

____(LIRI) ____ (HCC) ____ (SARFS) ____ (TACIT) ____ (TACOM) ____ (HCBA) ____ (FPP)

Form 2017 CDBG/Corporate Delegate Agency Grant Agreement & IHDA (Cover Sheet)

Important Note: For CDBG delegates: Insert DUNS #

Page 2 and Page 3 of the Delegate Agency Grant Agreement

EXHIBIT A (BUDGET).....include page

- A) Budget Summary.... (FORM 1).Requires Original Signature (BLUE INK) ...
- B) Personnel Budget (FORM 2}
- C) Non-Personnel Budget (FORM 3).....

DELEGATE AGENCY SIGNATURE AUTHORIZATION FORM.....

Note: Original signatures (BLUE INK) of TWO individuals (i.e. the executive director and president)

EXHIBIT B (Scope of Services)/(Work Programs).....include the page.....

- A) **Part I** Work Program and Budget (CDBG/Corporate YR 2017)...page 1.....
- B) **Part II**...Description of Program ... page 2
- C) **Part III**.. Monitoring and Evaluation Procedures .page 3.....
- D) **Part IV**.. Auditing Requirements Page 4
- E) **FORM 4**...The YR 2017 Work Plan Page 5

Note: The actual YR 2017 Work Plan is Negotiated with your HED liaison/manager and signed in BLUE INK

- F) **FORM 5** For (CDBG) National Objectives // For (Corporate) Service Area Information (_____)
- G) **FORM 6** For (CDBG) Service Area Information //For (Corporate) Survey of Monitoring (Completed by DPD)
- H) **FORM 7** For (CDBG) only.....Survey of Monitoring (Completed by HED)

6) **Exhibit C (Economic Disclosure Statement & Affidavit) EDS CERTIFICATE** (Drop down box available)

Note: Call Yolanda Knotts (HED) 312-744-4283 Yolanda.Knotts@cityofchicago.org or Brenda Lindsey (DPD) 312-744-7356 Brenda.Lindsey@cityofchicago.org...for assistance

Certificate of Filing Attachment.....

7) **Signature Page to Delegate Agency Grant Agreement** (Final Page) p. 7.....

Note: ORIGINAL SIGNATURES (BLUE INK) and NOTARIZED

8) **Insurance**...Include Accord (General Liability and Workers Compensation) type “City of Chicago as additional insured” in the description box

9) **EFT Bank Depository Authorization**.....

Note: Complete both the top and bottom sections. ORIGINAL signatures in (BLUE INK) with Consistent Signature by President or Executive Director

10) **Direct Deposit Vendor Payment Program Form** /.....

Note: Please Complete All of the Information at the bottom of the form, plus an ORIGINAL SIGNATURE at bottom left (Authorized Signature/Date) (In Blue Ink)... Include a VOIDED CHECK.....

To expedite this you can email the Direct Deposit Form and Voided Check to Yolanda.Knotts@cityofchicago.org

11) **Federal Funding Accountability and Transparency Act (FFATA) for CDBG Delegates/.....**

COMMENTS: _____ / **FINAL REVIEW** _____ **DATE:** _____