



Supreme Court of Illinois
ADMINISTRATIVE OFFICE OF THE ILLINOIS COURTS

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MEMORANDUM

3101 Old Jacksonville Road
Springfield, IL 62704
Phone (217) 558-4490
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To: All Interested Parties
From: Monica Davis Pruitt, Court Improvement Program Coordinator
Date: September 23, 2009
Re: Court Improvement Program (CIP) Funding Announcement

The Administrative Office of the Illinois Courts (AOIC), on behalf of the Supreme Court of Illinois and through its State Court Improvement Program (CIP), seeks to fund projects with a goal of improving outcomes for Illinois' endangered families by enhancing the effectiveness of legal representation of children, parents, the state, and the child welfare agency in child abuse and neglect, and termination of parental rights proceedings. Other projects that relate to safety, permanency and well-being of children under the jurisdiction of the juvenile court may also be considered for funding.

Enclosed for your review and consideration is the *Illinois Court Improvement Program Funding Announcement*. The packet includes CIP background information, application instructions and all required application forms. This information can also be found on the Supreme Court of Illinois website at <http://www.state.il.us/court>.

If you are interested in applying for CIP grant funding, you are invited to submit a proposal to the AOIC by not later than **Friday, October 30, 2009, at 5:00 P.M.** for priority consideration. Proposals are to be submitted to:

Monica Davis Pruitt, CIP Coordinator
Administrative Office of the Illinois Courts
Court Services Division - Courts, Children and Families Unit
3101 Old Jacksonville Road
Springfield, IL 62704

In the interim, I would be happy to discuss any questions you may have regarding the Court Improvement Program or the application process. Please contact me at mpruitt@court.state.il.us or 217-558-0399.

c: Cynthia Y. Cobbs, Director
Dawn Marie Rubio, Assistant Director, Court Services Division

2010-2011

CIP FUNDING ANNOUNCEMENT



Supreme Court of Illinois
Administrative Office of the Illinois Courts
Courts, Children and Families Unit
Court Services Division
September, 2009

ILLINOIS COURT IMPROVEMENT PROGRAM

CIP Funding Announcement

Priority Deadline: October 30, 2009

The Administrative Office of the Illinois Courts, on behalf of the Supreme Court of Illinois, is currently accepting proposals for projects related to the goals of the State Court Improvement Program. The State Court Improvement Program (CIP) is a federally funded initiative designed to improve the quality of the court process for children and families involved in abuse, neglect and dependency proceedings.

Purpose and Background

The CIP was created as part of the Omnibus Budget Reconciliation Act (OBRA) of 1993, Public Law 103-66, which among other things, provided a portion of federal funds to state court systems to conduct assessments of their foster care and adoption laws and judicial processes, and to develop and implement a plan for system improvement. The Basic Court Improvement Program (CIP) grant was reauthorized in 1997, 2001 and 2006. The Child and Family Services Improvement Act of 2006 (P.L. 109-288) reauthorized the Basic Grant, without change, through FY2011.

CIP is administered by the U.S. Department of Health and Human Services, Administration for Children, Youth, and Families. The Administrative Office of the Illinois Courts applies for, receives, establishes priorities for, allocates, disburses, and awards grants or contracts of funds in accordance with federal and judicial branch guidelines and provisions.

Eligibility

The solicitation is open to programs/individuals that include juvenile courts, educational institutions, governmental agencies, nonprofit organizations, attorneys, legal services providers and other child protection stakeholders. Any applicant that is not a judicial branch agency must have collaborated with, and secured the support of, the affected trial court administrator/chief judge before proceeding with the application.

