ATTACHMENT G - Application Checklist

Please review the checklists to ensure each attachment for the NOFO is included. Any application missing attachments will not be reviewed.

**PRE-AWARD ELIGIBILITY CHECKLIST**

|  | **Date Completed** |
| --- | --- |
| **Have a valid Data Universal Numbering System (DUNS) number** |  |
| **Have a current System for Award Management (SAM.gov account)** |  |
| **Be in Good Standing with the Illinois Secretary of State, as applicable This does not apply to governmental entities and/or schools.** |  |
| **Not be on the Federal Excluded Parties list** |  |
| **Not be on the Illinois Stop Payment list** |  |
| **Not be on the Department of Healthcare and Family Services Provider Sanctions list** |  |
| **Have completed a FY 2020 Fiscal and Administrative Risk Assessment (ICQ)** |  |
| **Have completed a DVPI Programmatic Risk Assessment (PRA), CSFA# 20-444-80-0652-02** |  |
| **Have completed and submitted a budget in the IDHS CSA tracking system and gained access to the IDHS Centralized Repository Vault (CRV)** |  |

**APPLICATION FORMAT CHECKLIST**

|  | **Date Completed** |
| --- | --- |
| **Narrative is 12-point Arial font, single spaced, one-sided, white paper** |  |
| **Narrative does not exceed the total number of pages noted in the NOFO** |  |
| **Narrative and Attachments are appropriately labeled and ordered based on guidance in the Notice of Funding Opportunity** |  |
| **Uniform Grant Budget has been "SUBMITTED" in IDHS CSA database** |  |
| **Uniform State Grant Application has all required signatures** |  |
| **Complete application is in a single pdf document. (Does not include the budget)** |  |
| **Single pdf document submitted to** [**DHS.DVSAHT@illinois.gov**](mailto:DHS.DVSAHT@illinois.gov) |  |

**APPLICATION PACKAGE**

|  | **Date Completed** |
| --- | --- |
| **Uniform State Grant Application (3 pages) must be signed** |  |
| **Program Narrative** |  |
| **Include Attachments**   * **A:  Linkage Agreement(s)** * **B:  Organizational Chart** * **C:  Contact Information** * **D:  Service Locations** * **E: Service Provision** * **F:  Project Timeline** |  |
| **Uniform Grant Budget signed and submitted electronically in CSA tracking system** |  |