UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

Agency Completed Section

1. Type of Submission: Pre-application ☐ Application ☒ Change/Corrected Application ☐

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

3. Completed by State Agency upon Receipt of Application

Date Received by State: _____ Time Received by State: _____

4. Name of the Awarding State Agency: Illinois Department of Human Services Division of Alcoholism and Substance Abuse

5. Catalog of State Financial Assistance (CSFA) Number: 444-26-0723

6. CSFA Title: Block Grants for Prevention and Treatment of Substance Abuse - OMT

Catalog of Federal Domestic Assistance (CFDA)

☐ Not Applicable

7. CFDA Number: 93.959

8. CFDA Title: Block Grants for Prevention and Treatment of Substance Abuse - OMT

9. CFDA Number: _____

10. CFDA Title: _____

Funding Opportunity Information

11. Funding Opportunity Number: 18-444-26-0723-01

12. Funding Opportunity Title: Opioid Maintenance Therapy

13. Funding Opportunity Program Field: SA00-088-0005

Funding Opportunity Information

☒ Not Applicable

14. Competition Identification Number: _____

15. Competition Identification Title: _____

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Applicant Completed Section

Applicant Information

16. Legal Name (Name used for Data Universal Number System (DUNS) registration and grantee pre-qualification):

17. Common Name (Doing Business As-DBA):

18. Employer/Taxpayer Identification Number (EIN, TIN):

19, Organizational Data Universal Number System (DUNS) Number:

20. Federal System for Award Management Commercial And Government Entity Code (SAM Cage Code):

21. Business Address:

Street:

City: State: County: Zip+4:

Applicant's Organization Unit

22. Department Name:

23. Division Name:

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

24. First Name: 25. Last Name: 26. Suffix:

27. Title:

28: Organizational Affiliation:

29: Telephone Number: 30. Fax Number:

31. E-mail Address:

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

32. First Name: 33. Last Name: 34. Suffix:

35. Title:

36: Organizational Affiliation:

37: Telephone Number: 38. Fax Number:

39. E-mail Address:

Areas Affected

40. Areas Affected by the Project (cities, counties, state-wide):

41. Legislative and Congressional Districts of Applicant:

42. Legislative and Congressional Districts of Program/Project:

UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

Applicant's Project

43. Description Title of Applicant's Project (Text only for the Title of the Applicant's Project):

_____

44. Proposed Project Term:

Start Date: _____ End Date: _____

45. 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: _____

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 218, 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.

☐ I Agree

Authorized Representative

46. First Name: _____ 47. Last Name: _____ 48. Suffix: _____

49. Title: _____

50: Telephone Number: _____ 51. Fax Number: _____

52. E-mail Address: _____

_____ _____

53. Signature of Authorized Representative: Date Signed - Authorized Representative: