



# 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: \_\_\_\_\_

5. Catalog of State Financial Assistance (CSFA) Number: \_\_\_\_\_

6. CSFA Title: \_\_\_\_\_

## 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: \_\_\_\_\_



### UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

#### Applicant Completed Section

#### Applicant Information

- 16. Legal Name (Name used for SAM.gov account/Unique Entity Identifier (UEI) and grantee pre-qualification): \_\_\_\_\_
- 17. Common Name (Doing Business As-DBA): \_\_\_\_\_
- 18. Employer/Taxpayer Identification Number (EIN, TIN): \_\_\_\_\_
- 19. Organizational Unique Entity Identifier (assigned by SAM.gov): \_\_\_\_\_
- 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: \_\_\_\_\_