



JB Pritzker, Governor
Mary Killough, Acting Director

One Natural Resources Way, Suite 100, Springfield, Illinois 62702-1271
Phone: 800-252-8966 • 711 (TRS) • Fax 217-785-4477



Request for Proposals Adult Protective Services Program Illinois Department on Aging

*Distributed, Solicited, and Scored by Designated Regional Administrative Agencies per
320 ILCS 20/3(b) and 89 Ill. Adm. Code, 270.220(c)*

Respect for yesterday. Support for today. Planning for tomorrow.
ilaging.illinois.gov

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and Federal statutes. If you feel you have been discriminated against, call the Senior Helpline at 1-800-252-8966; 711 (TRS).

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Part A - Completion Instructions

1. Completion of the entire form is required. Any incomplete sections will not be eligible to be scored and late submission of incomplete materials will not be accepted.
2. Electronic or wet ink completion of the form is allowable.
3. Only authorized personnel with signatory authority at the proposing agency may complete and submit the Request for Proposal form.
4. Late submission of the Request for Proposal form will not be allowed unless express written consent is received by the Department on Aging. Requests for late submission must be requested to the soliciting Regional Administrative Agency. Only unavoidable circumstances will allow for late submission and consent is at the Department on Aging’s discretion.

5. Incorrectly completed sections of the Request for Proposals will not be scored. Late revision of the incorrect sections will not be accepted.
6. Pursuant to 89 Ill. Adm. Code, 270.220 (c)(1), *Qualified potential APS provider agencies shall be scored by the regional administrative agency. The highest scoring potential APS provider agency shall be recommended as the designated APS provider agency for the applicable planning and service area or subarea of the planning and service area.* All received application materials must be submitted to the Department on Aging after scoring.
7. Supplemental material submission will not be scored. Scoring is only eligible on the prescribed sections of the Request for Proposal. Part G – Application Checklist contains required certifications for scored sections of the RFP that must be submitted to receive points.
8. Part E and F and all subsequent Sections must be completed for each proposed area of jurisdiction marked in Part D. Each proposed area of jurisdiction marked in Part D must be submitted as a separate application. Part C and D may remain the same but must be included in each separate application.
9. Requests for Proposals must be submitted to the Regional Administrative Agency in who's Planning and Service Area (PSA) the proposed jurisdiction is located. Agencies from other PSAs may propose for a service area in another PSA.
10. The Department on Aging reserves the authority to designate contracted Adult Protective Services Provider Agencies.
11. The Department on Aging will provide start up funding to successful applicants upon review of budget.
12. Pursuant to 89 Ill. Adm. Code, 230.240, any applicant who wishes to appeal a designation by the Department on Aging must submit notice within 15 calendar days.
 - a. All appeals to the Department shall be emailed or mailed to:
Office of General Counsel
Department on Aging
One Natural Resources Way
Springfield, Illinois 62702
Aging.OGC@Illinois.gov
 - b. The request for appeal shall contain the following information:
 - i. The name of the appellant, including email address, phone number, and mailing address;
 - ii. The name of the authorized representative, if applicable, including email address, phone number, and mailing address;
 - iii. A short statement of alleged facts that includes the adverse action and relevant dates;
 - iv. Any documentation that supports their position; and
 - v. A short statement identifying the relief sought, explaining the reasons relief should be granted, and citing the authority relied upon.

Part B - Request for Proposal Timeline

- Promotional/Letter of Intent Period:
 - Begin: 10/15/2024
 - End: 11/30/2024
- Solicitation Period:
 - Begin: 12/02/2024
 - End: 01/15/2025
- Regional Administrative Agency Scoring Period:
 - Begin: 01/16/2025
 - End: 02/15/2025
- Departmental Review and Designation Period:
 - Begin: 02/16/2025
 - End: 03/01/2025
- Contract Execution Date: 06/01/2025

Part C – Applicant Agency Information

Agency Name	
Street Address	
City, State, Zip Code	
Main Phone Number	
Number to Report Abuse	
Main Email Address	
Agency Website	

