# 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 Service - Bureau of Refugee & Immigrant Services

5. Catalog of State Financial Assistance (CSFA) Number: 444-80-1233

6. CSFA Title: Title XX DFI Refugee & Immigrant Services

## Catalog of Federal Domestic Assistance (CFDA)

☐ Not Applicable

7. CFDA Number: 93.667

8. CFDA Title: Social Services Block Grant

9. CFDA Number: _____

10. CFDA Title: _____

## Funding Opportunity Information

11. Funding Opportunity Number: _____

12. Funding Opportunity Title: _____

13. Funding Opportunity Program Field: _____

## Funding Opportunity Information

☒ Not Applicable

14. Competition Identification Number: _____

15. Competition Identification Title: _____

# UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

## 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:

_____

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## 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: July 1, 2017 End Date: June 30, 2018

45. Estimated Funding (include all that apply):

- ☒ Amount Requested from the State: $30,000.00
- ☒ Applicant Contribution (e.g., in kind, matching): $11,317.00
- ☐ 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: