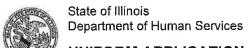
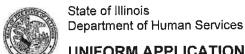
## UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

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:				



## UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

Applicant Completed Section				
Applicant Information				
16. Legal Name (Name used for SAM.gov accou	unt/Unique Entit	y Identifier (UEI) and grante	ee pre-qualification):	
17. Common Name (Doing Business As-DBA): \	/illage of Oak P	ark		
18. Employer/Taxpayer Identification Number (E	:IN, TIN):36-600	06027		
19. Organizational Unique Entity Identifier (assig	ned by SAM.go	ov): V5P5J4NYG1W4		
20. Federal System for Award Management Cor 21. Business Address:	mmercial And G	overnment Entity Code (SA	M Cage Code): 4HU05	
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:		£		
	£	ha Cautastad for Program	Matters involving this Application	
Applicant's Name and Contact Information	for Person to	be Contacted for Program	7 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 Pa	ırk			
29. Telephone Number: <u>708-358-5770</u>	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		S		
36. Organizational Affiliation: Village of Oak Park				
37. Telephone Number: 708-358-5700		Number:		
39. E-mail Address: KJackson@oak-park.us				
	Areas	s 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				
II 444 Eggs (R 09 99) Uniform Application for State Grant Assistance				



## UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

Applicant's Project				
43. Description Title of Applicant's Project (Text only for the	Fitle 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):				
	\$500,000.00			
Applicant Contribution (e.g., in kind, matching):				
Local Contribution:				
Other Source of Contribution:				
Program Income:				
Applicant Certification:				
are true, complete and accurate to the best of my knowledge	ntained in the list of certifications* and (2) that the statements hereinge. I also provide the required assurances* and agree to comply with my false, fictitious, or fraudulent statements or claims may subject med 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, L	ast Name: Jackson48. Suffix:			
49. Title: Village Manager				
	ax Number:			
52. E-mail Address: KJackson@oak-park.us				
53. Signature of Authorized Representative:	Date Signed:			