



Illinois Department of Commerce & Economic Opportunity

Pat Quinn, Governor • Warren Ribley, Director

# **DCEO STANDARD GRANT APPLICATION**

***(REQUIRED - EFFECTIVE AUGUST 2010)***

500 East Monroe  
Springfield, Illinois 62701-1643  
217/782-7500 • TDD: 800/785-6055

[www.ildceo.net](http://www.ildceo.net)

James R. Thompson Center  
100 West Randolph Street, Suite 3-400  
Chicago, Illinois 60601-3219  
312/814-7179 • TDD: 800/785-6055

2309 West Main, Suite 118  
Marion, Illinois 62959-1180  
618/997-4394 • TDD: 800/785-6055



**ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY**



**GRANT APPLICATION COVER PAGE**

**DCEO Use Only:**  
 Application #: \_\_\_\_\_

**SECTION 1: APPLICANT INFORMATION**

1.1	<b>Legal Name of Applicant:</b> <i>(Attach copy of W-9)</i>	
1.2	<b>Address of Applicant:</b> <i>(Include your extended 9-digit zip code):</i>	
1.3	<b>Chief Officer:</b> <i>(If more than one, attach a list with all Officers)</i>	Name: Title: Address: Phone: Fax: E-Mail:
1.4	<b>Description of Applicant:</b> <i>(200 Character maximum)</i>	
1.5	<b>NAICS Code:</b>	<i>(6-digit Industry Classification Code)</i>
1.6	<b>Applicant Website:</b>	
1.7	<b>Applicant FEIN:</b>	
1.8	<b>Applicant SSN:</b>	
1.9	<b>Applicant's DUNS Number:</b>	
1.10	<b>Applicant Fiscal Year:</b>	From: _____ To: _____

**SECTION 2: APPLICANT HISTORY**

2.1	Have you received a grant from the State of Illinois within the last 3-years?		Yes <input type="checkbox"/>
	Provide total number of grants received from the State of Illinois within the last 3 years.		No
	If yes, provide the following for each grant received in last 3 years:	Agency: Grant #: Grant Amount: Grant Term: General Description: Issues:	
2.2	If applicable, list all Names and FEINs that are registered to your organization or have been registered during the past 3 years.		
	<b>Name</b>	<b>FEIN</b>	

## SECTION 2: APPLICANT HISTORY

2.3		<p>In the past twelve months, have there been any changes in the following key staff? Check all that apply. Provide detail for any boxes checked including names of the person who left the position and the name of their replacement. Indicate the number of months the position has been vacant if the position is currently vacant.</p> <p> <input type="checkbox"/> CEO/Executive Director/Chief Elected Official  <input type="checkbox"/> CFO/Controller  <input type="checkbox"/> Grant Administrator  <input type="checkbox"/> Grant Administrative Support Staff (<i>i.e. Reporting, correspondence, document control</i>)  <input type="checkbox"/> Bookkeeper/Accountant for Grant  <input type="checkbox"/> No Changes         </p> <p>Provide detail for any checked boxes.</p>	
2.4		<p>If your proposed budget includes any staff costs for this grant, please indicate the type of documentation that will be maintained and used to allocate staff costs to the DCEO grant.</p> <p> <input type="checkbox"/> Time sheets  <input type="checkbox"/> Cost allocation plans  <input type="checkbox"/> Certifications of time spent  <input type="checkbox"/> Other, please describe:  <input type="checkbox"/> None         </p>	
2.5		<p>Has the applicant or any principal formed a business that existed for less than two years?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide name(s) of the business and reason(s) that it existed for less than two years.</p>	
2.6		<p>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?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, identify the nature (including case number and venue) of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues.</p>	
2.7		<p>Is the applicant or any principal the subject of any proceedings that are pending, or to the best of 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?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide requested information.</p>	
2.8		<p>Does the applicant or any principal owe any debt to the State?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, list reason and amount:</p>	

