

ILLINOIS DEPARTMENT OF VETERANS AFFAIRS
Application for State Grant Assistance

Agency Completed Section

1.	Type of Submission	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application
2.	Type of Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application)
3.	Date / Time Received by State	
4.	Name of the Awarding State Agency	ILLINOIS DEPARTMENT OF VETERANS AFFAIRS
5.	Catalog of State Financial Assistance (CSFA) Number	497-00-1177
6.	CSFA Title	VETERANS CASH SCRATCH OFF LOTTERY TICKET PROGRAM
Catalog of Federal Domestic Assistance (CFDA)		<input checked="" type="checkbox"/> Not applicable (No federal funding)
7.	CFDA Number	
8.	CFDA Title	
9.	CFDA Number	
10.	CFDA Title	
Funding Opportunity Information		
11.	Funding Opportunity Number	1177-175
12.	Funding Opportunity Title	VETERANS CASH SCRATCH OFF LOTTERY TICKET PROGRAM
Competition Identification <input type="checkbox"/> Not Applicable		
13.	Competition Identification Number	N/A
14.	Competition Identification Title	N/A

Applicant Completed Section

Applicant Information		
15.	Legal Name	Name used for DUNS registration and grantee pre-qualification
16.	Common Name (DBA)	
17.	Employer / Taxpayer Identification Number (EIN, TIN)	
18.	Organizational DUNS number	
19.	GATA ID	Assigned through the Grantee Portal
20.	SAM Cage Code	
21.	Business Address	Street address, City, County, State, Country, Zip + 4
Applicant's Organizational Unit		
22.	Department Name	
23.	Division Name	
Applicant's Name and Contact Information for Person to be Contacted for <i>Program</i> Matters involving this Application		
24.	First Name	
25.	Last Name	
26.	Suffix	
27.	Title	
28.	Organizational Affiliation	
29.	Telephone Number	
30.	Fax Number	
31.	Email address	
Applicant's Name and Contact Information for Person to be Contacted for <i>Business/Administrative Office</i> Matters involving this Application		
32.	First Name	
33.	Last Name	
34.	Suffix	
35.	Title	
36.	Organizational Affiliation	
37.	Telephone Number	

38.	Fax Number	
39.	Email address	
Areas Affected		
40.	Areas Affected by the Project (cities, counties, state-wide)	
41.	Legislative and Congressional Districts of Applicant	
42.	Legislative and Congressional Districts of Program / Project	
Applicant's Project		
43.	Description Title of Applicant's Project	Text only for the title of the applicant's project
44.	Proposed Project Term	Start Date: End Date:
45.	Estimated Funding (include all that apply)	<input checked="" type="checkbox"/> Amount Requested from the State: <input type="checkbox"/> Applicant Contribution (e.g., in kind, matching): <input type="checkbox"/> Local Contribution: <input type="checkbox"/> Other Source of Contribution: <input type="checkbox"/> Program Income: <p style="text-align: right;">Total Amount:</p>
<p>Applicant Certification: By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001)</p> <p>(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.</p> <p style="text-align: center;"><input checked="" type="checkbox"/> I agree</p>		
Authorized Representative		
46.	First Name	
47.	Last Name	
48.	Suffix	
49.	Title	
50.	Telephone Number	
51.	Fax Number	
52.	Email Address	
53.	Signature of Authorized Representative	
54.	Date Signed	

NARRATIVE

55. Project Title:

56. Abstract: In 90 -160 words, briefly describe who, what, and why the project and overview of the results expected. Describe how the services provided will benefit veterans thus improving their quality of life. Please do not use abbreviations.

57. Select One Funding Category:

- Post Traumatic Stress Disorder (PTSD)
- Veterans Homelessness
- Veterans Health Insurance Costs
- Veterans Disability Benefits
- Veterans Long-Term Care
- Veterans Employment and Employment Training

58. Administrative Capacity

- a. Describe the agency's capacity to support the project. As appropriate, this may include internal controls such as policies for procurement (e.g., bids required, purchase orders), procedures for hiring, collection-development strategies, inventory management or travel rules.
- b. Describe the qualifications of key staff to be involved with this project.
- c. Describe the methods of financing the program, including expenses not covered by this grant.
- d. Describe how the program will be supported after the termination of the grant.
- e. Provide a list of current Chief Officers or Board Members.
- f. Identify if any of the Chief Officers or Board Members have a relationship with an IDVA employee? If so, you must provide a statement disclosing the relationship(s).

59. Project Description

- a. In 90-160 words, describe the overall project from beginning to end. Include details about methods, activities, services to be provided, how they will be implemented, and how items budgeted for will be used. Include a broad statement about the long-term expectation of what should happen as a result of your program. Please do not use abbreviations.
- b. If appropriate, explain the roles in partnering agencies.

60. Target Audience and Need:

- a. Explain the need for this project or a problem the project addresses.
- b. Identify the specific target audience that will benefit from, participate in, or use the services provided. Estimate the number of veterans the project directly seeks to impact.

- c. If applicable, explain promotion, recruitment and/or outreach strategies to encourage involvement by the target audience or use of the end product.
- d. Describe the geographic area that your program will serve (what parts of Illinois).
- e. Describe existing similar programs within the same geographic area.

61. Project Schedule:

- a. List all services, goods, products, work product, data, items, material and property to be created, developed, produced, delivered, performed, or provided; and
- b. Specific and targeted results expected from all services, goods, products, work product, data, items, material and property to be created, developed, produced, delivered, performed or provided; and serves as a checklist of what is to be accomplished throughout the term. The results must be clear, objective and measurable.
- c. Provide a timeline specifying months when key actions (e.g., planning, activities, instruction, events, evaluation, and data collection) will take place.

62. Objectives and Methods:

- a. Propose two to four objectives that will be achieved as a result of this project. Objectives specify the intended effect of the program in the target population or end result of a program. The objective focuses on what your target population(s) will know or will be able to do as a result of your program/activity.
- b. For each objective, describe the specific method, activity or service to be implemented toward achieving the desired outcome. Activities are the actual events that take place as part of the program.

63. Evaluation

- a. What strategies will be used to assess the success of the project? Check all that apply.

- Survey
- Review of Administrative Data
- Interview/Focus Group
- Participant Observation
- Other

- b. Explain how the results will be used to evaluate the project and how financial data will relate to the performance accomplishments of the award.

64. Tax Status

Applicant is doing business as:

- Tax-Exempt Entity
- Governmental Agency
- Other _____