

Uniform Application for State Grant Assistance

Updated by ICJIA

**Illinois Criminal Justice Information Authority
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 type="checkbox"/> New <input checked="" 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 Criminal Justice Information Authority
5	Catalog of State Financial Assistance (CSFA) Number	546-00-2115
6	CSFA Title	Adult Redeploy Illinois (ARI)
Grant specific information (if applicable) **		
7	Agreement Number	TBD
8	Previous Agreement Numbers	192130, 199030, 198030, 197030, 196030, 195030, 194030, 193030, 192030
Catalog of Federal Domestic Assistance (CFDA) <input checked="" type="checkbox"/> Not applicable (No federal funding)		
9	CFDA Number	N/A
1	CFDA Title	N/A
1	CFDA Number	N/A
1	CFDA Title	N/A
Federal Fund Information <input checked="" type="checkbox"/> Not applicable (No federal funding)		
1	Federal Award ID Number	N/A
1	Federal Award Date	N/A
1	Amount Obligated by this action	N/A
1	Total Amount of the Federal Award	N/A
Funding Opportunity Information		
1	Funding Opportunity Number	2115-1302
1	Funding Opportunity Title	Adult Redeploy Illinois (ARI)
1	Funding Opportunity Program Field	Public Safety
Competition Identification <input checked="" type="checkbox"/> Not Applicable		
2	Competition Identification Number	N/A
2	Competition Identification Title	N/A

Applicant Completed Section

Implementing Agency Information**

22	Legal Name	(Name used for DUNS registration and grantee pre-qualification.) County of Lake
23	Common Name (DBA)	County of Lake
24	Employer / Taxpayer ID Number (EIN, TIN)	36-6006600
25	Vendor ID, if different than above	
26	Organizational DUNS number	074591652
27	SAM expiration date	03/03/2022
28	SAM Cage Code	4DC33
29	Business Address	Street address: 18 N. County Street City: Waukegan State: Illinois County: Lake Zip + 4: 60085-4304

Implementing Agency: Person to be contacted for Program Matters involving this application.

30	First Name	Jeff
31	Last Name	Ross
32	Suffix	Mr.
33	Title	Assistant Director of Adult Probation Services
34	Telephone Number	847-377-3867
35	Fax Number	847-984-5797
36	Email address	jrross@lakecountyil.gov

Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application.

37	First Name	Angela
38	Last Name	Cooper
39	Suffix	Ms.
40	Title	Director of Administrative Services
41	Telephone Number	847-377-3809
42	Fax Number	847-984-5626
43	Email address	acooper@lakecountyil.gov

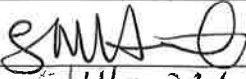
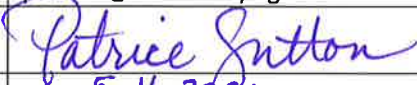
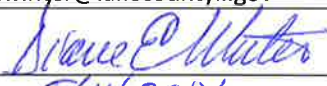
Program Agency Information (If different from Implementing Agency)**

44	Legal Name	(Name used for DUNS registration.)
45	Organizational DUNS number	
46	SAM expiration date	
47	SAM Cage Code	
48	Business Address	Street address: City: State: County: Zip + 4:

Program Agency: Person to be contacted for Program Matters involving this Application.

49	First Name	Jeff
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50	Last Name	Ross
51	Suffix	Mr.
52	Title	Assistant Director of Adult Probation Services
53	Telephone Number	847-377-3867
54	Fax Number	847-984-5797
55	Email address	jross@lakecountyil.gov
Areas Affected**		
56	Areas Affected by the Project (County(ies); City(ies); or State-wide)	(If program is not state-wide, list each county. If not serving the entire county, also list the municipalities served within the county. If Chicago is included, list the neighborhoods served within Chicago if services are not provided throughout the entire city.) Lake County
57	Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.)	Congressional District: 10th State Senate District: 30th State Representative District: 60th
58	Primary Area of Performance	(This should be either the Program Agency's office or the location where a majority of the grant activity takes place. A street address does not need to be provided but please list city, state, and nine digit zip code.) 215 W. Water St. Waukegan, IL 60085-5616
59	Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.)	Congressional District: 10th State Senate District: 30th State Representative District: 60th
Applicant's Project**		
60	Description Title of Applicant's Project	(Text only for the program title as listed on the Attachment A.) 19 th Judicial Circuit Court ARI FY22 Grant
61	Proposed Project Term	Start Date: July 1, 2021 End Date: June 30, 2022
62	Estimated Funding (include all that apply)	<input type="checkbox"/> Designated/Awarded Amount, if known: \$ <input type="checkbox"/> Budgeted/Requested Amount: \$322,144.00 <input type="checkbox"/> Match: \$ <input type="checkbox"/> Overmatch: \$ <input type="checkbox"/> Program Income: \$ <p style="text-align: right;">Total Amount: \$322,144.00</p> Indirect cost rate: ____%
Applicant Certification:		
<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>		

Implementing Agency Authorized Official (Director, President, Chair, or similar position)	
63	First Name Sandy
64	Last Name Hart
65	Title Chair, Lake County Board
66	Telephone Number 847-377-2300
67	Fax Number 847-360-7322
68	Email address shart@lakecountyil.gov
69	Signature of Authorized Representative 
70	Date Signed 5/4/2021
Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.)	
71	First Name Patrice
72	Last Name Sutton
73	Title Chief Financial Officer
74	Telephone Number 847-377-2233
75	Fax Number 847-360-6592
76	Email address psutton@lakecountyil.gov
77	Signature of Authorized Representative 
78	Date Signed 5-4-2021
Program Agency Authorized Official	
79	First Name Diane
80	Last Name Winter
81	Title Chief Judge, 19 th Judicial Circuit
82	Telephone Number 847-377-3600
83	Fax Number 847-249-8442
84	Email address dwinter@lakecountyil.gov
85	Signature of Authorized Representative 
86	Date Signed 5/4/2021

** ICJA specific modification to GATA form