# DEPARTMENT OF FAMILY AND SUPPORT SERVICES PO #\_\_\_\_\_\_ HUMAN SERVICES DELIVERY TAX PREPARATION ASSISTANCE PROGRAM EXHIBIT B SCOPE OF SERVICES

#### **SECTION 1 – GOALS AND OBJECTIVES**

# **Program Goals**

The objective of the Tax Preparation Assistance program is to provide free tax preparation to individuals earning up to \$30,000 and families earning up to \$55,000 with peak activity from January through mid-April. Private tax preparation can cost anywhere from \$90 to \$250 depending upon the number of tax forms used. Using the tax preparation assistance program, clients save on the preparation fee and ensure access to all tax credits such as the EITC and child tax credit resulting in higher tax refunds at times reaching \$6,000. Volunteers are trained and coordinated by not-for-profit organizations providing services at tax sites throughout the city. DFSS expects an outcome of over 23,000 filings as a result of the program.

## **Target Population**

The Target Population of the Tax Preparation Assistance program is to provide free tax preparation to individuals earning up to \$30,000 and families earning up to \$55,000.

### **SECTION 2 – PERFORMANCE MANAGEMENT**

## **Performance Measures**

To track progress toward achieving our goals as outlined in Section 1 and assess success of the program, DFSS will monitor a set of performance indicators that include, but not limited to:

- Number of tax preparation sites.
- Number of tax returns filed by tax site.
- Dollar value of refunds received.

### **Data Reporting**

Delegate agency is 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 in a format specified by DFSS.

 Delegate agency to provide Year-End Report summarizing where clients/households learned of free tax preparation services at respective or referral site, number of tax returns filed by tax site, and dollar value of refunds received.

- Delegate agency must provide a brief, year-end program report highlighting performance strengths, weaknesses, and recommendations to DFSS to improve program goal.
- Delegate agency to meet annually with DFSS staff.
- Delegate agency to provide weekly status reports during tax season from January 1 through April 30 to include name of site, number of tax returns, and dollar amount accessed and monthly reports thereafter.

## **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 DFSS Human Services Division Deputy Commissioner, or designee, and the delegate agency's chief executive officer, or designee. Delegate agency or DFSS may be represented by additional representatives as each party deems appropriate. DFSS may request the attendance of additional parties as it deems appropriate. Representatives from the delegate agency will attend all meetings as requested by DFSS.

### **SECTION 3 – CORE ELEMENTS**

### **Program Requirements**

- Delegate agency must be a not-for-profit organization, as evidenced by incorporation in the State of Illinois, and must have federal 501(c)(3) tax-exempt designation.
- Overall fiscal soundness is required as evidenced by the financial history and record of the delegate agency, as well as the most recent audited financial statements (or the equivalent).
- Delegate agency must provide services to Chicago residents within the City of Chicago.

- Delegate agency must be an approved IRS VITA provider.
- Delegate agency must plan to operate at least six separate free tax preparation sites within the City of Chicago. Each site must be capable of serving at least 25 taxpayers per session. Delegate agency must show that it plans on serving at least 3,000 taxpayers during tax filing season.
- Delegate agency must develop and execute public relations/marketing approaches to reach eligible participants. This may include, but is not limited to, outreach events and workshops, direct mailings, and distribution of informational material.
- The area(s) served by each tax site must meet low/moderate income criteria, such that at least 51% of the population to be served is from low to moderate income households or exist in a location that best serves a low to moderate income population (according to 2010 census tract information available).
- Individuals serviced must meet low/moderate income criteria. Delegate agency must maintain records regarding income eligibility of each client served demonstrating program eligibility.
- Delegate agency must provide Resumes, Job Descriptions, Licenses/certifications of staff assigned to program.
- Provide listing of Tax Preparation Sites to include address, ward, community area, days and hours of operation.
- Delegate agency must provide plan for participant recruitment including broad geographic target areas as well as specific Tax Preparation Sites.
- Tax preparation sites must have the capacity to serve Limited English proficiency households, including specific language capacity targeted and a description of the need in this Tax Preparation Site area.
- Delegate agency may describe and implement any service or method that Delegate agency believes is unique or particularly beneficial for low income tax payers.
- Delegate agency to provide program budget that reflects the cost per tax return filed and the total number of tax returns filed between January 1, 2020 and April 15, 2020.

