| **Uniform Grant Application** |
| --- |
| **State Agency Completed Section** |
|  | Type of Submission | [ ]  Pre-application[x]  Application[ ]  Changed / Corrected Application |
|  | Type of Application | [x]  New[ ]  Continuation (i.e. multiple year grant)[ ]  Revision (modification to initial application) |
|  | Date / Time Received by State | Completed by State Agency upon Receipt of Application |
|  | Name of the Awarding State Agency | Illinois Department of Transportation |
|  | Catalog of State Financial Assistance (CSFA) Number | 494-00-1439 |
|  | CSFA Title | Statewide Planning & Research  |
| Catalog of Federal Domestic Assistance (CFDA) [ ]  Not applicable (No federal funding) |
|  | CFDA Number | 20.205 |
|  | CFDA Title | Highway Planning & Construction |
|  | CFDA Number |       |
|  | CFDA Title |       |
| Funding Opportunity Information |
|  | Funding Opportunity Number | 1439-1327 |
|  | Funding Opportunity Title | FY24 Statewide Planning and Research  |
| Competition Identification [x]  Not Applicable |
|  | Competition Identification Number |  |
|  | Competition Identification Title |  |

| **Applicant Completed Section** |
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| Applicant Information |
|  | Legal Name | Name used for DUNS registration and grantee pre-qualification |
|  | Common Name (DBA) |       |
|  | Employer / Taxpayer Identification Number (EIN, TIN) |       |
|  | Organizational DUNS number |       |
|  | GATA ID |      Assigned through the Grantee Portal |
|  | 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) | Add Attachments (e.g., maps)      |
|  | 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:      [ ]  Applicant Contribution (e.g., in kind, matching):      [ ]  Local Contribution:      [ ]  Other Source of Contribution:      [ ]  Program Income:      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 18, 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. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.[ ]  I agree |
| Authorized Representative  |
|  | First Name |       |
|  | Last Name |       |
|  | Suffix |       |
|  | Title |       |
|  | Telephone Number |       |
|  | Fax Number |       |
|  | Email Address |       |
|  | Signature of Authorized Representative |  |
|  | Date Signed |       |
| Note: This is the Person who will be receiving the agreement through DocuSign |