

**State of Illinois Uniform Notice of Funding Opportunity (NOFO)
Summary Information**

Awarding Agency Name	Children And Family Serv
Agency Contact	DEREK HOBSON (DEREK.HOBSON@ILLINOIS.GOV)
Announcement Type	Initial
Type of Assistance Instrument	Grant
Funding Opportunity Number	418 - LAN 67
Funding Opportunity Title	Agency Advocate
CSFA Number	418-00-1309
CSFA Popular Name	Agency Advocate
Anticipated Number of Awards	1
Estimated Total Program Funding	\$93,100
Award Range	Not Applicable
Source of Funding	Federal and State
Cost Sharing or Matching Requirements	No
Indirect Costs Allowed	Yes
Restrictions on Indirect Costs	Yes : Administrative rate of 20% maximum is governed by state statute.
Posted Date	05/09/2019
Application Date Range	05/09/2019 - 06/10/2019 : 17:00
Grant Application Link	
Technical Assistance Session	No

NOFO Supplemental
THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Lan67/Community of Hope

This grant will be awarded from 7/1/2019 to 6/30/2020.
The services being requested are described in the following NOFO supplemental.

A. Program Description

Services are to promote permanency by maintaining, strengthening and *safeguarding the functioning of families to (1) prevent substitute care placement (2) promote family reunification, (3) stabilize foster care placements, (4) facilitate youth development, and (5) ensure the safety, permanency and wellbeing of children.* All services will be available to all clients.

Services will be provided to children and families living in LAN 67. Services will be directed toward:

1. Preservation and prevention of families who are at risk of entering the child welfare system
2. Reunification: to youth and parents of children currently in substitute placement and need additional support successfully have their children return home and
3. Support a number of youth in the community who are or highly likely dually involved with DCFS and DJJ.

The model of FTS (Family-centered, Trauma informed, Strength based Practice) to be used to assist parents and service providers toward identifying, intervening and addressing the issues that affect positive parenting. Provider should focus on youth's desire for change and parental capacity and family strengths.

Client

Families who are at risk of entering the child welfare system, children currently in substitute placement and need additional community support, children who have achieved permanency through subsidized guardianship/adoption support successfully have their children return home and children and youth who crossover into the JJS.

Goals and Measurement (Performance Measures) For the Program:

Program Outcomes and Metrics

Program Goals:

1. Increase and identify the number of dually involved youth and those in need of referrals.

2. Connect 100% families and children referred to at least one resource
3. 80% of children/families referred at risk of removal will be maintained in their home for 6 months post service provision
4. Reduce racial and ethnic disparities within the child welfare and JJS.
5. Increase community engagement
6. Increase opportunities for prosocial activities and programs for children and families
7. Coordinate and integrate DCFS and community interventions to mitigate the effects of trauma on youth.

B. Funding Information

Source of Funding:

See page 1, Source of Funding of the Notice of Funding Opportunity.

Total amount of Funding:

See page 1, Estimated Total Program Funding of the Notice of Funding Opportunity.

C. Eligibility Information

NOTE: Failure to meet an eligibility criterion by the application deadline will result in the Department of Children and Family Services returning the application without review or, even though an application may be reviewed, will preclude the Department of Children and Family Services from making a State award.

An entity may not apply for a grant until the entity has registered and pre-qualified through the Grant Accountability and Transparency Act (GATA) website, www.grants.illinois.gov, Grantee Links tab.

Registration and pre-qualification are required annually. During prequalification, verifications are performed including:

- a check of federal Debarred and Suspended and status on the Illinois Stop Payment List.
- An automated email notification to the entity alerts them of “qualified” status or informs how to remediate a negative verification (e.g., inactive DUNS, not in good standing with the Secretary of State).
- A federal Debarred and Suspended status cannot be remediated. Key elements to be addressed are:

1. Eligible Applicants.

All potential applicants are eligible that meet the qualifications above.

The funding opportunity is not limited to nonprofit organizations subject to 26U.S.C. 501(c)(3) of the tax code (26 U.S.C. 501(c)(3)), but is preferred and will be first consideration of choice. Submit proof of 501(c)(3) status as determined by the Internal Revenue Service.

Please specify in the application the number of years your agency has provided services. The applicant must comply with all applicable provisions of state and federal laws and regulations pertaining to nondiscrimination, sexual harassment and equal employment opportunity including, but not limited to:

- The Illinois Human Rights Act (775 ILCS 5/1-101 *et seq.*),
- The Public Works Employment Discrimination Act (775 ILCS 10/1 *et seq.*),
- The United States Civil Rights Act of 1964 (as amended) (42 USC 2000a and 2000H-6),
- Section 504 of the Rehabilitation Act of 1973 (29 USC 794),
- The Americans with Disabilities Act of 1990 (42 USC 12101 *et seq.*), and
- The Age Discrimination Act (42 USC 6101 *et seq.*).

2. Cost Sharing or Matching.

See page 1, Cost Sharing or Matching Requirements of the Notice of Funding Opportunity

No additional restrictions apply.

3. Indirect Cost Rate.

See page 1, Indirect Costs Allowed/Restrictions on Indirect Costs of the Notice of Funding Opportunity

Indirect Costs are allowed and in order to charge indirect costs to a grant, the applicant organization must have an annually negotiated indirect cost rate agreement (NICRA). There are three types of NICRAs:

- Federally Negotiated Rate. Organizations that receive direct federal funding, may have an indirect cost rate that was negotiated with the Federal Cognizant Agency. Illinois will accept the federally negotiated rate. The organization must provide a copy of the federally NICRA.
- State Negotiated Rate. The organization must negotiate an indirect cost rate with the State of Illinois if they do not have a Federally Negotiated Rate. If an organization has not previously established in indirect cost rate,

an indirect cost rate proposal must be submitted to the State of Illinois through the indirect cost rate system, CARS, no later than three months after the effective date of the award. If an organization previously established an indirect cost rate, the organization must annually submit a new indirect cost proposal through CARS within six months after the close of the grantee's fiscal year. All grantees must complete an indirect cost rate negotiation or elect the De Minimis Rate in CARS to claim indirect costs. Indirect costs claimed without an established negotiated rate or a De Minimis Rate election in CARS may be subject to disallowance.

- The organization may elect to use the De Minimis Rate. An organization that has never received a Federally Negotiated Rate may elect a de minimis rate of 10% of modified total direct cost (MTDC). Once established, the de minimis rate may be used indefinitely. The State of Illinois must verify the calculation of the MTDC annually in order to accept the de Minimis rate. The grant award will be subject to state statutory requirements that limit the administrative costs to 20%. Fringe Benefits cannot exceed 25% of total salaries.

Grantees have discretion **not to claim** payment for indirect costs. Grantees that elect not to claim indirect costs cannot be reimbursed for indirect costs. The organization must record an election of "No Indirect Costs" into CARS.

4. Other, if applicable.

No additional eligibility requirements are applicable.

D. Application and Submission Information

1. Address to Request Application Package.

All application materials are provided through this announcement.

Potential applicants without reliable internet accessibility can request paper copies of materials from:

Derek Hobson, at
derek.hobson@Illinois.gov, or ILDCFS Office of Contract
Administration Phone
(217) 785-3930

2. Content and Form of Application Submission.

All needed documents are included in this announcement. Electronic submission is permitted and preferred. Electronic signatures are accepted.

Applications must contain all three (3) forms:

1) Uniform Application for State Grant Assistance.

The applicant must complete the required Applicant Section.

2) GATA Uniform Budget Template.

Budget is required including clear narrative descriptions. The budget narrative is sometimes referred to as the budget justification. The budget narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic and to estimate costs accurately.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- If needed, each of the major components should be subtotaled with a grand total at the end.

