

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: 601-00-0001
5. CSFA Title: Early Childhood Credential Completion Cohorts Grant

Catalog of Federal Domestic Assistance (CFDA)

Not Applicable

1. CFDA Number: 93.434
2. CFDA Title: Preschool Development Grant Birth to Five

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
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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 June 30, 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

Authorized Representative

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