FOR IDPH Use Only
Application No. _____

Date Received _____

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

APPLICATION FOR PUBLIC HEALTH GRANT

Office: Office of Policy, Planning, and Statistics

Name of Division/Grant Program: SHIP Video Challenge

Section 1. APPLICANT INFORMATION	
Legal Name of Applicant: *(Attach copy of W-9)*	
Name and Title of Chief Officer: *(If more than one, attach a list of all officers)*	Name: Title: Address: Phone: Fax: E-mail:
Applicant Address:	
City, State, Zip Code:	
Telephone:	
Fax:	
E-Mail:	
Web Site:	

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?	☐ **YES** ☐ **NO**
If yes, provide the following: *(Add additional rows if needed)*	Agency providing grant funding: Grant Number: Grant Amount: Grant Term: Brief Description of grant:

How long has 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 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?	☐ **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 in 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

Legal Status:	☐ Individual ☐ Sole Proprietor ☐ Partnership/Legal Corporation ☐ Tax Exempt ☐ Corporation providing or billing medical and/or health services ☐ Corporation NOT providing or billing medical and/or health services ☐ Other (describe):	☐ Governmental ☐ Nonresident alien ☐ Estate or Trust ☐ Pharmacy (Non-Corporation) ☐ Pharmacy/Funeral Home/Cemetery (Corporation) ☐ Limited Liability Company (select applicable tax classification) ☐ D = Disregarded Entity ☐ C = Corporation ☐ P = Partnership
Federal Tax Payer Identification (FEIN) Number or Social Security Number (SSN) of Applicant if not an organization:		
If applicable, list all Names and FEINS that are registered to your organization or have been	**Name:**	**FEIN:**
	Name:	**FEIN:**

registered during the last 3 years.	**Name:**	**FEIN:**
DUNS Number:		
Illinois Department of Human Rights Number (if applicable):		
Legislative Senate District:		
Legislative House District:		
Congressional District:		

Section 4. KEY GRANT CONTACT INFORMATION	
Grant Application Contact/Title:	
Telephone:	
Fax:	
E-Mail:	
Fiscal Contact/Title:	
Telephone:	
Fax:	
E-Mail:	

Section 5. GRANT PROJECT PROPOSAL	
Project Title:	
Brief Project Description: *(350 character maximum). Note that the Scope of Work must be completed separately.*	
Project Period: *(Include start and end date)*	

Total Amount of Funding Requested from IDPH:	
Total Applicant Match or In-Kind Contribution:	
If subcontractors will be used under this grant application, provide name, address and description of services.	Subcontractor name: Address: City, State, Zip: Phone: Description of services: Subcontractor name: Address: City, State, Zip: Phone: Description of services:

Section 6. GRANT BUDGET SUMMARY *(Note: This section is for summary purposes only. A detailed budget is/may be required. See Section 7)*		
Budget Line Items Requested	**Requested Grant Budget Amount**	**Applicant Match of In-Kind Contribution**
Personal Services *(Includes Salary and Wages)*	DO NOT FILL	DO NOT FILL
Fringe Benefits (Percent use for calculation _____%)	DO NOT FILL	DO NOT FILL
Contractual Services (detailed information about the contractual services amount must be submitted on the attached budget excel form)	DO NOT FILL	DO NOT FILL
Travel	DO NOT FILL	DO NOT FILL
Commodities/Supplies	DO NOT FILL	DO NOT FILL
Printing	DO NOT FILL	DO NOT FILL
Equipment	DO NOT FILL	DO NOT FILL
Telecommunications	DO NOT FILL	DO NOT FILL
Patient/Client Care	DO NOT FILL	DO NOT FILL
Administrative Costs *(If applicable/allowable)* This line item can be removed by Program if not allowable	DO NOT FILL	DO NOT FILL
Grand Total	$1,500.00	DO NOT FILL
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.	☐ Time Sheets ☐ Cost allocation plans ☐ Certifications of time allocable to grant ☐ Other, please describe _____ ☑ Not applicable to this grant application	

Section 7. GRANT SCOPE OF WORK

For the SHIP Video Challenge, please complete and submit the SHIP Video Challenge Scope of Work Form, available at the healthycommunities.illinois.gov web site.

Name of Grant Program

Legal Name of Applicant

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.

Signature	Printed Name/Title	Date

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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:

☐	Grant Application Disqualified/Not Eligible for Funding under this Award
☐	Grant Application Recommended for Funding at Full Request
☐	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)

Director (or Delegate) _____ Date: _____