Illinois Children's
Healthcare Foundation

ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION
RFP GUIDELINES AND INSTRUCTIONS
2016 INNOVATION & COLLABORATION TOUR GRANTS
Due Date: Friday, December 2, 2016 by 5:00 pm CST

ILCHF HISTORY
ILCHF was created in December 2002 through an action of then Attorney General Jim Ryan and an Illinois insurance carrier. This action and a settlement of approximately $125 million established the only private foundation focused solely on the health needs of children in Illinois. Since the Foundation's inception through February 2016, more than $70 million in grants have been committed to programs aimed at improving children's health in Illinois, with a particular focus on children's oral health and mental health.

ILCHF VISION AND GOALS
The Foundation's vision is that every child in Illinois grows up healthy.

In order to strategically move toward achieving its vision, the ILCHF Board of Directors recently adopted the following *Healthy Children 2025* Goals through which ILCHF, in collaboration with committed partners, will work to implement the following components of a comprehensive, holistic system of children's health care:

1) Universal access to evidence-based primary, oral, and mental healthcare for children with an emphasis on fully integrated care.
2) Universal evidence-based screenings for oral and mental health for children.
3) The alleviation of children's healthcare disparities.
4) Life-cycle health and wellness education for all children and caregivers.
5) Cross-disciplinary education of all healthcare providers.

The ILCHF Board of Directors also adopted 2016-2018 goals which include grantmaking in emerging and/or unmet need in children's healthcare as well as increasing access to oral and mental healthcare. The *2016 Innovation & Collaboration* Tour (ICT) grants are one mechanism for ILCHF to work collaboratively with grantees towards these goals.

INNOVATION & COLLABORATION TOUR
The ICT is a multi-year state-wide initiative involving six "tour stops" in designated regions of the State. Through the ICT, ILCHF is seeking innovative and collaborative approaches to address the healthcare needs of children. ILCHF partnered with local funders to host regional meetings throughout the state to increase the collective understanding of the local and regional healthcare assets and needs of children. Through the ICT, ILCHF will provide individual grants ranging from $10,000-$100,000 to respond to

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identified needs in each of these regions. The total amount available for each geographic region is up to $500,000.

In connection with these first three tour stops, ILCHF invested $1.28 million in 15 programs representing a variety of projects from Mindfulness in Schools, to Food as Medicine, to the opening of a clinic in a local YMCA.

The 2016 Tour Stops
This fall ILCHF completed the tour in the following regions:

- **Southwest Central**
    - Partner: Community Foundation of the Land of Lincoln and Memorial Health System
    - Date: Tuesday, September 20, 2016
    - Location: Noll Medical Pavilion, 5220 South Sixth Street, Springfield, IL
    - Identified Counties: *Adams, Brown, Calhoun, Cass, Christian, Greene, Hancock, Jersey, Logan, Macoupin, Menard, Montgomery, Morgan, Pike, Sangamon, Schuyler and Scott.*
- **Northwest Central**
    - Partners: Community Foundation of Central Illinois and the Starved Rock Country Community Foundation
    - Date: Wednesday, September 21, 2016
    - Location: The Life Together Center, 3625 N. Sheridan Road, Peoria, IL 61604.
    - Identified Counties: *Bureau, Fulton, Henderson, Henry, Knox, LaSalle, Marshall, Mason, McDonough, Mercer, Peoria, Putnam, Rock Island, Stark, Tazewell, Warren and Woodford.*
- **Collar Counties, including suburban Cook County**
    - Partners: Community Memorial Foundation, The Dunham Fund, DuPage Foundation & Healthcare Foundation of Northern Lake County
    - Date: Friday, September 23, 2016
    - Location: Double Tree by Hilton Chicago – 0ak Brook, 1909 Spring Road, Oak Brook, IL 60523.
    - Identified Counties: *DuPage, Kane, Kendall, Lake, McHenry, Suburban Cook and Will*

To be considered for the ICT funding opportunity, projects should:
- Directly address children's health (children must be impacted within the life of the grant) and measure impact.
- Be innovative – a new and/or enhanced concept (not supplant existing staff/efforts).
- Be collaborative and involve at least one additional partner entity and/or potential to impact "systems".
- Build and/or enhance resiliency in children and families.
- Reflect an evidence informed approach.
- Leverage support (financial, in-kind, etc.).
- Demonstrate sustainability.