NAME, SIGNATURE and TITLE of INDIVIDUAL AUTHORIZED TO COMMIT APPLICANT AGENCY TO THIS AGREEMENT:	
Name (Type or Print):	Title:
Signature:	Date:

Part D - Proposed Service Area

Planning and Service Area Sub-Division (Please Mark All Applying For in total)	
Planning and Service Area 1 – Northern Illinois Area Agency on Aging	
	Boone, Winnebago Counties
	Carroll, Lee, Ogle, Whiteside Counties
	DeKalb County
	Jo Daviess and Stephenson Counties
Planning and Service Area 2 - AgeGuide	
	DuPage County
	Grundy County
	Kane County
	Kendall County
	Kankakee County
	McHenry County
	Will County
Planning and Service Area 3 – Western Illinois Area Agency on Aging	
	Rock Island, Henry, Bureau, Putnam, La Salle, Mercer, Knox, Henderson, Warren, McDonough Counties
Planning and Service Area 4 – Central Illinois Area Agency on Aging	
	Stark, Marshall, Peoria, Woodford, Fulton, Tazewell Counties
Planning and Service Area 5 – East Central Illinois Area Agency on Aging	
	Champaign County
	Clark County
	Coles County
	Cumberland County
	DeWitt County
	Douglas County
	Edgar County
	Ford County
	Iroquois County
	Livingston County
	McLean County
	Macon County
	Moultrie County
	Piatt County
	Shelby County
	Vermillion County

Planning and Service Area 6 – West Central Illinois Area Agency on Aging	
	Hancock, Adams, Schuyler, Brown, Pike, Calhoun Counties
Planning and Service Area 7 - AgeLinc	
	Mason County
	Cass County
	Menard County
	Logan County
	Scott County
	Morgan County
	Sangamon County
	Greene County
	Macoupin County
	Christian County
	Montgomery County
	Jersey County
Planning and Service Area 8 - AgeSmart	
	Madison, Bond, St. Clair, Clinton, Washington, Monroe, Randolph Counties
Planning and Service Area 9 - Midland Area Agency on Aging	
	Fayette, Effingham, Marion, Clay, Jefferson Counties
Planning and Service Area 10 – Southeastern Illinois Area Agency on Aging	
	Jasper, Crawford, Richland, Lawrence, Wayne, Edwards, Wabash, Hamilton, White Counties
Planning and Service Area 11 – Egyptian Area Agency on Aging	
	Perry, Franklin, Jackson, Williamson, Saline, Gallatin, Union, Johnson, Pope, Hardin, Alexander, Pulaski, and Massac Counties
Planning and Service Area 12 – City of Chicago Department of Family Support Services	
	Sub-Area 6 (60615, 60616, 60637, 60649, 60653)
	Sub-Area 7 (60609, 60623, 60629, 60632, 60638)
	Sub-Area 8 (60617, 60619, 60627, 60628, 60633, 60827)
	Sub-Area 9 (60620,60621 60636, 60643, 60652, 60655)
	Sub-Area 10 (60608, 60612, 60624, 60644, 60651)
Planning and Service Area 13 – AgeOptions	
	Leyden, Lyons, Norwood Park and Riverside Townships; and municipalities of LaGrange Park and Brookfield bundled
	Elk Grove and Schaumburg Townships
	Evanston, Maine, New Trier, Niles and Northfield Townships
	Oak Park and River Forest Townships
	Lemont, Orland, Palos and Worth Townships

	Berwyn and Cicero Townships; and Proviso Township excluding municipalities of LaGrange Park and Brookfield
	Stickney Township

Part E – Agency Experience

Part E and F and all subsequent Sections must be completed for each proposed entire or partial Planning and Service Area marked in Part D. Each proposed Planning and Service area marked in Part D must be submitted as a separate application. Part C and D may remain the same but must be included in each separate application.

