

**ILLINOIS DEPARTMENT OF HUMAN SERVICES
Bureau of Youth Intervention Services
APPLICATION COVER SHEET**

1. APPLICANT ORGANIZATION

NAME _____

ADDRESS _____

CITY: _____ **ZIP:** _____ **PHONE ()** _____

TIN NUMBER *(Please attach IRS Form 575K or Form W-9)* _____

DATA UNIVERSAL NUMBERING SYSTEM NUMBER (DUNS) _____

CENTRAL CONTRACTOR REGISTRATION (CCR) EXPIRATION DATE: _____

CAGE CODE: _____

2. DATE OF SUBMISSION

_____ / _____ / _____
(Month) (Day) (Year)

3. PROJECT PERIOD: From

_____ / _____ / _____
(Month) (Day) (Year)

to

_____ / _____ / _____
(Month) (Day) (Year)

4. TYPE OF ORGANIZATION

_____ Governmental entity

_____ Not-for-profit corporation *(Please attach documentation of current status)*

_____ Corporation

_____ Medical or health care provider

_____ Tax-exempt organization (IRC 501(a) only) *(Please attach documentation of current status)*

5. LEGISLATIVE DISTRICT

Congressional _____

Legislative (State Senate District) _____

Representative (State Representative District) _____

6. IMPORTANT NOTICE

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 30 ILCS 105/1 et seq. Failure to provide the information requested on this form may prevent your application from being processed.

7. APPLICANT CERTIFICATION

To the best of my knowledge, the data and statements in this application are true and correct. The applicant agrees to comply with all state/federal statutes and rules/regulations applicable to the program.

AUTHORIZED OFFICIAL

Type Name: _____

Title: _____

Signature: _____