- Demonstrate a commitment to evaluation and measuring impact.

Project Timeline
- **RFP Release:**   **Monday, October 3, 2016 at www.ilchf.org**
- **RFP Due Date:**   **Friday, December 2, 2016 by 5:00 pm CST**
- **Funding
  Announced:**   **May, 2017**
- **Project
  Timeframe:**   **Starting on or after July 1, 2017 and funded for up to 18
                            months from the start date, ending no later than June 30, 2019.**

APPLICATION PROCESS

The application process will be via ILCHF's GIFTS On-Line portal. The following general rules apply to the RFP process:

- Applicants can begin the RFP response on-line, save the application and return on subsequent occasions to do further work. If applicants encounter issues accessing an in-process application, do not start another application, rather please contact Nedranae Hunt, ILCHF Administrative Manager at nhunt@ilchf.org or 630-571-2555.
- Each text field requiring a narrative response has a word count limit and a work counter which keeps track of the word count. Word counts constitute a maximum number of words to be used. Maximum word counts are not required. Additionally, applicants will not be penalized for using maximum word counts. Efficient, concise responses are encouraged.
- Required responses are marked with a red asterisk (*). If you do not have responsive information, respond N/A.
- When the completed application has been successfully submitted, applicants will receive an e-mail confirming the submission. If you do not receive the confirmation e-mail, please first check the application and if needed, submit. If the application appears to have been submitted, please contact Nedranae Hunt, ILCH Administrative Manager at nhunt@ilchf.org or 630-571-2555. ILCHF encourages applicants not to wait until the 5 pm CST deadline to submit applications, in order to afford time to address unanticipated technical difficulties.
- Reporting requirements for funded grants will be as follows:

    - Mid-Year Progress Report – reporting on the first 6 months; due at the end of month 7
    - 1st Year Progress Report – reporting on the first year; due at the end of month 13
    - End of Project Progress Report – reporting on 18 months; due at the end of month 19
    - Final Report – reporting on status one year post funding; due at the end of month 30

The following information addresses specific aspects of the RFP application.

Organization Information

- Standard organization fields: this is pertains to the lead organization associated with the request.
- Request Primary Contact: this is the person ILCHF should contact with any questions about the application.

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- Request the organization mission and primary services: the application seeks information associated with the lead organization. The roles of collaborative partners will be explained under the appropriate section.

Organization Demographics

- Please refer to the information associated with the lead agency providing services to children.
- If the proposed project is an expansion of an existing program, ILCHF is seeking to understand how many new children are projected to enter the program in the grant period. Thus the application seeks to distinguish new children from the total number of children projected to be served each year.

Project Overview

- The Total Project Budget Amount and the Grant Request will be the same if ILCHF is the only potential funder or source of revenue. If there are other sources of funding/revenue, the Total Budget Amount will be the sum of the Grant Request (potential ILCHF funding) and all other sources of funding.
- Project Timeline: Funding will be announced in May, 2017. ILCHF will fund work starting no earlier than July 1, 2017, lasting up to 18 months and ending no later than June 30, 2019. Initial funds will be distributed upon completion of the Grant Agreement Contract no later than June 30, 2017 or 30 days prior to the start of the project, whichever is later. Projects will be up to 18 months in length, with a report due at the end of months 6, 12, 18, and a final report due at the end of month 30 (one year following the completion of the project).

Project Innovation

- This section is key to a successful RFP. A well-written RFP will address each of the bulleted concepts both thoroughly and concisely.
- Specificity and detail are key elements of responses.
- Please provide supporting evidence and data that is specific and relevant to your proposed project. Broad statements citing national or statewide studies are not necessary.

Project Collaboration

- Please be specific as to the names and roles of collaborative partner(s).

Project Evaluation

- ILCHF is committed to data collection for the purpose of meaningful evaluation. In order to work toward standardization of data across our grants, we seek to understand applicants' capacity to provide data as requested in this section of the RFP. An inability to provide the information requested will not necessarily exclude the applicant from receiving funding.
- The Evaluation/Outcomes Template is a flexible form which can be adjusted to fit the applicable content. Goals should be listed numerically and if appropriate, in the same order as the Goals delineated in the Project Logic Model*. Each project must include at least one evaluation/outcome indicator that relates to child or family level functioning*.

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Sustainability

- Please address each of the three components of sustainability indicated.

