

**Illinois Department of Public Health  
Office of Health Protection  
Division of Infectious Disease - HIV/AIDS Section**

**Illinois HIV/AIDS Quality of Life Grant Fund Application Packet**

**Request for Applications - Fiscal Year 2012**



**Application Package Contents:**

- Background and Purpose
- General Information
- Instructions for Application
- Grant Application Forms

Informational conference call for potential applicants Wednesday, 8/31/2011 at 11:00AM  
Conference call number: 1-866-434-5269 Access code: 7578659#

**Application closes on Friday, September 23, 2011 at 4:00 pm CST**

## Background and Purpose/General Information

The Quality of Life Endowment Fund was created as a special fund in the Illinois State Treasury. The net revenue from the Quality of Life special instant scratch-off game is deposited into the Fund for appropriation by the Illinois General Assembly solely to the Illinois Department of Public Health (IDPH) to support HIV/AIDS-prevention education and support services for people living with HIV/AIDS by making grants to public or private entities in Illinois that serve people living with HIV/AIDS and/or the highest at-risk populations for acquiring HIV infection.

Grants are targeted to serve at-risk populations in proportion to the distribution of recent reported Illinois HIV/AIDS cases among risk groups as reported by the Illinois Department of Public Health. The recipient organizations must be engaged in HIV-prevention education or HIV/AIDS healthcare treatment and supportive services.

The Department will, before grants are awarded, provide copies of all grant applications to the Quality of Life Board, receive and review the Board's recommendations and comments, and consult with the Board regarding the award-selection process, and IDPH objective review of applications processes.

The total appropriation for the Illinois Quality of Life Fund for FY 2012 is \$1,400,000. Overall agency size will determine an organization's competitive slot in the "Request for Applications" process. Organizations with an annual budget of **\$300,000 or less** can apply for up to \$100,000 and will compete with like size organizations for **50%** of the Quality of Life annual fund. Organizations with an annual budget of **\$300,001 to \$700,000** can apply for up to \$175,000 and will compete with like size organizations for **25%** of the Quality of Life annual fund; and organizations with an annual budget of **\$700,001 and upward** can also apply for up to \$175,000 and will compete with like size organizations for **25%** of the Quality of Life annual fund. No organization is required to apply for the maximum amount in either category. Applicants are encouraged to propose budgets for proposed HIV prevention or support projects that adequately assure that proposed objectives can be achieved. **Please do not propose budgets that are higher than the maximum levels previously mentioned for each of the categories, as it will result in being disqualified from the process.**

The grant funds may not be used for institutional, organizational, or community-based overhead costs, indirect costs, or levies. Grants awarded from the Fund are intended to augment the current and future State funding for the prevention and treatment of HIV/AIDS and are not intended to replace that funding.

Below is a chart indicating the applicant categories based upon the size of a given organization's operating budget, the maximum allowable amount that can be requested per category, and an estimated range for the number of awards that will be made in each of the categories:

<b>Grant Category based on Agency Annual Budget</b>	<b>Maximum possible Award Request</b>	<b>Estimated number of Awards (Range)</b>
\$300,000 or less	\$100,000	7-14
\$300,001-\$700,000	\$175,000	2-4
\$700,001 or more	\$175,000	2-4

**The grant term will be from 1/1/2012 – 12/31/2012. Subsequent renewals cannot be assured.**

**Illinois Department of Health  
Quality of Life Grant  
Checklist**

Please complete all eight sections of this application packet.

- SECTION 1: Applicant Information
- SECTION 2: Applicant Grant History
- SECTION 3: Applicant Organization Information
- SECTION 4: Key Grant Contact Information
- SECTION 5: Grant Project Proposal
- SECTION 6: Grant Budget Summary (Include Detailed Budget Excel Spreadsheet Forms)
- SECTION 7: Grant Scope of Work/Narrative Description
- SECTION 8: Applicant Certification

**Remember to also attach if applicable:**

- Evidence of 501 (c) 3 status
- Copy of most recent audit report

**Reminder:**

1. Submit one (1) signed unbound original and three (3) copies of the complete application.
2. Use 12-point font, 1-inch margins, and single spaced lines on 8½ X 11-inch paper.
3. Do not exceed the section page limits.
4. Number all pages including any attachments.
5. Complete the budget and narrative and include with application.
6. Send an electronic copy of all materials to [dph.hivconf@illinois.gov](mailto:dph.hivconf@illinois.gov).

