **Pre-Qualification**

Applicant entities will not be eligible to apply for a grant award until they have pre-qualified through the Grant Accountability and Transparency Act (GATA) Grantee Portal, [www.grants.illinois.gov](http://www.grants.illinois.gov) Grantee Links tab. Registration and pre-qualification are required annually. During pre-qualification, verifications are performed including a check of federal Debarred and Suspended status on the Illinois Stop Payment List and good standing with the Secretary of State. An automated email notification is sent to the entity alerting them of “qualified” status or providing information about how to remediate a negative verification (e.g., inactive DUNS, not in good standing with the Secretary of State). A federal Debarred and Suspended status cannot be remediated. Applicants must be pre-qualified, therefore, applications from entities that have not completed the GATA pre-qualification process prior to the due date of this application will NOT be reviewed and will NOT be considered for funding. **A statement indicating the applicant has completed Pre-Qualification steps and is currently Pre-Qualified will be required with the application.** (A screenshot indicating the applicant has completed Pre-Qualification steps and is currently Pre-Qualified will also be accepted).

The Provider’s proposed budget must be entered into the CSA system. The completed budget must be electronically signed and submitted in the CSA system, and a printed copy of the signed and submitted budget must be included with the application. To do this, the following is required: at a minimum, the applicant agency’s Chief Executive Officer (CEO) or equivalent, or the Chief Financial Officer (CFO) or equivalent must be registered in the CSA system to electronically sign the required budget documents prior to submission. Budgets not submitted as described here and by the due date and time will **not** be considered.

For more information about submitting a budget in the CSA system, refer to **Appendix 8** and also see: [http://www.dhs.state.il.us/OneNetLibrary/27896/documents/Contracts/FY18-GATA-Budgets/DHSBudgetTrainingManual\\_Revision\\_3\\_28\\_18.pdf](http://www.dhs.state.il.us/OneNetLibrary/27896/documents/Contracts/FY18-GATA-Budgets/DHSBudgetTrainingManual_Revision_3_28_18.pdf).

## 3. **Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM)**

Each applicant is required to:

- a) Be registered in SAM before submitting the application. The following link provides a connection for SAM registration: <https://www.sam.gov/SAM/>;
- b) provide a valid DUNS number in its application; and
- c) continue to maintain an active SAM registration with current information at all times in which the applicant has an active Federal, Federal pass-through or State award or an application or plan under consideration by a Federal or State awarding agency.

DHS may not make a Federal pass-through or State award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time DHS is ready to make the award, DHS may determine that the applicant is not qualified to receive the award and use that determination as a basis for making the award to another applicant.

## 4. **Unique entity identifier and System for Award Management (SAM)**

Each applicant is required to: (i) Be registered in SAM before submitting its application; (ii) provide a valid unique entity identifier in its application; and (iii) continue to maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by the Department.

The Department may not make an award to an applicant until the applicant has complied with all

applicable unique entity identifier and SAM requirements and, if an applicant has not fully complied with the requirements by the time the Department is ready to make an award, the Department may determine that the applicant is not qualified to receive an award and use that determination as a basis for making an award to another applicant. Please refer to *Section C. Eligibility Information & Grant Funding Requirements* for additional information and detail regarding SAM.

#### 5. **Pre-Award Requirements**

The pre-award process includes a financial and administrative risk assessment utilizing an Internal Controls Questionnaire (ICQ) and a Programmatic Risk Assessment (PRA). The PRA must be completed for each separate grant for which an applicant intends to apply. The Department may NOT issue a Notice of Award or a Grant Agreement to any applicant that does not have a submitted and approved FY20 ICQ and a submitted and complete FY20 PRA for the Homeless Youth program. While these are NOT required prior to submitting the application, they are required prior to the Department issuing an award.

Applicants that have not completed an FY20 ICQ and/or an FY20 PRA at the time of application will be contacted by the Department to complete these Pre-Award requirements.

These grantee pre-award requirements are mandated by Federal Uniform Guidance (2 CFR 200) and the Grant Accountability and Transparency Act (GATA). Grantees must complete these requirements prior to receiving a grant award from the State of Illinois.

#### 6. **Mandatory Requirements of Applicant**

The Mandatory Requirements are essential items that must be met by the Applicant. If any Mandatory Requirement is not met, the responding Applicant's entire proposal will not be considered. If all responding applicants fail to meet a particular mandatory requirement, that mandatory requirement may, at the sole discretion of the State, be removed from the Mandatory Requirements so the evaluation process may continue. However, this does not obligate DHS to make an award to any applicant that fails to meet all mandatory requirements.

- A. Agency Licensure - Successful applicants must hold all necessary licenses for the program model proposed. Agencies that provide housing for youth under the age of 18 must be licensed by DCFS. The type of license that is appropriate for any given program (for example, child welfare, aggregate living, etc.) will be determined by DCFS. Please refer to Title 89, Chapter II, Subchapter d, Part 37 Facilities and programs exempt from licensure AND subchapter e, Part 410 Licensing standards for youth emergency shelters. A copy of your agency's appropriate License must be included in **Attachment A9**.
- B. If a HY grantee subcontracts for housing services, the subcontractor, like the grantee, must also hold a valid license issued by the Department of Children and Family Services. A copy of the appropriate License(s) is to also be included in **Attachment A9**.
- C. Providers agree to remain in compliance with the licensing requirements of the Child Care Act of 1969, as amended, including all applicable rules promulgated by the Department of Children and Family Services pursuant to the Child Care Act with any and all other applicable standards prescribed by State or Federal law or regulations.
- D. **The selected provider must be in a position to begin providing services within 3 months following the contract start date.**
- E. **Technology:** Agencies awarded funds through this funding notice must have a computer that meets the following minimum specifications for the purpose of utilizing the required DHS eCornerstone web-based reporting system and the receipt/submission of electronic program and fiscal information:
  - Internet access, preferably high-speed
  - Email capability
  - Microsoft Excel
  - Microsoft Word
  - Adobe Reader

- F. **State and Federal Laws and Regulations:** The agency awarded funds through this NOFO must agree to comply with all applicable provisions of state and federal laws and regulations pertaining to nondiscrimination, sexual harassment and equal employment opportunity including, but not limited to: The Illinois Human Rights Act (775 ILCS 5/1-101 *et seq.*), The Public Works Employment Discrimination Act (775 ILCS 10/1 *et seq.*), The United States Civil Rights Act of 1964 (as amended) (42 USC 2000a-and 2000H-6), Section 504 of the Rehabilitation Act of 1973 (29 USC 794), The Americans with Disabilities Act of 1990 (42 USC 12101 *et seq.*), and The Age Discrimination Act (42 USC 6101 *et seq.*).

7. **Cost Sharing or Match Requirements**

Providers are NOT required to provide in-kind and/or financial match

8. **Grant funds – Use Requirements**

All applicants will use grant funds according to the guidelines, conditions and parameters set forth in this funding notice and in compliance with federal statutes, regulations and the terms and conditions of any applicable federal awards.

Please refer to 2 CFR 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, PART 200 Subpart E - Cost Principles to determine the appropriateness of costs.

A. **Allowable costs:**

Allowable costs are those that are necessary and reasonable based on the activity(ies) contained in the Scope of Work, are justified in the Budget Narrative, and are allowable under Subpart E of 2 CFR 200. Funding allocated under these grants is intended to provide direct services to youth. It is expected that administrative costs, both direct and indirect, will represent a small portion of the overall program budget. Any budget deemed to include inappropriate or excessive administrative costs will not be approved. Program budgets and narratives must detail how all proposed expenditures are necessary for program implementation.

B. **Unallowable costs**

Please refer to 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, PART 200 Subpart E – Cost Principles to determine the appropriateness of costs. In addition, and specific to this grant, the following costs will be unallowable without specific prior written approval from DHS:

1. Entertainment costs, except where specific costs that might otherwise be considered entertainment have a programmatic purpose and are authorized in the approved budget (2 CFR 200.438)
2. Capital expenditures for general purpose equipment, including any vehicle regardless of cost, buildings, and land (2 CFR 200.439)
3. Capital expenditures for improvements to land, buildings, or equipment which materially increase their value or useful life (2 CFR 200.439)
4. Food, and other goods or services for personal use of the grantee's employees, contractors, or consultants of the grantee unless authorized as per diem under the State of Illinois Governor's Travel Control Board (2 CFR 200.445).
5. Deposits for items, services, or space

- C. **Limitation of Use of Award funds for Employee Compensation:** With respect to any award over \$250,000, recipients may not use federal funds to pay total cash compensation to any employee that exceeds 110% of the maximum annual salary payable to a member of the Federal Government's Senior Executive Service (SES) at an agency with a Certified SES Performance Appraisal System for that year. A salary table is available at the U.S. Office of Personnel

Management website <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2017/ES.pdf>

**D. Indirect cost requirements**

In order to charge indirect costs to this grant, the applicant organization must have a Federal or State annually negotiated indirect cost rate agreement (NICRA) or must elect to use the De Minimis Rate.

