**STATEWIDE DEFERRED PROSECUTION PROGRAM**

**PROGRAM NARRATIVE**

**NOFO # 2827-0925**

Program narrative must be submitted via AmpliFund. This document is for reference only. Applicants are highly encouraged to review the questions and complete a response on a separate document, then log into AmpliFund and “copy & paste” the response in the appropriate section.

The AmpliFund system times out after 20 minutes of inactivity. Clicking “save and continue” is encouraged as you begin completion of information in AmpliFund.

**Uniform Grant Application – Applicant Completed – 0 Points**

Applicant’s Organizational Unit



Department Name





Division Name



Applicant's Name and Contact Information for person to be Contacted for Program Matters involving this Application



First Name





Last Name





Suffix





Title





Organizational Affiliation





Telephone Number





Fax Number





Email Address



Applicant's Name and Contact Information for Person to be Contacted for Business/Administrative Office Matters involving this Application



First Name





Last Name





Suffix





Title





Organizational Affiliation





Telephone Number





Fax Number





Email Address



Areas Affected



Are areas affected by the project?

 Yes

 No



Please list the areas affected by the Project (cities, counties, state-wide)



Add Attachments (e.g., maps)

[Areas Affected.pdf](https://il.amplifund.com/documents/documents/publicview/328869)



Legislative and Congressional Districts of Applicant



Legislative and Congressional Districts of Program/Project



Attach additional list, if needed

[Congressioinal Districts.pdf](https://il.amplifund.com/documents/documents/publicview/328871)

Applicant’s Project



Description Title of Applicant’s Project





Proposed Project Term Start Date





Proposed Project Term End Date



Applicant Certification



Applicant Certification

By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)

(\*)The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.



Applicant Certification

 I agree

**Program Narrative – Summary of the Program – 5 Points**

**Question 1:**

Briefly summarize the proposed program, stating the jurisdiction where the program will be implemented and the program components that will be supported. See NOFO Instruction document Section A.1. Program Requirements for information on component(s).

**Program Narrative – Statement of the Problem – 20 Points**

**Question 1**

Describe the jurisdiction to be served, detailing any demographic information, location or other characteristics that inform the design of the program. Applicants may reference [ICJIA Dataset Hub](https://icjia.illinois.gov/researchhub/datasets/) as data sources. However, use of the Dataset Hub is not mandatory and applicants may use additional data sources that are available to them.

**Question 2**

Please provide information on current caseloads that would be affected by the proposed program.

**Question 3**

Please describe existing structures or resources in place to enable the jurisdiction to implement the program. For instance, please describe any diversion or deflection programs currently operated in the jurisdiction.

**Question 4**

Using your responses to questions 1 -3, please state the problem to be addressed through this funding.

**Program Narrative – Proposed Program Design – 40 Points**

**Question 1** **–** **5 Points**

Describe how your proposed program will address the stated problem, describing program eligibility, any alleged offenses that would disqualify an individual from participation, standards for successful program completion, and the consequences of non-compliance or unsuccessful program completion.

**Question 2 -- 5 Points**

Please describe how local law enforcement, judges, assistant state’s attorneys, potential participants and their legal representatives will be made aware of the program.

**Question 3 – 5 Points**

Please describe how potential participants will be selected for the program, detailing any assessment that will be performed before considering an individual for participation and the process.

**Question** **4 – 5 Points**

Please describe the level of discretionthe level of discretion that state’s attorneys will have to admit participants who do not strictly meet program eligibility criteria.

**Question** **5 – 5 Points**

Please describe how individual progress in the program will be monitored.

**Question 6 – 5 Points**

Please describe any human services that participants will be linked to or receive through the program.

**Question 7 – 5 Points**

Describe the anticipated challenges and barriers to implementing this program and how you plan to mitigate/overcome them.

**Question 8 – 5 Points**

SDP funding may support local implementation programs for a maximum of 30 months of program activity. What step will you take during the funded period to sustain the program?

