



**INSTRUCTIONS FOR COMPLETION OF REQUIRED  
DOCUMENTATION FOR FISCAL YEAR 2015  
DONATED FUNDS INITIATIVE**

**Statement of Purpose:**

The Donated Funds Initiative requires program plan documentation to complete the Community Services Agreement and is to be considered to be part of the agreement. The required documentation will include information that is specific to your organization's proposed Donated Funds Initiative program service(s). This information, along with the Community Services Agreement and Program Attachment, identify the contractual agreement between your agency and the Department.

**Required Documentation:**

**Program Plan Summary and Comprehensive Program Narrative Instructions  
Program Budget and Budget Narrative Instructions  
Attachments to the Program Plan**

**Submission of the above mentioned documentation is required to fulfill contractual obligations. Please note that some of the items contain subsections. Each item and subsection must be addressed or the documentation will be considered incomplete. Documentation containing incomplete data will be returned to your agency. Community Services Agreements will not be executed until all required documentation has been received and approved.**

**Note:** As your agency is preparing the Community Service Agreement and ancillary required documentation, you may require technical assistance. Bureau of Basic Support staff are available to provide assistance, and may be contacted at (217) 782-0693 or by fax (217) 782-0216.

**Contract Number:**  
**Document Number:**  
 (To be completed by DHS)


**ILLINOIS DEPARTMENT OF HUMAN SERVICES  
 DONATED FUNDS INITIATIVE  
 FISCAL YEAR 2015 PROGRAM PLAN SUMMARY**

1.	Agency Name:	
2.	Agency Address:	
3.	Remittance Address:	
4.	Agency Head and Title:	
	Telephone:	
	Email Address (Required):	
5.	Program Contact Person and Title:	
	Telephone:	
	Email Address (Required):	
6.	Fiscal Contact Person and Title:	
	Telephone:	
	Email Address (Required):	
7.	Fax Number:	
8.	Tax Payer I.D. Number:	
9.	Title XX Social Services Block Grant Service:	
10.	Identify the geographic service area for the DFI program ( e.g., neighborhoods, city, county):	
11.	Identify the target population to be served by the DFI program (e.g., women, men, children, age groups):	
12.	Identify the location(s) at which service provision will occur. If satellite offices are used, provide the name and address of the site(s):	

**FISCAL YEAR 2015 PROGRAM PLAN SUMMARY**  
**Cont.**

13.	A. Total Funds Requested From IDHS:	
	B. Local 25% Required Match (A)3 (Match may be all cash or a combination of cash and In-kind) no less than 10% cash and up to 15% In-Kind Match Cash +In-Kind	
	C. Total DFI Program Budget (A + B) or (A).75)	
	D. Identify amount and source(s) of Cash Match	
	E. Identify amount and source(s) of In-Kind Match	
14.	Identify your Congressional District (by number)	
	Identify your Illinois Senate District (by number)	
	Identify your Illinois House District (by number)	
15.	Identify your local IDHS office (s) that you link with, by name and number. Refer to the IDHS web site as follows: <a href="http://www.dhs.state.il.us/officeLocator/">http://www.dhs.state.il.us/officeLocator /</a>	



10. Geographic Service Area
- Provide a specific description of the geographic area the proposed DFI program will serve. Service areas may be described by indicating specific neighborhoods, cities or counties.
11. Target Population
- Provide a specific description of the target population to be served by the DFI program; women, men, children, age groups.
12. Service Location(s)
- Identify where DFI program services are delivered. If the program location is different from the administrative office address indicated in Number 2, indicate the address where service provision occurs. **Transportation providers need not indicate service as it occurs on buses/vans.**
- 13 A. DFI Funds
- Indicate the total dollar amount (75%) requested from IDHS for the proposed Donated Funds Initiative Services.
- 13.B. DFI Match
- Indicate the total dollar amount of the Required Matching Funds. DFI requires a 25% cash match from the agency ( $A \div 3$ ) or no less than 10% cash match and up to 15% in-kind match.
- 13.C. DFI Program Budget
- Add the dollar amounts listed in 13.A and 13.B ( $13.A + 13.B$ ) or divide 13.A by .75 ( $13.A \div .75$ ) and indicate the total. **This amount is considered to be the proposed program budget total.**
- 13.D. Identify source(s) of Cash Match
- Indicate the source(s) of the cash match even if you are your own donor. Examples of allowed sources of cash are: Mental Health Boards, United Way, Corporations, Local Community Foundations, Fund Raising, Local Governments and revenue received as the result of client vocational training activities.