**Every organization that receives an FY2020 state award must make an indirect cost rate proposal or election in the Crowe Activity Review System (CARS), including organizations that are choosing not to claim payment for indirect costs.**

CARS URL: <https://solutions.crowehorwath.com/CARS/StateofIllinoisGOMB/Login.aspx>

Indirect Cost Rate Election:

1. **Federally Negotiated Rate.** Organizations that receive direct federal funding may have an indirect cost rate that was negotiated with the Federal Cognizant Agency. Illinois will accept the federally negotiated rate. The organization must provide a copy of the federal NICRA as **Attachment 11**.
2. **State Negotiated Rate.** The organization must negotiate an indirect cost rate with the State of Illinois by completing an indirect cost rate proposal in the CARS system if they do not have Federally Negotiated Rate or elect to use the De Minimis Rate.
3. **De Minimis Rate.** An organization that has never received a Federal or State Negotiated Rate may elect a de Minimis rate of 10% of **modified total direct cost (MTDC)**. Once established, the de Minimis rate may be used indefinitely. The State of Illinois must verify the calculation of the MTDC annually in order to accept the de Minimis rate. If programs elect to use the De Minimis rate, it is **critical** that program budgets accurately calculate the MTDC base. Please see the regulation below and note the exclusions to MTDC.

***2 CFR § 200.68 Modified Total Direct Cost (MTDC).***

*MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and subawards and subcontracts up to the first \$25,000 of each subaward or subcontract (regardless of the period of performance of the subawards and subcontracts under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward and subcontract in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.*

- E. **"No Rate"**: Grantees have discretion not to claim payment for indirect costs. Grantees that elect not to claim indirect costs cannot be reimbursed for indirect costs. The organization must record an election of "No Indirect Costs" into CARS.

**Crowe Activity Review System (CARS).**

CARS will allow your organization to document your already established federally approved indirect cost rate, complete an indirect cost rate proposal (see State Negotiated Rate above), elect to charge the De Minimis rate (10%) of modified total direct costs (MTDC), or select that no reimbursement of indirect costs will be requested. Submission requirements are located on page 2 of the Uniform Budget Template as well as 2 CFR 200 Appendices IV, V & VII.

1. Organizations which have not previously made an indirect cost rate election must submit

an election (and indirect cost rate proposal, if necessary) immediately and no later than 3 months after receiving an award notification or invitation to the CARS system.

2. Organizations that have previously established an indirect cost rate election must submit a new indirect cost rate election immediately and no later than 6 months after the close of their organization's fiscal year.
3. Every organization must make an indirect cost rate election in CARS even if the organization is choosing De Minimis Rate or "no rate". Organizations that do not make an election or submission inside the CARS system within the required timeframes will not be allowed to claim indirect cost reimbursement.
4. For more information, see <https://www.illinois.gov/sites/GATA/Pages/default.aspx>.

**F. Administrative costs**

It is expected that administrative costs, both direct and indirect, will represent a small portion of the overall program budget. Program budgets and narratives will detail how all proposed expenditures are directly necessary for program implementation and will distinguish between Indirect/Direct Administrative and Direct Program expenses. Any budget deemed to include inappropriate or excessive administrative costs will not be approved. *At no time may the approved NICRA be exceeded under this agreement. Documentation will be required to verify the approved NICRA.*

**G. Simplified Acquisition Threshold**

Potential grantees under this funding announcement may receive an award in excess of the Simplified Acquisition Threshold, currently \$250,000 (Refer to 2CFR200 Section 200.88). Therefore, the grantee must be aware of the following regarding the Simplified Acquisition Threshold as it will be applicable to any qualifying sub award:

- That the grantee agency, prior to making a sub-award with a total amount of funds greater than the simplified acquisition threshold, is required to review and consider any information about the applicant that is in the designated integrity and performance system accessible through SAM (currently FAPIIS) (see 41 U.S.C. 2313);
- That an applicant, at its option, may review information in the designated integrity and performance systems accessible through SAM and comment on any information about itself that the awarding agency previously entered and is currently in the designated integrity and performance system accessible through SAM;
- That the awarding agency will consider any comments by the applicant, in addition to the other information in the designated integrity and performance system, in making a judgment about the applicant's integrity, business ethics, and record of performance under awards when completing the review of risk posed by applicants as described in §200.205 awarding agency review of risk posed by applicants.

**9. Additional Requirements**

- A. Applicants must commit to becoming trauma-informed as recognized through the CBAT-O Assessment tool. Applicants must be trauma-informed and demonstrate an ongoing commitment to developing/maintaining trauma informed capacity within the organization. Applicants are expected to achieve this status by on or before 6/30/2020. Training and technical assistance will be made available to successful applicants to achieve/maintain this status.
- B. Applicants agree to provide Homeless Youth services as describe in **Section B. Required Services.**
- C. Collaboration with local Family and Community Resource Centers (FCRCs): Providers will maintain a collaborative working relationship with the local DHS FCRCs. This will include outreach to FCRCs to develop awareness of the Homeless Youth program, recruit potential participants, and regularly participating in local FCRCs' service provider meetings as requested. Additionally, Providers are required to communicate agency job openings to the local FCRCs. This is not a requirement to hire, simply to share vacancy announcements.

- D. Program Evaluation Reporting Requirements: Providers will be required to participate in evaluation efforts as directed by the Department and/or its subcontractor(s) and collect and report data accordingly. All Providers are required to utilize the Department's eCornerstone web-based reporting system for all youth served. Providers will be required to report quarterly regarding program performance measures and outcomes. Providers will be required to participate in a Department directed Performance and Standards Assessment review. A year-end program and performance measures and outcomes report will also be required. Additional data and information may be requested throughout the year as determined by the Department
- E. Training and Technical Assistance: Programs must agree to receive consultation technical assistance from authorized representatives of the Department. The program and collaborating partners will be required to be in attendance at site visits. Programs will be required to attend regular meetings and training as provided by the Department or a subcontractor of the Department and should budget accordingly.
- F. Sectarian Issue: Provider organizations may not expend federal or state funds for sectarian instruction, worship, prayer or to proselytize. If the Provider organization is a faith-based or a religious organization that offers such activities, these activities shall be voluntary for the individuals receiving services and offered separately from the program.
- G. Background Checks: Background checks are required for **all program staff and volunteers** who have the potential for contact with youth under 18. These background checks must be completed in advance of individuals working directly with youth. Such individuals will authorize such checks in writing and submit to fingerprinting when required. The agency shall retain the signed form authorizing the background check. All background check information, including the signed authorizing forms shall be maintained separately in a confidential file, apart from the employee's personnel records. Funded programs will be required to have a written protocol in place detailing the requirement for background checks; evidence of their completion; the protocol for reviewing and making determinations regarding results; etc. In no case shall a Person who has been indicated as the perpetrator of any of the child abuse/neglect allegations identified in 89 Ill. Adm. Code Section 385.50(a) be deemed fit for service that allows access to children.
- H. Child Abuse/Neglect Reporting Mandate: Per the Abused and Neglected Child Reporting Act (ANCRA, 325 ILCS 5/4), mandated reporters are professionals who may work with children in the course of their professional duties. Mandated reporters are required to report suspected child maltreatment immediately when they have "reasonable cause to believe that a child known to them in their professional or official capacity may be an abused or neglected child" (ANCRA Sec.4). This is done by calling the Illinois Department of Children and Family Services (DCFS) Hotline at 1-800-252-2873 or 1-800-25ABUSE. Programs funded through this grant opportunity must review ANCRA and, where appropriate, have a written protocol for identifying and reporting suspected child maltreatment.
- I. 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 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 areas of education and work experience.

#### 10. **Other Requirements:**

The Applicant Agency must demonstrate a thorough knowledge and understanding of the DHS funded Comprehensive Community Based Youth Services Program (CCBYS) network of providers and services as the HY program is directly connected to these programs and services.

#### **D. Application and Submission Information**

##### **1. Address to Request Application Package.**

Application materials are provided throughout this announcement. Appendices will be made available in user/printer friendly format and may be found on the Illinois Department of Human Services web site at [this link](#). Additional copies may be obtained by contacting the contact person listed below.

Each applicant must have access to the internet. The Department's web site will contain information regarding the NOFO and materials necessary for submission. Questions and answers will also be posted on the Department's website as described later in this announcement. It is the responsibility of each applicant to monitor that web site and comply with any instructions or requirements relating to the NOFO.

