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: Department of Human Services, Division of Mental Health

5. Catalog of State Financial Assistance (CSFA) Number: 444-22-0629

6. CSFA Title: Clinical Review (790)

Catalog of Federal Domestic Assistance (CFDA)

☒ Not Applicable

7. CFDA Number: _____

8. CFDA Title: _____

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: _____

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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: