Uniform Application for State Grant Assistance Updated by ICJIA					
	Illinois Criminal Justice Information Authority Completed Section				
1.	Type of Submission	☐ Pre-application			
		☐ Application			
		☐ Changed / Corrected Application			
2.	Type of Application	□ New			
		\square Continuation (i.e. multiple year grant)			
		☐ Revision (modification to initial application)			
3.	Date / Time Received by State	Completed by State Agency upon Receipt of Application			
4.	Name of the Awarding	Illinois Criminal Justice Information Authority			
	State Agency				
5.	Catalog of State Financial Assistance (CSFA) Number				
6.	CSFA Title				
Gran	nt specific information (if app	licable) **			
7.	Agreement Number				
8.	Previous Agreement				
	Numbers	(CCDA) DALL BLILL (A) C. L. LC. B. A			
9.	log of Federal Domestic Assis	tance (CFDA)			
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				
Com	petition Identification 🔲 No	ot Applicable			
16.	Competition Identification Number				
17.	Competition Identification				
	Title				

Applicant Completed Section				
Imple	ementing Agency Informatio	n**		
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:		
	_ <u></u>	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			
Imple	ementing Agency: Person to	be contacted for Business/Administrative Office Matter involving this		
	cation.	V		
32.	First Name			
33.	Last Name			
34.	Suffix	T T T T T T T T T T T T T T T T T T T		
35.	Title			
36.	Telephone Number			
37.	Fax Number			
38.	Email address			
		lifferent 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				
	s Affected**				
51.	Areas Affected by the	(If program is not state-wide, list each county. If not serving the entire			
01.	Project (County(ies);	county, also list the municipalities served within the county. If Chicago is			
	City(ies); or State-wide)	included, list the neighborhoods served within Chicago if services are			
		not provided throughout the entire city.)			
52.	Implementing Agency's	Congressional District:			
	Legislative District	State Senate District:			
	(This must be based on	State Representative District:			
	the nine digit zip code				
	registered with SAM.)				
53.	Primary Area of	(This should be either the Program Agency's office or the location where			
	Performance	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	Congressional District:			
	Performance's Legislative	State Senate District:			
	District (This must be	State Representative District:			
	based on the nine digit				
	zip code listed above.)				
Appli	cant's Project**				
55.	Description Title of	(Text only for the title of the applicant's project.)			
	Applicant's Project				
56.	Proposed Project Term	Start Date:			
		End Date:			
57.	Estimated Funding	☐ Amount Requested from the State: \$			
	(include all that apply)	□ Budgeted Amount: \$			
		□ Match: \$			
		□ Overmatch: \$			
		□ Program Income: \$			
		Total Amount : \$			
Appli	Applicant Certification:				
	By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that				
the st	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)					
(*) Th	ne list of certification and ass	urances, or an internet site where you may obtain this list is contained in			
the N	lotice of Funding Opportunity	<i>/</i> .			
		☐ I agree			

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 79. Email address 79. Email address 79. Email address 79. Signature of Authorized Official 74. First Name 75. Last Name 76. Title 77. Telephone Number 78. Fax Number 79. Email address 79. Email address 79. Email address						
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	Implementing Agency Authorized Official (Director, President, Chair, or similar position)					
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 80. Signature of Signed 80. Signature of Authorized Representative						
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	59.	Last Name				
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	60.	Title				
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	61.	Telephone Number				
Signature of Authorized Representative Date Signed Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.) First Name Last Name Title Signature of Authorized Representative Last Number Last Number Last Name Authorized Representative Last Signature of Authorized Representative Last Name Last Name Last Name First Name Last Name Last Name First Name Last Name Signature of Authorized Official First Name Last Name Signature of Authorized Official First Name Signature of Authorized Official Title To lelephone Number Email address Signature of Authorized Representative	62.	Fax Number				
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 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. Fax Number 82. Fax Number 83. Fax Number 84. First Name 85. Signature of Authorized Representative	63.	Email address				
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. Title 82. Title 83. Fax Number 84. First Name 85. Signature of Authorized Representative	64.	Signature of Authorized				
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. Representative 82. Signature of Authorized Representative		Representative				
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 Representative	65.	Date Signed				
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 80. Signature of Authorized Representative	Imple	ementing Agency Financial O	fficer (Chief Financial Officer, Comptroller, Treasurer, or similar			
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 80. Signature of Authorized Representative	posit	ion.)				
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	66.	First Name				
Fax 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	67.	Last Name				
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	68.	Title	•			
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	69.	Telephone Number				
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	70.	Fax Number				
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	71.	Email address				
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	72.	Signature of Authorized				
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		Representative				
74. First Name 75. Last Name 76. Title 77. Telephone Number 78. Fax Number 79. Email address 80. Signature of Authorized Representative	73.	Date Signed				
75. Last Name 76. Title 77. Telephone Number 78. Fax Number 79. Email address 80. Signature of Authorized Representative	Prog	ram Agency Authorized Offic	ial			
76. Title 77. Telephone Number 78. Fax Number 79. Email address 80. Signature of Authorized Representative	74.	First Name				
77. Telephone Number 78. Fax Number 79. Email address 80. Signature of Authorized Representative	75.	Last Name				
78. Fax Number 79. Email address 80. Signature of Authorized Representative	76.	Title				
79. Email address 80. Signature of Authorized Representative	77.	Telephone Number				
80. Signature of Authorized Representative	78.	Fax Number				
Representative	79.	Email address				
·	80.	Signature of Authorized				
81. Date Signed		Representative				
	81.	Date Signed				

^{**} ICJIA specific modification to GATA form