**Individual Placement and Support (IPS) Funding Application**

**IPS Expansion Grants**

**State Fiscal Year** **ENTER YEAR**

**$****AMOUNT REQUESTED**

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 Statutes Section 268A.13-14; and we shall ensure compliance with all contract requirements and all applicable statutes, rules, and regulations.

Executive Director Signature Date

Representative for the Board of Directors Signature Date

**Required Documentation Attached:**

[ ]  Attachment A: Work Plan and Grant Duties

[ ]  Attachment B: Budget and Budget Narrative

[ ]  Attachment C: Cost Allocation Plan

[ ]  Attachment D: Pre-Award Risk Assessment\*

[ ]  Attachment E: Certification Regarding Lobbying

 [ ]  Not applicable – Amount requested is less than $100,000.

[ ]  Attachment F: Conflict of Interest Disclosure

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