**Contact Person**

Julie Stremlau, Program Administrator  
IDHS, Division of Family & Community Services  
Bureau of Youth Intervention Services  
823 East Monroe  
Springfield, Illinois 62701  
[DHS.YouthServicesInfo@illinois.gov](mailto:DHS.YouthServicesInfo@illinois.gov)  
Phone: 217-557-2943

**2. Content and Form of Application Submission.**

**Proposal Narrative Content**

Applicants must submit a plan that contains the information outlined below. Each section must have a heading that corresponds to the headings in bold type 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 set for each section and must be in the order requested.

**Priority Target Population.** Applicants that are able to demonstrate a high need in their service area for homeless services targeting the LGBTQ+ youth population may be eligible to receive up to an additional 15 priority points toward their overall application review score. Priority points will be awarded to applications that serve 50% to 100% of youth from this high-risk target population. To receive priority points, the applicant must do the following as part of their application: 1.) Specifically address this target population throughout each of the application sections below A, B, C, and D. and 2.) Complete Appendix 12 and include it as Attachment 15.

**A. Executive Summary (1 page maximum) – 5 points**

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, applicants 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. Provide a clear understanding how these services will be delivered, the process and how 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.

Indicate each program component identify the following:

- **Outreach:** Capacity to provide basic needs services; Daily capacity for Assessment-based Case Management; annual projected number of youth to receive basic needs services and annual projected number of youth to receive Assessment-based case management services.
- **Emergency Shelter/Interim Housing:** Daily bed capacity for ES/IH; projected annual number of youth to be served in ES/IH program.
- **Transitional Living:** Daily bed capacity for TL; projected annual number of youth to be served in TL program.
- Please complete **Appendix 10, Program Services Summary**, and include as **Attachment A14**.

**B. Capacity - Agency Qualifications/Organizational Capacity (6 pages maximum) 40 points**

The purpose of this section is for the applicant to present an accurate picture of the agency's capacity, qualifications and ability to provide the program as described in this Funding Notice. Information in

this section should include, but not necessarily be limited to, the following:

- 1.) Describe the applicant agency, its history, past experiences and current capacities regarding homeless youth services. Describe the agency's experience providing other services to similar at-risk youth.
- 2.) Data and outcomes should be included as evidence of previous program provision. If this will be a new program, provide data and outcomes from similar programs as evidence. Data provided should include where possible, evidence of the providers recent success with homeless youth in the following outcome areas: Family reunification (minors); exiting to long-term stable housing; increased educational outcomes; increased employment outcomes; any special population outcomes achieved such as pregnant and parenting youth.
- 3.) Provide a description of your agency's existing programs and activities relevant to the services described in this Funding Notice. Please describe how these programs will impact the targeted population.
- 4.) Provide a description of existing linkages and/or referral procedures your agency has to other community resources and services essential to the positive development of youth, including employment providers, advocacy services, education services etc. Include copies of signed, current or expected linkage agreements in **Attachment A6** of your application.
- 5.) For the "**Other Requirements**" above, describe the agency's experience, knowledge and understanding of the DHS funded Comprehensive Community Based Youth Services Program (CCBYS) network and services
- 6.) Provide an organizational chart of the agency that identifies the staff providing Outreach, Emergency Shelter/Interim Housing and Transitional Living. The Organizational Chart is to be included as **Attachment A1**. If subcontractors will be used, include the relationship with those organizations in the chart as well. Include resumes of the agency director, homeless youth director and fiscal manager in **Attachment A2**. Job descriptions for the Homeless Youth Program staff demonstrating required education and experience are to be presented in **Attachment A3**.
- 7.) Describe how the applicant will maintain staff competencies regarding youth issues and service delivery methods such as risk reductions; aftercare; homelessness and poverty; case management/planning; case documentation; safety protocols; ethics and boundaries; harm reduction; crisis intervention; trauma informed care; positive youth development; basic counseling skills; healthy sexual behavior; gay, lesbian, bisexual, and transgender issues; cultural awareness and sensitivity; mental health awareness; alcohol, drug and chemical dependency awareness; bullying and harassment; and sexual exploitation and prostitution.
- 8.) Applicants must provide documentation to support the applicant organization is recognized as a trauma-informed organization as recognized through the CBAT-O Assessment tool in **Attachment A13** and provide a statement of an ongoing commitment to further developing/maintaining trauma informed capacity within the applicant organization; or applicants must provide a statement demonstrating a commitment to develop and maintain trauma informed capacity within the applicant organization. CBAT-O information can be found here: <https://www.icoyouth.org/trauma-informed-care>. Applicants are expected to achieve this status on or before 6/30/2020. *Assessment, training and technical assistance will be made available to successful applicants to achieve/maintain this status.*
- 9.) Include evidence of agency licensure in **Attachment A9** in the event that youth under 18 years of age will be served. Agencies that provide housing for youth under the age of 18 must be licensed by DCFS. The type of license that is appropriate for any given program (for example, child welfare, aggregate living, etc.) will be determined by DCFS. Please refer to Title 89, Chapter II, Subchapter d, Part 37 Facilities and programs exempt from licensure AND subchapter e, Part 410 Licensing standards for youth emergency shelters.
- 10.) Provide staffing ratios to be used by the applicant for each service area: Outreach, Emergency Shelter/Interim and Transitional Living. Describe the physical sites / placements and services for the program and describe how the youth will be separated where necessary. The applicant will have immediate access to physical space in which homeless youth activities will be provided (e.g. existing, new construction).

- 11.) Include as **Attachment A4** the Program Site Information form(s) found in **Appendix 5** of this Funding Notice.
- 12.) Include as **Attachment A5** the Program Placement Options Form(s) found in **Appendix 6 and Appendix 7** of this NOFO.
- 13.) Describe your policy and procedure for conducting background checks for employees and contractors of your organization.
- 14.) Describe the Safety Protocol used by the applicant that details policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and notional origin. Applicants must have procedures established to monitor claims, address them seriously, and document their corrective action(s) so all participants are assured that programs are safe, inclusive, and non-stigmatizing by design and in operation. Further, applicants must ensure sufficient supervision for the safety and oversight of outreach workers. Finally, the applicant must have procedures in place to notify authorities, including the Illinois Department of Human Services of the following incidents involving participants:
  - i. Serious threat or violence to self or others
  - ii. Death
  - iii. Suicide/suicide attempt
  - iv. Violence between youth OR between youth and staff that results in injury
  - v. Allegation of abuse or neglect reported to the State's Central Registry (**DCFS**)
- 15.) Document the applicant's capacity and commitment to use the IDHS eCornerstone system to enroll all participants, capture demographic and risk factors; assessments, record education, employment, living, legal and other status information; and chronicle service delivery, termination and follow-up information.
- 16.) Include as **Attachment A8** the Program Contact Information Forms found in **Appendix 2**.
- 17.) Include Sub-Contractor Contact Information Forms as appropriate as **Attachment A7**. These forms can be found in **Appendix 3 and Appendix 4**. Also include in **Attachment A8** copies of corresponding subcontractor agreements. Note: Subcontractor budgets and narratives will be included in **Attachment A12**.
- 18.) If indirect costs are included in the budget, a copy of the approved NICRA must be included with the Application as **Attachment A11**.
- 19.) Include a copy of the applicant agency's federal form W9 demonstrating 501 (c) (3) status as **Attachment A10** of the application.

**C. Need - Description of Need (2 pages maximum) 10 points**

The purpose of this section is for the applicant to provide a clear and accurate picture of the need for these services. It is necessary for the applicant to demonstrate that it has a thorough knowledge and understanding of the needs in the youth that will be served by this application.

- 1) Identify the proposed service area this application/program will target and serve. Justify the need for these services in this proposed service area.
- 2) Identify the proposed target population based on the needs identified. Describe specific plans to identify, target and serve youth with the highest need youth in your proposed service area.
- 3) Provide additional detail regarding any high-risk special populations of youth to be targeted with this grant. Describe the unique needs of this/these populations of youth and the availability or lack of services for this population in the service area.

**D. Quality - Description of Program Design and Services (6 pages maximum) 40 points**

The purpose of this section is for the applicant to provide a comprehensive, clear and accurate picture of its intended program design. The applicant must demonstrate evidence of linguistic and cultural competence throughout. At a minimum, the proposal must address each of the following components in the order below:

1) **Introduction** (Max 5 Points)

The Introduction will briefly describe the proposed program. It will present the applicant's plans to provide Outreach, Emergency Shelter/Interim Housing and Transitional Living to the homeless youth in the proposed target area.

