

**GRANT AGREEMENT**



**BETWEEN  
THE STATE OF ILLINOIS, DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS)  
AND  
\_LAKE COUNTY\_**

The Department of Children and Family Services (Grantor/Department), with its principal office at 406 E. Monroe Street, Springfield, IL and \_LAKE COUNTY CHILDRENS ADVOCACY CENTER\_ (Grantee), with its principal office at \_\_123 N OPLAINE RD GURNEE, IL 60031-2602\_ and payment address (if different than principal office) at \_123 N OPLAINE RD GURNEE, IL 60031-2602\_, hereby enter into this Grant Agreement (Agreement). Grantor and Grantee are collectively referred to herein as "Parties" or individually as a "Party."

**PART ONE – THE UNIFORM TERMS  
RECITALS**

WHEREAS, it is the intent of the Parties to perform consistent with all Exhibits and attachments hereto and pursuant to the duties and responsibilities imposed by Grantor under the laws of the State of Illinois and in accordance with the terms, conditions and provisions hereof.

NOW, THEREFORE, in consideration of the foregoing and the mutual agreements contained herein, and for other good and valuable consideration, the value, receipt and sufficiency of which are acknowledged, the Parties hereto agree as follows:

**ARTICLE I  
AWARD AND GRANTEE-SPECIFIC INFORMATION AND CERTIFICATION**

1.1. DUNS Number; SAM Registration; Nature of Entity. Under penalties of perjury, Vendor certifies that 074591652 is Vendor's correct DUNS number, that 366006600 is Vendor's correct FEIN or Social Security Number, and that Vendor has an active State registration and SAM registration. Vendor is doing business as a (check):

- |  |   |
|--|---|
| <input type="checkbox"/> Individual                            | <input type="checkbox"/> Pharmacy-on Corporate                |
| <input type="checkbox"/> Sole Proprietorship                   | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery Corp. |
| <input type="checkbox"/> Partnership                           | <input type="checkbox"/> Tax Exempt                           |
| <input type="checkbox"/> Corporation (includes Not For Profit) | <input type="checkbox"/> Limited Liability Company (select    |
| <input type="checkbox"/> Medical Corporation                   | applicable tax classification)                                |
| <input type="checkbox"/> Governmental Unit                     | <input type="checkbox"/> P = partnership                      |
| <input type="checkbox"/> Estate or Trust                       | <input type="checkbox"/> C = corporation                      |
| <input type="checkbox"/> Pharmacy-Non Corporate                |   |

If Grantee has not received a payment from the State of Illinois in the last two years, Grantee must submit a W-9 tax form with this Agreement.

1.2. Amount of Agreement. Pricing (check one) ☐ shall not exceed or ☒ is estimated to be \$48,388.00, of which \$ TBD are federal funds. Vendor agrees to accept Department's payment as specified in the Exhibits and attachments incorporated herein as part of this Agreement.

1.3. Identification Numbers. If applicable, the Federal Award Identification Number (FAIN) is TBD, the Federal awarding agency is TBD, and the Federal Award date is TBD. If applicable, the Catalog of Federal Domestic Assistance (CFDA) Name is \* and Number is \*. The Catalog of State Financial Assistance (CSFA) Number is \*. The State Award Identification Number is \*. \*\* Available on the GATA website at <http://www.illinois.gov/sites/gata/Pages/default.aspx>.