Attachments

- The list of attachments is found on the last page of the RFP application. Please note the acceptable format(s) for each attachment is/are delineated. If for some reason an applicant cannot provide a required format please contact Nedranae Hunt, ILCHF Administrative Manager via the previously provided contact information.
- Specific details related to the Project Budget, Budget Narrative and the Project Staffing Chart follow this section of the Guidelines.

BUDGET DOCUMENTS

The Project Budget, Budget Narrative and Project Staffing Chart are inter-related forms seeking detailed budgetary information. Please note: ILCHF does not use an indirect cost based upon a percentage of the project as the means to pay indirect costs. However, ILCHF will consider covering specifically delineated overhead or indirect costs not otherwise accounted for.

Project Budget

- If you are seeking funding to expand an existing program please note the following:
    - The "Total Program Budget" reflected in the Project Budget should list the costs and revenue associated **with the expansion**; and
    - In the budget narrative delineate the total operational cost for the program (existing costs + expansion costs).

- Do not add any new lines or columns to the Project Budget Workbook. Doing so will cause the formulas to malfunction.

- ILCHF seeks to understand all actual or potential sources of funding other than ILCHF grant funds. Where the word "Other" is listed on the Budget Worksheet, replace that work with the name of the particular funding source(s). In Row 7, insert the name of the source of funding. If the funding is "actual" leave the font color blue. If the funding is potential change the font color to red.

- If additional columns are needed for other Sources of Funding, unhide available columns between Column O and Column AH.

- The budget worksheets have four numbered functional categories (i.e. Program Staff) which are described in greater detail in the Budget Narrative.
    - If there are insufficient lines under Program Staff, use "Other Project Staff – Type 5" as a catch all and detail its components in the Budget Narrative.

- o If there are insufficient lines under Other Direct Costs, use "Other Expenses" as a catch all and detail its components in the Budget Narrative.
  - o If there are insufficient lines under Purchased Services, use "Other" as a catch all and detail its components in the Budget Narrative.
  - o If there are insufficient lines under Overhead Costs (not otherwise accounted for), first unhide additional lines between line 45 and line 53. If additional lines are needed after that use line 52 as "Other" as the catch all and detail its components in the Budget Narrative.

- ILCHF does not use an indirect cost based upon a percentage of the project as the means to pay indirect costs. However, ILCHF will consider covering specifically delineated overhead or indirect costs not otherwise accounted for.

Budget Narrative

- The Budget Narrative provides applicants an opportunity to delineate details associated with the Project Budget and clarify the calculations leading to the budget numbers.

Project Staffing Chart

- The Project Staffing Chart (PSC) seeks the delineation of the role/contribution of personnel, both employed and contracted, associated with the proposed project.
- While limits in the Project Budget worksheet may require the grouping of team members (i.e. therapists, or teachers) the PSC seeks information associated with each budgeted team member. The "Project Positions" in Column B are suggestions/place holders. Provide the position titles associated with the proposal and add as many lines as needed. Confirm that the formula totaling the Project Salary and Project Fringe Benefits continues to function following the addition of any lines.
- Project Salary is that portion of the person's salary attributable to the proposed project.
- Project Fringe Benefit Cost is that portion of the fringe benefits paid by the applicant attributable to the proposed project.
- Proposed Contracted Professionals should be listed individually in the Contracted Professionals section of the PSC.

OTHER ATTACHMENTS
Please submit all requested applicable Attachments delineated on the last page of the application in one of the formats listed on the application.

Project Timeline

- Each applicant should select a Project Timeline format that is useful for the applicant. Formats that are easily understood and clear are preferred.

Project Logic Model

- The Logic Model Template is a guide/example. Applicants can work in Excel or Word but should maintain the overall layout of the template and the categories provided. The number of boxes

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and the linkages from category to category will be unique to each application. Modify the boxes and linkages as needed. Be sure to provide the following information:

- o Name of the Project
- o Problem Statement – this content should describe the problem you are working to address or solve; it is possible there will be more than one Problem Statement
- o Goals – describe what you are trying to achieve; goals should be numbered and each set forth in a separate box
- o Inputs – this content should describe what is needed to engage in the proposed activities
- o Outputs – describes the activities and participants moving the project forward toward the planned outcomes
- o Outcomes – what you anticipate the impact of the work to be
- o Assumptions – the assumptions upon which your project is premised
- o External Factors – factors beyond your control which may impact the project

ELIGIBILITY

In general, an organization is eligible for ILCHF funding if it is a 501(c)(3) organization determined to be a public charity under section 509(a)(1), (2) or (3) of the Internal Revenue Code, or a governmental entity described in Code section 170(c)(1) or 511(a)(2)(B).