2) **Methodology** (Max 15 Points)

The Methodology section will describe how the applicant intends to deliver a continuum of Outreach, Emergency Shelter/Interim Housing and Transitional Living services through Intake, Comprehensive Assessment, Case Planning, Case Monitoring/Tracking, Discharge/Case Closure and Follow-up of homeless youth in the target area. The proposed service delivery approach must demonstrate the applicant understands of the importance of providing:

- Positive youth development (PYD) approach
- Trauma-informed care
- Evidence-based and evidence-informed services and interventions
- Strategy for working with schools to address the educational needs of identified homeless youth
- Education, prevention, and access to intervention services for domestic violence, sexual abuse, or exploitation
- Strategies for helping youth build protective factors
- Youth voice in decision making

a) **Intake**

Describe how the applicant will complete intake within 24 hours of accepting a participant into the program. The intake process must be standardized. In the description of the intake process, the applicant must address how it will involve Comprehensive Community-Based Youth Services providers in its target area. Describe the procedures used during the intake process. Intake includes, at a minimum, a Safety Assessment, an Emergency Care/Safety Plan, Enrollment (demographics, history etc.), Client's Rights, Informed Consent and Rules of the Home. Finally, detail methods for conducting intake for homeless youth regardless of shelter arrangements.

b) **Comprehensive Assessment**

Explain how the applicant will conduct comprehensive assessment and identify the tools to be used in this process. Provide details on risk factors included in the assessment (e.g. medical, psychosocial, substance use, mental health, educational, trauma) and protective factors. Describe the life skills assessment to be conducted. Describe how youth will be reassessed to determine progress. Detail methods for conducting comprehensive assessments on homeless youth regardless of shelter arrangements.

c) **Case Planning**

Identify and justify the specific tool that will be used for case planning. Provide details on the process for creating a care plan, identifying appropriate resources and services in the community, facilitating linkages to appropriate services and resources, and monitoring and follow-up. Discuss how the applicant will determine differing levels of participant risk and the type, timing, duration and intensity of services matched to the risk level. Identify the services to be delivered directly by the applicant and indirectly through subcontracts or referrals/linkage agreements. Detail methods to provide case management for homeless youth regardless of shelter arrangements. Briefly describe the intended methods of service delivery. Detail linkages with service providers in the community including police, health care and educational services etc. Include detailed linkage agreements for non-sub-contracted service providers where referrals will be made in Attachment A6.

d) **Case Monitoring/Tracking**

Homeless Youth Providers must monitor and track the youth's progress toward achievement of his/her goals as established in the case plan. Describe the process by which the applicant will continuously monitor progress and modify the care plan based on progress and current status. Describe how the youth will be involved in this process.

e) **Discharge/Case Closure**

Describe the applicant's Discharge/Case Closure process. Discuss method used to develop the discharge plan. Provide a description of the contents of the discharge plan. Identify the full range of resources potentially available to a participant up to 30 days post discharge.

- f) **Follow-up Services**  
Describe the methods to be used by the applicant to contact participants three and six months post discharge.
- 3) **Workplan (Max 15 Points)**  
Describe the activities or steps that will be used to deliver Outreach, Emergency Shelter/Interim House and Transitional Living through Intake, Comprehensive Assessment, Case Planning, Case Management and Tracking, Discharge/Case Closure, and Follow-up. Develop a service timeline for a “typical” homeless youth participant in each of the following four areas: 1) Outreach – Basic Needs services; 2) Emergency Shelter/Interim Housing; 3) Transitional Living and 4) Outreach – Case Management for youth not housed in the program. (Example: youth staying with a friend.) Include each activity and identify the staff person(s) who is responsible for leading and implementing each activity. Identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities.
- 4) **Performance Measures/Standards (Max 5 Points)**  
Please describe how your program design and implementation policies will ensure that the Performance Measures & Standards identified in Section B6 and Section B7 will be met.

E. **Budget Narrative (3 Pages Maximum) 5 points**

In this section of the application narrative, provide a detailed, no more than 3 pages, Budget Narrative of the items allocated within your proposed budget. This will include all funds budget for the program, including match. 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. If sub-contractors are planned, please also describe how these funds will be utilized to implement the program.

In addition to the above narrative, budgets must be submitted electronically in the CSA system (Refer to **Appendix 8** for more information and a link to budget forms). 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 particular 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. The Budget **must be** electronically signed and submitted in the CSA system. The Budget must be signed by the Provider’s Chief Executive Officer and/or Chief Financial Officer. If indirect costs are included in the budget, a copy of the approved NICRA must be included with the Application as **Attachment A11**.

**If the Uniform Grant Budget is not entered, signed and submitted in the CSA system by the application due date and time, zero points will be awarded for the Budget Narrative.**

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

Subcontractor budgets, budget narratives and actual sub-contracts must be submitted with this application as they need to be pre-approved. Refer to **Appendix 8** for information regarding Subcontractor Budgets. Subcontractor agreements and budgets will be submitted as **Attachment A12** of your application.

F. **Attachments to Your Application Narrative (Not included in page Limits)**

Attachment A1 – Organizational Chart

Attachment A2 – Resumé of HY Coordinator, Agency Director and Fiscal Manager

- Attachment A3 – Job Descriptions
- Attachment A4 – Program Site Information
- Attachment A5 – Transitional Living Placement Form/Emergency Shelter/Interim Housing Form
- Attachment A6 – Linkage Agreements with other Service Providers & Referral Sources
- Attachment A7 – Sub-Contractor Contact Information Forms if applicable
- Attachment A8 – Program Contact Information
- Attachment A9 – Copy of Current Child Welfare License or Permit(s) if required
- Attachment A10 – Copy of Agency’s current Federal Form W9
- Attachment A11 – Copy of Currently Approved NICRA if indirect costs are included in budget.
- Attachment A12 – Subcontractor Agreements and Budgets
- Attachment A13 – Trauma Informed Verification
- Attachment A14 – Program Services Summary
- Attachment A15 – Priority Population (Required only if seeking Priority Points)

### 3. Submission Dates and Times.

#### Submission Format, Location and Deadline

- A. Applicants must electronically submit the complete application including all required narrative and attachments in the prescribed order, refer to Section 4B below, with the signed Uniform Application for State Grant Assistance (Uniform Application) on top. The Uniform Application can be found at the following [UGA-3](#). **Applications must be sent electronically to [DHS.YouthServicesInfo@illinois.gov](mailto:DHS.YouthServicesInfo@illinois.gov) and received no later than 12:00pm (noon) on Wednesday, October 24<sup>th</sup>, 2019.**

The Application container will be electronically time-stamped upon receipt. The Department will ONLY accept applications submitted by electronic mail set to [DHS.YouthServicesInfo@illinois.gov](mailto:DHS.YouthServicesInfo@illinois.gov) **The electronic copy must be a complete single PDF file.** Applications will not be accepted if received by mail, fax machine, hard copy, disk or thumb drive or hand delivered.

- B. Applicants will receive an email within 48 hours of receipt of notifying them that their application was received and if it was received by the due date and time. This email will be sent to the email address provided in the application. Applications received after the due date and time will not be considered for review or funding. Applicants are required to notify the Department by **Wednesday October 30<sup>th</sup>, 2019 at noon**, if they did NOT receive an email notifying them that their application was received. If the applicant does not receive an email and does not notify the Department by **Wednesday October 30<sup>th</sup>, 2019 at noon**, their application will be considered a late submission and will NOT be reviewed or scored. The applicant will NOT have the right to protest the submission/receipt of their application to the Department after **Wednesday October 30<sup>th</sup>, 2019 at noon**. *In the event of a dispute, the applicant bears the burden of proof that the application was received on time at the email location listed above.*

- C. Applicants may submit the completed grant application utilizing the CMS File Transfer Utility located at: <https://filet.illinois.gov/filet/PIMupload.asp>

This is strongly recommended for very large files. Please follow the instructions to attach your application.

- D. For your records, please keep a copy of your submission with the date and time the application was submitted along with the email address to which it was sent. The deadline will be strictly enforced.

- E. Any questions should be directed to:

Julie Stremmlau, Program Administrator  
 IDHS, Division of Family & Community Services  
 Bureau of Youth Intervention Services  
 823 East Monroe

Springfield, Illinois 62701  
DHS.YouthServicesInfo@illinois.gov  
Phone: 217-557-2943

#### **4. Other Submission Requirements.**

##### **A. Proposal Container and Format Requirements**

All applications must be typed on 8 ½ x 11-inch paper using 12-point type and at 100% magnification. With the exception of letterhead and stationery for letter(s) of support (not required), the entire proposal should be typed in black ink on white paper. The program narrative must be typed **single-spaced**, on one side of the page, with 1-inch margins on all sides. The program narrative must not exceed the page totals specified in the “Content and Form of Application Submission” section including the Executive Summary. Items included as Attachments are NOT included in the page limitations.

