

Uniform Application for State Grant Assistance

Agency Completed Section

1.	Type of Submission	<input type="radio"/> Pre-application <input type="radio"/> Application <input type="radio"/> Changed / Corrected Application
2.	Type of Application	<input type="radio"/> New <input type="radio"/> Continuation (i.e. multiple year grant) <input type="radio"/> Revision (modification to initial application)
3.	Date / Time Received by State	To be completed by Illinois EPA upon receipt of application
4.	Name of the Awarding State Agency	
5.	Catalog of State Financial Assistance (CSFA) Number	
6.	CSFA Title	
Catalog of Federal Domestic Assistance (CFDA)		<input type="checkbox"/> Not applicable (No federal funding)
7.	CFDA Number	
8.	CFDA Title	
9.	CFDA Number	
10.	CFDA Title	
Funding Opportunity Information		
11.	Funding Opportunity Number	
12.	Funding Opportunity Title	
Competition Identification		<input 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	Address _____ _____ City _____ State __ Zip+4 _____ County _____
Applicant's Organizational Unit		
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	
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		
<input type="checkbox"/> Check if same as items 24-31 above		
31.	First Name	
32.	Last Name	
33.	Suffix	
34.	Title	
35.	Organizational Affiliation	
36.	Telephone Number	
37.	Fax Number	
38.	Email address	

Areas Affected		
39.	Areas Affected by the Project (cities, counties, state-wide)	
40.	Legislative and Congressional Districts of Applicant	
41.	Legislative and Congressional Districts of Program / Project	
Applicant's Project		
42.	Title of Project	
43.	Proposed Project Term	Start Date: _____ End Date: _____
44.	Estimated Funding (include all that apply)	Amount Requested from the State: _____ Applicant Contribution (e.g., in kind, matching) _____ Local Contribution: _____ Other Source of Contribution: _____ Program Income: _____ Total Amount: _____
<p>Applicant Certification:</p> <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 <input type="checkbox"/> Check if same as items 24-31 above		
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	