the Ounce

Ounce of Prevention Fund
Illinois Birth to Three Institute

FY17 Policy and Procedure Manual

PTS-Doula

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A1. About the Ounce of Prevention Fund & the Illinois Birth to Three Institute

The Ounce of Prevention Fund (Ounce) is a public/private not-for-profit organization that works in partnership with community-based programs serving families with young children. The Illinois Birth to Three Institute (IBTI) is the Division within the Ounce that serves as an intermediary of public funds designated for services to meet the specialized needs of pregnant and parenting teens. IBTI partners with community organizations committed to implementing nationally recognized, evidence-based program models that include intensive home visiting as a core feature of their program. Program development, management, and financial support for these Parents Too Soon (PTS) programs are made possible through public funding partnerships with the Illinois Department of Human Services (IDHS), Illinois State Board of Education (ISBE), and Chicago Public Schools (CPS).

OUNCE OF PREVENTION FUND MISSION STATEMENT

The Ounce of Prevention Fund gives children in poverty the best chance for success in school and in life by advocating for and providing the highest quality care and education from birth to age five.

Guiding Principles

The Ounce of Prevention Fund:
- respects the family's critical role in determining their children's futures
- focuses efforts in communities with limited resources
- commits to excellent performance and outcomes in all aspects of our work
- develops professional staff through high quality supervision and training
- commits to sound management of critical resources

The Ounce integrates its diverse functions as a funding intermediary, capacity builder of community based programs, and advocates through a unique interdisciplinary approach, which reflects its commitment to a broad and systemic perspective on human development and social problems.

The Ounce views itself as a partner in the development and administration of programs. The IBTI staff members assigned to each funded program utilize a partnership approach in interaction with site staff. IBTI staff members provide active support for outcome oriented services and excellence in implementation of PTS program models including Healthy Families Illinois (HFI), Parents as Teachers (PAT), Nurse Family Partnership (NFP), and Doula. Technical assistance is provided to each funded program by linking it with other Ounce resources such as Illinois Policy and OunceNet, which assures achievement of contractual obligations. Individuals whose positions are funded through the IBTI Subcontract are provided with comprehensive, competency-based training to ensure their preparedness to implement services with a high degree of fidelity to their program model. In addition, IBTI staff members work with sites to explore and problem-solve the many challenging issues related to providing intensive home visiting services, identify and develop training events that enhance the effectiveness of services, participate in long & short-term planning, and celebrate successes whether large or small of home visiting programs for pregnant and parenting teens.

ABOUT THE ILLINOIS BIRTH TO THREE INSTITUTE

In September 2007, the Ounce's PTS Division was renamed and became the Illinois Birth to Three Institute. This change was designed to better describe the overall scope of our statewide work. We wanted a name that goes beyond a single program model to reflect our focus on the very early years of life. Further, we selected a name that continues to grow with us as we expand the range of evidence-based models which we support through funding partnerships, technical assistance, and program development activities. In this way, IBTI will continue to be responsive to the changing nature and unique needs of families, communities, and programs.

In FY09, in an effort to provide families with the highest quality possible home visiting services, IBTI required all programs funded for home visiting to adopt and implement one of three nationally recognized, evidence-based home visiting models: HFI, PAT, or NFP. IBTI will continue to provide the program development support and technical assistance necessary to ensure that all funded sites are fully implementing one of these evidence-based, intensive home visiting models.

IBTI Mission Statement

IBTI promotes the healthy development of families through a framework of program collaboration, reflective practice, and best practice standards. Our work focuses on providing resource allocation, technical assistance, program development, and quality assurance to family support and early childhood programs throughout Illinois.

IBTI Philosophy

IBTI promotes the belief that adolescent parents and their children are best served in the context of family, culture, and community. Comprehensive services are provided by community-based programs to meet the specialized needs of adolescent parents and their children from birth to age three.

Description of Ounce-IBTI Funded Programs

At the end of FY16, the network of programs funded by IBTI includes: 10 PTS-HFI, 10 PTS-PAT, and one PTS-NFP. An additional 10 agencies that operate long-term home visiting programs funded by other agencies are also funded by the Ounce for Doula services. There are a total of 24 Doula programs funded by the Ounce-IBTI in Illinois.

A2. IBTI Program Outcomes

Desired Outcomes	Indicators of Outcome Achievement
Healthy parent-child relationships	• Improved parent-child relationships as measured by parent efficacy scales • Frequency of father contact • Number of parent-child interaction videos completed and reviewed with parents • Participant rates of indicated child abuse/neglect lower, after program involvement, than rates of pregnant and parenting teens in comparable groups • Number of referrals for infant mental health services
Healthy growth and development of children of pregnant and parenting teens	• Children of participants' immunization rates higher after program involvement, than rates of children from comparable groups • 100% of participants' children enrolled with a medical provider for well-child and tertiary health care • Increased rates of WIC enrollment • 100% of participants' children receive developmental screening on schedule • 100% of children identified as being in need of developmental assessment via the screening process or by staff observation are referred to Child & Family Connections or other appropriate resource for follow up, if they are not currently receiving services, to address potential developmental issues • Increased rates of breastfeeding initiation and duration for participants recruited prenatally
Reduction in rates of subsequent births	• Participants' subsequent birth rates lower after program involvement, than rates of teens in comparable groups • Rates of contraceptive use among sexually active participants higher after program involvement, than rates of teens in comparable groups
Improved health and emotional development of pregnant and parenting teens	• 100% of participants enrolled with a medical provider for preventive, prenatal, and tertiary healthcare • Number of referrals for mental health assessment and treatment • Number of referrals for domestic violence intervention • Number of referrals for substance abuse treatment • Percentage of participants attending groups • Number engaged at the beginning of the third trimester for programs with Doulas

Desired Outcomes	Indicators of Outcome Achievement
Enhanced self-sufficiency	• Improved vocational readiness as measured by increases in educational levels/high school or equivalency attainment and/or vocational training completion after program involvement • Improved rates of work activity for participants age 17 and up after program involvement • 100% of participants learn goal-setting skills and complete at least two Goal Plans per year (including birth plans for Doula sites) • Number of homelessness/transience experiences per participant per year • High school dropout rates among participants lower than rates among comparable groups of teen parents

A3. Illinois Birth to Three Institute
Best Practice Standards
PTS-Doula

The Ounce recognizes that there are numerous strategies that can be employed to effectively serve pregnant and parenting teens and their young children. The IBTI Best Practice Standards reflect the collective expertise of the IBTI staff and Subcontracting programs, representing more than twenty years of experience, as well as the influence of practice and research recommendations from other nationally recognized program models, including HFI, PAT, NFP, and Doula. Programs that follow these principles and best practices for program management and service delivery have the greatest chance for achievement of the desired outcomes with young children and new parents.

Home visiting is the primary service component for IBTI programs. It is the foundation for the relationship between program and participant, and is the overarching method used to achieve the desired outcomes. The Ounce supports a number of additional program components designed to enhance the intensity of services to families and improve the chance for positive outcomes. These include Assessment services, Doula, Groups (Prenatal, Parenting, and Heart to Heart), and Infant Mental Health (IMH).

The IBTI Best Practice Standards provide the foundation for the partnership between each funded program and the Ounce. These standards are used to mutually assess program performance, success in participant outcome achievement, and Subcontract compliance. In order to help sites successfully complete the credentialing or endorsement process that goes along with their chosen model, these standards have been drafted based on the program model expectations. Programs that adhere to these standards will be better prepared for the credentialing or endorsement process.

The IBTI Best Practice Standards for PTS-Doula programs are described in three sections:

1. <u>Program Services</u>
   - Initial Engagement/Screening & Assessment
   - Doula Home Visiting
   - Prenatal Groups

2. <u>Program Structure & Governance</u>

3. <u>Subcontract Administrative Requirements</u>

A4. PTS-Doula Best Practice Standards

Initial Engagement/Screening & Assessment

Principle	Practice	Benchmark	Documentation 📂 **Hard Copy Files**
IE1 - By targeting pregnant and parenting teens, a program can effectively address child abuse, neglect, and other poor outcomes for teens, as well as their young children in a community.	IBTI Doula programs serve participants that are reflective of their overall target population. Priority should be given to teens.		📂 Participant Files
IE2 - Programs are more likely to recruit and retain long-term participants when they initiate services prenatally or immediately after birth in order to form a trusting connection with new parents, and establish the program as a source of support and information.	Programs initiate Doula services at the beginning of the third trimester of pregnancy.	Programs enroll 80% of Doula participants by the seventh month of pregnancy.	📂 Participant Files
IE3 - Screening and assessment of family needs focuses on systematic identification of those families most in need of service and identifies the presence of key factors associated with an increased risk of child maltreatment and other poor childhood outcomes.	Programs clearly define their target population and maintain annual tracking of the number of births and other demographic characteristics.	100% of programs define their target population and track the number of births.	📂 Program Abstract
IE4 - Assessment of family needs occurs in an atmosphere of mutual respect and informed consent.	A - Programs maintain up-to-date signed IBTI consents for services with all participants involved.	100% of participant files contain an up-to-date, complete and signed IBTI program consent form.	📂 Participant Files

Principle	Practice	Benchmark	Documentation 📁 **Hard Copy Files**
E4 - Assessment of family needs occurs in an atmosphere of mutual respect and informed consent.	B - Staff members obtain signed consent prior to any intake or assessment interviews and entry of participant information into OunceNet or Visit Tracker. Refusal to sign a consent form for entry of their information into OunceNet or Visit Tracker does not preclude a family from services. Programs that receive MIECHV funding from the Ounce must also utilize the MIECHV consent form for all participants assigned to MIECHV funded staff.		📂 Participant Files
IE5 - Programs are most effective when they use intake and assessment information about family characteristics, background, history, and current functioning to plan services.	Staff members who assess families or gather intake data share that information with Family Support Workers, Doulas, and Prenatal Group facilitators.	100% of staff members who complete intakes or assessments share intake information or assessment results with the service team.	📂 Participant Files 📂 Program Narrative 📂 Team Meeting Notes

PTS-Doula Best Practice Standards

Doula Home Visiting

Principle	Practice	Benchmark	Documentation 📁 **Hard Copy Files**
DHV1 - Home Visiting is the core family support and early childhood education service provided by IBTI programs for pregnant and parenting teens and their children.	Doula Home Visits take place on a schedule determined in partnership with the family.	Programs assign 100% of families to the Doula Home Visiting model.	📁 Participant Files 📁 Program Abstract 📁 Program Narrative
DHV2 - Doula Home Visiting is of sufficient intensity to impact program outcomes.	A - Doula Home Visits last between 1.0 and 1.5 hours.	80% of Doula Home Visits last between 1.0 and 1.5 hours.	📁 Case Notes
	B - Programs complete Doula Home Visits with all participants at the expected level of frequency for each family.	Doulas complete 80% of expected Doula Home Visits at the contracted level.	📁 Case Notes 📁 Program Abstract
DHV3 - Doula Home Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	A - Doulas plan and structure each visit to enable parents to understand each stage of prenatal development; understand and develop enjoyable prenatal and postpartum interaction with their child and develop parental interest and pride in their child's development.		📁 Case Notes 📁 Participant Files 📁 Supervisory Documentation
	B - Doulas share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding, using medically accurate curricula and materials.	Doulas document discussions with participants about breastfeeding in case notes.	📁 Case Notes
		75% of participants initiate breastfeeding.	📁 Participant Files
	C - Doulas use universal precautions in work with infants and toddlers.		📁 Supervisory Documentation 📁 Team Meeting Notes 📁 Training Records

Principle	Practice	Benchmark	Documentation 📁 **Hard Copy Files**
DHV3 - Doula Home Visits will be parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	D - Doulas discuss the risks of smoking during pregnancy and provide smoking cessation materials to participants who smoke. Materials may also be provided to family members who smoke, if interested.		🗀 Case Notes
	E - Doulas discuss the risks of alcohol use during pregnancy and provide materials about alcohol and pregnancy to participants as needed.		🗀 Case Notes
	F - Community-Based FANA (FANA) trained Doulas engage pregnant participants in the prenatal FANA activities designed for their infant's gestational age and engage postpartum participants in the postnatal FANA activities during their infant's first month of life.	Doulas implement prenatal FANA activities a minimum of every other week during the last trimester of pregnancy and engage postpartum participants in the postnatal FANA activities at least once within the baby's first month of life.	🗀 Case Notes 🗀 Supervisory Documentation
		Doulas attend FANA training and complete certification within one year of hire.	🗀 Supervisory Documentation 🗀 Training Records
	G - Doulas fully complete written documentation of Doula Home Visits within 72 hours of each visit and complete related data entry within one week of the visit.		🗀 Case Notes 🗀 Supervisory Documentation
DHV4 - In a manner respectful of each participant's cultural and religious beliefs, Doulas engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions.	Doulas provide all participants with information and support regarding the delay of subsequent births, effective family planning including; birth control and abstinence (as the only 100% protection from risk), and protection from STIs, including HIV/AIDS, using medically accurate curricula and materials.		🗀 Case Notes 🗀 Participant Files 🗀 Supervisory Documentation

Principle	Practice	Benchmark	Documentation 📁 **Hard Copy Files**
DHV5 - Programs conduct Doula Home Visits in a manner that supports the successful completion of personal and program goals as described in the birth plan.	A - Doulas develop a birth plan with each participant.	90% of Doula participants have an up-to-date birth plan.	📁 Participant Files 📁 Supervisory Documentation
	B - Doulas update child feeding information when available in OunceNet according to the following schedule: at birth, six weeks, six months, and one year.	100% of children have birth and six-week feeding information updated in OunceNet. This standard applies to the target child and any subsequent children.	📁 Participant Files
DHV6 - Programs provide Doula Home Visits in a manner that respects the family and cultural values of each participant.	A - Programs offer Doula services on a voluntary basis, using positive and persistent outreach efforts to build family trust and retain overburdened families in the program.		📁 Case Notes 📁 Participant Files 📁 Program Narrative 📁 Staffing Notes 📁 Supervisory Documentation
	B - Doulas and Supervisors encourage the support and involvement of fathers, grandparents and other primary caregivers.	Case notes and other program documentation reflect the Doula's encouragement of and support for the involvement of fathers and other family members. This includes documentation of who participates in the Doula Home Visits, who is at the birth, and any efforts the Doula makes to engage the father.	📁 Case Notes 📁 Participant Files 📁 Program Narrative 📁 Supervisory Documentation
	C - Programs select and implement materials and curricula in a way that builds upon strengths inherent to each family's cultural beliefs. The materials used by the program reflect the language, ethnicity, and customs of the families served.	Programs identify at least one Doula Home Visiting curriculum in their Program Narrative. Doulas document the use of this curriculum in case notes.	📁 Case Notes 📁 Program Narrative

Principle	Practice	Benchmark	Documentation 📂 **Hard Copy Files**
DHV7 - Doulas provide intensive, specialized services in order to improve the perinatal health of mother and baby, support parent-child attachment, and improve the family's social-emotional experience of labor and delivery.	A - During the last trimester of pregnancy, participants receive additional direct services provided through the Doula program. These include prenatal education, support, advocacy with medical providers, and preparation of a birth plan.	Doulas complete 80% of Doula Home Visits at the expected frequency.	📁 Case Notes 📁 Program Abstract 📁 Program Narrative
	B - Doula support and advocacy includes 24-hour availability for attendance during labor and delivery. Doulas provide continuous support from the point of active labor through recovery, with respect to agency policy, backup procedures, and the overall well-being of both the mother and the Doula.	75% of Doula participants have a Doula-attended birth.	📁 Participant Files
	C - Doula programs have established written protocols that outline procedures when Doulas go to the hospital, when Doulas call and utilize backup, and what communication is expected between the Doula and the Doula Supervisor while the Doula is at the birth.		📁 Participant Files 📁 Program Files 📁 Supervisory Documentation
DHV8 - Doula services provide a supportive relationship that addresses the emotional work of the adolescent's emerging role as a mother and her developing attachment to her child. Doula services nurture the mother so that she can nurture the baby.	Doulas support the young parent's self-determination while encouraging prenatal care and the initiation of breastfeeding while promoting emotional availability and engagement with her developing newborn.	75% of participants initiate breastfeeding.	📁 Case Notes 📁 Participant Files

PTS-Doula Best Practice Standards

Prenatal Groups

Principle	Practice	Benchmark	Documentation 📂 Hard Copy Files
PRE1 - Prenatal Group sessions challenge thinking and emphasize decision making about issues that affect the relationship between the parent and their unborn child. Prenatal Group activities provide opportunities for positive peer interaction.	A - A portion of the Prenatal Group session focuses on the sharing of experiences and ideas of group members.		📂 Micro Plans
	B - A wide variety of activities and approaches is encouraged to bridge the range of learning and social skills of group members (i.e., games, videos, role-playing, guest speakers, recreational events, and community service projects).	Prenatal Group documentation reflects activities and approaches used in Prenatal Group sessions.	📂 Micro Plans
	C - Curricula and other materials used in Prenatal Group is culturally competent and focused on common prenatal issues. Programs must discuss use of supplemental non-prenatal focused curricula with their IBTI Program Advisor.	Prenatal Group macro and micro plans identify the topics, curricula, and materials used in Prenatal Group sessions.	📂 Macro Plans 📂 Micro Plans
	D - Planning of Prenatal Group sessions reflects the input of participants, site staff, and birth plans.		📂 Group Evaluations 📂 Macro Plans 📂 Micro Plans 📂 Team Meetings
	E - Staff members use group meeting records, informal feedback, parent evaluations, and their own observations to improve Prenatal Group sessions.		📂 Process Notes 📂 Supervisory Documentation

Principle	Practice	Benchmark	Documentation □ **Hard Copy Files**
PRE2 - Prenatal Group services enhance the intensity and focus of Doula Home Visits with pregnant participants by promoting integration of services. Through integration, these interventions offer more intense and diverse services that increase the chance of achieving IBTI desired outcomes.	A - Prenatal Group facilitators provide all participants with information and support regarding nutrition, the female reproductive system, the process of normal labor, routine hospital practices, basic newborn care, normal newborn behaviors, feeding methods including breastfeeding and formula preparation, and the normal physiological changes of the immediate postnatal period.		□ Macro Plans □ Quarterly Narrative – Group Topic Calendar
	B - Prenatal group facilitators cover the risks of HIV transmission through breastfeeding, using medically accurate materials.		□ Group Plans □ Quarterly Narrative – Group Topic Calendar
	C - Prenatal Group facilitators encourage participants to identify a medical home for their child and share information regarding well-child care and immunizations.		□ Macro Plans
	D - Prenatal Group facilitators encourage and support teens to return to school and provide information on identifying safe, high-quality childcare.		□ Macro Plans
PRE3 - Prenatal Group services promote prenatal attachment and bonding by promoting and facilitating a healthy relationship between mother and unborn child, thus helping the parent develop emotional availability for the baby.	A part of each Prenatal Group meeting has activities that encourage connections and positive interactions between parent(s) and unborn child.	Each Prenatal Group session has a documented parent-child activity.	□ Micro Plans □ Process Notes

Principle	Practice	Benchmark	Documentation 🗁 Hard Copy Files
PRE4 - Prenatal Group services are an ongoing service strategy. The duration of the group is long enough to sustain relationships that promote trust and goal attainment.	A - Prenatal Group membership and facilitators are as consistent as possible.		🗁 Attendance Log 🗁 Macro Plans 🗁 Micro Plans 🗁 Program Abstract
	B - Each Prenatal Group meets for a minimum of 1 ½ hours as part of a six to eight week session.		🗁 Macro Plans 🗁 Process Notes 🗁 Program Abstract
	C - Programs hold a minimum of 24 Prenatal Group sessions per fiscal year.	Programs hold 90% of planned Prenatal Group sessions.	🗁 Macro Plans 🗁 Program Abstract
	D - Prenatal Group documentation includes micro plans, attendance, and process notes for each session.		🗁 Attendance Logs 🗁 Macro Plans 🗁 Micro Plans 🗁 Process Notes
	E - Individuals responsible for planning Prenatal Groups should create a macro plan that is reviewed during the annual program assessment.		🗁 Macro Plans
	F - Prenatal Group arrangements include a nutritious meal or snack.		🗁 Micro Plans 🗁 Program Abstract
	G - Programs complete a written evaluation plan for Prenatal Group services that includes a procedure for gathering feedback from Prenatal Group participants.		🗁 Group Evaluations 🗁 Group Plans 🗁 Process Notes
	H - Staff members use group meeting records, informal feedback, parent evaluations, and their own observations to improve Prenatal Group sessions.		🗁 Process Notes 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation 📂 Hard Copy Files
PRE5 - Prenatal Groups enable pregnant women, their partners, and their families to achieve a healthy pregnancy, optimal birth outcome, and positive adaptation to parenting.	Prenatal Groups promote transition to ongoing program services such as Home Visiting for both enrolled participants and those not yet actively enrolled in the IBTI program.		📂 Group Evaluations 📂 Process Notes 📂 Quarterly Narrative Report

PTS-Doula Best Practice Standards

Program Structure & Governance

Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
SG1 - IBTI programs have the greatest chance of outcome achievement when their service activities are of sufficient intensity and link to the specific strengths, needs, and risk factors of the target group.	A - Programs clearly identify and define their target population and the planned intensity of services, including frequency and duration of contact.	100% of programs use the Doula Home Visiting Model to determine frequency of Doula Home Visits.	📁 Program Abstract 📁 Program Narrative
	B - No more than 20% of Doula participants receive short-term Doula Services	Programs enroll 80% of Doula participants in long-term Home Visiting services.	📁 Participant Files 📁 Program Abstract 📁 Program Narrative
	C - For short-term Doula Services, programs transition the participant to ongoing family support or home visiting programs offered by community partners.		📁 Participant Files 📁 Program Narrative
SG2 - The relationship between the staff member and the participant is primary to the delivery of quality services. The quality and intensity of that relationship affects the participants' initial engagement, ongoing participation, and retention in the program.	A - Programs maintain full enrollment.	Program enrollment is at least 85% of the expected numbers served per the Program Abstract.	📁 Program Abstract 📁 Program Narrative
	B - Program Supervisors have relationships with participants, and conduct annual satisfaction surveys to ensure responsiveness to participant needs.	Programs complete annual satisfaction surveys, with a response rate of at least 25% of actively enrolled participants.	📁 Program Files
SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff members in the program.	A - Staff members receive ongoing training and regularly scheduled supervision. Staff members meet individually with a Supervisor on a weekly basis.	Each staff member receives 46 individual supervisions per fiscal year.	📁 Program Abstract 📁 Program Narrative 📁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation 📁 **Hard Copy Files**
SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff members in the program.	B - Doula programs ensure regular perinatal clinical support of Doulas and Doula Supervisors with face-to-face sessions that take place a minimum of once a month on site	Programs hold 75% of expected clinical support sessions.	📁 Clinical Support Notes 📁 Program Abstract 📁 Program Narrative
	C - Programs base supervision on a process of reflection; stepping back from the work to explore the how's and why's of staff's actions and the impact of the work on that staff person.		📁 Program Narrative 📁 Supervisory Documentation
	D - Supervisors conduct observations of staff's direct work with families in Doula Home Visits and Prenatal Groups two times per year.		📁 Program Narrative 📁 Supervisory Documentation
	E - A minimum ratio of full-time supervisor to staff of 1:6 is expected. A ratio of 1:5 is optimal.		📁 Program Abstract
SG4 - Programs have a Director to supervise staff, promote and provide for coordination of services across components, and build collaboration in the community. This coordination is necessary to maximize the use of program and community resources, and to provide integrated services for pregnant and parenting teens and their children.	Programs have a full-time Program Director. This person is responsible for program oversight (planning, implementation, and evaluation) and ensuring the coordination and integration of service components.		📁 Program Abstract
SG5 - Programs integrate Doula services into Home Visiting in a manner that allows participants to experience the unique benefits of each strategy and the combined effects of all.	Staff members in all service components share information relevant to participants' progress in order to keep services responsive and promote continuity in services. Programs hold monthly team meetings to coordinate and integrate services to participants.	Programs hold 75% of expected team meetings.	📁 Program Abstract 📁 Program Narrative 📁 Team Meeting Notes

Principle	Practice	Benchmark	Documentation 📁 **Hard Copy Files**
SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards.	A - Staff members have written staff development plans and Supervisors plan to release staff members from their duties to attend training that supports their work.		📁 Program Narrative 📁 Supervisory Documentation
	B - Staff members receive basic and ongoing training in key areas they encounter in their work with families. These include child and adolescent development, forming and maintaining an effective helping relationship, child abuse recognition and response, domestic violence, substance abuse, cultural competency, parent-child attachment, and community resources.		📁 Program Narrative 📁 Supervisory Documentation 📁 Training Records
	C - Doulas complete IBTI approved training in addition to other Doula certification. Participation for ongoing in-service training is required.	Doulas attend the FSW track of HFA Integrated Strategies or, at a minimum, the two-day PAT Model Implementation training within the first six months of their hire date and attend the first available Doula Basic training in relationship to their hire date.	📁 Supervisory Documentation 📁 Training Records
	D - Doulas and Doula Supervisors attend a DONA approved Birth Doula Training.	Doulas and Doula Supervisors complete DONA training within three months of hire.	📁 Supervisory Documentation 📁 Training Records
	E - Programs follow and annually review with staff members its policy governing appropriate procedures for addressing child abuse and neglect in alignment with state law.		📁 Supervisory Documentation 📁 Team Meeting Notes

Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
SG7 - All IBTI services are responsive to the culture of the families served.	Programs select staff members for their experience and expertise in working with the community and families served by the program, including an understanding of language, customs, and values.		📂 Program Files
SG8 - Programs select staff members and volunteers in a manner that ensures they are willing to work with high-risk families, such as those in which domestic violence or substance abuse may be a concern.	A - Staff members are open to flexible schedules to allow for connecting with participants who are not available during traditional work hours.		📂 Program Files 📂 Program Policies and Procedures 📂 Supervisory Documentation
	B - Staff members and volunteers have experience or education related to parenting, family support, and child development.		📂 Program Files
	C - Staff members demonstrate the capacity to form positive trusting relationships through clear communication and acceptance of differences in values, beliefs, and practices.		📂 Supervisory Documentation
SG9 - The programs relationship with the community is critical to supporting participant success. Effective programs for parents' link to community services, organizations, and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.	A - Community partners identified as referral sources for screening, assessment, and program intake must match the program's target population and meet any specific program model requirements.		📂 Program Abstract 📂 Program Narrative

Principle	Practice	Benchmark	Documentation 📁 **Hard Copy Files**
SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs for parents' link to community services, organizations, and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.	B - To ensure a regular flow of referrals for intake, programs develop and maintain relationships with other community organizations that come into routine contact with pregnant teens, including but not limited to schools, health clinics, and social service agencies.		📁 Program Narrative 📁 Team Meeting Notes
	C - Doula programs develop written linkage agreements, whenever possible, with any hospital(s) where Doulas provide labor and delivery support to guarantee access of Doulas for attending births.		📁 Program Abstract 📁 Program Files 📁 Program Narrative
	D - Program interns and volunteers, when utilized, are subject to the same screening processes programs use with paid staff members. In addition, volunteers receive the same training and quality of supervision as would a paid staff member with similar duties.	Programs screen 100% of program interns and volunteers in the same manner as paid staff members. This includes all legally permissible background checks, criminal history records, and civil child abuse and neglect registries.	📁 Program Files

Principle	Practice	Benchmark	Documentation 📁 **Hard Copy Files**
SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs for parents' link to community services, organizations, and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.	E - To ensure comprehensive services for families, programs develop and maintain knowledge of and working relationships with service providers that address needs beyond the scope of IBTI services. These include but are not limited to schools, alternative and vocational education, housing, financial assistance, health services, nutrition programs, recreational programs, mental health, early intervention, substance abuse, domestic violence services, and childcare.		📁 Community Resource Directory 📁 Program Narrative 📁 Team Meeting Notes
SG10 - Programs are aware of and sensitive to participants' experiences of services.	Programs contact participants who drop out of the program to gather information for quality improvement. Each program has a procedure for participant exit interviews that help determine the impact of the program.		📁 Participant Files 📁 Program Files
SG11 - Programs participate in evaluation activities to determine the effectiveness of services.	Programs cooperate with the Ounce research and evaluation efforts. This includes obtaining informed consent in writing from participants in order to link names, addresses, and telephone numbers to participant identification numbers.		📁 Participant Files
SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability.	Programs maintain participant files with up-to-date information about service intensity, service content, and participant progress. Programs utilize OunceNet and/or Visit Tracker and cooperate with all elements of data collection, training, and reporting information as required by IBTI.	100% of program staff members who are responsible for data entry participate in OunceNet and/or Visit Tracker training.	📁 Training Records

A5. Subcontract Administrative Requirements

1. OUNCENET

A. Use of OunceNet

OunceNet Use and Users: OunceNet is only to be used by IBTI funded staff members who have received adequate orientation and training to the use of OunceNet. Orientation is provided initially by the program's designated OunceNet MIS Contact and followed with on-site new user training by an OunceNet team member. Technical assistance is available to all users of OunceNet on an ongoing basis through the OunceNet Help Line. Technical assistance on the use of other software products is not available.