The entire application, including attachments, must be sequentially page numbered and compiled in the order specified below. The complete application must be compiled in a single PDF document and submitted as directed.

Applications will **ONLY** be accepted as described herein. Faxed copies, hard copies, etc. will not be accepted. The Department is under no obligation to review applications that do not comply with the above requirements.

##### **B. ALL Applications MUST include the following mandatory forms/attachments in the order identified below.**

1. Uniform State Grant Application
2. A statement indicating the applicant has completed Pre-Qualification steps and is currently Pre-Qualified. (A screenshot will also be accepted.)
3. Proposal Narrative
  - Executive Summary
  - Capacity - Agency Qualifications/Organizational Capacity
  - Need - Description of Need
  - Quality - Description of Program Design and Services
  - Budget Narrative
  - Attachments to Your Application
    - A1 – Organizational Chart
    - A2 – Resumé of HY Coordinator, Agency Director and Fiscal Manager
    - A3 – Job Descriptions
    - A4 – Program Site Information
    - A5 – Transitional Living Placement Form/Emergency Shelter – Interim Housing
    - A6 – Linkage Agreements with other Service Providers & Referral Sources
    - A7 – Sub-Contractor Contact Information Forms if applicable
    - A8 – Program Contact Information
    - A9 – Copy of Current Child Welfare License or Permit(s) if required
    - A10 – Copy of Agency’s current Federal Form W9
    - A11 – Copy of Currently Approved NICRA if indirect costs are included in budget.
    - A12 – Subcontractor Agreements and Budgets
    - A13 – Trauma Informed Verification
    - A14 – Program Services Summary
    - A15 – Priority Population (not required)
5. Uniform Grant Budget – The proposed budget must be entered, signed and submitted in CSA and is required for the application to be considered complete. A hard copy of this signed and submitted budget must be included with the application.

**5. Unique entity identifier and System for Award Management (SAM)**

Each applicant is required to: (i) Be registered in SAM before submitting its application; (ii) provide a valid unique entity identifier in its application; and (iii) continue to maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by the Department. The Department may not make an award to an applicant until the applicant has complied with all applicable unique entity identifier and SAM requirements and, if an applicant has not fully complied with the requirements by the time the Department is ready to make an award, the Department may determine that the applicant is not qualified to receive an award and use that determination as a basis for making an award to another applicant. Please refer to *Section C. Eligibility Information & Grant Funding Requirements* for additional information and detail regarding SAM.

**6. Intergovernmental Review**

This funding opportunity is NOT subject to Executive Order 12372, “Intergovernmental Review of Federal Programs.”.

**7. Funding Restrictions**

The applicant must develop a budget consistent with program requirements as described in *Section A. Program Description* and in accordance with *Section C. 6 Grant Funds Use Requirements*.

The Department will allow reimbursement of pre-award costs and services under this funding opportunity. Please refer to *Section B.11 Funding Information, Pre-Award Costs*.

**E Application Review Information**

**1. Criteria.**

Applications that fail to meet the criteria described in section C “Eligibility Information” will not be scored and considered for funding.

Review teams comprised of 3 individuals employed by DHS serving in the Division of Family and Community Services will be assigned to review applications. These review teams, where possible will be comprised of staff within the Bureau of Youth Intervention Services and may include individuals working in the Bureau serving as Government Public Service Interns under contract from the University of Illinois at Springfield.

Applications will first be reviewed and scored individually. Then, team members will collectively review the application, their scores and comments to ensure team members have not missed items within the application that other team members identified. Application highlights and concerns will be discussed. Individual team members may choose to adjust scores to appropriately capture content that may have been missed initially. Scores will then be sent to the application Review Coordinator to be compiled and averaged to produce the final application review team score.

Scoring will be on a 100-point scale with up to an additional 15 priority points.

**Proposal Scoring**

Application Narratives will be evaluated on the following criteria:

Executive Summary	5 points
Capacity - Agency Qualifications / Organizational Capacity	40 points
Need – Description of Need	10 points
Quality - Description of Program Design and Services	40 points
Budget Narrative	5 points *
<b>TOTAL</b>	<b><u>100 POINTS</u></b>
PRIORITY POINTS	15 points
<b>TOTAL w/Priority</b>	<b><u>115 POINTS</u></b>

The application criteria to be reviewed and scored are found under each category in this

announcement in **Section 2. Content and Form of Application Submission; Proposal Narrative Content.**

**\* If the Uniform Grant Budget is not entered, signed and submitted in the CSA system by the application due date and time, zero points will be awarded for the Budget Narrative.**

## **2. Review and Selection Process.**

As described in the Criteria section above, scoring will be on a 100-point scale with up to 15 additional priority points awarded per the criteria above. Scoring will not be the sole award criterion. The Department reserves the right to consider other factors such as: Funding Notice Priorities, demonstrated need, geographical distribution, ICQ and PRA results, past performance as a state grantee, etc. While recommendations of the review panel will be a key factor in the funding decisions, the Department maintains final authority over funding decisions and considers the findings of the review panel to be non-binding recommendations. Any internal documentation used in scoring or awarding of grants shall not be considered public information.

Final award decisions will be made by the Director of the Division of Family and Community Services at the recommendation of the Associate Director for the Office of Community and Positive Youth Development.

The Department reserves the right to negotiate with successful applicants to adjust award amounts, targets, etc.

## **3. Merit-Based Evaluation Appeal Process.**

- A. Competitive grant appeals are limited to the evaluation process. Evaluation scores may not be protested. Only the evaluation process is subject to appeal and shall be reviewed by IDHS' Appeal Review Officer (ARO).
- B. Submission of Appeal.
  - 1) An appeal must be submitted in writing to Karrie Rueter, who will send to the ARO for consideration.
  - 2) An appeal must be received within 14 calendar days after the date that the grant award notice has been published.
  - 3) The written appeal shall include at a minimum the following:
    - a) the name and address of the appealing party;
    - b) identification of the grant; and
    - c) a statement of reasons for the appeal.
- C. Response to Appeal.
  - 1) The DHS will acknowledge receipt of an appeal within fourteen (14) calendar days from the date the appeal was received.
  - 2) DHS will respond to the appeal within 60 days or supply a written explanation to the appealing party as to why additional time is required.
  - 3) The appealing party must supply any additional information requested by DHS within the time period set in the request.
- D. Resolution
  - 1) The ARO shall make a recommendation to the Agency Head or designee as expeditiously as possible after receiving all relevant, requested information.
  - 2) In determining the appropriate recommendation, the ARO shall consider the integrity of the competitive grant process and the impact of the recommendation on the State Agency.
  - 3) The Agency will resolve the appeal by means of written determination.
  - 4) The determination shall include, but not be limited to:
    - a) Review of the appeal;
    - b) Appeal determination; and
    - c) Rationale for the determination.

#### **4. Simplified Acquisition Threshold**

Potential grantees under this funding announcement may receive an award in excess of the Simplified Acquisition Threshold, currently \$250,000 (Refer to 2CFR200 Section 200.88). Therefore, the grantee is subject to Simplified Acquisition Threshold. Refer to *Section C. 6 Grant Funds Use Requirements*.

### **F. Award Administration Information**

#### **1. State Award Notices.**

Providers recommended for continued funding under this Notice of Funding Opportunity following the above review will receive a Notice of State Award (NOSA). The NOSA shall include:

- Grant award amount.
- The terms and condition of the award.
- Specific conditions assigned to the grantee based on the fiscal and administrative and programmatic risk assessments.

Upon acceptance of the grant award, announcement of the grant award shall be published by the awarding agency to Grants.Illinois.gov

A written Notice of Denial shall be sent to the Providers not receiving awards.

The NOSA must be signed by the grants officer (or equivalent). This signature effectively accepts the state award amount and all conditions set forth within the notice. This signed NOSA is the document authorizing the Department to proceed with issuing an agreement. The Agency signed NOSA must be remitted to the Department as instructed in the notice.

#### **2. Administrative and National Policy Requirements.**

The agency awarded funds shall provide services as set forth in the DHS grant agreement and shall act in accordance with all state and federal statutes and administrative rules applicable to the provision of the services.

To review a sample of the FY2020 DHS Uniform Grant Agreement, please visit the DHS Website at <http://www.dhs.state.il.us/page.aspx?item=29741>.

The agency awarded funds through this Funding Notice must further agree to comply with all applicable provisions of state and federal laws and regulations pertaining to nondiscrimination, sexual harassment and equal employment opportunity including, but not limited to: The Illinois Human Rights Act (775 ILCS 5/1-101 *et seq.*), The Public Works Employment Discrimination Act (775 ILCS 10/1 *et seq.*), The United States Civil Rights Act of 1964 (as amended) (42 USC 2000a-and 2000H-6), Section 504 of the Rehabilitation Act of 1973 (29 USC 794), The Americans with Disabilities Act of 1990 (42 USC 12101 *et seq.*), and The Age Discrimination Act (42 USC 6101 *et seq.*). Additional terms and conditions may apply.

