

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 Department of Transportation
5.	Catalog of State Financial Assistance (CSFA) Number	494-10-0343
6.	CSFA Title	State and Community Highway Safety National Priority Safety Programs
Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding)		
7.	CFDA Number	20.600
8.	CFDA Title	State and Community Highway Safety
9.	CFDA Number	20.616
10.	CFDA Title	National Priority Safety Programs
Funding Opportunity Information		
11.	Funding Opportunity Number	18-0343-01
12.	Funding Opportunity Title	FFY18 Highway Safety Program Grants
13.	Funding Opportunity Program Field	Highway Safety
Competition Identification <input type="checkbox"/> Not Applicable		
14.	Competition Identification Number	
15.	Competition Identification Title	

Applicant Completed Section

Applicant Information

16.	Legal Name	Lake, County of
17.	Common Name (DBA)	Sheriff's Office
18.	Employer / Taxpayer Identification Number (EIN, TIN)	36-6006600
19.	Organizational DUNS number	021115204
20.	SAM Cage Code	3MAPo
21.	Business Address	Street address: 25 S. Martin Luther King Jr. Ave. City: Waukegan State: IL County: Lake Zip + 4: 60085-5518

Applicant's Organizational Unit


22.	Department Name	Lake County Sheriff's Office
23.	Division Name	

Applicant's Name and Contact Information for Person to be Contacted for *Program* Matters involving this Application

24.	First Name	Thomas
25.	Last Name	Struck
26.	Suffix	Mr.
27.	Title	Sergeant
28.	Organizational Affiliation	Lake County Sheriff's Office
29.	Telephone Number	(847) 377-7053
30.	Fax Number	(847) 549-6097
31.	Email address	tstruck@lakecountyil.gov

Applicant's Name and Contact Information for Person to be Contacted for *Business/Administrative Office* Matters involving this Application

32.	First Name	Dawn
33.	Last Name	Wucki-Rosbach
34.	Suffix	Mrs.
35.	Title	Business Manager
36.	Organizational Affiliation	Lake County Sheriff's Office
37.	Telephone Number	(847) 377-4217
38.	Fax Number	(847) 360-5796
39.	Email address	dwuckirossbach@lakecountyil.gov

Areas Affected		
40.	Areas Affected by the Project (cities, counties, state-wide)	Lake County, Illinois Add Attachments (e.g., maps)
41.	Legislative and Congressional Districts of Applicant	IL-10 and 60 th and 30 th
42.	Legislative and Congressional Districts of Program / Project	IL6, IL14, 26 th , 29 - 32 nd and 51 st and 52 nd , 57 th - 64 th
Applicant's Project		
43.	Description Title of Applicant's Project	STEP Grant
44.	Proposed Project Term	Start Date: 10/01/17 End Date: 09/30/18
45.	Estimated Funding (include all that apply)	<input checked="" type="checkbox"/> Amount Requested from the State: \$113,013.20 <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 \$113,013.20</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 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 checked="" type="checkbox"/> I agree</p>		
Authorized Representative		
46.	First Name	David
47.	Last Name	Hare
48.	Suffix	Mr.
49.	Title	Chief
50.	Telephone Number	(847) 377-4014
51.	Fax Number	(847) 360-5796
52.	Email Address	dhare@lakecountyil.gov
53.	Signature of Authorized Representative	
54.	Date Signed	3/24/2017