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| **ILLINOIS COMMUNITY COLLEGE BOARD**  **Uniform Application for State Grant Assistance** | | |
| **Agency Completed Section** | | |
|  | Type of Submission | Application |
|  | Type of Application | New |
|  | Date / Time Received by State |  |
|  | Name of the Awarding State Agency | Illinois Community College Board |
|  | Catalog of State Financial Assistance (CSFA) Number | 684-01-1670 |
|  | CSFA Title | Innovative Bridge and Transition Program Grants |
| Catalog of Federal Domestic Assistance (CFDA) x Not applicable (No federal funding) | | |
|  | CFDA Number | N/A |
|  | CFDA Title | N/A |
|  | CFDA Number | N/A |
|  | CFDA Title | N/A |
| Funding Opportunity Information | | |
|  | Funding Opportunity Number |  |
|  | Funding Opportunity Title | Innovative Bridge and Transition Program Grants |
|  | Funding Opportunity Program Field | Education |
| Competition Identification X Not Applicable | | |
|  | Competition Identification Number | N/A |
|  | Competition Identification Title | N/A |

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| **ILLINOIS COMMUNITY COLLEGE BOARD**  **Uniform Application for State Grant Assistance**  **Applicant Completed Section** | | |
| Applicant Information | | |
|  | Legal Name |  |
|  | Common Name (DBA) |  |
|  | Employer / Taxpayer Identification Number (EIN, TIN) |  |
|  | Organizational DUNS number |  |
|  | SAM Cage Code |  |
|  | Business Address | Street address,  City,  State,  County,  Zip + 4 |
| Applicant’s Organizational Unit | | |
|  | Department Name |  |
|  | Division Name |  |
| Applicant’s Name and Contact Information for Person to be Contacted for *Program* Matters involving this Application | | |
|  | First Name |  |
|  | Last Name |  |
|  | Suffix |  |
|  | Title |  |
|  | Organizational Affiliation |  |
|  | Telephone Number |  |
|  | Fax Number |  |
|  | Email address |  |
| Applicant’s Name and Contact Information for Person to be Contacted for *Business/Administrative Office* Matters involving this Application | | |
|  | First Name |  |
|  | Last Name |  |
|  | Suffix |  |
|  | Title |  |
|  | Organizational Affiliation |  |
|  | Telephone Number |  |
|  | Fax Number |  |
|  | Email address |  |
| Areas Affected | | |
|  | Areas Affected by the Project (cities, counties, state-wide) |  |
|  | Legislative and Congressional Districts of Applicant |  |
|  | Legislative and Congressional Districts of Program / Project | Attach an additional list, if needed |
| Applicant’s Project | | |
|  | Description Title of Applicant’s Project | Text only for the title of the applicant’s project. |
|  | Proposed Project Term | Start Date:  End Date: |
|  | Estimated Funding (include all that apply) | □ Amount Requested from the State:  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 218, 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.  □ I agree | | |
| Authorized Representative | | |
|  | First Name |  |
|  | Last Name |  |
|  | Suffix |  |
|  | Title |  |
|  | Telephone Number |  |
|  | Fax Number |  |
|  | Email Address |  |
|  | Signature of Authorized Representative |  |
|  | Date Signed |  |