The OunceNet Helpline number is 800-789-4815. The OunceNet e-mail address is: ouncenetibti@theounce.org. E-mail messages are monitored by the OunceNet team, just like the Help Line. Feel free to address questions or concerns through e-mail.

OunceNet Problems: Any problems with OunceNet must be immediately reported to a member of the OunceNet team. This is to ensure that all efforts are made to meet data entry deadlines and to ensure the accuracy of OunceNet reports.

Internet Access: Each Subcontracting agency must ensure that at least one computer to be used by the IBTI program has adequate access to the Internet through a reliable Internet Service Provider (ISP). Management of the Internet connection and the ISP, including the installation of Internet connection equipment, troubleshooting of Internet connectivity problems, and all communications with the ISP are the responsibility of the IBTI funded program. Reporting requirements and deadlines are not waived on the basis of Internet connection disruptions.

B. Minimum Technical Requirements for Site Use of OunceNet System

All IBTI Subcontracting agencies are required to utilize OunceNet as the primary method for recording data, and reporting on service delivery and participant outcome achievement.
IBTI will continue to provide the operating system needed by program staff to enter data and run reports. In addition, the OunceNet team will provide training and technical assistance on OunceNet for each Subcontracting agency as needed. Each Subcontractor must assure that OunceNet is utilized only for the IBTI funded program, and that an acceptable connection to the internet is maintained, in adherence with the following requirements:

Minimum Hardware Requirements:
- Each CPU must have the following or better:
  - 2 Ghz dual-core processor
  - 2 Gb of RAM
  - 500 Gb hard drive
  - CD-ROM/DVD drive
  - Super VGA (1024x786) or higher resolution monitor with 32-bit colors

Minimum Operating System Requirements:
- Windows 7 Professional (32 or 64 bit)

Minimum Software Requirements:
- Microsoft Internet Explorer (IE) version 8.0
- Adobe Acrobat Reader version 10.0
- Current and updated version of virus protection software

2. FORMALIZED ACCOUNTING PROCEDURES
To ensure that the expenditure of IBTI Subcontract funds meets federal and state audit requirements, an agency must have formalized, written accounting procedures. Agencies should follow the accrual method of accounting, enter and track financial data on a general ledger and relevant subsidiary ledgers, allocate costs among multiple funders, provide for separation of duties among fiscal staff, generate timely financial reports, and submit an independent auditor's report to the IBTI Fiscal Advisor on an annual basis.

3. DESIGNATED IBTI SITE CONTACTS
Each program year, Ounce Subcontracting agencies must designate members of their organization who will fulfill specified roles for interface with IBTI staff. Site staff may be assigned to be the contact in one or more of these roles. IBTI will use the designated site contact information to create targeted mailing and e-mail lists, and will assume that the site contact will handle the responsibilities associated with their designated role. Agencies should assign organizational contacts based on the descriptions of the required tasks and the agency expectations of the staff member to fulfill these roles as part of the ongoing management of the Ounce Subcontract.

Executive Contact: This contact has executive level authority to sign legal contracts on behalf of the Subcontracting agency. The Ounce will contact this person in the event of any funding issues or any substantive program or fiscal concerns regarding the administration of the Subcontract.

Program Management Contact: This is the primary person responsible for overall management of the IBTI program and fiscal matters related to the Subcontract. This includes adherence to the IBTI Best Practice Standards. The IBTI Program Manager works directly with this contact to develop the design of service and annual Program Abstract, and to negotiate the use of IBTI funds. This contact is primarily responsible for the content and timely completion of required reports. This contact supervises direct service staff or supervisors.

Staff Development/Training Contact: This contact is responsible for the supervision of direct service staff, the creation of staff development plans, and the oversight of registration for and staff attendance at Ounce Institute training events. This contact is point for all staff communications related to the Ounce Institute and is responsible for day-to-day interface with site staff in all matters related to training registration, attendance, cancellations, and travel.

Fiscal Management Contact: This contact is the primary person responsible for the overall financial management of the subcontract, including compliance with the Ounce Subcontract administrative requirements and the internal allocation, oversight, and tracking of Subcontract expenditures.

<u>Fiscal Report Contact</u>: This contact is responsible for the actual preparation, submission, and correct of Quarterly Financial Cost Reports, forecasts, and Amendments. The IBTI Fiscal Advisor works directly with this contact to provide technical assistance and training, if necessary, to ensure submission of accurate financial reports that meet Ounce requirements.

<u>OunceNet MIS/Contact</u>: This contact is the primary liaison with the OunceNet team or other Ounce contacts regarding data reporting issues, initial orientation of new site staff, providing written notification to OunceNet team regarding new user or follow-up training, and distribution of OunceNet or MIS-related correspondence to OunceNet.

<u>Agency Technology Contact</u>: This is the person responsible for ensuring ongoing compliance with the technical specifications associated with the use of OunceNet. This person works directly with the OunceNet team or other specified Ounce contact to address and resolve technical issues related to OunceNet.

Changes to Contact or Contact Information: To change any of the designated contacts during the fiscal year, notify your IBTI Program Manager in writing and submit all changes in contact information or designation in the Program Narrative Quarterly Report or a revised Abstract, which should be submitted as part of a Subcontract Amendment.

A6. Glossary of Terms

Acceptance rate: The number of participants who accepted program services divided by the number of participants who were offered program services.

Assurance: A contractual provision a Subcontractor is obligated to satisfy in the course of IBTI program operations.

Birth Plan: A prenatal Individual Family Support Plan established between a participant and Doula. The plan is focused on the participant's desires for the birth concerning areas such as pain relief, feeding, and Doula and family involvement in the birthing room. The plan, sometimes referred to as a Birth Wish List, is shared with the medical providers either prior to or at the time of admission as a step in advocating for the parent's desires. *(See Best Practice Standard on page 11)*

Community Education: Services provided by the program to educate community members on pregnancy and parenting topics. These events include those held by the Subcontracting agency.

Contract Compliance: The act of conforming to the expectations put forth in the IBTI Subcontract Agreement, the approved Program Narrative, Program Abstract, Program Budget, and the IBTI Policy and Procedure Manual.

Direct Expenses: Costs of delivering services to or performing activities on behalf of program participants that would no longer be incurred if the program closed.

Doula Clinical Consultation: A contractual position established with a doctor, midwife, nurse, or very experienced Doula in the local area. This individual should be knowledgeable about medical and hospital procedures surrounding pregnancy and childbirth. This person is expected to be available by phone seven days per week, 24-hours per day to respond to Doulas' clinical questions as they arise. This person is also expected to provide monthly face to face contact to review Doula work, provide education and resources, and to consult with the Doula Program Director and Doula Program Supervisor. *(See Best Practice Standard on page 18)*

Doula Hospital Service: Doula service that takes place at a hospital. This often includes the birth of the child, however, if a birth does not take place, the hospital service is still recorded. In addition, if a Doula provides support to the participant at the hospital before or immediately after a birth but does not witness the birth, this is still considered an attended birth.

Enrollment Status: The role assigned to indicate the participant's level of engagement in the program. The three possibilities for enrollment status are: Creative Outreach, Active, and Closed. Only those participants with an Active status are included in the OunceNet Quarterly reports. Participants must meet the following requirements for each status.

    Creative Outreach (either condition may apply):

- The participant has received an initial contact <u>and</u> has signed a consent form, but has not yet received a home visit.
- The participant was Active (i.e., received a home visit), but has since disengaged from the program. Programs can use some discretion in deciding when to place a participant on Creative Outreach, but generally speaking, Level 1 participants that have missed more than two-thirds of expected home visits over a two-month period or participants at Level 2 or higher that have missed over half of the expected home visits over a three month period should be placed on Creative Outreach. If a program knows ahead of time that a participant will not be keeping scheduled home visits (because they will be out of town, etc.), the participant may be placed on Creative Outreach before any actual home visits are missed. Creative Outreach status was designed to hold a program slot for the participant while efforts are made to re-engage her. Participants will not be counted in outcome calculations while they are on Creative Outreach status.

    Active (both must apply):

- The participant has completed the OunceNet intake process.
- The participant has received one home visit by a home visitor.
  - FSW/Doula participants will be considered an Active Doula participant after two Doula home visits or one Doula Attended Birth.
  - Doula-Only participants are considered an Active Doula participant after two prenatal Doula Home Visits or one Doula Attended Birth.

    Closed (one must apply):

- The participant has indicated that she no longer wishes to continue in the program.
- The participant has graduated from or completed the program according to the program's guidelines.
- The participant has died or moved away.
- The participant has been pending in Creative Outreach status for three months without receiving the one Home Visit required to achieve Active status.
- A participant who shows obvious disinterest to intensive outreach efforts from staff may be closed before three months.

Exit Interview: Final documented contact with a participant. This may be conducted face to face or be in written form. The elements include participant's review of progress, achievements, future plans, reason for closure, referrals, and method of tracking participant's address for possible future contact. *(See Best Practice Standard on page 22)*

Family Goal Plan: A written plan to be negotiated with each participant that includes the following elements: available resources, identification of goals, and a plan for goal attainment.

Full Time Equivalency (FTE): The time assigned to IBTI activities represented as a proportion of the agency's standard work week. For example, 1 FTE is the equivalent of one full-time employee, and .5 FTE is the equivalent of one half-time employee.

Group Service: Groups provided by the program and conducted by a staff member in which participants learn about pregnancy and parenting issues. *(See Best Practice Standards on pages 13-16)*

Home Visits/Personal Visits: The services provided by IBTI site staff for pregnant and parenting teens and their children. Home Visits take place in the participant's home on a schedule determined in partnership with the family, and include time for parent-child activities. A service provided by a Home Visitor or Doula outside of the home may still be considered a Home Visit if it contains the same length and content as a Home Visit, however, each model expects a certain percentage of Home Visits to occur in the home. As stated in the IBTI Best Practices, the average Home Visit should be one hour to one and a half hours in duration. *(See Best Practice Standard on page 9)*

- **Attempted Home Visit**: A scheduled Home Visit in which the staff member made an active effort to complete but did not take place. Attempted Home Visits include those in which the staff member went to the participant's home at the scheduled time to find the participant absent or unable to complete the visit. Attempted Home Visits do not include those cancelled in advance by the participant or staff member.
- **Doula Home Visit**: A Home Visit with Doula services conducted by a Doula.

Homeless: Lacking a fixed, regular, and adequate nighttime residence. This includes those who are "doubled up," a term that refers to a situation where individuals who are unable to maintain their housing situation are forced to stay with a series of friends or extended family members. Those who qualify as homeless may also stay at the following places:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations.
- An institution that provides a temporary residence for individuals intended to be institutionalized.
- A public or private place not designed for or ordinarily used as a sleeping accommodation for humans.

Indirect Expenses: Organizational costs, exclusive of program services and activities, which are shared and distributed over all of the agency's programs. These include costs which are not easily identifiable with a specific program, but which are, nonetheless, necessary to the program's operation. The classification and assignment of indirect costs should be based on the specified agency's allocation method and only as allowed by the source of funds. If the program did not exist, these costs will still be present.

Individual Contact: A service provided to a participant that falls within the categories of crisis intervention, counseling, health care, or advocacy, but that is not part of a Home Visit or Doula Home Visit. This service may take place via a letter, phone call, or face to face contact. Programs who provide assessment services should count their assessment visits as individual contacts.

In-Kind Support: The financial equivalent of services provided by volunteers or assets donated to support program activities.

Intake: The documentation completed upon a participant's initial contact with the program. An intake must be completed to count a participant's data toward program outcomes.

- **Group Roster Only Intake**: The intake for participants attending only group services. Data of participants enrolled in this category are not counted toward program outcomes.
- **Doula-Only Intake**: The intake for participants who receive only Doula services.
- **Full Intake**: The intake for participants who receive home visiting or home visiting and Doula services combined.

Long-Term Services: The full range of Home Visiting program services provided to a participant on an ongoing basis. Long-term services are meant to include the intensity, duration, and frequency needed to achieve optimum results for participants. Also the term used to distinguish between participants enrolled as FSW/Doula versus those enrolled as Doula-only.

Medical Home: A participant and child's routine place of medical care wherein their respective medical charts are located.

Monitor: Process by which IBTI program staff members assess contractual compliance and progress toward meeting contractual obligations. Methods may include site visits, quarterly reports, and fiscal audits.

OunceNet: The Web-based IBTI Management Information System (MIS) used for program documentation, reporting, evaluation, and funding purposes. *(See Best Practice Standard on page 21)*

Quarterly Reports: The reports that reflect program and fiscal status for a three month period and that identify progress made toward achieving program benchmarks.

Referral: Services that direct a participant to another program, within the same agency or externally, that will meet the participant's needs. Referrals must be recorded in OunceNet.

Retention rate: The percentage of a given group of participants (e.g. all participants that first enrolled in FY06) that remained in the program for a specified period of time (e.g. 6 months, 1 year, 2 years, etc.).

Screening: The process of testing a child's development on certain indicators using a standard instrument such as the Denver II, Brigance, Ages and Stages, or Batelle Developmental Inventory Screening.
- **Rescreen**: The process of repeating a screen that was already performed on the same child. This generally occurs when the child's first score indicated the need for additional screening. A screening qualifies as a rescreen only if the same portion of a screen is repeated on the child. For example, it does not qualify as a rescreen if one portion of the Denver II is performed on 7/1/09 and a different portion of the Denver II is performed on the same child on 7/2/09.

Service Area: The geographic area of current or proposed programming for participants as defined by the service organization. In Chicago, the service area is generally defined by the community area, while in the rest of the state the service area is usually defined by county.

Service Intensity Level: The frequency of the home visiting services provided to the participant. *(See Best Practice Standard on page 16)* The service intensity levels of non-Doula participants are:

- **Level X** – for all Creative Outreach participants. Creative Outreach participants are those who have not yet achieved Active status by receiving one Home Visit, or those whose participation has been inconsistent or interrupted and efforts are being made to reengage them**.**
- **Level 1P** – for pregnant participants receiving biweekly Home Visiting
- **Level 1** – for participants receiving weekly Home Visiting
- **Level 2** – for participants receiving biweekly Home Visiting
- **Level 3** – for participants receiving monthly Home Visiting
- **Level 4** – for participants receiving quarterly Home Visiting

All Doula participants are assigned to the **Doula Home Visiting Model** service level rather than the levels above. The frequency of visits for this Service Intensity Level is based on the Doula Home Visiting Model set forth in the Program Abstract.

Short-Term Participants: Participants targeted for a short-term or a single service component and not expected to be involved in long-term Home Visiting within the IBTI program or within the Subcontracting agency for programs funded only for Doula services.

Staff Assignment: The primary person responsible for service delivery to the participant. This is not always the same staff person who completes the intake.

Staffing: Regular meeting held with direct and supervisory staff to discuss services and issues related to a particular participant's status and progress.

Supervision: The relationship and interaction between an employee and her or his direct supervisor. IBTI believes it is optimal that these relationships seek to ensure quality direct services and support the professional development of staff. The elements include reflection (listening and explaining), collaboration (mutual respect), and regularity (how often, time, structure, and availability). *(See Best Practice Standard on page 16)*

Target Child: The pregnancy or child that brings the participant into the program. For participants who are not pregnant at the time of enrollment, the target child is their youngest child. For participants who are pregnant at the time of enrollment, the target child is the child in utero.

Team Meeting: Regularly scheduled meeting held to address agency, team, community, administrative, or other issues related to the IBTI program. *(See Best Practice Standard on page 17)*

FY17
Subcontract
Application
&
Submission
Information

B1. Subcontract Submission Instructions & Due Dates

1. **IBTI Policy and Procedure Manual:** The FY17 Policy and Procedure Manual and forms are available on the IBTI Website: http://www.opfibti.org.

2. **Subcontract Agreement:** FY17 Award Letters, Boilerplates, and Payment Schedules will be sent to site Executive Contacts vie e-mail by May 1, 2016. This document needs to be reviewed and signed by the Executive Contact or a person authorized to sign contracts on behalf of your organization. The due date for receipt of the Subcontract Agreement is *4:00 p.m. on May 22, 2016.* Failure to return the Subcontract Agreement by the due date will be interpreted as indication that the agency does not wish to renew their Ounce Subcontract. Mail five (5) identical copies (ALL with original signatures and payment schedules attached) of the FY17 Subcontract Agreement to:

   <div align="center">

   IBTI Administration Manager
   Ounce of Prevention Fund
   33 West Monroe, Suite 2400
   Chicago, IL 60603

   </div>

3. **Program Abstract and Budget:** Draft abstracts and budgets are due, via e-mail, to ibtiadmin@theounce.org by June 15, 2016. In the subject line of your e-mail, please include the following information: site name, fiscal year, and name(s) of document(s). Final FY17 Abstracts and Budgets are due to ibtiadmin@theounce.org by July 15, 2016. Please use the same naming convention for the final submission e-mail as used for the draft e-mail (site name, fiscal year, name of document).

SUBMISSION NOTES
- Contact the IBTI Program Manager for any questions related to required FY17 documents.
- Please notify the IBTI Program Manager, via e-mail, five (5) business days prior to the deadline if any portion of the Subcontract submission will be late. Late submissions of required Subcontract documents can delay delivery of site payments and will be taken into consideration in discussions related to the approval of QIRs and other program expansion discussions.

B2. Subcontract Agreement

OUNCE OF PREVENTION FUND
Subcontract Agreement

This Agreement is by and between the **Ounce of Prevention Fund**, with its principal address at 33 West Monroe, Suite 2400, Chicago, Illinois 60603, hereinafter referred to as the "Agency" and _____ with its principal office at _____ , hereinafter referred to as the "Service Subcontractor".

WHEREAS, it is the intent of the parties herein to implement the services consistent with and pursuant to the duties and responsibilities imposed by the Illinois Department of Human Services (IDHS), the Chicago Public Schools (CPS) and/or the Illinois State Board of Education (ISBE), depending on source funds as indicated in the annual award letter, and in accordance with the terms, conditions, and provisions hereof, it is agreed as follows:

1. **EFFECTIVE DATE**
    This Agreement, for the period of <u>July 1, 2016</u> through <u>June 30, 2017</u>, shall become effective when the Agency approves the Program Plan and Budget submitted by the Service Subcontractor. The signed Subcontract Agreement is due <u>May 22, 2016</u>. The Service Subcontractor shall submit its final Program Plan and Budget to the Agency no later than <u>July 15, 2016</u>. Costs incurred prior to the effective date hereof, after the expiration date hereof, or after earlier termination pursuant to the provisions of the Subcontract, shall not be paid by the Agency.

2. **TAXPAYER CERTIFICATION** (Service Subcontractor **MUST** complete)
    Under penalties of perjury, the Service Subcontractor certifies that _____ is the Service Subcontractor's correct (please check one).
    - ☐ Federal Taxpayer Identification Number
    - ☐ Social Security Number

    The Service Subcontractor is doing business as a (please check one).
    - ☐ Individual
    - ☐ Sole Proprietorship
    - ☐ Partnership

    - ☐ Corporation (includes Not For Profit)
    - ☐ Medical Corporation
    - ☐ Governmental Unit
    - ☐ Estate or Trust

    - ☐ Pharmacy (Non-Corporate)
    - ☐ Nonresident Alien
    - ☐ Pharmacy/Funeral Home/Cemetery Corporation
    - ☐ Tax Exempt/Hospital/Extended Care Facility

    The Service Subcontractor also certifies that it does and will comply with all provisions of the Federal Internal Revenue Code, the Illinois Revenue Act, and all rules promulgated thereunder, including withholding provisions and timely deposits of employee taxes and unemployment insurance taxes.

3. **PAYMENT**

   A. The maximum amount payable by the Agency to the Service Subcontractor under this Agreement is $ _____ .

   The Agency agrees to initiate payment by check to the Service Subcontractor according to the attached payment schedule, upon receipt by the Agency of payment from the fund source, e.g., IDHS, CPS, or ISBE. The Agency may exercise the right to withhold monthly payments until required reports and/or forms are received and approved.

   B. Obligations of the Agency will cease immediately without penalty or further payment being required if, in any fiscal year, the Illinois General Assembly or federal funding source fails to appropriate or otherwise make available sufficient funds for this Agreement. The Agency shall notify the Service Subcontractor of such funding failure.

   C. If the funds awarded are subject to the provisions of the Grant Funds Recovery Act, (30 ILCS 706), any funds remaining at the end of the Agreement period which are not expended or legally obligated by the Service Subcontractor shall be returned to the Agency within forty-five days after the expiration of this Agreement. The provisions of 89 III Adm. Code 511 shall apply to any funds awarded that are subject to the Grant Funds Recovery Act.

   D. If applicable, federal funds received under this Agreement shall be managed in accordance with the Cash Management Improvement Act of 1990, (31 U.S.C. 6501 et seq.) and any other applicable federal laws or regulations.

   E. The Service Subcontractor agrees to hold harmless the Agency when the Agency acts in good faith to redirect all or a portion of any Service Subcontractor payment to a third party. The Agency will be deemed to have acted in good faith if it is in possession of information that indicates the Service Subcontractor authorized the Agency to intercept or redirect payments to a third party or when so ordered by a court of competent jurisdiction.

   F. The Agency reserves the right to decrease the maximum amount payable under this Agreement if: 1) staff and/or consultants are not hired within thirty days after a) effective date of subcontract, b) projected hire date, or c) vacancy occurs 2) line items are not expended according to schedule or are utilized in a manner that was not authorized, as evidenced in the quarterly expense reports or 3) if an acceptable amendment reallocating dollars is not submitted within thirty days from the submission of the quarterly expense report, and approved within sixty days from the submission of the quarterly expense report.

   G. Grant funds disbursed under this Agreement and held thirty days by the Service Subcontractor will be placed in an interest-bearing account. Any exception to this requirement must be approved, in writing, by the Agency. The provision of the Illinois Grant Funds Recovery Act shall apply.

   H. The Service Subcontractor acknowledges that the Agency has entered into a contract with IDHS, CPS, and/or ISBE to provide certain services, including those described in the Agreement. The terms of this Agreement are subject to the contract executed between the IDHS, CPS, and/or ISBE and the Agency. The Service Subcontractor agrees to assist the Agency in performing the Agency's obligations under said contract(s).

   I. The Service Subcontractor certifies that an amount, no less than 10% of the grant award, is allocated by the Service Subcontractor to supplement Ounce of Prevention Fund/IBTI funds for the services delivered under this Agreement. This contribution may be cash or in-kind.

4. **SCOPE OF SERVICES**

    The Service Subcontractor will provide the programs and services described in the Attachment(s) to this Agreement and in accordance with all conditions and terms set forth herein.

    The Service Subcontractor agrees to undertake and perform according to the terms of this Agreement, all of their services mutually determined and approved in the most recent Program Narrative, Program Abstract, and Amendments.

    The Service Subcontractor agrees to design their Agency-funded Program Plan, based on the program components, principals, and practices listed in the Ounce of Prevention Fund/IBTI Best Practice Standards (see Ounce of Prevention Fund/Illinois Birth to Three Institute FY17 Policy and Procedure Manual, Section A3). The Program Narrative and Abstract shall be designed to achieve the IBTI Program Outcomes. Once accepted by the Agency, the Program Narrative and Abstract may not be modified without the express written consent of the Agency.

    The overall goal of the Ounce of Prevention Fund/IBTI is to provide education and support to children, adolescents, and their families through community-based programs. The following chart delineates the desired outcomes of services to pregnant and parenting teens and their children, with the measurements used to indicate achievement. Sites which provide only Doula services via this Service Subcontract shall meet the outcome measurements with references to Doulas and Doula sites in the chart that follows.

IBTI Outcomes

Desired Outcomes	Indicators of Outcome Achievement (Measures)
Healthy parent-child relationships	• Improved parent-child relationships as measured by parent efficacy scales • Frequency of father contact • Number of parent-child interaction videos completed and reviewed with parents • Participant rates of indicated child abuse/neglect lower, after program involvement, than rates of pregnant and parenting teens in comparable groups • Number of referrals for infant mental health services
Healthy growth and development of children of pregnant and parenting teens	• Children of participants' immunization rates higher, after program involvement, than rates of children from comparable groups • 100% of participants' children enrolled with a medical provider for well child and tertiary health care • Increased rates of WIC enrollment • 100% of participants' children receive developmental screening on schedule • 100% of children identified as being in need of developmental assessment via the screening process or by staff observation are referred to Child & Family Connections or other appropriate resource for follow-up, if they are not currently receiving services to address potential developmental issues • Increased rates of breastfeeding initiation and duration for participants recruited prenatally
Reduction in expected rates of subsequent births	• Participant subsequent birth rates lower, after program involvement, than rates of teens in comparable groups • Rates of contraceptive use among sexually active participants higher, after program involvement, than rates of teens in comparable groups
Improved health and emotional development of pregnant and parenting teens	• 100% of participants enrolled with a medical provider for preventive, prenatal, and tertiary healthcare • Number of referrals for mental health assessment and treatment • Number of referrals for domestic violence intervention • Number of referrals for substance abuse treatment • Percentage of participants attending groups • Number engaged at the beginning of the third trimester for programs with Doulas
Enhanced self-sufficiency	• Improved vocational readiness as measured by increases in educational levels/high school or equivalency attainment and/or vocational training completion after program involvement • Improved rates of work activity for participants age 17 and up after program involvement • 100% of participants learn goal-setting skills and complete at least two Goal Plans per year (including birth plans for Doula sites) • Number of homelessness/transience experiences per participant per year • High school dropout rates among participants lower than rates among comparable groups of teen parents

5. **REQUIRED CERTIFICATIONS**
    The Service Subcontractor shall be responsible for compliance with the enumerated certifications to the extent that the certifications legally apply to the Service Subcontractor. The Agency recognizes that not all certifications may apply to the Service Subcontractor. It is the Service Subcontractor's responsibility to determine which certifications apply.

