

ILLINOIS BOARD OF HIGHER EDUCATION

**FY2009 Innovation Grants:
Higher Education Cooperation Act (HECA)**

Renewal Application

**Deadline for Submitting Application:
March 31, 2008**

FY2009 Innovation Grants: HECA Renewal Application

GENERAL INFORMATION

Purpose: In accordance with the provisions of the Higher Education Cooperation Act (HECA), the Illinois Board of Higher Education (IBHE) will provide grants on a competitive basis in response to this renewal application. Proposals requesting renewal of funding for multi-year projects approved initially in FY2007 and FY2008 should use this application for consideration of continued funding. HECA grants are designed to support programs of interinstitutional cooperation in higher education that promote the efficient use of educational resources, an equitable distribution of educational services, the development of innovative educational concepts that effectively deliver educational programs, and involvement with the local community. The Act stipulates that grantees receiving HECA grant funds shall serve both a public and secular purpose (non sectarian) and be consistent with IBHE policies and priorities.

Eligible Applicants: Applicants eligible to receive renewal grants are not-for-profit corporations organized to administer programs of interinstitutional cooperation in higher education or public or nonpublic institutions of higher education participating in interinstitutional cooperation programs that were awarded HECA grants initially funded in FY2007 or FY2008 for multi-year projects.

Renewal Grants: Projects may be renewed subject to annual state appropriations and approval of a renewal application, which includes an interim evaluation indicating status of project implementation and progress made to date.

Application Procedures: Renewal applications **must be submitted online**. Online application materials will be available at <http://www.ibhe.org> no later than February 22, 2008. Instructions for using the online application can be found in Appendix A. In addition, three (3) cover pages (Attachment 1) with original signatures and completed copies of Attachment 8 for each participating institution must be mailed to:

FY2009 HECA Innovation Renewal Application
Illinois Board of Higher Education
431 East Adams Street, Second Floor
Springfield, Illinois 62701-1404

Application Deadline: Completed renewal application materials must be received no later than **March 31, 2008 @ 5:00 p.m. CST**. Proposals received after the deadline will not be considered.

Contact Person: If you have questions about this Renewal Application, please contact Rich Jachino, Associate Director – Grant Administration at 217.557.7339 or via e-mail at grants@ibhe.org.

RENEWAL APPLICATION FORMAT

Recipients of multi-year HECA Innovation Grant awards initially funded in FY2007 or FY2008 are required to complete a fiscal year 2009 Renewal Application for consideration of continued funding. Each renewal application must be submitted in the format outlined below. The renewal application must provide clear evidence of progress made to date, detailed plans for FY2010, and justification for continued funding as demonstrated by project outcomes.

Please use the following as a checklist in assembling your completed Renewal Application:

- Cover Page (Attachment 1)
- Project Synopsis (Attachment 2)
- Project Narrative (Attachment 3)
- Objectives and Activities Worksheet (Attachment 4)
- Budget (Attachment 5)
- Budget Justification (Attachment 6)
- Outcomes/Project Interim Evaluation (Attachment 7)
- External Evaluation Plan and Dissemination of Outcomes Agreement (Needed only if the external evaluator is different than last year)
- Supplemental Information Request (Attachment 8)
- Terms of the Grant (Attachment 9)
- Certifications (Attachment 10)

1. **Cover Page (Attachment 1):** This form **must be completed, dated and signed by the President/CEO of the lead applicant institution, which will serve as the Fiscal Agent, and the President/CEO of all other participating institutions to bind each participating institution to the contents of the proposal.** Participating institutions shall designate one of the participating institutions as the Fiscal Agent that will submit the proposal on behalf of all participating institutions.

The cover page will be available to download before the online submission is completed. Copies can be reproduced for obtaining required signatures.

2. **Project Synopsis (Attachment 2):** Briefly describe the overall objectives, methodology for implementation, and expected outcomes of the project. Since this synopsis may be used in public information documents, please refrain from using technical language not readily understood by the general public. Limit the synopsis to one page single spaced with a blank line between paragraphs and indent the paragraphs.

