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: ____________________


5. Catalog of State Financial Assistance (CSFA) Number: 444-80-1444

6. CSFA Title: Community Youth Employment Program (CYEP)

Catalog of Federal Domestic Assistance (CFDA)

7. CFDA Number: □ Not Applicable

8. CFDA Title: ____________________

9. CFDA Number: ____________________

10. CFDA Title: ____________________

Funding Opportunity Information

11. Funding Opportunity Number: 20-444-80-1444-01

12. Funding Opportunity Title: Community Youth Employment Program

13. Funding Opportunity Program Field: Community Youth Employment Program

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:

________________________________________________________


________________________________________________________

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


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: ___________________________   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: ___________________________