

CIG Application Cover Sheet

Attachment A

Organization Name	
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Contact Name	
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Address	
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Contact Phone Number	
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Contact Email Address	
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Project Title	
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Type of Project

- Building Expansion/Renovation
- New Building
- HIT Project
- Equipment

CIG Program Grant Request	
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Total Project Cost	
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Duration of Project		thru
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Signature of Authorized Representative

Date

Print Name of Authorized Representative

LINE-ITEM BUDGET FORM

Attachment B

COST CATEGORY	GRANT FUNDS	MATCHING FUNDS	TOTAL COST
Personnel			
Existing:			
Existing:			
New:			
New:			
Contractual			
New:			
New:			
New:			
New:			
Equipment (> \$750/item)			
Computer Stations			
Other:			
Other:			
Other:			
Other:			
Supplies			
Construction			
Other:			
Other:			
Other:			
Other:			
Miscellaneous/Other			
Other:			
Other:			
Other:			
Other:			
TOTAL PROJECT COST			

* Instructions for the Line-Item Budget form can be found on page 10 in the CIG guidance.

CERTIFICATION OF CASH MATCHING FUNDS

Attachment C

Applicant Organization	
Fiscal Year	2015
Type of Proposed Project	
Duration of Project	thru
Total Match Required	\$ -
Total Match Proposed	\$ -

Matching Cash Support (Sources & Amounts)	

Certification Statement
<p>As an authorized representative of the organization making application for this grant, I hereby certify that matching funds in the amount identified above are available for the exclusive use of this proposed project. I further certify that the cash funds designated for this purpose are not derived from state grant funds.</p>

Name of Authorized Representative	
Title of Authorized Representative	
Contact Phone Number	
Contact Email	

Signature of Authorized Representative

Date Signed

* Supplemental documentation must be submitted with this application if applicable (i.e., loans/lines of credit, signed Letter of Planned Investment, etc.)

* Further matching funds information can be found on page 5 of the CIG guidance.

CERTIFICATION OF IN-KIND CONTRIBUTIONS

Attachment D

Applicant Organization	
Fiscal Year	2015
Type of Proposed Project	
Duration of Project	thru
Total Match Required	
Total Match Proposed	

1. Contributing Organization/Individual (Third Party Name, Title, Address, & Amount)	
Description of Contribution (Provide detailed computation to support value)	

2. Contributing Organization/Individual (Third Party Name, Title, Address, & Amount)	
Description of Contribution (Provide detailed computation to support value)	

3. Contributing Organization/Individual (Third Party Name, Title, Address, & Amount)	
Description of Contribution (Provide detailed computation to support value)	

Certification Statement	
<p>As an authorized representative of the organization making application for this grant, I hereby certify that the funds, items, or services identified above will be contributed to support the above named project upon the award of the grant. I further certify that the materials and equipment identified above were not purchased with state funds and have not been used to provide match for other grants or contracts.</p>	

Name of Authorized Representative	
Title of Authorized Representative	
Contact Phone Number	
Contact Email	

Signature of Authorized Representative

Date Signed

* Further in-kind contributions information can be found on page 5 of the CIG guidance.

PROJECT TIMELINE EXAMPLE

Attachment E

Project Activities	2014				2015					
	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
Architech completes floor										
Demolish existing walls				\$4,000						
Complete wall framing for new				\$12,000						
Install/tape sheetrock						\$5,000				
Paint new walls										
Purchase flooring for new area					\$6,500					
Install flooring in new area										
Purchase trim for new area					\$750					
Hang trim in new area										
Project planning and										
<i>Etc.</i>										

* Instructions for the Project Timeline form can be found on page 6 of the CIG guidance.