After your project synopsis is prepared, you may copy and paste this material in a required format to the online system. Please note this attachment does not have to be uploaded to our system.

3. **Updated Project Narrative (Attachment 3):** Not to exceed **10 double-spaced pages.** Provide an updated comprehensive description of the project that includes any necessary revisions from the previous year and outlines the following components for the proposed grant period:

- Comprehensive description and status of the goals, objectives, and the activities proposed to accomplish each objective of the project;
- Identification of the population served, timelines and personnel responsible for completing the activities;
- Description of the roles and responsibilities of the participating institutions;
- Description of expected outcomes, including a description of benchmarks to be used to determine project effectiveness; and

- Description of the external evaluation process and involvement of the external evaluator in the project.
4. **Objectives and Activities Worksheet (Attachment 4):** Use this form to identify the objectives and activities in a time-specific format. In the column entitled “Other Fund Sources” indicate the amounts from non-HECA sources used to support project activities. (Insert additional pages as needed.)
 5. **Budget (Attachment 5):** The budget request shall be organized according to the following categories: personal services, employee benefits, awards & grants, contractual services, commodities, travel, printing, equipment, telecommunications, audit, and evaluation and dissemination. Grant funds will not be awarded for indirect costs. “Institutional Contribution” is the monetary value of goods or services provided by participating institutions to support the project.

You may enter the line items to the online system. Please note this attachment does not have to be uploaded to our system.

6. **Budget Justification (Attachment 6):** The project budget must be accompanied by a detailed description of the anticipated expenditures, corresponding to the line items set forth in the Budget Form (Attachment 5), and clearly identify institutional funds used to support the project.
7. **Evaluation (Attachment 7):** An Interim Project Evaluation is required for a renewable grant project. Interim Evaluation components and format are specified in Attachment 7. Interim evaluations must describe not only what the project activities were, but also the project outcomes that were achieved. In addition, Grantees initially funded in FY2008 are required to submit an annual external evaluation report to IBHE within 90 days of the end of each grant period.

If you are planning to use an external evaluator in FY2009 different from the one approved in FY2008, you must submit a new External Evaluation Plan and Dissemination of Outcomes Agreement cover page. The page must be signed and include the name of the new evaluator, whose vita must be attached.

8. **Supplemental Information Request (Attachment 8):** All participating institutions are required to respond to the supplemental information request indicating participation in the specified statewide initiatives. This information will not be included in the review process for award determination. This attachment must be completed by each participating college or university and submitted in conjunction with Attachment 1.
9. **Terms of the Grant (Attachment 9):** Attachment 9 provides the terms and conditions of the grant. The Terms of the Grant shall be **certified by the applicant’s President or Chief Executive Officer** (see Attachment 1).
10. **Certifications (Attachment 10):** State of Illinois Required Certifications are incorporated as the final attachment.

CRITERIA FOR REVIEW

Approval of renewal applications is contingent upon funding availability and will be based primarily on project performance as demonstrated in the interim evaluation report.

HECA grant projects must provide convincing evidence of the potential for sustainable systemic improvements and increasing institutional support. Sustainable systemic improvements are those integrated into the policies and practices of the institutions and for which ongoing support is allocated from available resources. Additionally, renewal applications must clearly describe the status of implementation, progress made toward meeting expected program outcomes, and justification for continued funding.

FY2009 Innovation Grants: HECA Renewal Application

ONLINE APPLICATION SUBMISSION INSTRUCTIONS

Overview

Online application materials are available on the IBHE website at <http://www.ibhe.org>. Note: Original signatures must be obtained on the cover page, (Attachment 1) and must be mailed to the IBHE. The cover page may be downloaded before the online submission is completed.

Please review these instructions before initiating the online application process. Since this application consists of several attachments in Microsoft Word, the system has been designed so that each attachment is submitted as an individual document.

There are two steps for entering an online application: (1) register and receive an application number assigned by the system and (2) enter and submit the actual information that makes up the various attachments to the application. You will not need to enter all application information at one time. You may log in and log out of the system as time permits. To enter an online HECA application, please follow these steps:

Registration Process

Step 1 Applicants must register with the system by entering contact information (name, address, etc.).

