



State of Illinois  
Department of Human Services  
**FY 2023 HOMELESS YOUTH NOFO -  
APPENDIX 11 - HY NOFO CHECKLIST**

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Uniform Application for State Grant Assistance (Refer to **Appendix 1**)

**Program Narrative**

- Executive Summary (Refer to **Appendix 10**)
- Capacity - Agency Qualifications/Organizational Capacity
- Equity and Racial Justice
- Need - Description of Need
- Quality - Description of Program Design and Services
- Budget Narrative

**Attachments to Your Application**

- Attachment A1 Homeless Youth NOFO Checklist (**Appendix 11; this form**)
- Attachment A2 Organizational Chart
- Attachment A3 Resumes and/or Job Descriptions
- Attachment A4 Program Contact Information Forms (**Appendix 2**)
- Attachment A5 Implementation Timeline
- Attachment A6 Evidence of Agency Licensure
- Attachment A7 Program Site Information Forms (**Appendix 5**)
- Attachment A8 Program Placement Options (**Appendices 6 & 7**)
- Attachment A9 Linkage Agreements
- Attachment A10 Trauma Informed Status
- Attachment A11 PDF copy of Applicant Budget entered into CSA
- Attachment A12 Applicant Organization's Federal Form W-9
- Attachment A13 Applicant Organization's NICRA
- Attachment A14 Program Contact Information-Subrecipient Form (**Appendix 3**)
- Attachment A15 Additional Subrecipient Information (**Appendix 4**)
- Attachment A16 Subrecipient Agreement; PDF Budget; Copy of Federal Form W9; and a copy of the approved NICRA if indirect costs are included in the Subrecipient budget.
- Attachment A17 Evidence of Subrecipient Agency Licensure

Uniform Grant Budget - The FY23 proposed budget must be entered, signed and submitted in the CSA tracking system and is required for the application to be considered complete. *Subrecipient* budgets are not to be entered in the CSA system.