

ILLINOIS BOARD OF HIGHER EDUCATION
INDEPENDENT COLLEGES CAPITAL INVESTMENT GRANT PROGRAM

Application Instructions

- **General Application Instructions**
 1. Please complete Application Form and Application Budget Form with all information required.
 - Application Form - All fields colored red are required to be complete for submission to IBHE for review. Fields colored in black are only required if institution has multiple projects as part of their application.
 - Application Form – Form requires digital signature be applied on certification page.
 - Budget Application Form – All fields colored green are required to be complete for submission to IBHE for review. Please do not enter data in fields colored white.
- **Application Submission Instructions**
 1. Submission of application materials to IBHE will be made to email address capitalgrants@ibhe.org.
 - Submission email should include following text in subject line:
 - Independent Colleges Capital Investment Grant Program Application Materials; and
 - Institution Name
 2. Submission of following original electronic files is required for application to be considered for review. Forms may not be printed and scanned as PDFs for submission:
 - Fillable Application Form PDF with digital signature
 - Additional Equity Plan Information Required from Application
 - Fillable Application Budget Form
- **Application Submission Dates**
 1. Application materials can be submitted to IBHE starting on Wednesday, March 22, 2023. Deadline for submitting application materials is close of business on Friday, May 5, 2023.
- **Application Form**
 1. Type of Application
 - Please only choose New or Revised/Corrected.
 - Most applications should be New unless IBHE has requested an institution to submit a revised/corrected application.
 2. Applicant Legal Name
 - This is the full legal name of the institution.
 3. UEI/DUNS Number
 - This is the Unique Entity Identifier number issued by the federal government. This number should have replaced the institution's DUNS number.

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- If institution does not yet have a UEI number, please enter DUNS number for institution.
- 4. Common Name
 - This will be a secondary name that the institution may do business as.
 - If no common name, please enter N/A in cell.
- 5. Employer/Taxpayer ID Numbers
 - Please enter Employer ID Number or Taxpayer ID Number as appropriate.
- 6. GATA ID Number
 - Please enter State of Illinois GATA ID Number.
- 7. Business Address
 - Please enter complete and official business address of the institution.
 - Business address is address that institution uses when entering into agreement or contract with another entity.
- 8. Institution Legislative District
 - Please enter Illinois Legislative District for the institution.
- 9. Institution Congressional District
 - Please enter Illinois Congressional District for the institution.
- 10. Contact Information Regarding Construction/Renovation Matters
 - This contact information will be for the person responsible for answering inquiries regarding all construction/renovation related matters for institution.
 - Please enter complete information as indicated on application form.
- 11. Contact Information Regarding Financial/Administrative Matters
 - This contact information will be for the person responsible for answering inquiries regarding all financial/administrative related matters for institution.
 - Please enter complete information as indicated on application form.
- 12. Equity Plan Question
 - Please answer either yes or no as to whether institution has a formal equity plan in place as described on application form.
 - If answered yes, please include a copy of Equity Plan with application submission.
 - If answered no, please include a 1–3-page description of items being implemented at institution as described on application form.
- 13. Does Application Request Funding for Multiple Projects
 - Please answer yes or no.
 - If answered yes, please complete separate section for each of the projects.
 - If answered no, please complete only items for project number 1.
- 14. Project #1 – Name
 - This will be official name that the project will be known as.
- 15. Project #1 – Location
 - Please include complete building name and address where project will take place.

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16. Project #1 – Funding Use
 - Please select all options that funding will be used for on this project.
 - Multiple selections are ok.
17. Project #1 – Total Cost of Project
 - This should be the total expense of this project from all sources of funding
 - For example, if IBHE awards institution \$200,000 and institution contributes \$200,000, then total expense for project equals \$400,000.
 - When entering number on application, please enter full number (including two decimal points). For example, \$400,000.00.
18. Project #1 – Applicant Cost Confirmation
 - Institution should confirm that total expense listed in question #17 matches that included in required budget template.
19. Project #1 – Was Cost Estimate provided by Licensed Architect/Engineer
 - Answer to this question should be either yes or no.
20. Project #1 – Cost Estimate Age
 - Please answer as to age of cost estimate.
 - Only one selection should be made.
21. Project #1 – Plan of Action for Cost Overrun
 - Institution should provide detail regarding plan to cover any project cost overruns to guarantee that project is completed as planned.
22. Project #1 – Description/Scope of Work
 - Institution should provide detailed description of project as requested on application form.
23. Project #1 – Estimated Length of Project
 - Institution should provide estimated schedule of construction milestones as detailed on application form.
- 24-33 Project #2 – Questions
 - Additional project questions should only be answered if there is more than one projects included as part of the application.
- Applicant Certification Page
 - Information below included on certification page should be for Authorized Representative of the institution. Authorized Representative means individual authorized by each institution to bind said institution by written agreement or contract.
 - Authorized Representative Name
 - Authorized Representative Title
 - Authorized Representative Phone Number
 - Authorized Representative Email Address
 - Authorized Representative Digital Signature
 - Signature field is a digital signature field and must be signed as such.
 - Date Signed

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- **Application Budget Form**
 1. There are multiple tabs on budget spreadsheet template for use if there are multiple projects as part of application.
 - If only one project than only Project 1 tab should be used.
 2. Fields colored in green are required to be complete when application materials are submitted. These items are as follows:
 - Organization Name
 - This name should match Applicant Legal Name from application form.
 - GATA ID #
 - This number should match GATA ID number from application form.
 - UEI/DUNS #
 - This number should match UEI/DUNS number from application form.
 - EIN/TIN #
 - This number should match EIN/TIN number from application form.
 - Approved Grant Distribution Amount
 - This amount should match total grant amount that institution is approved to receive from IBHE.
 - Budget Amounts
 - These budget amounts should be broken down by Grant Budget Amount and Institution Budget Amount (if applicable) for each project.
 3. For budget dollar entries, budget category description is at bottom of budget form for reference.

For questions regarding application materials and/or submission, please contact Matt Murphy at 217-866-0361 or murphy@ibhe.org.