Step 2 After the contact information is entered, you will receive an e-mail with your login ID, password, and application number. Multiple applications may be entered since each application has a unique application number assigned. **Be sure to print and save your login id, password, and application number.** After registering, download each blank attachment from the online system onto your computer and complete it

Renewal Application Process

Step 1 Log in to the system with assigned login ID, password, and application number. Enter: (1) a project synopsis, (2) the budget figures by line item, and (3) cooperative members. This information can be copied and pasted from other electronic documents.

Step 2 After completion, the attachments may be uploaded to the online system.

In the status column of the attachment checklist screen, an “X” indicates that the attachment has not yet been uploaded. A **check mark** indicates that the particular attachment has been uploaded.

After each attachment has been uploaded, the system will proceed to step 3.

Step 3 In this final step the information is verified for accuracy and you are allowed to submit the application to the IBHE. After the application is submitted, you will receive an e-mail confirming that your application has been successfully submitted. If you have not already done so, you can now print cover pages to be signed.

If you experience problems or have questions about the use of this system, please contact Rich Jachino, Associate Director, Grant Administration 217-557-7339 or send an e-mail to grants@ibhe.org.

**STATE OF ILLINOIS
BOARD OF HIGHER EDUCATION
HIGHER EDUCATION COOPERATION ACT
FISCAL YEAR 2009**

**RENEWAL APPLICATION
Cover Page**

Category of Proposal: <input type="checkbox"/> Access & Affordability <input type="checkbox"/> Accountability & Productivity <input type="checkbox"/> Disabilities <input type="checkbox"/> Diversification <input type="checkbox"/> P-20 <input type="checkbox"/> Persistence <input type="checkbox"/> Student Empowerment	
Proposal Title _____ (Limit to total of 70 characters and/or spaces)	

Total Fiscal Year 2009 Funds Requested _____	(For BHE use only) Total Fiscal Year 2009 Funds Awarded _____
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The undersigned institution or institutions understand that this proposal (including applicable attachments 1-10) represents an offer, which if accepted by the Illinois Board of Higher Education in writing, will become part of a grant agreement subject to the Illinois Grant Funds Recovery Act and all other applicable laws governing contracts and agreements in the State of Illinois. If the undersigned institution or institutions intend to use a Fiscal Agent, the undersigned institution or institutions further authorize the Fiscal Agent listed in this application to act as the agent and to execute on behalf of the undersigned institution or institutions any amendments to any grant agreement or contract which is executed as a result of this proposal, which amendments may include but are not limited to changes in the grant amounts, evaluation procedures, purposes or budget.

Project Director _____
(print or type)

Title/Dept. _____

Mailing address: _____

Telephone _____ FAX _____

E-mail _____

APPLICANT INSTITUTION/ Fiscal Agent _____
Address _____ _____
President/CEO's Signature _____
TYPE NAME AND TITLE OF SIGNATORY: _____

PARTICIPATING INSTITUTIONS	
Institution: _____ Address: _____ _____ Telephone: _____	_____ President/CEO's Signature TYPE NAME AND TITLE OF SIGNATORY _____
Institution: _____ Address: _____ _____ Telephone: _____	_____ President/CEO's Signature TYPE NAME AND TITLE OF SIGNATORY _____
Institution: _____ Address: _____ _____ Telephone: _____	_____ President/CEO's Signature TYPE NAME AND TITLE OF SIGNATORY _____
Institution: _____ Address: _____ _____ Telephone: _____	_____ President/CEO's Signature TYPE NAME AND TITLE OF SIGNATORY _____
Institution: _____ Address: _____ _____ Telephone: _____	Institution: _____ Address: _____ _____ Telephone: _____

This agreement may be executed in separate original counterparts; and when each party has signed an original thereof and they are assembled, they shall constitute one complete binding agreement, the same as if all parties had executed the same agreement.

