



**Illinois  
Department of Commerce  
& Economic Opportunity**

**Uniform Application for State Grant Assistance**

**Agency Completed Section**

**1. Type of Submission:**

Pre-Application

Application

Changed/Corrected Application

**2. Type of Application:**

New

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 Awarding Agency**

**5. Catalog of State Financial Assistance (CSFA) Number**

**6. CSFA Title**

Federal Assistance Listing

Not Applicable (No Federal Funding)

**7. Assistance Listing Number #1**

**8. Assistance Listing Program Title #1**

**9. Assistance Listing Number #2**

**10. Assistance Listing Program Title #2**

Additional Assistance Listing Number,  
if required

Additional Assistance Listing Program  
Title, if required

Funding Opportunity Information

11. Funding Opportunity Number

12. Funding Opportunity Title

Competition Identification                      Not Applicable

13. Competition Identification Number

14. Competition Identification Title

**Applicant Completed Section**

Applicant Information

15. Legal Name

16. Common Name (DBA)

17. Employer/Taxpayer Identification Number  
(EIN, TIN)

18. Organizational DUNS Number (optional)

19. SAMS Unique Entity Identifier (UEI)

20. Business Address

City

State

County

Zip + 4

Applicant's Information

21. Department Name

22. Division Name

Applicant's Name and Contact Information for Person to be Contacted for *Program/Project* Matters Involving This Application

23. First Name

24. Last Name

25. Suffix

26. Title

27. Organizational Affiliation

28. Telephone Number

29. Fax Number

30. Email Address

Applicant's Name and Contact Information for Person to be Contacted for *Business/Administrative Office* Matters Involving This Application

31. First Name

32. Last Name

33. Suffix

34. Title

35. Organizational Affiliation

36. Telephone Number

37. Fax Number

38. Email Address

Areas Affected

39. Areas Affected by the Project (cities, counties, state-wide)

40. Legislative and Congressional Districts of Applicant

41. Legislative and Congressional Districts of Program/Project

Applicant's Program/Project

42. Descriptive Title of Program/Project

43. Proposed Program/Project Term

Start Date:

End Date:

44. Estimated Funding (include all that apply)

Amount Requested from the State Applicant

Contribution (e.g. in kind, matching)

Local Contribution

Other Sources of Contribution

Program Income

Total Program/Project Amount (calculated)

**Applicant Certification:**

By signing this application, I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

I agree

Authorized Representative

45. First Name

46. Last Name

47. Suffix

48. Title

49. Telephone Number

50. Fax Number

51. Email Address

52. Signature of Authorized Representative

53. Date Signed