



UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

Agency Completed Section

1. Type of Submission: Pre-application Application Change/Corrected Application
2. Type of Application: New Continuation (i.e. multiple year grant) Revision (modification to initial application)
3. Completed by State Agency upon Receipt of Application

Date Received by State: _____ Time Received by State: _____

4. Name of the Awarding State Agency: Illinois Department of Human Services (IDHS)

5. Catalog of State Financial Assistance (CSFA) Number: _____

6. CSFA Title: _____

Catalog of Federal Domestic Assistance (CFDA)

Not Applicable

7. CFDA Number: _____

8. CFDA Title: _____

9. CFDA Number: _____

10. CFDA Title: _____

Funding Opportunity Information

11. Funding Opportunity Number: _____

12. Funding Opportunity Title: _____

13. Funding Opportunity Program Field: _____

Funding Opportunity Information

Not Applicable

14. Competition Identification Number: _____

15. Competition Identification Title: _____



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Applicant Completed Section

Applicant Information

16. Legal Name (Name used for SAM.gov account/Unique Entity Identifier (UEI) and grantee pre-qualification):

Village of Oak Park

17. Common Name (Doing Business As-DBA): Village of Oak Park

18. Employer/Taxpayer Identification Number (EIN, TIN): 36-6006027

19. Organizational Unique Entity Identifier (assigned by SAM.gov): V5P5J4NYG1W4

20. Federal System for Award Management Commercial And Government Entity Code (SAM Cage Code): 4HU05

21. Business Address:

Street: 123 Madison Street

City: Oak Park

State: IL

County: Cook

Zip+4: 60302-4205

Applicant's Organization Unit

22. Department Name: Sustainability

23. Division Name:

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

24. First Name: Lindsey

25. Last Name: Nieratka

26. Suffix:

27. Title: Chief Sustainability Officer

28. Organizational Affiliation: Village of Oak Park

29. Telephone Number: 708-358-5770

30. Fax Number:

31. E-mail Address: LNieratka@oak-park.us

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

32. First Name: Kevin

33. Last Name: Jackson

34. Suffix:

35. Title: Village Manager

36. Organizational Affiliation: Village of Oak Park

37. Telephone Number: 708-358-5700

38. Fax Number:

39. E-mail Address: KJackson@oak-park.us

Areas Affected

40. Areas Affected by the Project (cities, counties, state-wide):

Oak Park; West Suburban Cook County; Chicago Metra Area; City of Chicago

41. Legislative and Congressional Districts of Applicant:

State Representative District 78; IL State Senate District 39; Congressional District 7

42. Legislative and Congressional Districts of Program/Project:

State Representative District 78; IL State Senate District 39; Congressional District 7



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Applicant's Project

43. Description Title of Applicant's Project (Text only for the Title of the Applicant's Project):

It's Our Future Program

44. Proposed Project Term:

Start Date: January 1, 2025

End Date: June 30, 2025

45. Estimated Funding (include all that apply):

Amount Requested from the State: \$500,000.00

Applicant Contribution (e.g., in kind, matching): _____

Local Contribution: _____

Other Source of Contribution: _____

Program Income: _____

Applicant Certification:

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)

(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.

I Agree

Authorized Representative

46. First Name: Kevin 47. Last Name: Jackson 48. Suffix: _____

49. Title: Village Manager

50. Telephone Number: 708-358-5770 51. Fax Number: _____

52. E-mail Address: KJackson@oak-park.us

53. Signature of Authorized Representative: _____

Date Signed: _____