## SECTION 3: PROPOSAL INFORMATION

3.1	<b>Submittal Date:</b>		
3.2	<b>Project Title:</b>		
3.3	<b>Brief Project Description:</b> <i>(Complete attached Scope of Work) (550 Character maximum)</i>		
3.4	<b>Project Location:</b>	Street Address: City:	County:
3.5	<b>Areas Served:</b>		
3.6	<b>Project Contact:</b>	Name: Title: Address: Phone: Fax: E-Mail:	
3.7	<b>Project Period:</b>	Start Date:	End Date:
3.8	<b>Project Costs:</b> <i>(Complete attached Budget)</i>	Funding provided by the applicant: Secured funding from other sources: Funding requested from DCEO: _____	
		<b>Total Project Cost</b> _____	

## SECTION 4: SCOPE OF WORK

*Project Title*

*Description of project:*

Grantee will complete the following tasks:

DESCRIPTION OF TASKS	ESTIMATED COMPLETION DATE
<b>Task 1.</b>	
<b>Task 2.</b>	
<b>Task 3.</b>	
<b>Task 4.</b>	
<b>Task 5.</b>	
<b>Task 6.</b>	
<b>Task 7.</b>	
<b>Task 8.</b>	

## SECTION 5: PERFORMANCE MEASURES

Performance Measure	Target

## SECTION 6: PROJECTED EMPLOYMENT IMPACT

6.1	Number of permanent full-time individuals currently employed by applicant:	
6.2	Number of permanent part-time individuals currently employed by applicant:	
6.3	Number of permanent full-time jobs that would be created by applicant as a direct result of receiving the grant award:	
6.4	Number of permanent part-time jobs that would be created by applicant as a direct result of receiving the grant award:	
6.5	Number of permanent full-time jobs that would be retained by applicant as a direct result of receiving the grant award:	
6.6	Number of permanent part-time jobs that would be retained by applicant as a direct result of receiving the grant award:	
6.7	Describe any other projected employment impact as a result of receiving the grant award:	

**SECTION 7: BUDGET**

Line Item or Cost Category Description	Requested Grant Budget Amount	Proposed Match Budget Amount
<b>Total Cost</b>		

**SECTION 8: PROGRAM SPECIFIC INFORMATION**

**PLEASE REVIEW THE CDBG MIDWEST APPLICATION GUIDEBOOK FOR ADDITIONAL FORMS THAT MAY NEED TO BE COMPLETED**

**SECTION 9: APPLICANT CERTIFICATION**

Under penalty of perjury, I certify that I have examined this application and the document(s), schedule(s), and statement(s) submitted in conjunction herewith, and that, to the best of my information and belief, the information contained herein is true, 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 application is approved for funding.

I hereby release to DCEO the rights and use of photographs and/or any written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), contained in or provided after grant application for the purpose of publication on DCEO's website. I hereby also release any and all claims against DCEO its officers, agents, employees and/or affiliates arising out of, or in connection with, the usage of photographs and/or written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), for the purpose of publication on DCEO's website.

Signature	Name & Title	Date
-----------	--------------	------

# INSTRUCTIONS

All questions in the following sections must be completed by the applicant. Additional documentation should be attached as necessary to adequately respond to the question or to provide the detail requested.

## SECTION 1: APPLICANT INFORMATION - INSTRUCTIONS

**Question #1.1:** Provide the applicant's legal name which is reflected on your Federal W-9 form. If the applicant is a Limited Liability Company with a tax classification of "C" - the IRS acceptance letter needs to be submitted along with the W-9 in order for the vendor to be certified.

**Question #1.2:** Provide the applicant's business address, including the 9-digit zip code.

**Question #1.3:** Complete this section by indicating the Chief Officer of the applicant. If the applicant organization has more than one chief officer, please attach additional documentation providing all names and appropriate contact information.

**Question #1.4:** Provide a brief explicit description of the applicant indicating the type of business, business history, typical clientele, etc. The applicant description should not exceed 200 characters.

**Question #1.5:** Provide the applicant's North American Industry Classification System (NAICS) Code. The NAICS (pronounced Nakes) was developed as the standard for use by Federal statistical agencies in classifying business establishments for the collection, analysis, and publication of statistical data related to the business economy of the U.S. If you do not know your NAICS Code, you may look it up at: <http://www.naics.com/index.html>

**Question #1.6:** If applicable, provide the applicant's website address.

**Question #1.7:** Provide the applicant's Federal Employer Identification Number (FEIN). The FEIN is also known as a Federal Tax Identification Number, and is used to identify a business entity. Generally, businesses need a FEIN. If your business does not have a FEIN, you may apply for it at <http://www.irs.gov/>. You are required to have a FEIN in order to be eligible for a DCEO award.

