

**ILLINOIS COMMUNITY COLLEGE BOARD  
Uniform Application for State Grant Assistance**

**Agency Completed Section**

1.	Type of Submission	Application
2.	Type of Application	New
3.	Date / Time Received by State	
4.	Name of the Awarding State Agency	Illinois Community College Board
5.	Catalog of State Financial Assistance (CSFA) Number	684-01-1670
6.	CSFA Title	Innovative Bridge and Transition Program Grants
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
<b>Funding Opportunity Information</b>		
11.	Funding Opportunity Number	20210008
12.	Funding Opportunity Title	Innovative Bridge and Transition Program Grants
13.	Funding Opportunity Program Field	Education
<b>Competition Identification X Not Applicable</b>		
14.	Competition Identification Number	N/A
15.	Competition Identification Title	N/A

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**Applicant Completed Section**

<b>Applicant Information</b>		
16.	Legal Name	
17.	Common Name (DBA)	
18.	Employer / Taxpayer Identification Number (EIN, TIN)	
19.	Organizational DUNS number	
20.	SAM Cage Code	
21.	Business Address	Street address, City, State, County, Zip + 4
<b>Applicant's Organizational Unit</b>		
22.	Department Name	
23.	Division Name	
<b>Applicant's Name and Contact Information for Person to be Contacted for <i>Program</i> Matters involving this Application</b>		
24.	First Name	
25.	Last Name	
26.	Suffix	
27.	Title	
28.	Organizational Affiliation	
29.	Telephone Number	
30.	Fax Number	
31.	Email address	
<b>Applicant's Name and Contact Information for Person to be Contacted for <i>Business/Administrative Office</i> Matters involving this Application</b>		
32.	First Name	
33.	Last Name	
34.	Suffix	
35.	Title	
36.	Organizational Affiliation	

37.	Telephone Number	
38.	Fax Number	
39.	Email address	
<b>Areas Affected</b>		
40.	Areas Affected by the Project (cities, counties, state-wide)	
41.	Legislative and Congressional Districts of Applicant	
42.	Legislative and Congressional Districts of Program / Project	Attach an additional list, if needed
<b>Applicant's Project</b>		
43.	Description Title of Applicant's Project	Text only for the title of the applicant's project.
44.	Proposed Project Term	Start Date: End Date:
45.	Estimated Funding (include all that apply)	<input type="checkbox"/> Amount Requested from the State: <span style="float: right;">Total Amount</span>
<p><b>Applicant Certification:</b></p> <p>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 218, Section 1001)</p> <p>(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.</p> <p style="text-align: center;"><input type="checkbox"/> I agree</p>		
<b>Authorized Representative</b>		
46.	First Name	
47.	Last Name	
48.	Suffix	
49.	Title	
50.	Telephone Number	
51.	Fax Number	
52.	Email Address	
53.	Signature of Authorized Representative	
54.	Date Signed	