Funding Categories

The Administrative Office has identified the following funding categories for review and award. The three funding categories include:

Category 1 - Legal Representation. These projects will improve the quality of legal representation for children, parents and families and will be given the highest funding priority. Examples of projects include:

- Hiring of full-time or part-time attorneys to represent adoptive parents
- Attorney training in child protection
- Resource materials
- Start up/enhancement of law clinics and legal services organizations
- Department of Children and Family Services (DCFS) Court Liaison positions

Category 2 - Circuit Team Enhancement. These projects will encourage local and/or regional training opportunities for multi-disciplinary circuit teams. Projects funded in this category should be under \$10,000.

Category 3 - Other General Projects. These smaller, more generalized projects will relate to safety, permanency and well-being of children under the jurisdiction of the juvenile court.

Preference in funding will be given to Category 1 and Category 2 projects.

Proposal Submission Instructions

The proposal narrative should be typed on white, 8 ½ x 11 paper using 12-point font and double-spaced with one-inch margins. Submit one original and four copies to:

Monica Davis Pruitt, CIP Coordinator
Administrative Office of the IL Courts
Court Services Division – Courts, Children and Families Unit
3101 Old Jacksonville Road
Springfield, IL 62704

Proposal Format

All proposals must include a narrative, in the following format, as well as all completed forms found in the appendix:

- I. Executive Summary:** Provide a one page summary of the proposed project.
- II. Program/Issue Narrative (*please number the pages*):**
 - A. Problem/Issue:** Describe the problem(s) or issue(s) to be addressed by the project.
 - B. Program Description:** Clearly describe the proposed program and how it will address the problem. Include any anticipated barriers and strategies to address those barriers. Indicate whether the program is based upon an existing successful model. Include the geographic area to be served and the target population. Describe the current or anticipated collaboration efforts with the affected court administration and child protection stakeholders as applicable. Should the research project require Institutional Review Board (IRB) approval, please

demonstrate that such approval has been applied for and/or received.

- C. **Program Goals:** Articulate the project goals and how those goals relate to the stated purpose of the Court Improvement Program and CIP funding.
- D. **Logic Model:** Describe the link between the funding requested and the anticipated outcomes. A template that may be used is included in the appendix.
- E. **Implementation Plan:** Describe the specific activities that will be conducted and the proposed timeframe for completion of the project.
- F. **Method of Evaluation:** All proposals must include an evaluation component. Describe the performance indicators for the project and/or the process you will use to evaluate whether the program has met its goals.
- G. **Sustainability Plan:** Describe any other sources of funding for the project and how the initiative will be sustained once AOIC CIP grant funding expires.

III. Budget Summary/Budget Narrative: On the budget forms, included in the appendix, describe all project expenditures and how they relate to the program. Please pay special attention to the following section which describes the cost sharing requirement.

Cost Sharing Requirement

CIP funds awarded may not constitute more than 75 percent of the total cost of the project. Therefore, a non-Federal share is required for each proposal submitted at the rate of 25 percent of the total budget. The 25 percent match must be from cash or in-kind contributions. Thus, if the proposal is \$1,000, the applicant must contribute \$250 in non-Federal funds. In accordance with these provisions, funds to be used as non-Federal share, among other things:

- Must not be Federal grant funds;
- Must not be used to match any other Federal grant;
- Must be used for costs that are otherwise allowable;
- May originate with a third party, public or non-public; and
- May be in-kind contributions of services, property, and/or supplies.

Expenditure Period

Funding is available from January 2010 through September 2011. If the funding request extends beyond September 2010, please submit two budgets: January 1, 2010 – September 30, 2010 and October 1, 2010 – September 30, 2011 (or through the end of the funding request period; whichever comes first). All program funds for this cycle must be obligated and liquidated (expended) by December 2011.

Informational Conference

All interested parties are invited to attend an informational conference on the Court Improvement Program. The meeting will be held at the Administrative Office of the Illinois Courts, 3101 Old Jacksonville Road, Springfield, IL 62704, on **October 9, 2009, from 10:00 a.m. – 12:00 noon.** Administrative Office – Courts, Children and Families Unit staff will make a short presentation and participants will be given an opportunity to ask questions about the Court Improvement Program and about this funding opportunity. Attendance is not mandatory, but it is strongly encouraged. Those who are not able to attend in-person may contact Ms. Monica Davis Pruitt at mpruitt@court.state.il.us or 217-558-0399 to arrange to participate via telephone conference.

Letter of Interest

If you anticipate applying for funding, it is requested that a letter of interest be forwarded to the Administrative Office of the Illinois Courts by **5:00 P.M. on October 16, 2009.** The letter of interest should identify the funding category under which funds will be requested. The number of letters received will be used to gauge the number of interested applicants and to plan for the review process. Submission of a letter of interest does not obligate you to submit a proposal. Letters may be mailed, faxed, or emailed to:

Monica Davis Pruitt, CIP Coordinator
Administrative Office of the IL Courts
Court Services Division – Courts, Children and Families Unit
3101 Old Jacksonville Road
Springfield, IL 62704
(Fax) 217-785-3793
mpruitt@court.state.il.us

Submission Deadline

In order to be given priority consideration for funding, all proposals must be received at the Administrative Office no later than **5:00 P.M. on October 30, 2009.** Late proposals will be accepted, but their review will only occur if resources remain available after awards have been made to those organizations whose applications were received by the deadline.

Announcement Posting	September 23, 2009
Informational Conference	October 9, 2009
Letter of Interest Due	October 16, 2009
Proposals Due	October 30, 2009
Awards Announced	December 1, 2009
Funding Period Begins	January 1, 2010

Appendix A

Forms

Please complete each of the included forms:

- Proposal Cover Sheet
- Logic Model Template
- Budget Summary
- Budget Narrative
- Certification Regarding Maintenance of Effort
- W-9 Request for Taxpayer Identification Number
- Proposal Checklist

ILLINOIS COURT IMPROVEMENT PROGRAM PROPOSAL COVER SHEET

Priority Deadline: October 30, 2009

APPLICANT INFORMATION:

Organization Name: _____

(As it would appear on a grant award agreement or contract)

Taxpayer Identification Number: _____ Legal Status: _____

Street Address: _____

City/State/Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail: _____

Name and contact information of the person to be contacted on matters involving this project:

Name: _____

Title: _____

Street Address: _____

City/State/Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail: _____

PROJECT INFORMATION:

Title of Project: _____

Project Start Date: _____ Project End Date: _____

FUNDING CATEGORY:

(Please check only one.)

_____ **Category 1 - Legal Representation**

_____ **Category 2 - Circuit Team Enhancement**

_____ **Category 3 - General Projects**

CIP AMOUNT REQUESTED: \$ _____

(Only specify CIP funding amount requested.

Do not include matching funds.)

LOGIC MODEL TEMPLATE- PROGRAM/INITIATIVE NAME: _____

Goal/Mission:

Objectives:

Target Population:

Inputs	Processes	Outputs	Outcomes	Impact

BUDGET SUMMARY

Applicant Name _____

Project Name _____

Budget Line Items	Requested CIP Funds	Match Funds	Total Budget
Example: Travel	\$1,770	\$1,000	\$2,770
Personnel			
Fringe Benefits			
Contractual			
Travel			
Supplies			
Equipment			
Other			
Total Direct Costs:			
Indirect Cost Rate: _____%			

Indirect Costs: Indirect cost rates are only allowable if the Grantee has a current and documented federally approved indirect cost rate or a provisional letter from a cognizant federal agency that applies during the term of this agreement. Appropriate documentation must be attached to apply an indirect cost rate. If the indirect cost rate has not been approved, costs must be budgeted in the direct cost line items.

* The Budget Summary amounts must equal the total of each line item presented in the Budget Narrative.

Source of Match	Amount	
Example: County Budget	\$4,000	Personnel Salary
Total Match Contribution:		
Projected Overmatch:		

BUDGET NARRATIVE

Applicant Name _____

Project Name _____

Note: If this form does not provide adequate space, please attach additional sheets.

Personnel: Indicate the name of the employee (if available) and their position name/title, project duties and responsibilities, percentage of full time equivalent (FTE), hours worked per week on which FTE is based, annual salary, and the budget amount. *(Note: Final personnel costs charged to this agreement must reflect actual contract activity of each employee, account for total activity for which the employee is compensated, be reported at least monthly coinciding with one or more pay periods, and be signed by the employee and supervisory official having first hand knowledge of the work performed by the employee).*

Employee Name (if available) and Position Name/Title	Project Duties and Responsibilities	% FTE	Average Work Hrs. Per Week	Annual Salary	Budget Amount
TOTAL PERSONNEL:					\$

Fringe Benefits: Indicate the name of the employee (if available) and their position name/title, benefit type, benefit rate, and the budget amount for each project personnel.

Employee Name (if available) and Position Name/Title	Benefit Type	Benefit Rate	Budget Amount
TOTAL FRINGE BENEFITS:			\$

Contractual: For each product/service, itemize its purpose, quantity, unit cost, and budget amount. Subcontracts are subject to federal guidelines and require prior Administrative Office of the Illinois Courts approval. To the extent possible, procurement must demonstrate full and open competition. Travel costs, as a part of the sub-contract, are subject to applicable state rates. Food and beverage costs must meet the provisions of the federal guidelines.

Product/Service	Purpose	Quantity	Unit Cost	Budget Amount
TOTAL CONTRACTUAL:				\$

Travel: For each travel expense, itemize the traveler, activity/event, expense type (i.e., mileage, lodging, per diem/meal allowance, ground transportation, airfare, etc.), calculation, and budget amount. All travel is subject to applicable State rates of \$.55 per mile; \$7 per quarter or \$28 per day; and lodging at the rate determined for the geographic area. Out of state travel requires prior approval from the Administrative Office of the Illinois Courts.

Traveler	Activity/Event	Expense Type	Calculation	Budget Amount
TOTAL TRAVEL:				\$

Commodities: For each commodity, itemize the purpose, quantity, unit cost, and budget amount. Unit cost must be less than \$5,000 per item. To the extent possible, commodities purchased should be made in America (Section 507, P.L. 103-333).

Item	Purpose	Quantity	Unit Cost	Budget Amount
TOTAL COMMODITIES:				\$

Equipment: List each equipment item, its purpose, quantity, unit cost, and budget total. Unit costs must be at least \$5,000. Changes to this budget line require prior approval from the Administrative Office of the Illinois Courts. To the extent possible, equipment purchased should be made in America (Section 507, P.L. 103-333).

Item	Purpose	Quantity	Unit Cost	Budget Total
TOTAL EQUIPMENT:				\$

Other: For costs not specifically identified above, list its purpose, quantity, unit cost, and budget total.

Item	Purpose	Quantity	Unit Cost	Budget Total
TOTAL OTHER:				\$

CERTIFICATION REGARDING MAINTENANCE OF EFFORT

In accordance with the applicable program statutes(s) and regulations(s), the undersigned certifies that financial assistance provided by the Administration for Children and Families through the Administrative Office of the Illinois Courts, for the specified activities to be performed under the _____ (name of Program) by _____ (applicant name), will be in addition to, and not in substitution for, comparable activities previously carried on without federal assistance.

Signature of Authorized Certifying Official

Title

Date

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Proposal Checklist

To ensure that you have included all of the following items in your proposal, please place a check mark next to each item listed below. The application should be assembled in the order in which these items are listed. Place this form at the back of the proposal packet.

- Completed and signed cover sheet
- Proposal Summary and Narrative
- Completed Budget Summary
- Completed Budget Narrative
- Certification Regarding Maintenance of Effort
- W-9
- One original of the entire proposal packet
- Four copies of the entire proposal packet
- Proposal Checklist