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| **Uniform Application for State Grant Assistance** | | |
| **Agency Completed Section** | | |
| 1. | Type of Submission | X Application |
| 2. | Type of Application | X New |
| 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 | 601-00-0747 |
| 6. | CSFA Title | Grow Your Own Teacher Initiative |
| Catalog of Federal Domestic Assistance (CFDA) X Not applicable (No federal funding) | | |
| 7. | CFDA Number | NOT APPLICABLE |
| 8. | CFDA Title | NOT APPLICABLE |
| 9. | CFDA Number | NOT APPLICABLE |
| 10. | CFDA Title | NOT APPLICABLE |
| Funding Opportunity Information | | |
| 11. | Funding Opportunity  Number | NOT APPLICABLE |
| 12. | Funding Opportunity  Title | NOT APPLICABLE |
| Competition Identification □ Not Applicable | | |
| 13. | Competition  Identification Number | NOT APPLICABLE |
| 14. | Competition  Identification Title | NOT APPLICABLE |

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| **Applicant Completed Section** | | |
| Applicant Information | | |
| 15. | Legal Name |  |
| 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) | Add Attachments (e.g., maps) |
| 40. | Legislative and  Congressional Districts of Applicant |  |
| 41. | Legislative and  Congressional Districts of Program / Project | Attach an additional list, if needed |
| Applicant’s Project | | |
| 42. | Description Title of  Applicant’s Project | Text only for the title of the applicant’s project. |
| 43. | Proposed 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 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 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 |  |