**If ALL forms (electronic and paper) are not completed and received by the Illinois Department of Public Health on Friday, 9/23/2011 at 4:00 pm CST, the proposal will be disqualified from this process.**

Please return this completed grant application/proposal and the attached budget documents to:

**HIV/AIDS Section  
Illinois Department of Public Health  
525 W. Jefferson Street, 1st Floor  
Springfield, IL 62761-0001  
Carol Anderson – Grant Manager**

**Informational conference call for potential applicants:**

**Wednesday, 8/31/2011 at 11:00AM**

**Conference call number: 1-866-434-5269 Access code: 7578659#**

**Illinois Department of Health  
Quality of Life Grant Applicant Information Sheet  
ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH PROTECTION  
HIV/AIDS Section**

**APPLICATION AND PLAN FOR QUALITY OF LIFE ENDOWMENT FUND**

**IMPORTANT NOTICE:** This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose outlined under the State Finance Act [30 ILCS 105/1 et. seq]. Failure to provide this information may prevent this application for funds from being processed.

**SECTION 1. APPLICANT INFORMATION**

<b>Legal Name of Applicant:</b> <i>(Attach copy of W-9)</i>	
<b>Chief Officer/Contact Person:</b> <i>(If more than one, attach list of all officers)</i>	
<b>Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>E-Mail:</b>	
<b>Web Site:</b>	
<b>Project Title:</b>	
<b>Project Period:</b>	
<b>Amount of Funding Requested:</b>	

**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 the 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 part 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 the 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**

Partnership  
 Corporation  
 Not-for-Profit Corp  
 Medical and Health Care  
                     Services Provider Corp

Real Estate Agent  
 Governmental Entity  
 Tax Exempt Organization  
                     (IRC 501[a] only)  
 Trust or Estate

<b>Federal Tax Payer Identification (FEIN) Number or Social Security Number (SSN) of Applicant if not an organization:</b>		
<b>If applicable, list all Names and FEINS that are registered to your organization or have been registered during the last 3 years.</b>	<b>Name:</b>	<b>FEIN:</b>
<b>DUNS Number:</b>		
<b>Illinois Department of Human Rights Number (if applicable):</b>		

**LEGISLATIVE DISTRICT**

<b>State Senator</b>	
<b>State Representative</b>	
<b>Congressional</b>	

**Section 4. KEY GRANT CONTACT INFORMATION**

<b>Grant Application Contact/Title:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>E-Mail:</b>	
<b>Fiscal Contact/Title:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>E-Mail:</b>	

**GRANT FUNDING FROM OTHER SOURCES** – Describe grant funding received from other sources including state and local government agencies as of 2010.

<b>Grant Source</b>	<b>Agency/Name of Grant</b>	<b>Term of Grant</b>	<b>Funding</b>
<b>Federal</b>			
<b>State</b>			
<b>Local</b>			
<b>Other</b>			
<b>Other</b>			
<b>Total</b>			

**Target Populations:**

In Illinois, the HIV/AIDS epidemic affects all parts of the state, all nationalities, genders and age groups with nearly 60,000 cases reported since 1981. However the following populations currently carry a disproportionate share of disease burden and/or high risk of acquiring HIV infection:

- Persons Living with HIV/AIDS and their Partners/Loved Ones
- Same Gender Loving Men and Bisexual Men of all nationalities;  
*(African American and Latino males at highest risk, including Youth)*
- Transgendered Individuals
- High Risk Heterosexuals;  
*(African American and Latina Women at highest risk, including Youth)*
- Injection Drug Users, their sexual partners and equipment sharing partners
- Persons in any of the above categories who have also experienced incarceration, homelessness and/or sex exchange for substances or money

**Agency Eligibility**

Agencies must be able to check “yes” with detailed explanations to all of the following questions to be considered eligible to write and submit a project proposal:

1. Does (or will) the agency’s project receive ongoing input from the target population for its development, implementation, and evaluation? **Yes or No (circle one).**

**IF yes, explain how:** \_\_\_\_\_  
\_\_\_\_\_

2. Does the agency currently provide or has it provided in the past five (5) years: 1) evidence-based HIV health education and risk reduction programming, including condom and other risk/harm reduction tool distribution and instruction for proper, effective use; 2) HIV testing and counseling, including linkage to care and partner services; 3) supportive services for people living with HIV/AIDS; or 4) health programming to one or more of the target populations? (NOTE: This includes all programming regardless of the funding source.) **Yes or No (circle one).**

a. **IF yes, explain in detail:**

\_\_\_\_\_  
\_\_\_\_\_

- b. **IF yes,** provide documentation of relevant training completed by staff and a written agreement for timely and appropriate linkage to care with HIV care medical provider(s) and description of practice for conducting partner services. Include written agreement with local health department for conducting partner services follow up referrals. **NOTE:** Linkage to care with documentation of appropriateness, timeliness and evidence of making initial medical appointment is a requirement for any organization that identifies a person that is newly HIV positive or, previously tested HIV positive, yet not currently in care.

