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| **Uniform Application for State Grant Assistance** |
| **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 | 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 [x]  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 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 ApplicationExecutive SummaryTechnical ProposalLogic ModelCareer Pathways Self Assessment WorksheetAction PlanResumes of Program StaffPartnership Agreements and/or Memorandum of UnderstandingBudget Proposal |

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| **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 |

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| * 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
 | $      |

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| **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 |  |