

Uniform Grant Application

State 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 Board of Higher Education
5.	Catalog of State Financial Assistance (CSFA) Number	601-00-3480
6.	CSFA Title	FY25 Statewide Re-enrollment Strategy Grant
Catalog of Federal Domestic Assistance (CFDA)		X Not applicable (No federal funding)
7.	CFDA Number	
8.	CFDA Title	
9.	CFDA Number	
10.	CFDA Title	
Funding Opportunity Information		
11.	Funding Opportunity Number	NOFO# 3480-2925
12.	Funding Opportunity Title	FY25 Statewide Re-enrollment Strategy Grant
Competition Identification		X Not Applicable
13.	Competition Identification Number	
14.	Competition Identification Title	

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 <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)	Statewide
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: 1/1/2025 End Date: 6/30/2025
45.	Estimated Funding (include all that apply)	X 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: <p style="text-align: right;">Total Amount:</p>
<p>Applicant Certification:</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 18, 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. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.</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	