



**ILLINOIS DEPARTMENT OF HUMAN SERVICES
ILLINOIS DISASTER SERVICES PROGRAM (IDAP)
IDAP PLAN SUMMARY SHEET**

All items must be completed.

1.	Grantee Name:	
2.	Address:	
3.	Remittance Address	
4.	IDAP County Contact and Title:	
	Telephone:	
	Email Address:	
5.	IDAP Program Contact Person and Title:	
	Telephone:	
	Email Address:	
6.	Fiscal Contact Person and Title:	
	Telephone:	
	Email Address:	
7.	Fax Number:	
8.	F.E.I.N. Number:	
9.	Identify the Disaster Area: <input type="checkbox"/> Area 1 <input type="checkbox"/> Area 2 <input type="checkbox"/> Area 3	
10.	Identify the number of individuals provided services with the requested funding. (unduplicated count):	Adults Children* *Children under the age of 18

**ILLINOIS DEPARTMENT OF HUMAN SERVICES
ILLINOIS DISASTER SERVICES PROGRAM (IDAP)
IDAP PLAN SUMMARY SHEET INSTRUCTIONS**

1. Grantee Name:	Indicate the address where the Grantee's administrative offices are located.
2. Address:	Enter the Grantee's address.
3. Remittance Address	Indicate the address of the location where the Grantee has agreed that payments from IDHS must be mailed.
4. IDAP Grantee Administrative Contact and Title:	Provide information specific for the individual whom the Grantee designates as the Administrative contact.
Telephone:	
Email Address:	
5. IDAP Program Contact Person and Title:	Provide information specific to the individual whom the Grantee designates as the IDAP Program Contact.
Telephone:	
Email Address:	
6. Fiscal Contact Person and Title:	Provide information specific for the individual whom the agency designates as the Fiscal Contact. This person must be familiar with the agency's fiscal policies and expenditures allocated to the IDAP program.
Telephone:	
Email Address (Required):	
7. Fax Number:	List the Grantee's fax number. If separate fax numbers are designated for fiscal and program contacts, please identify each number
8. F.E.I.N. Number:	List the Federal Taxpayer Identification Number for the Grantee.
9. Identify the Disaster Area: <input type="checkbox"/> Area 1 <input type="checkbox"/> Area 2 <input type="checkbox"/> Area 3	Check the Disaster Area served by the Grantee. Provide a description of the geographic area served, e.g., neighborhoods, cities, town.
10. Identify the number of individuals provided services with the requested funding. (unduplicated count):	Adults Children* *Children under the age of 18

**ILLINOIS DEPARTMENT OF HUMAN SERVICES
ILLINOIS DISASTER SERVICES PROGRAM (IDAP) PLAN OUTLINE**

The Illinois Disaster Assistance Program includes three presidential disaster declarations for Illinois counties as the result of severe storms and flooding (qualifying event). Illinois has been awarded supplemental funds to provide services to individuals and families affected by floods and natural disasters in affected counties.

Eligibility for funding includes two primary criteria: 1) is there a need that is related to a disaster that occurred during the allowable time period and; 2) is the identified need from an area included in one of the federally declared major disaster counties.

Areas eligible for supplemental funds and eligible time period follow:

January 7 - March 14, 2008

Iroquois and Livingston Counties

June 1 - July 22, 2008

Adams, Calhoun, Clark, Coles, Crawford, Cumberland, Douglas, Edgar, Hancock, Henderson, Jasper, Jersey, Lake, Lawrence, Mercer, Rock Island, Whiteside and Winnebago counties

September 13 - October 5, 2008

Cook, DeKalb, DuPage, Grundy, Kane, LaSalle, Peoria, Will, Woodford counties

The IDAP Plan is considered to be part of the contract between the Grantee and the Illinois Department of Human Services.

Each county will develop an individualized service plan designed to meet identified needs. The Plan should be developed in such a way as to: identify activities that occurred during the eligible time period for which reimbursement is being requested (i.e., reimbursement); ongoing activities that are related to an eligible time period and funding is being requested; or a combination of past and ongoing activities related to an eligible time period for which funding is being requested.

The Grantee will develop the plan, in collaboration with the local emergency management director, and seek input from key stakeholders such as, local officials, and community-based organizations, e.g., Volunteers Active In Disasters (VAID). The Department encourages written linkage or collaboration agreements. An example of a Community Partnership Agreement is included in Attachment B.

The plan should address the following areas:

A. NEEDS STATEMENT

1. Describe the target population(s) served during the eligible time period or that will be served by the IDAP project funding, relating to age, ethnicity, standard of living, and family composition.
2. Describe the needs or problems that were addressed during the eligible time period or that will be addressed by the IDAP project funding.

B. DESCRIPTION OF SERVICE ACTIVITIES

1. Provide a description of disaster related social service activities. Identify activities by, a) activities that occurred during the eligible time period and, b) activities that are ongoing but related to the disaster.
2. Identify the number of adults and children who received or will receive disaster related social services. Identify the number of adults and children by, a) the number of adults and children who received services during the eligible time period, and b) the number of adults and children who will receive ongoing services.

C. SERVICE DELIVERY

1. Identify who provided or who will provide the disaster related social services by a) agencies/organizations who provided services during the eligible time period and b) agencies/organizations that are providing ongoing activities that originated from the original disaster period.
2. Describe the process for determining eligibility for the IDAP funded project. Include all eligibility criteria used by the Grantee, in collaboration with the local emergency management director.
3. Describe the process for how the Grantee will inform the community of the availability of IDAP funding.
4. Fully describe any service activities that will be or have been subcontracted. The subcontractor must agree to comply with all provisions of the IDHS Community Services Agreement between the Grantee and IDHS. The subcontract should be developed in a way that includes all of the requirements in the IDHS Community Services Agreement.

D. REPORTING AND TRACKING

1. Provide a detailed explanation of how the Grantee will document, track and report the funded activities to the Department. Describe how the county will ensure that services and expenditures have not been reimbursed by another federal or state source.
2. Describe how the Grantee will ensure that services and expenditures have not been reimbursed and reported to another federal or state source, e.g., does the applicant's request for services declare they have not been assisted for the same services by another funder?

E. ATTACHMENTS - Attach copies of the following:

- Program Budget and Narrative
- List of subcontracts and copy of subcontracts
- Copy of written linkage or collaboration agreements

ILLINOIS DISASTER ASSISTANCE PROGRAM BUDGET

Funding is based on a state fiscal year, July 1 – June 30. The IDAP Community Services Agreement with the Department will be a multi-year contract that runs through September 30, 2010. The budget may be a multi-year budget that may include any expenditure incurred from the incident period as well as costs that run through September 30, 2010. Budgets may be amended through written amendments, in a format identified by the Department.

Budgets should be developed in a way to identify incurred cost, recurrent cost and/or a combination of incurred and recurrent cost. IDHS defines incurred cost as cost that was incurred during the disaster period. IDHS defines recurrent cost as cost that is ongoing and directly related to the disaster period. The budget should be developed in a way to separate administrative costs from direct costs. Administrative cost may not exceed 20% of the budget.

BUDGET NARRATIVE

Each line item must have a narrative explanation or justification stating the method used in determining the amount allocated to each line item, why and how funds are to be utilized. Include your basis for determining administrative/indirect and direct program services. For assistance in determining administrative/indirect versus direct cost components, please consult either OMB Circular A-21 Cost Principles for Educational Institutions, OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments" or OMB Circular A-122 "Cost Principles for Non-Profit Organizations." OMB Circular Website: <http://www.whitehouse.gov/OMB/circulars/index.html>

A Category of Allowable Expenditures, Attachment A, is included for reference.

Suggested IDAP Budget Format.

Time Period Covered: Begin Date – End Date

ADMINISTRATIVE COSTS MAY NOT EXCEED 20%

Items	(A) Admin.	(B) Direct	(C) Total
GRANTEE BUDGET			
A. Personal Services:			
1. Salaries	\$	\$	
2. Payroll Taxes	\$	\$	
3. Fringe Benefits	\$	\$	
4. Contractual	\$	\$	
B. Consumables:			
1. Supplies	\$	\$	
C. Occupancy: (Attach Narrative)			
1. Rent	\$	\$	
2. Utilities	\$	\$	
3. Building Maintenance	\$	\$	
4. Telephone	\$	\$	
D. Miscellaneous:(Attach Narrative)			
1. Staff Travel	\$	\$	
2. Equipment Maintenance	\$	\$	
3. Depreciation	\$	\$	
4. Conferences, Meetings	\$	\$	
5. Liability/Other Insurance	\$	\$	
E. Individual Assistance			
1. Home Repairs			
2. Transportation			
3. Household Items			
4. Other (List)			
F. Subcontracts (List by Name & Amt)	\$	\$	
TOTAL	\$	\$	

Administrative Cost Percentage

To calculate the administrative cost percentage, divide the total administrative costs, Column A, by the total program services costs, Column B:

Grand Total of Column A x 100 = _____ % No more than 20%.

Grand Total of Column B

Attachment A

Category*	Example
Social Services	Mental health, family counseling, youth services, employment services, transportation, temporary housing, temporary residential placement, child care, medical services that are a subordinate part of an ongoing social service, domestic violence intervention, rehabilitation and training for the disabled, homemaker services, case coordination, case management
Individual Assistance	Clothing, furniture, food, medication, household items. Must be deemed necessary to help meet the health care and social service needs of people affected by the disaster
Social Service Facility Operating Costs	Rent, utilities, supplies, buildings and grounds maintenance, insurance, communications, equipment, and other costs incurred in the normal operations of the facility
Personnel/Personnel Costs	Staff, training, conferences, travel, benefits
Repair/Renovation	Mold removal, rebuilding a basement, roof repair/replacement. Must be deemed necessary to meet the health care or social service needs of people affected by the disaster.
State Agency Administrative Costs	Costs incurred providing oversight of the SSBG Disaster Relief Program; personnel, training, communications, equipment, data system for tracking program activities

* This is not an exhaustive list of categories that may be included.

Attachment B – Example of Partnership Agreement Language

COMMUNITY PARTNERSHIP AGREEMENT

Interagency cooperation is recognized as a valuable tool for the planning, integration and provision of human services to citizens served by (Grantee Name)_____

It is agreed that the undersigned Community Partners will work together in assuring the accessibility and availability of services to individuals who were affected by severe storms and flooding that occurred between January 7 and October 5, 2008 in three separate federal declared disaster area by:

- Sharing and publishing information about available services;
- Coordinating the planning and implementation of programs to most effectively provide a wide range of service;
- Assisting in providing necessary client information with the use of appropriate release of information forms to protect client confidentiality;
- Making appropriate referrals.

This Community Partnership Agreement is not a legal, binding or financial contract and is prepared solely to address the needs of the citizens it is designed to serve.

This Community Partnership Agreement shall remain in effect until September 30, 2010 unless cancelled by thirty (30) days written notice by either party to the Agreement.

The undersigned Community Partners certify that they have read and understand the terms of this Community Partnership Agreement and that each of the undersigned is authorized to sign on behalf of their respective agencies.

(County Name)

Authorizing Signature and Title

Date Signed: _____

Date Signed: _____

(Partnership Agency Name)

(Authorizing Signature (Provider))

(Date)