**PDG B-5 Pilot: IRIS for Coordinated Intake for Home Visiting**

**Request for Support Application Form**

Please submit your Request for Support (ROS) to Deborah Hwang ([deborah.hwang@illinois.gov](mailto:deborah.hwang@illinois.gov)) with the subject line “ROS for IRIS CIHV Pilot - [Collaboration Name and Location]” by the end of business day of 11/18/2020**.** Each applicant will receive an email confirmation receipt within one business day of their submission. Please limit your Request for Support (ROS) to a maximum of four pages, single-spaced, not including letters of support. The ROS will be assessed on a 100-point scale.

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| **APPLICANT: HOME VISITING COLLABORATIVE** | |
| Collaboration Name: | |
| Collaboration Location: | |
| Contact Person Name: | Title: |
| Email: | Phone: |

**Community Knowledge (Maximum 15 points)**

What geographic areas do you cover? Does it include rural communities? Who lives there? What are the strengths and assets? What are the challenges and needs?

(10 points)

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In one paragraph, please specify which [priority populations](https://www2.illinois.gov/sites/OECD/Documents/Priority%20Populations%20Recommendation_Final_Approved.pdf) your collaboration serves and how your program currently engages with these groups. (5 points)

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**Collaboration Capacity (Maximum 35 points)**

Please describe your collaboration and mission, including its history, membership, and how it is currently operating. (10 points)

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What is your collaboration’s interest, experience, and vision of coordinated intake?

(5 points)

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What is your collaboration’s goal or vision for implementing IRIS for your community? (10 points)

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What additional resources can your collaboration bring to this work? (5 points)

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Does your collaboration have potential identified local funding sources to support the IRIS work after the pilot program is over? Please describe those sources. (5 points)

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**Individual Leaders (Maximum 30 points)**

Please provide the names and qualifications of individuals who will take on the leadership roles and responsibilities for the home visiting collaborative. If an individual is taking on more than one role, you will only have to provide their name and their skills/experiences after the first time.

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| **IRIS community leadership team** | |
| **IRIS Community Champion (10 points)** | |
| Name: | Organizational Affiliation: |
| Email address: | Title: |
| Phone: | Organizational Mailing Address: |
| What sector does this team member represent? |
| What skills and experiences make this person ready to take on the role and responsibilities? How will they set aside time for the IRIS work? | |
| **IRIS Community Coordinator (10 points)** | |
| Name: | Organizational Affiliation: |
| Email address: | Title: |
| Phone: | Organizational Mailing Address: |
| What sector does this team member represent? |
| What skills and experiences make this person ready to take on the role and responsibilities? How will they set aside time for the IRIS work? | |
| **IRIS Community Manager (10 points)** | |
| Name: | Organizational Affiliation: |
| Email address: | Title: |
| Phone: | Organizational Mailing Address: |
| What sector does this team member represent? |
| What skills and experiences make this person ready to take on the role and responsibilities? How will they set aside time for the IRIS work? | |

**Lead Organization (Maximum 10 points)**

Please describe what organizational entity will take the lead in providing support for the community work and how it is currently supporting the collaboration.

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**Letters of Support (Maximum 10 points)**

Please include with this Request for Support a Letter of Support from each home visiting partner in the collaborative expressing their understanding of the work entailed in the implementation of IRIS, commitment to the work, and support for the identified individuals and organization leadership.

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