



Division of Family and Community Services/
Bureau of Positive Youth Development

Request For Application

Administration of the Illinois Youth Survey

Released: June 1, 2015

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PART I

A. Date of Issuance: June 1, 2015

B. Issuing Organizational Unit

Illinois Department of Human Services
Division of Family and Community Services/
Bureau of Positive Youth Development
401 S. Clinton, 4th Floor
Chicago, IL 60607

Contact Person(s):

Kimberly M. Fornero
Illinois Department of Human Services
401 South Clinton, 4th Floor
Chicago, IL 60607
Phone: 312-793-1628
E-Mail: kim.fornero@illinois.gov

C. RFA Availability

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

D. Due Date, Location and Time of Application Opening

Applications must be received no later than **June 22, 2015 by 4:00 PM**. The Application container will be time-stamped upon receipt. The Department will not accept applications submitted by electronic mail, on diskette or by facsimile machine. Mail your completed grant applications to:

Illinois Department of Human Services’ Procurement Office
“Sealed Bid – Do Not Open” Administration of the Illinois Youth Survey
Centrum North, 401 North 4th Street, 2nd floor
Springfield, IL 62702
Due Date & Time: **June 22, 2015 by 4:00 PM**.

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

E. Audit Submission Requirements

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

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

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

F. Application Submission Requirements

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

APPLICATIONS THAT ARE FAXED, HANDWRITTEN, AND/OR LATE WILL NOT BE ACCEPTED AND WILL BE IMMEDIATELY DISQUALIFIED. THERE WILL BE NO EXCEPTIONS.

All applications must be typed on 8 1/2 x 11-inch paper using 12-point type and at 100% magnification (not reduced), 10-point may be used within tables. With the exception of letterhead and stationery for letter(s) of support, the entire Application 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 specific page limits outlined in this RFA. The appendices and budget/budget justification are NOT included in the page limitation.

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

The entire application, including appendices, must be sequentially page numbered, beginning with the cover letter. Hand-numbering is acceptable. The appendices must be clearly separated, with a cover sheet for each appendix labeled with the appropriate appendix letter and name.

Applicants must submit one clearly identified, originally signed proposal and three (3) copies of the proposal.

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

G. Eligible Applicants

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

H. Questions and Answers

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

"Frequently Asked Questions with Answers" will be posted on the DHS website at

<http://www.dhs.state.il.us>. The website will be updated periodically. **The last day to submit a question is June 11, 2015.**

I. Award Process

Successful Applicants will be notified in writing by letter from the Secretary of the Department of Human Services. A Notice of Grant Award is not equivalent to an agreement with the Department to commence providing service. Successful applicants will receive the FY16 Community Service Agreement or an amendment thereto for their signature and return. **Funding the RFA is subject to appropriations. The release of this RFA does not compel the Department of Human Services to make an award.**

J. Review Panel

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

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

K. Estimated Length of Agreement

The Department estimates that the term of the initial term of this agreement resulting from this RFA will cover July 2015 through 6/30/18 with two one-year renewals extending it through 6/30/20, and will require the mutual consent of both parties, and be dependent upon the Provider's performance and adherence to program requirements and the availability of funds.

L. Withdrawal Disclaimer

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

M. Modifications to Applications by Applicants

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

N. Modifications to Applications by DHS

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

O. Clarifications, Negotiations or Discussions Initiated by DHS

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

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

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

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

P. DHS Grants Information Conference

Not applicable for this RFA.

Q. Late Applications/Responses

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

R. Objections

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

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

Department of Human Services Office of General Counsel
100 W Randolph, Suite 6-400
Chicago, Illinois 60601

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

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

S. Commencement of Service

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

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

T. Public Information

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

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

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

U. Contract

The legal agreement between DHS and the successful applicants will be in the form and format prescribed by DHS. The standard DHS Community Service Agreement (CSA) will be used as the grant agreement. Samples of this agreement may be found at <http://www.dhs.state.il.us/page.aspx?item=29741>. Click on Redline of FY15 CSA compared to FY14 Community Services Agreement (CSA).

If selected for funding, the applicant will be provided a DHS Community Service Agreement for their signature and return. Applicants must review the sample CSA and insure that they meet all requirements contained in the CSA. Applicants must note any exceptions contained in the CSA. All exceptions must be agreed to by DHS before awarding any grants and execution of the CSA.

