

Department of Family and Support Services
Human Services Division
2025 Scope of Services ~ Public Benefits Outreach & Education
January 1, 2025 – December 31, 2025

A Delegate Agency receiving an award from the City of Chicago Department of Family and Support Services (DFSS) Human Services Division must complete and submit all required documents as requested in the Award Notice letter:

Submit to Program Coordinator:

- 1) Scope of Services
- 2) Budget
- 3) Indirect Cost Letter
- 4) Lease Agreement(s)

Submit to Contract Liaison:

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

PROGRAM MODEL: PUBLIC BENEFITS OUTREACH & EDUCATION
AGENCY INFORMATION

ADMINISTRATIVE CONTACT INFORMATION

Agency: _____ Ward: _____

Administrative Office Site Address: _____

Program Director

Name: _____

Phone # (ext): _____

Email: _____

Executive Director

Name: _____

Phone # (ext): _____

Email: _____

Reporting Contact

Name: _____

Phone # (ext): _____

Email: _____

Fiscal Contact

Name: _____

Phone # (ext): _____

Email: _____

BUDGET ALLOCATION

Budget Term: January 1, 2025 – December 31, 2025

Program Name: _____

PO Number: _____

Grant Amount: _____

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PROGRAM OPERATIONS

List of Program Sites

Site Name	Address	Zip
Englewood Community Service Center	1140 W. 79th Street	60620
Garfield Community Service Center	10 S. Kedzie Avenue	60612
Martin Luther King Jr. Community Service Center	4314 S. Cottage Grove	60653
North Area Community Service Center	845 W. Wilson Avenue	60640
South Chicago Community Service Center	8650 S. Commercial Avenue	60617
Trina Davila Community Service Center	4312 W. North Avenue	60639

List the positions supported and/or assigned to this contract:

Title	% of time dedicated to program

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SECTION A – GOALS AND OBJECTIVES

Program Goals

The DFSS PBOE program seeks to increase the number of income-eligible Chicago households accessing federal, state, or local government-issued public benefits including Temporary Aid to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Women, Infants and Children (WIC), Aid to the Aged Blind and Disabled (AABD), Medicare Premium Assistance, Medicaid, Illinois health insurance programs (All Kids, FamilyCare, Moms & Babies, etc.), and other programs. The selected respondent will conduct targeted community outreach across the City of Chicago to educate residents about their eligibility for these programs, provide in-person and remote application assistance, and provide follow-up support to those applicants. Delegate Agency will also help eligible clients maintain their benefits through the submittal of redeterminations or any other required forms, and support applicants who have been previously denied benefits through the appeals process. Delegate Agency will document both the number of eligible households gaining benefit access as well as the cash value of those benefits to the individual and household.

Target Population

The target population for this program individuals and households that are below the 200% federal poverty threshold.

SECTION B – PERFORMANCE MEASUREMENT

Overview

DFSS is committed to moving beyond measuring *how many* people receive services, to focus on whether Chicago residents are *better off* after receiving services. As part of this outcome-oriented approach, DFSS has implemented a Strategic Framework that guides how the department measures, reports on, and reviews its priorities and outcome goals, and uses them to drive contracting, improve decision-making, and encourage greater collaboration.

Performance Indicators

- To track progress toward achieving goals discussed in Section A and access success of the program, DFSS will monitor a set of performance indicators that include but are not limited to:
- Number of clients/households assessed.
- Number and name of public benefits received.
- Number of outreach activities.
- Dollar value of benefits received.

Data Reporting

Delegate 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

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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 agrees to the following reporting requirements: Delegate agency must agree to enter data information in either or both of the following data systems: STARS (Single Tracking And Reporting System) and HMIS, and if screening homeless individuals or families, (Homeless Management Information System) and/or any other funder's required systems. If required, training will be provided.
- Monthly and/or Quarterly Reports detailing services provided. Format will be provided.
- Monthly Report summarizing where clients/households learned of the availability of PBOE services at respective location (Center/Outreach Site).
- Monthly Meetings with DFSS staff, if required.
- Participant Recruitment Plan including broad geographic areas as well as specific outreach sites within the specific DFSS Community Service Centers' service area.
- Brief, End-of-Year Report highlighting delegate agency's strengths, weaknesses, and suggestions to DFSS to increase program goal.

