

Uniform Application for State Grant Assistance

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	
5.	Catalog of State Financial Assistance (CSFA) Number	
6.	CSFA Title	
Catalog of Federal Domestic Assistance (CFDA)		<input 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	
12.	Funding Opportunity Title	
13.	Funding Opportunity Program Field	
Competition Identification		<input type="checkbox"/> Not Applicable
14.	Competition Identification Number	
15.	Competition Identification Title	

Applicant Completed Section

Applicant Information		
16.	Legal Name	
17.	Common Name (DBA)	
18.	Employer / Taxpayer Identification Number (EIN, TIN)	
19.	Organizational DUNS number	
20.	SAM Cage Code	
21.	Business Address	City: 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 <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 Program / Project	Attach an additional list, if needed.
Applicant's Project		
43.	Description Title of 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 (Local Match): _____ <input type="checkbox"/> Local Contribution: _____ <input type="checkbox"/> Other Source of Contribution: _____ <input type="checkbox"/> Program Income: _____ Total Amount: _____
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 certification 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		
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	