Instructions: Program Narratives may not exceed 15 pages, single spaced, 1” margins and must be written in Times New Roman, size 12 font. Do not delete template questions in your response and do not change the formatting of the document. Any question in the program narrative for which no point values have been assigned must still be answered by the applicant. Questions that require a narrative response should be answered in the box that says “Response” underneath the question.

**Geographic Area**

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| 1. Select one of the boxes below that best describes the geographic area where most of your services are provided. **(25 points)** *Note: To click on the box, hover your mouse over the box. Click once on the left button and you should see the box change from being blank to having an “X” inside.*   City of Chicago  Cook County  Lake County |

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| 1. List all counties where you are proposing services. If the entire county is not being served, list the towns/cities being proposed. If the entire town/city is not being proposed, list the neighborhoods. **(0 points)** |
| Response: |

**Statement of the Problem**

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| 1. Describe the extent of street violence in this geographic area. **(5 Points)** |
| Response: |

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| 1. Describe strengths and challenges of the community(ies) to be served. A minimum of two strengths and two challenges are required. **(3 Points)** |
| Response: |

**Agency Capacity and Experience**

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| 1. State your agency’s current annual operating budget. **(1 Point)** |
| Response: $ |

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| 1. Describe your agency’s experience managing grants. **(3 Points)** |
| Response: |

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| 1. Describe all current funding sources that support street intervention. At a minimum, describe each source of funds, including amount and anticipated expiration date of funds. Please included receipt of American Rescue Fund Act funding to support street intervention/CVI services in the past two years (SFY22, SFY23, SFY24). **(7 Points)** |
| Response: |

**Proposed Program**

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| 1. What is the projected number of participants to be served with these funds. Please provide the age range of participants. **(0 Points)** |
| Response: |
| 1. Program Details |
| 1. Describe how your program currently fits with the below description of Street Intervention/Outreach. **(6 Points)**   ▶ Be specific about what your current program does and does not offer.  ▶ If your current street intervention program offers services beyond the elements of a street intervention program described below, your response needs to state what those services are.  *Street Intervention/Outreach refers to actively working in “the streets” to engage individuals who are at immediate or high risk of either being victims or perpetrators of violence. Outreach staff are credible messengers who engage with these individuals in a variety of settings, including parks, homes, street corners, community centers, schools, hospitals, or any place these at-risk individuals frequent. Outreach staff build trusting relationships with high-risk individuals so that they can mediate existing and potential conflicts to prevent incidents of violence and promote peace.*  *Outreach and support staff serve as connectors to services and as supporters to high-risk individuals and their families. Services can include, but are not limited to, healthcare and mental health treatment, housing, substance abuse disorder treatment, and employment assistance. These services enable individuals to live a life free of violence and as a positive contributor to their families and communities. Outreach efforts are typically conducted in the afternoons/evenings and late at night when violence is most prevalent. Some key outreach activities include:*   * Community engagement. * Engaging and support individuals, families, and groups at high risk of violence. * Reclaiming public spaces for safe activities for the entire community. * Responding to critical incidents, such as shootings and homicides, to de-escalate tension. * Supporting victims and their families. * Conducting proactive peace building activities. * Mediating and resolve conflicts between street groups. * Making referrals for services and support. |
| Response: |
| 1. Select the box(es) that best describes what you will do with these funds. If you plan to both enhance (provide additional services) and expand (provide existing services to additional participants) select both boxes. (0 Points) *Note: To click on the box, hover your mouse over the box. Click once on the left button and you should see the box change from being blank to having an “X” inside.* |
| Response:  Sustain  Enhance (provide additional services)  Expand (provide existing services to additional participants) |
| 1. Depending on which box was selected above, please respond to one or both of the items below:   ▶ If this will sustain program services (i.e., ARPA funds are expiring), describe how these funds will support continuation of services and the impact of not receiving these funds to sustain programming.  ▶ If this will be a program enhancement (i.e., providing additional services), describe what additional services will be provided.  ▶ If this will be a program expansion (i.e., providing services to more participants), describe which of the current services will be provided to these new participants, and which services will not be provided to these new participants. If every service will **not** be provided to new clients, explain why.  **(6 points)** |
| Response: |
| 1. Describe any other violence prevention efforts your agency engages in, including linkages to mental health services and how it tracks participants on waiting lists. **(6 Points)** |
| Response: |
| 1. Describe the relationship/interplay between the current street intervention program and other violence prevention efforts your agency engages in (i.e., in what ways do they work together?). **(6 Points)** |
| Response: |
| 1. Describe any partnerships with other organizations that are essential to ensuring participant immediate needs are being addressed as part of the service plan. It’s recommended (but not required) that applicants have a letter of commitment or a linkage agreement. This letter of commitment and/or linkage agreement does not need to be submitted as part of this Notice of Funding Opportunity.   **(6 Points)** |
| Response: |