The Regional Administrative Agency will evaluate current and past performance of applicants, including the degree of experience the applicant has in the proposed area, the organization’s capacity to provide oversight of the project and the organization’s capability to submit and maintain fiscal and program reporting.

Please denote which Planning and Service Area marked in Section D the below responses are in respect to:

<input type="checkbox"/> 1	Planning and Service Area 1 – Northern Illinois Area Agency on Aging
<input type="checkbox"/> 2	Planning and Service Area 2 - AgeGuide
<input type="checkbox"/> 3	Planning and Service Area 3 – Western Illinois Area Agency on Aging
<input type="checkbox"/> 4	Planning and Service Area 4 – Central Illinois Area Agency on Aging
<input type="checkbox"/> 5	Planning and Service Area 5 – East Central Illinois Area Agency on Aging
<input type="checkbox"/> 6	Planning and Service Area 6 – West Central Illinois Area Agency on Aging
<input type="checkbox"/> 7	Planning and Service Area 7 - AgeLinc
<input type="checkbox"/> 8	Planning and Service Area 8 - AgeSmart
<input type="checkbox"/> 9	Planning and Service Area 9 - Midland Area Agency on Aging
<input type="checkbox"/> 10	Planning and Service Area 10 – Southeastern Illinois Area Agency on Aging
<input type="checkbox"/> 11	Planning and Service Area 11 – Egyptian Area Agency on Aging
<input type="checkbox"/> 12	Planning and Service Area 12 – City of Chicago Department of Family Support Services
<input type="checkbox"/> 13	Planning and Service Area 13 – AgeOptions

Section 1 – Experience in Service Provision

For agencies that are currently designated APS Provider Agencies ONLY. Please submit the previous APOCR reports for scoring

<input type="checkbox"/>	Agency is currently a designated APS Provider Agency (APS PA) in the proposed Planning and Service Area
<input type="checkbox"/>	Agency is currently a designated APS PA in a Planning and Service Area contiguous to the proposed Planning and Service Area to be served
<input type="checkbox"/>	Agency is currently a designated APS PA elsewhere in the State of Illinois that is non-contiguous to the Planning and Service Area being proposed
<input type="checkbox"/>	None of the above/Agency is not currently designated as an APS provider

Section 2 – Community Experience

Please select all that apply

<input type="checkbox"/>	Case management services to older adults/persons with disabilities, designated CCU or PAS/ISC provider.
Specify:	
<input type="checkbox"/>	Domestic violence services and/or sexual assault services
Specify:	
<input type="checkbox"/>	Home health services to older adults
Specify:	

<input type="checkbox"/>	Counseling services for older adults and/or adults with disabilities
Specify:	
<input type="checkbox"/>	Other services to older adults and/or adults with disabilities
Specify:	
<input type="checkbox"/>	Residential, temporary, or sheltered housing provider
Specify:	
<input type="checkbox"/>	Substance abuse treatment programming for older adults or adults with disabilities
Specify:	
<input type="checkbox"/>	Older American Act Service Provider
Specify:	
<input type="checkbox"/>	None of the above

Section 3 – Compliance Experience

For agencies that are not currently designated Adult Protective Service Provider Agencies in any area ONLY.

Does your agency have experience being monitored by an external agency for compliance and performance?

<input type="checkbox"/>	Yes and documentation shows no significant findings
<input type="checkbox"/>	Yes and documentation shows few significant findings
<input type="checkbox"/>	Yes and documentation show substantial significant findings
<input type="checkbox"/>	No
<input type="checkbox"/>	Agency is currently designated APS provider/NA

If “YES” is selected above, please attach a monitoring summary letter provided by an external agency from the last 12 months.

Section 4 – Supervisor Experience

Please complete the below section with the information for your singular most experienced supervisor who will serve in the proposed Planning and Service Area. Please note that proposed APS supervisor must currently be employed with your agency.

