



Illinois Department of Commerce & Economic Opportunity

Uniform Application for State Grant Assistance

1. Type of Submission Pre-Application
 Application
 Changed / Corrected Application

2. Type of Application New
 Continuation (i.e. multiple year grant)
 Revision (modification to initial application)

3. Name of Awarding State Agency

4. Catalog of State Financial Assistance (CSFA) Number

5. CSFA Title

Catalog of Federal Domestic Assistance (CFDA)

Not Applicable (No federal funding)

6. CFDA Number

7. CFDA Title

8. CFDA Number

9. CFDA Title

Additional CFDA
Number, if required

Additional CFDA
Title, if required

Funding Opportunity Information

10. Funding Opportunity Number

11. Funding Opportunity Title

Applicant Information

12. Legal Name (Name used for DUNS registration and grantee pre-qualification)

13. Common Name (DBA)

14. Employer/Taxpayer identification number (EIN, TIN)

15. Organizational DUNS Number

16. SAM Cage Code

17. Business Address
(Address 1)
(Address 2)
(City), (State), (zip - 4)

18. Telephone Number

Applicant's Organizational Unit

19. Department Name

20. Division Name

Applicant's Name and Contact Information for Person to be Contacted for **Program** Matters involving this Application.

21. First Name

22. Last Name

23. Suffix

24. Title

25. Organizational Affiliation

26. Telephone Number

27. E-mail Address

Applicant's Name and Contact Information for Person to be Contacted for **Business/Administrative Office** Matters involving the Application.

28. First Name

29. Last Name

30. Suffix

31. Title

32. Organizational Affiliation

33. Telephone Number

34. E-mail Address

Areas Affected

35. Areas Affected by the Project (cities, counties, state-wide, add attachments e.g. maps)

36. State Senate District and Senator's Name for Project

37. State Representative District and Representative's Name for Project

Applicant's Project

38. Description Title of Applicant's Project

39. Proposed Project Term

Start Date

End Date

40. Estimated Funding
(Include all that apply)

<input checked="" type="checkbox"/>	Amount Requested from the State Applicant	<input type="text"/>
<input type="checkbox"/>	Contribution (e.g. in kind, matching)	<input type="text"/>
<input type="checkbox"/>	Local Contribution	<input type="text"/>
<input type="checkbox"/>	Other Source of Contribution	<input type="text"/>
<input type="checkbox"/>	Program Income	<input type="text"/>
Total Amount		<input type="text"/>

Applicant Certification

By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)

(*) The list of certification and assurances, or an Internet site where you may obtain this list is contained in the Notice of Funding Opportunity. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.

I Agree

Authorized Representative (Chief Elected Official)

41. First Name

42. Last Name

43. Suffix

44. Title

45. Telephone Number

46. E-mail Address

47. Signature of Authorized Representative _____

48. Date Signed _____