#### **3. Required Reporting**

- A. The Provider will submit monthly and quarterly expenditure documentation forms in the format prescribed by the Department. The Expenditure Documentation forms must be submitted no later than the 30th of each month for the preceding month by email.
- B. Quarterly data reports will be pulled from the eCornerstone data system on or after the 15<sup>th</sup> of each month. Providers must ensure all youth referred to and served in the HY program are entered into the Departments eCornerstone data system as required to ensure accurate reports.
- C. Quarterly Narrative and Performance data reports will be submitted by email in a format prescribed by the Department, no later than the 30th of the month immediately following the quarter for the

preceding quarter.

- D. Year-End Financial, Narrative and Performance Data reports will be submitted by email in a format prescribed by the Department, no later than 30 days following the end of the fiscal year.
- E. Additional annual performance data may be collected as directed by the Department and in a format prescribed by the Department.

#### 4. Payment Terms

- A. Payment Determination
  - 1.) **Providers identified as low risk on the ICQ:** An initial working capital payment of 2/7<sup>th</sup> of the State General Revenue Award amount will be issued upon execution of the agreement; and may be rounded to the nearest \$100.00. Subsequent payments will be issued on a reimbursement basis and will consider all previously submitted documented expenditures.
  - 2.) **Provider identified as Medium to High Risk on the ICQ:** Payments will be issued on a reimbursement basis and will consider all previously submitted documented expenditures.
- B. The Department will compare the amount of the initial working capital payment made to date with the documented expenditures provided to the Department by the Provider. In the event the documented services provided by the Provider do not justify the level of award being provided to the Provider, future payments may be withheld or reduced until such time as the services documentation provided by the Provider equals the amounts previously provided to the Provider. Failure of the Provider to provide timely, accurate and sufficiently detailed documentation will result in delayed payments and may result in a reduction to the total award.
- C. The final payment from the Department under this Agreement shall be made upon the Department's determination that all requirements under this Agreement have been completed, which determination shall not be unreasonably withheld. Such final payment will be subject to adjustment after the completion of a review of the Provider's records as provided in the Agreement.

In the event payments made by the Department to the provider exceed the total amount of provider reported and Department authorized expenditures, the provider will be required to issue a repayment to the Department in an amount equal to the overpayment.

#### G. State Awarding Agency Contact(s)

##### **Questions and Answers**

If you have questions relating to this NOFO, please send them via email to:

[DHS.YouthServicesInfo@Illinois.gov](mailto:DHS.YouthServicesInfo@Illinois.gov) with “**HY FUNDING NOTICE - Julie**” in the subject line of the email. Questions with their respective answers will be posted on the DHS website at [this link](#). This section will be updated periodically as new questions are received, so applicants are encouraged to check it frequently. Only written answers posted on the website will be considered valid and official. Note: The final deadline to submit any written questions regarding this Funding Notice will be **Thursday October 17<sup>th</sup>, 2019**.

# Homeless Youth

## APPLICATION APPENDICES

Appendix 1 – ISBE 2018 Homeless Students Map

Appendix 2 – Program Contact Information – Applicant

Appendix 3 – Program Contact Information - Subcontractor

Appendix 4 – Additional Subcontractor Information

Appendix 5 – Program Site Information

Appendix 6 – Program Placement Options-Transitional Living

Appendix 7 – Program Placement Options-Emergency Shelter

Appendix 8 – CSA & Budget Information and Instructions

Appendix 9 – Homeless Youth Logic Model

Appendix 10 – Program Services Summary

Appendix 11 – FY20 Funded Homeless Youth Providers

Appendix 12 – Priority Population

This document as well as the Appendices and FAQs can also be found at

<http://www.dhs.state.il.us/page.aspx?item=115957> and

<http://www.dhs.state.il.us/page.aspx?item=115956> or by emailing

[DHS.YouthServicesInfo@Illinois.gov](mailto:DHS.YouthServicesInfo@Illinois.gov) indicating “HY NOFO Forms Request” in the subject line of the email if you experience accessibility issues.



**FY 2020 Homeless Youth NOFO Application – Appendix 2**  
Program Contact Information - Applicant

<b>Agency Name:</b>		FEIN:	
Address:	City:	State:	Zip:
24 Hour Crisis Hotline:		Agency Website:	

<b>Executive Director:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Program Director:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Additional Program Contact:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>After Hours/Crisis Supervisor:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Fiscal Contact:</b>				
Address:		City:	State:	Zip:
Phone Cell:	Fax:	Email:		

<b>eCornerstone System Administrator: OR Data/Report Contact</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

**FY 2020 Homeless Youth NOFO Application – Appendix 3**  
Program Contact Information - Subcontractor

Please include this form for EACH Subcontractor.

<b>Agency Name:</b>		FEIN:	
Address:	City:	State:	Zip:
24 Hour Crisis Hotline:		Agency Website:	

<b>Executive Director:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Program Director:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Additional Program Contact:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>After Hours/Crisis Supervisor:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Fiscal Contact:</b>				
Address:		City:	State:	Zip:
Phone Cell:	Fax:	Email:		

<b>eCornerstone System Administrator: OR Data/Report Contact</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

**FY 2020 Homeless Youth NOFO Application – Appendix 4**  
Additional Subcontractor Information

Please include this form for EACH Subcontractor.

**What is the amount of the subcontract?** \_\_\_\_\_

**Please provide a brief description (*up to 500 words*) of the services to be provided under the subcontract.**

- 
- A copy of the Executed Subcontract Agreement is included in the Application Package (May include current or draft if it will be a new agreement upon award execution)
- A copy of Subcontract Budget and Narrative is included in the Application Package

**(If more than one subcontract is utilized, please copy the form from above and paste HERE – as needed.)**

## FY 2020 Homeless Youth NOFO Application – Appendix 5

### Program Site Information

List all program site locations where Homeless Youth services will take place. Designate which available services are offered at each site location.