Examples of eligible organizations include Federally Qualified Health Centers (FQHC), clinics, public health departments, hospitals, schools, arts & music programs, park districts, recreation centers and nonprofit social service organizations.

If an invited applicant does NOT meet the eligibility requirements, please contact ILCHF immediately.

Questions/Technical Assistance

Questions should be directed to Nedranae Hunt, Administrative Manager at nhunt@ilch.org or at 630.571.2555.

ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION
INNOVATION AND COLLABORATION TOUR FUNDING PROPOSAL

(This will be an online application)
Due Date: December 2, 2016.

ORGANIZATION INFORMATION

Applicant Organization			
Mailing Address			
City, State		**ZIP**	
Phone			
Website Address			
Tax ID Number		**Annual Budget $**	
Executive Director / President/ Department Chair			
	Title		**Phone**
	Email		
	Mailing Address (if different)		
Primary Contact (if different from above)			
	Title		**Phone**
	Email		
	Mailing Address (if different)		

Briefly describe your organization including its mission and primary services and/or programs. Also describe your geographic service areas and populations served. (100 words)

ORGANIZATION DEMOGRAPHICS

Total number of persons served per year by the organization

Total number of children 0 – 18 served per year by the organization

Among these children, indicate the approximate number of children
living below the poverty line
Note that 2016 Poverty Guidelines are available here

By race/ethnicity:
American Indian/Alaska Native children
Black/African American children
Latino/Hispanic (non-white) children
Asian/Pacific Islander children
White (non-Hispanic) children
Other children

PROJECT OVERVIEW

Project Title

Total Project Budget Amount

Total ILCHF Request

Time Frame for Proposed Project (not to exceed 18 months, starting no earlier than July1, 2017 and ending no later than December 31, 2018)

From: To:

Please describe your specific request in two sentences and indicate whether this is a request for new services or an expansion of existing services. (40 words)

PROJECT DEMOGRAPHICS

Primary County/Counties in which the project will be implemented

Region of the state to provide services

Total number of children proposed to be served by the project

If this is an expansion of existing services how many of the total number proposed above will be new (not currently served) children to the service?

Age group of children to be served

Among these children, indicate the approximate number of children
living below the poverty line
Note that 2016 Poverty Guidelines are available here

By race/ethnicity:
American Indian/Alaska Native children
Black/African American children
Latino/Hispanic (non-white) children
Asian/Pacific Islander children
White (non-Hispanic) children
Other children

PROJECT INNOVATION
- Please describe the local children's health care need that this project will address. Be concise using data/research specific to the community/geographic area(s). (200 words)
- Outline the major components of your project, how it will operate and how it is innovative. (If helpful, separately attach a diagram, flow chart or logic model that is illustrative of your project). (700 words)
- Please describe how the proposed project will support resilience in children and families. (300 words)
- Please describe the evidence base associated with your proposed strategies. To the extent possible, cite specific studies/research. (300 words)
- In one paragraph summarize how the funds you are requesting will be spent. Do not include the entire budget here - it will be included as an attachment with the application. (100 words)

PROJECT COLLABORATION (500 words or less)

- Please describe the partners involved in the proposed project and their specific roles. Discuss the extent to which these are new or existing collaborative partnerships. (Please note the project must be collaborative and involve at least one additional partner entity.)

PROJECT EVALUATION (500 words or less)

- Describe what you expect the direct impact of the project on children and families to be, and how you will measure it. How will information gathered from the evaluation inform the work? Include: outcome goals, metrics and assessment instruments, time-frame for data collection (minimum of every 6 months), and responsible person.

SUSTAINABILITY (400 words or less)

Please address the following components of sustainability (indicate n/a if not applicable):

- **Financial.**   How could the program be sustained beyond the funded project year? Include the names of funding sources you will likely approach or that have already been approached.
- **Community Buy-In/Focus and Direction.**   How will the organization keep the necessary community buy-in aligned to the outcomes of the project?
- **Leverage.** Please indicate any additional resources (funding or otherwise) that will be leveraged by an ILCHF grant.

