

IDFPR USE ONLY:

LOG #:

Name of Applicant Organization: _____

APPLICATION CHECKLIST

- Application Checklist

- Cover Sheet

- Project Summary

- Project Narrative (20 Page Maximum)
 - 1. Description of Applicant
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- Budget
 - 1. Line Item Budget Request
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- Applicant Certifications / Signature

- Support Letters (Optional Attachment)

COVER SHEET

GRANT REQUEST		PROJECT DURATION	
\$	Start Date:	End Date:	
APPLICANT ORGANIZATION			
Legal Name (As reported to the IRS):		Telephone Number:	
Address:		Fax Number:	
City:	State:	Zip + 4:	
County:	Federal Employer Identification Number (FEIN):		
PROJECT CONTACT PERSON			
Salutation:	First name:	Last Name:	
Title:	Telephone Number:	Fax Number:	
Address:			
Email Address (REQUIRED):			
City:	State:	Zip + 4:	
AUTHORIZED GRANT SIGNATOR			
Salutation:	First name:	Last Name:	
Title:	Telephone Number:	Fax Number:	
Address:			
Email Address (REQUIRED):			
City:	State:	Zip + 4:	

PROJECT SUMMARY

In the box below provide a one paragraph (single space) summary of your project. This summary should include the following information:

1. Identify the applicant agency.
2. Indicate the type of organization (e.g., not-for-profit).
3. Identify the area to be served (including community areas if in Chicago).
4. Describe the target population to be trained, including the proposed number of participants (low-income, less educated, minorities, etc.)
5. Briefly describe the proposed financial literacy program.
6. Indicate the planned period of performance.
7. Indicate the amount of grant funds being requested and the amount of matching funds, if proposed, being provided by the applicant.

**DO NOT EXTEND THE PROJECT SUMMARY
BEYOND THIS PAGE**

PROJECT NARRATIVE

The following section is organized in a “question and answer” format. Reprint the question in bold print and then immediately below, provide your response. Our questions may be single spaced, but **double-space** your answers. Be sure to respond to each question.

Description of Applicant

In this section of the proposal, we want to learn more about your organization.

1. Provide a brief (one page or less) description of the organization’s mission, history (year established), and programs.
2. How many participants (unduplicated) does the organization serve each year?
3. How many full time paid workers are employed by the organization? How many full time workers (at least 35 hours per week) will be assigned to implementing the proposed financial literacy program?
4. What is the organization’s annual budget? List the organization’s funding sources/amount over the last 24 months.

Description of Geographic Area Served

In this section, we want to learn more about the geographic area served by your financial literacy program and determine the need for expanded services in that area.

1. Describe the community to be served by the financial literacy program(s). What are the approximate geographic boundaries that the financial literacy program(s) will serve? Provide a brief description of the targeted population that will be served by the financial literacy program(s).
2. Describe the existing community resources, if any, that are providing or available to provide financial education.
3. Explain how this grant would specifically impact the level of financial literacy in the community.

Description of Community Support

IDFPR will give funding priority to applicants that demonstrate significant community support. In making this judgment, IDFPR will consider factors such as the amount of donations, level of volunteer support, and partnerships with other organizations and agencies.

1. List the source and amount of donations (money, equipment, technical services, etc.) received over the past twenty-four (24) months.
2. Indicate the number of volunteers working at your organization, the hours they work, and describe their functions.

3. Do you have any other unique partnerships with employers, volunteer groups, other agencies, or public officials that demonstrate support?
4. Detail how your organization will partner with local organizations and other community providers to maximize the impact of this grant?

Statement of Work

In this section describe the training project that will be supported by grant funds. This portion of the application will be incorporated into the grant (if awarded) as the work statement.

1. Describe the marketing plan or outreach strategy for the financial literacy program proposed. Include specific information as to how will this project will be marketed to local residents?
2. Provide a description of the instructional program and materials that will be used.
3. Describe the methods that will be used to instruct the training participants (traditional classroom, project-based learning, vocational programs, computer-assisted instruction, internet training portal, etc.)?
4. What is the typical training schedule for a program participant? How many total hours will an individual participate in the training?
5. Will you charge participants a fee for the training program? If yes, describe the fee structure. How much revenue do you expect to generate over the period of performance of the grant?
6. Who will provide the instruction? What are their specific qualifications (e.g., education, certifications, experience) to provide the proposed training?
7. How many participants will receive the training during the period of the proposed grant? Is this an increase over the number you have been training to date? If yes, how many **more** participants will be served if the grant is awarded?

