

APPLICATION COVER SHEET

**OFFICE OF THE ILLINOIS ATTORNEY GENERAL
MARRIED FAMILIES DOMESTIC VIOLENCE FUND
FY 2011 GRANT APPLICATION**

1. APPLICANT ORGANIZATION:

Name: _____

Address: _____

City: _____

Zip Code: _____

Phone #: _____

Fax #: _____

E-mail: _____

FEIN #: _____

Charitable Trust #: _____

Chief Executive Officer/Executive Director

Phone #: _____

Chief Financial Officer

Phone #: _____

Grant Contact Person

Phone #: _____

E-mail: _____

Describe Your Service Area:

Urban _____ Suburban _____ Rural _____

Name and/or address of program applying for funds if other than above.

2. 2010 AMOUNT FUNDED: 2011 AMOUNT REQUESTED

\$ _____ \$ _____

3. ORGANIZATION TYPE:

- Government Entity
- Not-for-profit Corporation

4. NUMBER OF YEARS AGENCY HAS PROVIDED DOMESTIC VIOLENCE SERVICES:

5. COUNTIES SERVED:

6. LEGISLATIVE DISTRICTS:

U.S. House of Representatives #: _____

Illinois House #: _____

Illinois Senate #: _____

7. IMPORTANT NOTICE:

This state office is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 725 ILCS 240/ et seq.

FAILURE TO PROVIDE ALL OF THE REQUESTED INFORMATION MAY PREVENT THIS APPLICATION FROM BEING PROCESSED.

8. APPLICANT CERTIFICATION:

To the best of my knowledge, the data and statements in this application are true and correct and the application complies with all format requirements. The applicant agrees to comply with all state/federal statutes and rules/regulations applicable to the program including keeping proper, complete, and accurate accounting records of all grant funds as required by Section 11 of the Grant Fund Recovery Act [30 ILCS 705/11].

AUTHORIZED OFFICIAL:

Name

Title

Signature

Date

APPLICATION REQUIREMENTS

SUBMISSION:

The Original and One Copy of the entire application packet MUST be received at the address below by 5:00 PM on March 5, 2010. **Late applications will not be considered. Applications that do not comply with page limitations, font requirements, spacing and margins will be returned.**

**OFFICE OF THE ILLINOIS ATTORNEY GENERAL
MARRIED FAMILIES DOMESTIC VIOLENCE FUND
100 WEST RANDOLPH STREET, 11th FLOOR
CHICAGO, ILLINOIS 60601
ATTENTION: JENNIFER WELCH**

NARRATIVE SECTIONS:

All narratives and attachments MUST be included in the order listed below. All narratives and attachments must be completed in the page limitations indicated in 12 pt font, double-spaced with 1 inch margins at top, bottom and on both sides of the page, with the exception of the Funded Program Goals chart and the Budget pages, which may be done in a smaller font, but no less than 8 pt font.

REQUESTED CHARTS AND BUDGET PAGES:

All pages must be completed as directed.

APPLICATION ORDER:

1. Application Cover Sheet
2. Agency Requirements Page
3. Agency History and Purpose (1 page)
4. Program Description (3 pages)
5. Funded Program Goals (1 page)
6. Clients Served (1 page)
7. Community Needs and Responses (2 pages)
8. Staff (1 page, 2 if necessary)
9. Volunteers (1 page)
10. Budget Summary
11. Budget Worksheet

ATTACHMENTS ORDER:

- A. At least one (1) original letter of support from a local domestic violence services agency for the program for which funding is sought. Letters must be dated within six months of application date.
- B. Job descriptions for positions for which funding is requested. Do not include resumes.
- C. List of current Governing Board for not-for-profits and governmental entities.
- D. Copy of any fee schedule used.
- E. Private not-for-profits must submit one (1) copy only of most recently completed audit.

QUESTIONS:

Please direct all questions to: Jennifer Welch, Director of Policy
312-814-5846
jwelch@atg.state.il.us

**ONE ORIGINAL AND ONE COMPLETE COPY
APPLICATION DUE DATE
March 5, 2010**

AGENCY REQUIREMENTS

The agency applying for funding certifies that they have developed and implemented the following requirements (please check). Target dates must be included for those which are yet to be developed. **If a requirement does not apply to your agency, please indicate why it does not.** Copies must be available for inspection.

- _____ Reasonable accommodation policy for persons with disabilities
(Compliance with ADA requirements.)
- _____ Written policies for a drug-free workplace
- _____ Written policies for non-discrimination
- _____ Written procedures for client intake N/A _____
- _____ Written policies for client rights N/A _____
- _____ Written policies for volunteer training N/A _____
- _____ Written personnel policies and procedures
- _____ Rules to govern conflict of interest situations
- _____ Fee schedule with detailed charges for specific services N/A _____

Comments: _____

Signature

Title

Date

NARRATIVE INSTRUCTIONS

A. AGENCY HISTORY AND PURPOSE: Summarize your agency's history and purpose including the program for which funding is sought. **No more than 1 page.**