ATTACHMENTS

Please ensure the following attachments accompany your proposal:
Project Budget
Budget Narrative
Project Staffing Chart
Logic Model
Outcomes Evaluation Template
Most Current Audited Financials and Auditor's Management Letter
Most Current Form 990 and AG990-IL
Officer's Certification Form
Board List
IRS Letter of Exemption
Board Minutes from Last Two Board Meetings
A Letter of Commitment from each collaborative partner (as identified in the Project Collaboration section of the application)

Name of Project
2016 Innovation and Collaboration Tour
OPERATING BUDGET
Project Start Date - Project End Date

			A	B	B	B	B	B	B	
			Total Project Budget	Sources of Funding (Name "Other" Sources)						Total Project Budget
Detailed Functional Category	Total FTE's	# of Staff		ILCHF	Medicaid	Other	Other	Other	Other	
1. PROGRAM STAFF										
Agency Leader			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Project Director			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Project Staff - Type 1			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Project Staff - Type 2			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Project Staff - Type 3			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Project Staff - Type 4			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Project Staff - Type 5			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Administrative Staff			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Fringe Benefits (_____%)			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal - Personnel			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. OTHER DIRECT COSTS										
Communications/Marketing			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Travel Expenses			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Meeting Expenses			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Survey/Data Collection			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Equipment			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Construction/Remodeling			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Project Space			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Expenses			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal - Other Direct Costs			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. PURCHASED SERVICES										
Personnel/Purchased Services										
Consultants			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Contracted Professionals			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal - Purchased Services			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. OVERHEAD COSTS (not otherwise accounted for)										
Be specific as to costs										
			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal - Overhead Costs			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL COSTS - IMPLEMENTATION YEAR 1			**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Percentage of Budget:

Program Staff	#DIV/0!	#DIV/0!
Other Direct Costs	#DIV/0!	#DIV/0!
Purchased Services	#DIV/0!	#DIV/0!
Overhead Costs	#DIV/0!	#DIV/0!
Total	#DIV/0!	#DIV/0!

NOTE: IF MORE CELLS ARE REQUIRED TO DOCUMENT ADDITIONAL FUNDING SOURCES UNHIDE ADDITIONAL COLUMNS BETWEEN "O" AND "AH".

NOTE: COLUMN AI WILL BE GREEN IF FUNDING SOURCES ARE ADDED CORRECTLY. IF NOT GREEN, PLEASE CHECK WORK. SUBTOTALS WILL NOT BE GREEN.

NOTE: IF MORE ROWS ARE REQUIRED TO DOCUMENT ADDITIONAL OVERHEAD COSTS (not otherwise accounted for) UNHIDE ROWS BETWEEN ROWS 45 AND 53.

The purpose of the Budget Narrative is to help ILCHF better understand the scope and nature of your proposed project and to provide details that do not fit within the Project Budget Template. The Budget Narrative, combined with the Project Staffing Chart, should concisely explain how you arrive at the numbers in your Project Budget, specifically you should:

- Provide an explanation of both the Total Budget and the funding requested from ILCHF. See examples below.

- Choose one of the following formats for your Budget Narrative – Word .doc or .docx or Excel .xls or .xlsx.

- The Project Budget has four functional categories: Program Staff, Other Direct Costs, Purchased Services and Overhead Costs (not otherwise accounted for). List each category in your Budget Narrative. If a particular category has no content mark it N/A.

- If you are seeking funding to expand an existing program please note the following:
   - The "Total Program Budget" reflected in the Project Budget Template should list the costs and revenue associated **with the expansion**; and
   - In the budget narrative delineate the total operational cost for the program (existing costs + expansion costs).

1. **PROGRAM STAFF**
   The roles, credentials, time commitment and identity (to the extent known) of staff to be engaged in the project should be detailed in the Project Staffing Chart (PSC).

   a. **Agency Leader: details in PSC**
   b. **Project Director: details in PSC**
   c. **Other Project Staff – Type 1-5:** to the extent staff can be grouped by type, provide the total salary and fringe benefit cost in the Project Budget. Next provide an explanation of the type of staff and their role in the Budget Narrative. Information about individual members of a group of staff will be listed in the PSC. Do not change the title "Other Project Staff – Type 1" etc. in the Project Budget worksheet, it will cause the formulas to malfunction. Define the group in the Budget Narrative. See example below.