3. If you propose to collaborate with another agency for any component of your proposed project, have you provided a written agreement with the other agency as documentation?  
**Yes or No (circle one).**

a. **IF yes, explain how and list each of the agencies with which you will have a written agreement.** \_\_\_\_\_  
\_\_\_\_\_

**Please Note: Successful applicants will be required to submit quarterly progress reports (narrative with data), and monthly expenditure reports.**

**Section 5. GRANT PROJECT PROPOSAL**

<b>Project Title:</b>	
<b>Brief Project Description:</b> <i>(350 character maximum). Note that the Scope of Work must be completed separately in Section 7.)</i>	
<b>Project Period:</b> <i>(Include start and end date)</i>	
<b>Total Amount of Funding Requested from IDPH:</b>	
<b>Total Applicant Match or In-Kind Contribution:</b>	
<b>If subcontractors will be used under this grant application, provide name, address and description of services.</b>	Subcontractor name: Address: City, State, Zip: Phone: Description of services:  Subcontractor name: Address: City, State, Zip: Phone: Description of services:

*See additional Excel spreadsheet forms for instructions.*

**Illinois Department of Health  
Quality of Life Grant  
Project Budget**

*(10 point value combined Project Budget and Project Budget Narrative) – Please use Excel forms provided).*

**Criteria for Scoring Proposals: The Project Budget and Project Budget Narrative section of the application will be reviewed and scored according to the following criteria (10 Points):**

- The project budget and project budget narrative are complete.
- The project budget and project budget narrative are correct.
- The information in the budget narrative is consistent with the proposed activities.
- The costs projected for the proposed activities and staffing level are reasonable.

**Section 6. GRANT BUDGET SUMMARY**

*(Note: This section is for summary purposes only. A detailed budget is required on Excel Forms.)*

<b>Budget Line Items Requested</b>	<b>Requested Grant Budget Amount</b>	<b>Applicant Match of In-Kind Contribution</b>
<b>Personal Services</b> <i>(Includes Salary and Wages)</i>		
<b>Fringe Benefits</b> (Percent use for calculation _____ %)		
<b>Contractual Services</b> (detailed information about the contractual services amount must be submitted on the attached budget Excel form)		
<b>Travel</b>		
<b>Commodities/Supplies</b>		
<b>Printing</b>		
<b>Equipment</b>		
<b>Telecommunications</b>		
<b>Patient/Client Care</b>		
<b>Administrative Costs</b> <i>(10% Maximum)</i>		
<b>Grand Total</b>		
<p><b>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.</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Time Sheets</li> <li><input type="checkbox"/> Cost allocation plans</li> <li><input type="checkbox"/> Certifications of time allocable to grant</li> <li><input type="checkbox"/> Other, please describe _____</li> <li><input type="checkbox"/> Not applicable to this grant application</li> </ul>	

**Section 7. GRANT SCOPE OF WORK**

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:** Include all the necessary components in the Statement of Work that will be reviewed by the IDPH Quality of Life Board and Grants' Review Committee.

## Quality of Life Grant

### Agency Overview Narrative

(20 point value)

#### Instructions:

LIMIT: **Four (4) pages or less**

REMEMBER: Applicants must write their proposal in a **12-point font** with one-inch margins and **single-spaced** lines on 8½ X 11-inch paper.

Criteria in *italics* are indicators of cultural competency.

