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| **Uniform Application for State Grant Assistance**  |
| **Agency Completed Section**  |
| 1.  | Type of Submission   | □ Pre-application **X Application** □ Changed / Corrected Application  |
| 2.  | Type of Application   | **X 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 the Awarding State Agency  | **Illinois Board of Higher Education** |
| 5.  | Catalog of State Financial Assistance (CSFA) Number  | **601-00-1591** |
| 6.  | CSFA Title  | **Nurse Educator Fellowship Grant** |
| Catalog of Federal Domestic Assistance (CFDA**) X Not applicable (No federal funding)**  |
| 7.  | CFDA Number  | **N/A**  |
| 8.  | CFDA Title  | **N/A** |
| 9.  | CFDA Number  | **N/A** |
| 10.  | CFDA Title  | **N/A** |
| Funding Opportunity Information **X Not Applicable**  |
| 11.  | Funding Opportunity Number  | **N/A** |
| 12.  | Funding Opportunity Title  | **N/A** |
| Competition Identification **X Not Applicable**  |
| 13.  | Competition Identification Number  | **N/A** |
| 14.  | Competition Identification Title  | **N/A** |

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| **Applicant Completed Section**  |
| Applicant Information  |
| 15.  | Legal Name (Name used for DUNS registration and grantee pre-qualification) |  |
| 16.  | Common Name (DBA)  |   |
| 17.  | Employer / Taxpayer Identification Number (EIN, TIN)  |   |
| 18.  | Organizational DUNS number  |   |
| 19.  | SAM Cage Code  |   |
| 20.  | Business Address  | Street address, City, County, State, County, Zip + 4  |
| Applicant’s Organizational Unit  |
| 21.  | Department Name  |   |
| 22.  | Division Name  |   |
| Applicant’s Name and Contact Information for Person to be Contacted for *Program* 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 Project  |
| 42.  | Description Title of Applicant’s Project  | **Nurse Educator Fellowship** |
| 43.  | Proposed Project Term  | **Start Date: November 2, 2020** **End Date: June 30, 2021**   |
| 44.  | Estimated Funding (include all that apply)  | **X Amount Requested from the State**: □ Applicant Contribution (e.g., in kind, matching): □ Local Contribution: □ Other Source of Contribution: □ Program Income: **Total Amount $10,000** |
| **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 any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, 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. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application. □ 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  |   |