      If there are more than 5 types of Other Project Staff, delineate the first 4 types and then use Type 5 as a catch all for all remaining positions. Next detail the types of positions in the Budget Narrative and the individual positions in the PSC.

If proposed project staff, other than the Agency Leader, are current employees of the applicant, please provide the following information for each person in the Budget Narrative: Name, Current Title, Hours Worked/Week and Current Duties.

<mark>Example</mark>

c. Other Project Staff – Type 1: **LCSWs**
The line-item is to employ 2 LCSW's totaling 1.5 FTE's and the salary and fringe benefits detailed in the Project Budget is $100,000. The details regarding each LCSW is in the PSC. 50% of these funds, $50,000, are requested from ILCHF. The remainder will be covered by Medicaid.

2. **OTHER DIRECT COSTS**
   For each category, detail the calculation used to determine the amount requested in the budget. See example below.   Any item which does fit within a listed category should be described in "Other Expenses".

   a. **Communications/Marketing**
   b. **Travel Expenses**
   c. **Meeting Expenses**
   d. **Survey/Data Collection**
   e. **Equipment**
   f. **Construction/Remodeling**
   g. **Project Space**
   h. **Other Expenses**

   <mark>Example</mark>
   g. Project Space: funds are requested to pay for the rental of the space for $100/month @ 12 months = $1,200. These funds will be provided by the XYZ Foundation.

3. **PURCHASED SERVICES**
   For each category, detail the calculation used to determine the amount requested in the budget. See example below. Any item which does fit within a listed category should be described in "Other".

   a. **Consultants**
   b. **Contracted Professionals**
   c. **Other**

   <mark>Example</mark>
   b. Contracted Professionals: Funding in the amount of $_____   is requested for a subcontract with (institution or company) for (brief statement of work). These funds are requested from ILCHF.

4. **OVERHEAD COSTS (not otherwise accounted for)**

    ILCHF does not use an indirect cost based upon a percentage of the project as the means to pay indirect costs. However, ILCHF will consider covering specifically delineated overhead or indirect costs not otherwise accounted for.

    Please list the elements of this category in the same manner as above starting with the letter "a" and providing the calculation/explanation for each expense in this category.

    If there are insufficient lines under Overhead Costs (not otherwise accounted for), first unhide additional lines between line 45 and line 53. If additional lines are needed after that, use line 52 as "Other" as the catch all and detail its components in the Budget Narrative.

5. **PROGRAM EXPANSION REQUESTS**

    If you are seeking funding to expand an existing program please note the following:
    - The "Total Program Budget" reflected in the Project Budget Template should list the costs and revenue associated with the expansion.
    - In the Budget Narrative delineate the total operational cost for the program (existing + expansion costs).

ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION
Innovation & Collaboration Tour Funding Proposal
(Insert Name of Project Here)
Project Staffing Chart
Proposed Grant Period: (Insert Grant Period Here)

PROJECT STAFFING

Project Position	Last Name	First Name	Degree/Credentials	Job Title	Project FTE	Hours per week	Project Position Duties	Start Date	End Date	Title of Other Position(s) Held	Hours per week	Other Postion Duties
Project Director/Lead												
Other Project Staff												
Administrative Staff												
Data Manager/Evaluation												

Start Date: the date the staff person will begin working on the project

End Date: the date the staff person will stop working on the project

Illinois Children's Healthcare Foundation
Logic Model Template

Project Name:

