**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 Documents** | **ICJIA** |
| **[ ]**  | Completed Uniform Application for State Grant Assistance |  |
| **[ ]**  | Completed application narrative file in Word that meets program requirements outlined in Section A of the NOFO. Applicant’s narrative must be submitted in Word and follow format in the posted Program Narrative. 30 pages maximum; Times New Roman, 12 point font, double-spaced. Please number pages. |  |
| **[ ]**  | Signed letter of commitment(s) (if applicable) |  |
| **[ ]**  | Completed VOCA SAR Form |  |
| **[ ]**  | Completed Budget and Budget Narrative using the Uniform Budget Template  |  |
| **[ ]**  | Completed Logic Model |  |
| ***The following documents are required to facilitate efficient grant processing but will not be used in determining eligibility.*** |
| **[ ]**  | Eligibility Requirement Certification Form |  |
| **[ ]**  | Completed and signed Self-Certification  |  |
| **[ ]**  | Completed Fiscal Information Sheet-leave award amount and agreement number blank |  |
| **[ ]**  | Completed and signed Audit Information Sheet-leave award amount and agreement number blank |  |
| **[ ]**  | 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 |  |
| **[ ]**  | Completed and signed Programmatic Risk Assessment ( in PDF format)  |  |
| **[ ]**  | Non-supplanting Certification |  |

 **Program agencies**

*The following documents are required to facilitate efficient grant processing but will not be used in determining eligibility.*

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

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

*Non-profit agencies must submit these documents in order for the application to be reviewed.*

|  |  |  |
| --- | --- | --- |
| **Applicant** | **Required Documents** | **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 |  |
| **[ ]**  | Proof of Good Standing from the Illinois Secretary of State |  |

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

Name of agency authorized official Signature Date