    A. **Bribery** – The Service Subcontractor certifies that the Service Subcontractor has not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, nor made an admission of guilt of such conduct which is a matter of record, (30 ILCS 500/50-5).

    B. **Bid Rigging** – The Service Subcontractor certifies that it has not been barred from contracting with a unit of State or local government as result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961, (720 ILCS 5/33E-3 or 720 ILCS 5/33#-4, respectively).

    C. **Educational Loan** – The Service Subcontractor certifies that it is not barred from receiving State Agreements as a result of default on an educational loan, (5 ILCS 385).

    D. **International Boycott** – The Service Subcontractor certifies that neither it nor any substantially owned affiliated company is participating or shall participate in an international boycott in violation of the provisions of the U.S. Export Administration Act of 1979, (50 U.S.C. Appx. 2401 et seq.), or the regulations of the U.S. Department of Commerce promulgated under that Act, (15 CFR Parts 730 through 774).

    E. **Dues and Fees** – The Service Subcontractor certifies that the Service Subcontractor is not prohibited from selling goods or services to the State of Illinois because it pays dues or fees on behalf of its employees or agents, or subsidizes or otherwise reimburses them, for payment of their dues or fees to any club which unlawfully discriminates, (775 ILCS 25/1, 25/2).

    F. **Drug Free Work Place** – The Service Subcontractor certifies that neither it nor its employees shall engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the performance of this Agreement and that the Service Subcontractor is in compliance with all the provisions of the Illinois Drug Free Workplace Act, (30 ILCS 580/3 or 580/4).

    G. **Clean Air Act and Clean Water Act** – The Service Subcontractor certifies that it is in compliance with all applicable standards, orders, or regulations issued pursuant to the Clean Air Act, (42 U.S. C. 7401 et seq.) and the Federal Water Pollution Control Act, as amended, (33 U.S.C. 1251 et seq.).

    H. **Debarment** – The Service Subcontract certifies that the Service Subcontractor is not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this Agreement by any Federal department or agency, (45 CFR Part 76).

    I. **Pro-Children Act** – The Service Subcontractor certifies that it is in compliance with the Pro-Children Act of 1994 in that it prohibits smoking in any portion of its facility used for the provision of health, day care, early childhood development services, education, or library services to children under eighteen, which services are supported by Federal or State government assistance (except portions of the facilities which are used for inpatient substance abuse treatment), (20 U.S.C. 6081 et seq.).

J.   **Health Insurance Portability and Accountability Act** - The Service Subcontractor certifies that it is in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law No. 104-191, 45 CFR Parts 160, 162 and 164, the Social Security Act, 42 U.S.C. §1320d-2 through 1320d-7, in that it may not use or disclose protected health information other than as permitted or required by law and agrees to use appropriate safeguards to prevent use or disclosure of the protected health information. The Provider shall maintain, for a minimum of six (6) years, all protected health information.

6.   **UNLAWFUL DISCRIMINATION**
The Service Subcontractor and its employees shall 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 following laws and regulations and all subsequent amendments thereto:

A.   The Illinois Human Rights Act, (775 ILCS 5).

B.   Public Works Employment Discrimination Act, (775 ILCS 10).

C.   The United States Civil Rights Act of 1964 (as amended), (42 U.S.C. 2000a-2000h-6). (See also guidelines to Federal Financial Assistance Recipients regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons [Federal Register: February 18, 2002 (Volume 67, Number 13, Pages 2671-2685.)]).

D.   Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. 794).

E.   The Americans with Disabilities Act of 1990, (42 U.S.C. 12101).

F.   Executive Orders 11246 and 11375, (Equal Employment Opportunity) and Executive Order 13160 (2000), (Improving Access to Services for Persons with Limited English Proficiency).

7.   **LOBBYING**
The Service Subcontractor certifies that no federal appropriated funds have been paid or will be paid, by or on behalf of the Service Subcontractor, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal agreement, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal agreement, grant, loan, or cooperative agreement.

If any funds, other than federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence any of the above persons in connection with this Agreement, the undersigned must also complete and submit federal form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

If there are any indirect costs associated with this Agreement, total lobbying costs shall be separately identified in the indirect cost rate proposal, and thereafter treated as other unallowable activity costs.

The Service Subcontractor must include the language of this certification in the award documents for any sub-awards made pursuant to this award. All sub-recipients are also subject to certification and disclosure.

This certification is a material representation of fact upon which reliance was placed to enter into this transaction and is a prerequisite for this transaction, pursuant to 31 U.S.C. Sec. 1352. Any person who fails to file the required certifications shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

8. **CONFIDENTIALITY**
The Service Subcontractor shall comply with applicable state and federal laws and regulations, and the Agency's administrative rules, regarding confidential records or other information obtained by the Service Subcontractor concerning persons served under this Agreement. The records and information shall be protected by the Service Subcontractor from unauthorized disclosure.

9. **LIABILITY**
The Service Subcontractor agrees to indemnify, defend and hold harmless the Agency from and against any and all liability, expense (including court costs and reasonable attorney's fees) and claims for damage of any nature whatsoever, whether known or unknown and whether direct or indirect, as though expressly set forth and described herein, which the Agency may incur, suffer, become liable for or which may be asserted or claimed against the Agency as a result of the acts, errors or omissions, including negligent acts and statutory violations, of Service Subcontractor or as a result of the acts, errors, or omissions of Service Subcontractor's agents, directors, employees, officers, representatives and shareholders unless Service Subcontractor's agents, directors employees, officers, representatives or shareholders were acting pursuant to and in accordance with express written instructions from the Agency. The Service Subcontractor hereby indemnifies the Agency for costs, claims, damages, or other losses incurred or associated with injuries sustained by any agent, director, employee, officer, representative, or shareholder of Service Subcontractor while performing services in accordance with this Agreement which have not been compensated by workers compensation.

10. **MAINTENANCE AND ACCESSIBILITY OF RECORDS**
    A. The Service Subcontractor shall maintain, for a minimum of five years from the later date of final payment under this Agreement or the expiration of this Agreement, adequate books, records, and supporting documents to comply with 89 Ill Adm. Code 509.

    B. The Service Subcontractor agrees to make books, records and supporting documentation relevant to this Agreement available to authorized Agency representatives, auditors (including the Illinois Auditor General), state and federal authorities, and any other person as may be authorized by the Agency or by state and federal authorities. The Service Subcontractor will cooperate fully in any such audit.

    C. Failure to maintain books, records, and supporting documentation shall establish a presumption in favor of the Agency for the recovery of any funds paid by the Agency under this Agreement for which adequate books, records, and supporting documentation are not available to support disbursement.

    D. Service Subcontractor agrees to maintain complete records of its activities utilizing the OunceNet Management Information System as its primary method of documentation under this Subcontract. Sites only funded by the Ounce of Prevention Fund for Doula services shall document services in the modified version of OunceNet. Records for each participant shall include signed Ounce of Prevention Fund Consent and Participation Form (rev. 4/1/14), initial referral information, ongoing services provided to the participant, assessments, changes in pregnancy or parenting status, participant service plans (if applicable), parent questionnaires, parent screenings (if applicable), staffing information, legal documents, and correspondence.

E.   All Program participant files must include hard copy records that document any outcome indicators submitted to Agency via quarterly reports, e.g., developmental screening records, child immunizations, contraceptive use and health-related information, and educational status. For sites funded for Doula Services through ISBE/CPS, participant files must contain a completed annual satisfaction survey.

F.   The Subcontractor agrees to keep all participant files secured for reason of confidentiality. For reasons of program audits by either the Agency or DHS, these records are to be maintained for six years after termination of this Agreement.

11. **RIGHT OF AUDIT AND MONITORING**
The Agency shall monitor the Service Subcontractor's conduct under this Agreement which may include, but shall not be limited to, reviewing records of program performance in accordance with administrative rules, license status review, fiscal and audit review, Agreement compliance, and compliance with affirmative action requirements of this Agreement.

The Agency may request, and Service Subcontractor will supply, upon request, necessary information and documentation regarding transactions constituting contractual (whether a written contract is in existence or not) or other relationships, paid for with funds received hereunder. Documentation may include, but is not limited to, information regarding Service Subcontractor's contractual agreements, identity of agents, employees, officers, representative or shareholders, and of Service Subcontractor, and any party providing services which will or may be paid for with funds received hereunder, including, but not limited to, management and consulting services rendered to Service Subcontractor.

12. **AUDIT REQUIREMENTS**
The Service Subcontractor will annually submit an independent audit report and/or supplemental revenue and expense data to the Agency in accordance with 89 III Adm. Code 507, (Audit Requirements of the Department of Human Services) within 180 days following the completion of the Service Subcontractor's fiscal year, to enable the Agency to perform fiscal monitoring and to account for the usage of funds paid to the Service Subcontractor under this Agreement. For those organizations required to submit an independent audit report, the audit is to be conducted by a Certified Public Accountant or Certified Public Accounting Firm registered in the State of Illinois.

The audit must provide a clear and traceable accounting of funds received under this Agreement. Additional audit requirements may be contained in the Attachment(s).

The Service Subcontractor shall submit two copies of its independent audit by December 31, 2016 to: IBTI Fiscal Advisor, Ounce of Prevention Fund, 33 West Monroe, Suite 2400, Chicago, IL 60603.

13. **INDEPENDENT SERVICE SUBCONTRACTOR**
The Service Subcontractor is an independent Service Subcontractor and its employees and consultants do not acquire employment rights with the Agency, IDHS, CPS, ISBE, or the State of Illinois by virtue of this Agreement.

14. **SANCTIONS**

The Agency may impose sanctions on Service Subcontractors who fail to comply with conditions stipulated herein. Sanctions include, but are not limited to, payment suspension, loss of payment, and enrollment limitations (included, but not limited to, conditional, probationary, and termination status), or other actions up to and including subcontract termination.

15. **TERMINATION OF THE AGREEMENT**

Either party may terminate this Agreement at any time, for any reason, upon thirty days written notice to the other party. The Agency may terminate this Agreement immediately in the event the Service Subcontractor substantially or materially breached the Agreement. The Service Subcontractor shall be paid for work satisfactorily completed prior to the date of termination.

16. **POST-TERMINATION/NON-RENEWAL**

Upon notice by the Agency to the Service Subcontractor of the termination of this Agreement or notice that the Agency will not renew, extend or exercise any options to extend the term of this contract, or that the Agency will not be contracting with Service Subcontractor beyond the term of this Agreement, the Service Subcontractor shall, upon demand:

A. Cooperate with the Agency in assuring the transition of recipients of services hereunder for whom Service Subcontractor will no longer be providing the same or similar services or who chose to receive services through another provider.

B. Provide copies of all records related to recipient services funded by the Agency under this Agreement.

C. Grant reasonable access to the Agency to any and all program sites serving recipients hereunder to facilitate interviews of recipients to assure a choice process by which recipients may indicate Service Subcontractor preference.

D. Provide detailed accounting of all service recipients' funds held in trust by Service Subcontractor, as well as the identity of any recipients for whom Service Subcontractor is acting as a representative payee of last resort.

E. The Agency shall not be liable for payment for service provided after the Subcontract termination date. Upon cessation of a continuing contractual relationship for this program, the Service Subcontractor shall return to the Agency all funds received from the Agency, which are in excess of actual costs for providing the Subcontract services which were delivered before the Subcontract was terminated or expired. Such excess of revenue above expenses shall be returned to the Agency by check(s) payable to the Ounce of Prevention Fund, no later than forty-five days after approval by the Agency of the required final fiscal report.

The promises and covenants of this paragraph, specifically, shall survive the term of this Agreement for the purposes of the necessary transition of recipients of services hereunder.

17. **SUB-SUBCONTRACTS**

The Service Subcontractor will not utilize the services of a sub-subcontractor to fulfill any obligations under this Agreement without prior written consent of the Agency.

Any work or professional services sub-subcontracted for shall be specified by written contract, and shall be subject to all provisions contained in this Agreement. The Service Subcontractor shall be liable for the performance of any person, organization, or corporation with which it contracts. The Agency shall not be responsible to any sub-subcontractor.

18. **NOTICE OF CHANGE**
    The Service Subcontractor shall give thirty days prior written notice to the Agency (contact person[s] listed on the Abstract) if there is a change in the Service Subcontractor's legal status, federal employment identification number (FEIN), or e-mail and street address. The Agency reserves the right to take any and all appropriate action.

    The Service Subcontractor agrees to hold harmless the Agency for any acts or omissions by the Agency, resulting from the Service Subcontractor's failure to notify the Agency of these changes.

    In the event the Service Subcontractor, its parent, or related corporate entity, becomes a party to any litigation, investigation, or transaction that may reasonably be considered to have material impact on the Service Subcontract's ability to perform under this Agreement, the Service Subcontractor will immediately notify the Agency in writing.

19. **ASSIGNMENT**
    The Service Subcontractor understands and agrees that this Agreement may not be sold, assigned, or transferred in any manner, and that any actual or attempted sale, assignment, or transfer without the prior written approval of the Agency shall render this Agreement null, void, and of no further effect.

20. **MERGERS/ACQUISITIONS**
    The Service Subcontractor acknowledges that this Agreement is made by and between the Agency and Service Subcontractor, as Service Subcontractor is currently organized and constituted. No promise or undertaking made hereunder is an assurance that the Agency agrees to continue this Agreement, nor any licensure related thereto, should the Service Subcontractor reorganize or otherwise substantially change the character of its corporate or other business structure. The Service Subcontractor agrees that it will give the Agency prior notice of any such action and provide any and all reasonable documentation necessary for the Agency to review the proposed transaction and to include corporate and shareholder minutes of any corporation which may be involved, as well as financial records. Failure to comply with this paragraph shall constitute a material breach of this Agreement.

21. **CONFLICT OF INTEREST**
    The Service Subcontractor agrees that payments made by the Agency under this Agreement will not be used to compensate, directly or indirectly, any person: 1) Currently holding an elective office in the State of Illinois, including, but not limited to a seat in the General Assembly, or, 2) Employed by an office or agency of the State of Illinois with annual compensation in excess of $90,000.00, as provided in the Illinois Procurement Code.

22. **TRANSFER OF EQUIPMENT**
    The Agency shall have the right to require transfer (including title) to the Agency of any equipment purchased in whole or in part under the terms of this Agreement. For this Agreement, equipment means any product (tangible and non-tangible) used in the administration and/or operation of the program having a useful life of one year or more and an acquisition cost of at least $500. Upon termination of this Agreement or any subsequent agreement for these services, any equipment exceeding $500 in value at the time of purchase which was purchased with Agency funds shall be returned to the Agency within ninety days, unless otherwise agreed to in writing.

23. **WORK PRODUCT**
Except as otherwise required by law, any work product such as written reports, memoranda, documents, recordings, drawings, data, software, or other deliverables developed in the course of or funded under this Agreement shall be considered a work made for hire and shall remain the exclusive property of the Agency. There shall be no dissemination or publication of any such work product without the prior written consent of the Agency. The Service Subcontractor acknowledges that the Agency is under no obligation to give such consent and that the Agency may, if consent is given, give consent subject to such additional terms and conditions as the Agency may require.

Upon written consent of the Agency, the Service Subcontractor may retain copies of its work product for its own use provided that all laws, rules, and regulations pertaining to confidentiality are observed.

The Service Subcontractor may not copyright the material without the prior written consent of the Agency. The Service Subcontractor acknowledges that the Agency is under no obligation to give such consent and that the Agency may, if consent is given, give consent subject to such additional terms and conditions as the Agency may require.

24. **RELEASES**
In the event that Agency funds are used in whole or in part to produce any written publications, announcements, reports, flyers, brochures or other written materials, the Service Subcontractor agrees to include in these publications, announcements, reports, flyers, brochures and all other such material, the phrase "funding provided in whole or in part by the Ounce of Prevention Fund/Illinois Department of Human Services (or ISBE, or CPS, based on source funds). Exceptions to this requirement must be requested, in writing, to the Agency and will be considered authorized only upon written notice to the Service Subcontractor.

25. **PRIOR NOTIFICATION**
The Service Subcontractor agrees to notify the Agency prior to issuing public announcements or press releases concerning work done pursuant to this Agreement, or funded in whole or in part by this Agreement, and cooperate with the Agency in joint or coordinated releases of information.

26. **INSURANCE**
The Service Subcontractor shall purchase and maintain in full force and effect during the term of this Agreement, insurance sufficient to cover the replacement cost of any and all real and/or personal property purchased or otherwise acquired, in whole or in part, with funds disbursed pursuant to this Agreement. If a claim is submitted for real and/or personal property purchased in whole with funds from this Agreement, such money shall be surrendered to the Agency. If the Service Subcontractor's cost of property and casualty insurance increases by 25% or more, or if new state regulations impose additional costs to the Service Subcontractor during the term of this Agreement, then the Service Subcontractor may request the Agency to review this Agreement and adjust the compensation or reimbursement provisions thereof in accordance with any agreement reached, all of which shall be at the sole discretion of the Agency and subject to the limitations of the Agency's appropriated funds. As used herein, "sufficient insurance" means $50,000.00 (minimum).

The Service Subcontractor shall purchase and maintain in full force and effect during the term of this Agreement, adequate liability insurance for any client transportation, including insurance coverage for program staff transporting clients in their personal vehicles. As used herein, "adequate liability insurance" means $1,000,000.00 (minimum).

The Service Subcontractor shall furnish, and keep in force and effect at all times during the term of this Agreement, workers' compensation insurance covering all employees of Service Subcontractor.

27. **PERFORMANCE OF SERVICES**
The Service Subcontractor shall be responsible for compliance with all laws and regulations governing compensation and benefits for its employees and subcontractors.

28. **GIFTS AND INCENTIVES PROVISION**
The Service Subcontractor is prohibited from giving gifts to Agency and IDHS, ISBE and/or CPS employees, (5 ILCS 425/1 et seq.). The Service Subcontractor will provide the Agency with advance notice of the Service Subcontractor's providing gifts, excluding charitable donations, given as incentives to community-based organizations in Illinois and clients in Illinois to assist the Service Subcontractor in carrying out its responsibilities under this Agreement.

29. **RENEWAL**
This Agreement may be renewed unilaterally by the Agency for additional periods. The Service Subcontractor acknowledges that this Agreement does not create any expectation of renewal.

30. **AMENDMENTS**
The Service Subcontractor will seek and receive the Agency's written approval through an amendment before making material programmatic or budgetary changes, or when there are changes in an amount greater than $1000, or 20% of the budgeted amount, whichever is greater, for any line item in the budget.

31. **SEVERABILITY**
If any provision of this Agreement to be declared invalid, its other provisions shall not be affected thereby.

32. **WAIVER**
No failure of the Agency to assert any right or remedy hereunder will act as a waiver of its right to assert such right or remedy at a later time, nor constitute a "course of business" upon which Service Subcontractor may rely, for the purpose of denial of such a right or remedy to the Agency.

33. **LAWS OF ILLINOIS**
To the extent not preempted by federal law, this Agreement shall be governed and construed in accordance with the laws of the State of Illinois.

34. **STATUTORY/REGULATORY COMPLIANCE**
This Agreement and the Service Subcontractor's obligations and services hereunder are hereby made and must be performed in compliance with all applicable federal and state laws and regulations, including any and all licensure and/or professional certification provisions.

35. **REPORTING**
Information is required on a quarterly basis related to program, data and budget. For FY17, an abbreviated program narrative report will be submitted for the 1st and 3rd quarters and the full program narrative report will be submitted for the 2nd and 4th quarters (see section D of the IBTI FY17 Policy and Procedure Manual). All specific funder source requirements for reporting program, data, and budget information must be met. (See Sections D and E in the IBTI FY17 Policy and Procedure Manual for schedule of required submissions.)

The Service Subcontractor agrees to fully participate in the statewide OunceNet Management Information System (MIS) or to implement another data collection tool specified by the Agency. Service Subcontractor agrees to cooperate with all elements of data collection, training, tracking, and reporting of information as required by the Agency.

36. **COOPERATION WITH AGENCY RESEARCH AND EVALUATION**
The Service Subcontractor agrees to participate in evaluation activities to determine the effectiveness of services. These IBTI evaluation activities will provide valuable information for advocacy and program planning purposes that will support the continuation of IBTI program success. Evaluation activities will include: extensive analysis of all data currently in the OunceNet system as well as screenings or assessments of maternal depression, parent-child interactions, child outcomes, and other areas of possible interest.

37. **SERVICE LINKAGES AND REFERRALS**
The Service Subcontractor assures that linkages and referral procedures are formed with other community programs which provide agreed-upon services not available through the agency's own program. Agreements will be established with local drug, alcohol, mental health treatment, employment and training, community-based youth service programs, and the appropriate Illinois Healthy Families programs to assure that teenage parents and other high-risk groups have access to such programs and services. In Doula funded programs, linkage with local hospitals will be maintained to guarantee Doula access for attending labor and delivery.

The Service Subcontractor assures that in order to ensure effective networking for comprehensive services for adolescents in the target area of this Subcontract, cross-referral mechanisms have been established with the local Family Case Management provider (FCM), and other key service providers. Participation by the Service Subcontractor in local service provider networks is encouraged by the Agency.

38. **MEETINGS AND TRAININGS**
The Service Subcontractor agrees to provide training to meet the training needs of the staff providing services under this Subcontract.

The Service Subcontractor agrees to release the appropriate staff and/or administrative representatives from duties and budget adequate funds to allow staff to attend trainings and/or meetings provided by the Agency.

39. **HIRING**
At the request of the subcontracting agency, Ounce of Prevention Fund staff can be involved in the selection process for Program Management Contacts, Supervisors, Parent Group Coordinators, and Infant Mental Health Clinicians. This includes review of resources and participation in final interviews.

40. **PERSONNEL**
The Service Subcontractor attests that all personnel who directly provide services under this Subcontract are fully qualified to carry out their duties, and that all representations concerning Service Subcontractor personnel (academic credentials, work experience, number of staff, etc.) are true and correct.

The Service Subcontractor agrees to conduct legally permissible inquiries into the background of its employees and subcontractors, and the employees of its subcontractors, who will have direct contact with participants and their children.

The Service Subcontractor will develop job descriptions and staff development plans for all Agency funded (total or partial) positions (including volunteers). Job descriptions will be kept on file at the Service Subcontractor's site and made available to Agency staff upon request.

The Service Subcontractor will notify the Agency in writing of all staff changes. Notification must occur as soon as changes are anticipated or upon written or oral notification of resignation or termination. The Service Subcontractor will not change staffing structure without prior mutual consent from the Agency via an amendment**.**

41. **PROBATIONARY STATUS**
The Agency reserves the right to place the Service Subcontractor on probationary status in the event that services are not being carried out appropriately, in the event of inadequate fiscal compliance, or in the event of noncompliance with reporting requirements delineated herein.

42. **CHILD ABUSE AND NEGLECT REPORTING PROTOCOL**
All Service Subcontractors provide direct service to youth and/or their families. As such, all Service Subcontractors' staff are considered mandated reporters of suspected cases of child abuse and neglect. Service Subcontractors must make available to the Ounce of Prevention Fund, for inspection, the current written agency protocol for reporting and responding to suspected cases of child abuse and neglect.

43. **HEALTHY FAMILIES ILLINOIS (applies to HFI-funded agencies only)**
All sites funded for PTS-HFI must require Healthy Families America Integrated Strategies Training for staff, and must pursue, achieve, and retain credentialing status for their program through Prevent Child Abuse America (PCAA).

44. **PARENTS AS TEACHERS (applies to PAT-funded agencies only)**
All sites funded for PAT-PAT must require Parents as Teachers Foundational and Model Implementation training for staff, and must pursue, achieve, and retain quality endorsement status for their program through Parents as Teachers National Center.

45. **ILLINOIS STATE BOARD OF EDUCATION & CHICAGO PUBLIC SCHOOLS – FUNDED SITES**

All sites funded to provide services via the ISBE or CPS contracts will be limited up to 5% administrative or non-direct program costs, per the fiscal requirements of the ISBE and CPS grants. The limitation will be 18% for all DHS-funded sites. Purchase of single items costing more than $500, and with a useful life of more than one year, through these grants require pre-approval by the funder. All sites must provide a breakdown of fringe costs as an addendum to their Quarterly Cost reports, so that worker's compensation and unemployment compensation can be reported separately. See section B-6 of the FY17 Policy and Procedure for a further explanation of allowable costs under these funding sources. Per the requirements of the funder, CPS-funded sites must also provide detailed program expenditure information with their Quarterly Cost reports. See Section B-6 of the IBTI FY17 Policy and Procedure Manual for a further explanation of allowable costs under these funding sources. Preliminary fiscal reports for ISBE subcontractors will be due to the Ounce of Prevention Fund twelve (12) days after the close of each quarter of the fiscal year. Preliminary fiscal reports for CPS funded subcontractors will be due to the Ounce of Prevention Fund five (5) days after the close of each quarter of the fiscal year. CPS preliminary fiscal reports must also include detailed summaries of program expenditures by line item, and ADP payroll reports of all staff listed in the Personnel Breakout and funded by CPS. Program reporting will occur via the OunceNet Management Information System and/or hard-copy submission of completed forms provided by the Ounce/IBTI.

46. **OTHER ASSURANCES**

The Service Subcontractor further agrees to carry out any and all additional Assurances attached to the annual Award Letter.

47. **ENTIRE AGREEMENT**

The Service Subcontractor and the Agency understand and agree that this Agreement constitutes the entire agreement between them, and that no promises, terms, or conditions not recited herein or incorporated herein or referenced herein including prior agreements or oral discussions shall be binding upon either the Service Subcontractor or the Agency. In the event there is a conflict between this Agreement and any of the Attachments or documents referenced in the attachments, this Agreement shall control.

In witness whereof, the parties hereto have caused this Agreement to be executed by their duly authorized representatives.

This Agreement shall not be assigned to any other agency or organization.