**Program Staffing**

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| 1. List and describe all staff positions assigned to the proposed program. Include at minimum: name of position; roles and responsibilities; reporting and supervision structure. **(6 Points)** |
| Response: |

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| 1. Describe supervision process for direct service employees, including outreach staff. **(6 Points)** |
| Response: |

**Goals, Objectives, and Performance Measures**

Funded programs will be required to submit quarterly progress reports that will minimally include the following information based on the objectives the applicant agencies propose in their response to this solicitation. The applicant MUST fill in the spaces provided. **(4 Points)**

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| **3-Month Goal:** Sustain, enhance, or expand an existing CVI street intervention program that will serve youth/young adults at risk for perpetrating or experiencing gun violence. | |
| **Objectives** | **Performance Measures** |
| Hire outreach staff.  Hire support staff as necessary | * [\_\_\_\_] (insert number) staff hired. * [\_\_\_\_] (insert number) support staff hired. * Position title of hired staff |
| Fully prepare street intervention staff to conduct street interventions.  Fully prepare street support to provide services. | * [\_\_\_\_] (insert number) street intervention staff trained. * [\_\_\_\_] (insert number) support staff trained. |
| Provide services to high-risk individuals and their families | * [\_\_\_\_] (insert number) high-risk individuals retained services * [\_\_\_\_] (insert number) of new high-risk * [\_\_\_\_] (insert number) individuals receiving services * participants completing/exiting services |
| Provide participants crisis/mediation response on scene after homicide or shooting.  Provide participants mediations regardless of location | * [\_\_\_\_] (insert number) crisis/mediations responses on scene after shooting * [\_\_\_\_] (insert number) mediations by status (resolved, resolved if conditions met, resolved temporarily, ongoing, unknown) * [\_\_\_\_] (insert number) mediations resolved * [\_\_\_\_] (insert number) hours spent mediating |
| Provide participants additional linkages and referrals (housing, food, employment, etc.) | * [\_\_\_\_] (insert number) additional linkages and referrals * [\_\_\_\_] (insert number) referrals internal * [\_\_\_\_] (insert number) referrals external |
| Provide linkages to mental health services | * [\_\_\_\_] (insert number) participants referred to mental health providers * [\_\_\_\_] (insert number) participants placed on a waiting list for mental health services |
| Count of prompting incidents  Count of non-prompting incidents | [\_\_\_\_] (insert number) non-fatal shooting  [\_\_\_\_] (insert number) fatal shooting  [\_\_\_\_] (insert number) non-fatal other weapon  [\_\_\_\_] (insert number) fatal other weapon  [\_\_\_\_] (insert number) Outreach Worker Witnessed  [\_\_\_\_] (insert number) notification by community member  [\_\_\_\_] (insert number) Notification by participant   * [\_\_\_\_] (insert number) Notification by community partners (agency, representative, provider type) |
| If this is a program enhancement, offer additional services beyond what is currently offered. | * [\_\_\_\_] (insert number) additional services * List of additional services |

**Implementation Schedule**

Complete the table below, defining each step in the implementation and operation of the proposed program, detailing the staff position responsible for each task and a target date for completion. For programs that will be enhancing or expanding the current street intervention programs, the implementation schedule must demonstrate when those services will be implemented. Do not use staff names. Please add additional lines as necessary. **(4 Points)**

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| **Task** | **Staff Position Responsible** | **Date Due** |
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| Submit quarterly data report and quarterly timekeeping certifications to the Authority |  | October 15, 2024 |
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| Submit quarterly data report and quarterly timekeeping certifications to the Authority |  | January 15, 2025 |
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| Submit quarterly data report and quarterly timekeeping certifications to the Authority |  | April 15, 2025 |
| Submit monthly financial status reports to the Authority |  | 15th of month after the end of the reporting month |
| Submit closeout financial status report, property inventory, and closeout data report to the Authority |  | July 30, 2025 |

**Grantee Contact Information:** Fill out the grid below. (0 points)

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| **Name:** |  |
| **Title:** |  |
| **Address:** |  |
| **City:** |  |
| **Zip:** |  |
| **Phone:** |  |
| **TTY#:** |  |
| **Fax#:** |  |
| **Email address:** |  |