

## **UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE**

### **Agency Completed Section**

1. Type of Submission:  Pre-application  Application  Change/Corrected Application
2. Type of Application:  New  Continuation (i.e. multiple year grant)  Revision (modification to initial application)
3. Name of the Awarding State Agency: Illinois Board of Higher Education
4. Catalog of State Financial Assistance (CSFA) Number: 601-00-0748
5. CSFA Title: Illinois Cooperative Work Study Grant

### **Catalog of Federal Domestic Assistance (CFDA)**

Not Applicable

1. CFDA Number: \_\_\_\_\_
2. CFDA Title: \_\_\_\_\_

### **Funding Opportunity Information**

Not Applicable

1. Competition Identification Number: \_\_\_\_\_
2. Competition Identification Title: \_\_\_\_\_

### **Applicant Completed Section**

1. Legal Name (Name used for Data Universal Number System (DUNS) registration and grantee pre-qualification):	
2. Common Name (Doing Business As-DBA):	
3. Employer/Taxpayer Identification Number (EIN,TIN):	
4. Organizational Data Universal Number System (DUNS Number):	
5. Federal System for Award Management Commercial and Government Entity Code (SAM Cage Code):	

6. Business Address:

Street	
City:	
State:	
County:	
Zip:	

**Applicant's Organization Unit**

1. Department Name:	
2. Division Name:	

**Applicant's Name and Contact Information to be contacted for questions involving this Application**

1. First Name:	
2. Last Name:	
3. Suffix:	
4. Title:	
5. Organizational Affiliation:	
6. Telephone Number:	
7. E-mail address:	

**Areas Affected**

1. Areas affected by the Project (cities, counties, state-wide):	
2. Legislative and Congressional Districts of Applicant:	
3. Legislative and Congressional Districts of Program/Project:	

**Applicant's Project**

1. Description Title of Applicant's Project:	
2. Proposed Project Term:	July 1, 2020 to August 31, 2021
3. Estimated Funding (include all that apply):	
Amount Requested from the State:	
Applicant Contribution (e.g., in kind, matching):	
Local Contribution:	
Other Source of Contribution:	
Program Income:	

**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 and 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)

(\* )The list of certifications and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.

I AGREE

<b><u>Authorized Representative</u></b>
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1. First Name:	
2. Last Name:	
3. Suffix:	
4. Title	
5. Telephone Number:	
6. E-mail address:	

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7. Signature of Authorized Representative

8. Date Signed-Authorized Representative