**Violent Crime Witness Protection Program (VCWPP)**

**PROGRAM NARRATIVE**

**NOFO # 3082-2507**

Program narrative may not exceed **30 pages**, including the questions and tables in this document. Responses must be written in **Arial 12-point** font and **single-spaced.** Do not delete the template questions in your response and do not change the formatting of this document.

Questions that require a narrative response should be answered in the box titled “**Response"** underneath each question. Failure to comply with formatting requirements may lead to application disqualification.

**Summary of the Program – 15 Points**

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| 1. Provide a brief summary of the proposed program including a description of the applicant organization, amount requested, need for the program, need for financial assistance in the program, collaborative agencies, and the victim population for whom the program is intended. Your summary should address violent crime and witness supports you will provide that enable them to participate in the criminal justice process. (15 points) |
| **Response**: |

**Statement of the Problem: – 15 Points**

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| 1. Please list the county or counties to be served by your program. (2 points). |
| **Response**: |
| 1. Provide crime and victimization rates in the area(s) to be served. (3 points). |
| **Response**: |
| 1. Provide a clear and accurate picture of the need for the project within the service area, including current trends or issues, service gaps or unmet needs in the community. (10 points) |
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**Agency Capacity and Experience – 10 Points**

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| 1. Describe fiscal experience and capacity to manage grants. Include quantitative (e.g., size of budget and number of grants), qualitative (e.g., process and procedure; summary of previous management) descriptions, and capacity to process invoices/payments to program participants. (10 points) |
| **Response:** |

**Project Implementation – 15 Points**

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| 1. Describe strengths and challenges to implementing this program. A minimum of two strengths and two challenges are essential and must be related to violent crime as it relates to victims/witnesses as they actively participate in prosecution. (5 points). |
| **Response**: |
| 1. Describe the referral process for the VCWPP. Identify community partners to which referral will be received into VCWPP as well as how referrals to other community services will be given to both eligible persons and non-eligible persons. (5 points) |
| Response: |
| 1. Provide an explanation of how funds will be reimbursed to eligible persons and how expenditures will be reported to ICJIA. (2 points) |
| Response: |
| 1. When implementing grant-funded programs, how does your organization plan to identify and address historical and societal disparities that may disproportionately impact specific groups within the target population? 2. (3 points) |
| Response: |

**Implementation Schedule – 15 Points**

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 including a target date for completion. Please do not use staff names.

Italicized font are suggestions that can be edited as needed. Please add additional lines as necessary.

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| **Task** | **Staff Position Responsible** | **Date Due** |
| *Example: Hire Staff* | *Program Administrator* | *Month One* |
| *Example: Train Staff* | *Training Coordinator* | *Month One* |
| Submit quarterly progress report |  | 15th day of each grant quarter |
| Submit quarterly financial performance report |  | Monthly or 15th day of each grant quarter |
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**Project Management – 15 Points**

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| 1. Describe all staff positions assigned to the VCWPP program. Please include titles, duties, primary qualifications, any training, or certifications achieved by the person(s) overseeing the program, and supervision structure of personnel involved in the program. (8 points) |
| Response: |
| 1. Describe the process the organization will follow for the collection and submission of performance measures including staff responsible for these processes. (7 points) |
| Response: |

**Performance Metrics – 10 Points**

Objectives should measure meaningful, tangible changes resulting from program implementation. The following table depicts objectives linked to performance indicators that show progress toward the proposed program goal. Complete the table by entering each objective based on your proposed program.

The applicant will be required to submit quarterly data reports reflecting information about these performance measures and may be asked to collect additional measures to track program progress and outcomes.

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| **Goal:** To assist victims, witnesses, and appropriate related persons of violent crime, that are at risk of a discernable threat of harm of violence. | |
| **Performance Objectives:** Outcome goals that describe the actions and activities involved in meeting a goal | **Performance Measures:** Quantification providing objective evidence of the degree that the performance result occurs over time |
| Serve \_\_\_\_ (#) witnesses and victims in the community that are at discernable threat of harm from violence. | * Number of referrals received * Number of referral rejections * Number of referral acceptances * Number of witnesses and victims served |
| VCWPP Coordinator to meet \_\_\_\_ (#) times each quarter with prosecuting attorney in review of transition of VCWPP client/family enrolled. | * Number of meetings attended by VCWPP Coordinator and prosecuting attorney to review transition of VCWPP client/family. |
| Provide\_\_\_\_ (#) witnesses and victims with emergency or temporary living costs. | * Number of witnesses and victims who received financial assistance for emergency or temporary living costs |
| Provide \_\_\_\_ (#) witnesses and victims with financial assistance for lost wages. | * Number of witnesses and victims who received financial assistance for lost wages |
| Provide\_\_\_\_ (#) witnesses and victims with financial assistance for moving expenses. | * Number of witnesses and victims who received financial assistance for moving expenses |
| Provide\_\_\_\_ (#) witnesses and victims with financial assistance for rent. | * Number of witnesses and victims who received financial assistance for rent |
| Provide\_\_\_\_ (#) witnesses and victims with financial assistance for utilities. | * Number of witnesses and victims who received financial assistance for utilities |
| Provide\_\_\_\_ (#) witnesses and victims with financial assistance for a security deposit. | * Number of witnesses and victims who received financial assistance for a security deposit |
| Provide \_\_\_\_ (#) witnesses and victims with mental health treatment. | * Number of witnesses and victims who received a mental health referral * Number of witnesses and victims who received mental health treatment * Percent of witnesses and victims needing mental health treatment who received it |
| Relocate \_\_\_\_(#) witnesses and victims from previous home. | * Number of witnesses and victims who have been relocated from previous home |
| \_\_\_\_(%) of witnesses and victims successfully participating in the criminal justice system process. | * Number of witnesses and victims who discontinued program participation prior to the end of the criminal justice system process |
| \_\_\_\_(%) of witnesses and victims who reported an increased sense of safety as a result of their participation in the program. | * Number of clients who reported an increased sense of safety as a result of their participation in the program |
| \_\_\_\_(%) of witnesses and victims satisfied with the support they received from the program. | * Number of clients satisfied with the support they received from the program. |

**Budget and Budget Detail – 5 Points**

Please complete the budget and the budget narrative for your proposed program in the AmpliFund grant management system. This program is for 12 months, both the budget and budget narrative should reflect 12 months of programming.

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| Completed NOFO Application materials should be zipped in a single folder. Each individual document should be named following naming conventions listed on pages 17 and emailed to [CJA.VCWPP@Illinois.gov](mailto:CJA.VCWPP@Illinois.gov). Please review the submission checklist on page 1 in NOFO Instructions. All materials must be received by: 5:00 p.m. CST, March 15, 2024. |