Supervisor Educational Requirements:

89 Ill. Adm. Code, 270 provides that APS supervisors must have the following qualifications:

1. A Master’s Degree in health or social services, social work, health care administration, gerontology, or criminal justice and one-year experience in health or human services; or
2. A RN or B.S.N. or a BA/BS in health or social services, social work, health administration, gerontology, or criminal justice and three years’ experience in health or human services to include either one year of supervisory experience or one year of experience in aging, adults with disabilities or domestic violence programs or services.

PLEASE NOTE: If designated, persons serving in the capacity of adult protective services supervisor must be listed on the Adult Protective Services Case Worker Registry prior to, and continuously from, the date the Adult Protective Services Program was implemented in the service area (2/1/90), or are currently listed on the Adult Protective Services Registry, and who have received the following training are waived from the above cited requirements.

Each person employed as a supervisor of APS caseworkers shall successfully complete, either prior to or within ninety (90) days following employment all required APS trainings for certification including:

1. IDoA sponsored APSCW certification Training.
2. IDoA sponsored Simulation Training
3. IDoA sponsored supervisory training.

**Successful completion of the above training shall be established by certification by IDoA.*

Name of Proposed Supervisor in the proposed area of jurisdiction marked in Part D:
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Educational Background & Work Experience of Proposed Supervisor (Check Only One)	
<input type="checkbox"/>	Master's Degree in health or social sciences, social work, health care administration, gerontology, public administration, or criminal justice and one year experience in health or human services.
<input type="checkbox"/>	A RN or BSN or a BA/BS in health or social sciences, social work, health care administration, gerontology, or criminal justice and three years' experience in health or human services to include either one year of supervisory experience or one year of experience in aging/domestic violence programs or services.
<input type="checkbox"/>	None of the Above

Additional Work Experience of Proposed Supervisor in Health or Human Services (Check Only One)	
<input type="checkbox"/>	10 Years or More
<input type="checkbox"/>	7-9 Years, but less than 10 years
<input type="checkbox"/>	4-6 Years, but less than 7 years
<input type="checkbox"/>	1-3 Years, but less than 4 Years
<input type="checkbox"/>	Less than one (1) year
Additional Supervisory Experience of Proposed Supervisor in Aging and/or Domestic Violence Programs or Services (Check Only One)	
<input type="checkbox"/>	10 Years or More
<input type="checkbox"/>	7-9 Years, but less than 10 years
<input type="checkbox"/>	4-6 Years, but less than 7 years
<input type="checkbox"/>	1-3 Years, but less than 4 Years
<input type="checkbox"/>	Less than one (1) year

Please note the percentage of time that the proposed supervisor will be devoted to APS ***in the proposed planning and service area:***

<input type="checkbox"/>	100% (37.5 Hours Per Week)
<input type="checkbox"/>	75% or more, but less than 100% (37 hours to 28.25 hours per week)
<input type="checkbox"/>	50% or more, but less than 75% (28 Hours to 18.75 Hours per week)
<input type="checkbox"/>	Less than 50% (Less than 18.5 hours per week)

Section 5 – Supervisor Training

Supervisor Recertification Training:

89 Ill. Adm. Code, 270.225 requires fourteen hours of qualifying recertification every three years, which must be documented in the employee's personnel file.

5a. Will your agency meet the minimum requirements noted above?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Supervisor In-Service Training:

89 Ill. Adm. Code, 270.225 requires fourteen hours of participation by actual attendance at in-service training and/or webinars on abuse of eligible adults, rights of older adults and adults with disabilities, self-neglect, and domestic violence subjects within a calendar year.

For partial years of employment, training shall be prorated to equal approximately 45 minutes for each full month of employment. Participation by actual attendance at regional, State or national conferences on abuse of older adults and adults with disabilities and rights of older adults and adults with disabilities, self-neglect, and domestic violence qualify as in-service training. Participation should be documented and included in the employee’s personnel file.

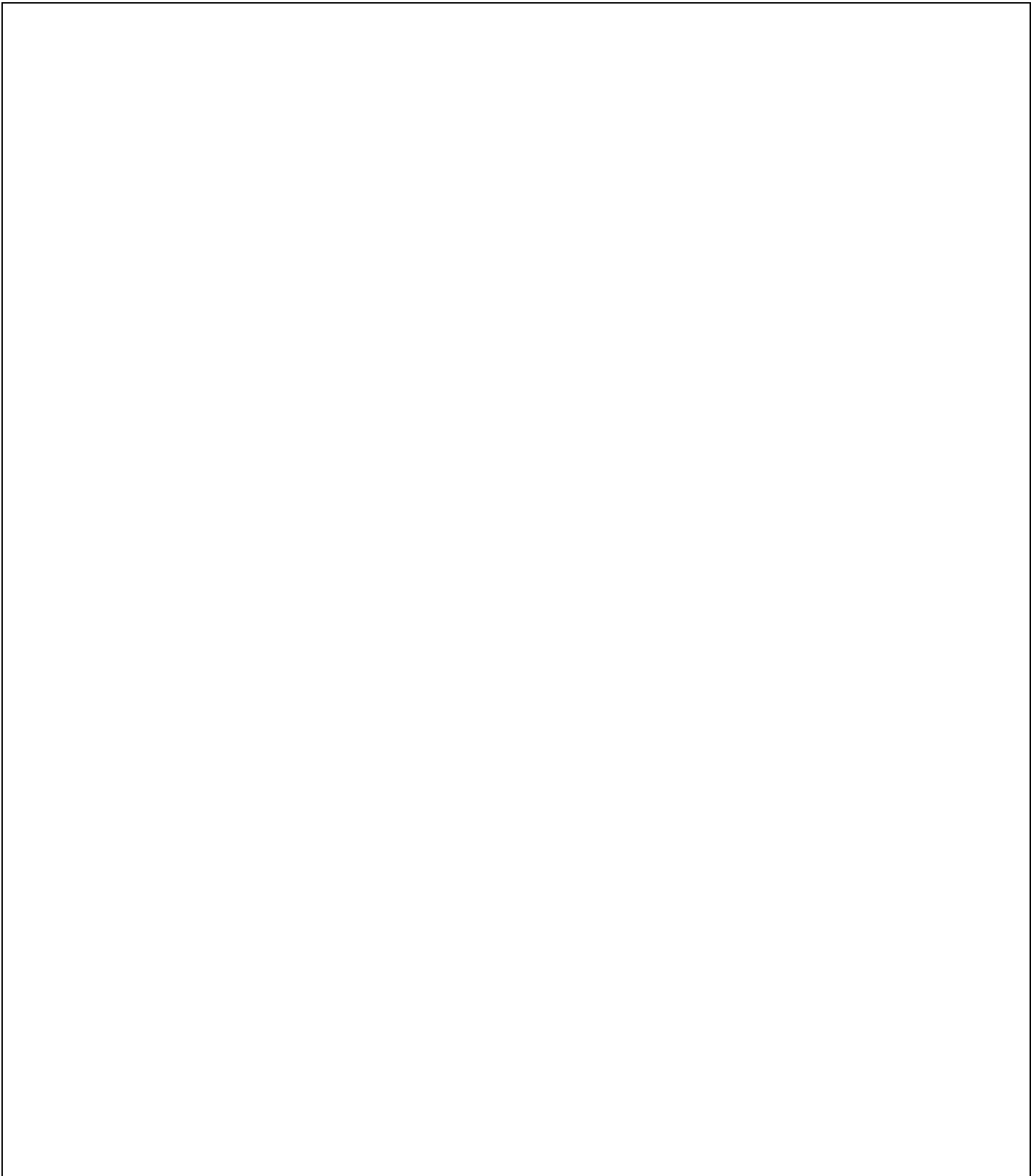
5b. Will your agency meet the minimum requirements noted above?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Section 6 – Staffing Model

Below, please complete the narrative section including:

1. How will the program in the proposed area of jurisdiction be staffed (How will staff be recruited and retained),
 - a. Provide most recent annual retention rate
2. Methods of maintaining adequate caseload sizes for quality of service,
 - a. Provide detailed initiatives for maintaining caseload sizes - *The National Adult Protective Services Association (NAPSA) states that 25 cases per month is the standard for Adult Protective Services (APS) caseloads.*
3. Description of leadership structure,
4. Ratio of caseworkers to supervisors,
5. Any other applicable information related to maintaining a quality workforce.
 - a. Provide detailed innovative efforts to maintain quality workforce.



Section 7 – Caseworker Training

Caseworker Recertification Training:

89 Ill. Adm. Code, 270.225 requires Eleven hours of qualifying recertification every three years, which must be documented in the employee's personnel file.

7a. Will your agency meet the minimum requirements noted above?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Caseworker In-Service Training:

89 Ill. Adm. Code, 270.225 requires fourteen hours of participation by actual attendance at in-service training and/or webinars on abuse of eligible adults, rights of older adults and adults with disabilities, self-neglect, and domestic violence subjects within a calendar year. For partial years of employment, training shall be prorated to equal approximately 45 minutes for each full month of employment. Participation by actual attendance at regional, State or national conferences on abuse of older adults and adults with disabilities and rights of older adults and adults with disabilities, self-neglect, and domestic violence qualify as in-service training. Participation should be documented and included in the employee's personnel file.

7b. Will your agency meet the minimum requirements noted above?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Part F – Quality of Proposed Service

Section 8 – Receipt of Intake

This section will consist of questions regarding your agency's ability to receive intakes and processes them effectively within timelines.

Please select "YES" if your agency has the ability to meet the prompt and "NO" if your agency does not have the ability to meet the prompt.

Does your Agency have the staffing capacity to receive intakes 24 hours a day/7 days a week as required by APS procedures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Agency have the capacity to receive all intakes without utilizing the Senior Help Line during regular business hours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section 9 – Policies and Procedures

This section will consist of questions regarding your agency’s policies and procedures implemented to promote effective workflow and efficiency.

Please select “YES” if your agency has an approved and implemented policy that addresses the prompt and “NO” if no policy is in place. Please submit any related policy for which “YES” has been marked below. Failure to provide appropriate policy documents will result in question not being scored.

Does your Agency have a policy regarding confidentiality/HIPAA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Agency have a policy regarding complying with the IL Human Rights act, Civil Rights Act, Rehabilitation Act, Immigration Reform and Control Act, Americans with Disabilities Act, and/or the Department’s Civil Rights Program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Agency have a policy regarding assignment of cases to APSCWs and assignment of substitute case workers in the absence of assigned CW?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Agency have a policy, and the ability to report data, regarding non-English speakers and the hearing impaired?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Agency have a policy regarding working with non-English speakers and a translation plan in place to serve these clients?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Agency have a policy regarding personnel work, benefits and promotion and evaluation criteria?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Agency have a policy regarding situations when the Adult Protective Services Program supervisor is not available to discuss the Adult Protective Services report with a caseworker?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Agency have a policy regarding recruiting M-Team members, preparing for and conducting M-Team meetings, and financial management of the M-Team funds?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section 10 - Community Collaborative Experience

This section will consist of questions regarding collaborative agreements with local civil and service groups.

Please mark "YES" if your agency has the ability to meet the prompt and "NO" if your agency does not have the ability to meet the prompt. If "YES" is selected, please specify the agencies in the space provided.

Does your Agency have written and executed collaborative agreements with local law enforcement, substance abuse, mental health, etc. providers in the area of proposed jurisdiction? (NOTE: having members on your Interdisciplinary team is does not count unless there is a formal agreement with their organization.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Specify-List All Agencies	
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Section 11 – Agency Investigation and Service Experience

This section consists of questions regarding your agency’s experience with certain aspects of investigation and service delivery.

