

Grant/Contract Number: _____

ILLINOIS DEPARTMENT
OF HUMAN SERVICES
*Division of Alcoholism
and Substance Abuse*

FIXED-RATE GRANT BUDGET

State
Fiscal
Year

2018

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 2018: _____

IDHS regions to be served (Check all that apply): Region 1 Region 2 Region 3 Region 4 Region 5

Service Deliverable Description	Minimum Unit of Service	Code	Rate	Projected Costs for State Fiscal Year 2018	Projected Number of Unduplicated Clients to be Served Annually

See **NOFO** for applicable rate information.

Narrative

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

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*