

Grant/Agreement
Number: _____

ILLINOIS DEPARTMENT
OF HUMAN SERVICES
*Division of Substance Use
Prevention and Recovery*

FIXED-RATE GRANT BUDGET

State
Fiscal
Year

2020

Organizational Name: _____

FEIN: _____ DUNS Number: _____

CFSA Number: _____ Funding Opportunity Number: _____

CFSA Description: _____

Projected number of unduplicated clients to be served, all services in State Fiscal Year 2020: _____

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 2020	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

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