Problem Statement:
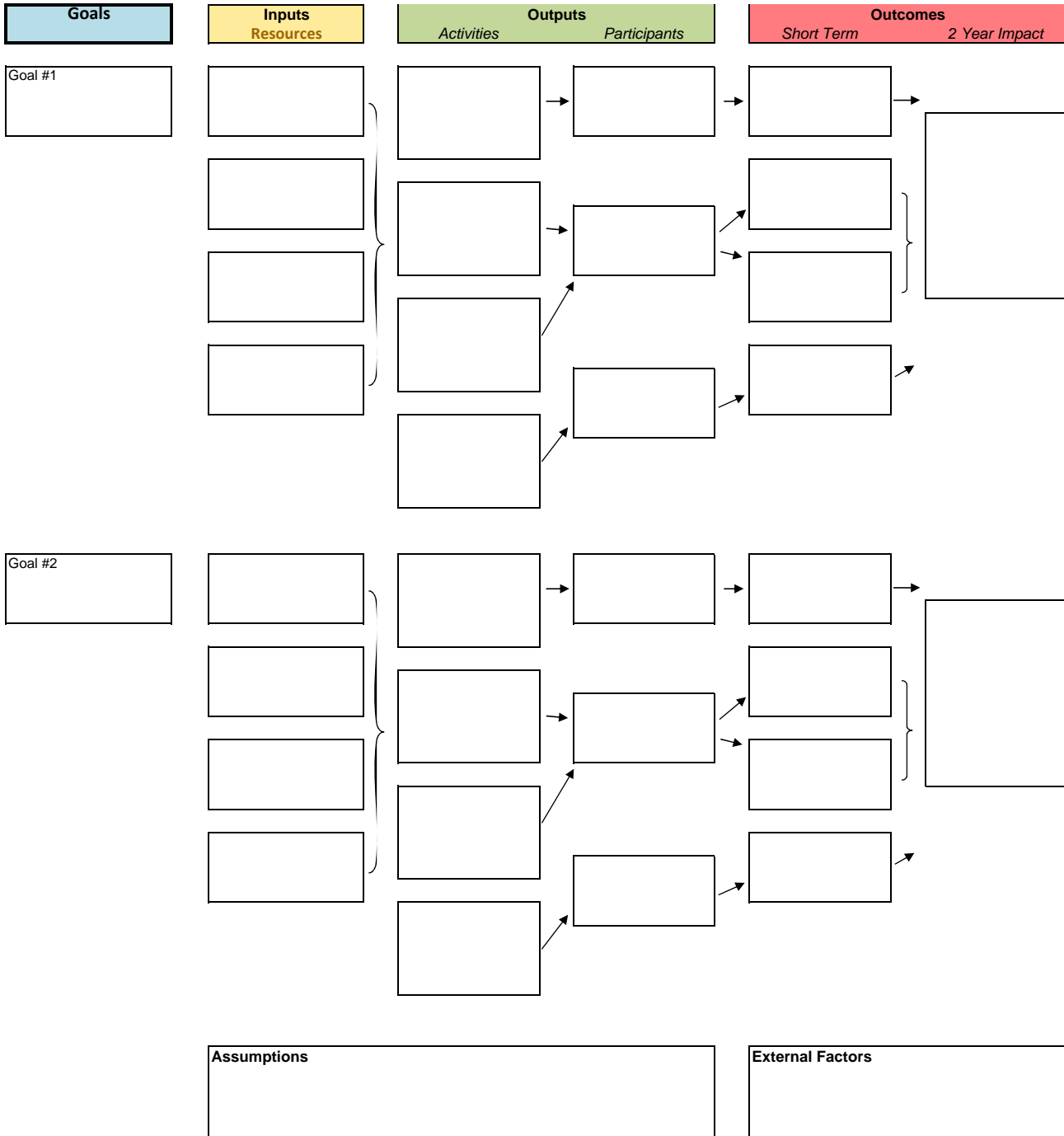
Goals	Inputs Resources	Outputs *Activities*　　　*Participants*	Outcomes *Short Term*　　　*2 Year Impact*

Goal #1

Goal #2

Assumptions

External Factors

ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION
Evalution/Outcomes Template
(Insert Name of Project Here)

Goal	Anticipated Outcome	Indicator of Success	Data/Analysis Frequency	Responsible Staff	Start Date for Data Gathering
Goal #1					
Goal #2					
Goal #3					

ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION
Officer's Certification

Name of Program:

Submission Date:

OFFICER'S CERTIFICATION

On behalf of the Grantee, I, the undersigned, do hereby certify that the information contained in this grant application is complete and accurate to the best of my knowledge. I acknowledge and agree that the omission, misrepresentation or concealment of any significant fact in any statement may be considered sufficient reason for refusing to provide additional grant funding and/or demanding the return of any grant monies awarded. I also acknowledge that our organization is currently in compliance with all applicable regulations issued by the state of Illinois (or state in which your organization is registered) and there is no pending legal action against it.

_____

Print Name

_____

Print Title (Must be the CEO, Executive Director or Officer)

_____

Sign Name

_____

Print Name of Grantee

_____

Date Signed