



**Division of Community Health and Prevention
Sub-Grant A – Local Capacity Building Grant
PROPOSAL CONTENT CHECKLIST – Page 1 of 4**

Applicant: _____

Service Area: _____

Plan: ____ of ____

The proposal should contain the following **in this order**:

- _____ Application and Plan for Human Services Program Cover Page
 - _____ Secretary of State – Corporation File Detail Report
 - _____ W-9
 - _____ **Appendix A:** Audited Financial Statements
 - _____ This PROPOSAL CONTENT CHECKLIST
 - _____ **Appendix B:** Executive Summary
 - _____ Agency Qualifications/Organizational Capacity (5 pages maximum)
 - _____ Service Area (3 pages maximum)
 - _____ Needs Statement (7 pages maximum)
 - _____ Description of Program Services (10 pages maximum)
 - _____ Agency Evaluation and Reporting (3 pages maximum)
 - _____ Budget
 - _____ Budget Narrative (4 pages maximum)
 - _____ **Appendix C:** LCB: Organizational Chart
 - _____ **Appendix D:** LCB: Resumé/Job Description of Project Director
 - _____ **Appendix E:** LCB: Resumés/Job Descriptions for Key Personnel
 - _____ **Appendix F:** LCB: Letters of Commitment – Local Capacity
 - _____ **Appendix G:** LCB: Assurance of Delivery of Evidence-based Services
 - _____ **Appendix H:** LCB: Letters of Commitment – LCP Coalition
 - _____ **Appendix I:** LCB: School Demographic Table (optional)
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Division of Community Health and Prevention
Sub-Grant B – Direct Services Grant
PROPOSAL CONTENT CHECKLIST – Page 2 of 4

Applicant: _____

Service Area: _____

Plan: ____ of ____

The proposal should contain the following **in this order**:

- _____ Application and Plan for Human Services Program Cover Page
 - _____ Secretary of State – Corporation File Detail Report
 - _____ W-9
 - _____ **Appendix A:** Audited Financial Statements
 - _____ This PROPOSAL CONTENT CHECKLIST
 - _____ **Appendix B:** DS: Executive Summary
 - _____ Agency Qualifications/Organizational Capacity (5 pages maximum)
 - _____ Service Area (3 pages maximum)
 - _____ Needs Statement (5 pages maximum)
 - _____ Description of Program Services (20 pages maximum)
 - _____ Agency Evaluation and Reporting (3 pages maximum)
 - _____ Budget
 - _____ Budget Narrative (4 pages maximum)
 - _____ **Appendix C:** DS: Organizational Chart
 - _____ **Appendix D:** DS: Resumé/Job Description of Project Director
 - _____ **Appendix E:** DS: Resumés/Job Descriptions for Key Personnel
 - _____ **Appendix F:** DS: Agency’s standards-based curriculum – Youth Prevention Education
 - _____ **Appendix G:** DS: Letters of Commitment – Youth Prevention Education
 - _____ **Appendix H:** DS: Letters of Commitment – Agency’s standards-based curriculum -
Parent/Family Education
 - _____ **Appendix I:** DS: Letter of Commitment – Parent/Family Education
 - _____ **Appendix J:** DS: Letter of Commitment – Mentoring
 - _____ **Appendix K:** DS: Letter of Commitment - Communication Campaign
 - _____ **Appendix L:** DS: Letter of Commitment – Illinois Youth Survey
Participation
 - _____ **Appendix M:** DS: School Demographic Table (optional)
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STATE OF ILLINOIS



DEPARTMENT OF HUMAN SERVICES

**Division of Community Health and Prevention
Sub-Grant C – Strategic Prevention Framework
PROPOSAL CONTENT CHECKLIST – Page 3 of 4**

Applicant: _____

Service Area: _____

Plan: ____ of ____

The proposal should contain the following **in this order**:

- _____ Application and Plan for Human Services Program Cover Page
 - _____ Secretary of State – Corporation File Detail Report
 - _____ W-9
 - _____ **Appendix A:** Audited Financial Statements
 - _____ This PROPOSAL CONTENT CHECKLIST
 - _____ **Appendix B:** SPF: Executive Summary (1 page maximum)
 - _____ Agency Qualifications/Organizational Capacity (5 pages maximum)
 - _____ Service Area (3 pages maximum)
 - _____ Needs Statement (5 pages maximum)
 - _____ Description of Program Services (10 pages maximum)
 - _____ Agency Evaluation and Reporting (3 pages maximum)
 - _____ Budget
 - _____ Budget Narrative (4 pages maximum)
 - _____ **Appendix C:** SPF: Organizational Chart
 - _____ **Appendix D:** SPF: Resumé/Job Description of Project Director
 - _____ **Appendix E:** SPF: Resumés/Job Descriptions for Key Personnel
 - _____ **Appendix F:** SPF: Letter of Commitment – SPF Coalition
 - _____ **Appendix G:** SPF: Letters of Commitment – IYS, Core Assessment
 - _____ **Appendix H:** SPF: School Demographic Table (optional)
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**Division of Community Health and Prevention
Sub-Grant D – Statewide Capacity Building
PROPOSAL CONTENT CHECKLIST – Page 4 of 4**

Applicant: _____

Service Area: _____

Plan: ____ of ____

The proposal should contain the following **in this order**:

- _____ Application and Plan for Human Services Program Cover Page
 - _____ Secretary of State – Corporation File Detail Report
 - _____ W-9
 - _____ **Appendix A:** Audited Financial Statements _____
 - _____ This PROPOSAL CONTENT CHECKLIST
 - _____ **Appendix B:** SCB: Executive Summary
 - _____ Agency Qualifications/Organizational Capacity (5 pages maximum)
 - _____ Service Area (3 pages maximum)
 - _____ Needs Statement (4 pages maximum)
 - _____ Description of Program Services (8 pages maximum)
 - _____ Agency Evaluation and Reporting (3 pages maximum)
 - _____ Budget
 - _____ Budget Narrative (4 pages maximum)
 - _____ **Appendix C:** SCB: Organizational Chart
 - _____ **Appendix D:** SCB: Resumé/Job Description of Project Director
 - _____ **Appendix E:** SCB: Resumés/Job Descriptions for Key Personnel
 - _____ **Appendix F:** SCB: Letters of Commitment - State
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