**FFY22 Justice Assistance Grant**

**Support for Public Defense Services**

**PROGRAM NARRATIVE**

**NOFO # 2094-0625**

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.

**Narrative Questions**

Draft your narrative by completing the following. Please do not delete the items. Before initiating your application, gather data to support your problem statement and performance measures. Truly analyze the problem in your jurisdiction and determine how your grant activities will impact your program goals, objectives and, mainly, the desired outcomes.

**Applicant Information** (1 point for answering all three sections in the table below)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section 1:  Please check mark ONE box of the Illinois regions where most of the proposed activity will take place. Multi- or cross-regional applications will be assigned to geographic regions where program activity is anticipated to be most significant. For instance, if an applicant proposes to serve three counties in geographic Region 1 and most of the proposed activity will take place in geographic Region 2, the application will be assigned to region 2. (*See Attachment 1 – Illinois Regions in the NOFO)*   |  |  | | --- | --- | | Check mark ONE box | Illinois Regions | |  | Cook County Region | |  | Collar Counties Region | |  | Northern Region outside Cook and Collar Counties | |  | Central Counties Region | |  | Southern Counties Region | | | |
| Section 2:  If you are a government entity applying with subgrantees, how many organizations total are included in your program?  Does each partner fully understand and is aware of their role and responsibilities as either passthrough entity or subgrantee? ***Please read*** [***ICJIA Passthrough Entity Policy***](https://icjia.illinois.gov/grants/rules-regs-policies) ***before responding***  Does each partner understand that lesser awarded amounts must be prorated among all partners? | | |
| Section 3:  Please complete the below table for each agency in your program. | | |
| **Lead Applicant Agency Name** | **Current Annual Operating Budget** | **Agency Website** |
|  |  |  |
| **If known and if applicable,**  **Subgrantee Agency Name** | **Current Annual Operating Budget** | **Agency Website** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Program Summary**

1. Provide a clear, concise (one paragraph) summary of the program, including problem to be addressed and outcomes to be gained. (4 points)

|  |
| --- |
|  |

**Statement of the Problem**

1. The problem statement should include a description of the problem that will be the focus of the program and the needs of the community. Problem statements should include data to assist reviewers in understanding the magnitude, frequency, and type of the problem you want to address. (10 points)

|  |
| --- |
|  |

Description of the Service Area

1. Please list all counties to be served. If applying as lead entity with subgrantee(s), list counties served by each agency. (2 points)

|  |
| --- |
|  |

1. Provide the population size, the urban/suburban/rural characteristics of the area to be served, as well as any other descriptive information (i.e., socio-economic, employment, poverty indicators, etc.) relevant to the statement of the problem. (2 points)

|  |
| --- |
|  |

1. Complete the data table using data for the jurisdiction(s) that your program will serve (include all counties in your program area). Include any additional data that you may have available in your jurisdiction that speaks to your proposed program. (3 points)

You may refer to the [Annual Report | Office of the Illinois Courts](https://www.illinoiscourts.gov/reports/annual-report-illinois-courts/) for data.

|  |  |  |
| --- | --- | --- |
| **Data Element** | **2022** | **2023** |
| Population of counties served |  |  |
| Total criminal cases filed |  |  |
| Felony criminal cases filed |  |  |
| Circuit clearance rate (%) for **criminal** cases ([Office of the Illinois Courts)](https://ilcourtsaudio.blob.core.windows.net/antilles-resources/resources/2e8fe39f-d040-47ee-a2b5-d53880fccb19/2023%20Annual%20Report%20Statistical%20Summary.pdf) |  |  |
| Circuit - average time lapse in months for criminal felony cases (jury trial) ([Office of the Illinois Courts)](https://ilcourtsaudio.blob.core.windows.net/antilles-resources/resources/2e8fe39f-d040-47ee-a2b5-d53880fccb19/2023%20Annual%20Report%20Statistical%20Summary.pdf) | *If available* |  |
| Circuit - average time lapse in months for criminal felony cases (bench trial) ([Office of the Illinois Courts)](https://ilcourtsaudio.blob.core.windows.net/antilles-resources/resources/2e8fe39f-d040-47ee-a2b5-d53880fccb19/2023%20Annual%20Report%20Statistical%20Summary.pdf) | *If available* |  |
|  |  |  |
|  |  |  |

1. What does the data indicate? For instance, does this information indicate a definite need for the project, growth in a particular area, or change in the situation over time? (3 points)

|  |
| --- |
|  |

**Program Design**

1. Describe the program to be funded. What services and training will be provided to support public defense? And how will the proposed program positively impact the people you defend? Note services that are funded in the budget. (14 points)

|  |
| --- |
|  |

1. What evidence-based public defense practices are part of your program design?

Note expenses budgeted for evidence-based practices. (14 points)

|  |
| --- |
|  |

Required component for this program must include the following. Grantees will be required to provide this component.

