**APPLICATION CHECKLIST**

Please use the checklists below to indicate submission of each of the required documents by placing a √ in the Applicant column below. This checklist is to be signed by the agency authorized official and submitted with the application.

**Implementing agencies**

|  |  |  |
| --- | --- | --- |
| **Applicant** | **Required materials** | **ICJIA** |
|  | Completed Uniform Application for State Grant Assistance |  |
|  | Completed and signed Programmatic Risk Assessment ( in PDF format) |  |
|  | Eligibility Requirement Certification Form |  |
|  | Completed application narrative file in Word that meets program requirements outlined in Section A of the NOFO. Proposal Narrative must be submitted in Word and follow format in Appendix C. Other documents should be submitted in PDF. 20 pages maximum; Times New Roman, 12 point font, double-spaced. Please number pages. |  |
|  | Completed Logic Model in Word |  |
|  | Completed and signed VOCA SAR |  |
|  | Completed and signed Self-Certification |  |
|  | Completed Implementation Schedule |  |
|  | Completed Uniform Budget using the Uniform Budget Template |  |
|  | Completed Fiscal Information Sheet in Word |  |
|  | Completed and signed Audit Information Sheet in PDF - |  |
|  | Completed Certification of Drug Free Workplace Act and Federal Lobbying/Debarment Certification |  |
|  | Federal Certification of Equal Employment Opportunity Plan (EEOP) Requirements |  |
|  | Completed Federal Civil Rights Certification |  |

**Program agencies**

|  |  |  |
| --- | --- | --- |
| **Applicant** | **Required materials** | **AUTHORITY** |
|  | Federal Certification of Equal Employment Opportunity Plan (EEOP) Requirements |  |
|  | Completed Federal Civil Rights Certification |  |

**Additional requirements for not-for-profit agencies**

|  |  |  |
| --- | --- | --- |
| **Applicant** | **Required materials** | **AUTHORITY** |
|  | Letter of determination of not-for-profit status from the United States Internal Revenue Service 501 (c) 3 |  |
|  | Completed Self Report Statement of Faith-Based Organization |  |
|  | Certificate of Good Standing from the Illinois Secretary of State |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of agency authorized official Signature Date