Please select “YES” if your agency has the ability to meet the prompt and “NO” if your agency does not have the ability to meet the prompt. If “YES” is selected for any of the questions below, please specify in the space provided.

Does your Agency have experience with investigation/forensic services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Agency have experience with capacity screening or other similar screenings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Agency have experience writing case plans/treatment plans etc.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Agency currently utilize evidenced based tools (eg. Clutter rating scale, CLOX etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Specify	
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Section 12 - Diversity

This section includes questions addressing diversity and inclusion in the workplace.

8e. Please select "YES" if your agency has the ability to meet the prompt and "NO" if your agency does not have the ability to meet the prompt.

Is your organization owned or led by a majority of board members and executive leadership who represent the community that they serve?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your organization owned or led by leadership who are older adults or adults with disabilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Agency have policies ensuring equitable representation of minority groups in the workplace?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Agency conduct trainings on cultural competency and diversity/inclusion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please provide detail related to any questions above with a response of "yes" and describe in the space provided how your Agency promotes diversity and inclusion in the workplace:

Describe how your organization provides services that are culturally competent and responsive to diverse populations, including your plan to provide barrier-free access to inquirers who speak languages other than English; inquirers with hearing or speech impairments; and for persons with disabilities at the facility (or facilities) where the proposed services are provided.

Section 13 - Financial Preparedness

Please include any relevant financial certifications/documents to certify "YES" selections below.

Does your Agency have funding secured to cover initial startup costs incurred before staff are trained and able to provide services (estimated 2-3 months before first payment)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Agency have experience billing a funder for services provided? (provide detail below)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your Agency have sufficient reserves to continue program operation should payment come 90 days after billings are submitted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Specify	
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Part G – Attachment Checklist

Electronic copies of the following application parts and attachments must be submitted to the Regional Administrative Agency for the proposed Planning and Service Area Designation. Part E and F and all subsequent Sections must be completed for each proposed area of jurisdiction marked in Part D. Each proposed area of jurisdiction marked in Part D must be submitted as a separate application. Part C and D may remain the same but must be included in each separate application. (if proposing for multiple areas or jurisdiction in Part D).

<input type="checkbox"/>	Part C – Applicant Agency Information
<input type="checkbox"/>	Part D - Proposed Planning And Service Area
<input type="checkbox"/>	Part E – Agency Experience
<input type="checkbox"/>	Section 1 – Experience in Service Provision
<input type="checkbox"/>	Section 2 – Community Experience
<input type="checkbox"/>	Section 3 – Compliance Experience
<input type="checkbox"/>	Section 4 – Supervisor Experience
<input type="checkbox"/>	Section 5 – Supervisor Training
<input type="checkbox"/>	Section 6 – Caseworker Experience
<input type="checkbox"/>	Section 7 – Caseworker Training
<input type="checkbox"/>	Part F – Quality of Proposed Service
<input type="checkbox"/>	Section 8 – Receipt of Intake
<input type="checkbox"/>	Section 9 - Policies and Procedures
<input type="checkbox"/>	Section 10 - Community Collaborative Experience
<input type="checkbox"/>	Section 11 - Agency Investigation and Service Experience
<input type="checkbox"/>	Section 12 - Diversity
<input type="checkbox"/>	Section 13 - Financial Preparedness

Required Attachments	
<input type="checkbox"/>	Non-Discrimination Policy
<input type="checkbox"/>	Assurance of Compliance with the Department of Health and Human Services Regulation under Title VI of the Civil Rights Act of 1964.
<input type="checkbox"/>	Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as amended.
<input type="checkbox"/>	Resumes or CV of staff outlined in Sections 4,5,6, and 7
<input type="checkbox"/>	Letter from Governing Board Chairperson authorizing submission of the designation application.
<input type="checkbox"/>	IRS Statement of Tax Exempt Status under 501(c)(3)
<input type="checkbox"/>	Illinois Department of Revenue Tax Exempt Letter.
<input type="checkbox"/>	Current Corporation By-Laws or Guidelines.