Print Form

FOR IDPH Use Only
Application No. _____

Date Received _____

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR PUBLIC HEALTH GRANT

Office of Policy, Planning and Statistics
Center for Rural Health
Hospital Capital Investment Program

Section 1. APPLICANT INFORMATION	
Legal Name of Applicant: *(Attach copy of W-9)*	
Name and Title of Chief Officer: *(If more than one, attach a list of all officers)*	Name: Title: Address: Phone: Fax: E-mail:
Applicant Address:	
City, State, Zip Code:	
Telephone:	
Fax:	
E-Mail:	
Web Site:	

Section 2. APPLICANT GRANT HISTORY	
Description of Applicant Organization: *(200 Character Maximum)*	
Has this Applicant received a grant from the federal government or the State of Illinois within the last 3 years? **If yes, provide the following:** *(Add additional rows if needed)*	☐ **Yes** ☐ **No** Agency providing grant funding: Grant Number: Grant Amount: Grant Term: Brief Description of grant:
How long has Applicant been incorporated?	

Is the Applicant in "good standing" with the Illinois Office of the Secretary of State?	☐ **Yes** ☐ **No**
Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business?	☐ **Yes** ☐ **No** If yes, identify the nature of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible.
Is the applicant or any principal the subject of any proceedings that are pending, or to the best of the applicant's knowledge threatened against applicant and/or any principal that may result in any adverse change in applicant's financial condition or materially and adversely affect applicant's operations?	☐ **Yes** ☐ **No** If yes, identify the nature of the proceedings and how they may affect the applicant's financial situation and/or operations.
Does the applicant or any principal owe any debt to the State of Illinois?	☐ **Yes** ☐ **No** If yes, list the amount and reason for the debt. Attach additional documentation to explain the debt owed to the state.

Section 3. APPLICANT ORGANIZATION INFORMATION

Legal Status:	☐ Individual ☐ Sole Proprietor ☐ Partnership/Legal Corporation ☐ Tax Exempt ☐ Corporation providing or billing medical and/or health services ☐ Corporation NOT providing or billing medical and/or health services ☐ Other (describe)	☐ Governmental ☐ Nonresident Alien ☐ Estate or Trust ☐ Pharmacy (Non-Corporation) ☐ Pharmacy/Funeral Home/Cemetary (Corporation) ☐ Limited Liability Company (select applicable tax classification) ☐ D - Disregarded Entity ☐ C - Corporation ☐ P - Partnership
Federal Tax Payer Identification (FEIN) Number or Social Security Number (SSN) of Applicant if not an organization:		
If applicable, list all Names and FEINS that are registered to your organization or have been registered during the last 3 years.	**Name:**	**FEIN:**
	Name:	**FEIN:**
	Name:	**FEIN:**
DUNS Number:		

Illinois Department of Human Rights Number (if applicable):	
Legislative Senate District:	
Legislative House District:	
Congressional District:	

Section 4. KEY GRANT CONTACT INFORMATION	
Grant Application Contact/Title:	
Telephone:	
Fax:	
E-Mail:	
Fiscal Contact/Title:	
Telephone:	
Fax:	
E-Mail:	

Section 5. GRANT PROJECT PROPOSAL	
Project Title:	
Brief Project Description: *(350 character maximum). Note that the Scope of Work must be completed separately.*	
Project Period: *(Include start and end date)*	
Total Amount of Funding Requested from IDPH:	
Total Applicant Match or In-Kind Contribution:	

If subcontractors will be used under this grant application, provide name, address and description of services.	Subcontractor name: Address: City, State, Zip: Phone: Description of services: Subcontractor name: Address: City, State, Zip: Phone: Description of services:

Section 6. GRANT BUDGET SUMMARY

(Note: This section is for summary purposes only. A detailed budget is/may be required. See Section 7)

Budget Line Items Requested	**Requested Grant Budget Amount**	**Applicant Match of In-Kind Contribution**
Architectural & Engineering		
Construction or Modernization		
Contingencies		
Debt financing		
Equipment		
Preplanning		
Site Preparation		
Grand Total		
If the proposed budget includes Personal Services (Salary or Wage) related costs, please indicate the type of documentation that will be maintained and used to allocate staff costs to the grant.	☐ Time Sheets ☐ Cost allocation plans ☐ Certification of time allowable to grant ☐ Other, please describe _____ ☐ Not applicable to this grant application	

Section 7. GRANT SCOPE OF WORK

This section is to be developed by each program use to request information from the grantee that is specific to the grant being issued. Information/data collected **must** include, but not be limited to:

- Detailed description/information about the proposed project
- Expected outcomes
- Description of how outcomes will be measured
- List of goals to be accomplished during the grant period
- Proposed timeline
- Objectives by quarter with a list of tasks that will be implemented to accomplish the objectives. The organization shall specify how the objectives will be measured to determine successful completion.
- Detailed budget by line item and justification. The attached detailed budget spreadsheet can be used or the Program may elect to use its own budget worksheet, however, the Personal Services (Salary and Wages) information provided by the organization must include: name of position to be funded, projected monthly salary, percent of time on grant, and number of months on grant for each position that will be funded with grant funds.

NOTE: Please use the rubric to make sure you include all the necessary components in the Statement of Work that will be reviewed by our IDPH Grants' Review Committee.

Section 8. APPLICANT CERTIFICATION

Under penalty of perjury, I certify that I have examined this application and the document(s), proposal(s), and statement(s) submitted in conjunction herewith, and that to the best of my information and belief, the information contained herein is true, accurate, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this grant application is approved for funding.

I, hereby release to IDPH, the rights to use photographs and/or written statements of information, regardless of the format, contained in or provided after the grant application for the purposes of publication on the IDPH web site, unless the applicant submits a written request asking that the information not be disclosed.

Signature	Printed Name/Title	Date

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Type of Grant Application

- Direct Appropriation ☐
- Allocation by Administrative Rule ☐
- Competitive Request for Application ☐
- Statutory Board Review Required ☐
- Formula and/or Caseload Allocation ☐
- Non-Competitive ☐

Funding Source:
- General Revenue Fund ☐
- State Special Fund ☐
- Federal ☐

Grant Application Funding Recommendation by Division/Program:

☐	Grant Application Disqualified/Not Eligible for Funding under this Award
☐	Grant Application Recommended for Funding at Full Request
☐	Grant Application Recommended for Funding at $_____.

Division Chief/Program Manager: _____ Date: _____

Grant Application Funding Recommendation Approved by:

Deputy Director: _____ Date: _____

Grants Review Committee Score: _____ (Full review grants only)

Assistant Director: _____ Date: _____