1. *Focus on programming that will support the work of the public defender’s office to result in a positive impact on the people defended, improve efficiency, and improve justice system services.*

**Project Implementation**

Complete the Implementation Schedule. On the implementation table, create reasonable tasks or steps to help move the project in accomplishing the Process Objectives in your Goal, Objectives, and Performance Indicators table. List the agencies and staff position responsible for each step. Use job titles, such as police officer, program coordinator, and social worker. Do not use names. These grants are 12-month grants so projected steps should fall within the 12 months. (5 points)

**Implementation Schedule**

|  |  |  |  |
| --- | --- | --- | --- |
| **Task** | **Staff Position** | **Date of Completion** | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
| Submit quarterly Fiscal Report to ICJIA. |  | January 15, 2026  April 15, 2026  July 15, 2026  October 15, 2026 |
| Submit quarterly Data Report to ICJIA. |  | January 15, 2026  April 15, 2026  July 15, 2026  October 15, 2026 |
| Complete BJA PMP reports through <https://bjapmt.ojp.gov>. |  | January 15, 2026  April 15, 2026  July 15, 2026  October 15, 2026 |
| Submit all FINAL Fiscal and Program Closeout reports to ICJIA. |  | October 30, 2026 |

**Performance Plan: Goals, Objectives, and Performance Indicators**

Funded entities will be required to report performance measures through the BJA portal at [https://bjapmt.ojp.gov](https://bjapmt.ojp.gov/) and to submit quarterly data reports to ICJIA that will minimally include the information in the following chart.

Applicants may create their own objectives and performance measures and/or use the below objectives and performance measures that best fit the proposed program design. The objectives and performance metrics will differ based on the proposed program design. However, all proposed program designs will meet the same goal.

* Complete the Standard Table of objectives and performance measures by filling in the X.
* Review and chose from the Optional Tables applicable objectives and performance measures that align with the proposed program. Complete any additional objectives and performance measures by filling in the X.
* Only include objectives that are described in your Proposed Program Design.
* All objectives must be measurable and within the program's scope and goal.

***STANDARD TABLE:***

*Below are STANDARD objectives and performance measures to be included for all programs.*

