FOR IDPH Use Only
Application No. _______________
Date Received _______________

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH GRANT APPLICATION

Office of Health Promotion

Division of Chronic Disease Prevention and Control
Insert Name of Division/Grant Program

Section 1. APPLICANT INFORMATION	
Legal name of applicant *(Attach copy of W-9)*	Ford-Iroquois Public Health Department
Name and title of chief officer *(If more than one, attach a list of all officers)*	Name: Douglas D. Corbett Title: Public Health Administrator Address: 114 North Third Street Watseka, IL 60970 Phone: (815) 432-2483 Fax: (815) 432-2198 E-mail: dcorbett@fiphd.org
Applicant address	114 North Third Street
City, state, ZIP code	Watseka, IL 60970
Telephone	(815) 432-2483
Fax	(815) 432-2198
E-mail	info@fiphd.org
Web site	www.fiphd.org

Section 2. APPLICANT GRANT HISTORY	
Description of applicant organization *(200 character maximum)*	The Ford-Iroquois Public Health Department (FIPHD) is a bi-county health department founded in 1980. FIPHD is Medicare and Medicaid certified and accredited through CHAP.
Has this applicant received a grant from the federal government or the state of Illinois within the last three years? **If yes, provide the following:** *(Add additional rows if needed)*	☒ **YES** ☐ **NO** Agency providing grant funding: see attached listing Grant number: Grant amount: Grant term: Brief description of grant:
How long has applicant been incorporated?	
Is the applicant in "good standing" with the Illinois Office of the Secretary of State?	☒ **YES** ☐ **NO**

Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business?	☐ **YES** ☒ **NO** If yes, identify the nature of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible.
Is the applicant or any principal the subject of any proceedings that are pending, or to the best of the applicant's knowledge threatened against applicant and/or any principal that may result in any adverse change in applicant's financial condition or materially and adversely affect applicant's operations?	☐ **YES** ☒ **NO** If yes, identify the nature of the proceedings and how they may affect the applicant's financial situation and/or operations.
Does the applicant or any principal owe any debt to the state of Illinois?	☐ **YES** ☒ **NO** If yes, list the amount and reason for the debt. Attach additional documentation to explain the debt owed to the state.

Section 3. APPLICANT ORGANIZATION INFORMATION

Legal status:	☐ Individual ☐ Sole proprietor ☐ Partnership/legal corporation ☐ Tax exempt ☐ Corporation providing or billing medical and/or health services ☐ Corporation NOT providing or billing medical and/or health services ☐ Other (describe):	☒ Governmental ☐ Nonresident alien ☐ Estate or trust ☐ Pharmacy (non-corporation) ☐ Pharmacy/funeral home/cemetery (corporation) ☐ Limited liability company (select applicable tax classification) ☐ D = Disregarded entity ☐ C = Corporation ☐ P = Partnership
Federal Employer Identification Number (FEIN) or Social Security Number (SSN) of applicant if not an organization:	37-1122213	
If applicable, list all names and FEINs registered to your organization or have been registered during the last three years.	**Name**	**FEIN**
	Name	**FEIN**
	Name	**FEIN**
D-U-N-S Number	112428537	
Illinois Department of Human Rights number (if applicable):	9833500	

Legislative Senate District	40th, 53rd
Legislative House District	75th, 79th, 105th
Congressional District	15th

Section 4. KEY GRANT CONTACT INFORMATION

Grant application contact/title	Julie Clark, Tobacco Coordinator
Telephone	(618) 288-1123
Fax	(618) 288-1636
E-mail	jclark@fiphd.org
Fiscal contact/title	Cary Hagen, Financial Coordinator
Telephone	(815) 432-2483
Fax	(815) 432-2198
E-mail	chagen@fiphd.org