3) Proposal Narrative Content

Applicants must submit a proposal that contains the information outlined below. Each section must have a heading that corresponds to the two headings listed below. **The total proposal narrative may not exceed 10 pages, single-spaced.** The Uniform Application for State Grant Assistance, GATA Uniform Budget Template, and any attached Program Plan using the DCFS Standardized Program Plan outline are not included in the page limitation. Either Word or PDF documents are acceptable formats.

a) Experience

The purpose of this section is for the applicant to present an accurate picture of their prior experience in providing the specific program services or related program experience. Areas to address should include (but is not limited to): description of experience providing same or similar services; evidence agency is capable of carrying out the program; brief description of key management staff responsible for the program; description of agency's readiness to begin services; financial resources to adequately run the program; and description of existing service provider partnerships your agency has in the community.

b) Program Description

The purpose of this section is for the applicant to provide a detailed, clear and accurate picture of the intended program design. Please refer to the attached DCFS Program Plan CFS 968. Areas to address should include (but is not limited to): description of agency philosophy or intervention strategy in providing human services; brief description of the program model specifically for this program; explanation of how the

program will meet the goals and objectives of the program; estimated cost per family/child (total grant divided by total clients served as described in the program plan); agency quality assurance/improvement efforts; and a detailed description of past performance in meeting goals and objectives with the same or similar services.

Completed applications can be e-mailed to:
DCFS.ContractSubmissions@illinois.gov or a hard copy mailed to ILDCFS Office of Contract Administration, 406 East Monroe Station #455, Springfield, Illinois 62701.

3. Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM).

Each applicant (unless the applicant is an individual or Federal or State awarding agency that is exempt from those requirements under 2 CFR §25.110(b) or (c), or has an exception approved by the Federal or State awarding agency under 2 CFR § 25.110(d))

is required to:

- Be registered in SAM before submitting its application. To establish a SAM registration, go to www.SAM.gov and/or utilize this instructional link: [How to Register in SAM](#) from the www.grants.illinois.gov Resource Links tab.
- Provide a valid DUNS number in its application; and
- Continue to maintain an active SAM registration with current information at all times during which it has an active Federal, Federal pass-through or State award or an application or plan under consideration by a Federal or State awarding agency. The State awarding agency may not make a Federal pass-through or State award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time the State awarding agency is ready to make a Federal pass-through or State award, the State awarding agency may determine that the applicant is not qualified to receive a Federal pass-through or State award and use that determination as a basis for making a Federal pass-through or State award to another applicant.

Submission Dates and Times.

See page 1, Posted Date and Application Range of the Notice of Funding Opportunity

This funding opportunity is an announcement and not subject to a competitive process. The Department of Children and Family Services must receive the application and attachments by the end of the dates listed above (electronically or by mail). Applications received past the final date are neither reviewed nor considered.

4. Intergovernmental Review, if applicable.

Not applicable

5. Funding Restrictions.

All budgets must follow the guidelines attached to this announcement for the Budget using the GATA Uniform Budget Template including detailed budget narrative.

6. Other Submission Requirements

See attachments needed at end of document

E. Application Review Information

1. Criteria.

Please note this project is a general announcement and not subject to a competitive process, not-for-profit vendors will be given first consideration over for-profit vendors.

The following criteria will be used to determine agreements for Community of Hope applications:

- Submission of timely and complete application 10%
- Experience in providing services 35%
- Eligibility requirements met 10%
- Budget is complete, clear and affordable within criteria 10%
- Program description meets program plans and goals 35%

For contract incumbents, satisfactory performance in meeting program plan objectives will be considered during the scoring of both experience and program meeting goals criteria.

2. Review and Selection Process.

The review and selection process is not a competitive bid or subject to the Merit Review Policy or appeal process, but is conducted in a fair and equitable manner. Applications will be reviewed, at a minimum, by the following individuals:

- Deputy Director over the program or designee
- Deputy Director of Office of Contract Administration or designee, and
- Chief Accountability Officer or designee.

3. Anticipated Announcement and State Award Dates, if applicable.

Award announcements will be provided within 2 weeks after the application range on page 1, Application Range of the NOFO Summary Information. The announcement will be in writing and include a Notice of State Award.

