

\_\_\_\_(LIRI) \_\_\_\_ (HCC) \_\_\_\_ (SARFS) \_\_\_\_ (TACIT) \_\_\_\_ (TACOM) \_\_\_\_ (HCBA) \_\_\_\_ (FPP)  
\_\_\_\_ (NLP) \_\_\_\_ (TBI)

**Form 2019 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 2019)...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 2019 Work Plan Page 5 .....  
Note: The actual YR 2019 Work Plan is negotiated with your DPD or DOH 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 DPD/DOH)

6) **Exhibit C (Economic Disclosure Statement & Affidavit) EDS CERTIFICATE** (Drop down box available)  
Note: Call Yolanda Knotts (DPD) 312-744-4283 [Yolanda.Knotts@cityofchicago.org](mailto:Yolanda.Knotts@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](mailto:Yolanda.Knotts@cityofchicago.org)

11) **Federal Funding Accountability and Transparency Act ( FFATA ) for CDBG Delegates/.....**  
**COMMENTS:** \_\_\_\_\_ / **FINAL REVIEW** \_\_\_\_\_ **DATE:** \_\_\_\_\_