#### SECTION 4 - PROGRAM AND DELEGATE INFORMATION

Program Overview	
Program Name:	
Total Budget for this Program (Including other share):	
Funding Allocation:	
Funding Source:	
Contract Term:	
Program Staff Contact Name:	Staff Contact Phone #:
Staff Contact Fax #:	Staff Contact Email Address:

Delegate Information			
Delegate agency Name:			
Delegate agency Address:			
City, State, Zip Code			
Executive Director (ED):		ED Phone #:	
ED Fax #:		ED Email Address:	
Office Hours:			
Provide the name and add	dresses of sites where s	services are to be performed	l:
Site Name	Address	Days of Operation	Hours of Operation
one manne	Addicss	Days of Operation	nours of Operation
	Address	Days of Operation	Hours of Operation
	Addiess	Days of Operation	Hours of Operation
	Addicas	Days of Operation	Hours of Operation
	Addicas	Days of Operation	nours or Operation
	Addicas	Days of Operation	Hours of Operation
	Addicas	Days of Operation	Hours of Operation
	Addicas	Days of Operation	Hours of Operation
	Addicas		Hours of Operation
	Addition		Hours of Operation
	Addition		Hours of Operation
		, telephone number, and em	

Site Name	<b>Program Staff Contact</b>	Phone Number	Email Address

n what Ward(s), Community Area(s), and Census Tract(s) are the site(s) providing the services located							
Ward(s):							
Community Area(s):							
Census Tract(s):							
Indicate Program Service Area:							
☐ This program will provide services citywide to a	ll eligible individuals.						
☐ This program will primarily serve the following \	Ward(s), Community Area(s), and Census Tract(s):						
North: Sou	th:						
East: Wes	st:						
Number of staff positions supported by this contract	::						
Full-time:							
Part-time:	Part-time:						
Number of new staff positions created by this contra	act:						
Full-time							
Part-time							
List the positions supported and/or assigned to this	contract:						
Title Percent of time dedicated to Program							

Title	Description of Services

For each position title listed in the table above, describe the services to be provided (i.e. screen clients,

The Delegate agency is required to comply with all Program Guidelines as outlined by DFSS.

# **Submittal and approval:**

a) Applicant Signature:	
b) Name (typed)	
c) Date submitted:	
d) DFSS Staff Signature:	
e) Name (typed)	
f) Date approved:	

# **Description of Program**

After reviewing the Core Elements detailed in Section 2, provide a brief and concise program summary describing activities <u>not addressed in the Core Elements</u> to both address the needs of the target population and maximize performance outcomes. If relevant, describe coordination/interface with other partners and/or programs. The intent of this section is to describe the Tax Preparation Assistance Program operating at optimal functioning capacity.

# **Auditing Requirements**

Contr	acts/Gr	ants	Federal	Funding	Source Other		Total Amount	
C.		•	ll contracts and ar. <i>Please ident</i>	_	•		anticipates receiving	during
В.	What i	s your Dele	gate agency's fis	cal year?				
		governme	nt Delegate agency   for-profit					
		not-for-pr	ofit			educational	institution	
A.	Is your	Delegate a	gency (check on	ly one)?				

Contracts/Grants	Federal	Other	Total Amount Requested
			nequesteu

A.	Delegate agency:
B.	Program Name:

- C. Department Strategy/Program Name:
- D. Work Program for Year 2020

(1) Program/Sub- Program Activities	(2) Program Deliverables		ojected qua		arter & Year To		(4) Performance Measures
Elements which describe the activities that will accomplish program Objectives	State what quantifiable units will be used to measure the progress of the proposed project i.e. clients screened, pounds delivered, etc.	1st Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr	Total (5)  Total clients, pounds, etc.	

Signature of Delegate Agency Official/Date	Signature of Department Official/Date