Effective: July 1, 2008

**GRANTOR:
ILLINOIS BOARD OF HIGHER EDUCATION**

By: _____
 Judy Erwin
 Executive Director

_____ Date

By: _____
 Michael S. Baumgartner
 Executive Deputy Director

_____ Date

By: _____
 Donald Sevener
 Deputy Director of External Relations

_____ Date

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PROJECT SYNOPSIS

Please enter a formatted project synopsis into the system from a Microsoft Word document. Limit the synopsis to one page, single-spaced with double spacing between paragraphs.

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PROJECT NARRATIVE
(Not to exceed 10 double-spaced pages)

See description under Proposal Format page 2.

OBJECTIVES AND ACTIVITIES WORKSHEET

GOAL: _____

OBJECTIVE # _____

ACTIVITIES RELATED TO PRIORITY GOALS	IMPLEMENTATION DATES	NUMBER OF PERSONS SERVED	MEASURABLE INDICATOR OF EXPECTED RESULTS (OUTCOMES)	HECA GRANT BUDGET AMOUNT	OTHER FUND SOURCES

BUDGET

FY2009 INNOVATION GRANTS: HECA

Institution Name: _____

Project Name: _____

Amount Requested **FY2009** _____
Amount Received **FY2008** _____
Amount Received **FY2007** _____

BUDGET DETAIL FOR FY2009		
Categories	HECA Grant Amount*	Other Fund Sources
Personal Services	_____	_____
Benefits	_____	_____
Awards & Grants	_____	_____
Contractual Services	_____	_____
Commodities	_____	_____
Travel	_____	_____
Printing	_____	_____
Equipment	_____	_____
Telecommunications	_____	_____
Audit	_____	_____
Evaluation and Dissemination of Outcomes (3-6 percent)	_____	_____
TOTAL BUDGET	0	0

*All dollar amounts must be rounded to the nearest dollar.

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BUDGET LINE ITEM CATEGORIES AND DEFINITIONS*

Personal Services. Expenditures as compensation made for an employee's personal services rendered on behalf of the grant project.

Benefits. Additions to the total compensation package that may include group insurance, social security, retirement and other items.

Contractual Services. Expenditures for professional or technical services and transportation charges exclusive of "Travel" and "Audit." Also expenditures incident to the grant project operation for postage, publications, subscriptions, and services exclusive of commodities.

Awards & Grants. Expenditures made for teacher stipends and other awards and grants.

Commodities. Expenditures in connection with current operation for the purchase of articles of a consumable nature which show a material change or appreciable depreciation with first usage and equipment having a unit value not in any instance exceeding \$100.

Travel. Expenditures directly incident to official travel by employees of the grant project or direct payment to private agencies providing transportation or related services.

Printing. Expenditures for printing, printing paper, stationery, pamphlets, and envelopes.

Equipment. Visible tangible property of a non-consumable nature with a unit value exceeding \$100. [Regardless of value, all equipment must be clearly marked with the institution's inventory decal and the institution must maintain adequate control over all property, regardless of cost.]

Telecommunications. Expenditures for lease, rental or purchase of telecommunications equipment, supplies, maintenance, and service, which include telephone, radio and other voice, data, or video interconnection systems.

Audit. The independent examination verifying grant expenditures and compliance with the terms of the grant agreement and applicable statutes and rules. Expenditures for audit services should be reported on this line instead of contractual services.

Institutional Contribution. The monetary value of goods or services provided by participating institutions to support the project.

*Definitions adapted from the Statewide Accounting Management System (SAMS) Manual issued by the State of Illinois Office of the Comptroller.

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BUDGET JUSTIFICATION

See description under Proposal Format page 3.

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INTERIM EVALUATION REPORT

Project Director: _____ **Project Title:** _____

External Evaluator: _____

1. Objectives of Program

- Please indicate the goals established for this program.
- Please indicate specific programmatic objectives related to goals.

2. Program Activities

- Please indicate the major activities identified for the program listed above.
- Please indicate the completion status of those activities initiated to date.
- Please indicate the status of activities listed above that have not yet been initiated.

3. Overview of Population(s) Served

- Please indicate the population(s) served by this program.
- Please provide the demographic data for each population(s) served by the program, including total numbers served, by race/ethnicity.