Data Usage

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) To review program performance and develop strategies to improve program quality throughout the term of the contract.
- b) To guide DFSS Human Services program development, inform policies and procedures, advise internal contract decisions such as payment rates, contract extensions or renewals, and appraise proposals submitted by the delegate agency in response to any future solicitations by DFSS for goods or services.
- c) Any other purposes identified by DFSS.

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;

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- 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 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 C – CORE ELEMENTS

Program Requirements

Hours and location

- Delegate Agency will be given space at each of the six DFSS CSCs to conduct in person and virtual PBOE services. In addition, Delegate Agency will be provided with access to the DFSS telephone system, copiers, file folders, and secure file cabinets.
- The hours and locations of the CSCs are Monday – Friday from 9am to 5pm at:
 - Englewood Center, 1140 W. 79th Street, Chicago, IL 60620
 - Garfield Center, 10 S. Kedzie Avenue, Chicago, IL 60612
 - King Center, 4314 S. Cottage Grove Avenue, Chicago, IL 60653
 - North Area, 845 W. Wilson Avenue, Chicago, IL 60640
 - South Chicago, 8650 S. Commercial Avenue, Chicago, IL 60617
 - Trina Davila, 4312 W. North Avenue, Chicago, IL 60639
- Delegate Agency is required to be at each site for a minimum of 3 days per week for a total of 20 hours per week.
- Delegate Agency must also provide service to clients with limited English proficiency.

Benefit Enrollment

- Delegate Agency must have extensive knowledge about the IDHS public benefits application and be able to provide educational awareness about the public assistance program to all residents across all City of Chicago zip codes.
- Delegate Agency must be able to receive and track incoming referrals from DFSS CSC's, shelters, and senior service centers to assist with applications.
- Delegate Agency must educate client on appeals and follow-up steps if application is denied.
- Delegate Agency must be knowledgeable and able to assist immigrant households based on the "Tri-Agency Guidance" document first issued by the Health and Human Services (HHS) and the U.S. Department of Agriculture (USDA) in 2000 which confirms that only the immigration status of the applicant for benefits is relevant (<https://www.fns.usda.gov/cr/Triagency-Guidance-re-Citizenship> for more information).
- Delegate Agency must stay abreast of state of Illinois IDHS policies and procedures for public benefits.

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DESCRIPTION OF PROGRAM AND ACTIVITIES

Provide a program summary describing your Public Benefits Outreach and Enrollment Program operation at full capacity to both address the needs of the target population and maximize performance outcomes. If you are not at full capacity, include your plan to meet the program staffing requirements. If relevant, describe coordination and interface with other partners and programs.

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Auditing Requirements

A. Is your agency (check only one)?

- Not-for-profit
- Educational institution
- Government
- For profit

B. What is your agency's fiscal year? _____

Planned Performance Outcomes

Work Program for Year January 1, 2025 – December 31, 2025

(1) Program/Sub-program Activities: Describe the activities that will accomplish program deliverables	(2) Program Deliverables: State what quantifiable units will be used to measure the progress of the proposed program. Example: classes held	(3) Planned Output by Quarter and Year Total: List the projected quantifiable units for each program deliverable.					(4) Performance Measures
		1 st Q	2 nd Q	3 rd Q	4 th Q	Total	
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Signature of Authorized Agency Official and Date: _____

Signature of DFSS Official and Date: _____

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SECTION D – SUBMITTAL AND APPROVAL

ACKNOWLEDGEMENT

- By checking this box your agency certifies that it has read and understands Sections A, B, C, and D of this document.

a) Applicant signature <i>(Original must be signed in blue ink)</i>	
b) Name (typed)	
c) Date submitted	
d) DFSS Staff signature	
e) Name (typed)	
f) Date approved	