13.E. Identify source(s)  
of In-Kind Match

Indicate the source(s) of the in-kind match. Allowable sources of In-Kind contributions are: Volunteers, under the supervision of qualified staff, that assist in providing direct services; Facility space donated for use and provision of direct services; Program supplies, goods, and services donated to assist in the provision of direct services; Equipment loaned or donated for the provision of direct services; and Direct services of provider staff after normal work hours-these staff must not be associated with the program.

14. Congressional, Senate  
and House District

Identify your Congressional District, Illinois Senate District and Illinois House District by number. Refer to the Illinois State Board of Educations web site at the following address to determine the appropriate district:  
<http://www.elections.state.il.us/DLS/Pages/DLSAddressCrit.asp>

15. IDHS Local Office

Identify your local IDHS office(s) that serve your customers. Refer to the IDHS web site at the following address to determine the appropriate office: <http://www.dhs.state.il.us/officeLocator/>

**TITLE XX SOCIAL SERVICES BLOCK GRANT  
DONATED FUNDS INITIATIVE  
2015 COMPREHENSIVE PROGRAM NARRATIVE**

**A. AGENCY QUALIFICATIONS**

The Applicant should describe their agency and its qualifications for funding. The Applicant should clearly establish who is applying for the funds, describe the broader agency's goals and purposes, and how they relate to the National Goals identified for the Title XX Social Services Block Grant. At a minimum, the Applicant **must** include the following:

1. Describe the Agency's mission, history and experience in providing services to the target population.
2. Describe the agency's Board of Directors including its structure, selection of members, terms of officers and members, and functions. **Provide a list of current officers and members with the Program Plan.**
3. Describe how your agency will impact the targeted population and demonstrate how your agency is rooted in the community you propose to serve.
4. Describe the agency's capacity to develop, perform and integrate DFI program requirements. Additionally, describe your agency's capacity to integrate services with DHS programs including, but not limited to, Food Stamps, Transitional Assistance to Needy Families (TANF) and Medicaid programs.
5. Describe the agency's capability to create and maintain community linkages and collaborations to provide services. Identify the community service networks to address DFI program participant service needs not provided by the agency. If intra-agency referrals are used to obtain services for DFI program participants, identify the areas used within the agency and the referral process. If the agency cannot provide services to cover the entire geographic area stated on Page 1, Item 10 of this Program Plan, explain how community service networks will be utilized to cover the area. **The description must include how your agency will collaborate with your local Department of Human Services Office for information and referrals.**
6. Describe the staffing plan for the proposed DFI services. Included in the description should be staff functions and required agency education, training or certification credentials. If volunteers provide DFI services, provide a description of the agency required volunteer training and indicate who provides oversight of the volunteers.

## B. NEEDS STATEMENT

Describe the DFI program's population relating to age, ethnicity, standard of living, and family composition. Describe any assessment activities undertaken by the agency to identify the target population. Describe the community and/or agency needs or problems that the DFI funding will address. Statistical evidence should be provided to support the contention of the need. Statistical evidence may include informal or formal assessments the agency uses to identify the community's need for the DFI funded service(s). Include changes in target population or characteristics from the preceding year and reasons for the change.

