

LEGAL SERVICES FOR SURVIVORS OF GENDER-BASED VIOLENCE AND HUMAN TRAFFICKING 2025 SCOPE OF SERVICES – January 1, 2025 through December 31, 2025

**INSTRUCTIONS:** Agency receiving an award by the City of Chicago Department of Family and Support Services (DFSS) Division on Gender-Based Violence must complete and submit all required documents as requested in the DFSS Award Notice letter.

Submit completed forms to

Program Manager:

- 1. Scope of Services
- 2. Budget
- 3. Indirect Letter, if applicable.
- 4. Program staff documentation, if not already submitted during application.

Submit completed forms to <u>Contract Liaison</u>:

- 1. Agreement Signature Page
- 2. Current Certificate of Insurance
- 3. Economic Disclosure Statement (EDS) Certificate of Filing

## SECTION ONE – AGENCY INFORMATION

| Agency Name:                                |       |  |
|---|-------|--|
| Project Name:                               |       |  |
| Project Name(s)<br>in InfoNet:              |       |  |
| Administrative<br>Agency Address:           |       |  |
| Phone:                                      | Ward: |  |
| Agency website:                             |       |  |
| Program Hotline<br>Number, if<br>applicable |       |  |

#### **Budget Allocation**

| PO Number | Award Amount | Funding Source |
|-----------|--------------|----------------|
|           |              |                |
|           |              |                |
|           |              |                |



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## **Executive Director**

| Name:  |  |
|--------|--|
| Phone: |  |
| Email  |  |

#### Program Director

| Name:  |  |
|--------|--|
| Phone: |  |
| Email  |  |

## **Fiscal Contact**

| Name:  |  |
|--------|--|
| Phone: |  |
| Email  |  |

#### Data/Reporting Contact

| Name:  |  |
|--------|--|
| Phone: |  |
| Email  |  |

#### **Other Project Funding Sources**

Please list all funding sources for your total program budget.

| Funding Sources      | Amount |
|----------------------|--------|
|                      |        |
|                      |        |
|                      |        |
|                      |        |
|                      |        |
| TOTAL PROGRAM BUDGET |        |

#### Program Site Location(s), Hours, Languages and Survivors Served

Please provide the required information by corresponding Site number.

| Site<br>No. | Project Site Name | Address | Phone | Ward | Community Area |
|-------------|-------------------|---------|-------|------|----------------|
| 1           |                   |         |       |      |                |
| 2           |                   |         |       |      |                |
| 3           |                   |         |       |      |                |



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| 4 |  |  |  |
|---|--|--|--|
| 5 |  |  |  |

#### Hours of Operation

| Site | SUN       | MON       | TUES      | WED       | THUR      | FRI       | SAT       |
|------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| No.  | [From-To] |
| 1    |           |           |           |           |           |           |           |
| 2    |           |           |           |           |           |           |           |
| 3    |           |           |           |           |           |           |           |
| 4    |           |           |           |           |           |           |           |
| 5    |           |           |           |           |           |           |           |

## Program Staffing

For each site number, list the staff titles budgeted to the grant. For additional lines, please attach addendum.

| Site | Staff Title Budgeted to Grant | Number of Staff |
|------|-------------------------------|-----------------|
| No.  |                               |                 |
|      |                               |                 |
|      |                               |                 |
|      |                               |                 |
|      |                               |                 |
|      |                               |                 |
|      |                               |                 |
|      |                               |                 |
|      |                               |                 |
|      |                               |                 |
|      |                               |                 |
|      |                               |                 |

## **Community Areas and Wards Survivors Served Residency**

Please provide the number of survivors served per site and the Community Area(s) and Ward(s) of the survivors served per site.

| Sit | e Total No. Survivors | Survivor Community Area(s) Served | Survivor Ward(s) |
|-----|-----------------------|-----------------------------------|------------------|
| No  | To Be Served in 2023  |                                   | Served           |
|     | per site              |                                   |                  |



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| 1 |  |  |
|---|--|--|
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

Provide the language spoken by staff available to survivors at site. Please use one line per language. Add an attachment if necessary.

| Site<br>No. | Language | Number of Fluent Staff | Fluent Staff Availability Hours |
|-------------|----------|------------------------|---------------------------------|
| 1           |          |                        |                                 |
|             |          |                        |                                 |
|             |          |                        |                                 |
|             |          |                        |                                 |
|             |          |                        |                                 |
|             |          |                        |                                 |
|             |          |                        |                                 |
|             |          |                        |                                 |
|             |          |                        |                                 |
|             |          |                        |                                 |
|             |          |                        |                                 |
|             |          |                        |                                 |



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## **SECTION TWO – DFSS PROGRAM DESCRIPTION**

## A. Program Goals

This program seeks to increase survivor safety by expanding and providing legal services for gender-based violence (GBV) and/or human trafficking (HT) survivors who may not otherwise have access to these services. Programs will provide safety planning and advise survivors about their legal rights and representation in court, housing, and other involved systems. Legal services and representation will be provided to all survivors regardless of gender, race, ethnicity, sexual orientation, income status or language ability.

The objective in providing these services is to achieve increased safety and well-being for survivors of GBV and/or HT. Additional objectives for this program include:

- Provision of legal services to meet the individualized needs of survivors.
- Collaboration with and training for local partners (e.g., service providers, criminal justice professionals, members of the judiciary, community, and faith-based organizations) to ensure survivors are properly identified and referred for appropriate legal and social services.
- Assistance or referrals to other essential services for survivors.
- Data collection and participation in evaluation activities to determine if the program is meeting stated goals and objectives.

## B. Target Population

Any Chicago resident (and their children) who has been the victim of gender-based violence and/or human trafficking seeking legal representation is eligible for services. Programs should be able to offer services to undocumented victims, those who do not speak English, all genders, those who are disabled, and LGBTQIA victims.

DFSS expects programs:

- Provide specialized legal services to GBV/HT survivors.
- Specialize in serving communities of survivors with greater barriers to access and retention and those who are disproportionately impacted by GBV/HT.
- Collaborate and form partnerships with community based GBV/HT organizations that can offer services and support to survivors.
- Provide training and technical assistance to the field to increase the identification of survivors and link them to appropriate services and supports.



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The general and focus populations are summarized below:

| Population   | Approach  |
|--|---|
| <ul> <li>Persons and/or households<br/>experiencing GBV such as domestic<br/>violence, human trafficking and/or<br/>sexual assault.</li> </ul> | Basis of overarching eligibility, outreach, and<br>referral strategy; all participants must meet this<br>threshold                        |
| <ul> <li>LGBTQIA+</li> <li>Male identified survivors</li> <li>Immigrant and/or culturally specific services</li> </ul>                         | Focused outreach, engagement efforts, and<br>service strategies by programs to encourage and<br>facilitate services to these populations. |
| <ul> <li>Undocumented households</li> <li>Non-native English speakers</li> <li>Survivors with disabilities</li> </ul>                          | Targeted strategies to overcome anticipated barriers of access to these populations.  |

Programs must prioritize services to, engage with, and provide outreach to survivors who are currently living in or fleeing violence from High or Medium Vulnerability Community Areas per the Chicago Department of Public Health's <u>COVID-19 Community Vulnerability Index</u> (CCVI).

# SECTION THREE - REQUIRED CORE PROGRAM ELEMENTS

Legal Services for GBV/HT program agencies will provide legal services by licensed attorneys and/or Bureau of Justice Assistance (BJA) accredited professionals that will provide assistance and representation in a trauma-informed and culturally specific way to GBV/HT survivors as described above in the Target Population section. Legal services programs will represent survivors in the GBV definition criteria and those that serve specific focus populations. Legal services will be survivor-centered and delivered by trauma-informed, culturally, and linguistically competent staff. Further, DFSS encourages leadership and staff receive ongoing training opportunities in trauma-informed care, culturally specific services, and GBV/HT.

The below list outlines allowable services:

## • Civil Litigation

- o Civil No Contact Order
- o Stalking No Contact Order
- o Charges of Human Trafficking
- Violations of labor/employment laws
- Family Law
  - o Protection/restraining order



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- Separation/divorce, child custody, guardianship, and/or adoption for victims related to their traffickers
- Employment Law
  - Violations of Fair Labor Standards Act, minimum wage laws, or contract laws.
- Housing Law
  - Defense under Safe Homes Act/Violence Against Women Act (VAWA)
- Public Benefits Access
  - Health and Human Services: Temporary Assistance for Needy Families (TANF), Medicaid
  - Office of Refugee Resettlement (ORR)
    - Refugee cash assistance
    - Refugee medical assistance
    - Refugee social services and targeted assistance
    - Voluntary agencies matching grant program