**Question #1.8:** If the applicant is an individual with no FEIN, provide the applicant's Social Security Number (SSN). Do not provide a Social Security Number if you are also providing a FEIN for Question #7.

**Question #1.9:** A DUNS Number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of over 100 million businesses worldwide. Provide the applicant's DUNS number. If your business does not have a DUNS number, you may request one at: [http://www.dnb.com/us/duns\\_update/](http://www.dnb.com/us/duns_update/)

**Question #1.10:** Indicate the start date and end date of the applicant's fiscal year (accounting year) with month, day and year.

## SECTION 2: APPLICANT HISTORY - INSTRUCTIONS

**Question #2.1:** Complete this section with information on any grants received from the state of Illinois by the applicant within the last 3 years from the date of this application. Applicant must provide the information detailed below for each grant received. However, if applicant received more than 10 grants within the last 3 years the information below is only required for any grants with outstanding programmatic and financial issues.

Agency:	List the name of the agency from which the grant was received.
Grant #:	List the number related to the grant.
Grant Amount:	List the total amount of the grant
Grant Term:	List the term to include the beginning and end date of the grant.
General description of grant:	Provide a brief description of the grant project.
Issues:	Provide a description of any financial or programmatic issues that were identified with this grant by either the grantor agency and/or grantee. State whether the issues are resolved or unresolved. If the issues are unresolved, state the reason why and provide a current status.

**Question #2.2:** If the applicant's organization has operated under any other names or FEIN numbers during the past 3 years from the date of this application, this information must be provided in this section.

**Question #2.3:** Indicate which key staff positions have changed within the past twelve months from the date of this application. Provide additional documentation for the requested information for any vacancies, new hires, layoffs, and terminations. Also provide the same information for any changes relating to key staff positions that may become involved with the administration and/or management of potential grants.

**Question #2.4:** Indicate in the list provided the type of documentation that the applicant's organization will maintain to support and allocate staff costs to the DCEO grant. Any staff costs incurred need to be adequately supported to ensure appropriate allocation to the DCEO grant.

**Question #2.5:** Indicate whether a previous business existed for less than two years. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

- If yes, provide name(s) of business and reason(s) supporting why the business is no longer in existence. Be as descriptive as possible for reason(s) why the business is no longer in existence. Attach additional supporting documentation to support your response to this question.

**Question #2.6:** Indicate yes or no and provide additional information in subsequent question. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

- If yes, identify the nature (including case number and venue) 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 and attach additional supporting documentation to support the response to this question.

**Question #2.7:** Indicate yes or no and provide additional information in subsequent question. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

- If yes, describe the proceedings and provide the current status. Be as descriptive as possible and attach additional supporting documentation to support the response to this question.

**Question #2.8:** Indicate any debt owed to the state by listing the specific reason(s) and amount(s). Attach additional documentation to explain the debt owed to the state.

## **SECTION 3: PROPOSAL INFORMATION - INSTRUCTIONS**

**Question #3.1:** Indicate the date on which the applicant is submitting this proposal.

**Question #3.2:** Provide a short title that accurately describes the proposal. The title should be limited to approximately 40 characters.

**Question #3.3:** Provide a brief description of the proposed project that summarizes the use of the grant award. The description should not exceed 550 characters. The brief project description should be consistent with the information provided in the attached Scope of Work. The description provided here may be used on the Department's website.

**Question #3.4:** Complete this section with the address of the proposed project location.

**Question #3.5:** Identify the area(s) served if the project location serves more than one location or if it serves a geographical region. Identify these areas by cities, towns, villages, counties or other defined programmatic or geographical regions.

**Question #3.6:** Complete this section by providing the name, business address and other required business contact information of the individual that will serve as the primary project contact. This person will serve as the Department's primary contact from application intake through closure of the grant, if awarded by the Department. Please note that the Department may publish copies of applications on its public website so it is preferable that you submit your business contact information. If the applicant does not have a business to use for contact information, then please provide personal information (home address, personal cell phone number, personal email address) as an attachment to the application.

