Illinois
Department of Commerce
& Economic Opportunity

Uniform Application for State Grant Assistance

Agency Completed Section

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. Date/Time Received By State (Completed by State Agency upon Receipt of Application)	
4. Name of Awarding State Agency	Department of Commerce and Economic Opportunity
5. Catalog of State Financial Assistance (CSFA) Number	420-75-2398
6. CSFA Title	Downstate Small Business Stabilization Program

Catalog of Federal Domestic Assistance (CFDA) ☐ Not Applicable (No federal funding)

7. CFDA Number	14.228
8. CFDA Title	Community Development Block Grants/States
9. CFDA Number	N/A
10. CFDA Title	N/A
Additional CFDA Number, if required	N/A
Additional CFDA Title, if required	N/A

Funding Opportunity Information

11. Funding Opportunity Number	2380-1381
12. Funding Opportunity Title	Downstate Small Business Stabilization Program

Competition Identification ☒ Not Applicable

13. Competition Identification Number N/A

14. Competition Identification Title N/A

Applicant Completed Section

Applicant Information

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

16. Common Name (DBA)

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

18. Organizational DUNS Number

19. SAM Cage Code

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

Applicant's Organizational Unit

21. Department Name

22. Division Name

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

23. First Name

24. Last Name

25. Suffix

26. Title

27. Organizational Affiliation

28. Telephone Number

29. Fax Number

30. E-mail Address

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

31. First Name

32. Last Name

33. Suffix

34. Title

35. Organizational Affiliation

36. Telephone Number

37. Fax Number

38. E-mail Address

Areas Affected

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

40. Legislative and Congressional District of Applicant

41. Legislative and Congressional Districts or Program Project

Applicant's Project

42. Description Title of Applicant's Project

43. Proposed Project Term

Start Date

End Date

44. Estimated Funding (Include all that apply)

- [x] Amount Requested from the State
- [ ] Applicant Contribution (e.g., in kind, matching)
- [ ] Local Contribution
- [ ] Other Source of Contribution
- [ ] Program Income

Total Amount

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

45. First Name

46. Last Name

47. Suffix

48. Title

49. Telephone Number

50. Fax Number

51. E-mail Address

52. Signature of Authorized Representative

53. Date Signed