#### • Criminal Defense

- Sealing/expungement of records for survivors forced to commit crimes under trafficking
- Domestic or sexual violence criminal case representation

## Immigration

- o Continued presence
- o T-Visa
- o U-Visa
- VAWA self-petitions/cancellation of removal
- Special Immigrant Juvenile Status (SUS)

In the context of the above list, programs must demonstrate the ability to deliver all of the following services:

#### Accepting Survivors

- Respond to a request for legal services within 48 hours and closely coordinate with other project grantees to refer survivors when at capacity or unable to meet their specific need.
- Provide services that are responsive to the cultural background and circumstances of the communities and individuals they serve.
- Take referrals from crisis hotlines (e.g., DV Hotline, Rape Crisis Hotline, and/or the National Human Trafficking Hotline), community-based organizations, or from law enforcement.
- Provide services without charging survivors fees for representation.
- Assist survivors to create a safety plan for himself/herself and his/her children.

#### Advising and Representing Survivors



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- Provide survivors an explanation of survivor rights and protections.
- Provide survivors with legal advice and legal counseling.
- Provide services in a survivor-centered way while supporting their choices and decisions.
- Communicate with survivor what they may expect to occur in court or other interviews, meetings or hearings.
- Ensure that all legal representation is provided by an attorney with a license to practice in Illinois, whereas legal advice and services are provided by an attorney with a license to practice Illinois or a BJA accredited professional.
- Refer clients to emotionally supportive crisis counseling if ongoing supportive counseling is needed.
- Refer clients to appropriate services, public benefits, shelter, etc., through partnering, entering into Memorandum of Understandings, or linkage agreements with GBV/HT community-based organizations.
- At a minimum, each staff person providing services is trained to provide services to the focus
  population including but not limited to trauma-informed care, domestic or sexual
  violence/assault or human trafficking certification, and cultural competency. For new or
  untrained staff, certification training must be completed within 90 days from date of hire or
  contract start date.
- Assist survivors with completion paperwork or other steps necessary to petition for a Protective Order (which includes an Order of Protection, Civil No Contact Order, and Stalking No Contact Order).
- Represent survivors in family court and other court activity related to GBV/HT cases.
- Represent survivors seeking legal resolutions available under VAWA such as U-Visas for crime survivors, T-Visas for survivors of trafficking, Every Student Succeeds Act (ESSA), the Survivors Economic, Security and Safety Act (VESSA), etc.
- Intervene with civil or criminal court or law enforcement on survivor's behalf.
- Advocate on survivor's behalf with civil or criminal court or law enforcement.
- Advocate on survivor's behalf with a third party with the Department of Children and Family Services, survivor's employer, housing provider, Illinois Department of Human Services, etc.
- If any court ceases or restricts in-person appearances, programs must provide court representation remotely accordingly.

## Data Collection

- Enter data into InfoNet and submit quarterly data through DFSS template on survivor demographic and services.
- Assist survivor to complete DDV-issued Evaluation of Services Survey (ESS). Copies of written surveys will be submitted to DDV.
- Maintain attorney/client privilege.
- Participate in minimum monthly cohort meetings with DFSS to determine performance measurement outcomes on GBV/HT survivors to inform and guide services impact and improvement.

## Community Education and Outreach



- Provide community education workshops and/or outreach events to educate the general public and allied service providers about GBV/HT survivor rights, remedies, and services available.
- Collaborate with and receive referrals from GBV/HT community-based organizations.
- Engage and actively recruit survivors from the Community Areas identified as High or Medium on the CCVI found <u>here</u>.

# SECTION FOUR – PERFORMANCE MEASURES

To track progress toward achieving the outcome goals of this program and assess success, DFSS will monitor a set of performance indicators that may include, but is not limited to:

- 50% of survivors seeking an Order of Protection with the assistance of the program will be granted an Emergency Protective Order.
- 33% of survivors seeking an Order of Protection with the assistance of the program will be granted a Plenary Protective Order.
- 80% of Evaluation of Services Survey (ESS) Respondents know more about available community resources.
- 80% of ESS Respondents felt supported in making their own decisions.
- 80% of ESS Respondents better understand what happens at court.
- 80% of ESS Respondents would tell a community member in a similar situation about this program.
- Percentage of survivors seeking a Civil No Contact Order with the assistance of the program will be granted an Emergency Civil No Contact Order. (Percentage will be identified during cohort meetings)
- Percentage of Survivors seeking a Civil No Contact Order with the assistance of the program will be granted a Plenary Civil No Contact Order. (Percentage will be identified during cohort meetings)
- Percentage of survivors seeking a Stalking No Contact Order with the assistance of the program will be granted an Emergency Stalking No Contact Order. (Percentage will be identified during cohort meetings)
- Percentage of Survivors seeking a Stalking No Contact Order with the assistance of the program will be granted a Plenary Stalking No Contact Order. (Percentage will be identified during cohort meetings)
- Other measures identified by programs through monthly cohort meetings.

In order to monitor and recognize intermediate progress toward the above performance indicators, DFSS also intends to track output metrics that may include, but are not limited to:

• Number of participants enrolled and their community area.



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- Can be provided through aggregate zip code area data and/or InfoNet report on zip code.
- Number of participants who discuss safety options with the survivor.
- Number of participants who receive an explanation of their rights under all GV/HT laws, regulations and policies.
- Percentage of survivors that agreed they were given information on how laws can provide protection.
- Number of participants represented in Circuit and Federal courts.
- Number of participants receiving assistance with legal resolutions other than Protective Orders.
  - Number of participants assisted with family reunification processes.
  - Number of applications filed for legal status/work authorization issues.
  - Number of participants assisted with finding safe housing.
- Number of participants who received representation in civil matters.
- Number of participants who received restitution and amount per receipt per participant.
- Number of participants who received criminal record expungement or vacatur.
- Percentage of participants who agree that the program and staff were helpful and that they received the legal assistance they needed.
- Number of community education/awareness workshops presented by delegates that educate attendees about the dynamics of domestic violence and highlight available resources.

DFSS also reserves the right to conduct analysis on data to ensure services are offered and provided to victims equitably by gender, race, and ethnicity.

• In addition to the performance indicators and output metrics listed above, DFSS encourages programs to propose additional indicators and metrics, including those that demonstrate early success and are indicative of participants' progress.

## Data Reporting

The agency will be expected to collect and share data with DFSS according to the format, frequency, and submission protocol specified by DFSS. The parties recognize that reliable and relevant data is necessary to create a common understanding of performance trends, ensure compliance, evaluate program results and performance, and drive program improvements and policy decisions. As such, DFSS reserves the right to request/collect other key data and metrics from delegate agencies including client-level demographic, performance, and service data om a format specified by DFSS.

The agency agrees to the following reporting requirements:



- Quarterly Reports detailing services provided. Data provided will include work plan services funded through this contract and all other funding sources. Format will be provided.
- InfoNet data detailing services provided. Data provided will include work plan services funded through this contract and all other funding sources. Format is the InfoNet database.
- Monthly cohort meetings with DFSS staff to discuss performance measures and delivery of services.
- Narratives in the quarterly report that may highlight a particular case or services provided to victims of intimate partner violence or teen dating violence that demonstrate value in the ongoing services or a gap in services.

# Uses of Data

DFSS reserves the right to use data related to delegate agency performance, including but not limited to data submitted by the delegate agency for the following:

a) In periodic meetings described below to review program performance and develop strategies to improve program quality throughout the term of the contract; and

b) To guide DFSS program development, evaluate programs, inform policies, and inform contract decisions such as payment rates, contract extensions or renewals, and evaluation of proposals by the delegate agency in response to any future solicitations by DFSS for goods or services.

# Meetings

Regular reviews of and conversations around program performances, program results and program data, particularly related to the goals outlined in this agreement, will allow DFSS and the delegate agency to employ real-time information to track performance, identify good practices, and swiftly, collaboratively, and effectively address any challenges experienced by the target population.

At such meetings, the data will be reviewed to:

a) Monitor progress, highlight accomplishments, and identify concerns.

b) Collaboratively design and implement operational changes to continuously improve processes and outcomes; and

c) Develop strategies to broader system changes to improve service delivery and coordination between services.

Meetings shall include at a minimum the Supervisor for the Division on Gender-Based Violence or designee, and the delegate agency's executive director, or designee. Delegate agency or DFSS may be represented by additional representatives as each party deems appropriate. DFSS may



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request the attendance of additional parties as it deems appropriate. Representatives from the delegate agency will attend all meetings as requested by DFSS.