**Question #3.7:** Indicate the projected project time period with a start and end date.

**Question #3.8:** Identify the funding sources for the proposed project. The applicant must identify the amount of funding the applicant is proposing to provide to the project, any secured funding from other sources, and the amount of funding being requested from the Department. The total project cost should be the sum of all three sources of funds. The project costs in this section should be consistent with the information provided in the attached Budget.



## SECTION 4: SCOPE OF WORK - INSTRUCTIONS

- Provide the Project Title and it needs to be the same as or consistent with the title provided in the Proposal Information above.
- Provide a detailed description of the proposed project and the intended use of grant funds. Unlike Line 3 of the Proposal Information Section, the applicant is not restricted in their description of the proposed project. The information provided in this description will assist the Department in development of the Scope of Work for the grant agreement if the project is awarded. It will also facilitate the periodic reporting that will be required to update the Department on the status of the projects major milestones if the project is awarded.
- Briefly describe each task in the Description of Tasks column. These tasks will be used to develop the grant agreement. The applicant should assign an estimated completion date for each task. If a grant is awarded, the applicant will have the opportunity to modify these dates prior to the execution of the grant.

## SECTION 5: PERFORMANCE MEASURES - INSTRUCTIONS

- If the applicant is aware of any performance measures required by the program, the measure(s) should be listed in this section. If known, the applicant should provide the target numbers for each measure.

## SECTION 6: PROJECTED EMPLOYMENT IMPACT - INSTRUCTIONS

### Definitions for Question #1 - #7:

- Employee:** An individual that agrees to participate in an employer/employee business relationship and provide services for the employer in return for a defined salary or wage; the employer files forms and withholds taxes per the IRS requirements for an employee.
- Created job:** A new position to be developed and filled, or an existing unfilled position to be filled; either of which could not be filled **but for** the DCEO grant/loan provided.
- Retained job:** An existing position to be maintained that otherwise would be eliminated **but for** the DCEO grant/loan provided. . **Note:** A job previously reported as retained during the course of a previous DCEO grant cannot be projected again as retained in the current DCEO grant application if the end date of the previous grant is less than 18 months prior to the current application date. However, a job reported as retained during the course of a previous DCEO grant can be projected again as retained in the current DCEO grant application, if the end date of the previous DCEO grant occurred more than 18 months prior to the date of the current DCEO application.
- Permanent job:** A job intended to last indefinitely; does not have a finite ending date.
- Temporary job:** A job that is typically short term, and will last only for a specified period of time (example: a seasonal job).
- Full time job:** Employee will be expected to work the full number of hours in a standard work week in the organization, as defined by the employer; full time positions often approximate 40 hours per week and typically include benefits such as a pension plan, insurance, and vacation benefits.
- Part time job:** Employee will be expected to work fewer hours per week than the hours required in a full time position; this type of job often does not include benefits or receives reduced benefits.
- Other projected employment impact:** The count may include other impacts with the applicant organization, such as temporary jobs or independent contractors needed by the applicant; and/or other employment impacts elsewhere in the economy.

## **SECTION 7: BUDGET - INSTRUCTIONS**

- This section will be used to establish the cost categories of the grant agreement. List each budget line item for which the grant funds are proposed to be expended.
- Indicate the requested grant amount for each budget line item.
- Provide the proposed match amount for each budget line item.
- Provide the total of each column.

## **SECTION 8: PROGRAM SPECIFIC INFORMATION - INSTRUCTIONS**

Program staff should insert appropriate application instructions for program specific information.

## **SECTION 9: APPLICANT CERTIFICATION - INSTRUCTIONS**

The applicant should read and understand the certification statement provided in this section. The individual that signs this section should be the one that is authorized to sign the grant agreement if grant funds are awarded. The authorized individual should sign their name, print their name and title and date of certification. Please note the certification authorizes the Department to publish a copy of the completed application on the Department's website.

## **SUBMISSION OF APPLICATION**

Program staff should insert instructions for application submission.