Uniform Grant Application

State Agency Completed Section

1.	Type of Submission	□ Pre-application □ Application □ Changed / Corrected Application
2.	Type of Application	□ New □ Continuation (i.e. multiple year grant) □ Revision (modification to initial application)
3.	Date / Time Received by State	Completed by State Agency upon Receipt of Application
4.	Name of the Awarding State Agency	
5.	Catalog of State Financial Assistance (CSFA) Number	
6.	CSFA Title	
Federal Assistance Listing (formerly CFDA Number) □ Not applicable (No federal funding)		
7.	Assistance Listing Number	
8.	Assistance Listing Title	
9.	Assistance Listing Number	
10.	Assistance Listing Title	
Funding Opportunity Information		
11.	Funding Opportunity Number	
12.	Funding Opportunity Title	
Competition Identification □ Not Applicable		
13.	Competition Identification Number	
14.	Competition Identification Title	

Applicant Completed Section		
Applicant Information		
15.	Legal Name	Name used for Sam.gov registration and Grantee Portal
16.	Common Name (DBA)	
17.	Employer / Taxpayer Identification Number (EIN, TIN)	
18.	UEI (Unique Entity Identifier)	
19.	GATA ID	Assigned through the Grantee Portal
20.	SAM Cage Code	
21.	Business Address	Street address, City, County, State, County, Zip + 4
Applicant's Organizational Unit		
22.	Department Name	
23.	Division Name	
Applicant's Name and Contact Information for Person to be Contacted for *Program* 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 *Business/Administrative Office* 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)	Add Attachments (e.g., maps)
41.	Legislative and Congressional Districts of Applicant	
42.	Legislative and Congressional Districts of Program / Project	Attach an additional list, if needed
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)	□ 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		
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	