Please provide a description of your agency, including:

Agency Name: \_\_\_\_\_

1. A brief description your agency history and its mission.
2. A description of your current or history within the past five (5) years of providing HIV programming that reaches the target population you are proposing to serve. If you do not currently provide HIV programming to the target population, then describe the current or historical health programming or services for people living with HIV/AIDS that you do provide. Please include the following information: a description of the target population (i.e., within the broader target population, what is your intervention(s), a brief description of the intervention(s) and the setting in which services are provided, and how long have you provided the intervention(s).
3. A brief description of sexual health or risk reduction education and health promotion provided in current programming.
4. *What makes your agency well suited to provide HIV programming for the target population you are proposing to serve?*

**Criteria for Scoring Proposals: The Agency Overview Narrative section of the application will be reviewed and scored according to the following criteria (20 Points):**

- **The applicant agency history and mission are compatible with providing HIV programming.**
- **The applicant agency has current or historical (within the past five (5) years) experience providing HIV programming (or health programming or services for people living with HIV/AIDS) to the intended target population.**
- **The applicant agency currently provides sexual health education and health promotion programming.**
- *The applicant agency is well suited to provide HIV programming for the intended target population.*

**Illinois Department of Health  
Quality of Life Grant  
Project Description Narrative**

*(70 point value)*

**Instructions:**

LIMIT: **Ten (10) pages**; may be less depending on the number of proposed interventions.

REMEMBER: Applicants must write their proposal in a **12-point font** with one-inch margins and **single-spaced** lines on 8½ X 11-inch paper.

Criteria in *italics* are indicators of cultural competency.

**Agency name:** \_\_\_\_\_

**Project name:** \_\_\_\_\_

**Target population:** \_\_\_\_\_

**Intervention(s):**

**Check the box corresponding to the intervention(s) you are proposing for this project.**

**Note: Interventions are NOT listed in any ranked order.**

- A. HIV Counseling Testing and Referral (CTR)  
(Note: If you propose CTR you MUST also propose an individual level intervention (ILI) designed to reduce risk and describe how CTR will be conducted, including referrals/linkage to care and partner services. Applicants for HIV CTR must also provide evidence of staff training, physician's standing order, CLIA waiver and current agreement(s) with HIV medical provider(s) for linkage to care.)
- B. Community Level Intervention (CLI)
- C. Health Communication/Public Information (HC/PI)
- D. Outreach Intervention
- E. Group Level Intervention (GLI)
- F. Individual Level Intervention (ILI)
- G. Comprehensive Risk Counseling and Services (CRCS)
- H. Project to provide core or supportive services to HIV positive individuals as listed below.  
NOTE: Applicants must provide written linkage agreements with HIV medical providers to assure appropriate and timely linkage to care for HIV positive individuals encountered.

1. Core services for which programs are needed are as follows:
  - A. Programs to increase Anti-Retroviral (ARV) Drug treatment adherence.
  - B. Programs to ensure linkage/retention in care and continued connection to medical case management
  - C. Medical nutritional therapy
  - D. Provision of mental health services
  - E. Provision of oral health care
  - F. Provision or connection to outpatient/ambulatory health services or substance abuse services—outpatient
2. Support services include:
  - A. Case management services (nonmedical)
  - B. Child care
  - C. Emergency financial assistance
  - D. Food bank/home-delivered meals
  - E. Housing services
  - F. Legal assistance
  - G. Medical transportation services
  - H. Outreach – with HIV positive individuals to link or re-engage in care; and/or provide prevention services, including partners/loved ones
  - I. Psychosocial support services
  - J. Rehabilitation service

**1. Check the box(es) indicating the rationale(s) that serves as the foundation in the development for each of the checked intervention(s) that make up your proposed project and provide the information requested. Note: These are NOT listed in any ranked order.**

- A. Scientific, theoretical, or operational basis (e.g. social learning theory, evaluation of agency project, journal article).

For interventions based on a scientific theory or published journal article, describe how the theory or findings from the journal article will be reflected in intervention activities:

- B. Replication<sup>a</sup> of evidence-based project from Appendix B with documented evidence of effectiveness. If the intention is to replicate a DEBI project, then the interventions that make up the DEBI project must be defined. (Example: Many Men, Many Voices is a group level intervention)

Name of project/intervention to be replicated and documentation of staff training:

- C. Adaptation<sup>b</sup> of evidence-based project from Appendix B with documented evidence of effectiveness. If you intend to adapt a DEBI project, then you must define the interventions that make up the DEBI project. (Example: Many Men, Many Voices is a group level intervention)

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<sup>a</sup> Replication means that you will implement the intervention EXACTLY as it was designed.

<sup>b</sup> Adaptation means that you will tailor the intervention for your target population but you will meet ALL core elements of the intervention. If you are adapting a DEBI but are not meeting ALL of its core elements, then it is not considered an adaptation and you must select another evidence based intervention option.