This Agreement is binding when signed and dated by both parties to the Agreement:

_____   _____

      Ounce of Prevention Fund   Service Subcontractor

Title: _____   Title: _____

Date: _____   Date: _____

B3. PAYMENT SCHEDULE

FY 2017 PAYMENT SCHEDULE

JULY 1, 2016 – JUNE 30, 2017

FOR SUBCONTRACT WITH

OUNCE OF PREVENTION FUND/ILLINOIS BIRTH TO THREE INSTITUTE

Subcontractor	Name	
Subcontract Amount:	**$196,000**	
Subcontract Period	**Amount**	**Payment Dates and Conditions**
July	$16,333.00	Within two weeks of funding source payment(s) to Agency
August	$16,333.00	September 1, pending approval of any amendments , or funding source payment(s) to Agency, whichever is later
September	$16,333.00	October 1, pending funding source payment(s) to Agency
October	$16,333.00	November 1, pending approval of fiscal and program reports due 10/15 (ISBE drafts) and 10/30 (ISBE finals), or funding source payment(s) to Agency, whichever is later
November	$16,333.00	December 1, pending approval of any amendments, or funding source payment(s) to Agency, whichever is later
December	$16,333.00	January 1, pending funding source payment(s) to Agency
January	$16,333.00	February 1, pending approval of fiscal and program reports due 1/15 (ISBE, CPS drafts) and 1/30 (ISBE, CPS. DHS finals) respectively, or funding source payment(s) to Agency. whichever is later
February	$16,333.00	March 1, pending approval of any amendments, or funding source payment(s) to Agency, whichever is later
March	$16,333.00	April 1, pending funding source payment(s) to Agency
April	$16,333.00	May 1, pending approval of fiscal and program reports due 4/15 (ISBE drafts) and 4/30 (ISBE, CPS, DHS finals), or funding source payment(s) to Agency. whichever is later
May	$16,333.00	June 1, pending approval of any required amendments due 5/8, or funding source payment(s) to Agency, whichever is later
June	$16,337.00	August 1, pending approval of fiscal and program reports due 7/15 (ISBE, CPS drafts) and 7/30 (ISBE, CPS. DHS finals), or funding source payment(s) to Agency, whichever is later

B4. FY17 PTS-Doula Program Abstract

SERVICE AGENCY SUBCONTRACTOR:

Agency Name:

Street:

City:	**County:**	**Zip:**

Phone:	**Fax:**

Email:

PRIMARY SERVICE SITE:

Program Name:

Street:

City:	**Zip:**

Phone:	**Fax:**

Email:

Onsite Program Supervisor:

PROGRAM MODEL

☐ Doula

FY17 Program Abstract

DESCRIBE COMMUNITY SERVED: COMMUNITY NAMES, COUNTIES, AND POPULATION DEMOGRAPHICS: Include the racial, linguistic, ethnic, and cultural characteristics in your description. Also, include the zip codes of participants eligible for services in the program. Describe target population; include number of births in that population. Describe mechanism for tracking teen births within the target population and projected number of assessments, if applicable. Please list the names of the high schools in your catchment area.

FY17 Program Abstract

SUBCONTRACTOR CONTACT LIST

Designate individuals from your organization who will fulfill specified roles for interface with Ounce staff in the following categories. You may assign site staff to be the contact in one or more of these roles. The Ounce uses the designated site contact information to create targeted mailing and e-mail lists, and we assume that the site contact will handle the responsibilities associated with their designated role. Assign organizational contacts based on the descriptions of the required tasks and expectations of your agency and staff members in order to fulfill these roles in relationship to ongoing management of the Ounce Subcontract.

Changes to Contact or Contact Information: To change any of the designated contacts during the fiscal year, notify your IBTI Program Manager in writing, and submit all changes in contact information or designation via the Program Narrative Quarterly Report or an Amendment.

SERVICE AGENCY SUBCONTRACTOR NAME:

EXECUTIVE CONTACT: This contact has executive level authority to sign legal contracts on behalf of the Subcontracting agency. The Ounce will contact this person in the event of any funding issues or any substantive program or fiscal concerns regarding the administration of the Subcontract.

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

Email:

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

Email:

FY17 Program Abstract

PROGRAM MANAGEMENT CONTACT: This is the primary person responsible for overall management of program and fiscal matters related to the Ounce Subcontract. This includes adherence to the IBTI Best Practice Standards. The IBTI Program Manager works directly with this contact to develop the design of service and annual Program Abstract, and to negotiate the use of IBTI funds. This contract is primarily responsible for the content and timely completion of required reports. This contact supervises direct service staff or supervisors.

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

Email:

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

Email:

STAFF DEVELOPMENT/TRAINING CONTACT(S): This contact is responsible for the supervision of direct service staff, the creation of staff development plans, and the oversight of registration for and staff attendance at Ounce Institute training events. This contact is the point person for all staff communications related to the Ounce Institute, and is responsible for day-to-day interface with site staff in all matters related to training registration, attendance, cancellations, and travel.

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

Email:

FY17 Program Abstract

FISCAL MANAGEMENT CONTACT: This contact is the primary person responsible for the overall financial management of the Subcontract, including compliance with the Ounce Subcontract administrative requirements and the internal allocation, oversight, and tracking of Subcontract expenditures.

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

Email:

FISCAL REPORT CONTACT: This contact is responsible for the actual preparation, submission, and correction of Quarterly Financial Cost Reports, forecasts, and Amendments. The IBTI Fiscal Advisor works directly with this contact to provide technical assistance and training, if necessary, to ensure submission of accurate financial reports that meet Ounce requirements.

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

Email:

OUNCENET/MIS CONTACT: This contact is the primary liaison with the OunceNet team or other Ounce contacts regarding data reporting issues, initial orientation of new site staff, providing written notification to OunceNet team regarding new user or follow-up training, and distribution of OunceNet or MIS-related correspondence to OunceNet users in the Ounce funded program.

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

Email:

FY17 Program Abstract

AGENCY TECHNOLOGY CONTACT: This person is responsible for ensuring ongoing compliance with the technical specifications associated with the use of OunceNet. This person works directly with the OunceNet team or other specified Ounce contact to address and resolve technical issues related to OunceNet.

Name/Title:

Street:

City: **Zip:**

Phone: **Fax:**

Email:

FY17 Program Abstract

PROGRAM STAFFING

List all staff members that provide direct services and program supervision that appear on page two (2) in the Personnel section of the Budget. For each staff member listed by name and job title, show the distribution of % FTE in Program in the Direct Services and % Supervision columns (i.e., adding the numbers in the Direct Services and % Supervision columns will equal the number in the % FTE in Program).

Name/Title	% FTE Agency	% FTE Program	Direct Services		% Supervision	Supervised By	Freq. of Individual Supervision
			% Doula	% PGS			
	%	%	%	%	%		
	%	%	%	%	%		
	%	%	%	%	%		
	%	%	%	%	%		
	%	%	%	%	%		
	%	%	%	%	%		

INTERNAL PROGRAM MANAGEMENT

Staffing (review of participant or group of participant cases)	☐ Weekly or more frequently	☐ Twice a month	☐ Monthly	☐ Quarterly
Team Meetings	☐ Weekly or more frequently	☐ Twice a month	☐ Monthly	☐ Quarterly
Doula Clinical Support: Meetings with Doulas	☐ Weekly or more frequently	☐ Twice a month	☐ Monthly	☐ Quarterly
Doula Clinical Support: Meetings with Doula Supervisor	☐ Weekly or more frequently	☐ Twice a month	☐ Monthly	☐ Quarterly

FY17 Program Abstract

DOULA SERVICES

Name/Title	% FTE in Doula Home Visiting	% FTE in Prenatal Group Services	Caseload Size at any Time**
	%	%	
	%	%	
	%	%	
	%	%	
	%	%	

Total # of participants receiving Doula Home Visiting services in FY17

# Enrolled	
# Short-term*	
Total**	

*Participants targeted for short-term or a single service component and not expected to be involved in long-term home visiting.

**1 FTE Doula is expected to serve a minimum of 23 participants per year; caseload size at any time is expected to be a minimum of nine

Perinatal Clinical Support Provider in FY17

Name:

Agency:

Credentials:

Please indicate the name(s) of the core curricula used for prenatal home visiting:

1.

2.

3.

FY17 Program Abstract

DOULA HOME VISITING MODEL

Indicate the number of visits each month in the appropriate staff columns to illustrate the program model for Doula services.

ENROLLED PARTICIPANT	# Doula Visits	# Combined Visits*	Total suggested Doula visits	# HV Visits	Total # of Visits	Total # suggested visits
Prenatal Month 7**			**2-4**			**3-5**
Prenatal Month 8			**3-5**			**4-6**
Prenatal Month 9			**3-5**			**4-6**
Total Prenatal Visits			**8-14**			**11-17**
Postnatal Month 1			**4-5**			**4-6**
Postnatal Month 2**			**2-3**			**3-5**
Total Postnatal Visits			**6-8**			**7-11**
Total Visits to Participant			**14-22**			**18-28**

SHORT-TERM PARTICIPANT	# Doula Visits	# Combined Visits*	Total suggested Doula visits	# HV Visits	Total # of Visits	Total # suggested visits
Prenatal Month 7**			**2-4**			**3-5**
Prenatal Month 8			**3-5**			**4-6**
Prenatal Month 9			**3-5**			**4-6**
Total Prenatal Visits			**8-14**			**11-17**
Postnatal Month 1			**4-5**			**4-6**
Postnatal Month 2**			**2-3**			**3-5**
Total Postnatal Visits			**6-8**			**7-11**
Total Visits to Participant			**14-22**			**18-28**

*Combined Visit refers to a single home visit where both a Doula and home visitor (for an enrolled participant) or Doula and a community partner (for a short-term participant) are present.

**Programs may choose to have Doulas visit prior to the third trimester of pregnancy or after the baby turns three months old, but there are no contractual expectations for these visits.

FY17 Program Abstract

PARENT GROUP SERVICES – PRENATAL GROUPS

Enter information for each ongoing group for which a Group Profile will be created in OunceNet.

Group Name and Staff (includes volunteers)	# of Sessions				Total Group Sessions	# in Groups Enrolled	# in Groups Short-term	Meeting Day/Time	Location*	Meals	Child Care	Trans.
	Q1	Q2	Q3	Q4						☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
										☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
										☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
										☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
										☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
										☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Total # of Sessions												
Total # of Participants to be Served												

*FREQUENCY OF SESSION CODES
EOM = every two months/every other month
M = monthly
2M = twice a month
W = weekly or more frequently

**LOCATION CODES
S = school-based
C = center-based
O = other facility (church, other agency, etc.

FY17 Program Abstract

COMMUNITY EDUCATION

If not applicable to this program, please check here ☐

Event Name/Staff	Frequency*	# Attendees Expected
Total		

FREQUENCY CODES

A = Annually	3Y = Three times per year	2Y = Twice per year
Q = Quarterly	M = Monthly	2M = Twice per month
W = Weekly or more frequently	AN = As Needed	NA = Not Applicable

Community education events are events utilized to promote your program or to keep the community informed about program activities. Examples include, but are not limited to, presentations to high schools, maternity fairs, health fairs, agency open houses, etc. If you have any questions about whether or not an event is considered community education, please contact your Program Manager or Program Advisor.

FY17 Program Abstract

LIST OF REQUIRED SUPPORTING DOCUMENTATION

The following documentation is to be maintained onsite and made available to Ounce staff for inspection upon request.

Consent to Participate (see pages 62-65): *All participant files will contain the IBTI Program Consent to Participate form (rev. 4/1/14).* This signed form indicates participants' consent to receive services, rights to confidentiality, and consent to share information (intake, service usage, and life events) with the Ounce, DHS, ISBE, CPS, and the Governor's Office of Early Childhood. The consent form is available on the Ounce of Prevention Fund/IBTI Web site (www.opfibti.org) or through your Program Advisor.

Child Abuse & Neglect Reporting Protocol
Date last revised:

Doula Services
If funded for Doula Services, list written agreements with the hospitals specified below, stating that hospitals will allow Doulas to have access to participants during labor and delivery.

Hospital	Nature of Agreement	Date signed by hospital

FY17 Program Abstract

HEART TO HEART SITE SUPPORT AND INTERVENTION PLAN

If not applicable to this program, please check here ☐

Complete the following chart about your agency's plans for Heart to Heart staff and implementation.

Staff and Resource Information

Staff Positions	Name of Staff Member
Program Director	
Heart to Heart Program Contact: name, e-mail address, and phone number	
Clinical Consultant	
Community Resources	**Agency Name**
Sexual Assault Counseling	
Domestic Violence Counseling	

	Facilitators (2 facilitators per group required)	Projected # of Participants (specify language)	Projected Start Date	Projected Graduation Date
Heart to Heart Group 1		# English – # Spanish –		
Heart to Heart Group 2 (requires Ounce approval)		# English – # Spanish -		
Heart to Heart Group 3 (requires Ounce approval)		# English – # Spanish -		

B5. Participant Consents

Illinois Birth to Three Institute

Parents Too Soon Pregnant & Parenting Program

Ounce of Prevention Fund
Illinois Department of Human Services
Chicago Public Schools
Illinois State Board of Education
Governor's Office of Early Childhood

Participant Name:_____**ID#**_____

Agency Name: _____

I understand that my participation in the program is voluntary and may include meetings with home visitors, attendance of parent groups, developmental screenings, mood screenings, and parenting questionnaires.

To make sure that the above agency can better serve, coordinate, and evaluate their work with me, I give permission for them to share the following information from my records only with the Ounce of Prevention Fund/Illinois Department of Human Services/ Chicago Public Schools/Illinois State Board of Education/Governor's Office of Early Childhood: 1) intake information, including my name 2) service use information 3) history of life events 4) responses to all screenings and questionnaires (including developmental screenings, mood screenings, and parenting questionnaires).

All information I am providing will be held strictly confidential to protect the privacy of my family and me. I understand that my information may also be used together with information from all participants to 1) evaluate the program, 2) plan for the program, and 3) promote the program. All information used will only be presented in the form of summary reports to Ounce departments, funders, or legislative (political) audiences. None of these reports will ever identify me as an individual or provide any of my individual information.

I have been informed that my information will be stored in locked files, in password protected computer files, or in secured, password-protected, electronic files in the OunceNet online information management system. Only the Ounce of Prevention Fund/Illinois Department of Human Services/ Chicago Public Schools/Illinois State Board of Education/Governor's Office of Early Childhood can access any of my information through reports available to them. I understand that I may ask at any time what information is held and in what way it is held, and I have the right to object to these. I understand that I have the right to inspect and copy the information held, that no information may be released to any other person or organization without my written consent, and that I may withdraw this authorization in writing at any time. I give my consent and request to be a participant at the above agency.

Ounce of Prevention Fund is committed to preserving individual privacy rights on the Internet. Ounce of Prevention Fund will only hold your personal information for as long as is necessary for the purposes for which it is collected. The Ounce of Prevention Fund uses industry-leading technology to keep your personal information as secure as possible. Please let us know if you have any questions.

Parents Too Soon Pregnant & Parenting Program

Ounce of Prevention Fund
Illinois Department of Human Services
Chicago Public Schools
Illinois State Board of Education
Governor's Office of Early Childhood

Consent to Participate

Participant Name:_____ID#_____

Agency Name: _____

Date: ___ / ___ / ___   Signed: _____
(mo./day/yr.)   Participant

Please supply the name & Contact Person_____
address of two people who Address   _____
will know where to contact City   _____
you. State   _____ Zip Code _____
  E-mail   _____
  Phone #   _____

Contact Person_____
Address   _____
City   _____
State   _____ Zip Code _____
E-mail   _____
Phone #   _____

_____
Signature of Parent/Guardian if Participant is a Minor
(Optional According to Agency practices, not required for evaluation)

_____
Witness   (Name & Position of Staff Person)

4/01/2014

Illinois Birth to Three Institute

Parents Too Soon Pregnant & Parenting Program

Ounce of Prevention Fund
Illinois Department of Human Services
Chicago Public Schools
Illinois State Board of Education
Governor's Office of Early Childhood

Nombre de la participante: _____**ID#**_____

Nombre de la Agencia: _____

Yo entiendo que mi participación en el programa es voluntario y puede incluir el reunirme con visitantes del hogar, atender grupos para padres, y completar pruebas del desarrollo, pruebas del humor emocional, y cuestionarios sobre el ser padre.

Para que la agencia nombrada previamente pueda mejor servir, coordinar, y evaluar sus esfuerzos conmigo, yo autorizo que compartan la siguiente información de mis expedients con Ounce of Prevention Fund/Illinois Department of Human Services/ Chicago Public Schools/Illinois State Board of Education/Governor's Office of Early Childhood: 1) información de iniciación, incluyendo mi nombre 2) información sobre el uso de servicios 3)información sobre eventos de vida 4) respuestas a toda prueba y todo cuestionario (incluyendo pruebas del desarrollo, pruebas del humor emocional, y cuestionarios sobre el ser padre).

Toda información que estoy dando será tratada con estricta confidencialidad para proteger mi privacidad y la de mi familia. Entiendo que mi información también podra ser usada junto con información de todos participantes para: 1) evaluación del programa, 2) planeamiento para el programa, y 3) promoción del programa. Toda información sólo será dada en informes resumidas dirigidas a departamentos internos del Ounce, apoyadores financieros, o audiencias legislativas (políticas) del estado. Ningunos de estos informes me identificarán individualmente ni darán inguna de mi información individual.

He sido informada que mi información será almacenada en archivos bajo llave, en ficheros informáticos (en computadoras), o en archivos asegurados y protegidos con contraseña electrónicos en el sistema de información en línea del OunceNet. Sólo Ounce of Prevention Fund/Illinois Department of Human Services/Chicago Public Schools/Illinois State Board of Education/Governor's Office of Early Childhood tendrá acceso a estos archivos por medio de reportes disponibles específicamente para su uso. Entiendo que en cualquier momento puedo preguntar sobre los métodos y tipos de información que serán mantenidas y que puedo negar cualquiera de estos. Entiendo que tengo el derecho a inspeccionar y copiar información mantendida, que ninguna información será dada a otra persona u organización sin mi permiso por escrito, y que puedo retirar esta autorización por escrito en cualquier momento. Doy mi consentimiento y pido ser participante de la agencia nombrada previamente.

Ounce of Prevention Fund está cometido a preservar derechos privados individuales en el internet. Ounce of Prevention Fund solo mantendrá su información personal por la cantidad de tiempo necesaria para los propósitos por las cuales fue reunida. Ounce of Prevention Fund usa tecnología de la más avanzada para mantener su información personal tan segura como es posible. Por favor déjenos saber si tiene cualquiera pregunta.

Ounce of Prevention Fund
Illinois Department of Human Services
Chicago Public Schools
Illinois State Board of Education
Governor's Office of Early Childhood

Consentimiento para Participar

Nombre del Participante: _____**ID#**_____

Nombre de la Agencia: _____

Fecha: ___ / ___ / ___   Firmada: _____
(mes/dia/año)   Participante

Por favor dénos el nombre   Persona de Contacto _____
y la dirección de dos   Dirección   _____
personas que sabrán como   Ciudad   _____
contactarla   Estado   _____ Código Postal _____
                                 Correo electrónico _____
                                 Número de teléfono _____

                                 Persona de Contacto _____
                                 Dirección   _____
                                 Ciudad   _____
                                 Estado   _____ Código Postal _____
                                 Correo electrónico _____
                                 Número de teléfono _____

_____
Firma del Padre/Guardián de la Participante si es Menor de Edad
(Opcional dependiedo de la práctica de la agencia, no se require para evaluación)

_____
Testigo   (Nombre y posición del personal)

4/01/2014

B6. Budget Form Instructions

Budgets are the foundation of a program. A complete and accurate Budget paints a picture of what a program will look like, and demonstrates a well thought out plan for where the program is going and what it will need to get there. The Budget should clearly reflect the personnel and activities reflected in the Program Abstract.

The Budget must reflect the total cost of the program and services from all sources. The Budget Summary provides a one-page compilation of these costs. Individual line items are to be itemized in detail in the Budget Narrative.

The Budget must comply with the allowable costs for the program, the Administrative Rules and Regulations of the respective source funds, the laws of the State of Illinois, and all applicable federal guidelines or requirements.

All amounts are to be expressed in whole dollars; each line item is to be rounded to the nearest dollar amount. If the change amount is over fifty cents, round it off to the next dollar amount to minimize rounding errors. (EX: If an item costs $5.67, rounded to the near dollar it is $6.00. If an item costs $5.47, rounded off to the nearest dollar it is $5.00). The Budget Forms are provided as an Excel workbook that includes the following:

1. Instructions
2. Budget Narrative – to be used during the initial budget submission process outlining in detail planned expenses for the upcoming year.
3. Matching Fund Budget – to be used during the initial budget submission process outlining proposed matching contributions to supplement program activities by the agency for the upcoming year
4. Approved Consolidated Budget and Expense Summary – to be used 1) during the initial budget submission process outlining lump sum expenses by budget line item as described in Budget Narrative (see above) and, 2) to submit on a quarterly basis reporting actual expenses in line with the approved budget
5. Personnel Breakout Section – to be used 1) during the initial budget submission process outlining detailed breakout of staffing expenses by position as described in Budget Narrative (see above) and, 2) to submit on a quarterly basis reporting actual expenses in line with the approved budget
6. Variance Analysis – to be submitted with 2nd and 3rd Quarter Cost Reports, describing under spending or overspending of budget line items
7. Amended Budget Narrative – to be used throughout the fiscal year for Amendments in budgets
8. Proposed Amended Budget – to be used throughout the fiscal year for Amendments in budgets
9. Proposed Amended Personnel Breakout Section – to be used in conjunction with the Proposed Amended Budget to reflect changes in staffing or personnel costs
10. Signature Page – to be used *after* approval of budgets (initial and amendments) for all applicable monetary changes

BUDGET NARRATIVE

While the Budget can be seen as the foundation of a program, the Budget Narrative is like a window showing what the program looks like and how costs will be incurred. A Budget Narrative should be self-contained, and should not require the reading of the Program Abstract to understand how funds will be spent. **The Budget Narrative must provide a breakdown for all program costs (Match and Ounce).**

As mentioned above, the purpose of the Budget Narrative is to provide an understanding of how funds will be spent. For most of the line items in the budget, a written description of the component costs and the general purpose of the expenditures will suffice. For other line items more detail will be required. For allocated costs, such as Occupancy, Utilities, and Indirect, provide the calculation used to arrive at the total cost, including the allocation method. For Other Costs (line IVg) provide a detail of costs making up this line item by type and amount. Finally, for Office Supplies, Program Supplies, and Equipment, disclose whether or not any one item exceeds $500 in cost. If an item in excess of $500, including peripherals, shipping, and installation, is to be purchased, state in the Budget Narrative that three quotes from three different vendors with a letter explaining the purchase decision will be provided to the IBTI Fiscal Advisor for approval.

MATCHING FUND BUDGET

The Matching Fund Budget must be submitted annually with the Subcontract Agreement. List the names and amounts to be received by other sources.

BUDGET/EXPENSE SUMMARY

Subcontract Number: List Subcontract number in upper right corner of all pages (see Award Letter).

Name and title of preparer: The name and title of the report preparer must be listed.

Date: The date must reflect the date report was submitted. If the report is revised subsequent to submission, indicate "**REVISED**" adjacent to the date field and use date of revision as the new report date.

I. **Personnel Services**
    Salaries and Wages: Enter gross salaries or wages earned by the agency's full-time and part-time employees (including clerical temporaries) for the Ounce program. Do not include those engaged on an individual contract basis.

II. **Fringes**
    Payroll Taxes and Benefits: Enter amount paid by the agency under its own or other employee health and retirement benefits plans, Social Security and other taxes payable by the employer under federal, state, or local law, compensation insurance premiums paid by the employer, and any other benefits provided to the employee at the employer's expense. Ounce Total Fringes (Line II, Column 4) must not exceed 28% of Personnel Services (Line I, Column 4). To determine the percentage, divide the Fringes by the Personnel Services (% = Total Fringes / Total Personnel Services).

III. **Consultants**

Enter the costs of any consultants to direct program activities. Also enter the costs of all other services supporting program activities. Housekeeping, janitorial, maintenance, and other ancillary services should be reported on line IVg (Other Contractual Services: Other).

IV. **Other Contractual Services**
   a. Conference Fees: Enter the cost for conference registration fees. In the Budget Narrative include the date(s), city, and state of the conference or convention. *Out-of-state conferences require written pre-approval by the IBTI Program Manager.*
   b. Program Event Fees: Enter costs for program event fees (e.g., admission fee for museums, zoo). In the Budget Narrative include the date(s), city, and state of the program event. *Out-of-state activities require written pre-approval by the IBTI Program Manager.*
   c. Occupancy: Enter all costs arising from the agency's occupancy and use of land, building, and offices. Enter only those costs directly related to program operations. Comprehensive hazard/property liability insurance (if direct cost) can be reported here. *CPS funded sites: rent is not an allowable expense and cannot be charged to the Ounce Subcontract. Please refer to the Allowable/Unallowable Costs section on page 127.*
   d. Utilities: Enter all utility costs (gas, electric, water, waste removal). Enter only those costs directly related to program operations. *ISBE/CPS funded sites: utilities are not an allowable expense and cannot be charged to the Ounce Subcontract.*
   e. Communications: Enter only those costs directly related to program operations. Costs reported here would include telephone, cellular and internet service (including OunceNet).
   f. Postage & Shipping: Enter costs for postage and shipping. Enter only those costs directly related to program operations. *ISBE/CPS funded sites: Postage and Shipping are considered non-program costs.*
   g. Other: Enter all costs for the Ounce/IBTI program which are not properly reported elsewhere in the "Possible Categories for Other Services" space provided at the bottom of the Budget worksheet as some funders require a detailed breakdown for reporting purposes. Please only identify costs which are directly related to program operations including: housekeeping/janitorial services, building maintenance, childcare services, bookkeeping, audit, legal, non-occupancy insurance, maintenance contracts on equipment (including OunceNet computers).

   For ALL DHS and MIECHV funding, agency-shared/allocated costs must be reported on the Indirect line. See additional discussion on direct and indirect cost classification and allocation methodology on page 72.

V. **Travel**
   a. Participant Travel: Transportation costs for participants including payments for public transportation, e.g., tokens, bus rentals for program events, field trips, and agency-owned/leased vehicles used specifically for transportation of participants (depreciation/lease payments, insurance, plates/stickers, gas, repairs, and maintenance). Also include lodging (if applicable) for program events. Bus passes provided to participants must be tracked using a log sheet that lists the item given, the amount or value, and the name and signature of the participant to whom the item is given.

    c.   Local Staff Travel: Enter costs of operating agency owned/leased vehicles related to serving participants (depreciation/lease payments, insurance, plates/stickers, gas, repairs, and maintenance), and mileage reimbursement (personal vehicles).

    d.   Conference/Meeting Travel: Enter costs of travel for program staff such as meals, lodging, transportation (airfare, train, car rental, gas, tolls, mileage reimbursement for personal vehicles). For non-Ounce meetings or events, please include date, city, and state of the event in the Budget Narrative. (See page 126 for the current reimbursement rate structure).   Ounce meetings or events would include:

- Annual IBTI meetings with sites
- Training Institute events
- Conferences *(out-of-state requires written pre-approval by the IBTI Program Manager)*

VI.   **Supplies**

    a.   Food: Enter costs of food, refreshments, snacks, for participant and group activities only. Do not include costs associated with staff meetings or staff development trainings as these costs should be listed in the Conference/Meeting Travel Line.

    b.   Office Supplies: Enter costs of office supplies and equipment used for program operations. *Office equipment costing $500 or less must be recorded here. ISBE/CPS funded sites: **Office Supplies are considered non-program costs***.

    c.   Program Supplies: Enter costs of supplies used for program activities and events. Gifts and incentives to participants may be in non-cash form only. Gift cards are allowable only in denominations of $10 or less per participant and only if given as a program incentive. Sites distributing gift cards must use a log sheet to track the name of the participant to whom the gift card is provided. If the total dollar amount reported on this line exceeds $500, detail must be provided, or the following statement may be used: "No one item will exceed $500". Promotional items such as calendars, pens, buttons, magnets, posters, and stationary *are not allowable expenses. Office equipment costing $500 or less with a useful life of less than one year and is used only by the Ounce funded program must be recorded here.*

VII.   **Furniture and Equipment**

Furniture and Equipment costing more than $500 (per single item including peripherals, freight, and installation charges) with a useful life of greater than one year must be listed here. Depreciation and lease payments would also be recorded here. For purchases of furniture and equipment where the cost exceeds $500 (single item, including peripherals, freight, and installation charges) sites must adhere to the following guidelines:

    a.   The site is required to obtain bids from three vendors.

    b.   The bids and a letter explaining which vendor was selected and why will be submitted to the IBTI Fiscal Advisor for approval.

    c.   Upon review, the IBTI Fiscal Advisor will notify the site Fiscal Management Contact via e-mail with a decision regarding approval.

    d.   *ISBE funded sites: prior approval from ISBE is required before a decision can be made on the purchasing of Furniture and Equipment. CPS funded sites: Furniture and Equipment are not allowable expenses and cannot be charged to the Ounce Subcontract.*

VIII.   **Indirect**

Enter all indirect costs incurred for the Ounce/IBTI program. The classification of costs as indirect should be based on your agency's allocation method. All agency-shared or allocated costs should be reported here.

