

## IDHS ONE TIME SPENDING PLAN QUARTER 4 FY22

ICADV HAS \$19,117 for you to spend on one time needs for your agency. Complete this survey with your preliminary plan for spending funds. Some purchases are preapproved, others require prior approval. Plans are due by April 13, 2022. Use the navigation buttons below to find the full set of instructions and then the spending plan questions on the following page. Contact Jamie at [johnston@ilcadv.org](mailto:johnston@ilcadv.org) or 217-789-2830 x107 if you have questions. Do not spend funds until you hear back from ICADV about your plan and with a confirmed start date for the project.

The first page is the instructions and guidance page. Use the ARROW BUTTONS to navigate to the questions in the survey which are on the next page. Click the Save and Exit button at the bottom to come back and finish later (only do this if you are logged into Coalition Manager); and **click SUBMIT when you are finished with the survey.**

## AGENCY INFORMATION

AGENCY NAME

PERSON COMPLETING THIS  
SURVEY - NAME/TITLE

EMAIL ADDRESS OF PERSON  
COMPLETING SURVEY

PHONE NUMBER INCLUDING  
EXTENSION OF PERSON  
COMPLETING SURVEY

Please upload your agency's current procurement policy. (Number of files allowed - 5)

Select files...

\$19,117 has been allocated to your agency because ICADV has split the funds available evenly among all programs. However, we realize that some agencies won't be able to use as much as others. Please indicate whether you will be able to use the entire amount and whether or not you could use additional funds if made available to you.

- YES, WE WILL USE ALL AND MORE: we will likely be able to utilize the entire \$19,117 AND would be able to utilize ADDITIONAL FUNDS IF given the opportunity.
- YES, WE WILL USE IT, BUT NO MORE THAN THAT: we will likely be able to utilize the entire \$19,117 but we would NOT UTILITZE ADDITIONAL FUNDS.
- WE WILL USE SOME, NOT ALL: we will likely NOT be able to utilize the entire amount of \$19,117 by June 30, 2022 and would like you to give part of this to some other agencies who could use it.

## ALLOWABLE COSTS: PREAPPROVED ITEMS FOR ALL AGENCIES

We have provided a list of items that some agencies have specifically indicated as unmet needs. This is not an exhaustive list but does include much of what people have indicated has needs through various conversations and other requests. Please consider these items first but feel free to submit other items if they better meet the needs of your organization. **PREAPPROVED ITEMS** – All items in this list are approved for all agencies with no prior approval needed. Please note that in addition to receipts when reimbursements are requested later, you may be required to have specific policies in place or other documentation on file. Please review those requirements here.

For each item in the preapproved list, indicate the approximate amount you will likely spend on that item and how many you would likely purchase. This is only an estimate. This is a not a formal budget so if your needs change and you wish to utilize funds differently you will be able to do that as long as items are approved.

Item  
For each item tell us how it fits into your spending plan for these \$19,117.

Approximately HOW  
MUCH WILL YOU  
SPEND on each item

Approximately HOW MANY of each item will you purchase. For hourly services, put the number of hours; for direct client assistance provide the number of clients estimated to receive the services.

I do NOT plan to purchase any of these items. Check the box if not purchasing any of an item.

|  |                      |                      |                          |
|--|----------------------|----------------------|--------------------------|
| Staff computers, mobile devices and other individual staff technology to ensure communication mechanisms are available to ensure services can be delivered to survivors  | <input type="text"/> | <input type="text"/> |                          |
| Survivor use technology for in house use or off site use for survivors; may include mobile devices and/or computers; could also include prepaid minutes for devices  | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Generators: installation and equipment purchases to ensure electricity is maintained and services may continue in the event of inclement weather or other disaster situations  | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Accessibility tools for websites to increase safe access to information for survivors  | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Translation and Interpreting services for dv program materials (eg intakes, brochures, digital media, etc)   | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| DV shelter essential furniture and household requirements (eg beds, dressers, necessary accessories like linens, cooking utensils, adaptive devices for people with disabilities for shelter accessibility) needing replacement: | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Car seats for agency-provided transportation of dv survivors and their children  | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Direct client financial assistance: job or educational supplies or certifications  | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Direct client financial assistance: rent, utilities, or relocation expenses  | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Direct client financial assistance: gift cards for food, gas or other allowable emergency needs  | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Direct client financial assistance: Car repairs  | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| <b>Total</b>   | <input type="text"/> | <input type="text"/> | <input type="text"/>     |

