

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
Completed Section**

1.	Type of Submission	<input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application
2.	Type of Application	<input type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application)
3.	Date / Time Received by State	Completed by State Agency upon Receipt of Application
4.	Name of the Awarding State Agency	Illinois Criminal Justice Information Authority
5.	Catalog of State Financial Assistance (CSFA) Number	
6.	CSFA Title	
Grant specific information (if applicable) **		
7.	Agreement Number	
8.	Previous Agreement Numbers	
Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding)		
9.	CFDA Number	
10.	CFDA Title	
11.	CFDA Number	
12.	CFDA Title	
Funding Opportunity Information		
13.	Funding Opportunity Number	
14.	Funding Opportunity Title	
15.	Funding Opportunity Program Field	
Competition Identification <input type="checkbox"/> Not Applicable		
16.	Competition Identification Number	
17.	Competition Identification Title	

Applicant Completed Section		
Implementing Agency Information**		
18.	Legal Name	(Name used for DUNS registration and grantee pre-qualification.)
19.	Common Name (DBA)	
20.	Employer / Taxpayer Identification Number (EIN, TIN)	
21.	Organizational DUNS number	
22.	SAM expiration date	
23.	SAM Cage Code	
24.	Business Address	Street address: City: State: County: Zip + 4:
Implementing Agency: Person to be contacted for Program Matters involving this application.		
25.	First Name	
26.	Last Name	
27.	Suffix	
28.	Title	
29.	Telephone Number	
30.	Fax Number	
31.	Email address	
Implementing Agency: Person to be contacted for Business/Administrative Office Matter involving this application.		
32.	First Name	
33.	Last Name	
34.	Suffix	
35.	Title	
36.	Telephone Number	
37.	Fax Number	
38.	Email address	
Program Agency Information (If different from Implementing Agency.)**		
39.	Legal Name	(Name used for DUNS registration.)
40.	Organizational DUNS number	
41.	SAM expiration date	
42.	SAM Cage Code	
43.	Business Address	Street address: City: State: County: Zip + 4:

Program Agency: Person to be contacted for Program Matters involving this Application.		
44.	First Name	
45.	Last Name	
46.	Suffix	
47.	Title	
48.	Telephone Number	
49.	Fax Number	
50.	Email address	
Areas Affected**		
51.	Areas Affected by the Project (County(ies); City(ies); or State-wide)	(If program is not state-wide, list each county. If not serving the entire county, also list the municipalities served within the county. If Chicago is included, list the neighborhoods served within Chicago if services are not provided throughout the entire city.)
52.	Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.)	Congressional District: State Senate District: State Representative District:
53.	Primary Area of Performance	(This should be either the Program Agency's office or the location where a majority of the grant activity takes place. A street address does not need to be provided but please list city, state, and nine digit zip code.)
54.	Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.)	Congressional District: State Senate District: State Representative District:
Applicant's Project**		
55.	Description Title of Applicant's Project	(Text only for the title of the applicant's project.)
56.	Proposed Project Term	Start Date: End Date:
57.	Estimated Funding (include all that apply)	<input type="checkbox"/> Amount Requested from the State: \$ <input type="checkbox"/> Budgeted Amount: \$ <input type="checkbox"/> Match: \$ <input type="checkbox"/> Overmatch: \$ <input type="checkbox"/> Program Income: \$ <p style="text-align: right;">Total Amount : \$</p>
<p>Applicant Certification:</p> <p>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)</p> <p>(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.</p> <p style="text-align: center;"><input type="checkbox"/> I agree</p>		

Implementing Agency Authorized Official (Director, President, Chair, or similar position)		
58.	First Name	
59.	Last Name	
60.	Title	
61.	Telephone Number	
62.	Fax Number	
63.	Email address	
64.	Signature of Authorized Representative	
65.	Date Signed	
Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.)		
66.	First Name	
67.	Last Name	
68.	Title	
69.	Telephone Number	
70.	Fax Number	
71.	Email address	
72.	Signature of Authorized Representative	
73.	Date Signed	
Program Agency Authorized Official		
74.	First Name	
75.	Last Name	
76.	Title	
77.	Telephone Number	
78.	Fax Number	
79.	Email address	
80.	Signature of Authorized Representative	
81.	Date Signed	

** ICJIA specific modification to GATA form