Additional discussion on direct and indirect cost and cost allocation methodology can be found on page 72.

Non-direct program costs must not exceed 18% (15% Indirect plus 3% other non-program costs; if indirect is less than 15%, non-program costs may exceed 3%) for DHS and 5% (non-program costs only) of total funding for ISBE and CPS funding, respectively. For ISBE and CPS funding, Office Supplies, Postage, and Shipping are considered non-program costs.

PERSONNEL BREAKOUT SECTION

Column 1 – Position Title, Employee Name, Effective Date, Term Date, % FTE: List the Position Title, Employee Name, Effective Date, Term Date (if applicable when employee is no longer funded by program), and % FTE for staff assigned to the Ounce Program. Include only one person per position per line. Direct service personnel and two program supervisory levels above should be listed first, followed by any administrative support staff. Please insert a blank row between direct service personnel and administrative support staff. For Ounce funded positions, please notify the IBTI Fiscal Advisor and IBTI Program Manager via e-mail within 72 hours of any changes in staff, staff allocations, or any other variations from the approved operating budget.

Full-Time Equivalency (FTE): In order to calculate what percentage of FTE an employee has been allocated to a particular program, it must first be determined how many hours a person works in the agency in order to be considered full-time. Then determine the number of hours per week the employee will be assigned to the Ounce program. Include both time reimbursed by the Ounce and matched by the agency.

If the agency considers a 40-hour workweek to be full-time and a full-time staff person is assigned to the Ounce program for 20 hours a week, the time worked in the Ounce program can be stated as a percentage of the total number of hours worked per week. For example, twenty hours is 50 percent of 40 hours, therefore, someone who works 20 hours of a 40 hour work week is considered 50% FTE.

Column 2 – Total Annual Salary Exclusive of Fringes: Total Annual Salary is the total expected salary a staff person will receive from the agency for the fiscal year, including Ounce funds and other sources. *Do not include subtotals and totals for Column 2. Round to the whole dollar.* (EX: If an item costs $5.67, rounded to the near dollar it is $6.00. If an item costs $5.47, rounded off to the nearest dollar it is $5.00).

Column 3 – Program Total: Program Total is sum of the sources (Match plus Ounce), exclusive of fringes. The total Personnel Services for Program Total must equal Line 1, Column 2 on the Approved Consolidated Budget and Expense Summary page.

Column 4 – Match Total: Enter wages to be paid on behalf of agency for positions listed, exclusive of fringes. The Total Personnel Services for Match Total must equal Line 1, Column 3 on the Approved Consolidated Budget and Expense Summary page.

Column 5 – Ounce Total: Ounce Total is the sum of the components (PTS DHS + Doula DHS + MIECHV + CPS + ISBE). The Total Personnel Services for Ounce Total must equal Line 1, Column 4 on the Approved Consolidated Budget and Expense Summary page.

Column 6 – Ounce Component – PTS DHS Funds: Enter the total amount of wages to be paid for positions listed that will be reimbursed by PTS funds, exclusive of fringes. The total Personnel Services for PTS DHS must equal Line 1, Column 5 on the Approved Consolidated Budget and Expense Summary page. *Any changes in staff or staff allocations require immediate e-mail notification to be sent to the IBTI Fiscal Advisor.*

Column 7 – Ounce Component – Doula DHS Funds: Enter the total amount of wages to be paid for positions listed that will be reimbursed by Doula DHS funds, exclusive of fringes. The total Personnel Services for Doula DHS must equal Line 1, Column 6 on the Approved Consolidated Budget and Expense Summary page. *Any changes in staff or staff allocations require immediate e-mail notification to be sent to the IBTI Fiscal Advisor.*

Column 8 – Ounce Component – MIECHV Funds: Enter the total amount of wages to be paid for positions listed that will be reimbursed by MIECHV funds, exclusive of fringes. The total Personnel Services for MIECHV must equal Line 1, Column 7 on the Approved Consolidated Budget and Expense Summary page. *Any changes in staff or staff allocations require immediate e-mail notification to be sent to the IBTI Fiscal Advisor and IBTI Program Manager.*

Column 9 – Ounce Component – Chicago Public Schools (CPS): Enter the total amount of wages to be paid for positions listed that will be reimbursed by CPS funds, exclusive of fringes. The total Personnel Services for CPS must equal Line 1, Column 8 on the Approved Consolidated Budget and Expense Summary page. *Any changes in staff or staff allocations, regardless of funding stream, require immediate e-mail notification to be sent to the IBTI Fiscal Advisor and IBTI Program Manager.*

Column 10 – Ounce Component – Illinois State Board of Education (ISBE): Enter the total amount of wages to be paid for positions listed that will be reimbursed by ISBE funds, exclusive of fringes. The total Personnel Services for ISBE must equal Line 1, Column 9 on the Approved Consolidated Budget and Expense Summary page. *Any changes in staff or staff allocations require immediate e-mail notification to be sent to the IBTI Fiscal Advisor.*

Columns 11-16: These columns are to be used for Quarterly Cost Reports only and should be left blank for Budget submission.

REPORTING PROGRAM COSTS

In a multi-program organization, all costs can be divided into two types:

Direct Costs: Costs which are clearly and easily attributable to a specific program; costs which, if program operations ceased, would no longer be incurred in staff salaries (including administrative and support staff whose employment is dependent on continued program operations), program consultants, program event fees, staff and participant travel, program supplies, other expenses that are easily identifiable with and can be traced directly to program activities.

Indirect Costs: Costs which would continue to be incurred even if the program was no longer operating, i.e., executive/administrative salaries, legal, audit, insurance, or costs which cannot be directly tied to program operations. Indirect expenses are often pooled and allocated across programs using an appropriate allocation method.

When determining whether costs can be charged to a program, the following basic criteria should be considered:
- **Attributable** – The cost must benefit and be directly or indirectly attributable to a program activity.
- **Allowable** – The cost must be allowable under the terms of the Subcontract (see Section E8 for a list of disallowable costs).
- **Reasonable and necessary** – The cost must be reasonable and necessary for the operation of program activities.
- **Consistently applied** – Costs incurred for the same purpose must be applied consistently throughout agency programs. For example, a cost that has been classified as direct, and charged to a program as such, cannot also be included in the agency's indirect cost pool.

Any cost that does not meet any of the above criteria should not be charged to the program.

Indirect costs are all other costs not classified as direct, but which nonetheless, support program operations. These are sometimes referred to as Management and General, or Finance and Administrative costs. Rule of Thumb: If an agency cost is **not directly identifiable with**, and **traceable to**, any specific program and its activities, and an **allocation is required**, it should be reported as **indirect** on the Budget.

Pooling Indirect Costs
Some costs may be pooled prior to allocation, provided all costs have the same cost driver. For example: Rent, Utilities, and Janitorial Services may be pooled, since they could all have square footage of space occupied as their cost driver. For Personnel Administration and Executive Management expenses, number of employees or FTE's might be more appropriate. Finance, Accounting, and Audit expenses could be pooled using percentage of cash disbursements. Other expenses, such as Legal and Insurance might be pooled using percentage of assets, or percentage of total direct funding in allocating out. *Capital expenditures and/or other costs stipulated as disallowable (see Section E8) should not be included in the pool of indirect costs.*

Examples of Allocation Methods:

- Square footage of space occupied (rent, utilities, janitorial): program square footage divided by agency square footage
- % FTE for program (office supplies, equipment rental, executive, personnel administration): program FTE divided by agency FTE
- Direct costs of program (staff salaries, consulting, other contractual, travel, supplies): total program direct costs divided by total agency direct

A written Cost Allocation Method/Plan for indirect expenses must be included in the Budget Narrative. It must clearly indicate:

- Methodology used (ex: FTE)
- How the rate was derived using agency data (ex: 7.5 Program FTE/35 Agency FTE)
- The type of indirect cost the rate is being applied against (ex: Executive salaries).

The allocation methodology must be fair, reasonable, and consistently applied across all programs in your agency.

RESTRICTIONS BY FUNDING SOURCE

DHS

Non program costs are restricted to 18% of the total of DHS funds (15% Indirect plus 3% other non-program costs; if Indirect is less than 15%, non-program costs may be more than 3%). Non program costs are the following:

1) Personnel Breakout Section: site staff members that fall into the following categories are considered to be non-program costs: administrative, fiscal, janitorial, maintenance, or supervisors who are two or more levels above supervisors directly overseeing program staff.
2) Fringes: any fringe costs associated with the non-program staff listed above.
3) Occupancy: all costs associated with this line item.
4) Utilities: all costs associated with this line item
5) Postage and Shipping: all costs associated with this line item
6) Other Costs: cost items such as audit fees, payroll costs, legal, janitorial, maintenance and bookkeeping costs.
7) Office Supplies: all costs associated with this line item
8) Indirect: all costs associated with this line item.

ISBE

Non-program costs are restricted at 5% of the total ISBE funds.

Restricted or disallowable costs:

1) Administrative costs are costs that would continue to be incurred if the program were no longer operating, i.e. executive/administrative salaries, legal, audit, insurance or costs which cannot be directly tied to program operations. Per ISBE guidelines, Office Supplies, Postage, and Shipping are considered part of Administrative costs. Administrative costs must be specifically identifiable rather than allocated in order to be allowable under the 5% allowance.
2) Utilities are completely disallowable.
3) Equipment requires ISBE approval before a purchase can be made. Please see page 84 for guidance.

CPS

Non-program costs are restricted to 5% of the total of CPS funds.

Restricted or disallowable costs:

1) Postage/Shipping, Office Supplies, and Other costs in combination with administrative costs are allowable only to 5% of the total funded by CPS. Administrative costs are costs that would continue to be incurred if the program were no longer operating, i.e. executive/administrative salaries, legal, audit, insurance or costs which cannot be directly tied to program operations. Administrative costs must be specifically identifiable rather than allocated in order to be allowable under the 5% allowance.
2) Equipment, Occupancy, and Utilities are disallowable.

see page 127 for a comprehensive list of allowable and unallowable expenses.

B7. Budget Forms

APPROVED CONSOLIDATED BUDGET AND EXPENSE SUMMARY

Subcontract No. 2017-

FEIN # :		Please click to select the reporting period
Service Subcontractor:		Period FY17 Budget
Address:		
IBTI Program Name:		
Name of Preparer:		Report Date:
Title:		Report Type

| | APPROVED BUDGET | | | | | | | | | TOTAL EXPENSES YTD | | | | | | | | | | |
| | SOURCES | | | Ounce COMPONENTS | | | | | | FUNDING SOURCE | | | | | | | | | % of | % of |
LINE ITEM	Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS	Total Expended	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS	Program	The Ounce
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	Total Expended	Total Expended
I. Personnel Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
II.a. Fringes-less Unemp & Workers Compensation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
b.Unemployment & Workers Compensation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
II. Total Fringes (ISBE - fill in the Breakdown Table below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
III. Consultants	0		0							0		0							0%	0%
IV. Other Contractual Services																				
a. Conference fees	0		0							0		0							0%	0%
b. Program Event fees	0		0							0		0							0%	0%
c. Occupancy	0		0							0		0							0%	0%
d. Utilities	0		0							0		0							0%	0%
e. Communications	0		0							0		0							0%	0%
f. Postage / Shipping	0		0							0		0							0%	0%
g. Other (fill in the Breakdown Table below)	0		0							0		0							0%	0%
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
V. Travel																				
a. Participant Travel	0		0							0		0							0%	0%
b. Participant Travel - Bus Passes ONLY	0		0							0		0							0%	0%
c. Local Staff Travel	0		0							0		0							0%	0%
d. Conference / Meeting Travel	0		0							0		0							0%	0%
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
VI. Supplies																				
a. Food	0		0							0		0							0%	0%
b. Office Supplies	0		0							0		0							0%	0%
c. Program Supplies	0		0							0		0							0%	0%
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
VII. Equipment	0		0							0		0							0%	0%
VIII. Indirect (for all DHS funding ONLY - 15% cap)	0		0							0		0							0%	0%
GRAND TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%

Breakdown of "Other Line"

| POSSIBLE CATEGORIES for OTHER SERVICES | APPROVED BUDGET | | | | | | | | | TOTAL EXPENSES YTD | | | | | | | | | % of Program | % of The Ounce |
	Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS	Total Expended	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS	Total Expended	Total Expended
Audit Fees	0		0							0		0							0%	0%
Payroll	0		0							0		0							0%	0%
License Fees, Permits	0		0							0		0							0%	0%
Insurance	0		0							0		0							0%	0%
Maintenance	0		0							0		0							0%	0%
Copier Maintenance & Lease	0		0							0		0							0%	0%
IT Consultant	0		0							0		0							0%	0%
Childcare/Cookservice	0		0							0		0							0%	0%
Equipment Rental & Maintenance	0		0							0		0							0%	0%
Membership Dues/Subscriptions	0		0							0		0							0%	0%
Employee Screenings (Background Check/Drug Screenings)	0		0							0		0							0%	0%
Printing																				
Public Outreach																				
Recruitment	0		0							0		0							0%	0%
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%

ISBE FUNDED Sites ONLY
Breakdown of Fringes

| ISBE Fringes Breakdown | APPROVED BUDGET | | | | | | | | | TOTAL EXPENSES YTD | | | | | | | | |
	Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS	Total Expended	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS
Unemployment Insurance																		
Worker's Compensation																		
FICA (Social Security)																		
Pension/Retirement																		
Group Health Insurance																		
Other (details to be specified in an e-mail)																		
TOTAL								0.00%									0.00%	

FISCAL ADVISOR ONLY

| Compliance Percentages | APPROVED BUDGET | | | | | | | | | TOTAL EXPENSES YTD | | | | | | | | |
	Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS	Total Expended	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS
Fringes - max. 30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Match - min. 10%		0.00%									0.00%							
Non-Program - max. 18%			0.00%	0.00%	0.00%	0.00%			0.00%			0.00%	0.00%	0.00%	0.00%			0.00%
Indirect - max. 15%			0.00%	0.00%	0.00%	0.00%			0.00%			0.00%	0.00%	0.00%	0.00%			0.00%
Administrative Cost - max. 5% for CPS & ISBE							0.00%	0.00%								0.00%	0.00%	

PERSONNEL BREAKOUT SECTION

Subcontract No. 2017 - 0

Quarterly Period:

FY17 Budget

Report Type

						APPROVED BUDGET										TOTAL EXPENSES YTD									
PERSONNEL					Annual Salary		SOURCES		Ounce COMPONENTS							FUNDING SOURCE									
Position Title	Employee Name	Effective Date	Term Date	% FTE*	Exclusive of Fringes	Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS	Total Expanded	Match Total	Ounce Total	PTS DHS	Doula DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS	NOTES:
	Last Name, First Name																							
(1)					(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
a.						0		0							0		0							
b.						0		0							0		0							
c.						0		0							0		0							
d.						0		0							0		0							
e.						0		0							0		0							
f.						0		0							0		0							
g.						0		0							0		0							
h.						0		0							0		0							
i.						0		0							0		0							
j.						0		0							0		0							
k.						0		0							0		0							
l.						0		0							0		0							
m.						0		0							0		0							
n.						0		0							0		0							
o.						0		0							0		0							
p.						0		0							0		0							
q.						0		0							0		0							
TOTAL Personnel Services						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Fringes-less Unemployment & Workers Compensation						0		0							0		0							
Unemployment & Workers Compensation						0		0							0		0							
TOTAL - Fringes						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
GRAND TOTAL						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

* %FTE (Program) based on total full time hours in your Agency's work week (i.e. 40 or 37.5)   <---(Please fill in blank).

If personnel is being moved to a new position or new personnel is being hired, please list who they are replacing.

MATCHING FUND BUDGET

4)

CASH MATCH

BUDGET LINE	CATEGORY	AMOUNT	SOURCE OF FUNDS
I.	Personnel Services	$	
II.a	Fringes-less Unemp & Workers Compensation	$	
II.b	Unemployment & Workers Compensation	$	
III.	Consultants	$	
IV.	Other Contractual Services		
a.	Conference fees	$	
b.	Program Event fees	$	
c.	Occupancy	$	
d.	Utilities	$	
e.	Communications	$	
f.	Postage / Shipping	$	
g.	Other	$	
V.	Travel		
a.	Participant Travel	$	
b.	Local Staff Travel	$	
c.	Conference/Meeting Travel	$	
VI.	Supplies		
a.	Food	$	
b.	Office Supplies	$	
c.	Program Supplies	$	
VII.	Equipment	$	
VIII.	Indirect	$	
	Total Cash Match	$ 0	

IN-KIND MATCH

DONATED SERVICE/ITEM	BUDGET LINE	NAME OF DONOR	VALUE	BASIS OF VALUATION
			$	
			$	
			$	
			$	
			$	
			$	
	Total In-Kind Match		$ 0	
	GRAND TOTAL (Cash and In-Kind)		$ 0	

3

FY17 Budget Narrative
to be included with the FY17 budget submission

Service Subcontractor:	0
Subcontract No. 2017-	0

Purpose (brief):	

I. Personnel Services

Ounce Total:	$0
Match Total:	$0
Program Total:	$0

Title	Effective Date	Name	% FTE	Real Annual Salary	Program Total	Ounce Salary		Match	
						%	$	%	$
0		0	0%	0	0	0.00%	0	0	0
0		0	0%	0	0	0.00%	0	0	0
0		0	0%	0	0	0.00%	0	0	0
0		0	0%	0	0	0.00%	0	0	0
0		0	0%	0	0	0.00%	0	0	0
0		0	0%	0	0	0.00%	0	0	0
0		0	0%	0	0	0.00%	0	0	0
0		0	0%	0	0	0.00%	0	0	0
0		0	0%	0	0	0.00%	0	0	0
0		0	0%	0	0	0.00%	0	0	0
0		0	0%	0	0	0.00%	0	0	0
0		0	0%	0	0	0.00%	0	0	0
0		0	0%	0	0	0.00%	0	0	0
0		0	0%	0	0	0.00%	0	0	0
0		0	0%	0	0	0.00%	0	0	0
0		0	0%	0	0	0.00%	0	0	0
0		0	0%	0	0	0.00%	0	0	0

II. Fringe Benefits (maximum allowable 30%)

Ounce Total:	$0	% of The Ounce:	0.00%
Match Total:	$0	% of Program TOTAL:	0.00%
Program Total:	$0		

Unemployment & Worker's Compensation (please include % breakdown):

For Program Total	$	%		For Ounce Funding	$	%
Fringes (excluding Unemployment & Worker's Compensation)	0			Fringes (less Unemployment & Worker's Compensation)	0	
Unemployment & Worker's Compensation	0			Unemployment & Worker's Compensation	0	
TOTAL Unemployment & Workers Comp	$0	0.00%		TOTAL Unemployment & Workers Comp	$0	0.00%

*If using the 'Other" Line, please describe in detail what "Other" includes for both Program Total and OPF Funding.

III. Consultants

Ounce Total:	$0
Match Total:	$0
Program Total:	$0

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IV. Other Contractual Services					Ounce Total:	$0		
					Match Total:	$0		
					Program Total:	$0		

a. Conference Fees	Ounce Total:	$0		Match Total:	$0		Program Total:	$0	

b. Program Event Fees	Ounce Total:	$0		Match Total:	$0		Program Total:	$0	

c. Occupancy (UNALLOWABLE for CPS/ISBE)	Ounce Total:	$0		Match Total:	$0		Program Total:	$0	

d. Utilities (UNALLOWABLE for CPS/ISBE)	Ounce Total:	$0		Match Total:	$0		Program Total:	$0	

e. Communications	Ounce Total:	$0		Match Total:	$0		Program Total:	$0	

f. Postage and Shipping	Ounce Total:	$0		Match Total:	$0		Program Total:	$0	

g. Other (detailed breakdown needed by funding stream)	Ounce Total:	$0		Match Total:	$0		Program Total:	$0	

Possible Categories for Other Services	Ounce Total	PTS-DHS	DOULA-DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS	Notes
Audit Fees	0	0	0	0	0	0	0	
Payroll	0	0	0	0	0	0	0	
License Fees, Permits	0	0	0	0	0	0	0	
Insurance	0	0	0	0	0	0	0	
Maintenance	0	0	0	0	0	0	0	
Copier Maintenance & Lease	0	0	0	0	0	0	0	
IT Consultant	0	0	0	0	0	0	0	
Childcare/Cookservice	0	0	0	0	0	0	0	
Equipment Rental & Maintenance	0	0	0	0	0	0	0	
Membership Dues/Subscriptions	0	0	0	0	0	0	0	
Employee Screenings (Background Check/Drug Screenings)	0	0	0	0	0	0	0	
Printing	0	0	0	0	0	0	0	
Public Outreach	0	0	0	0	0	0	0	
Recruitment	0	0	0	0	0	0	0	
TOTAL	0	0	0	0	0	0	0	

FY17 Budget Narrative

to be included with the FY17 budget submission

V. Travel		Ounce Total:	$0		
		Match Total:	$0		
		Program Total:	$0		
a. Participant Travel	Ounce Total: $0		Match Total: $0	Program Total: $0	
b. Participant Travel - Bus Passes ONLY	Ounce Total: $0		Match Total: $0	Program Total: $0	
c. Local Staff Travel	Ounce Total: $0		Match Total: $0	Program Total: $0	
d. Conference/Meeting Travel	Ounce Total: $0		Match Total: $0	Program Total: $0	

VI. Supplies		Ounce Total:	$0		
		Match Total:	$0		
		Program Total:	$0		
a. Food (participants ONLY)	Ounce Total: $0		Match Total: $0	Program Total: $0	
b. Office Supplies NOTE: No one single item will exceed $500 in cost.	Ounce Total: $0		Match Total: $0	Program Total: $0	
c. Program Supplies NOTE: No one single item will exceed $500 in cost.	Ounce Total: $0		Match Total: $0	Program Total: $0	

FY17 Budget Narrative

to be included with the FY17 budget submission

VII. Furniture & Equipment		Ounce Total:	$0
One single item over $500 - needs 3 bids regardless of funding source;		Match Total:	$0
UNALLOWABLE cost for CPS/Prior approval needed for ISBE		Program Total:	$0

VIII. Indirect		Ounce Total:	$0
This budget line is allowable for all the DHS funding ONLY - MAX. 15%		Match Total:	$0
		Program Total:	$0

*INDIRECT RELATED: ISBE & CPS require a detailed breakdown; therefore, the "Indirect Line" cannot be used as a generic placeholder.

B8. Guidelines for Completing Budget Section

1.   E-mail the final Budget by July 15, 2016 to ibtiadmin@theounce.org. In the subject line of your e-mail, please include the site name, fiscal year, and name of the document.

2.   Date must reflect the date report was submitted. For revised reports, mark "**REVISED**" and list date of revision.

3.   Columns and Rows must be added correctly. *Round off line items to the nearest dollar.* (EX. If the change amount is over 50 cents, round it off to the next dollar amount. If an item cost $5.67 rounded off to the nearest dollar is $6.00. If an item costs $5.47 rounded off to the nearest dollar is $5.00.) Program Total (Column 2) must equal Match Total (Column 3) plus Ounce Total (Column 4). Ounce Components (Columns 5-9) must equal Ounce total (Column 4).

4.   Personnel Services and Fringes (Lines I and II, Columns 2-9) must equal Personnel Breakout Section Total Personnel Services and Fringes (Columns 3-10).

5.   Subcontract Fringes (Column 4) must not exceed 28% of the Subcontract Total Personnel Services (Column 4), (Line II divided by Line I).

6.   Non-direct program costs must not exceed 18% (15% Indirect + 3% other non-program costs; if Indirect is less than 15%, non-program costs may exceed 3%) of total funding for DHS and 5% (non-program costs ONLY) of total funding for ISBE and CPS funded sites, respectively (Columns 5-9).

7.   Supplies and/or Equipment (Line VIb-c or Line VII) any increases over $500, provide detail or the statement "No one item will exceed $500". *Single Item includes peripherals, shipping, and installation.*

8.   Grand Total for Ounce Total (Column 4) must equal amount listed on Award Letter.

9.   Match Total (Column 3) must be greater than or equal to 10% of Ounce Total (Column 4).

10.   The Personnel Breakout Section (Breakout 1 tab) must be completed including Names, Titles, Dates of Hire/Termination, and % FTE (Column 1). Columns 2-10 as appropriate must be completed for all positions listed.

11.   The Personnel Breakout Section, Ounce Total (Column 5) must equal the sum of dollars allocated to each component in Columns 6-10.

12.   Approved Matching Fund Budget (Match tab) must equal Match Total on Approved Consolidated Budget and Expense Summary (Budget Tab, Column 3).

13.   Approved Matching Fund Budget (Match tab) must be fully completed, indicating funding source of cash match and requested additional information for in-kind match.

14.   The Budget Narrative must be completed for all lines and must match the Budget and supporting schedules.

Amendment Forms & Instructions

C1. Amendment Submission & Due Dates

Amendments document the quality of Subcontract management and show an awareness of how changes to a program affect costs and services. Please make sure Amendments are complete and stapled in the correct order. The Program Abstract should detail any programmatic changes in the program, while the Fiscal Narrative should detail any fiscal changes in the program. In an Amendment, it is important to list not only **what** the change is, but also to explain **why** this change is needed. Please see below for the applicable criteria for amendment submission.

An Amendment is required if there are significant changes in the Program Narrative or Abstract. An Amendment is also required if any line item (Column 2) changes in an amount greater than $1000.00, or 20% of the budgeted amount, whichever is greater (total of Match and Ounce funds). This includes either an *increase* or *decrease* in a line item. Sites are also strongly encouraged to submit an Amendment when a funded position has been vacant for a quarter or longer. Amendments may also be requested by the IBTI Program Manager or IBTI Fiscal Adviser if there are concerns regarding under spending.

SUBMISSION AND APPROVAL PROCESS

1. **Draft Amendments:** Draft Amendments must be e-mailed to the IBTI Program Manager. The submission of a draft Amendment helps to ensure that final copies will be approved. A complete e-mail copy (pages 1-6) of the Amendment must be submitted in order for the draft to be reviewed and must include the following:
   a. Request for Subcontract Amendment
   b. Amended Budget and Narrative
   c. Program Abstract and Narrative, if applicable.

   The IBTI Program Manager will complete an initial review of the Amendment and will forward the amendment to the IBTI Fiscal Advisor for fiscal review. Draft Amendments can be submitted at any time during the fiscal year, based on the guidelines for Amendment on page 86, with the exception of the fourth quarter. Fourth quarter draft Amendments are due to the IBTI Program Manager by May 8th (due the next business day if due date falls on a weekend). **Please notify your IBTI Program Manager via e-mail five (5) business days prior to the Fourth Quarter draft Amendment deadline if your Amendment will be late.** Adherence to the due date for fourth quarter Amendments is critical due to the Ounce's need to submit accurate final budget amendments to funders.

   ISBE/CPS funded agencies: Due to tight deadlines from the funder, the draft of the fourth quarter Amendment should be an accurate forecast of spending through year-end. Sites should discuss any large shifts of ISBE/CPS funds in the fourth quarter with the IBTI Program Manager and Fiscal Advisor before submitting an amendment.

2. **Final Review/Submission**: The IBTI Fiscal Advisor will notify the site's Program Management and Fiscal Report Contacts of approval of the draft Amendment. Upon notification, the site will then submit one (1) electronic version to the IBTI Fiscal Advisor. *Please do not submit final copies until notified to do so.*

Due dates for final Amendments will be negotiated with the IBTI Fiscal Advisor upon review and approval of the draft Amendment, with the exception of fourth quarter Amendments. Final hard copy Amendments for the fourth quarter are due to the IBTI Fiscal Advisor by June 15th. Failure to submit the fourth quarter Amendment by this date may result in the Amendment not being processed.

The Ounce of Prevention Fund's acknowledgment that the Amendment will be late *does not* constitute an extension being granted. Extensions will be granted by your IBTI Program Manager on a case-by-case basis and for emergencies only. Sites will be notified of the Ounce of Prevention Fund's decision via e-mail within two (2) business days after the receipt of a written extension request. ***The timeliness of Amendments is important, as the criteria for receiving QIR funding, which may become available during a fiscal year, is tied to the Ounce's receipt of accurate, complete, and timely reports.***

C2. Amendment Instructions

In order to meet the requirements of the Subcontract with the Ounce, changes to the Program Narrative, Abstract, and Budget during the fiscal year must be submitted via a Request for Amendment. This section describes the steps to follow if such a request is needed. The IBTI Program Manager is available to assist in planning for changes with respect to the impact on services, program outcomes, and budget. Once a draft of the Amendment is completed it should be submitted according to the submission guidelines on page 84.

An Amendment is required if there are significant changes in the Program Narrative or Abstract. An Amendment is also required if any line item (Column 2) changes in an amount greater than $1000.00, or 20% of the budgeted amount, whichever is greater (total of Match and Ounce funds). This includes either an *increase* or *decrease* in a line item. Sites are strongly encouraged to submit an Amendment when a funded position has been vacant for a quarter or longer. Amendments may also be requested by the IBTI Program Manager or IBTI Fiscal Adviser if there are concerns regarding under spending. The Ounce reserves the right to decrease the maximum amount payable under the Subcontract Agreement if:

1) staff and/or consultants are not hired within thirty days after a) effective date of Subcontract, b) projected hire date, or c) vacancy occurs,
2) line items are not expended according to schedule or are utilized in a manner that was not authorized, as evidenced in the Quarterly Cost Report, or
3) if an acceptable Amendment reallocating dollars is not submitted within thirty days from the submission of the Quarterly Cost Report, and approved within sixty days from the submission of the Quarterly Cost Report.

Draft Amendments are to be submitted, via e-mail, to the IBTI Program Manager in accordance with the schedule outlined in Section C1. When a final agreement has been reached between the IBTI Program Manager and the Program Management Contact, the IBTI Program Manager will then forward the draft Amendment to the IBTI Fiscal Advisor for the second part of the internal review and approval process. Once all corrections are made (if needed), the IBTI Fiscal Advisor will send an electronic Signature Page that must be signed and returned to the Fiscal Advisor by mail. The date on page six (6) will reflect the date the Amendment was signed by the site.

The Ounce requires four weeks to review and approve draft Amendments. If the Amendment contains no errors, a copy of the Amendment, counter-signed by IBTI and marked Approved, will be sent to the site. Never change any budget figures in the Quarterly Cost Report until a signed, approved Amendment has been received.

Amendments that do not follow the submission guidelines will be returned to the site for corrections; therefore delaying the processing of the Amendment.

C3. Request for Subcontract Amendment

FY17 Quarter #:

Agency Name:

Program Name:

Subcontract #:

Packets that are incomplete or not received in this specified order may be returned.
Please be sure to have original signatures on the Proposed Amended Budget signature page.

☐ Amendment Purpose and Changes to Program Plan (page 2)
☐ Amendment Fiscal Narrative (page 3)
☐ Proposed Amended Budget (page 4)
☐ Proposed Amended Personnel Breakout Section (page 5)
☐ Proposed Amended Budget signature page (page 6)

Subcontractor _____ Subcontract 2017- _____

A. Purpose of Amendment

A1. Please check all that apply:
☐ Reallocation of funds across budget line items in excess of $1,000, or 20%, whichever is greater
☐ Increase in Subcontract amount due to Quality Improvement Request award
☐ Correction(s) to originally submitted Budget, Program Abstract and/or Narrative
☐ Restructuring of staff positions or FTE allocation
☐ Updating of staff or agency information
☐ Other

A2. Briefly describe the above proposed changes:

B. Changes to the Program Plan-*list changes by section header and page number*:

B1. If there are changes to the Program Abstract, please attach a revised Abstract. List changes by Abstract Section header and page number.

☐ Check here if there are proposed changes to the Program Abstract.

B2. If there are changes to the Program Narrative, please attach a revised Narrative. List changes by Narrative section header and page number.

☐ Check here if there are proposed changes to the Program Narrative.

C. Fiscal Narrative

For fiscal/budget changes, refer to your approved Budget, and describe each line item to be amended. Use additional pages if necessary.

☐ Check here if there are proposed changes to the Budget.

Personnel

Fringe

Consultants

Other Contractual Services:

Travel

Supplies

Furniture & Equipment

Indirect

PROPOSED AMENDED BUDGET

FEIN # :	0
Service Subcontractor:	0
Address:	0
IBTI Program Name:	0
Name of Preparer:	0	Date:	Report Type
Title:	0

	APPROVED BUDGET			AMENDED BUDGET								
	SOURCES			SOURCES			Ounce COMPONENTS					PRIVATE
LINE ITEM	Program Total	Match Total	Ounce Total	Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
I. Personnel Services	0	0	0	0	0	0	0	0	0	0	0	0
II.a. Fringes -less Unemp & Workers Compensation	0	0	0	0	0	0	0	0	0	0	0	0
b.Unemployment & Workers Compensation	0	0	0	0	0	0	0	0	0	0	0	0
II. Total Fringes	0	0	0	0	0	0	0	0	0	0	0	0
III. Consultants	0	0	0	0		0						
IV. Other Contractual Services												
a. Conference fees	0	0	0	0		0						
b. Program Event fees	0	0	0	0		0						
c. Occupancy	0	0	0	0		0						
d. Utilities	0	0	0	0		0						
e. Communications	0	0	0	0		0						
f. Postage / Shipping	0	0	0	0		0						
g. Other (fill out the Breakout Table below)	0	0	0	0		0						
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0
V. Travel												
a. Participant Travel	0	0	0	0		0						
b. Participant Travel - Bus Passes ONLY	0	0	0	0		0						
c. Local Staff Travel	0	0	0	0		0						
d. Conference / Meeting Travel	0	0	0	0		0						
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0
VI. Supplies												
a. Food	0	0	0	0		0						
b. Office Supplies	0	0	0	0		0						
c. Program Supplies	0	0	0	0		0						
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0
VII. Equipment	0	0	0	0		0						
VIII. Indirect (for all DHS funding ONLY)	0	0	0	0		0						
GRAND TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

NOTES:

POSSIBLE CATEGORIES for OTHER SERVICES	APPROVED BUDGET			AMENDED BUDGET								
	Program Total	Match Total	Ounce Total	Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS
Audit Fees	0	0	0	0		0						
Payroll	0	0	0	0		0						
License Fees, Permits	0	0	0	0		0						
Insurance	0	0	0	0		0						
Maintenance	0	0	0	0		0						
Copier Maintenance & Lease	0	0	0	0		0						
IT Consultant	0	0	0	0		0						
Childcare/Cookservice	0	0	0	0		0						
Equipment Rental & Maintenance	0	0	0	0		0						
Membership Dues/Subscriptions	0	0	0	0		0						
Employee Screenings (Background Check/Drug Screenings)	0	0	0	0		0						
Printing	0	0	0	0		0						
Public Outreach	0	0	0	0		0						
Recruitment	0	0	0	0		0						
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

NOTES:

ISBE FUNDED Sites ONLY
Breakdown of Fringes

ISBE Fringes Breakdown	APPROVED BUDGET			TOTAL EXPENSES YTD								
			ISBE	Total Expended	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS
Unemployment Insurance			0									
Worker's Compensation			0									
FICA (Social Security)			0									
Pension/Retirement			0									
Group Health Insurance			0									
Other (details to be specified in an e-mail)			0									
TOTAL			0.00%								0.00%	

Compliance Percentages	APPROVED BUDGET			AMENDED BUDGET								
	Program Total	Match Total	Ounce Total	Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS
Fringes - max. 30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Match - min. 10%	0.00%	0.00%	0.00%		0.00%							
Non-Program - max. 18%	0.00%	0.00%	0.00%			0.00%	0.00%	0.00%	0.00%			0.00%
Indirect - max. 15%	0.00%	0.00%	0.00%		0.00%		0.00%	0.00%	0.00%			0.00%
Administrative Cost - max. 5% for CPS and ISBE	0.00%	0.00%	0.00%							0.00%	0.00%	

NOTES:

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			0		

PROPOSED AMENDED PERSONNEL BREAKOUT SECTION

PERSONNEL					Annual Salary	APPROVED BUDGET									NOTES:
If personnel is being moved to a new position or new personnel is being hired, please list who they are replacing.					Exclusive of Fringes				SOURCES						
Position Title	Employee Name (Last Name, First Name)	Effective Date	Term Date	% FTE*		Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS	
(1)					(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
a.						0		0							
b.						0		0							
c.						0		0							
d.						0		0							
e.						0		0							
f.						0		0							
g.						0		0							
h.						0		0							
i.						0		0							
j.						0		0							
k.						0		0							
l.						0		0							
m.						0		0							
n.						0		0							
o.						0		0							
p.						0		0							
q.						0		0							
TOTAL Personnel Services						0	0	0	0	0	0	0	0	0	
Fringes-less Unemployment & Workers Compensation						0		0							
Unemployment & Workers Compensation						0		0							
TOTAL - Fringes						0	0	0	0	0	0	0	0	0	
GRAND TOTAL						0	0	0	0	0	0	0	0	0	

* %FTE (Program) based on total full time hours in your Agency's work week (i.e. 40 or 37.5)   <-— (Please fill in the blank)

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The Approved Ounce Grand Total is: $_____

The Amended Ounce Grand Total is: $_____

Do not fill in the box below:

The Effective Date of this amendment is: _____					
The amended monthly payment schedule is:					
July		November		March	
August		December		April	
September		January		May	
October		February		June	

All other terms of the July 1, 2016 Subcontract Agreement will remain in effect through June 30, 2017.

_____   _____

Ounce of Prevention Fund   Service Subcontractor

_____   _____

Date of Signature   Date of Signature

C4. Guidelines for Completing the
Fiscal Section of the Amendment

1. Amendment must be complete (all six pages), and stapled in the correct order. Amendments are not complete without the Request for Subcontract Amendment.

2. Fiscal Narrative must be completed for line changes greater than $1,000, or 20% of the budgeted amount, whichever is greater, in the Program Total (both Match and Ounce), and must match Proposed Budget Amendment (Amended Budget tab).

3. Approved Budget (Columns 2-4) must match the Approved Budget of the original Subcontract Budget or Amended Budget in the most recently approved Amendment.

4. Columns and Rows must be added correctly. Before entering, round off line items to the nearest dollar (cells are to be used for data entry only – do not use formulas). Program Total (Column 2) must equal Match Total (Column 3) plus Ounce Total (Column 4). The sum of Ounce Components (Columns 8-12) must equal Ounce total (Column 7).

5. Personnel Services and Fringes (Lines I and II, Columns 5-12 of Amended Budget) must equal Personnel Breakout Section Total Personnel Services and Fringes (Columns 3-10) respectively.

6. Ounce Fringes (Line II, Column 7) must not exceed 28% of the Ounce Personnel Services (Line I, Column 7) (Line II divided by Line I).

7. Non-direct program costs must not exceed 18% (15% Indirect + 3% other non-program costs; if Indirect LINE costs are less than 15%, non-program costs may exceed 3%) of the total of DHS funding and 5% (non-program costs only) of total funding for ISBE and CPS, respectively (Columns 8-10).

8. For Supplies and/or Equipment (Line VIb-c or VII) any increases over $500 (in total) must be accompanied by detail or statement "No single item to exceed $500". Single item including peripherals, shipping and installations.

9. Match Total (Column 6) must be greater than or equal to 10% of Ounce Total (Column 7).

10. If there is any change in personnel services, the Personnel Section (Amended Breakout tab) must be completed including: Names, Titles, % FTE, start and end dates of employment (if applicable). Columns 2-10 must be completed for all positions, including those not requiring Amendments.

11. Total Approved and Total Amended Ounce funding amounts must match on the Signature Page.

12. The effective date and payment schedule must be left blank.

13. The Subcontract beginning and ending dates must be correct.

14. The Amendment must contain original signatures and be dated.

Program
Reports
&
Instructions

D1. Submission of Program Quarterly Reports

Quarterly Reports contain required data, fiscal and program information. Some specific requirements for reporting are related to the type of services provided and whether source funding is IDHS, ISBE, or CPS. The Program Management Contact should review all information related to the Quarterly Narrative Program Report by the indicated due dates and prior to submission.

Program Information (All): In order to provide the best report information possible, the person who supervises or coordinates the component should complete the appropriate section of the report. An electronic copy of the report should be sent to ibtiadmin@theounce.org. See page 32 (#3) for instructions on what to include in the subject line of your e-mail.

Submit the Abbreviated Version of the Program Narrative Quarterly Report (page 112) for the first and third quarters. It consists of only questions 1-4 under Section I. The Complete Version of the Program Narrative Quarterly Report (page 100) should be completed for the second and fourth quarters. Please use the report Cover Page (page 99) for each report submission.

If there are attachments that cannot be sent electronically (newspaper articles, etc.) these may be sent to the Ounce's Chicago office:

> IBTI Administration Manager
> Ounce of Prevention Fund
> 33 West Monroe, Suite 2400
> Chicago, IL 60603

Due Dates: All Program Narrative Quarterly Reports are to be submitted to ibtiadmin@theounce.org *no later than 4:00 p.m.* on the specified due date. If the due date falls on a weekend, the report is due the following Monday.

First Quarter:	October 30	**Third Quarter**:	April 30
Second Quarter:	January 30	**Fourth Quarter**:	July 30

Quarterly Data: OunceNet is used to generate required IDHS, ISBE, and CPS Quarterly Reports. Any areas of poor performance as reflected on the OunceNet Quarterly Report should be addressed as a part of the answer to Question #2 in the Program Narrative Quarterly Report.

OunceNet Quarterly Reports will be downloaded by IBTI on the same day your agency's Program Narrative Quarterly Report is due (see above). These reports do no need to be submitted in hard copy to the Ounce or DHS. It is imperative that all data pertaining to the previous quarter be accurately entered into OunceNet by the end of the day on the 21st of the month following the close of the quarter. *CPS FUNDED AGENCIES:* IBTI must submit reports to CPS within 2 (two) business days of the close of the quarter, therefore, all data pertaining to the previous quarter MUST be entered into OunceNet by the end of the day on the 1st (first) of the month following the close of the quarter.

Fiscal Information: See Section E for complete instructions.

Sites with funding ONLY from IDHS:
Cost reports are due by e-mail to ibtiadmin@theounce.org and the IBTI Fiscal Advisor (eaioanei@theounce.org) on the following schedule:
- October 20 (First Quarter)
- January 20 (Second Quarter)
- April 20 (Third Quarter)
- July 20 (Fourth Quarter)

Sites with ANY funding from ISBE:
Cost reports are due by e-mail to ibtiadmin@theounce.org and the IBTI Fiscal Advisor (eaioanei@theounce.org) on the following schedule:
- October 12 (First Quarter)
- January 12 (Second Quarter)
- April 12 (Third Quarter)
- July 12 (Fourth Quarter)

Sites with ANY funding from CPS:
Cost reports are due by e-mail to ibtiadmin@theounce.org and the IBTI Fiscal Advisor (eaioanei@theounce.org) on following schedule:
- October 5 (First Quarter)
- January 5 (Second Quarter)
- April 5 (Third Quarter)
- July 5 (Fourth Quarter)

CPS funded sites must provide supporting documentation from their payroll systems to support individuals paid from CPS funds reported in the Personnel Breakout Section. These reports are to be submitted with every quarterly cost report. This documentation, like the cost reports, must be cumulative.

All Sites: E-mail the final approved cost report to ibtiadmin@theounce.org. See page 32 (#3) for what to include in the subject line of your e-mail.

OTHER INSTRUCTIONS:

1. **Revisions**: Revised report sections should be sent directly by e-mail to the IBTI staff member requesting the changes.
2. **Late Reports**: Notify your IBTI Program Manager via e-mail five (5) business days prior to the Quarterly Narrative Report deadline if any section of the report that will be late. *The timeliness of reports is important, as the criteria for receiving QIR funding, which may become available during a fiscal year, is tied to the Ounce's receipt of accurate, complete, and timely reports.*

IBTI Doula Site
Quarterly Reporting Requirements
Source funds: Includes CPS or ISBE

Advocate Illinois Masonic Medical Center Children's Foundation Fayette County Health Department Family Focus DuPage	Public Health Foundation of Northwest Illinois Teen Parent Connection VNA Health Care Will County Health Department

REPORT or DOCUMENTS	When Due (see note below)		Submission Instructions
Program Narrative Quarterly Report (Abbreviated Version)	First Qtr. Third Qtr.	October 30 April 30	e-mail to ibtiadmin@theounce.org mail any hard copy attachments (news clippings, brochures, etc.) to Chicago office
Program Narrative Quarterly Report (Complete Version)	Second Qtr. Fourth Qtr.	January 30 July 30	e-mail to ibtiadmin@theounce.org mail any hard copy attachments (news clippings, brochures, etc.) to Chicago office
ISBE Quarterly Cost Reports	First Qtr. Second Qtr. Third Qtr. Fourth Qtr.	October 12 January 12 April 12 July 12	e-mail to IBTI Fiscal Advisor (eaioanei@theounce.org) and ibtiadmin@theounce.org
CPS Quarterly Costs Reports	First Qtr. Second Qtr. Third Qtr. Fourth Qtr.	October 5 January 5 April 5 July 5	e-mail to IBTI Fiscal Advisor (eaioanei@theounce.org) and ibtiadmin@theounce.org
ISBE/CPS Parent Questionnaires* individual forms for each family new and returning served in FY17 (only one questionnaire needs to be completed for each Doula family – either at the end of Doula services or the end of the fiscal year, whichever comes first)	First Qtr. Second Qtr. Third Qtr. Fourth Qtr.	October 30 January 30 April 30 July 30	e-mail to IBTI Program Manager (tsmall@theounce.org or michelejb@theounce.org) and ibtiadmin@theounce.org

*Parent Questionnaires can be downloaded from the ISBE Website: www.isbe.net/research/htmls/pfa_prev_init.htm

Note: Report due dates that fall on weekend are due next business day.
Mail hard copy attachments to:

IBTI Administration Manager Ounce of Prevention Fund 33 West Monroe, Suite 2400 Chicago, IL 60603

IBTI Doula Site
Quarterly Reporting Requirements
Source funds: IDHS only

CHASI-Sycamore
YMCA of Metropolitan Chicago

REPORT or DOCUMENTS	When Due (see note below)		Submission Instructions
Program Narrative Quarterly Report (Abbreviated Version)	First Qtr. Third Qtr.	October 30 April 30	e-mail to ibtiadmin@theounce.org mail any hard copy attachments (news clippings, brochures, etc.) to Chicago office
Program Narrative Quarterly Report (Complete Version)	Second Qtr. Fourth Qtr.	January 30 July 30	e-mail to ibtiadmin@theounce.org mail any hard copy attachments (news clippings, brochures, etc.) to Chicago office
Quarterly Cost Reports	First Qtr. Second Qtr. Third Qtr. Fourth Qtr.	October 20 January 20 April 20 July 20	e-mail to IBTI Fiscal Advisor (eaioanei@theounce.org) and ibtiadmin@theounce.org

Note: Report due dates that fall on weekend are due next business day.

Mail hard copy attachments to:

IBTI Administration Manager
33 West Monroe, Suite 2400
Chicago, IL 60603

D2. FY17 Program Narrative Quarterly Report
PTS-Doula

FY17 Quarter #: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Agency Name:
Program Name:
Subcontract #:
Address:

Program Management Contact:
Email:

Fiscal Report Contact:
Email:

ILLINOIS BIRTH TO THREE INSTITUTE
Program Narrative Quarterly Report (PTS-Doula)
Complete Version

Directions: The IBTI Program Narrative Quarterly Report can be found in an electronic version at http://www.opfibti.org. Please note that questions appearing on separate pages need to stay on separate pages due to the information being shared within the Ounce. If there is no response for a particular question, please select N/A where appropriate or indicate "No updates", "Not applicable", or "No activity in this quarter". The IBTI program staff strongly encourages you to reflect and enter something for Questions #8 and #11, as these are the two questions that address the quality of life within the program.

Submit all pages of this form.

SECTION I. SUBCONTRACT COMPLIANCE

Please submit, either electronically or via hard copy, a current organizational chart that shows the Agency's overall operations. The IBTI funded program should be clearly labeled. (2nd Quarter only)

1. **Staff Changes**: If there were any new hires, terminations, leaves of absences, or ongoing vacancies in your program during the last quarter, please complete the chart below.

    ☐ N/A

	Name/Position	Person Replacing	Start Date
New Hires			
	Name/Position	Last Date of Employment	
Terminations			
	Position	Person who last held position	Date position became vacant
Ongoing Vacancies			
	Name/Position	Date leave began	Anticipated date leave will end (if known)	Type of leave*
Leaves				

*P-paid out of contract funds, I-paid for by disability or other non-contract funds, U-unpaid

FY17 Program Narrative Quarterly Report

2. **Program Contact Updates:** Please use the tables below to update any contact information for your program, including changes to the contacts listed in your Program Abstract.

    ☐ No changes

SERVICE AGENCY
Agency Name:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:

PRIMARY SERVICE SITE
Program Name:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:

Executive Contact
Name/Title:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:
☐ Add contact ☐ Replace existing contact **Name and effective date:**

Program Management Contact
Name/Title:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:
☐ Add contact ☐ Replace existing contact **Name and effective date:**

Staff Development Contact
Name/Title:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:
☐ Add contact ☐ Replace existing contact **Name and effective date:**

Fiscal Management Contact
Name/Title:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:
☐ Add contact ☐ Replace existing contact **Name and effective date:**

Fiscal Report Contact
Name/Title:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:
☐ Add contact ☐ Replace existing contact **Name and effective date:**

OunceNet/MIS Contact
Name/Title:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:
☐ Add contact ☐ Replace existing contact **Name and effective date:**

Agency Technology Contact
Name/Title:
Street:
City: **Zip:**
Phone: **Fax:**
E-mail:
☐ Add contact ☐ Replace existing contact **Name and effective date:**

3. **Factors Affecting Program Services**: List anything (besides staffing) you would like us to know about that has had an impact on services reported in OunceNet reports.

☐ No Change

4. Please provide an update on any current research projects (i.e., Doula RCT, MIHOPE, etc.), program expansion, or other innovations happening in your program. Please include any program modifications, challenges, or successes the program is experiencing as a result of these enhancements.

FY17 Program Narrative Quarterly Report

5.   Describe any deaths to Doula participants (child or adult) this quarter.

☐ N/A

    A.   If you are you still working with the family or processing the death with staff, please describe the work being done.

    B.   Do you need any additional support or resources in this area?

6.   Describe any DCFS report that program staff became aware of in the quarter (even if alleged incident occurred prior to this quarter) <u>where the alleged victim of abuse or neglect was a child of a family served in your program</u>. State whether the person who reported the abuse or neglect was program staff or another source. If known, state the outcome of the investigation (indicated, unfounded, or pending). Describe the nature of the alleged abuse or neglect. If the program was not the source of the report, describe how report came to the attention of the program staff.

    A.   Do you need any additional support or resources in this area?

7.   **Staff Development**

    A.   Optional: List non-Ounce training or in-service workshops attended by staff, and the sources of those trainings.

        ☐ N/A

    B.   List comments, questions, or current issues regarding the use of the Web site for the Ounce Training Institute.

        ☐ N/A

    C.   List requests you have of Ounce/IBTI staff including technical assistance, training, materials, etc.

        ☐ N/A

FY17 Program Narrative Quarterly Report

8. **Community and Service Access Issues**: List all barriers to serving pregnant and parenting teens and their children under age five that your program has encountered this quarter. (For example, this may include problems experienced at the DHS local office, policies that exclude needy families, or resource limitations.)

☐ N/A this quarter

☐ See last quarterly report – same issues exist

☐ New information to report – see below

9. **Program Experience**: Describe observations of or lessons learned about the participants, their families, and the communities in which your services are provided.

FY17 Program Narrative Quarterly Report

10. **Advocacy Efforts on Behalf of Participants**: List and explain all legislative contacts or activities conducted this quarter. (For example, this may include meetings, calls, or letters to legislators, legislative information that was shared with parents, or advocacy training for staff and/or parents.)

☐ None this quarter

11. **Public Relations**: List and attach all media contacts made during this quarter. Mail copies of printed or published materials to Ounce's Chicago Office.

☐ None this quarter

FY17 Program Narrative Quarterly Report

12. **Program Success or Anecdote**: Describe a story of a participant who has benefited from your program.

13. **Innovation**: Describe ideas for new program development or new approaches taken to enhance current PTS-Doula services.

FY17 Program Narrative Quarterly Report

14. **Outstanding OunceNet Issues**: Please list any chronic, unresolved issues the program is experiencing related to OunceNet equipment, OunceNet connectivity, or needs for OunceNet technical assistance/training. Please describe any communication with the OunceNet team related to the issue(s).

15. **OunceNet Functioning**: Please identify any unresolved issues experienced during the quarter related to the OunceNet and reporting program activity/data. Please describe any communication with the OunceNet team related to this issue.

16. Describe any changes you would like to see in the OunceNet in the future.

17. Please describe any other technology issues or needs the site is experiencing related to the implementation of the IBTI program.

FY17 Program Narrative Quarterly Report

SECTION II. DOULA SERVICES

1. Briefly describe the coordinated work (Doula, HV, PGS) provided to one participant who delivered within the quarter. Include prenatal, labor and delivery, and post-partum involvement.

2. Describe the program activities accomplished by the Doulas this quarter other than Home Visits and assisted births (e.g., collaboration meetings, Prenatal Groups).

