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| **Uniform Application for State Grant Assistance** |
| **Agency Completed Section** |
|  | Type of Submission | □ Pre-application □ Application □ Changed / Corrected Application |
|  | Type of Application | □ New □ Continuation (i.e. multiple year grant) □ Revision (modification to initial application) |
|  | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
|  | Name of the Awarding State Agency | Illinois Criminal Information Authority |
|  | Catalog of State Financial Assistance (CSFA) Number | #546-00-1395 |
|  | CSFA Title | Victim of Crime Act Transitional Housing |
| Catalog of Federal Domestic Assistance (CFDA) □ Not applicable (No federal funding) |
|  | CFDA Number | 16.575 |
|  | CFDA Title | Victim of Crime Act |
|  | CFDA Number |  |
|  | CFDA Title |  |
| Funding Opportunity Information |
|  | Funding Opportunity Number | #1395-152 |
|  | Funding Opportunity Title | Victim of Crime Act (VOCA) FFY15 |
|  | Funding Opportunity Program Field |  |
| Competition Identification □ Not Applicable |
|  | Competition Identification Number | ICJIA-2016-001 |
|  | Competition Identification Title | Victims of Crime Act Transitional Housing |

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| **Applicant Completed Section** |
| Applicant Information |
|  | Legal Name | Name used for DUNS registration and grantee pre-qualification |
|  | Common Name (DBA) |  |
|  | Employer / Taxpayer Identification Number (EIN, TIN) |  |
|  | Organizational DUNS number |  |
|  | SAM Cage Code |  |
|  | Business Address | Street address: City: State: County: Zip + 4: |
| Applicant’s Organizational Unit |
|  | Department Name |  |
|  | Division Name |  |
| Applicant’s Name and Contact Information for Person to be Contacted for *Program* Matters involving this Application |
|  | First Name |  |
|  | Last Name |  |
|  | Suffix |  |
|  | Title |  |
|  | Organizational Affiliation |  |
|  | Telephone Number |  |
|  | Fax Number |  |
|  | Email address |  |
| Applicant’s Name and Contact Information for Person to be Contacted for *Business/Administrative Office* Matters involving this Application |
|  | First Name |  |
|  | Last Name |  |
|  | Suffix |  |
|  | Title |  |
|  | Organizational Affiliation |  |
|  | Telephone Number |  |
|  | Fax Number |  |
|  | Email address |  |
| Areas of impact |
|  | Areas that will be impacted by the Project (cities, counties, state-wide) | Attach maps, etc. |
|  | Legislative and Congressional Districts of Applicant |  |
|  | Legislative and Congressional Districts of Program / Project | Attach list, if needed. |
| Applicant’s Project |
|  | Description Title of Applicant’s Project | Text only for the title of the applicant’s project. |
|  | Proposed Project Term | Start Date: End Date:   |
|  | Estimated Funding (as applicable) | □ Amount Requested from the State:□ Applicant Contribution (e.g., in kind, matching):□ Local Contribution:□ Other Source of Contribution:□ Program Income:Total Amount  |
| **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 with any false, fictitious, or fraudulent statements or claims, I am subject to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)\*Please refer to the Notice of Funding Opportunity for information on required certifications and assurances. □ I agree |
| Authorized Representative  |
|  | First Name |  |
|  | Last Name |  |
|  | Suffix |  |
|  | Title |  |
|  | Telephone Number |  |
|  | Fax Number |  |
|  | Email Address |  |
|  | Signature of Authorized Representative |  |
|  | Date Signed |  |