4. Description of Methodology for Evaluating Program Effectiveness (e.g., surveys, interviews, written tests, programmatic data)

- Please indicate the methodology used to evaluate the effectiveness of the program.
- Please indicate the use and number of any survey instruments, interviews conducted or written tests that have been used to determine program effectiveness.
- Please describe the use of relevant programmatic data to indicate evidence of program effectiveness.

5. “Outcomes” - Assessment of Program Results Relative to Objectives

- Please describe specific “outcomes” or the positive effects on students accomplished with this project.
- Please indicate the effectiveness of program activities in achieving stated objectives.
- Please describe in specific terms the results that have been accomplished in relation to the program objectives.
- Please describe “lessons learned” from your project.

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Interim Evaluation Report (continued)

6. Challenges

- What challenges are you experiencing during this grant cycle?

7. Future Plans for the Program

- Please indicate any changes to the program anticipated for FY2009.
- Please indicate the specific strategies that will be used by your institution to institutionalize specific elements of the program.
- How will this project continue to operate without HECA funding?

ILLINOIS BOARD OF HIGHER EDUCATION
FY2009 Innovation Grants: HECA

External Evaluation Plan and Dissemination of Outcomes Agreement

The purpose of this Agreement is to certify that the Illinois Board of Higher Education (IBHE) and the Grantee named below have reached an understanding regarding the FY2009 Innovation Grant Evaluation and Dissemination process.

The external evaluation plan includes the following components:

1. The Evaluation will be conducted by an external Evaluator not employed by, or affiliated with, the applicant institution.

Evaluator Name: _____

2. The Evaluator is qualified to conduct this type of activity; experienced in evaluation and familiar with the subject matter and topics addressed by the grant. Please submit the resume or vita of the Evaluator.
3. The Evaluator must agree to conduct the evaluation at a cost that does not exceed the budget limitations specified in the RFP. IBHE staff will monitor contractual agreements between the Grantee and the Evaluator.
4. The Evaluator must agree to periodic meetings with the IBHE and Grantee to collaborate on evaluation activities and provide periodic status reports.
5. The evaluation plan is designed to describe the project's outcomes, accomplishments, and ability to inform public policy.
6. The Project's outcomes will be readily available for statewide dissemination.

Signatures:

Grantee: _____

Project Director: _____

Project Name: _____

Signature: _____ Date: _____

Grantor: Illinois Board of Higher Education

Name: _____

Title: _____

Signature: _____ Date: _____

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SUPPLEMENTAL INFORMATION REQUEST

This attachment must be completed by each participating college or university and submitted in conjunction with Attachment 1.

Institution Name: _____

Project Title: _____

1. The Shared Enrollment and Graduation File (SEG), managed by a consortium of institutions and housed at Southern Illinois University Carbondale, is a student unit record system that collects and stores demographic, enrollment, and graduation data on a student-by-student basis. SEG is a very valuable data tool for institutions and the state that permits researchers to understand patterns of enrollment and degree completion. Such understanding is fundamental to developing institutional and state policies leading to increased educational attainment in Illinois. (For additional information, please contact Mike Baumgartner at Baumgartner@ibhe.org or 217-557-7353).

Does your institution participate in the SEG? Yes ____ No ____

2. The Course Applicability System (CAS) is a free service to anyone interested in learning about how courses transfer between participating colleges or universities, the degree programs colleges and universities offer, and how to best chart an academic plan of study involving transfer. (For additional information, see <http://www.ibhe.org/CAS/default.htm>.)

Does your institution participate in the CAS? Yes ____ No ____

3. The Illinois Articulation Initiative (IAI) is a statewide transfer agreement among more than 100 participating colleges or universities in Illinois. IAI includes a General Education Core Curriculum and recommended lower-level coursework in several common majors. IAI works best for students who know they are going to transfer but are undecided on the college or university that will grant their baccalaureate degree. (For additional information, see <http://www.ibhe.org/Academic%20Affairs/iai.htm>.)