Section 5. GRANT PROJECT PROPOSAL

Project title	Tobacco Grant
Brief project description *(350 character maximum). Note that the scope of work must be completed separately.*	The Ford-Iroquois Public Health Department will provide tobacco control and prevention activities in Ford and Iroquois counties in Illinois.
Project period *(Include start and end date)*	July 1, 2011 - June 30, 2012
Total amount of funding requested from IDPH	$30,000
Total applicant match or in-kind contribution	$9,706

If subcontractors will be used under this grant application, provide name, address and description of services.	Subcontractor name: Address: City, state, ZIP code: Phone: Description of services: Subcontractor name: Address: City, state, ZIP code: Phone: Description of services:

Section 6. GRANT BUDGET SUMMARY

(Note: This section is for summary purposes only. A detailed budget is/may be required. See Section 7)

Budget line items requested	**Requested grant budget amount**	**Applicant match of in-kind contribution**
Personal services *(includes salary and wages)*	$20,535	$4,236
Fringe benefits (*percent use for calculation* _____%)	$ 2,831	$5,470
Contractual services (*detailed information about the contractual services amount must be submitted on the attached budget excel form***)**	$ 4,145	
Travel	$ 1050	
Commodities/supplies	$ 1080	
Printing	$ 0	
Equipment	$ 0	
Telecommunications	$ 360	
Patient/client care	$ 0	
Administrative costs *(if applicable/allowable)* This line item can be removed by program if not allowable	$ 0	
TOTAL	$30,000	$39,706
If the proposed budget includes personal services (salary or wage) related costs, indicate the type of documentation that will be maintained and used to allocate staff costs to the grant.	☒ Time Sheets ☐ Cost allocation plans ☐ Certifications of time allocable to grant ☐ Other, describe __________________ ☐ Not applicable to this grant application	

Section 7. GRANT SCOPE OF WORK

This section is to be developed by each program use to request information from the grantee that is specific to the grant being issued. Information/data collected **must** include, but not be limited to:

- Detailed description/information about the proposed project
- Expected outcomes
- Description of how outcomes will be measured
- List of goals to be accomplished during the grant period
- Proposed timeline
- Objectives by quarter with a list of tasks that will be implemented to accomplish the objectives. The organization shall specify how the objectives will be measured to determine successful completion.
- Detailed budget by line item and justification. The attached detailed budget spreadsheet can be used or the program may elect to use its own budget worksheet, however, the personal services (salary and wages) information provided by the organization must include: name of position to be funded, projected monthly salary, percent of time on grant, and number of months on grant for each position funded by the grant.

NOTE: Please use the rubric to make sure you include all the necessary components in the statement of work that will be reviewed by the IDPH Grants' Review Committee.

Name of Grant Program Tobacco Grant

Legal Name of Applicant Ford-Iroquois Public Health Department

Section 8. APPLICANT CERTIFICATION

Under penalty of perjury, I certify that I have examined this application and the document(s), proposal(s), and statement(s) submitted in conjunction herewith, and that to the best of my information and belief, the information contained herein is true, accurate, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this grant application is approved for funding.

I, hereby release to IDPH, the rights to use photographs and/or written statements of information, regardless of the format, contained in or provided after the grant application for the purposes of publication on the IDPH Web site, unless the applicant submits a written request asking that the information not be disclosed.

Signature	Printed Name/Title	Date

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Type of Grant Application

- Direct appropriation ☐
- Allocation by administrative rule ☐
- Competitive request for application ☐
- Statutory board review required ☐
- Formula and/or caseload allocation ☐
- Non-competitive ☐

Funding Source:
- General Revenue Fund ☐
- State special fund ☐
- Federal ☐

Grant Application Funding Recommendation by Division/Program

☐	Grant application disqualified/not eligible for funding under this award
☐	Grant application recommended for funding at full request
☐	Grant application recommended for funding at $____________________.

Division Chief/Program Manager ______________________ Date __________

Grant Application Funding Recommendation Approved by:

Deputy Director: ______________________ Date: __________

Assistant Director: ______________________ Date: __________