IMPLEMENTATION SCHEDULE

Provide an implementation schedule for project activities. For each major project activity, (1.) describe the activity, (2.) indicate the staff responsible for completing the task, (3.) a target date (week or month from the grant start date) that the task will be completed, (4.) and a specific description of the outcome that will result. This portion of the application may be incorporated into the final grant agreement (if funded).

NOTE: Projects should last no longer than twelve months.

**DESCRIPTION OF PROJECT
OUTCOMES TO BE ACHIEVED**

1. Proposed Period of Performance:

- Proposed Start Date: _____
- Proposed End Date: _____

2. How many residents will be served during the proposed period of performance? How many will successfully complete the training curriculum? ***Note that participation must be documented.**

SERVICE LEVELS	TOTAL
1. Program participants (Unduplicated) *	
2. Successful completers (Unduplicated)*	

3. In the box below provide a one paragraph (single space) summary regarding your strategy for measuring, documenting, evaluating, and reporting on the outcomes of your financial literacy program(s). Please also include your view on what amounts to a “successful” financial literacy program.

Complete the *Line Item Budget Request form below*. Please note that you must use the line items and line item definitions provided. (See Section IV. of the RFA.) Do not change these line items and/or substitute other cost categories.

ITEM	GRANT FUNDS	MATCHING FUNDS	PROJECT TOTAL
Labor Costs / Personal Services			
Fringe Benefits			
Travel			
Facilities Costs			
Subcontract Costs/Contractual			
Other Direct Costs			
Administrative			
TOTAL REQUEST			

DETAILED BUDGET JUSTIFICATION

All applicants must provide a detailed budget justification for all grant *and* matching costs. The detailed budget must be provided by line item and must justify what is being requested. There should be sufficient detail so that evaluators can determine exactly how you arrived at the total request for *each* line item. The explanation should make it clear why the grant *and* matching costs are justified, both in terms of how each cost item relates to your proposal and the “reasonableness” of the amount being requested. *Please attach the Detailed Budget Justification behind the Line Item Budget Request.*

LINE ITEM BUDET DEFINITIONS

Labor Costs/Personnel. Includes and is limited to the Grantee's employees

Fringe Benefits. Includes the costs of reasonable and customary benefits associated with personnel salaries, such as employee contributions for FICA, unemployment compensation, workers compensation, insurance, and/or retirement plans.

Travel. Includes and is limited to necessary and reasonable travel related expenses incurred by Grantee's personnel in performing and completing the terms and scope of the incurred project.

Facilities Costs. Includes and is limited to necessary and reasonable costs to build or maintain facilities clearly related to the primary purpose of the project.

Subcontract Costs/Contractual. Includes and is so limited to costs for contractual services clearly related to the primary purpose(s) of the project. Includes any subgrants or contractual services (not consultants) anticipated for this project.

Other Direct Costs. Includes expenses necessary and clearly related to the primary purpose(s) of the project not included in any other budget line item.

Administrative Allowance. Includes administrative costs for eligible expenditures and subgrantee administration necessary and clearly related to the primary purpose(s) of the project and not included in any other budget line item, including indirect costs.

The maximum grant award allowed is \$50,000 per organization.

APPLICANT CERTIFICATIONS

GENERAL CERTIFICATIONS

The applicant understands that the receipt of an application is not a guarantee or commitment by IDFPR for funding.

The applicant certifies that all information contained in this application, including the documentation, is accurate complete and true to the best of its knowledge.

The applicant certifies that it is an organization in good standing, authorized to do business in Illinois, and has no delinquent state tax liabilities

The applicant acknowledges that if its application is funded, it will be required to comply with the Illinois Drug Free Workplace Act, the Americans with Disability Act, the Illinois Human Rights Act, and any future laws enacted which may be applicable to the grant.

AUDIT AND PROJECT REPORTING REQUIREMENTS

The applicant agrees that if its application is funded it may be required to conduct an audit of the grant funds in accordance with generally accepted auditing standards and any special audit conditions that IDFPR deems necessary to ensure the accountability of public funds.

The applicant agrees that if its application is funded it will submit Quarterly Program Reports in a form provided by IDFPR.

AUTHORIZED SIGNATOR

The applicant acknowledges that the individual identified below is the person authorized to execute a legal and binding grant agreement and is identified as the authorized person to sign a grant agreement if this application is funded by IDFPR.

SIGNATURE

DATE

NAME (PLEASE PRINT OR TYPE)

TITLE

THIS IS THE FINAL PAGE OF THE GRANT APPLICATION