# Uniform Application for State Grant Assistance

## Agency Completed Section

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|---|---|---|
| 1. | Type of Submission: | ○ Pre-application<br>● Application<br>○ Changed/Corrected Application |
| 2. | Type of Application: | ● New<br>○ Continuation<br>○ 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) | | ☑ Not Applicable (No federal funding) |
| 7. | CFDA Number: | |
| 8. | CFDA Title: | |
| 9. | CFDA Number: | |
| 10. | CFDA Title: | |
| Funding Opportunity Information | | |
| 11. | Funding Opportunity Number: | Round - 2 |
| 12. | Funding Opportunity Title: | Lead Service Line Inventory Grant Program |
| Competition Identification | | ☑ 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: _____<br>_____<br>City: _____ State: _____ Zip+4: _____<br>County: _____ |
| 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): | |
| 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: _____<br>End Date: _____ |
| 44. | Estimated Funding (Include all that apply) | Amount Requested from the State: _____<br>Applicant Contribution (e.g. in-kind, matching): _____<br>Local Contribution: _____<br>Other Source of Contribution: _____<br>Program Income: _____<br>Total Amount: $ 0.00 |

**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 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 | | |
|---|---|---|
| 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: | |