#### HOMELESS YOUTH PROGRAM SITE

Agency Name:		Is this Site A: <input type="checkbox"/> Subcontractor <input type="checkbox"/> Linkage Agreement <input type="checkbox"/> Agency Site Child welfare license # (if applicable):				
Site Name:						
Address:	City:	County:	Zip:			
Site Supervisor Name:		Title:				
Phone:	Fax:	Email:				
<p><b>Designate HY Services Provided at this Site:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 24-Hour Response System  <input type="checkbox"/> Safety Assessments  <input type="checkbox"/> Intake  <input type="checkbox"/> Shelter Housing (Under 18)  <input type="checkbox"/> Shelter Housing (Over 18)  <input type="checkbox"/> Casey Assessments  <input type="checkbox"/> Case Plan Development  <input type="checkbox"/> Case Management/Monitoring  <input type="checkbox"/> Outreach Services  <input type="checkbox"/> Transitional Living Services  <input type="checkbox"/> Emergency/Temporary Shelter Services  <input type="checkbox"/> Education Services/Advocacy  <input type="checkbox"/> Employment Services  <input type="checkbox"/> Job Training/Readiness Services  <input type="checkbox"/> Transportation Services                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Social &amp; Life Skills Training/Services  <input type="checkbox"/> Pregnant &amp; Parenting Training/Services  <input type="checkbox"/> Discharge Planning &amp; Follow-up Services  <input type="checkbox"/> Prevention Services  <input type="checkbox"/> Emergency Care/Safety Plans  <input type="checkbox"/> Trauma Informed Services  <input type="checkbox"/> Youth and/or Family Advocacy  <input type="checkbox"/> Individual, Family and/or Group Counseling  <input type="checkbox"/> Family Reunification/Preservation  <input type="checkbox"/> Substance Abuse Services/Treatment  <input type="checkbox"/> Mental Health Services/Treatment  <input type="checkbox"/> Legal Services  <input type="checkbox"/> Physical Health Services  <input type="checkbox"/> Dental Services  <input type="checkbox"/> Cross-Agency Case Coordination                 </td> </tr> </table>					<input type="checkbox"/> 24-Hour Response System <input type="checkbox"/> Safety Assessments <input type="checkbox"/> Intake <input type="checkbox"/> Shelter Housing (Under 18) <input type="checkbox"/> Shelter Housing (Over 18) <input type="checkbox"/> Casey Assessments <input type="checkbox"/> Case Plan Development <input type="checkbox"/> Case Management/Monitoring <input type="checkbox"/> Outreach Services <input type="checkbox"/> Transitional Living Services <input type="checkbox"/> Emergency/Temporary Shelter Services <input type="checkbox"/> Education Services/Advocacy <input type="checkbox"/> Employment Services <input type="checkbox"/> Job Training/Readiness Services <input type="checkbox"/> Transportation Services	<input type="checkbox"/> Social & Life Skills Training/Services <input type="checkbox"/> Pregnant & Parenting Training/Services <input type="checkbox"/> Discharge Planning & Follow-up Services <input type="checkbox"/> Prevention Services <input type="checkbox"/> Emergency Care/Safety Plans <input type="checkbox"/> Trauma Informed Services <input type="checkbox"/> Youth and/or Family Advocacy <input type="checkbox"/> Individual, Family and/or Group Counseling <input type="checkbox"/> Family Reunification/Preservation <input type="checkbox"/> Substance Abuse Services/Treatment <input type="checkbox"/> Mental Health Services/Treatment <input type="checkbox"/> Legal Services <input type="checkbox"/> Physical Health Services <input type="checkbox"/> Dental Services <input type="checkbox"/> Cross-Agency Case Coordination
<input type="checkbox"/> 24-Hour Response System <input type="checkbox"/> Safety Assessments <input type="checkbox"/> Intake <input type="checkbox"/> Shelter Housing (Under 18) <input type="checkbox"/> Shelter Housing (Over 18) <input type="checkbox"/> Casey Assessments <input type="checkbox"/> Case Plan Development <input type="checkbox"/> Case Management/Monitoring <input type="checkbox"/> Outreach Services <input type="checkbox"/> Transitional Living Services <input type="checkbox"/> Emergency/Temporary Shelter Services <input type="checkbox"/> Education Services/Advocacy <input type="checkbox"/> Employment Services <input type="checkbox"/> Job Training/Readiness Services <input type="checkbox"/> Transportation Services	<input type="checkbox"/> Social & Life Skills Training/Services <input type="checkbox"/> Pregnant & Parenting Training/Services <input type="checkbox"/> Discharge Planning & Follow-up Services <input type="checkbox"/> Prevention Services <input type="checkbox"/> Emergency Care/Safety Plans <input type="checkbox"/> Trauma Informed Services <input type="checkbox"/> Youth and/or Family Advocacy <input type="checkbox"/> Individual, Family and/or Group Counseling <input type="checkbox"/> Family Reunification/Preservation <input type="checkbox"/> Substance Abuse Services/Treatment <input type="checkbox"/> Mental Health Services/Treatment <input type="checkbox"/> Legal Services <input type="checkbox"/> Physical Health Services <input type="checkbox"/> Dental Services <input type="checkbox"/> Cross-Agency Case Coordination					
<p>Provide a brief description of services at this site. If <u>not</u> included in the list above.</p>  						
<p>Designate the geographic service area for this Homeless Youth site. Include city, county, and Chicago community area, where appropriate.</p>   						

(If additional site blocks are needed, please copy a block from above and paste – as needed.)

**FY 2020 Homeless Youth NOFO Application – Appendix 6 - Program Site Information**  
**Transitional Living Placements**

Please provide all Transitional Living Placement options secured for your Proposed HY program.

**Agency Name:**

Is this site: Agency      Subcontractor      Linkage Agreement		DCFS License Type and #:	Expiration Date:
Placement Contact Person:	Title:	Phone:	Email:
Address: <i>(Street Address not required for Host Home)</i>		City:	Zip:
County and/or Community Area of Placement:			
Placement cost per night:		OR	Placement cost per Month:
Placement type: <input type="checkbox"/> Scattered Site <input type="checkbox"/> Host Home <input type="checkbox"/> Group Home <input type="checkbox"/> Supervised Apartment <input type="checkbox"/> Other: _____			
Population served: <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Both		Daily Capacity of Placement Site (# beds):	
Population served: <input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18 <input type="checkbox"/> Both			
Additional description of placement option:			

(If additional placement blocks are needed, please copy a block from above and paste – as needed)

**FY 2020 Homeless Youth NOFO Application – Appendix 7 - Program Site Information**  
**Emergency Shelter/Interim Housing Placements**

Please provide all Emergency Shelter/Interim Housing Placement options secured for your HY Program.

**Agency Name:**

Is this site: Agency      Subcontractor      Linkage Agreement			DCFS License Type and #:	Expiration Date:
Placement Contact Person:	Title:		Phone:	Email:
Address: <i>(Street Address not required for Host Home)</i>			City:	Zip:
County and/or Community Area of Placement:				
Placement cost per night:				
Placement type: <input type="checkbox"/> Shelter Site <input type="checkbox"/> Host Home <input type="checkbox"/> Other: _____				
Population served: <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Both			Daily Capacity of Placement Site (# beds):	
Population served: <input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18 <input type="checkbox"/> Both				
Additional Description of Placement Option:				

(If additional placement blocks are needed, please copy a block from above and paste – as needed)

## FY 2020 Homeless Youth NOFO Application – Appendix 8 CSA & Budget Information

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

### How to register for the CSA Tracking System

1. You will need a functioning Illinois.gov ID and password
2. If you do not have an Illinois.gov ID you will need obtain one at the following web link:  
<https://extapps.illinois.gov/ADIM/VerifyEmail.aspx>
  - **Please note:** Choose General Public (Not employed by the State of Illinois) [EXTERNAL] even if you are a State of Illinois employee. Your CSA registration will not be validated if you choose Other Employees [SPS].
  - **If you do not have a State of Illinois driver's license,** please email your request to [DHS.DHSOCA@Illinois.gov](mailto:DHS.DHSOCA@Illinois.gov) with the following information: Name, Company, Address, Phone #, DUNS #, FEIN # and email address.
3. The address for the CSA Tracking System Registration Site is:  
<https://csa.dhs.illinois.gov/gtrpublic/gtr>
4. You will need to input an Invitation Key Code in order to submit your request for CSA Tracking System access. If you do not have an Invitation Key Code, send an email to [DHS.dhsoca@illinois.gov](mailto:DHS.dhsoca@illinois.gov) to receive your Invitation Key Code.
  - **Please register only once with your Illinois.gov ID.** IDHS Grantee-Providers may have more than one employee register for the CSA Tracking System access. Once your registration is processed by the Office of Contract Administration personnel you will receive instructions on how to log into the Provider Access Area. After you successfully log in to the CSA Tracking System there may be a facilities page that will appear (if you are a new IDHS Provider) where you will need to enter your facilities information into the CSA Tracking System.
  - **Please note:** In order to access your IDHS Uniform Grant Agreements/EEC Contracts you will also need to ensure your organization has registered for access to the Centralized Repository Vault (CRV). If your organization has not registered for CRV access you will not be able to view your contracts. Please use the following web link to access the CRV Registration web page: [Central Repository Access \(CRV\)](#)

Confidentiality Notice - The Grantee-Provider shall comply with applicable State and Federal statutes, Federal regulations and Department administrative rules regarding confidential records or other information obtained by the Provider concerning persons served under this Agreement. The records and information shall be protected by the Provider from unauthorized disclosure.

After registering for CSA, you must submit a budget for the period designated in the Funding Notice. Your budgets can be entered at this link <https://csa.dhs.illinois.gov/gtpsecure/gtp>.

If you have any questions about your budget you can email [DHS.YouthServicesInfo@illinois.gov](mailto:DHS.YouthServicesInfo@illinois.gov).

### **How to create a budget in CSA**

- To access the IDHS Training Manual for use of the Budget Templates in the CSA System [http://www.dhs.state.il.us/OneNetLibrary/27896/documents/Contracts/FY18-GATA-Budgets/DHSBudgetTrainingManual\\_Revision\\_3\\_28\\_18.pdf](http://www.dhs.state.il.us/OneNetLibrary/27896/documents/Contracts/FY18-GATA-Budgets/DHSBudgetTrainingManual_Revision_3_28_18.pdf)

### **Uniform Grant Budget**

Complete the Uniform Grant Budget in the CSA system. For more information about how to access the CSA system, see <http://www.dhs.state.il.us/page.aspx?item=61069>. For instructions about how to enter a budget into the CSA system see the [Training Manual for use of the Budget Templates in the CSA System](#). For EACH cost item listed in the budget worksheet, a detailed justification must be included in the narrative section. This justification should describe specifically how the budgeted amount was derived. The justification must also directly correlate the expenditure to the grant program – why/how it is necessary under the grant. Items being cost allocated must be fully detailed as to the method utilized. The Budget and Budget narratives should be prepared to reflect the budget period as required by the funding notice. The Budget should be electronically signed and submitted in the CSA system. The budget must be electronically signed by the applicant's Chief Executive Officer and or Chief Financial Officer. See <http://www.dhs.state.il.us/page.aspx?item=95350> for more information about requesting CSA budget signoff authority.

### **Sub-Contractor PDF Uniform Grant Budget Forms**

Complete the PDF version of the Uniform Grant Budget for Sub-Contractor budgets ONLY! Include completed Sub-Contractor Budgets found at this [link](#).

**FY 2020 Homeless Youth NOFO Application – Appendix 9**  
Homeless Youth Logic Model

<b>Logic Model Homeless Youth</b>				
<b>Goal:</b> Youth are safe and stable.				
<b>Eligibility Requirements:</b> Youth 14-24 years old that lack safe and stable housing				
<b>Input</b>	<b>Activities</b>	<b>Strategies</b>	<b>Intermediate Outcomes</b>	<b>Outcomes</b>
<ul style="list-style-type: none"> <li>• Funding</li> <li>• eCornerstone</li> <li>• Technical assistance and monitoring</li> <li>• Adequate staff training</li> <li>• Evaluation</li> <li>• Community resource assessment</li> <li>• State/Provider communication</li> <li>• Written verification of homelessness</li> <li>• Trauma Informed Staff</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment (emergency/safety, Ansell-Casey)</li> <li>• Trauma Informed Services</li> <li>• Increase number of contacts with homeless youth</li> <li>• Emergency family negotiations</li> <li>• Family communication</li> <li>• Family counseling</li> <li>• Develop and ensure Stabilized housing options</li> <li>• Create opportunities for youth to interact with peers and community partners.</li> <li>• Access and Provide Life skills education</li> <li>• Transportation planning</li> <li>• Provide volunteer and Service Learning opportunities</li> <li>• Employment Services: work readiness; job seeking skills; job maintenance skills &amp; support etc.</li> <li>• Education Advocacy &amp; Support; GED enrollment/support; vocational training; college readiness; etc.</li> <li>• Teach parenting skills</li> <li>• Prenatal care</li> <li>• Pregnancy prevention</li> <li>• Develop/provide access to child care</li> <li>• Develop a community awareness/cultural competency/sensitivity plan</li> <li>• Foster community engagement</li> <li>• Connect families to DHS Local Area Offices; ABE website, etc.</li> <li>• Cognitive Education &amp; Treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Create/ensure safe environments</li> <li>• Conduct Emergency/Safety screens               <ul style="list-style-type: none"> <li>• Emergency Care Planning and Implementation – including basic survival /safety needs (health, food, clothing, shelter etc.)</li> </ul> </li> <li>• Provide Emergency Shelter / Interim Housing</li> <li>• Provide Transitional Living Programs</li> <li>• Provide Outreach Activities</li> <li>• Drop-in centers</li> <li>• Develop and Implement individualized case plans based on appropriate assessments</li> <li>• Engage and include family members</li> <li>• Ensure youth receive educational support &amp; advocacy services</li> <li>• Ensure youth receive employment support, development, training and placement services.</li> <li>• Increase skills of youth to access needed services within the community</li> <li>• Increase basic life skills of youth</li> <li>• Connect youth and families to eligible mainstream benefits (SSI, Medicaid, TANF, SNAP, WIC etc.)</li> <li>• Ensure necessary Service Referrals e.g.: CCBYS, Mental Health, Substance Abuse and Prenatal etc.</li> <li>• Develop and Implement Discharge Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Youth will experience increased safety</li> <li>• Youth will have increased Life Skills</li> <li>• Youth will be employed</li> <li>• Youth will be actively enrolled in educational programming (high school/ GED/vocational training etc.)</li> <li>• Youth will have a HS Diploma or GED</li> <li>• Youth will be in stable living arrangements</li> <li>• Youth will be connected to mainstream benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the number of self-sufficient youth among the homeless youth population</li> <li>• Fewer homeless youth</li> </ul>

[Homeless Youth Logic Model](#)

**FY 2020 Homeless Youth NOFO Application - Appendix 10**  
**Program Services Summary**

Program Services Summary

Please provide the information below for the entire project (including sub-contractors etc.) regarding your planned program for the FY 2020 grant year. The amount in each program category should total to equal the requested Grant Award.

- Emergency Shelter (ES)**  
Grant Dollars Allocated \$ \_\_\_\_\_  
% of total Grant Amount \_\_\_\_\_  
Daily # beds available to program in FY2020 \_\_\_\_\_  
Projected total # to be served in FY 2020 \_\_\_\_\_
- Outreach (OR)**  
Grant Dollars Allocated \$ \_\_\_\_\_  
% of total Grant Amount \_\_\_\_\_  
Projected total # to be served in FY 2020 as Brief Contacts \_\_\_\_\_  
Average daily # to be served as Brief Contacts \_\_\_\_\_  
Projected total # to be served in FY 2020 as Case Management \_\_\_\_\_  
Average daily # to be served as Case Management \_\_\_\_\_  
Maximum daily capacity for Case Management \_\_\_\_\_
- Transitional Living (TL)**  
Grant Dollars Allocated \$ \_\_\_\_\_  
% of total Grant Amount \_\_\_\_\_  
Daily # beds available to program in FY2020 \_\_\_\_\_  
Estimated total # to be served in FY 2020 \_\_\_\_\_  
Estimated Average daily # to be served \_\_\_\_\_
- FY20 Program Totals**  
Grant Award Requested \_\_\_\_\_  
(From Above) **\$ES + \$OR + \$TL =** \_\_\_\_\_  
Maximum daily Program Capacity (**ES beds + TL beds + OR Case Management Daily Capacity**) \_\_\_\_\_  
**Total Projected # Served (excluding OR/Brief Contact)** \_\_\_\_\_

**FY 2020 Homeless Youth NOFO Application - Appendix 11**  
**Homeless Youth Notice of Funding Opportunity**

**FY2020 Funded Homeless Youth Providers**  
**(20-444-80-0711-01 & 20-444-80-0711-02)**

1. 360 Youth Services
2. Aunt Martha's Health and Wellness, Inc.
3. Children's Home and Aid Society of Illinois
4. Children's Home Association of Illinois
5. Cunningham Children's Home, Inc.
6. Heartland Human Care Services, Inc.
7. Lazarus House
8. Midwest Youth Services
9. National Youth Advocate Program
10. New Moms, Inc.
11. Night Ministry
12. Outreach Community Ministries, Inc.
13. Pioneer Center for Human Services
14. Project Oz
15. Ignite, Inc. (Teen Living Program)
16. The Harbour, Inc.
17. The Center for Youth and Family Solutions
18. The Thresholds
19. Transitions of Western Illinois
20. Unity Parenting and Counseling Center
21. Universal Family Connection
22. Youth Service Bureau
23. Youth Service Bureau of Illinois Valley
24. Youth Outreach Services
25. Youth Services Network, Inc.

FY 2020 Homeless Youth NOFO Application - Appendix 12  
Homeless Youth Notice of Funding Opportunity  
**PRIORITY POPULATION**

**Priority Target Population.**

*Applicants that can demonstrate a high need in their service area for homeless services targeting the LGBTQ+ youth population may be eligible to receive up to an additional 15 priority points toward their overall application review score. Priority points will be awarded to applications that serve 50% to 100% of youth from this high-risk target population. To receive priority points, the applicant must do the following as part of their application: 1.) Specifically address this target population throughout each of the application sections A, B, C, and D. and 2.) Complete this Appendix 12 and include it as Attachment 15.*

**Instructions:** Please provide a detailed response under each of the items listed below. The document will expand as necessary to allow as much detail as needed for a response. Once complete, please include this document as **Attachment 15** to the application.

1. **Service Area Description:** Please provide a geographical description of the area that will served by this grant.
2. **Description of Need – LGBTQ+:** Please provide a detailed description, including data, of the need for Homeless Youth services targeting this population in the targeted service area. Describe the risk factors of this population in the service area, the number of affected youths, the service needs of this population, the availability/lack of needed services, etc.
3. **Experience Serving LGBTQ+ Population:** Please provide a detailed description of the organization and staff experience working with and serving this population. Include number of years serving this population, staff experience serving this population, staff cultural competencies, programming and services currently/previiously provided to this population.
4. **Service Provision:** Please describe if and what current programming and services are provided by the organization that will supplement the programming to be provided under this award. Please also describe any specialized programming and services for the LGBTQ+ youth population that are anticipated under this grant if awarded.
5. **Target Population:** Please complete the table below providing the estimated total number of youth to be served under this grant for the initial period of November 22, 2019 – June 30, 2020. Indicate the anticipated number of these youth that will fall into the LGBTQ+ priority population and the anticipated number to be served in each of the program components:

Total # Youth to be Served:	
• # of these youth identified as LGBTQ+:	
○ # of the LGBTQ+ youth to be served in:	
▪ Outreach Brief Contacts / Information & Referral:	
▪ Outreach Case Management:	
▪ Emergency Shelter / Interim Housing:	
▪ Transitional Living:	