



INSTRUCTIONS FOR COMPLETION OF REQUIRED DOCUMENTATION FOR

FISCAL YEAR _____ 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**
- Projected Performance Indicator Report and Instructions-Program Specific**

Also included with your materials is the Annual Minority Senior Report and Instructions. This report is due at the end of the fiscal year and is provided now to allow your agency to begin data collection.

All items contained in the above mention items are required items. Some of the items contain subsections. Information for each item and subsection must be provided 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 Title XX Social Service staff are available to provide assistance, and may be contacted at (217) 782-0693 or by fax (217) 782-0216.



INSTRUCTIONS FOR COMPLETION OF REQUIRED DOCUMENTATION FOR

Contract Number _____

Document Number _____

(To be completed by DHS)

ILLINOIS DEPARTMENT OF HUMAN SERVICES DONATED FUNDS INITIATIVE

FISCAL YEAR _____ **PROGRAM PLAN SUMMARY**

1. Agency Name: _____

2. Agency Address: _____

3. Remittance Address: _____

4. Program Contact Person and Title: _____

Telephone: _____ Email Address (Required) _____

5. Fiscal Contact Person and Title: _____

Telephone: _____ Email Address (Required) _____

6. Fax Number: _____

7. Tax Payer Identification Number: _____

8. Title XX Social Services Block Grant Service: _____

9. Identify the geographic service area for the Donated Funds Initiative program (e.g. neighborhoods, city, county).

10. Identify the target population to be served by the Donated Funds Initiative program (e.g., women, men, children, age groups).



INSTRUCTIONS FOR COMPLETION OF REQUIRED DOCUMENTATION FOR

11. Identify the location(s) at which service provision will occur. If satellite offices are used, provide the name and address of the site(s).

12. A. **Basis for Cost Reimbursement:** Costs incurred according to the approved line item budget for all providers with the exception of Rehabilitation and Treatment for Substance Abuse providers. **(Do not complete)**

B. Unit Basis (For Rehabilitation and Treatment for Substance Abuse providers only)

Number of Individual Units (one-to-one ration) _____ **X** _____ Per Unit=\$ _____

Number of Group Units (more than one client) _____ **X** _____ Per Unit=\$ _____

13. A. Total Funds Requested From Illinois Department of Human Services: \$ _____ (75%)

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 \$ _____ (25%)

Total Donated Funds Initiative Program Budget (A+B) or (A÷.75) \$ _____ (100%)

C. Identify source(s) of Cash Match _____

D. Identify source(s) of In-Kind Match _____

14. Identify your Congressional District (by number) _____

your Illinois Senate District (by number) _____

your Illinois House District (by number) _____

Refer to the Illinois State Board of Elections web site at the following address to determine the appropriate district:
<http://www.elections.il.gov/DistrictLocator/DistrictOfficialSearchByAddress.aspx>

15. Identify your local Department of Human Services office that you link with, by name and number

Refer to the Illinois Department of Human Services web site as follows:
<http://www.dhs.state.il.us/officeLocator/>



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INSTRUCTIONS FOR THE COMPLETION OF THE DONATED FUNDS INITIATIVE PROGRAM PLAN

Summary Information: Pages 1-2 provides agency contract information and summarizes program information. The Program Plan is considered to be the contract deliverables.

1. Agency Name Indicate the agency's name.
2. Agency Address Indicate the address where the agency's administrative offices are located.
3. Remittance Address: Indicate the address of the location where the agency has agreed that payments from Illinois Department of Human Services must be mailed.
4. Program Contact Person, Title, Telephone, Email Provide information specific to the individual whom the agency designates as the Program Contact. This person must be familiar with the services provided to Donated Funds Initiative program participants. **An e-mail address is now required.**
5. Fiscal Contact Person, Title, Telephone, Email Provide information specific to the individual whom the agency designates as the Fiscal Contact. This person must be familiar with the agency's fiscal policies and expenditures allocated to the Donated Funds Initiative. **An e-mail address is now required.**
6. Fax Number: List the agencies' fax number. If separate fax numbers are designated for fiscal and program contacts, please identify each number.
7. Tax Payer Identification Number List the Federal Taxpayer Identification Number/Social Security Number for your agency.
8. Title XX Social Services Block Grant Service The Department has identified the Title XX Block Grant Services for which your agency is eligible for funding consideration in the Community Services Agreement Attachment Cover Sheet under the program field. The Title XX Block Grant Services are also listed in Attachment J.
9. Geographic Service Area Provide a specific description of the geographic area the proposed Donated Funds Initiative program will serve. Service areas may be described by indicating specific neighborhoods, cities or counties.
10. Target Population Provide a specific description of the target population to be served by the Donated Funds Initiative program; women, men, children, age groups.
11. Service Location(s) Identify where Donated Funds Initiative 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.**
- 12A. Basis for Cost Reimbursement Costs incurred according to the approved line item budget for all providers with the exception of Rehabilitation and Treatment for Substance Abuse providers. **(Do not complete)**



INSTRUCTIONS FOR COMPLETION OF REQUIRED DOCUMENTATION FOR

- 12B. Unit Basis **For Rehabilitation and Treatment for Substance Abuse Only** - The units must be delineated between individual units and group units. Individual units would be based on a one-to-one staff to participant ratio. Group units must be based on a staff to participants ratio of greater than one.
- Indicate the number of proposed individual units and the proposed individual unit rate. Multiply the total number of individual units by the individual unit rate for the total amount of the contract that is attributed to individual units.
- 13.A. Donated Funds Initiative Funds Indicated the number of proposed group units and the proposed group rate. Multiply the total number of group units by the group unit rate for the total amount of the contract that is attributed to group units.
- Indicate the total dollar amount (75%) requested from Illinois Department of Human Services for the proposed Donated Funds Initiative Services.
- 13.B. Donated Funds Initiative Match Indicate the total dollar amount of the Required Matching Funds. Donated Funds Initiative requires a 25% cash match from the agency (A÷3) or no less than 10% cash match and up to 15% in-kind match.
- 13.C. Donated Funds Initiative 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÷.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; Equipment loaned or donated for the provision of direct services; and Direct services of provider staff after normal work hours-these staff must 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.il.gov/DistrictLocator/DistrictOfficialSearchByAddress.aspx>
15. Illinois Department of Human Services Local Office Identify your local Illinois Department of Human Services office(s) that serve your customers. Refer to the Illinois Department of Human Services web site at the following address to determine the appropriate office. <http://www.dhs.state.il.us/officeLocator/>



INSTRUCTIONS FOR COMPLETION OF REQUIRED DOCUMENTATION FOR

TITLE XX SOCIAL SERVICES BLOCK GRANT DONATED FUNDS INITIATIVE

_____ 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 9 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.



INSTRUCTIONS FOR COMPLETION OF REQUIRED DOCUMENTATION FOR

C. PROGRAM PLAN - CONTRACT DELIVERABLES

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. Describe how the participant's eligibility is determined for DFI program services. Describe how DFI participants will be identified and reported to the Department.
2. 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 Page 1, Item 8 of this Program Plan and in Attachment J, III. Program Services. Identify any changes in the service activities from the previous year.
3. 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.**
4. The agency should enumerate the broad 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 performance measures for each Title XX Social Services Block Grant service in the format prescribed by the Department.

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 the FY _____ DFI Projected Performance Indicator Report must be transmitted with the Program Plan. A copy of the DFI Performance Indicators Quarterly Report must be completed each quarter for FY _____ . See Title XX Social Services Block Grant FY _____ Program Manual.**