Does your institution participate in the IAI? Yes ____ No ____

4. IBHE is committed to improving the diversity of Illinois' higher education institutions and encourages all institutions to evaluate and update institutional diversity plans. IBHE, as part of its statewide diversity efforts, administers the Diversifying Higher Education Faculty in Illinois Grant Program (DFI). The purpose of DFI is to increase the number of underrepresented faculty. The program provides fellowship awards to minority graduate students to assist in completing academic programs that lead to faculty positions. IBHE encourages institutions to utilize the DFI Program as a faculty recruitment tool in hiring underrepresented faculty. (For additional information, see <http://dfi.siu.edu/>.)

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TERMS OF THE GRANT

When a proposal is selected for funding, the applicants may be asked to clarify and/or revise some aspects of their proposals and terms.

1. **Scope of Proposal.** Funds must be used exclusively for the purpose stated in the approved proposal and must be expended in accordance with the approved budget and the Grantee's policies and procedures related to such expenditures. Funds may be expended only for activities occurring during the grant period. All grant funds approved by IBHE for this project and paid to the Grantee are subject to the terms and conditions of the Higher Education Cooperation Act, the rules implementing that Act, the Illinois Grant Funds Recovery Act, and this agreement. Grantee hereby accepts such grant subject to said conditions.
2. **Time of Completion.** All services called for under the terms and conditions of this agreement, with the exception of the grant audit and contracted project evaluation services, are to begin no sooner than July 1, 2008 and are to be completed on or before August 31, 2009. All equipment and commodities called for under the terms and conditions of this agreement are to be received or obligated on or before the grant period ending date. All final grant disbursements, including audits and contracted project evaluation services, must be completed and paid for within 90 days of the grant period ending date. Any funds that have not been obligated or expended by the grant period ending date shall be returned to the Grantor within 45 days of final grant disbursement date.
3. **Payments.** An initial payment of at least one-half of the final approved budget amount will be made by invoice voucher upon the execution of the agreement. A final payment of the remaining balance will be made in accordance with the grant period date, subject to appropriation and the availability of funds. **No payments will be made until a FY2009 State of Illinois budget is passed by the Governor and General Assembly.**
4. **Budget Transfers.** The transfer of any funds from one category to another set forth in the budget must be approved in advance in writing by IBHE staff if that transfer will be in excess of twenty percent (20%) of the particular line item from which the funds are to be transferred. Failure to obtain such approval requires the grant recipient to refund all of the grant funds transferred in excess of twenty percent (20%). **No transfer requests will be approved within 15 days of the end of the grant period.**
5. **Interest.** For grants of less than \$250,000, interest earned by the Grantee may be retained by the recipient since the cost of accounting for the interest or allocating the interest to principal is deemed significant in terms of the amount of interest to be received. For grants of \$250,000 or more, interest earned by the Grantee must be accounted for and interest earned shall become a part of the grant principal and used only for the purposes authorized by this agreement.
6. **Audit/Retention of Records.** Each Grantee shall maintain books and records relating to the performance of the approved project and necessary to support amounts charged to the State under this agreement. Books and records, including information stored in databases or other computer systems, shall be maintained by each Grantee for a period of 3 years from the later of the date of final payment under the agreement or completion of the approved project. Books and records required to be maintained under this section shall be available for review or audit by representatives of IBHE, the Auditor General, the Inspector General and other governmental entities with monitoring authority, upon reasonable notice and during normal business hours.

FY2009 Innovation Grants: HECA Renewal Application**TERMS OF THE GRANT (continued)**

Each Grantee shall cooperate fully with any such audit and with any investigation conducted by any of these entities and shall allow full access without charge to all books and records covered by this agreement. Failure to maintain books and records required by this section shall establish a presumption in favor of the State for the recovery of any funds paid by the State under this agreement for which adequate books and records are not available to support the purported disbursement.

