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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 |  |