B. PROGRAM DESCRIPTION: (1) Provide a detailed description of the program for which funding is sought. (2) Indicate your geographic service area and any programmatic service limitations/restrictions. (3) Include a detailed description of the services program for which funding is sought. (4) Explain your past experience in providing legal advocacy, legal assistance, or legal services to victims of domestic violence and (5) your current capacity to serve married or formerly married victims of domestic violence. **No more than 3 pages.**

C. PROGRAM GOALS: Complete the attached page.

D. CLIENTS SERVED: (1) Provide the number of clients served by applicant in the previous year. (2) Define the service population of the program for which funding is sought (i.e., persons to whom services will be provided). (3) Indicate any specific services provided to underserved populations. (4) Specify any and all services provided to married and formerly married victims of domestic violence. (5) Explain any age, income or geographic limitations for clients served. **No more than 1 page.**

E. COMMUNITY NEEDS AND RESPONSES: Describe the existing needs of the community to be served in relation to legal advocacy, legal assistance, or legal services for married or formerly married victims of domestic violence. Describe the community support for and involvement with your program. Describe working relationships with other service providers within the community. List any memberships in multidisciplinary organizations/coalitions. List the agencies with whom you have current networking agreements/MOUs. New or developing programs should describe their memorandum of intent for proposed network of working relationships, including target dates for implementation. **No more than 2 pages.**

F. STAFF: Complete the attached page.

G. VOLUNTEERS: Complete the attached page.

H. BUDGET WORKSHEETS: Complete attached worksheet. The proposed budget should include each item for which funding is requested. All sections of the worksheet must be completed. Budget totals must match amount requested and narrative totals. Complete narratives detailing each requested line item and reflecting how those grant funds will be used to accomplish the goals and objectives of the proposal on each worksheet. Please note: **the budget narrative is included at the bottom of the budget worksheets and must be completed for each requested item.** Please do not attach a separate budget narrative page.

FUNDED PROGRAM GOALS

Using the chart below, list three goals for the year for the program for which funding is sought, the objectives for each goal, and the activities to accomplish the objective. REMEMBER: the objectives should be verifiable. Please include measurable indicators such as “Assist X number of clients in obtaining an order of protection.”

GOAL	OBJECTIVE	ACTIVITIES

VOLUNTEERS

A. Total Number of **Agency** Volunteers: _____

Full-time: _____

Part-time: _____

B. List the job functions performed by volunteers participating in the operation of the program for which funding is sought.

C. Describe the type of training provided to volunteers who work directly with clients.

SPECIFIC FUNDING REQUEST/BUDGET WORKSHEETS

INSTRUCTIONS

Complete the Grant Application Budget Summary on the following page.

The Budget Worksheet is in Excel spreadsheet format and must be completed in its entirety. When opening the budget worksheet, please take note of the five tabs toward the bottom of the screen: Program Income, Overview, Personnel, Operating Expenses, and Travel. Complete the budget worksheet located in each of these tabs and include each page with your application. There is a Budget Narrative section located under the Personnel, Operating Expenses, and Travel tabs. This must be completed for any funding request. For the budget narrative under each of those tabs, detail each budget item requested in narrative form. Include the following information for each category and indicate how those grant funds will be used to accomplish the goals and objectives of the proposal.

PERSONNEL:

Job Title - Identify the personnel to be funded by the grant.

Salary Rate and Time - Enter the total salary of the position and the amount requested from grant funds. Indicate the total number of hours worked per week and how many hours are devoted to direct services funded activities. If the person also performs another job function funded by another source, please detail the title, number of hours worked and the source of other funds.

Benefits - Detail each fringe benefit to be charged to the grant.

OPERATING EXPENSES: Detail requested expenses including contractual services.

SUPPLIES: Identify all supplies to be purchased by type and amount.

TRAVEL: List travel costs for clients and staff and indicate the reason for travel.

PRINTING: Itemize all printing costs and include quantities to be produced.

OTHER: Detail any other requested costs not included in the above sections.

**OFFICE OF THE ILLINOIS ATTORNEY GENERAL
MARRIED FAMILIES DOMESTIC VIOLENCE FUND**

**Grant Application Budget Summary
FY 2011**

		Current Funding	Requested Funding
PERSONNEL:			
SALARIES	1st STAFF	_____	_____
	2nd STAFF	_____	_____
	3rd STAFF	_____	_____
BENEFITS	1st STAFF	_____	_____
	2nd STAFF	_____	_____
	3rd STAFF	_____	_____
CONTRACTUAL PERSONNEL	_____	_____	
PROFESSIONAL INSURANCE	_____	_____	
OTHER	_____	_____	
	TOTAL PERSONNEL	_____	_____
OPERATING EXPENSES:			
	CONTRACTUAL SERVICES	_____	_____
	SUPPLIES	_____	_____
	PRINTING	_____	_____
	OTHER	_____	_____
	TOTAL OPERATING EXPENSES	_____	_____
TRAVEL:			
	PROGRAM STAFF	_____	_____
	CLIENT TRANSPORTATION	_____	_____
	OTHER (SPECIFY)	_____	_____
	TOTAL TRAVEL	_____	_____
OTHER:			
	_____	_____	_____
	TOTAL OTHER EXPENSES	_____	_____
	TOTAL GRANT BUDGET	_____	_____