



FY23 NOFO APPENDIX D - EXECUTIVE SUMMARY

Organization Name:	
FEIN Number:	
Address:	
Website:	
Authorized Representative Name:	
Authorized Representative Phone:	
Authorized Representative Email:	
Contact Person Name:	
Contact Person Phone:	
Contact Person Email:	

Indicate the eligible service area for which applicant is applying:	
Indicate the site location(s) of where youth intervention services will be performed in this community; Indicate if the location is a sub-recipient location.	

Grant Period	Requested Funding Amount (enter whole dollar amounts)
FY23 (12/1/22 to 6/30/23)	
FY24 (7/1/23 to 6/30/24)	
Total Request (should equal "total request" in table on page 3)	

Is applicant's budget for FY23 entered into CSA and submitted for program review?	
Is applicant's budget for the entire project period (through June 2024) entered on the PDF Uniform Budget Template and submitted as part of this application as an attachment?	

Indicate number of years of experience the applicant organization has delivering youth intervention services consistent with the services described in this NOFO.	
Indicate number of years of experience the applicant organization (and sub-grantees) have delivering youth intervention services to individuals living in high-risk communities within the service area for which the applicant is applying.	
Indicate number of years of experience the applicant organization (and sub-grantees) have collaborating with other community agencies to achieve a common goal	



**FY23 NOFO APPENDIX D - RPSA YOUTH
INTERVENTION SERVICES EXECUTIVE SUMMARY**

Indicate and briefly describe the type(s) of youth intervention services the applicant has provided or is currently providing (i.e., mentoring, caregiver engagement, life skills etc.) Include the location(s) for these services.

Briefly describe applicant's accomplishments and outcomes as a result of delivered youth intervention services within the service area for which the applicant is applying.

Briefly describe the root causes of firearm violence in high-risk communities, including any specific causes of violence in the eligible community the applicant is applying for



State of Illinois
 Department of Human Services
**FY23 NOFO APPENDIX D - RPSA YOUTH
 INTERVENTION SERVICES EXECUTIVE SUMMARY**

Indicate below which Youth Intervention Service(s) the applicant is proposing.
 For each Proposed Service:

- Enter projected # of youth to be served
- Enter budget amount request. Provide a brief description (1-3 sentences.)
- Describe how this service will impact and address firearm violence

<input type="checkbox"/> Mentoring	Projected number of youth:	Budget Request:
Description:		

Impact on firearm violence:		
-----------------------------	--	--

<input type="checkbox"/> Caregiver Engagement	Projected number of youth:	Budget Request:
Description:		

Impact on firearm violence:		
-----------------------------	--	--

<input type="checkbox"/> Safe Place Programing	Projected number of youth:	Budget Request:
Description:		

Impact on firearm violence:		
-----------------------------	--	--

<input type="checkbox"/> Life Skills	Projected number of youth:	Budget Request:
Description:		

Impact on firearm violence:		
-----------------------------	--	--

<input type="checkbox"/> Employment Readiness & Skill Development	Projected number of youth:	Budget Request:
Description:		

Impact on firearm violence:		
-----------------------------	--	--

Total Number of Youths to be served (duplicated count):	Total Request:
Total Number of Youths to be served (unduplicated count):	