



**Illinois  
Department of Commerce  
& Economic Opportunity**

JB Pritzker, Governor

**Illinois Reproductive Health Facilities Capital Grant Program  
Program Application and Attestation**

**NOFO ID: 3201-2592**

Directions: Complete this program application and attestation and submit as part of your application package for the Illinois Reproductive Health Facilities Capital Grant Program. Detailed information on the program and submission requirements can be found in the Notice of Funding Opportunity. If necessary, additional pages can be attached to this document.

**NOTE: Please mark as confidential any information that you provide in the program application that you consider proprietary or commercially sensitive information.**

Legal/Common Name:

Name of organization(s):

Contact for follow-up regarding this application

Name:

Title:

Mailing address:

Phone number:

Email Address:

Non-profit or for-profit status:

**Complete the following table** (if additional rows are required, please append a listing in this format to the end of the application:

Address of current facilities managed or owned by the applicant in Illinois	Current scope of provision of reproductive health services currently provided at each Illinois facility

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**Provide Responses**

1. Describe ownership and/or management experience operating a facility that provides the same services that would be available at the facility following project completion.
2. Describe ownership and/or management experience with carrying out a capital project of this nature.
3. Describe ownership and/or management experience administering grant funds from a government entity or foundation.
4. What is the location of facility where work will be performed.

5. Describe the work plan and the capital budget summary (note this is in addition to uniform budget template required separately) including a detailed timeline and details about the amount of funds available from different sources.

6. What pregnancy-related medical services not currently provided will be available at the facility following the project? Be sure to include which of the pregnancy-related medical services listed in Section C.1 of the NOFO Supplement will be offered.
  
7. For applications seeking major repairs to existing facilities, explain the nature of damages and how they have impacted provision of health services and facility operations. If applicable, provide the anticipated increase in facility capacity following the project.
  
8. Describe project need and how the project would enhance or improve access to reproductive health care services. This may include, if applicable, one or more of the following:
  - Description of demand for eligible reproductive health services, as described in Section C.1 of the NOFO Supplement, which are currently limited in the area. Examples may include the length of a waiting list for services, or number of referrals to other entities due to lack of capacity.
  - Description of deficiencies in security or safety for patients and staff.
  - Description of how facility improvements will allow the facility to continue services that are at risk of being discontinued.

**Illinois Reproductive Health Facilities Capital Grant Program**

**Attestation of Licensure**

**(only required for existing facilities)**

Applicant Information

Facility Name:

Facility Address:

I, \_\_\_\_\_ (authorized signatory), hereby attest that the relevant staff, volunteers, and agents of \_\_\_\_\_ (facility name) are duly licensed by the Illinois Department of Financial and Professional Regulation under the respective professional licensing acts including, but not limited to, the Illinois Medical Practice Act, the Illinois Nurse Practice Act, and the Illinois Physician Assistant Practice Act of 1987. I further attest that the licenses of the relevant staff, volunteers, and agents are valid and active with no limitations that would encumber the ability to provide care described and protected by the Illinois Reproductive Health Act.

Authorized signatory:

Date: