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| **Uniform Grant Application** | | |
| **State Agency Completed Section** | | |
| 1. | Type of Submission | * Pre-application   X Application   * Changed / Corrected Application |
| 2. | Type of Application | X 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 | Illinois Board of Higher Education |
| 5. | Catalog of State Financial Assistance (CSFA) Number | 601-01-2414 |
| 6. | CSFA Title | Early Childhood Faculty Preparation |
| Catalog of Federal Domestic Assistance (CFDA) | | |
| 7. | CFDA Number | 93.575 |
| 8. | CFDA Title | Child Care and Development Block Grant (ARPA and CRSSA) |
| 9. | CFDA Number |  |
| 10. | CFDA Title |  |
| Funding Opportunity Information | | |
| 11. | Funding Opportunity Number | 2414-2390 |
| 12. | Funding Opportunity Title | Early Childhood Faculty Preparation Grant (ECFP) |
| Competition Identification X Not Applicable | | |
| 13. | Competition Identification Number |  |
| 14. | Competition Identification Title |  |

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| **Applicant Completed Section** | | |
| Applicant Information | | |
| 15. | Legal Name |  |
| 16. | Common Name (DBA) |  |
| 17. | Employer / Taxpayer Identification Number (EIN, TIN) [FEIN] |  |
| 18. | Organizational DUNS number |  |
| 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 | | |

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| 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 |  |
| Applicant’s Project | | |
| 43. | Description Title of Applicant’s Project |  |
| 44. | Proposed Project Term | Start Date: 12/15/2022  End Date: 6/30/2024 |
| 45. | Estimated Funding (include all that apply) | X 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 |  |