



Illinois Secretary of State GRANT APPLICATION

IDENTIFYING INFORMATION

1. Submitting Agency: _____

2. Name of Project Director: _____
Prefix (e.g., Dr., Mr., Mrs., Ms.) First Name Last Name

3. Contact Information for Project Director:

Email: _____

Telephone: _____ Extension: _____ Fax: _____

4. Work Mailing Address:

Building Name: _____

Street or P.O. Box: _____

City: _____, Illinois Zip + 4: _____

NARRATIVE

5. Abstract: In 90-160 words, provide a brief and explicit description of the proposed program or services including overview, goals and impact on the intended audience.

6. Administrative Capacity:

- a. How does this project relate to your agency's mission or strategic plan?
- b. Describe your agency's capacity to administer 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.
- c. Identify Chief Officers (e.g. director/board of directors) of applicant agency.
- d. Describe the qualifications of key staff to be involved with this project.

7. Project Description:

- a. Provide a comprehensive description of the project. Include details about methods, activities and services to be provided, how they will be implemented, and how items budgeted will be used. (Attach additional documents if needed.)
- b. If appropriate, explain the roles of partnering agencies.

8. Target Audience and Need:

- a. Identify the intended audience and describe the necessity for this project.
- b. Provide data (quantitative or anecdotal) to support how the audience and need were identified. Estimate the number of persons/communities 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.

9. Project Schedule: Provide a timeline illustrating when actions and activities will be scheduled or completed. (e.g., August - planning meetings with partnering agencies; September - October - recruitment of participants; Oct. 15 - submit quarterly report; Nov. 11 - Instruction on ABC.)

Date or Month Scheduled or Completed	Action/Activities
--------------------------------------	-------------------

10. Evaluation: What strategies will be used to assess the success of the project? Check all that apply.

- Survey
- Review of Administrative Data
- Interview/Focus Groups engaged
- Participant Engagement
- Other

Describe the methodology. For example: Will the evaluation be conducted by project staff or by a third party evaluator? What parts of the project will be evaluated? What data or information will be collected and when?

BUDGET

11. Details and Explanation for Use of Grant Funds

Salaries/Wages/Benefits: Salaries, wages and fringe benefits paid with grant funds for staff contributing directly to the project. List position titles (not names), number of full-time equivalent (FTE) in that position, and anticipated hours devoted to the project.

Position Title	#FTE	Anticipated Hours	\$ Amount
TOTAL			

Consultant Fees: Includes all expenses related to acquiring the services of a consultant for a specific activity within the project. Include costs that will be paid to the consultant, including fees, travel, accommodations and support services. Provide the consultant's name and description of expertise that the consultant brings to the project.

Name and Expertise	\$ Amount
TOTAL	

Travel: Include travel costs for project staff and/or participants. Travel must be related to project activities and considered educational, or mission related, not entertainment. This includes transportation as well as costs and fees for educational sites, meetings or programs if appropriate. Budget the most economical mode of transportation, considering travel time, costs and purpose for travel. Provide the number of travelers, destination and purpose for travel, and a description of the types of travel expenditures expected (i.e., mileage, registration fees).

Number of Travelers	Destination and Purpose	Type of Travel Expenditures	\$ Amount
TOTAL			

Supplies/Materials: Include costs for supplies and materials purchased specifically for the project. This includes books, nonprint resources, software, virtual or tangible materials, and computing devices if the acquisition cost per unit is less than \$5,000.

TOTAL \$ _____

Provide descriptions and quantities of all supplies and materials proposed.

Equipment: Only for individual items costing \$5,000 or more.

TOTAL \$ _____

Provide descriptions as well as quantities of equipment proposed and cost.

Services: Services may include, but are not limited to, hiring a firm to provide instruction and training as well as technical assistance, outsourcing and databases. Budget project activities to be undertaken by a third-party contractor or vendor as Services.

TOTAL \$ _____

Identify the costs and parameters for grant-funded services or activities, including the name of the vendor, firm or organization providing the direct service, if known.

BUDGET SUMMARY:

Budget Line	Total
Salaries/Wages/Benefits	
Consultant Fees	
Travel	
Supplies/Materials	
Equipment	
Services	
Total Direct Costs	

Indirect (Facilities and Administrative) Costs: Indirect costs are incurred for the organization’s overall objectives and therefore, cannot be identified specifically for a particular project. Typical examples of indirect costs are general telephone service, audit costs, utilities, general office supplies, and administrative or financial operations such as audit costs. If you choose to request indirect costs, you must exclude all indirect-cost-type items from other budgetlines.

Choose One:

No Indirect Costs	
Indirect Costs not to exceed 10 percent of the Total Direct Costs	

Total Grant Request _____