**Program Narrative – Agency Capacity and Experience – 5 Points**

**Question 1 – 3 Points**

Describe your organization’s history and expertise in the provision of similar services.

**Question 2 – 2 Points**

Describe your organization’s fiscal experience and capacity to manage grants. Include total staff dedicated to all grants at your organization and all funding sources that support programming. Include quantitative (e.g., size of budget and number of grants) and qualitative (e.g., process and procedure; summary of previous management) descriptions. If your proposed program includes any subgrants and/or subcontracts, describe any experience your organization has in administering grants or subawards to other organizations.

**Program Narrative – Project Management and Staffing – 5 Points**

Question 1 -- 1 **Points**

Describe the process you will follow for the collection and submission of performance measures. Include staff responsible for the collection and approval process.

Question 2 -- 1 **Points**

How will you collect program performance data?

**Question 3 –** **3 Points**

**Please download, complete, and re-upload the attached Staffing Table Word document for your proposed program.**

Use the table to detail the staff who will oversee the program funded by this opportunity. Include titles, duties, primary qualifications and any mandatory training or certifications

**Program Narrative – Implementation – 5 Points**

**Question 1 - 5 Points**

Please download, complete, and re-upload the attached Project Implementation Schedule Word document below.

Define each step in the implementation and operation of the proposed program, detail the staff position responsible for each task, and include a target date for completion. Do not use staff names only job titles.

**Program Narrative – Goals, Objectives and Performance Measures – 10 Points**

**Question 1 - 10 Points**

Please download, complete, and re-upload the attached Goals, Objectives, and Performance Measures Table Excel spreadsheet for your proposed program.

The funded grantees must submit quarterly data reports on program performance measures to track program progress and outcomes. Objectives should measure meaningful, tangible changes resulting from program implementation.

Process objectives are project milestones to track progress on implementing the proposed activities.

Outcome objectives are results the project seeks to achieve in support of the program's overall goal.

Performance measures are discrete, clear, and quantifiable and set to determine whether funded activities are meeting goals. The items listed under Performance Measures will be reported to ICJIA in the progress reports.

The table in the attached spreadsheet details objectives linked to performance indicators that show progress toward the proposed program goal. Applicants will be asked to complete the table by entering ambitious yet realistic numbers in the areas marked with “XX” for each funded component that their program will address and its corresponding process objectives. Proposed programs are not required to address every component, only those that are applicable to the proposed programs. Applicants may add rows and define additional objectives and related performance measures.

**Budget and Budget Narrative – 10 Points**

**Please download, complete, and re-upload the attached Uniform Budget Template Excel spreadsheet for your proposed program.**

Applicants should submit budgets based upon the total estimated costs for the project including all funding sources. This program is for 5 months, both the budget and budget narrative should reflect 5 months of programming. Pay attention to applicable program-specific instructions, if attached. The applicant organization should refer to the funding restrictions on pages 10-12 of the NOFO Instructions document and 2 CFR 200, “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards” cited within these instructions.

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| **Application Submission via AmpliFund**  The following steps are required:   1. Applicants must register at the Illinois Grant Accountability and Transparency Act (GATA) Grantee Portal: <https://grants.illinois.gov/portal/>. 2. Applying Organizations must identify an individual(s) who will submit the application via AmpliFund, this person will serve as the Primary Contact for this application. However, more than one individual can have access to and complete components of the application via AmpliFund. The Primary Contact must submit the applications, including attachments, via Amplifund.   To apply, go to: [https://il.amplifund.com/Public/Opportunities/Details/d3b47bc3-73b9-435d-8797-adfa9a9e3d47](https://il.amplifund.com/Public/Opportunities/Details/d3b47bc3-73b9-435d-8797-adfa9a9e3d47%20)  To be considered for funding, completed applications must be submitted via the above AmpliFund link by the application deadline of 5:00 p.m., December 17, 2025.  ICJIA encourages applicants to review the Technical Assistance Recording for more information on how to apply. |