3. Describe challenges and successes encountered in providing Doula services this quarter.

4. Discuss the efforts and type of contacts made between other community services, the linkage contacts, and agency staff for clinical support that occurred this quarter. Include any contacts made with hospitals.

5. List community organizations that provide ongoing services for participants receiving short-term Doula services.

6. List Chicago Public Schools attended by participants receiving Doula services.

FY17 Program Narrative Quarterly Report

SECTION III.   GROUP SERVICES & COMMUNITY EDUCATION

1. **Prenatal Groups**:   Describe one Prenatal Group session from this quarter that demonstrates how your program focuses on the **parent-child relationship and one other IBTI outcome** from the following list:

   - Self-sufficiency
   - Child's Health/Development/Well-Being
   - Teen's Health/Development/Well-being
   - Delay of Subsequent Birth

   Please select a different outcome for each of the two quarterly narratives you write during the fiscal year.

   Describe how planning/preparation/debriefing occur, as well as the topic and materials used. Please attach a calendar of events.

2. **Community Education**: List the topics and activities of community education events held during the quarter. Community education events are events utilized to promote your program or to keep the community informed about program activities. Examples include, but are not limited to, presentations to high schools, maternity fairs, health fairs, agency open houses, etc. If you have any questions about whether or not an event is considered community education, please contact your Program Manager or Program Advisor.

FY17 Program Narrative Quarterly Report

SECTION IV. HEART TO HEART

☐ N/A (Only sites funded for Heart to Heart complete this section)

Heart to Heart Start Date: _____

1.   Number of Sessions:

      A.   Who facilitated H2H?

      B.   What parent-child activities were used?

      C.   How many participants were members of a previous year's Heart to Heart group?

      D.   Describe the role and nature of clinical supervision provided to staff in addressing issues that arose during Heart to Heart this year.

      E.   Describe the nature of any disclosures of abuse and the steps taken by staff on referrals and follow through on referrals given.

      F.   Describe the nature of the community service project conducted by the Heart to Heart group or reasons it was not implemented.

      G.   Please list suggestions for revisions to the Heart to Heart program or curriculum.

2.   Attach any printed materials related to Heart to Heart that were produced (e.g., graduation invitations, graduation programs).

ILLINOIS BIRTH TO THREE INSTITUTE
Program Narrative Quarterly Report (PTS-Doula)
Abbreviated Version

Directions: Submit this version of the Program Narrative Quarterly Report in Quarters 1 & 3. Please note that questions appearing on separate pages need to stay on separate pages due to the information being shared within the Ounce of Prevention Fund.

Submit all pages of this form.

SECTION I. SUBCONTRACT COMPLIANCE

1. **Staff Changes**: If there were any new hires, terminations, leaves of absences, or ongoing vacancies in your program during the last quarter, please complete the chart below.

   ☐ N/A

	Name/Position	Person Replacing	Start Date	
New Hires				
	Name/Position	Last Date of Employment		
Terminations				
	Position	Person who last held position	Date position became vacant	
Ongoing Vacancies				
	Name/Position	Date leave began	Anticipated date leave will end (if known)	Type of leave*
Leaves				

*P-paid out of contract funds, I-paid for by disability or other non-contract funds, U-unpaid

FY17 Program Narrative Quarterly Report

2.   **Factors Affecting Program Services**: List anything (besides staffing) you would like us to know about that has had an impact on the program's effectiveness to meet contractual obligations this quarter (e.g., changes in community services available, linkage agreements, safety).

☐ No Change

3.   Describe any deaths to Doula participants (child or adult) this quarter.

☐ N/A

    A.   If you are you still working with the family or processing the death with staff, please describe the work being done.

    B.   Do you need any additional support or resources in this area?

4.   Describe any DCFS report that program staff became aware of in the quarter (even if alleged incident occurred prior to this quarter) <u>where the alleged victim of abuse or neglect was a child of a family served in your program</u>. State whether the person who reported the abuse or neglect was program staff or another source. If known, state the outcome of the investigation (indicated, unfounded, or pending). Describe the nature of the alleged abuse or neglect. If the program was not the source of the report, describe how report came to the attention of the program staff.

☐ N/A

    A.   Do you need any additional support or resources in this area?

D3. Quality Improvement Request

QIR INSTRUCTIONS

Site Program Management Contacts may submit one or more proposals to request additional funds by using a Quality Improvement Request (QIR) form. The purpose of a QIR award is to provide supplemental funding for short-term activities and materials (one-time purchase) that would enhance the quality of services for participants within the fiscal year. QIRs are accepted throughout the year, and as funds become available, awards are given only to sites that meet all eligibility criteria.

Eligibility criteria include:
- No outstanding audit findings, under spending, or unresolved fiscal issues
- Site is up-to-date on submission of all required reports
- Site is fully staffed for those positions funded by IBTI
- Nature of the proposal addresses short-term needs or creative program efforts that target IBTI outcomes
- No program performance issues or existing Improvement Plan

QIRs are to be submitted by e-mail to the IBTI Program Manager. The QIR form is used for discussion and negotiation purposes and follows the outline of an Amendment. Requests typically range from $500 to $5,000 and require submission of an Amendment when approved. QIR funds must be used in the same fiscal year in which they are awarded. A QIR award does not increase base funding in the next year.

ILLINOIS BIRTH TO THREE INSTITUTE
Quality Improvement Request

Agency:_____ **Subcontract #:** _____

Program Management Contact: _____

Date Submitted: _____

Please complete the following forms and submit by e-mail to the IBTI Program Manager. Use one form for each proposal submitted.

Requested Amount: $ _____

I.   Briefly describe what you propose to do with QIR funding this fiscal year.

II.   Describe the direct impact on participants or staff.

III.   Describe how this proposal relates to the present Program Plan and how it would enhance the quality of services.

FY17 Quality Improvement Request

IV   Description of Expenses by Line Item Category

Provide dollar amounts and description of services and/or items to be purchased. (Use this form when computing the Fiscal Narrative for the Amendment.)

Personnel (Salaries and Fringe Benefits)   _____

Consultants/Contractual   _____

Travel   _____

Supplies   _____

Equipment   _____

Financial
Reports
&
Instructions

E1. Submission of Fiscal Quarterly Reports

1. Fiscal Quarterly reports are due by e-mail no later than *4:00 p.m.* on the dates listed below. Reports are to be sent to ibtiadmin@theounce.org and the IBTI Fiscal Advisor (eaioanei@theounce.org) unless otherwise indicated. See page 32 (#3) for instructions on what to include in the subject line of your e-mail. For Program Narrative Quarterly Reporting requirements, please refer to Section D of this manual. All reports are due the next business day if the due date falls on a weekend.

    Sites with funding ONLY from IDHS
    Cost reports are due on the following schedule:
    *   October 20 (First Quarter)
    *   January 20 (Second Quarter)
    *   April 20 (Third Quarter)
    *   July 20 (Fourth Quarter)

    Sites with ANY funding from ISBE
    Cost reports are due on the following schedule:
    *   October 12 (First Quarter)
    *   January 12 (Second Quarter)
    *   April 12 (Third Quarter)
    *   July 12 (Fourth Quarter)

    Sites with ANY funding from CPS
    Cost reports are due on following schedule:
    *   October 5 (First Quarter)
    *   January 5 (Second Quarter)
    *   April 5 (Third Quarter)
    *   July 5 (Fourth Quarter)

    CPS funded sites must provide supporting documentation from their payroll systems to support individuals paid from CPS funds reported in the Personnel Breakout Section. These reports are to be submitted with every quarterly cost report. The cost reports must be cumulative.

    All Sites: E-mail the final approved cost report to ibtiadmin@theounce.org. See page 32 (#3) for what to include in the subject line of your e-mail.

2. Please notify the IBTI Program Manager via e-mail five (5) business days prior to the report deadline if any section will be late. *The timeliness of reports is important, as the criteria for receiving QIR funding, which may become available during a fiscal year, is tied to the Ounce's receipt of accurate, complete, and timely reports.*

Variance Analysis:

For the second quarter report, a narrative explanation of any line items expended less than 40% or greater than 60% is required. For the third quarter report, explanatory narratives for line items less than 65% or greater than 85% expended are required. In composing the narrative, please explain why there is a difference or what happened to cause the difference. The narrative will be similar to that found in an Amendment. The narrative, which can be created in Excel and submitted with the second and third quarter cost reports, should be titled Variance Analysis, and should have the agency name and Subcontract number in the upper right corner. An Excel template, titled Variance Analysis, is provided in the FY17 Budget workbook for your convenience.

Financial forecasts are an important budgeting tool and reflect sound fiscal management. Forecasts identify possible areas of under spending and can be used as a baseline for constructing an Amendment. Year-end under spending is a very serious matter. Proper management of funding includes timely identification of areas of potential under spending, discussion with the IBTI Program Manager as to potential uses in other areas of the program, or possible return of funding for redistribution to other IBTI programs. Please contact the IBTI Program Manager as soon as you realize there will be significant under spending within the program. Timely return of excess funding will not result in penalties or reduction in future funding.

E2. Fiscal Quarterly Cost Report Instructions

Fiscal Quarterly Cost Reports *must be* submitted in the same format as the form sent with the Subcontract packet (Approved Consolidated Budget and Expense Summary and Personnel Breakout Section only). ***Do not use forms from previous fiscal years.***

If there have been approved Amendments to the original Budget, make sure that the figures listed in Columns 5-12 of the Approved Proposed Amended Budget match the new Approved Budget section of the Approved Consolidated Budget and Expense Summary page. The IBTI Fiscal Advisor will make the new adjustments and submit an updated version to the site requesting the change.

The YTD Columns must be completed on the Approved Budget and Expense Summary and Personnel Breakout Section.

Please do not make changes to previously reported expenses. If adjustments need to be made to a previous quarter's expenses, please notify the IBTI Fiscal Advisor via e-mail.

DIRECT EXPENSES

Column 11 – Total Expenses YTD - Match Total: Line Items I through II will be carried over from the Personnel Breakout Section (Breakout 1 tab) column 11 (Match Total) rows TOTAL Personnel service through TOTAL Fringes; Line Items III through IV enter the total accrued operating costs of the program paid by the agency from other funds or received from other sources, such as non-cash items (donated goods and services), cumulative at the end of each quarter.

Column 12 – Total Expenses YTD – Ounce Total: This column is locked and will be calculated automatically.

Column 13 – Total Expenses YTD – PTS DHS: Line Items I through II: will be carried over from the Personnel Breakout Section column 13 (PTS DHS) rows TOTAL Personnel services through TOTAL fringes; Line Items III through VII: enter the total actual accrued operating costs of the program to be reimbursed by the Ounce/IBTI Subcontract, cumulative as of the end of each quarter. *These amounts are reported cumulatively and should change quarterly.*

Column 14 – Total Expenses YTD – Doula DHS: Line Items I through II: will be carried over from the Personnel Breakout Section column 14 (Doula DHS) rows TOTAL Personnel services through TOTAL fringes; Line Items III through VII: enter the total actual accrued operating costs of the program to be reimbursed by the Ounce/IBTI Subcontract, cumulative as of the end of each quarter. *These amounts are reported cumulatively and should change quarterly.*

Column 15 – Total Expenses YTD - MIECHV: Line Items I through II: will be carried over from the Personnel Breakout Section column 15 (MIECHV) rows TOTAL Personnel services through TOTAL fringes; Line Items III through VII: enter the total actual accrued operating costs of the program to be reimbursed by the Ounce/IBTI Subcontract, cumulative as of the end of each quarter. *These amounts are reported cumulatively and should change quarterly.*

Column 16 – Total Expenses YTD – CPS: Line Items I through II: will be carried over from the Personnel Breakout Section column 16 (CPS) rows TOTAL Personnel services through TOTAL fringes; Line Items III through VII: enter the total actual accrued operating costs of the program to be reimbursed by the Ounce/IBTI Subcontract, cumulative as of the end of each quarter. *These amounts are reported cumulatively and should change quarterly.*

Column 17 – Total Expenses YTD – ISBE: Line Items I through II: will be carried over from the Personnel Breakout Section column 17 (ISBE) rows TOTAL Personnel services through TOTAL fringes; Line Items III through VII: enter the total actual accrued operating costs of the program to be reimbursed by the Ounce/IBTI Subcontract, cumulative as of the end of each quarter. *These amounts are reported cumulatively and should change quarterly.*

The sum total YTD expenses for Ounce DHS, Ounce non-DHS and Match (Columns 11-17) must not exceed Program Total (Column 2) by more than $1000.00, or 20% of the budgeted amount, whichever is greater, for each line. **This rule applies to Line I Personnel totals on the budget summary and not against each line (position) in the Personnel Breakout Section.**

Line II - Fringes:
The Subcontract allows a maximum of 28% Fringe costs as a percentage of Personnel Services for the Ounce dollars. This maximum percentage is measured each quarter. Any dollars spent in excess of the maximum amount should be placed in the Match Total column. During the course of the year, if these rates drop below the maximum allowable percentages, costs previously reported as match in Column 11 (Match Total) may be moved to the current quarter (Columns 11-17) to increase these rates to the maximum allowed.

Breakout of "Other Line" box should also be completed.

PERSONNEL BREAKOUT
In this section, list only one staff member per line. If a particular position is held by more than one person during a fiscal year, list each staff member separately, including the dates of employment (please list the date of hire and/or termination date). When a staff position has been vacated or a rehire has occurred, change the amounts in Column 4 (if agency match) and Columns 6-10 (Ounce Components) for the previous staff person to reflect actual salary expenses year-to-date. For the vacant position or the new staff person, enter the pro-rated salary in Column 4 (if agency match) and Columns 6-10.   This is the difference between the program salary approved for the position and the actual salary expensed for the previous staff person. If a position is vacant at the end of the quarter, a new line must be created to show salary balance, with Column 1 stating "VACANT" in lieu of employee name.

Staff no longer funded by the Ounce/IBTI Subcontract must remain on the Quarterly Cost Reports for wages paid in the current fiscal year. If the Personnel Breakout Section does not contain an adequate number of lines, please e-mail the IBTI Fiscal Advisor to add additional lines or additional pages, as needed. The additional page should contain the remaining staff totals for the Personnel Breakout section.   The Personnel Breakout section should contain staff salary information (Column 2 Totals for this column are not required).

Column 11 – Total Expenses YTD - Match Total: This column will be used to enter the total actual accrued personnel costs of the program paid by the agency from other funds or received from other sources as in-kind items (donated goods and services), cumulative as of the end of each quarter. Total Personnel Services must equal Personnel Services (Line I, Column 11) on the Summary page. Total Fringes must equal Fringes (Line II, Column 11) on the Summary page.

Column 12 – Total Expenses YTD – PTS DHS: This column will be used to enter the total actual accrued personnel costs of the program to be reimbursed by the Ounce/IBTI Subcontract, cumulative as of the end of each quarter. Total Personnel Services must equal Personnel Services (Line I, Column 13) on the Summary page. Total Fringes must equal Fringes (Line II, Column 13) on the Summary page.

Column 13 – Total Expenses YTD – Doula DHS: This column will be used to enter the total actual accrued personnel costs of the program to be reimbursed by the Ounce/IBTI Subcontract cumulative as of the end of each quarter. Total Personnel Services must equal Personnel Services (Line I, Column 14) on the Summary page. Total Fringes must equal Fringes (Line II, Column 14) on the Summary page.

Column 14 – Total Expenses YTD - MIECHV: This column will be used to enter the total actual accrued personnel costs of the program to be reimbursed by the Ounce/IBTI Subcontract cumulative as of the end of each quarter. Total Personnel Services must equal Personnel Services (Line I, Column 15) on the Summary page. Total Fringes must equal Fringes (Line II, Column 15) on the Summary page.

Column 15 – Total Expenses YTD – CPS: This column will be used to enter the total actual accrued personnel costs of the program to be reimbursed by the Ounce/IBTI Subcontract cumulative as of the end of each quarter. Total Personnel Services must equal Personnel Services (Line I, Column 16) on the Summary page. Total Fringes must equal Fringes (Line II, Column 16) on the Summary page.

Column 16 – Total Expenses YTD – ISBE: This column will be used to enter the total actual accrued personnel costs of the program to be reimbursed by the Ounce/IBTI Subcontract cumulative as of the end of each quarter. Total Personnel Services must equal Personnel Services (Line I, Column 17) on the Summary page. Total Fringes must equal Fringes (Line II, Column 17) on the Summary page.

The sum total YTD Personnel Services and Fringe expenses for Ounce DHS, Ounce Non-DHS, and Match (Columns 11 through 16) must not exceed Program Total (Column 3) by more than $1,000.00, or 20% of the budgeted amount, whichever is greater. This rule now applies to personnel totals on the breakout and budget summary and not against each line (position listed) in the Personnel Breakout Section, as was previously done

APPROVED CONSOLIDATED BUDGET AND EXPENSE SUMMARY

FEIN # :	
Service Subcontractor:	
Address:	
IBTI Program Name:	
Name of Preparer:	
Title:	

Please click to select the reporting period
Period **FY17 Budget**
Report Date: Report Type

	APPROVED BUDGET									TOTAL EXPENSES YTD										
	SOURCES					Ounce COMPONENTS				FUNDING SOURCE									% of	% of Ounce
LINE ITEM	Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS	Total Expended	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS	Program	The Ounce
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	Total Expended	Total Expended
I. Personnel Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
II.a. Fringes-less Unemp & Workers Compensation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
b.Unemployment & Workers Compensation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
II. Total Fringes (ISBE - fill in the Breakdown Table below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
III. Consultants	0		0							0		0							0%	0%
IV. Other Contractual Services																				
a. Conference fees	0		0							0		0							0%	0%
b. Program Event fees	0		0							0		0							0%	0%
c. Occupancy	0		0							0		0							0%	0%
d. Utilities	0		0							0		0							0%	0%
e. Communications	0		0							0		0							0%	0%
f. Postage / Shipping	0		0							0		0							0%	0%
g. Other (fill in the Breakdown Table below)	0		0							0		0							0%	0%
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
V. Travel																				
a. Participant Travel	0		0							0		0							0%	0%
b. Participant Travel - Bus Passes ONLY	0		0							0		0							0%	0%
c. Local Staff Travel	0		0							0		0							0%	0%
d. Conference / Meeting Travel	0		0							0		0							0%	0%
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
VI. Supplies																				
a. Food	0		0							0		0							0%	0%
b. Office Supplies	0		0							0		0							0%	0%
c. Program Supplies	0		0							0		0							0%	0%
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
VII. Equipment	0		0							0		0							0%	0%
VIII. Indirect (for all DHS funding ONLY - 15% cap)	0		0							0		0							0%	0%
GRAND TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%

NOTES:

Breakdown of "Other Line"

POSSIBLE CATEGORIES for OTHER SERVICES	APPROVED BUDGET									TOTAL EXPENSES YTD									% of Program	% of The Ounce
	Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS	Total Expended	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS	Total Expended	Total Expended
Audit Fees	0		0							0		0							0%	0%
Payroll	0		0							0		0							0%	0%
License Fees, Permits	0		0							0		0							0%	0%
Insurance	0		0							0		0							0%	0%
Maintenance	0		0							0		0							0%	0%
Copier Maintenance & Lease	0		0							0		0							0%	0%
IT Consultant	0		0							0		0							0%	0%
Childcare/Cookservice	0		0							0		0							0%	0%
Equipment Rental & Maintenance	0		0							0		0							0%	0%
Membership Dues/Subscriptions	0		0							0		0							0%	0%
Employee Screenings (Background Check/Drug Screenings)	0		0							0		0							0%	0%
Printing																				
Public Outreach																				
Recruitment	0		0							0		0							0%	0%
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%

NOTES:

ISBE FUNDED Sites ONLY
Breakdown of Fringes

ISBE Fringes Breakdown	APPROVED BUDGET									TOTAL EXPENSES YTD								
	Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS	Total Expended	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS
Unemployment Insurance																		
Worker's Compensation																		
FICA (Social Security)																		
Pension/Retirement																		
Group Health Insurance																		
Other (details to be specified in an e-mail)																		
TOTAL								0.00%									0.00%	

FISCAL ADVISOR ONLY

Compliance Percentages	APPROVED BUDGET									TOTAL EXPENSES YTD								
	Program Total	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS	Total Expended	Match Total	Ounce Total	PTS DHS	DOULA DHS	MIECHV	CPS	ISBE	PRIVATE FUNDS
Fringes - max. 30%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Match - min. 10%		0.00%									0.00%							
Non-Program - max. 18%			0.00%	0.00%	0.00%	0.00%			0.00%			0.00%	0.00%	0.00%	0.00%			0.00%
Indirect - max. 15%			0.00%	0.00%	0.00%	0.00%			0.00%			0.00%	0.00%	0.00%	0.00%			0.00%
Administrative Cost - max. 5% for CPS & ISBE							0.00%	0.00%								0.00%	0.00%	

NOTES:

E3. Guidelines for Completing Fiscal Quarterly Cost Reports

1. Submit the report to: ibtiadmin@theounce.org with a copy to the IBTI Fiscal Advisor (eaioanei@theounce.org) on or prior to the specified due date. See page 32 (#3) for instructions on what to include in the subject line of your e-mail.

    For corrected reports: a final electronic version must be submitted to the IBTI Fiscal Advisor.

2. Date must reflect the date report was submitted. For revised reports, type "REVISED" replacing original report date with latest date of revision. *Please use the following date format: October 5, 2013.*

3. Approved Budget (Columns 2-9) must match the Approved Budget of the original Subcontract Budget or Amended Budget in the most recently approved Amendment.

4. Columns and Rows must be added correctly. Before entering, round off line items to the nearest dollar (cells are to be used for data entry only - do not use formulas). EX. If the change amount is over 50 cents, round it off to the next dollar amount. If an item cost $5.67 rounded off to the nearest dollar is $6.00. If an item costs $5.47 rounded off to the nearest dollar is $5.00.

5. The sum of Total Expenses YTD Match, PTS DHS, Doula DHS, MIECHV, CPS, and ISBE (Approved Consolidated Budget and Expense Summary Page/Columns 11-17, Personnel Breakout Section/Columns 11-16) must not exceed Program Total (Approved Consolidated Budget and Expense Summary Page 1/Column 2, Personnel Breakout Section/Column 3) by more than $1000.00, or 20% of the budgeted amount, whichever is greater.

6. Personnel Services and Total Fringes (Approved Consolidated Budget and Expense Summary Page, Lines I and II/Columns 11-17) must equal Personnel Breakout Section Total Personnel Services and Total Fringe (Personnel Breakout Section, Columns 11-16).

7. Total Fringes (Line II/Columns 13-17) must not exceed 28% of the Ounce Total Personnel Services (Line I/Columns 13-17) (Line II divided by Line I).

8. *Non-direct program costs must not exceed 18% (15% Indirect plus 3% other non-program costs; if Indirect costs are less than 15%, non-program costs may exceed 3%) for DHS and 5% (non-program costs ONLY; there is NO INDIRECT) of total funding for ISBE and CPS funded sites, respectively (Columns 8-10).*

9. Grand Totals YTD (Columns 11-17) must not exceed Grand Total Ounce Amount (Column 4).

10. *Final Cost Report only:* Total Expenses YTD Match Grand Total (Column 11) must be greater or equal to 10% of Total Expenses YTD Ounce Grand Total (Columns 13-17).

11. *Personnel Section:* Names, Titles, and % FTE must be listed. Start and end dates must be listed for all employees holding positions less than a full subcontract period. Columns 2-16 must be filled out completely for all positions listed.

12. *Second and Third Quarter reports only:* please include narrative on budget variances per financial forecast instructions in Section E1.

E4. Submission of Independent Audit Reports

Submission of your agency's FY16 independent audit report is due December 31, 2016. If your fiscal year ends in a period similar to the Ounce, please contact the IBTI Fiscal Advisor and inform of the expected submission time frame. Within 180 days following the completion of the fiscal year, the agency shall provide the Ounce with an independent audit report (with findings if applicable) and audited financials, along with a supporting schedule, of the program expenses by funding source including expenses incurred under the Ounce Subcontract.

The audit report must be prepared in accordance with Generally Accepted Auditing Standards (GAAP), and Government Auditing Standards (GAS) issued by the Comptroller of the United States. If an agency receives federal funds greater than the threshold ($500,000) stipulated by the Office of Management and Budget (OMB) Circular A-133, "Audits of Institutions of Higher Education and Other Nonprofit Institutions," it must also obtain an A-133 federal audit.

The agency also certifies that it understands that *the Ounce is required to monitor and follow up with the agency to ensure the resolution of any findings arising from an A-133 audit which are related to the Ounce's Subcontract.*

The agency shall submit one electronic or two (2) paper copies of its prior fiscal year audited financials by December 31, 2016 to:

<div align="center">

IBTI Fiscal Advisor
Ounce of Prevention Fund
33 West Monroe, Suite 2400
Chicago, IL 60603

</div>

If your agency operates on a fiscal year other than July-June, please contact the IBTI Fiscal Advisor with the estimated submission date.

E5. Travel Reimbursement Rates

REIMBURSEMENT RATE STRUCTURE

The following rates will apply to IBTI subcontractors unless otherwise communicated.

Type of Reimbursement	**Rate**
Mileage	$ 0.54/mile

-Commuting mileage to and from work are not reimbursable expenses

Parking
-Valet parking is not reimbursable except for $30/day in the City of Chicago

Meals - Excluding tips. Tips are not reimbursable.

Breakfast	$ 5.50
Lunch	$ 5.50
Dinner	$17.00

Outside the State of Illinois:
Meals - Excluding tips. Tips are not reimbursable.

Breakfast	$ 6.50
Lunch	$ 6.50
Dinner	$19.00

Lodging

There are five different categories for lodging in the State of Illinois:

1. Chicago Metro - See Federal Rate at http://www.gsa.gov/portal/category/100120

2. Suburban Cook County - $132 (plus tax)

3. DuPage, Kane, Lake, McHenry and Will Counties - $80 (plus tax)

4. Downstate Illinois - Champaign, Kankakee, LaSalle, McLean, Macon, Madison, Peoria, St. Clair, Rock Island, Sangamon, Tazewell, and Winnebago Counties - $70 (plus tax)

5. All other Illinois counties - $60 (plus tax)

Outside the State of Illinois:
New York City - $110 (plus tax)
All other out-of-state locations - $90 (plus tax)

*Out of State travel requires written pre-approval from Program Manager

E6. Allowable/Unallowable Costs (DHS)

1) In general, expenses are reimbursable if the expenses are:

   A) Necessary and related to the provision of program services

   B) Reasonable to the extent that a given cost is consistent with the amount paid by similar agencies for similar services

   C) Not specified as not reimbursable in this section

   D) Not illegal

2) Agencies are required to maintain a cost allocation plan, if they receive more than one source of funding or operate more than one program.

3) Prior written approval is required for research expenses. Program evaluation expenses are not considered research expenses.

4) Promotional items such as calendars, pens, buttons, magnets, posters, and stationary are not allowable expenses.

Expenses not reimbursable without prior written authorization:

1) Compensation for members of the agency's governing body. This does not include reimbursement for travel or other agency related business expenses incurred by these members for business related to an Ounce-funded program

2) Expenses related to entertainment of persons other than individuals who receive services through an Ounce-funded program

3) Individual staff or agency association dues are not reimbursable except for the following situations:

   A) Dues for purchasing relationships that result in a cost saving on purchases.

