

## Uniform Application for State Grant Assistance

### Agency Completed Section

1.	Type of Submission	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application
2.	Type of Application	<input checked="" 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	Completed by State Agency upon Receipt of Application
4.	Name of the Awarding State Agency	Illinois Law Enforcement Training & Standards Board (ILETSB)
5.	Catalog of State Financial Assistance (CSFA) Number	569-00-1669
6.	CSFA Title	Law Enforcement Camera Grant (LECG)
Catalog of Federal Domestic Assistance (CFDA)		<input checked="" type="checkbox"/> Not applicable (No federal funding)
7.	CFDA Number	
8.	CFDA Title	
9.	CFDA Number	
10.	CFDA Title	
<b>Funding Opportunity Information</b>		
11.	Funding Opportunity Number	1669-443
12.	Funding Opportunity Title	Law Enforcement Camera Grant (LECG)
13.	Funding Opportunity Program Field	NA
Competition Identification		<input checked="" type="checkbox"/> Not Applicable
14.	Competition Identification Number	
15.	Competition Identification Title	

## Applicant Completed Section

Applicant Information		
16.	Legal (DUNS) Name	
17.	Common Name (DBA)	
18.	Employer / Taxpayer Identification Number (EIN, TIN)	
19.	GATA Grantee Number	
20.	Organizational DUNS number	
21.	SAM Cage Code	
22.	Business Address	Street address: City: State: County: Zip + 4:
Applicant's Organizational Unit		
23.	Department Name	
24.	Division Name	
Applicant's Name and Contact Information for Person to be Contacted for <i>Program</i> Matters involving this Application		
25.	First Name	
26.	Last Name	
27.	Suffix	
28.	Title	
29.	Organizational Affiliation	
30.	Telephone Number	
31.	Fax Number	
32.	Email address	
Applicant's Name and Contact Information for Person to be Contacted for <i>Business/Administrative Office</i> Matters involving this Application		
33.	First Name	
34.	Last Name	
35.	Suffix	
36.	Title	
37.	Organizational Affiliation	
38.	Telephone Number	
39.	Fax Number	
40.	Email address	

Areas Affected		
41.	Areas Affected by the Project (cities, counties, state-wide)	NA Add Attachments (e.g., maps)
42.	Legislative and Congressional Districts of Applicant	NA
43.	Legislative and Congressional Districts of Program / Project	NA
Applicant's Project		
44.	Description Title of Applicant's Project	Purchase Cameras
45.	Proposed Project Term	Start Date: 02/15/18 End Date: 3/31/18
46.	Estimated Funding (include all that apply)	<input checked="" type="checkbox"/> Amount Requested from the State: <input type="checkbox"/> Applicant Contribution (e.g., in kind, matching): <input type="checkbox"/> Local Contribution: <input type="checkbox"/> Other Source of Contribution: <input type="checkbox"/> Program Income: <div style="text-align: right;">Total Amount</div>
<p><b>Applicant Certification:</b></p> <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		
47.	First Name	
48.	Last Name	
49.	Suffix	
50.	Title	
51.	Telephone Number	
52.	Fax Number	
53.	Email Address	
54.	Signature of Authorized Representative	
55.	Date Signed	