7. **Other Assets.** In the event any property (real, personal or mixed) is purchased with grant funds for use in the cooperative effort described above, and in the further event that such cooperative effort subsequently is terminated, such property may become the property of IBHE.
8. **Termination.** This agreement can be terminated by IBHE upon notice in writing. Expenditures and obligations incurred by the Grantee up to the time the notice is received shall be authorized expenses under this agreement. Unexpended funds shall be returned to IBHE.
9. **Evaluation.** The Grantee shall provide IBHE with a written external evaluation within 90 days of the grant period ending date. Projects extending beyond one grant period shall submit an interim evaluation as a requirement of the renewal application, an annual written external evaluation within 90 days of each grant period ending date, and a final culminating external evaluation within 90 days of the project's final grant period.
10. **Audit Reports.** The Grantee shall provide to IBHE a grant-specific audit conducted by an independent external auditor, who is registered as a public accountant with the Illinois Department of Financial and Professional Regulation, within 90 days of the grant period ending date. The grant-specific audit shall be conducted in accordance with generally accepted auditing standards and *Government Auditing Standards*, issued by the Comptroller General of the United States.
11. **Appropriation Contingency.** Obligations of the state shall cease immediately without penalty or further payment being required if, in any fiscal year, the Illinois General Assembly or the Governor fail to appropriate or otherwise make available sufficient funds for this agreement.
12. **State Certifications.** The Grantee must make the certifications listed in Attachment 10, agree to comply with the certifications listed in Attachment 10 during the grant period, certify that such certifications are true and correct, and acknowledge that such certifications are a condition of this agreement.
13. **Intellectual Property.** Any work product developed or acquired as a result of this grant shall be considered as a work for hire. Such work product will become the property of the State of Illinois and will be in the public domain.

**STATE OF ILLINOIS
REQUIRED CERTIFICATIONS**

1. **The Applicant makes the certifications as a condition of this Agreement. These certifications are in addition to any other certification contained in this Agreement. Fiscal Agent's execution of this Agreement shall serve as its attestation that the certifications made herein are true and correct.**
2. **Applicable Law.** The Applicant agrees to comply with all applicable provisions of federal, state, and local law in the performance of its obligations pursuant to this Agreement.
3. **Drug Free Workplace Act.** The Applicant certifies that it is in compliance with the applicable provisions of the Drug Free Workplace Act (30 ILCS 580/1 et seq.) with respect to providing a drug free workplace.
4. **Non-Discrimination.** The Applicant certifies that it is in compliance with the applicable provisions of the U. S. Civil Rights Act, Section 504 of the Federal Rehabilitation Act, the Americans with Disabilities Act (42 U.S.C. 12101 et seq.) and applicable rules in performance under this agreement.
5. **Discriminatory Club Dues.** The Applicant certifies that it is not barred from receiving any Contract from the State of Illinois because it pays dues or fees on behalf of its employees or agents or subsidizes or otherwise reimburses them for payment of dues or fees to any club which unlawfully discriminates (775 ILCS 25/0.01 et seq.).
6. **Equal Employment Opportunities—Affirmative Action/Sexual Harassment.** The Applicant certifies that it is in compliance with the Illinois Department of Human Rights Act (775 ILCS 5/2-105 (A)) and rules applicable to public contracts, including equal employment opportunity and affirmative action, refraining from unlawful discrimination, and having written sexual harassment policies.

STATE OF ILLINOIS
REQUIRED CERTIFICATIONS (continued)

7. Taxpayer Identification Number or Certification

I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**

I am a U.S. person (including a U.S. resident alien).

Name of Institution: _____

Taxpayer Identification Number: Social Security Number _____

or

Employer identification number _____

Legal Status (check one):

- | | |
|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Government |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Nonresident Alien |
| <input type="checkbox"/> Partnership/Legal Corporation | <input type="checkbox"/> Estate or Trust |
| <input type="checkbox"/> Tax-exempt | <input type="checkbox"/> Pharmacy (Non-Corp.) |
| <input type="checkbox"/> Corporation providing or
billing medical and/or
health care services | <input type="checkbox"/> Pharmacy/Funeral Home/
Cemetery (Corp) |
| <input type="checkbox"/> Corporation NOT providing
or billing medical and/or
health care services | <input type="checkbox"/> Other _____ |