   B) Dues for membership that provide agency staff with professional training and resources necessary to provide services funded by the Ounce

4) Costs of attending professional meetings; e.g., meetings and conventions are not allowable except for those costs related to activities to enhance or improve the Ounce-funded program services. Costs for attending the Ounce trainings and workshops can be reimbursed.

5) Fund-raising expenses

6) Bad debts

7) Charities and grants (the cost of employee educational assistance can be reimbursed)

8) The following types of interest expenses:

    A) Interest on funds borrowed for investment purpose

    B) Interest on funds to create more than two months of working capital

    C) Interest on funds borrowed for the personal benefit of any person

    D) Interest on funds borrowed without a prior time-limited written agreement for the purchase of land, buildings, and/or equipment, until such assets are actively used in support of program services

    E) Interest in excess if the current market rate paid to individuals or organizations in less than "arm's length" transactions

    F) Interest charges on intra-agency fund loans, e.g., interest recorded in the capital fund on cash loaned to the operating fund

    G) Interest expense to the extent that interest income was realized by the investment of excess operating funds

9) Depreciation on fixed assets acquired with the Ounce funds

10) Cost of production of a program product funded by the Ounce that is saleable, including wages and material costs

11) In-kind contributions

12) Alcoholic beverages

13) The portion of the cost of automobiles furnished by the agency related to personal use by employees, including transportation to and from work, is unallowable as a fringe benefit or indirect cost

14) Costs of fines, penalties, legal services, resulting from or in relation to the failure of an agency to comply with federal, state, and local laws and regulations, are unallowable, except when incurred as a result of compliance with specific provisions of an award or program or instructions specified in writing and pursuant to the terms of a grant

15) Goods or services for personal use or purchased at less than an "arm's length" transaction for an amount greater than the fair market value

16) The cost associated with lobbying any elected official of local, state or federal government is unallowable, including:

    A) Expenses incurred in attempts to influence the outcome of any federal, state, or local election, referendum or initiative

    B) Expenses incurred in attempts to influence the introduction, enactment, or modification of federal or state legislation

    C) Expenses incurred in connection with legislative liaison activities when such activities are carried in support of, or in preparation for, unallowable lobbying. Costs associated with providing technical and factual information on a topic directly related to the performance of a program funded by the Ounce, through hearing testimony, statement, or letters to elected officials or a representative body, are not considered lobbying cost and are allowable

17) Relocation cost of agency employees, except in the following situations:

    A) The move is for the benefit of the agency

    B) Reimbursement is in accordance with an established written policy consistently followed by the agency

    C) The reimbursement does not exceed the employee's actual (or reasonably estimated) expenses

19) Gratuities

20) Political contributions

21) Related party transactions except for the following situations:

    A) When the items for which expenses are incurred are consistent with fair market value

    B) There is evidence of approval in the minutes of the agency's governing body

22) Costs associated with goods or services paid in a "conflict of interest" situation.

(Source: Amended at 26Ill. Reg. 8547, effective May 31, 2002)

Additional costs not considered for reimbursement by Illinois State Board of Education and Chicago Public Schools:

ISBE
Restricted or disallowable costs:
1) Administrative costs are allowable only to 5% of the total funded by ISBE. Office Supplies and Postage/Shipping are considered Administrative costs.
2) Utilities are completely disallowable
3) Equipment requires prior approval from ISBE before purchases can be approved by the Ounce

CPS
Restricted or disallowable costs:
1) Equipment
2) Postage/Shipping, Office Supplies, and Other costs in combination with administrative costs are allowable only to 5% of the total funded by CPS.
3) Rent and Utilities are not allowed.

E7. Fiscal Monitoring Requirements

The following documents must be made available for fiscal audit reviews:

Related to IBTI Funds & Staff	General to Organizations
- All equipment provided by the Ounce including computers, printers, video equipment, etc. - General Ledger Entries - Cash Disbursements Journal - Cash Receipts Journal - Deposit Receipts - Cost Allocation Plan - Payroll Register - Canceled Checks - Personnel Files - Job Descriptions - Time Sheets - Original Expense Receipts (Invoices/Supporting Documentation)	- Accounting Procedures - Chart of Accounts - Table of Organization - Tax Returns (Forms 990 and 941) - Unemployment Compensation Form UC-3 - Personnel Policies - Insurance Policies - Board of Directors List

The Ounce Institute

F1. Training Logistics & Registration

The Ounce Institute provides professional development opportunities to an array of home visiting and center-based professionals across multiple evidence-based models including Healthy Families America (HFA), Parents as Teachers (PAT), Nurse Family Partnership (NFP), and Early Head Start (EHS). The Ounce Institute also provides training and technical assistance support to other models and program enhancements such as Baby TALK, Doula, and Infant Mental Health. A wide range of professional development opportunities are offered which promote the acquisition of the understanding, knowledge, and skills needed to work successfully with children and families.

Supervisors are encouraged to partner with their staff to choose the trainings that match current skill levels and training needs. Ounce training is provided across a developmental continuum, from basic to advanced. Recommendations have been provided for the trajectory of training in Section F4 of this manual, as well as in the Ounce Professional Course Catalog.

Ounce training sessions are held at the Ounce offices in Springfield or Chicago, unless otherwise specified. Training locations for each session are located on the Print and Carry calendars provided in each monthly Ounce Institute newsletter, as well as on the Ounce Institute Website.

Registration
To participate in training, you must first enroll on the Ounce Institute Website. Programs funded by IDHS, MIECHV, ISBE, and CPS are provided a range of Ounce professional development free of charge.

To enroll, please go to: www.theounce.org/ilpd.

The Website contains valuable resources and information about training, updates, and schedule changes. Registered program supervisors and staff are notified of coming events via the monthly training newsletter. These events can be seen on the training Website with full descriptions of the training, learning objectives, and scheduled dates. Registering for a session is as simple as a click of the mouse. Space is limited, so early registration is recommended.

Training attendance is based on funding eligibility.

Training Registration, Confirmation, and Cancellation
Once you have completed an Ounce Institute enrollment form and your enrollment has been approved, you may register for training sessions through Browse Professional Development Catalog under the Professional Development tab.

After registering in a session, you will receive an e-mail confirmation. To view all sessions in which you are registered, go to the Professional Development tab and click on View Professional Development.

To cancel your registration from a session, go to View Professional Development and select Withdraw under the Options for that session. If you cannot cancel your registration online, please contact the Ounce Institute Training Coordinator at tcregistrations@theounce.org or 312-453-1832.

If your registration is cancelled after the registration deadline, your agency may be responsible for any costs associated with failure to cancel on time.

NOTE: Registrations for Ounce professional development sessions are not accepted by phone or fax.

Continuing Education Units (CEUs) & Professional Development Clock Hours
The Ounce is an Illinois Department of Professional Regulations approved sponsor of training events for which social work CEUs are awarded, and an ISBE approved provider for professional development events for which Professional Development Clock Hours (formerly CPDUs) for education professionals are awarded. Training event announcements include information about the number of hours available for an event. Training participants can request CEUs/PD Clock Hours on the day of training by indicating this request on the training sign-in sheet. Requests for CEUs/PD Clock Hours made after the training date should be directed, via e-mail, to the Training Coordinator at tcregistrations@theounce.org.

Some Ounce Institute sessions may be applied to the Gateways to Opportunity Infant/Toddler Credential (http://www.ilgateways.com). For more information, please contact Yaya Torres.

Ounce Institute Contact
Yaya C. Torres
Training Coordinator
Ounce of Prevention Fund
33 W. Monroe Street, Suite 2400
Chicago, IL 60603
312-453-1832
312-346-2105 (fax)
ytorres@theounce.org

F2. Travel & Lodging

Lodging for attendance at Ounce Institute sessions is paid for directly by the Ounce when the lodging arrangements are made by the Ounce Institute Training Coordinator. *The Ounce will pay for a hotel room (double occupancy) at the Illinois State Rate plus tax by direct bill (to the Ounce of Prevention Fund) for staff whose agency is more than 50 miles from the training site. The Ounce Institute will attempt to secure lodging as close as possible to the training session location. However, as the lodging rate must be in compliance with Illinois State Rates, the Ounce Institute reserves the right to secure lodging at the nearest hotel offering the Illinois State Rate. If the Illinois State Rate cannot be secured, the Ounce Institute cannot guarantee lodging will be provided.*

Training participants who are in need of lodging for a training session must complete the Lodging Request form that is available on the Ounce Institute Website (see page 135) and submit it to the Training Coordinator via e-mail (tcregistrations@theounce.org).

Notice of cancellation of a reservation must be received in writing at least four business days prior to the training session. 'No show' or failure to cancel in a timely manner, may result in the agency being billed for the cost of the room.

Double Occupancy: We will automatically pair staff from the same site if two people are attending the same training. If an odd number of staff from the same site attends the training, they may be paired with someone from another site. In rare instances, they may be the only person in a room.

Special Requests: Some examples of reasons for requesting private rooms might be, but are not limited to, the following: bringing a friend or family member, or medical reasons. The Ounce does not have the resources necessary to negotiate these kinds of special requests with the hotels.

Staff requiring or opting for single occupancy rooms are responsible for their own reservations and payment. On a practical note, staff will be asked for a credit card payment and need to know that *hotels do not accept personal checks*. It is up to the Supervisor to determine whether this expense will be reimbursed to the staff person by the agency or is the expense of the individual staff person. Contact the Training Coordinator if assistance is needed with hotel contact information for staff making their own lodging arrangements.

Most hotels require a credit card or a cash deposit at check-in to ensure payment of incidental expenses. Staff members need to be aware of this policy and be prepared to address it at check-in as incidental expenses are not covered by the Ounce. Information about the amount of the deposit can be determined by calling the hotel directly. In addition, some hotels will allow a corporate credit card to be placed on file for use to cover incidentals for authorized staff. For assistance with setting up an arrangement such as this with a hotel, please contact the Training Coordinator.

IBTI Subcontract Sites
Lodging Request Form

Personal and Agency/Site Information

Name:	**Title:**	**Date:**

Site:

☐ Advocate Illinois Masonic
☐ Aunt Martha's Youth Service Center
☐ Catholic Charities
☐ The Center for Children's Services
☐ CHASI - Sycamore
☐ Child Abuse Council
☐ Children's Foundation
☐ Children's Home Association
☐ Christopher House
☐ Community Elements
☐ Comprehensive Behavioral Health Center
☐ Easter Seals Child Development Center
☐ Family Focus Aurora
☐ Family Focus DuPage
☐ Family Focus Englewood

☐ Family Focus Lawndale
☐ Fayette County Health Department
☐ Marillac St. Vincent Family Services
☐ Metropolitan Family Services North
☐ Metropolitan Family Services South
☐ New Moms Inc.
☐ One Hope United
☐ Pilsen Wellness Center
☐ Public Health Foundation
☐ Sangamon County
☐ Teen Parent Connection
☐ United Methodist Children's Home
☐ VNA Health Care
☐ YMCA of Metropolitan Chicago
☐ YWCA of Metropolitan Chicago
☐ YWCA of Rockford

Phone:	**E-mail:**
Supervisor's Name:	**Supervisor's E-mail:**

Professional Development Event Session Information

Event Session Title:	**Event Session Date(s):**

Event Session Location: ☐ Chicago   ☐ Springfield   ☐ Other _____

Lodging Information

Date(s) Requested for Lodging:
Check In Date:
Check Out Date:
Number of Nights:

Lodging and Cancelation Policies

The Ounce Institute <u>ONLY</u> pays for a non-smoking hotel room (double occupancy) at the IL State Rate plus tax by direct bill (to the Ounce) for staff whose agency is more than 50 miles from the training site. A credit card will be required upon check-in for incidentals. Incidentals can and may include cleaning for smoking in a non-smoking room and loss of revenue. Cancellation of a reservation must be received in writing via email at least <u>four business days</u> prior to the training event. 'No show' or failure to cancel in a timely manner may result in your agency being charged for the cost of the room.

- -

Office Use Only

HOTEL CONFIRMATION	
Hotel	**Confirmation #**
	Roommate:
	Funder:

F3. Staff & Supervisor Competencies

Ounce Institute events are built around learning objectives that satisfy one or more of the following professional competencies for staff and supervisors in early childhood and family support programs. Using an established set of competencies allows for the creation of comprehensive, accurate, and relevant professional development opportunities based on knowledge, skills, and attitudes. Skilled staff and supervisors with established levels of competence will be better equipped to provide quality early childhood and family support services to families.

STAFF COMPETENCIES

Dynamics of Family Relationships: The ability to identify and understand interactions and communication between parents and young children, other members of individual families, and professional staff and families.

Early Child and Adolescent Development: The capacity to understand and identify typical and atypical changes and expectations in early childhood, adolescent growth and development within the context of environment, culture, and family systems.

Family and Community Relationships: The capacity to build effective professional relationships within community systems with and on behalf of young children and families.

Family Support and Parenting Education: The capacity to support the personal and educational growth of individual family members in an effort to encourage self-sufficiency.

Health and Safety: The capacity to promote and support the mental, physical, and emotional well-being of all family members through all stages of development.

Learning Environments: The capacity to understand individual and group motivation and behavior to create and facilitate a learning environment that encourages positive social interaction, active engagement in learning, and intrinsic motivation and self-esteem.

Professional Development: The capacity to recognize oneself as a professional and as such support and guide one's own professional development.

SUPERVISOR COMPETENCIES

Building Community Relationships: The ability to identify, build, and maintain collaborative partnerships with community service agencies serving families.

Building Staff Relationships: The ability to effectively communicate with staff, listen to concerns, support and encourage ideas and work, develop teams, manage conflict, relate to people in written, verbal, and non-verbal communication, and encourage staff to communicate clearly and effectively with each other.

Leadership: The ability to direct and support staff in their efforts to engage, support, and serve families enrolled in family support and parent education programs.

Leadership in Cultural Diversity: The ability to create program systems and encourage staff to respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, communities, and protects and preserves the dignity of each.

Organizational Development: The ability to develop internal program capacity to be effective and efficient in its mission, and to sustain itself over the long term.

Personnel Management: The ability to manage staff or employee needs, determine necessary qualifications, recruit, train, maintain performance records and benefits, delegate responsibility, give and receive constructive feedback, and motivate others to achieve specific goals.

Professional Development: The ability to help staff at all levels to develop and function to the best of their abilities in order to achieve program goals, objectives, and priorities.

Program Design and Implementation: The ability to plan, monitor, and control all aspects of a program to achieve objectives on time and to the specified cost, quality, and performance.

F4. Suggested Tracks for Staff Development

Use the chart below as a guide to select training courses based on the program model used with families in your program. The chart is structured by program model and extends over a multiyear period. Supervisors can use this chart to help program staff design an individual professional development plan.

	Baby TALK			Early Head Start			Healthy Families America			Nurse Family Partnership			Parents as Teachers		
Basic and Core Trainings	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Ages and Stages Questionnaire-3 (ASQ-3)	•			•			•			•			•		
Ages and Stages Questionnaire-3—Online	•			•			•			•			•		
Baby TALK Professional Development Training	•														
Childbirth Education for Doulas and Home Visitors	•	•		•	•		•	•		•	•		•	•	
DONA-Approved Three-Day Birth Doula Training				•			•			•			•		
Doula Basic Training				•			•			•			•		
Healthy Families America Integrated Strategies/Healthy Families America Parent Survey							•								
Mandated Reporting for Illinois Home Visitors - online	•			•			•			•			•		
Parents as Teachers Foundational and Model Implementation													•		
Parents as Teachers Model Application Training for Center-Based Staff													•		
Foundations for Practice															
Adolescent Development and Parenting	•	•		•	•		•	•		•	•		•	•	
Bilingual Family Support in Spanish	•	•	•				•	•	•	•	•	•	•	•	•
Challenges to Home Visiting: Domestic Violence-Online	•	•		•	•		•	•		•	•		•	•	
Challenges in Home Visiting: Perinatal Depression-Online	•	•		•	•		•	•		•	•		•	•	
Foundations for Practice (continued)	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Challenges to Home Visiting: Substance Abuse- Online	•	•		•	•		•	•		•	•		•	•	
Community-Based Family Administered Neonatal Activities (CB-FANA)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Doula In-Services—Primary and Combined				•	•	•	•	•	•	•	•	•	•	•	•
Early Childhood Development: Infancy	•	•		•	•		•	•		•	•		•	•	
Early Childhood Development: Toddlerhood	•	•		•	•		•	•		•	•		•	•	

	Baby TALK			Early Head Start			Healthy Families America			Nurse Family Partnership			Parents as Teachers		
Futures Without Violence- Healthy Moms, Happy Babies Curriculum on Domestic Violence	•	•		•	•		•	•		•	•		•	•	
Impact of Culture on Parenting	•	•		•	•		•	•		•	•		•	•	
Individual Family Support Plan (IFSP)—Online	•	•					•	•		•	•		•	•	
Life Skills Progression Assessment Tool	•	•		•	•		•	•		•	•		•	•	
Parent Group Facilitation and Dynamics	•	•		•	•		•	•		•	•		•	•	
Strategies for Father Involvement in Home Visiting	•	•		•	•		•	•		•	•		•	•	
Supporting and Encouraging Breast Feeding	•	•		•	•		•	•		•	•		•	•	
Advanced Practice	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Ages and Stages Questionnaire: Social Emotional (ASQ: SE 2)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental Training and Support Program							•	•	•	•	•	•	•	•	•
Heart to Heart Curriculum Training							•	•		•	•		•	•	
Motivational Interviewing		•	•		•	•	•	•		•	•		•	•	
Promoting Literacy and Language Development in Families	•	•	•	•	•	•	•	•	•	•	•	•		•	•
Touchpoints		•	•											•	•
Learning Communities															
Infant Mental Health Learning Community for Direct Service Staff (invitation only)							•	•						•	•
Parent Group Services Learning Community							•	•	•	•	•	•	•	•	•
Support For Supervisors															
Doula Supervisors Learning Community				•	•	•	•	•	•	•	•	•	•	•	•
Healthy Families Illinois Supervisors Learning Community							•	•	•						
Infant Mental Health Learning Group (invitation only)							•	•		•	•			•	•
Parents as Teachers Supervisors Learning Community													•	•	•
Reflective Supervision	•	•		•	•		•	•		•	•		•	•	

F5. Healthy Families America Wrap-Around Training

The table below indicates Ounce Training events that either meet requirements for wrap-around training for HFA credentialed programs, or partially meets specific topic requirements within the wrap-around requirement. **Please Note**: Additional Ounce training that serves to meet required training, but is not referenced below may be offered throughout the year. Sites are encouraged to seek information from local training entities or other Illinois resources, such as Prevent Child Abuse Illinois, regarding some of these required trainings.

Credentialing Requirement	HFA BPS Reference Number	Ounce Training Event
Required in the First 3 Months of Service		
Infant Care	11-2.A	Doula Basic Training, Supporting and Encouraging Breastfeeding
Child Health and Safety	11-2.B	Functional Hearing and Vision
Maternal and Family Health	11-2.C	Supporting and Encouraging Breastfeeding, Childbirth Education for Doulas and Home Visitors, Challenges to Home Visiting: Perinatal Depression-Online
Required in the First 6 Months of Service		
Infant and Child Development	11-3.A	Early Childhood Development: Infancy, Early Childhood Development: Toddlerhood, ASQ -3, ASQ:SE 2, Promoting Literacy and Language Development
Supporting the Parent-Child Relationship	11-3.B	Developmental Training and Support Program, Infant Mental Health Learning Group, Infant Mental Health Learning Community for Direct Service Staff, CB-FANA, Adolescent Development and Parenting, Strategies for Father Involvement in Home Visiting
Staff Related Issues	11-3.C	HFI Supervisors Learning Community, Reflective Supervision, PAT Supervisors Learning Community
Mental Health	11-3.D	Infant Mental Health Learning Group, Infant Mental Health Network for Direct Service Staff, ASQ:SE 2, Challenges to Home Visiting: Perinatal Depression - Online
Prenatal	11-5.B	Doula Basic Training, CB-FANA, Childbirth Education for Doulas and Home Visitors
Required in the First 12 Months of Service		
Child Abuse and Neglect	11-4.A	Mandated Reporting for Illinois Home Visitors, Heart to Heart
Family Violence	11-4.B	Challenges to Home Visiting: Domestic Violence, Mandated Reporting for Illinois Home Visitors, Futures Without Violence- Healthy Moms, Happy Babies Curriculum on Domestic Violence
Substance Abuse	11-4.C	Challenges to Home Visiting: Substance Abuse
Family Issues	11-4.D	Strategies for Father Involvement in Home Visiting, Adolescent Development and Parenting
Role of Culture in Parenting	11-4.E	Impact of Culture on Parenting, Bilingual Family Support
Family Goal Plans	11.5.C	IFSP Online
11.5 Ongoing Training		
The site ensures that assessment staff, home visitors, and supervisors receive ongoing training which takes into account the individual's knowledge and skill base as well receiving prenatal training, all topic areas of the Family Goal Plan process and annual child abuse and neglect training.		

Appendices

G1. IBTI Staff List

Staff Person/Office	Title	Email Address
Mark Valentine Chicago	Director, IBTI	mvalentine@theounce.org
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Ounce Institute Contacts

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Matt Sulzen Chicago	Senior Training Manager	msulzen@theounce.org
Victoria Martin Springfield	PAT Training Coordinator	vmartin@theounce.org
Yàyà Torres Chicago	Ounce Institute Training Coordinator	ytorres@theounce.org

G2. IBTI Program Staff Assignments

SITE	PROGRAM NAME	PROGRAM MODEL	LOCATION	PROGRAM MANAGER	PROGRAM ADVISOR
Advocate Illinois Masonic Medical Center (Chicago)	*Doula-only*	PTS-Doula	Chicago	Michele Brown	N/A
Aunt Martha's Youth Service Center	Parents Too Soon-Healthy Families Illinois	PTS-HFI/Doula	Park Forest	Tracy Small	Iris Gonzalez
Catholic Charities-Jadonal E. Ford Center for Parenting	Roseland/Altgeld Adolescent Parent Program	PTS-PAT/Doula	Chicago	Tracy Small	Shawanda Jennings
Center for Children's Services	Good Beginnings	PTS-PAT/Doula	Danville	Tracy Small	Christa Austin
Child Abuse Council of Illinois	Healthy Families – Rock Island County	PTS-HFI/Doula	Rock Island	Michele Brown	N/A
CHASI-Children's Foundation	*Doula-only*	PTS-Doula	Bloomington	Michele Brown	N/A
CHASI-Sycamore	*Doula-only*	PTS-Doula	Sycamore	Michele Brown	N/A
Children's Home Association of Illinois	Good Beginnings-Healthy Families	PTS-HFI/Doula	Peoria	Tracy Small	Christa Austin
Christopher House	Teen Parent and Infant Development Services	PTS-PAT/Doula	Chicago	Tracy Small	Shawanda Jennings
Community Elements	Parents Too Soon	PTS-PAT	Champaign	Tracy Small	Christa Austin
Comprehensive Behavioral Health Center	Parenting for Success	PTS-PAT	East St. Louis	Tracy Small	Christa Austin
Easter Seals Child Development Center	Teen Family Support	PTS-HFI/Doula	Rockford	Tracy Small	Shawanda Jennings
Family Focus Aurora	Teen Parent Services	PTS-HFI/Doula	Aurora	Tracy Small	Iris Gonzalez
Family Focus DuPage	*Doula-only*	PTS-Doula	Bensenville	Michele Brown	N/A
Family Focus Englewood	Englewood Healthy Families	PTS-HFI/Doula	Chicago	Tracy Small	Shawanda Jennings
Family Focus Lawndale	Family Focus Lawndale Teen Parent Services	PTS-PAT/Doula	Chicago	Tracy Small	Shawanda Jennings
Fayette County Health Department	*Doula-only*	PTS-Doula	Vandalia	Michele Brown	N/A

SITE	PROGRAM NAME	PROGRAM MODEL	LOCATION	PROGRAM MANAGER	PROGRAM ADVISOR
Marillac Social Center	Project Hope	PTS-PAT/Doula	Chicago	Tracy Small	Shawanda Jennings
Metropolitan Family Services	Parents as Partners	PTS-PAT	Chicago	Tracy Small	Iris Gonzalez
New Moms, Inc.	New Moms	PTS-PAT	Chicago	Tracy Small	Iris Gonzalez
One Hope United	Healthy Families Illinois	PTS-HFI/Doula	Waukegan	Tracy Small	Iris Gonzalez
Pilsen Wellness Center	Unidos Formando Un Futuro	PTS-HFI	Chicago	Tracy Small	Iris Gonzalez
Public Health Foundation of Northwest Illinois	*Doula-only*	PTS-Doula	Freeport	Michele Brown	N/A
Sangamon County Health Department	Healthy Families Sangamon County	PTS-HFI	Springfield	Tracy Small	Christa Austin
Teen Parent Connection	*Doula-only*	PTS-Doula	Glen Ellyn	Michele Brown	N/A
United Methodist Children's Home	Best Beginnings-Nurse Family Partnership	PTS-NFP/Doula	Mt. Vernon	Tracy Small	Christa Austin
VNA Health Care	*Doula-only*	PTS-Doula	Aurora	Michele Brown	N/A
Will County Health Department	*Doula-only*	PTS-Doula	Joliet	Michele Brown	N/A
YMCA	*Doula-only*	PTS-Doula	Chicago	Michele Brown	N/A
YWCA of Metropolitan Chicago	Harris YWCA Young Parents Program	PTS-PAT	Chicago	Tracy Small	Shawanda Jennings
YWCA of Rockford	Familias Felices	PTS-HFI/Doula	Rockford	Tracy Small	Iris Gonzalez

G3. Resources

This list provides Website information for frequently requested organizations that share IBTI's interest in the well-being and healthy development of parents and children birth to age three.

Ounce of Prevention Fund	www.theounce.org
Illinois Birth to Three Institute **Subcontract Materials & OunceNet**	www.opfibti.org
Alan Guttmacher Institute	www.guttmacher.org
DONA International	www.dona.org
Erikson Institute	www.erikson.edu
Federal Grants	www.grants.gov
First Books	www.firstbook.org
Foundation Center	www.foundationcenter.org
Getting Grants	www.govspot.com
Healthy Families America	www.healthyfamilies.org
Illinois Caucus for Adolescent Health	www.icah.org
Illinois Coalition Against Domestic Violence	www.ilcadv.org
Illinois Coalition Against Sexual Assault	www.icasa.org
Illinois Department of Human Services	www.dhs.state.il.us
Illinois Department of Public Health	www.idph.state.il.us
Illinois State Board of Education	www.isbe.net
La Leche League	www.llli.org
National Campaign to Prevent Teen Pregnancy	www.teenpregnancy.org
Non-Profit Guides	www.npguides.org
Nurse Family Partnership	www.nursefamilypartnership.org
Parents as Teachers	www.parentsasteachers.org
Planned Parenthood Federation of America	www.plannedparenthood.org
Prevent Child Abuse America	www.preventchildabuse.org
Prevent Child Abuse Illinois	www.preventchildabuseillinois.org
Voices for Illinois Children	www.voicesforkids.org
Zero to Three	www.zerotothree.org