

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	546-00-1745
6.	CSFA Title	Victims of Crime Act (VOCA) FFY18
<b>Grant specific information (if applicable) **</b>		
7.	Agreement Number	
8.	Previous Agreement Numbers	
<b>Catalog of Federal Domestic Assistance (CFDA)</b> <input type="checkbox"/> Not applicable (No federal funding)		
9.	CFDA Number	16.575
10.	CFDA Title	Victims of Crime Act (VOCA) FFY18
11.	CFDA Number	
12.	CFDA Title	
<b>Federal Fund Information</b> <input type="checkbox"/> Not applicable (No federal funding)		
13.	Federal Award ID Number	18-V2-GX-0070
14.	Federal Award Date	August 9, 2018
15.	Amount Obligated by this action	
16.	Total Amount of the Federal Award	\$128,771,417
<b>Funding Opportunity Information</b>		
17.	Funding Opportunity Number	1745-1325
18.	Funding Opportunity Title	Civil Legal Services VOCA FFY18
19.	Funding Opportunity Program Field	
<b>Competition Identification</b> <input type="checkbox"/> Not Applicable		
20.	Competition Identification Number	
21.	Competition Identification Title	

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

50.	<b>Last Name</b>	
51.	<b>Suffix</b>	
52.	<b>Title</b>	
53.	<b>Telephone Number</b>	
54.	<b>Fax Number</b>	
55.	<b>Email address</b>	
<b>Areas Affected**</b>		
56.	<b>Areas Affected by the Project (County(ies); City(ies); or State-wide)</b>	(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.)
57.	<b>Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.)</b>	Congressional District: State Senate District: State Representative District:
58.	<b>Primary Area of Performance</b>	(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.)
59.	<b>Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.)</b>	Congressional District: State Senate District: State Representative District:
<b>Applicant's Project**</b>		
60.	<b>Description Title of Applicant's Project</b>	(Text only for the title of the program as listed on the Attachment A.)
61.	<b>Proposed Project Term</b>	Start Date: End Date:
62.	<b>Estimated Funding (include all that apply)</b>	<input type="checkbox"/> Designated/Awarded Amount: \$ <input type="checkbox"/> Budgeted Amount: \$ <input type="checkbox"/> Match: \$ <input type="checkbox"/> Overmatch: \$ <input type="checkbox"/> Program Income: \$ <div style="text-align: right;">Total Amount : \$</div> Indirect cost rate: _____%
<b>Applicant Certification:</b>  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.  <div style="text-align: center;"><input type="checkbox"/> I agree</div>		

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

**\*\* ICJIA specific modification to GATA form**