F. Award Administration Information

1. State Award Notices.

The State awarding agency must provide the successful applicant a Notice of State Award (NOSA) which specifies the funding terms and specific conditions resulting from the pre-award risk assessments. The NOSA must be signed and returned by an authorized representative of the grantee organization. The NOSA is not an authorization to begin performance or incur costs.

Unaccepted applicants will receive a letter of notice.

2. Reporting

The reporting requirements of this award will be defined in the program plan of the Uniform Grant Agreement.

G. State Awarding Agency Contact(s)

Questions regarding this Opportunity of Funding should be addressed to:

Derek Hobson

Phone #: 1-618-583-2176

Email address: Derek.Hobson@Illinois.gov

H. Other Information, if applicable

No additional information is applicable

Mandatory Forms -- Required for All Agencies

1. Uniform State Grant Application
2. Budget using the Uniform Budget Template
3. Proposal Narrative

THE UNIFORM GATA BUDGET

PLEASE FILL OUT THE MOST CURRENT
UNIFORM GATA BUDGET FORMS

OBTAIN THE FORMS FROM THE GATA
WEBSITE

<https://www.illinois.gov/sites/GATA/Documents/Resource%20Library/GOMBGATU-3002.pdf>

UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

Agency Completed Section

1. Type of Submission: Pre-application Application Change/Corrected Application
2. Type of Application: New Continuation (i.e. multiple year grant) Revision (modification to initial application)
3. Completed by State Agency upon Receipt of Application

_____ Date Received by State: _____ Time Received by State: _____

4. Name of the Awarding State Agency: _____

5. Catalog of State Financial Assistance (CSFA) Number: _____

6. CSFA Title: _____

Catalog of Federal Domestic Assistance (CFDA)

Not Applicable

7. CFDA Number: _____

8. CFDA Title: _____

9. CFDA Number: _____

10. CFDA Title: _____

Funding Opportunity Information

11. Funding Opportunity Number: _____

12. Funding Opportunity Title: _____

13. Funding Opportunity Program Field: _____

Funding Opportunity Information

Not Applicable

14. Competition Identification Number: _____

15. Competition Identification Title: _____

UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

Applicant Completed Section

Applicant Information

16. Legal Name (Name used for Data Universal Number System (DUNS) registration and grantee pre-qualification): _____

17. Common Name (Doing Business As-DBA): _____

18. Employer/Taxpayer Identification Number (EIN, TIN): _____

19. Organizational Data Universal Number System (DUNS) Number: _____

20. Federal System for Award Management Commercial And Government Entity Code (SAM Cage Code): _____

21. Business Address:

Street: _____

City: _____ State: _____ County: _____ Zip+4: _____

Applicant's Organization Unit

22. Department Name: _____

23. Division Name: _____

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

24. First Name: _____ 25. Last Name: _____ 26. Suffix: _____

27. Title: _____

28. Organizational Affiliation: _____

29. Telephone Number: _____ 30. Fax Number: _____

31. E-mail Address: _____

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

32. First Name: _____ 33. Last Name: _____ 34. Suffix: _____

35. Title: _____

36. Organizational Affiliation: _____

37. Telephone Number: _____ 38. Fax Number: _____

39. E-mail Address: _____

Areas Affected

40. Areas Affected by the Project (cities, counties, state-wide): _____

41. Legislative and Congressional Districts of Applicant: _____

42. Legislative and Congressional Districts of Program/Project: _____

UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

Applicant's Project

43. Description Title of Applicant's Project (Text only for the Title of the Applicant's Project):

44. Proposed Project Term:

Start Date: _____

End Date: _____

45. Estimated Funding (include all that apply):

Amount Requested from the State: _____

Applicant Contribution (e.g., in kind, matching): _____

Local Contribution: _____

Other Source of Contribution: _____

Program Income: _____

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 218, 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.

I Agree

Authorized Representative

46. First Name: _____ 47. Last Name: _____ 48. Suffix: _____

49. Title: _____

50. Telephone Number: _____ 51. Fax Number: _____

52. E-mail Address: _____

53. Signature of Authorized Representative: _____

Date Signed - Authorized Representative: _____