V. Program Evaluation and Reporting Requirements

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

W. Training and Technical Assistance

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

X. Congressional and Legislative Districts

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

Y. Additional Information

The Department reserves the right to request additional information that could assist the Department with its award decision. Applicants are expected to provide the additional information

within a reasonable period of time. Failure to provide the information could result in the rejection of the Application.

Z. Sectarian Issue

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

AA. Background Checks

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

BB. Child Abuse/Neglect Reporting Mandate

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

CC. Hiring and Employment Policy

It is the policy of the Department to encourage cultural diversity in the work environment and to promote employment opportunities through its programs. The Department's philosophy is that the program workforce should appropriately reflect the populations to be served, with special attention given to hiring individuals indigenous to those communities. Consistent with Department policy, whenever a position becomes available, funded programs are encouraged to consider TANF clients for employment, contingent upon their qualifications in the area of education and work experience.

PART II

INTRODUCTION

A. Intent of the RFA

The Illinois Department of Human Services (IDHS or Department) is issuing a Request for Application (RFA) for the administration of the Illinois Youth Survey. Bi-annually, IDHS conducts a self-report survey of adolescents' attitudes and behaviors, including those regarding alcohol, tobacco and other drug use (ATOD), and social indicators (bullying, exercise and nutrition, etc.) called the Illinois Youth Survey (IYS). There are two goals associated with the administration of the IYS:

1. To supply local data to schools and school districts throughout Illinois.

The survey is made available to all public and private schools in the state at no cost. Each participating school is eligible to receive a report specific to their school and/or district. This provides important information to schools and communities.

2. To provide a scientific estimate of health and social indicators for the state of Illinois.

The scientific estimate is based on drawing a random sample to represent the state population of 8th, 10th, and 12th graders in Illinois public schools.

In fiscal years 2016 and 2018, the Illinois Youth Survey will primarily be administered to school-aged children in grades 8, 10 and 12. Grade 6 will be optional for schools and not included in the state level sampling methodology.

Therefore, IDHS is seeking Applications from public, private, or not-for-profit agencies. Services must be executed in a culturally appropriate manner.

In the Application, the successful provider will address all of the supplies and/or services required to coordinate and administer the 2016 survey and prepare analyses and reports in fiscal year 2017.

B. Department's Need for Services (Rationale)

Data from the IYS is used for planning. It is one way to gage the effectiveness of the State's prevention program called the Substance Abuse Prevention Program (SAPP). It also serves as a tool for evaluation for discretionary grant programs and is used for annual federal reporting. Communities are also encouraged to use data-driven decision making. The most recent IYS was conducted in school year 2014. The next surveys will be administered in the Winter and Spring school years of 2016 and 2018.

In the 2014 administration of the IYS, more than 890 schools participated in the survey and 214,000 valid surveys were completed across 6th-12th grades. In 2012, 1,003 schools participated in the survey representing more than 188,000 youth.

C. Services to be Performed (the Approach)

Funding will be awarded to an entity that can describe how the following services will be addressed.

1. Develop and implement a scientific estimate based on drawing a random sample to represent the state population of 8th, 10th and 12th graders in Illinois public schools for fiscal years 2016 and 2018. For the 2016 and 2018 administration years, the Provider will draw a new state level random sample.
2. Coordinate the administration of the IYS that supports the random sample representing the state's population of 8th, 10th and 12th graders in Illinois public schools as well as with all public, charter, private, or parochial and alternative schools housing school-aged children primarily in grades 8, 10 and 12 that voluntarily agree to participate in the survey. The IYS will primarily be administered to school-aged children in grades 8, 10 and 12. Passive consent is used unless a school/school districts' policies require active consent. Grade 6 will be optional for schools and will not be included in the state level sampling methodology.
3. Create two versions of the IYS survey tool, one targeting 8th grade students and one targeting 10th-12th grade students. Identify the content (questions) for each version of the survey tool.
4. Develop and implement an IYS promotional and recruitment plan and disseminate materials (e.g. information packet) in support of the plan. Promote and recruit local schools to participate in the administration of the survey, especially those schools selected as part of the sample. Identify and engage state agencies, statewide organizations and community-based providers to assist with promotion and recruitment.
5. Develop and provide workshops focusing on topics such as successful recruitment techniques targeting state agencies, statewide organizations and community-based providers.
6. Develop and maintain an interactive website, in accordance with the Illinois web accessibility standards, that is devoted to the IYS.
7. Create and disseminate IYS findings in reports. At minimum, the following reports must be generated: an executive summary suitable for publication, a state level report, county level reports and Chicago Community Area (CCA) reports (when possible) and school/school district reports.
8. Notify all partners (state agencies, statewide organizations, community-based agencies), including media, regarding the IYS findings and availability of the reports. Work with the Department in the approval process for all media-related communications, including press releases.
9. Provide technical assistance in interpreting and utilizing data from the IYS to no fewer than 25 community-based providers or local schools or schools/districts.

