

# 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

5. Catalog of State Financial Assistance (CSFA) Number: 444-80-2198

6. CSFA Title: Teen Pregnancy Prevention Program - Tier 1 Phase 1 - Year2

## Catalog of Federal Domestic Assistance (CFDA)

Not Applicable

7. CFDA Number: 93.297

8. CFDA Title: Teen Pregnancy Prevention Program - Tier 1 Phase 1 - Year 2

9. CFDA Number: \_\_\_\_\_

10. CFDA Title: \_\_\_\_\_

## Funding Opportunity Information

11. Funding Opportunity Number: 21-444-80-2198-01

12. Funding Opportunity Title: Teen Pregnancy Prevention Program - Tier 1 Phase 1 - Year 2

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):

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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: \_\_\_\_\_