|  |  |  |  |
| --- | --- | --- | --- |
| **Uniform Application for State Grant Assistance** | | | |
| **Agency Completed Section** | | | |
|  | Type of Submission | | Pre-application  Application  Changed / Corrected Application |
|  | Type of Application | | 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 | | Department of Commerce and Economic Opportunity |
|  | Catalog of State Financial Assistance (CSFA) Number | | 420-30-75 |
|  | CSFA Title | | WIOA Statewide Activities |
| Catalog of Federal Domestic Assistance (CFDA)  Not applicable (No federal funding) | | | |
|  | CFDA Number | | 17.259 |
|  | CFDA Title | | WIA/WIOA Youth Activities |
|  | CFDA Number | | 17.258 |
|  | CFDA Title | | WIA/WIOA Adult Program |
|  | CFDA Number | | 17.278 |
|  | CFDA Title | | WIA/WIOA Dislocated Worker Formula Grants |
| **Funding Opportunity Information** | | | |
|  | Funding Opportunity Number | 75-186 | |
|  | Funding Opportunity Title | WIOA Statewide Activities | |
|  | Funding Opportunity Program Field | 2017 WIOA Youth Career Pathways | |
| Competition Identification  Not Applicable | | | |
|  | Competition Identification Number | N/A | |
|  | Competition Identification Title | N/A | |
| **Submitting an Application** | | | |
|  | How to submit an application | Applications must be received no later than 5:00 p.m. on February 1, 2017. Applications will be date and time-stamped upon receipt via email. The Department will not accept applications submitted by mail, overnight mail, diskette, or by fax machine. Submit the completed grant proposal to [Youth2017@illinoisworknet.com](mailto:Youth2017@illinoisworknet.com) and submit the proposal electronically on or before February 1, 2017 at 5:00 p.m. | |
| **Required Information** | | | |
|  | To be considered complete, your application must include: | Signed Application  Executive Summary  Technical Proposal  Logic Model  Career Pathways Self Assessment Worksheet  Action Plan  Resumes of Program Staff  Partnership Agreements and/or Memorandum of Understanding  Budget Proposal | |

|  |  |  |
| --- | --- | --- |
| **Applicant Completed Section** | | |
| **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 | *(9 digit numerical)* |
|  | SAM Cage Code |  |
|  | Business Address | (address 1)  (address 2),  (city), (state) (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: $0.00 |
| **Applicant’s Fiscal Information** | | |
|  | Fiscal Year and Funding Projections | |  |  | | --- | --- | | * The dates of your entity’s fiscal year |  | | * The amount of State-funded grant awards your entity is expected to receive during your current fiscal year | $ | | * The amount of federally-funded grant awards (direct federal and federal pass-through combined) your entity is expected to receive during your current fiscal year | $ | |
| **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 218, 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.  I agree | | |
| Authorized Representative | | |
|  | First Name |  |
|  | Last Name |  |
|  | Suffix |  |
|  | Title |  |
|  | Telephone Number | (   )   - |
|  | Fax Number | (   )   - |
|  | Email Address |  |
|  | Signature of Authorized Representative |  |
|  | Date Signed |  |