|  |  |
| --- | --- |
| **Goal**: Programming that will support the work of the public defender’s office to result in a positive impact on the people defended, improve efficiency, and improve justice system services. | |
| **Process Objectives** - **All Programs** | **Performance Measures** |
| X clients served by the program per quarter | # that were served |
| Offense class of clients served per quarter   * Class 1- X clients * Class 2 – X clients * Class 3 – X clients * Class 4 – X clients * Class X – X clients   *Estimate based on offense classes of clients expected to be served* | # of clients by each offense class served |
| Offense category of clients served per quarter   * Violent (homicide, aggravated assault, or sexual assault) – X clients * Any firearm offense – X clients * Any drug offense – X clients * Other – X clients   *Estimate based on offense category of clients expected to be served* | # of clients by each offense category served |
| *Add additional process objectives below based on your program design.* | *Add additional performance measure below based on your program design.* |
|  |  |
|  |  |
| **Outcome Objectives** | **Performance Measures** |
| Disposition type for clients with disposed cases per quarter   * Sentence of IDOC incarceration – X clients * Sentence of jail incarceration – X clients * Sentence of probation – X clients * Other sentence – X clients | # of clients with disposed cases by disposition type |
| *Add additional outcome objectives below based on your program design.* | *Add additional performance measure below based on your program design.* |
|  |  |
|  |  |
|  |  |
| ***OPTIONAL TABLES:***  *Below are objectives and performance measures that may align for mitigation programs.* | |
| **Goal**: Programming that will support the work of the public defender’s office to result in a positive impact on the people defended, improve efficiency, and improve justice system services. | |
| **Process Objectives** - **Mitigation** | **Performance Measures** |
| * X clients will receive a full mitigation report * X clients will receive a social history report only * X clients will receive a consultation only | # receiving full mitigation report  #receiving social history report only  #receiving consultation only |
| X of clients receiving other services (define measurable objectives for these services below: | Define performance measures for other services: |
| *If choosing this table, add additional process objectives below based on your program design.* | *If choosing this table, add additional performance measure below based on your program design.* |
|  |  |
|  |  |
| **Outcome Objectives** | **Performance Measures** |
| *If choosing this table, add additional outcome objectives below based on your program design.* | *If choosing this table, add additional performance measure below based on your program design.* |
|  |  |
|  |  |
|  |  |
| *Below are objectives and performance measures that may align with social services/client advocate and/or Holistic defense programs.* | |
| **Goal**: Programming that will support the work of the public defender’s office to result in a positive impact on the people defended, improve efficiency, and improve justice system services. | |
| **Process Objectives**  **- Social Service/** **Holistic Defense** | **Performance Measures** |
| Clients will be assigned to teams that include an attorney and support services. Teams will meet collaboratively X times per month for collaborative case discussion. | # of times the teams meet |
| Teams will include the following partners: | List all collaborating team partners |
| X clients will be assessed for social service needs and a case plan prepared | # of clients who are assessed for social service needs |
| X clients will be referred to behavioral health services | # of clients who are referred to behavioral health |
| X clients will be referred to substance misuse services | # of clients who are referred to treatment |
| X clients will be referred to housing services | # of clients who are referred to housing |
| X clients will be referred to victim services and trauma-informed care | # of clients who are referred to victim services |
| X clients will be referred to employment services | # of clients who are referred to employment services |
| X clients will be referred to education services | # of clients who are referred to education services |
| X of clients receiving other services (define measurable objectives for these services below):   1. X 2. X 3. X 4. X 5. X |  |
| *If choosing this table, add additional process objectives below based on your program design.* | *If choosing this table, add additional performance measure below based on your program design.* |
|  |  |
|  |  |
| **Outcome Objectives** | **Performance Measures** |
| *If choosing this table, add additional outcome objectives below based on your program design.* | *If choosing this table, add additional performance measure below based on your program design.* |
|  |  |
|  |  |
|  |  |
| *Below are objectives and performance measures that may align with forensics or specialty case services.* | |
| **Goal**: Programming that will support the work of the public defender’s office to result in a positive impact on the people defended, improve efficiency, and improve justice system services. | |
| **Process Objectives**  - **Forensics or Other Case Services** | **Performance Measures** |
| X of cases submitted | Number of cases submitted |
| X of cases completed | Number of cases completed |
| Offense category of cases   * Violent (homicide, aggravated assault, or sexual assault) – X cases * Any firearm offense – X cases * Any drug offense – X cases * Other – X cases   *Estimate based on offense category expected to be served* | # of cases by each offense category served |
| *If choosing this table, add additional process objectives below based on your program design.* | *If choosing this table, add additional performance measure below based on your program design.* |
|  |  |
|  |  |
| **Outcome Objectives** | **Performance Measures** |
| *If choosing this table, add additional outcome objectives below based on your program design.* | *If choosing this table, add additional performance measure below based on your program design.* |
|  |  |
|  |  |
|  |  |
| *Below are objectives and performance measures that may align with training/professional development, internships, or staffing*. | |
|  |  |
| **Goal**: Programming that will support the work of the public defender’s office to result in a positive impact on the people defended, improve efficiency, and improve justice system services. | |
| **Process Objectives** - **Training/professional development, Interns or Staffing** | **Performance Measures** |
| Detail type of training, attendance, and date: |  |
| Detail personnel hired |  |
| *If choosing this table, add additional process objectives below based on your program design.* | *If choosing this table, add additional performance measure below based on your program design.* |
|  |  |
|  |  |
| **Outcome Objectives** | **Performance Measures** |
| *If choosing this table, add additional outcome objectives below based on your program design.* | *If choosing this table, add additional performance measure below based on your program design.* |
|  |  |
|  |  |

**Project Management**

1. To implement practices regarded as “evidence-based,” it is essential that each program secure its own, locally relevant, data to evaluate the progress of your program and success of the practice implemented in your community.

Please describe how success will be measured for each practice implanted.

Detail what data will be collected and how/when data will be utilized to evaluate the success of the practice and inform any adjustments needed. (5 points)

|  |
| --- |
|  |

1. How will you gauge your overall performance to ensure a positive impact on people you defend? (3 points)

|  |
| --- |
|  |

1. Please describe how you will overcome obstacles in launching and implementing or updating your program. (5 points)

|  |
| --- |
|  |

1. Please describe your plan for supervising and coordinating the progress of the program in 12 months.

This should include implementing tasks, timely delivery of program services, accomplishing objectives, tracking financial spending, tracking performance data, and timely reporting. If you have a lead and subgrantee(s) application, please describe how each will fulfill their responsibilities as outlined in [ICJIA Passthrough Entity Policy](https://icjia.illinois.gov/grants/rules-regs-policies). Note any expenses budgeted for coordination and supervision. (5 points)

|  |
| --- |
|  |

|  |
| --- |
| **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:   To be considered for funding, completed applications must be submitted via the above AmpliFund link by the application deadline.  ICJIA encourages applicants to review this Technical Assistance Recording for more information on how to apply. |