## POSSIBLE ALLOWABLE ITEMS: PRIOR APPROVAL REQUIRED FOR ALL AGENCIES

We have provided a list of items that some agencies have specifically indicated as unmet needs. These items require prior approval for all agencies by ICADV. Please complete the information below for each item IF YOU ARE REQUESTING APPROVAL for that item. Without prior approval, the items will not be reimbursed if you submit that request later.

### INDIRECT COSTS:

Check this box if your agency requesting reimbursement for indirect costs.

If yes then complete the following two questions. If no, skip to questions ABOUT BUILDING ACCESSIBILITY FOR PEOPLE WITH DISABILITIES.

INDIRECT COSTS: If YES, you wish to request reimbursement for indirect costs, [DOWNLOAD AND COMPLETE](#) this indirect cost certification form and upload the completed copy here. (Number of files allowed - 1)

INDIRECT COSTS: If you are requesting reimbursement for indirect costs, AND your agency has a negotiated indirect cost rate with either the State of Illinois or your agency's cognizant federal agency, please upload that here. (Number of files allowed - 2)

### BUILDING ACCESSIBILITY FOR PEOPLE WITH DISABILITIES:

Check this box if your agency requesting approval to modify your agency's facility in order to make them more accessible for people with intellectual and/or physical disabilities.

IF YES, then complete the following two questions. If no, skip to the HAZARD PAY/RETENTION INCENTIVES.

BUILDING ACCESSIBILITY FOR PEOPLE WITH DISABILITIES: DV program facility access improvements for people with physical and/or intellectual disabilities. If this is something that your agency wants to utilize these funds on, please include a description of the following:

- . location address



Phone systems

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

Other agencywide use items: be sure to describe these in detail

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

If the grid above doesn't allow you to provide information you want to provide in response to the question, you may upload your response in an external document. We have provide space for you to upload up to ten documents. This is optional. (Number of files allowed - 10)

Select files...

### ANY OTHER ITEMS OF NEED? (FOR ALL AGENCIES IF APPLICABLE)

If there are items your agency wishes to purchase where were not on any of these prepopulated lists, now is the time to made the request for those items to become allowable. Please complete the grid with requested information for each type of item you are requesting which was not already included in previous sections of this survey.

Multiservice agencies wanting to use these funds for these agencywide items must complete this question. For dv only single purpose agencies, you must have this information on file but do not need to submit it at this time for preapproval.

| Item Type<br>Describe<br>the item | Describe the<br>need | Describe how the purchase will<br>support survivor services | Describe your allocation methodologies (if<br>not being used solely in dv program) | Total amount of<br>purchase. | Estimated amount you believe these funds<br>will support of that total purchase. | Any other information you want us to<br>know to justify this purchase. |
|-----------------------------------|----------------------|---|--|------------------------------|--|--|
| Item 1                            |                      |   |  |                              |  |  |
| Item 2                            |                      |   |  |                              |  |  |
| Item 3                            |                      |   |  |                              |  |  |
| Item 4                            |                      |   |  |                              |  |  |
| Item 5                            |                      |   |  |                              |  |  |
| Item 6                            |                      |   |  |                              |  |  |
| Item 7                            |                      |   |  |                              |  |  |
| Item 8                            |                      |   |  |                              |  |  |

Anything else you wish to tell us about this project.

**WHEN FINISHED, CLICK SUBMIT. Don't forget to click that submit button and then wait for the confirmation page indicating your submission has been received.**