



State of Illinois
Department of Human Services
HIGH RISK YOUTH INTERVENTION SERVICES - HRYIS
APPLICATION APPENDIX H - NOFO CHECKLIST

Uniform Application for State Grant Assistance (Refer to **Appendix B**)

Program Abstract (Refer to **Appendix D**)

Program Narrative

- Capacity - Agency Qualifications/Organizational Capacity
- Need - Description of Need
- Equity and Racial Justice
- Quality - Description of Program Design and Services
- Budget Narrative - (Narrative should cover the entire 26-month grant award period, May 1, 2022 to June 30, 2024)

Attachments to Your Application

- Attachment 1 - Proof of Medicaid Certification
- Attachment 2 - Provider/Program Contact Information
- Attachment 3 - Organizational Chart
- Attachment 4 - Job Description/Resume
- Attachment 5 - Timeline
- Attachment 6 - Incentive Policy
- Attachment 7 - 26-Month Project Budget (PDF)
- Attachment 8 - Copy of Federal Form W9 for Applicant Organization
- Attachment 9 - Copy of the Organization's Federal NICRA
- Attachment 10 - Program Contact Information-Sub-Recipient Form
- Attachment 11 - Additional Sub-Recipient Information
- Attachment 12 - Sub-Recipient Agreement; PDF Budget; Copy of Federal Form W9; and a copy of the approved NICRA if indirect costs are included in the Sub-Recipient budget
- Attachment 13 - HRYIS NOFO Checklist (This Form)

Uniform Grant Budget - The FY22 (two-month, May through June 2022) proposed budget must be entered, signed and submitted in the CSA Tracking System and is required for the application to be considered complete.

HRYIS NOFO Checklist (**This Form**)