## C. PROGRAM PLAN – ANTICIPATED SERVICE LEVELS

The agency must provide a comprehensive narrative that describes the program activities and service design for implementation and administration of the DFI funded service program. The narrative must address the following:

1. Participants receiving services from DFI funding must be identified separately in agency records. Describe how your agency determines which participants are eligible for DFI program services. **Please remember that income may not be used as a basis for determining eligibility.** Also, please describe what method will be used to separately identify DFI participants in your agency records.
2. Please explain the availability and accessibility of the services to the targeted population. In particular please address the days of the week and the hours of the day that the services will be offered. Include whether appointments are required for services. Also, please indicate the location (agency site, client home, school, community site, etc.) in which the services will be offered and what transportation (agency provided transportation, mass transit, walking due to close proximity, etc.) the client has available to access these services.
3. Describe the direct service activities provided to DFI program participants including the agency's definition of the activity, the purpose for each activity and how it will be carried out. Explain how these services relate to the service category listed on the Anticipated Funding and Service Levels document listing program services. Identify any changes in the service activities from the previous year.
4. Fully describe the service(s) provision that will be subcontracted, if applicable. Include service activity or the number of service units and the unit rate to be subcontracted. If units of service do not apply, provide an explanation of the type and quantity of services to be subcontracted. The subcontractor must agree to comply with all provisions of the DFI Agreement. The subcontract shall be constructed in such a fashion as to include, and bind the subcontractor to all requirements contained in the Community Services Agreement. **A copy of the subcontract must be submitted with the Program Plan.**
5. The agency should enumerate the broad **program goals** to be achieved through this funding. Each goal addressed should have an itemization of objectives used to meet the goal. Each objective must identify an outcome to be reached and it must be described in measurable terms. The activities used should flow naturally from the problems identified and the objectives set. They should be described clearly and in logical sequence. The narrative should present a reasonable scope of activities that can be conducted within the

time and resources of the program. **Note: In addition to the goals and objectives the agency identifies, DHS will specify goals and objectives for each Title XX Social Services Block Grant service in the format prescribed by the Department. See Attachment Cover Sheet Addendum.**

**D. REPORTING AND TRACKING**

The agency should provide a detailed explanation of how the agency will document, track and report the DFI funded services to the Department. The detailed explanation must include the following:

1. Explain how the agency will record and track the service activities delineated on the Attachment Cover Sheet Addendum.
2. Identify how DFI program performance will be measured, tracked and reported. **A copy of DFI Performance Indicators Quarterly Report must be completed each quarter for FY2015. See Title XX Social Services Block Grant FY2015 Program Manual.**

**E. ATTACHMENTS - Attach copies of the following, as appropriate:**

- An organizational chart
- Staff Job Descriptions
- List of Current Board Subcontracts, if applicable
- Program Budget and Narrative

**FY'15 Title XX Donated Funds Initiative Budget  
(include 25% match)**

	<b>(A) Admin/ Indirect</b>	<b>(B) Program Services</b>	<b>(C) Total</b>
<b>A. Personal Services:(Attach Narrative)</b>			
Salaries	\$	\$	\$
Payroll Taxes	\$	\$	\$
Fringe Benefits	\$	\$	\$
Contractual	\$	\$	\$
<b>B. Consumables:(Attach Narrative)</b>	\$	\$	\$
Supplies	\$	\$	\$
Printing	\$	\$	\$
Postage	\$	\$	\$
<b>C. Occupancy:(Attach Narrative)</b>			
Rent	\$	\$	\$
Utilities	\$	\$	\$
Building Maintenance	\$	\$	\$
Telephone	\$	\$	\$
<b>D. Miscellaneous:(Attach Narrative)</b>			
Staff Travel	\$	\$	\$
Equipment Maintenance	\$	\$	\$
Depreciation	\$	\$	\$
Conferences, Meetings	\$	\$	\$
Liability/Other Insurance	\$	\$	\$
Management/General (Attach a separate sheet to break out)	\$	\$	\$
<b>E. Other (Specify):(Attach Narrative)</b>			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Administrative Cost Percentage**

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

$$\frac{\text{Grand Total of Column A}}{\text{Grand Total of Column B}} \times 100 = \text{ \_\_\_\_\_\_ } \% \text{ No more than 20\%}$$

Reimbursement is not available for purchase of fixed equipment more than \$1,000. Typical examples for administrative/indirect are administrative personnel, rent, utilities, building maintenance, local telephone,



## **BUDGET NARRATIVE**

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

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

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