**Independent Living Funding Application**

**ENTER SFY or FFY** **ENTER YEAR**

**GRANT NAME**

**$****AMOUNT REQUESTED**

*Applications are required before Federal/State funds for independent living will be contracted to Centers for Independent Living (CILs) under Section 725 of the Rehabilitation Act of 1973, as amended.*

Grantee Name:

Remit to Address:

Program Contact:

Program Contact Phone:       Program Contact Email:

Fiscal Contact:

Fiscal Contact Phone:       Fiscal Contact Email:

We, the undersigned, certify the information supplied in this application and supporting documents to be true and accurate; allocated funds will be used to provide services pursuant to Minnesota Statute 268A.11, subd. 1, and CFR, Title 34, parts 365 to 367; and we shall ensure compliance with all contract requirements and all applicable statutes, rules, and regulations.

CIL Executive Director Signature Date

Chair of the Board of Directors Signature Date

**Required Documentation Attached:**

Attachment A: Work Plan

Attachment B: Budget and Budget Narrative

Attachment C: Cost Allocation Plan

Attachment D: Pre-Award Risk Assessment\*

Attachment E: Certification Regarding Lobbying

Not Required for Grants $100,000 and Under

Attachment F: Conflict of Interest Disclosure

\*Only one pre-award risk assessment per partner is required for all grants in a calendar year.