

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
Completed Section**

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|--|--|--|
| 1. | Type of Submission | <input checked="" type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application |
| 2. | Type of Application | <input checked="" 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 | |
| 4. | Name of the Awarding State Agency | Illinois Criminal Justice Information Authority |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 546-00-1705 |
| 6. | CSFA Title | Community Law Enforcement Partnership for Deflection |
| Grant specific information (if applicable) ** | | |
| 7. | Agreement Number | TBD |
| 8. | Previous Agreement Numbers | N/A |
| Catalog of Federal Domestic Assistance (CFDA) <input checked="" type="checkbox"/> Not applicable (No federal funding) | | |
| 9. | CFDA Number | |
| 10. | CFDA Title | |
| 11. | CFDA Number | |
| 12. | CFDA Title | |
| Federal Fund Information <input checked="" type="checkbox"/> Not applicable (No federal funding) | | |
| 13. | Federal Award ID Number | |
| 14. | Federal Award Date | |
| 15. | Amount Obligated by this action | |
| 16. | Total Amount of the Federal Award | |
| Funding Opportunity Information | | |
| 17. | Funding Opportunity Number | |
| 18. | Funding Opportunity Title | |
| 19. | Funding Opportunity Program Field | |
| Competition Identification <input type="checkbox"/> Not Applicable | | |
| 20. | Competition Identification Number | 1705-1796 |
| 21. | Competition Identification Title | Community Law Enforcement Partnership for Deflection |

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

| | | |
|--|---|--|
| 50. | Last Name | |
| 51. | Suffix | |
| 52. | Title | |
| 53. | Telephone Number | |
| 54. | Fax Number | |
| 55. | Email address | |
| Areas Affected** | | |
| 56. | 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.) |
| 57. | 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: |
| 58. | 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.) |
| 59. | 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** | | |
| 60. | Description Title of Applicant's Project | (Text only for the program title as listed on the Attachment A.) |
| 61. | Proposed Project Term | Start Date: End Date: |
| 62. | Estimated Funding (include all that apply) | <input type="checkbox"/> Designated/Awarded Amount, if known: \$ <input type="checkbox"/> Budgeted/Requested Amount: \$ <input type="checkbox"/> Match: \$ <input type="checkbox"/> Overmatch: \$ <input type="checkbox"/> Program Income: \$ <p style="text-align: right;">Total Amount : \$</p> Indirect cost rate: _____% |
| Applicant Certification: | | |
| <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) | | |
|--|---|--|
| 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**