D. Service Area

The Department is interested in funding Applications that offer statewide coverage in Illinois.

E. Mandatory Requirements of Applicants

Interested applicants should take note of the following program-specific mandatory requirements.

- Any entity applying for funding for the Administration of the IYS must be an established organization that has been in place for at least five years or more in the state of Illinois.
- Must be in good standing with the Illinois Department of Human Services.
- Services must be provided in a culturally sensitive manner. Providers need to understand, acknowledge, and respect cultural differences among youth and provide services in a relevant, competent, and appropriate manner in accordance with these differences.

F. Award Amount

The Administration of the IYS anticipates awarding no more than \$425,000 in the administration years (the first administration year is 2016) and no more than \$225,000 for the analysis and development of the reports (the first reporting year is 2017). **Funding the RFA is subject to appropriations. The release of this RFA does not compel the Department of Human Services to make an award.**

APPLICATION CONTENT (SCORED AS INDICATED)

Applicants must submit an Application that contains the information outlined below. Each section must have a heading that corresponds to the headings listed. If the applicant believes that the subject has been adequately addressed in another part of the application narrative, then provide the cross-reference to the appropriate part of the narrative. The narrative portion must follow the page guidelines and limits set for each section and must be in the specified order below. **Exceeding the prescribed page limits is grounds for automatic disqualification.**

A. Executive Summary (1 page maximum) – Not scored

- Name of your agency.
- State the total amount of funds requested for the administration year (2016) and the non-administration year (2017).
- Provide a clear overview of the services/resources your agency proposes to provide with these funds, including an outline of the geographic area to be served.

B. Organization Qualifications/Organizational Capacity (10 page maximum; 35 points)

The purpose of this section is for the applicant to present an accurate picture of the agency's ability to provide the services and demonstrate the capacity to coordinate and administer the IYS. Information presented in this section should include the following:

- Organization's mission.
- Organization history, milestones, major achievements.
- Description of services provided by your agency.
- Describe your agency's experience, capacity and evidence of:
 - Developing scientific, random state level samples.
 - Coordinating and administering large scale, self-report surveys.
 - Developing youth self-report survey tools.
 - Relationships with the existing state agencies, statewide organizations and community-based agencies.
 - Recruiting schools to participate in self-report surveys.

- Creating and maintaining interactive websites inclusive of accessibility standards.
- Providing training and conducting technical assistance with community-based organizations and schools to assist them with using data.
- Producing reports of the self-report survey results.
- Working with the media.
- Describe the software, equipment and storage your agency has to manage and process large volumes of surveys.
- Describe how the organization demonstrates cultural and linguistic competence in achieving its mission and services
- Describe the experience and educational background of the staff members directly associated with the project.
- Provide the following documents in Appendices:
 - Appendix A: Resumes of the Applicant’s Executive Director and all key program staff members.
 - Appendix B: Job descriptions for all employee positions that will be funded with this grant, including the Program Director, and an indication of the percent of time those employees will spend working on this program.
 - Appendix C: Organizational chart of the Applicant showing where the program and its staff are housed within your organization.

C. Application

1. Purpose of Funding (20 page maximum; 55 points)

- a. **Program Description:** Describe how your agency will deliver the services associated with the coordination and administration of the IYS. Explain how the coordination and administration of the IYS will be planned for and implemented, including the following information.
 - i. Develop and implement a scientific estimate based on drawing a random sample to represent the state population of 8th, 10th and 12th graders in Illinois public schools for fiscal year 2016.
 - Describe the scientific basis that will be used to inform the development of the random sample drawn to represent the state’s population of 8th, 10th, and 12th grade students in Illinois public schools for the 2016 IYS administration.
 - Describe the process for implementing the sampling methodology.
 - Confirm your agency’s commitment to draw a new sample for each administration year.
 - ii. Coordinate the administration of the 2016 IYS that supports the random sample representing the state’s population of 8th, 10th, and 12th graders in Illinois public schools as well as with all public and private schools housing school-aged youth primarily in grades 8, 10 and 12 that voluntarily participate in the administration of the IYS. Note: The IYS will primarily be administered with youth in grades 8, 10 and 12. Grade 6 will be optional for schools and will not be included in the state level sampling methodology. Create two versions of the survey targeting 8th grade and 10th-12th grades.
 - Describe the factors (e.g. length) and information that will be used to determine the survey content (questions) for each version of the survey tool.

- Describe how the survey tools will be administered (e.g. paper-pencil).
 - Describe how the following activities, at minimum, relate to coordination and administration:
 - Tracking the status of schools' commitment to participate in administration of the survey.
 - Protocol with the schools that have agreed to participate in the administration of the survey:
 - Protocol for parental notification (passive consent is required unless the school(s) deems otherwise).
 - Provision of the survey tools (e.g. mailing, online, etc.).
 - Protocol for the administration of the survey.
 - Protocol for submission of completed surveys.
 - Describe the protocol for processing and handling completed surveys.
 - Describe the protocol for analyzing and summarizing survey data.
 - Describe the protocol for ensuring the rights of the participants and their parents/caregivers.
- iii. Develop an IYS promotion and recruitment plan and disseminate materials (i.e. information packet) in support of the plan that is designed to promote and recruit schools to participate in the 2016 IYS administration. Identify and engage IYS allies including state agencies, statewide organizations and community-based organizations to assist with promotion and recruitment of schools and school districts.
- Describe the key components of the IYS promotion and recruitment plan.
 - Describe the materials that will be developed and distributed in support of the IYS promotion and recruitment plan.
 - Describe the content that will be covered in the materials.
 - Indicate the state agencies, statewide organizations and grant and/or type of community-based organizations that will be enlisted to assist with the promotion and recruitment.
- iv. Develop and provide workshops addressing IYS topics (e.g. recruitment techniques, overview of the IYS survey, etc.) targeting state agencies, statewide organizations and/or community-based providers.
- Describe the objectives and primary content areas of the workshops that will be delivered.
 - Describe the methods (e.g. webinars, online, face-to-face, etc.) that will be used to deliver workshops.
 - Describe the outreach efforts that will be conducted to promote the workshops.
- v. Develop and maintain an interactive website, in accordance with Illinois website accessibility standards, devoted to the IYS.
- Describe the following:
 - Anticipated target audiences that will use the website.
 - Content areas that will be found on the website.
 - How the website will be interactive.

- How the Illinois website accessibility standards will be met.
- vi. Create reports with the results from the 2016 IYS administration that will be developed and distributed in fiscal year 2017.
 - Describe the content areas that will be presented in each type of report.
 - Executive Summary
 - State level report
 - County level reports
 - Chicago Community Area reports
 - School/school district reports
 - Describe the timeline associated with the development of each of the aforementioned reports.
- vii. Disseminate the key findings from the IYS reports with schools, key partners and the media in fiscal year 2017.
 - Describe how your agency will disseminate the findings from the available reports.
 - Describe how you will disseminate findings with the media including the media channels.
- viii. Provide technical assistance regarding the IYS to state agencies, statewide organizations, other state or community level initiatives, community-based providers and local schools/districts.
 - Describe the technical assistance services to be offered.
 - Describe the types of content covered in technical assistance.
 - Describe how your agency will promote the availability of technical assistance services.

b. Program Timeline

Provide a timeline inclusive of the program implementation activities, timeline for completion (month/year) and staff responsible covering fiscal year 2016 and fiscal year 2017. Include when initial start-up activities will begin and include a description for hiring of staff, staff training (if applicable), and any other key activities associated with start-up of the project.

c. Monitoring Implementation and Program Improvement

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

At minimum, all applicants will be expected to collect and report process measures. Applicants should address the following items:

- Describe the ways your agency organizes and maintains process data and the type of information collected and use for making program improvements.
- Describe your agency's capacity to summarize, report and use process data for program planning and improvement of services.

D. Budget and Budget Justification (No page limit; 15 points)

The Budget and Budget Narrative should outline expenses associated with administering all of the services outlined in the proposal. All expenses should be reasonable and appropriate based upon the proposed programming and staffing. Two budget and budget narratives should be completed: one budget and budget narrative covering fiscal year 2016 (IYS administration) and one budget and budget narrative covering fiscal year 2017 (IYS analysis and reporting).

The applicant may present a budget and budget narrative in a format of your choice; however the budget and budget narrative must include the information found in Attachment C and clearly specify the fiscal year. Expenses must be in accordance with allowable costs for this RFA.

1. Provide a Budget and Budget Justification describing how resources and personnel have been allocated for all services described.
2. Include travel allocations in the Budget Narrative to include, but not limited to the following: planning meetings, delivery of technical assistance and training (as applicable), promotion and recruitment efforts, delivery of technical assistance, etc.
3. Present any staff training needs and the expenses associated with this training.
4. Present any equipment needs and the expenses associated with each piece of equipment. Note: Equipment is any item exceeding \$500.
5. Administrative costs will be considered and must be in accordance with OMB- Circular guidance. "Administrative" means those activities performed by staff and costs which are supportive of and required for the program and for which there is no direct client contact such as administrative and fiscal staff, clerical support, rent, utilities, and general office equipment. Any administrative costs must be clearly specified. If applicable, provide documentation regarding any federally-approved indirect cost rate or a rate that has been established with the Department.

NOTE: For information regarding budget preparation, see http://www.dhs.state.il.us/OneNetLibrary/27896/documents/Manuals/CSAtrackingSystem/CSAProviderTracking_FY14CFR_Budget.pdf and also for a copy of the *Budget Instruction Manual for FY 14 (pdf)*. For information regarding allowable costs, please find the guidance on page 55. Your agency is also strongly encouraged to review the OMB circulars: <http://www.dhs.state.il.us/page.aspx?item=67326>

ATTACHMENTS

Attachment A: Applicant Cover Sheet

Attachment B: Application Content Checklist

Attachment C: Budget forms and instructions

Please use the Word document version of these Attachments to complete the proposal to the RFA.

ATTACHMENT A

**APPLICANT COVER SHEET
(INSTRUCTIONS AND FORM)**

ATTACHMENT A

APPLICANT COVER SHEET INSTRUCTIONS

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

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

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

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

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

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

4. Enter the project period to be covered by this application, if different than that indicated.
5. Mark (X) to indicate your type of organization. Documentation of current status such as a certificate of good standing from the Secretary of State or other comparable proof of status must be provided for all applicants other than governmental entities.
6. Provide the appropriate district numbers for the area(s) to be served.

**ILLINOIS DEPARTMENT OF HUMAN SERVICES
APPLICANT COVER SHEET
ATTACHMENT A**

1. APPLICANT ORGANIZATION:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

FEIN/TIN NUMBER: : _____

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

2. DATE OF SUBMISSION:

_____/_____/_____
Month Day Year

3. APPLICANT CERTIFICATION:

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

AUTHORIZED OFFICIAL:

Typed name

Title

Signature and Date

4. PROJECT PERIOD:

_____ to _____

5. TYPE OF ORGANIZATION:

- Governmental Entity
- *Not-For-Profit Corporation
- Corporation
- Medical/Health Care Provider Corporation
- *Tax Exempt Organization (IRC 501(a) only)

* Must provide documentation of current status

6. LEGISLATIVE DISTRICT NUMBERS:

CONGRESSIONAL _____

LEGISLATIVE _____
(State Senate District)

REPRESENTATIVE _____
(State Representative District)

7. FOR DEPARTMENT USE ONLY:

ATTACHMENT B

APPLICATION CONTENT CHECKLIST

Attachment B

**ILLINOIS DEPARTMENT OF HUMAN SERVICES
APPLICATION CONTENT CHECKLIST**

Name of RFA: _____

Applicant: _____

The Application should contain the following in this order:

- Application Cover Letter
- This APPLICATION CONTENT CHECKLIST
- Executive Summary
- Narrative:
 - Organization Qualifications/Organizational Capacity
 - Purpose of Funding: Program Description
 - Purpose of Funding: Program Timeline
 - Monitoring Implementation and Program Improvement
- Budget and Budget Justification
- Appendix A: Resumes
- Appendix B: Job Descriptions
- Appendix C: Organizational Chart
- One copy of the most recent audited financial statements with the original proposal

ATTACHMENT C

BUDGET FORMS AND JUSTIFICATION (INSTRUCTIONS AND FORMS)

BUDGET FOR THE ADMINISTRATION OF THE ILLINOIS YOUTH SURVEY

NOTE: For information to assist with the preparation of your agency’s budget, see <http://www.dhs.state.il.us/page.aspx?item=66900> to reference the FAQs. For a copy of the CFR, please see the *Budget Instruction Manual for FY 14 (pdf)* and refer to the guidance found on page 55. Please complete one budget for FY16 IYS administration and one budget for FY17 reporting. Clearly identify the fiscal year on each budget.

Directions for Completing the Budget Narrative:

1. **Content:** All information provided in this Budget Narrative should be specific to IYS activities and funding.
2. **Format:** Use ONLY this form in Microsoft Word – Times Roman 12.
3. **File Naming:** IYS_InsertNameofYourOrganization_Budget_InsertDateSubmitted
4. **Rounding:** Round off cents to whole dollars. To round off amounts to the nearest whole dollar, drop amounts under 50 cents and increase amounts from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3. If you have to add two or more amounts to figure the amount to enter on a line, include cents when adding and only round off the total.

Agency Name	Replace this text with Agency Name
Executive Director Name	Replace this text with Executive Director Name
Email of Executive Director	Replace this text with Email Address of Executive Director
Phone Number of Executive Director	Replace this text with Phone Number of Executive Director
Name of Fiscal Contact	Replace this text with Fiscal Contact Name
Email of Fiscal Contact	Replace this text with Email Address of Fiscal Contact
Phone Number of Fiscal Contact	Replace this text with Phone Number of Fiscal Contact

A. Personnel

[Directions: In the table below, for each position funded in whole or part by this IYS grant, add the title and name of the position, annual salary for each employee, percentage of time spent by each employee on this grant, and calculated costs charged to this grant for each position – including total cost. Add rows, if needed.]

Position Title	Employee Name	Annual Salary/Rate	% of time spent on grant (FTE)	Cost

[Directions: In the space below for JUSTIFICATION, describe the role and responsibilities of each position above that you are requesting IYS grant funds to cover.]

[Directions: In the space below for JUSTIFICATION, describe the purpose of travel, how costs were determined, and the IYS grant activity for which travel costs are associated.]

JUSTIFICATION:

D. Supplies

[Directions: In the table below, list the supplies and/or materials e.g. office supplies, survey supplies, etc.) needed to accomplish IYS grant activities, rate at which the grant is being charged, and cost of each item – including total cost. Add rows, if needed.]

Item(s)	Rate	Cost
	TOTAL COST:	

[Directions: In the space below for JUSTIFICATION, describe the purpose of supplies and/or materials, how costs were determined, and the IYS grant activity for which supply costs are associated.]

JUSTIFICATION:

E. Equipment

[Directions: In the table below, list the equipment items being charged to the IYS grant, rate at which the grant is being charged, and costs of each item – including total cost. Add rows, if needed.]

Equipment Item	Rate	Cost
	TOTAL:	\$0

[Directions: In the space below for JUSTIFICATION, break down costs into cost/unit. Explain the use of each item requested as it relates to the IYS plan.]

JUSTIFICATION:

Budget Summary

Complete the Budget Summary by inserting total costs for each budget category and an overall total for your plan.

Category	Total Costs
A. Personnel	
B. Fringe	
C. Travel	
D. Supplies	
E. Equipment	
F. Contractual	
G. Other	
OVERALL TOTAL:	