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| ILLINOIS DEPARTMENT  OF HUMAN SERVICES  *Division of Alcoholism*  *and Substance Abuse* |  | FIXED-RATE  GRANT BUDGET |  | State  Fiscal  Year |  | 2017 |

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| Organizational Name: | |  | | | | | | | | | | | | | | | |
| FEIN: |  | | | | DUNS Number: | | |  | | |
| CFDA/CFSA Number: | | |  | | | | Funding Opportunity Number: | | | | |  | | | | |
| CFDA/CFSA Description: | | | |  | | | | | | | | | | | | | |
| Projected number of unduplicated clients to be served, all services in State Fiscal Year 2017: | | | | | | | | | | | | |  | | |
| IDHS regions to be served *(Check all that apply)*: | | | | | | Region 1 | | | Region 2 | Region 3 | | | | Region 4 | Region 5 | | | |

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| **Service Deliverable Description** | **Minimum Unit**  **of Service** | **Code** | **Rate** | **Projected**  **Costs for**  **State Fiscal**  **Year 2017** | **Projected Number**  **of Unduplicated**  **Clients to be**  **Served Annually** |
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| See NOFO for applicable rate information. |

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|  | **Narrative** |

Please provide a narrative explanation describing your allocation methodology and/or any formulas used to derive rates.

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**Certification Under 2 CFR 200.415**

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|  |  |  |
| Institution/Organization |  | Institution/Organization |
|  |  |  |
| *Authorized Organization Representative Signature* |  | *Authorized Organization Representative Signature* |
|  |  |  |
| Name of Official |  | Name of Official |
|  |  |  |
| Chief Financial Officer *(or equivalent)* |  | Executive Director *(or equivalent)* |
|  |  |  |
| Date |  | Date |

**NOTE: The required signers must have the authority to enter into contractual agreements on behalf of the organization.**

**Agency Approval**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Division Program Signature Date* |  | *Fiscal and Administrative Signature Date* |