Grant/Contract Number: _____

ILLINOIS DEPARTMENT OF HUMAN SERVICES
Division of Alcoholism and Substance Abuse

FIXED-RATE GRANT BUDGET

State Fiscal Year 2018

Organizational Name: (ICQ Organizational Name - Municipality)

FEIN: _____ DUNS Number: _____

CFDA/CFSA Number: 444-26-1565 Funding Opportunity Number: 18-444-26-1565-01

CFDA/CFSA Description: Tobacco Enforcement Program

Projected number of unduplicated clients to be served, all services in State Fiscal Year 2018: (Number of retailers)

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
Retailer Education	(# of retailers)	TEP	$55.00	$55 per retailer	(# of retailers)
Compliance Checks	2 Rounds	TEP	$55.00	$55 per retailer	(# of retailers)

See NOFO for applicable rate information.

Narrative

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

(Brief description of resources used)

Certification Under 2 CFR 200.415

Grant/Contract Number: _____

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*