

<b>I. Uniform Application for State of Illinois Grant Assistance</b>		
<b>Agency Completed Section</b>		
1.	Type of Submission	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application
2.	Type of Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application)
3.	Date / Time Received by State	
4.	Name of the Awarding State Agency	Illinois Department of Natural Resources
5.	Catalog of State Financial Assistance (CSFA) Number	422-20-0499
6.	CSFA Title	Clean Vessel Act
Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding)		
7.	CFDA Number	15.616
8.	CFDA Title	Clean Vessel Act
9.	CFDA Number	
10.	CFDA Title	
Funding Opportunity Information		
11.	Funding Opportunity Number	F19AS00240
12.	Funding Opportunity Title	Clean Vessel Act
Competition Identification <input checked="" type="checkbox"/> Not applicable		
13.	Competition Identification Number	
14.	Competition Identification Title	

Applicant Completed Section		
Applicant Information		
15.	Legal Name	
16.	Common Name (DBA) **	
17.	Employer / Taxpayer Identification Number (EIN, TIN)	
18.	Organizational DUNS number	
19.	SAM Cage Code	
20.	Business Address	Street address City State, County Zip + 4
Applicant's Organizational Unit [If applicable]		
21.	Department Name **	
22.	Division Name **	
Applicant's Name and Contact Information for Person to be Contacted for <i>Program</i> Matters involving this Application		
23.	First Name	
24.	Last Name	
25.	Suffix **	
26.	Title	
27.	Organizational Affiliation (if different than 15. above) **	
28.	Telephone Number	
29.	Fax Number **	
30.	Email address	
Applicant's Name and Contact Information for Person to be Contacted for <i>Business/Administrative Office</i> Matters involving this Application		
31.	First Name	
32.	Last Name	
33.	Suffix **	
34.	Title	
35.	Organizational Affiliation (if different than 15. above) **	
36.	Telephone Number	
37.	Fax Number **	
38.	Email address	

\*\* Optional

Areas Affected		
39.	Areas Affected by the Project (cities, counties, state-wide)	
40.	Legislative and U.S. Congressional Districts of Applicant	Legislative: _____ Congressional: _____
41.	Legislative and U.S. Congressional Districts of Program / Project	Legislative: _____ Congressional: _____
Applicant's Project		
42.	Descriptive Title of Applicant's Project	
43.	Proposed Project Term	Start Date: _____ End Date: _____
44.	Estimated Funding (include all that apply)	<input type="checkbox"/> Amount Requested from the State: _____ <input type="checkbox"/> Applicant Contribution (e.g., in kind, matching): _____ <input type="checkbox"/> Local Contribution: _____ <input type="checkbox"/> Other Source of Contribution: _____ <input type="checkbox"/> Program Income: _____
		_____ Total Amount
<b>Applicant Certification:</b>		
<p>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 218, Section 1001)</p> <p>(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.</p> <p style="text-align: center;"><input type="checkbox"/> I agree</p>		
Authorized Representative		
45.	First Name	
46.	Last Name	
47.	Suffix **	
48.	Title	
49.	Telephone Number	
50.	Fax Number **	
51.	Email Address	
52.	Signature of Authorized Representative	
53.	Date Signed	

\*\* Optional