## **SECTION FIVE – PLANNED ACTIVITIES**

Please complete the following tables to indicate the program's planned activities for the contract period.

| Α. | ENROLL CLIENTS via staring an intake or needs assessment. Intake forms must be signed<br>and dated by survivor and staff to verify client enrollment unless services are provided<br>remotely. Remote clients must be documented in your files with an InfoNet client ID<br>number. |    |    |    |    |       |
|----|---|----|----|----|----|-------|
|    |   | Q1 | Q2 | Q3 | Q4 | Total |
| 1. | Number of adults carried over from Q4 2023 to Q1 2024   |    |    |    |    |       |
| 2. | Number of newly enrolled adult survivors in 2024  |    |    |    |    |       |
| 3. | Total number of clients served in 2024  |    |    |    |    |       |
| 4. | Number of clients served from<br>high vulnerability Chicago<br>COVID-19 Community<br>Vulnerability Index (CCVI)<br>communities  |    |    |    |    |       |
| 5. | Number of clients served from<br>medium vulnerability CCVI<br>communities   |    |    |    |    |       |
| 6. | Total number of clients from<br>CCVI high or medium<br>communities  |    |    |    |    |       |

## **PERFORMANCE MEASURE**

- 50% of victims seeking an Order of Protection with the assistance of the program will be granted an Emergency Protective Order.
- 33% of victims seeking an Order of Protection with the assistance of the program will be granted a Plenary Order of Protection.

| В. | PROVIDE LEGAL REPRESENTATION           |    |    |    |    |       |
|----|--|----|----|----|----|-------|
|    | such as assistance with obtaining an   |    |    |    |    |       |
|    | Order of Protection. Also includes     | Q1 | Q2 | Q3 | Q4 | Total |
|    | legal counseling and representation in |    |    |    |    |       |
|    | court                                  |    |    |    |    |       |



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|             | 1  |  | 1 | T |  |
|-------------|--|--|---|---|--|
|             | Number of clients filing for Protective                            |  |   |   |  |
| 1.          | Order with the assistance of the                                   |  |   |   |  |
|             | program  |  |   |   |  |
| 1a.         | Number of clients filing for a Protective                          |  |   |   |  |
|             | Order in-person  |  |   |   |  |
| 1b.         | Number of clients filing for a Protective                          |  |   |   |  |
| -           | Order remotely   |  |   |   |  |
| 1c.         | Number of clients filing for an Order of                           |  |   |   |  |
|             | Protection   |  |   |   |  |
| 1d.         | Number of clients filing for a Civil No                            |  |   |   |  |
|             | Contact Order  |  |   |   |  |
| 1e.         | Number of clients filing for a Stalking                            |  |   |   |  |
|             | No Contact Order   |  |   |   |  |
| 2           | Number of clients who are granted an                               |  |   |   |  |
| 2.          | Emergency Protective Order with the                                |  |   |   |  |
|             | assistance of the program  |  |   |   |  |
| 2a.         | Number of clients who are granted an                               |  |   |   |  |
|             | Emergency Order of Protection                                      |  |   |   |  |
| 2b.         | Number of clients who are granted an                               |  |   |   |  |
|             | Emergency Civil No Contact Order                                   |  |   |   |  |
| 2c.         | Number of clients who are granted an                               |  |   |   |  |
|             | Emergency Stalking No Contact Order                                |  |   |   |  |
|             | Number of clients who are granted a                                |  |   |   |  |
| 2           | Plenary Protective Order with the                                  |  |   |   |  |
| 3.          | assistance of the program  |  |   |   |  |
| 3a.         | Number of clients who are granted a Plenary Order of Protection    |  |   |   |  |
|             | -  |  |   |   |  |
| 3b.         | Number of clients who are granted a Plenary Civil No Contact Order |  |   |   |  |
| -           | Number of clients who are granted a                                |  |   |   |  |
| 3c.         | Plenary Stalking No Contact Order                                  |  |   |   |  |
|             | Number of clients seeking a Protective                             |  |   |   |  |
|             | Order receiving a legal remedy other                               |  |   |   |  |
|             | than a Protective Order (i.e.                                      |  |   |   |  |
| 4.          | continuance, restraining order, etc.)                              |  |   |   |  |
| <b>-+</b> . | Number of clients represented in family                            |  |   |   |  |
| 5.          | court  |  |   |   |  |
| <u> </u>    | Number of clients assisted with                                    |  |   |   |  |
|             | immigration-related matters such as                                |  |   |   |  |
| 6.          | VAWA or U or T Visa petitions, etc.                                |  |   |   |  |
| 0.          |  |  |   |   |  |



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| Number of clients receiving assistance<br>with education-related matters such as |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
| 0  |  |  |  |  |  |
| • •  |  |  |  |  |  |
|  |  |  |  |  |  |
| •  |  |  |  |  |  |
|  |  |  |  |  |  |
| -  |  |  |  |  |  |
|  |  |  |  |  |  |
| 0  |  |  |  |  |  |
| criminal, or law enforcement   |  |  |  |  |  |
| interventions  |  |  |  |  |  |
| Number of clients receiving  |  |  |  |  |  |
| intervention with entities other than  |  |  |  |  |  |
| law enforcement or legal systems (i.e.   |  |  |  |  |  |
| DCFS, housing provider, IDHS, etc.)  |  |  |  |  |  |
| Number of clients receiving legal  |  |  |  |  |  |
| assistance or interventions not  |  |  |  |  |  |
| captured above   |  |  |  |  |  |
|  |  |  |  |  |  |
| case disposition   |  |  |  |  |  |
|  | with education-related matters such as<br>Title IX, ESSA, etc.<br>Number of clients receiving assistance<br>with employment-related matters, such<br>as VESSA.<br>Number of clients represented in<br>criminal court<br>Number of clients receiving assistances<br>with public benefits.<br>Number of clients receiving civil,<br>criminal, or law enforcement<br>interventions<br>Number of clients receiving<br>intervention with entities other than<br>law enforcement or legal systems (i.e.<br>DCFS, housing provider, IDHS, etc.)<br>Number of clients receiving legal<br>assistance or interventions not<br>captured above<br>Number of clients receiving a positive | with education-related matters such as<br>Title IX, ESSA, etc.Number of clients receiving assistance<br>with employment-related matters, such<br>as VESSA.Number of clients represented in<br>criminal courtNumber of clients represented in<br>criminal courtNumber of clients receiving assistances<br>with public benefits.Number of clients receiving civil,<br>criminal, or law enforcement<br>interventionsNumber of clients receiving<br>intervention with entities other than<br>law enforcement or legal systems (i.e.<br>DCFS, housing provider, IDHS, etc.)Number of clients receiving legal<br>assistance or interventions not<br>captured aboveNumber of clients receiving a positive | with education-related matters such as<br>Title IX, ESSA, etc.Image: Constraint of the section of th | with education-related matters such as<br>Title IX, ESSA, etc.Image: Constraint of the section of th | with education-related matters such as<br>Title IX, ESSA, etc.Image: Constraint of Constraints and the second |

## PERFORMANCE MEASURES

- 80% of clients taking the Client Outcome Survey will indicate that they strongly or somewhat agree with **A.2** of the survey, indicating that the client was given information on how the laws can help protect them.
- 80% of clients taking the Client Outcome Survey will indicate that they strongly or somewhat agree with **B.2** of the survey, indicating that staff was supportive of client in their own decision making.
- 80% of clients taking the Client Outcome Survey will indicate that they strongly or somewhat agree with **C.2** of the survey, indicating that the client better understands what happens at court.

| C. | CLIENT OUTCOME SURVEYS (adult clients only)                          | Q1 | Q2 | Q3 | Q4 | Total |
|----|--|----|----|----|----|-------|
| 1. | Number of adult clients completing the Client Outcome paper survey.  |    |    |    |    |       |
| 2. | Number of adult clients completing the Client Outcome online survey. |    |    |    |    |       |



