

Uniform Application for State Grant Assistance

Agency Completed Section

1.	Type of Submission:	<input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application
2.	Type of Application:	<input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Changed/Corrected Application
3.	Date/Time Received by State:	To be completed by IEPA upon receipt of application
4.	Name of the Awarding State Agency:	Illinois Environmental Protection Agency (IEPA)
5.	Catalog of State Financial Assistance (CSFA):	532-60-3017
6.	CSFA Title:	Lead Service Line Inventory Grant Program
Catalog of Federal Domestic Assistance (CFDA) <input checked="" type="checkbox"/> Not Applicable (No federal funding)		
7.	CFDA Number:	66.468
8.	CFDA Title:	Drinking Water State Revolving Fund
9.	CFDA Number:	
10.	CFDA Title:	
Funding Opportunity Information		
11.	Funding Opportunity Number:	23-3017-03 Round - 4
12.	Funding Opportunity Title:	Lead Service Line Inventory Grant Program
Competition Identification <input checked="" type="checkbox"/> Not Applicable		
13.	Competition Identification Number:	
14.	Competition Identification Title:	

Applicant Completed Section		
Applicant Information		
15.	Legal Name:	
16.	Common Name (DBA):	
17.	Employer/Taxpayer Identification Number (EIN, TIN)	
18.	Organizational UEI Number:	
19.	SAM Cage Code:	
20.	Business Address:	Address: _____
		City: _____ State: _____ Zip+4: _____
		County: _____
Applicant's Organizational Unit		
21.	Department Name:	
22.	Division Name:	
Applicant's Name and Contact Information for Person to be Contacted for <u>Program Matters</u> 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 <u>Business/Administrative Office Matters</u> 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):	
40.	Legislative and Congressional Districts of Applicant:	
41.	Legislative and Congressional Districts of Program/Project:	
Applicant's Project		
42.	Title of 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: _____ <div style="text-align: right;">Total Amount: _____</div>
Applicant Certification: <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 certifications 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>		
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:	