

Uniform Grant Application		
State Agency Completed Section		
1.	Type of Submission	<input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application
2.	Type of Application	<input type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application)
3.	Date / Time Received by State	
4.	Name of the Awarding State Agency Illinois Environmental Protection Agency	
5.	Catalog of State Financial Assistance (CSFA) Number xxx-xx-xxxx	
6.	CSFA Title Energy Efficiency Assessment Program	
Catalog of Federal Domestic Assistance (CFDA) <input checked="" type="checkbox"/> Not applicable (No federal funding)		
7.	CFDA Number	
8.	CFDA Title	
9.	CFDA Number	
10.	CFDA Title	
Funding Opportunity Information		
11.	Funding Opportunity Number Funding Round One	
12.	Funding Opportunity Title Funding Round One	
Competition Identification <input type="checkbox"/> Not Applicable		
13.	Competition Identification Number	
14.	Competition Identification Title	

Applicant Completed Section		
Applicant Information		
15.	Legal Name	Name used for DUNS registration and grantee pre-qualification
16.	Common Name (DBA)	
17.	Employer / Taxpayer Identification Number (EIN, TIN)	
18.	Organizational DUNS number	
19.	GATA ID	Assigned through the Grantee Portal
20.	SAM Cage Code	
21.	Business Address	Street address, City, County, State, Country, Zip + 4
Applicant's Organizational Unit		
22.	Department Name	
23.	Division Name	
Applicant's Name and Contact Information for Person to be Contacted for <i>Program</i> Matters involving this Application		
24.	First Name	
25.	Last Name	
26.	Suffix	
27.	Title	

28.	Organizational Affiliation	
29.	Telephone Number	
30.	Fax Number	
31.	Email address	
Applicant's Name and Contact Information for Person to be Contacted for <i>Business/Administrative Office</i> Matters involving this Application		
32.	First Name	
33.	Last Name	
34.	Suffix	
35.	Title	
36.	Organizational Affiliation	
37.	Telephone Number	
38.	Fax Number	
39.	Email address	
Areas Affected		
40.	Areas Affected by the Project (cities, counties, state-wide)	
41.	Legislative and Congressional Districts of Applicant	
42.	Legislative and Congressional Districts of Project	

Applicant's Project		
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: <input type="checkbox"/> Applicant Contribution (e.g., matching): <input type="checkbox"/> Local Contribution: <input type="checkbox"/> Other Source of Contribution: <input type="checkbox"/> Program Income: <div style="text-align: right;">Total Amount</div>
<p>Applicant Certification:</p> <p>This certification must be signed by a responsible official. Applications without a signed certification will be deemed incomplete. I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this Application are true, accurate, and complete. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA may be subject to criminal, civil, or administrative penalties pursuant to 415 ILCS 5/44(h) or 18 USC § 1001, as applicable.</p> <p style="text-align: center;"><input type="checkbox"/> I agree</p>		
Authorized Representative		
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	