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|    | Number of surveys that indicate the             |    |    |    |    |       |
|----|---|----|----|----|----|-------|
|    | client strongly or somewhat agreed with         |    |    |    |    |       |
|    | <b>A.2</b> of the survey, indicating that the   |    |    |    |    |       |
|    | client was given information on how the         |    |    |    |    |       |
| 3. | laws can help protect them.                     |    |    |    |    |       |
|    | Number of surveys that indicate the             |    |    |    |    |       |
|    | client strongly or somewhat agreed with         |    |    |    |    |       |
|    | <b>B.2</b> of the survey, indicating that staff |    |    |    |    |       |
|    | was supportive of client in their own           |    |    |    |    |       |
| 4. | decision making.                                |    |    |    |    |       |
|    | Number of surveys that indicate the             |    |    |    |    |       |
|    | client strongly or somewhat agreed with         |    |    |    |    |       |
|    | <b>C.2</b> of the survey, indicating that the   |    |    |    |    |       |
|    | client better understands what happens          |    |    |    |    |       |
| 5. | at court  |    |    |    |    |       |
| D. | PROVIDE COMMUNITY EDUCATION /                   | Q1 | Q2 | Q3 | Q4 | Total |
|    | AWARENESS WORKSHOPS ON GENDER-                  |    |    |    |    |       |
|    | BASED VIOLENCE/HUMAN TRAFFICKING                |    |    |    |    |       |
|    | presented by program staff                      |    |    |    |    |       |
|    | Number of community education /                 |    |    |    |    |       |
|    | awareness workshops on GBV/HT                   |    |    |    |    |       |
| 1. | presented by delegate                           |    |    |    |    |       |
|    | Number of community education /                 |    |    |    |    |       |
|    | awareness workshops presented to high           |    |    |    |    |       |
| a. | and medium CCVI communities                     |    |    |    |    |       |
| 2. | Number of total expected participants           |    |    |    |    |       |
|    |   |    |    |    |    |       |



LEGAL SERVICES FOR SURVIVORS OF GENDER-BASED VIOLENCE AND HUMAN TRAFFICKING 2025 SCOPE OF SERVICES – January 1, 2025 through December 31, 2025

Please review the **Required Core Program Elements in Section 3** and **Performance Measures in Section 4**. Please describe activities to be performed to address the needs of the target population and achieve Performance Measures, focusing on activities not captured in the listed Core Elements.



LEGAL SERVICES FOR SURVIVORS OF GENDER-BASED VIOLENCE AND HUMAN TRAFFICKING 2025 SCOPE OF SERVICES – January 1, 2025 through December 31, 2025

Please describe whether your services are completed in-person, remotely, or hybrid. Please address how victims are accessing these services if hybrid or remote.



LEGAL SERVICES FOR SURVIVORS OF GENDER-BASED VIOLENCE AND HUMAN TRAFFICKING 2025 SCOPE OF SERVICES – January 1, 2025 through December 31, 2025

Please describe how your program will intentionally perform outreach and recruitment efforts to high and medium CCVI communities and the focus populations. Please describe the outcomes from these efforts.



## SECTION SIX – REQUIRED ADDITIONAL DOCUMENTATION

The Division on Gender-Based Violence requires the following documentation *that was not submitted during or has since been updated the application for funding process* to be submitted to <u>adriana.camarda@cityofchicago.org</u> within the first 30 days of the contract budget period start date:

- 1. Current **job description** for every staff person providing services to victims of genderbased violence/human trafficking in this program. A job description should be provided for every staff person providing services to victims of gender-based violence/human trafficking in this program, regardless of whether this grant pays the staff's salary.
- 2. Current **resume** for every staff person providing services to victims of gender-based violence/human trafficking in this program. A resume or job description should be provided for every staff person providing services to victims of gender-based violence/human trafficking in this program, regardless of whether this grant pays the staff's salary.
- 3. Respondents must provide proof of certification or training from an accredited training institute, including but not limited to domestic violence/sexual assault and/or human trafficking training, for every person providing services to program participants or supervising program staff.

# Failure to have these documents on file will result in a monitoring finding against the program.



**SECTION SEVEN – SUBMITTAL AND APPROVAL** 

## **CERTIFICATIONS:**

By checking this box, your agency certifies that all information provided in the Scope of Services is correct and that the agency will comply with the requirements listed in the Scope of Services. Your agency certifies that documentation described in Section 6 of this Scope of Services not provided during the application process or that has been updated since will be submitted within 30 days of this contract or update.

| Authorized agency  |  |
|--------------------|--|
| signature:         |  |
| Name typed:        |  |
| Title:             |  |
| Date of signature: |  |
| PO #               |  |

| DFSS Approval (to be completed by DFSS): |  |  |  |
|--|--|--|--|
| Authorized DGBV                          |  |  |  |
| signature:                               |  |  |  |
| Name typed:                              |  |  |  |
| Title:                                   |  |  |  |
| Date approved:                           |  |  |  |