Name of project/intervention to be adapted and documentation of staff training:

Describe the adaptations that will be made for use with your target population:

- D. CDC/ HRSA Guidelines

Describe how CDC/HRSA Guidelines have or will be put into place:

- E. Other rationale or experience

If none of the above applies, then describe why you believe the proposed interventions will be effective in reducing HIV risk behaviors in your target population:

- 2. *Describe how ongoing input from the target population will be gathered, documented, and used for the development, implementation, and evaluation of this project.*

- 3. **Describe how high-risk individuals will be recruited to participate in the propose project.**

- 4. *Describe how you will ensure that the project is culturally and developmentally appropriate to the target population within the proposed project.*

- 5. *Please provide evidence of effectiveness of the proposed activities that work for the target population.*

- 6. a. **For EACH intervention or service, use a table like the one below to describe where it will take place (the location/setting), the activities that will be conducted, and the estimated number of people from the target population who will be served.**

Intervention or Services	Location/setting (be specific)	Intervention activities or services delivered	Estimated number of people reached for a 12-month period

- b. **If two or more interventions or services are proposed, describe the cost-effectiveness strategy and how these interventions or services will work together.**

- 7. **Describe the specific and measurable changes that are expected in the target population as a result of the intervention activities and/or services and explain how these changes would be documented and measured (e.g. changes in participant knowledge, attitudes,**

behavioral intentions, practice, beliefs, and risk reduction skills. Other examples for HIV positive individuals may include evidence of linkage, retention or re-engagement in care, adherence with medical regimen.)

Be S.M.A.R.T. – provide your responses in language that is specific, measurable, achievable, relevant/realistic, and time-framed.

8. Describe the types and methods of referrals that will be made during the intervention(s) (both internally and externally).

9. Describe the cultural factors that create barriers to delivering prevention messages to and implementing prevention interventions with the proposed target population.

10. Given the barriers described in your answer to #9 above, describe your plan to deliver your programming in light of the described barriers.

11. Describe staffing needs and staff recruitment.

a. Describe the types of staff needed, the number of staff needed, and the duties of each staff person involved in project administration and delivery (e.g. who will be responsible for delivering intervention services, who will attend required training, who will collect and report project data, etc.).

b. Be sure to include the desired qualifications/requirements of staff hired to deliver these interventions. If you currently have an HIV prevention project that is the same or similar to the proposed project, describe the qualifications and skills of current staff. (Do not attach resumes or CVs.)

c. If not currently in place, how will staff be recruited?

12. Describe how the agency will monitor the planning, implementation and evaluation of the proposed project.

**Criteria for Scoring Proposals: The Project Description Narrative section of the application will be reviewed and scored according to the following criteria (70 Points):**

- Strong rationale(s) and support for the intervention(s) that make up the project are

provided.

- *Methods to gather, document, and use input from the target population for the development, implementation, and evaluation of the project are fully described.*
- Strategies to recruit high-risk individuals are fully described.
- *Methods to ensure cultural and developmental appropriateness for the target population are fully described and are workable for the target population.*
- Settings and activities for each intervention are appropriate and feasible.
- If two or more interventions are proposed, how the interventions work together to create the proposed project is fully described.
- Expected outcomes (i.e., changes in knowledge, attitudes, behavioral intentions, beliefs, and skills) relate to the proposed activities and are measurable indicators of success.
- Types and methods of client referrals within or between agencies are fully described and are feasible.
- *Cultural factors that create barriers to delivering prevention messages to and implementing prevention interventions with the target population are fully described.*
- *Strategies to deliver programming in light of described cultural factors and barriers are fully described and are feasible.*
- *The type and number of staff needed and the duties of each staff member are stated and appropriate.*
- *Staff qualifications/requirements (and recruitment strategies, if needed) are stated and appropriate.*
- The description of monitoring the planning, implementation and evaluation of the proposed project is fully described and feasible.

**Name of Grant  
Program**

**Legal Name of**

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**Applicant Organization** \_\_\_\_\_

**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.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Printed Name/Title** \_\_\_\_\_

**FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE**

**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:**

<input type="checkbox"/>	Grant Application Disqualified/Not Eligible for Funding under this Award
<input type="checkbox"/>	Grant Application Recommended for Funding at Full Request
<input type="checkbox"/>	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:** \_\_\_\_\_