

Uniform Grant Application

State 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	20-0343-02
12.	Funding Opportunity Title	Local Agency Highway Safety Program Grants
Competition Identification <input checked="" type="checkbox"/> Not Applicable		
13.	Competition Identification Number	N/A
14.	Competition Identification Title	N/A

Applicant Completed Section		
Applicant Information		
15.	Legal Name	Village of Oak Park
	Common Name (DBA)	Oak Park Police Department
16.	Employer / Taxpayer Identification Number (EIN, TIN)	36-6006027
17.	Organizational DUNS number	020947966
18.	GATA ID	674077
19.	SAM Cage Code	4HU05
20.	Business Address	Street address: 123 Madison City: Oak Park State: IL County: Cook Zip + 4: 60302-4205
Applicant's Organizational Unit		
21.	Department Name	Oak Park Police
22.	Division Name	
Applicant's Name and Contact Information for Person to be Contacted for <i>Program</i> Matters involving this Application		
23.	First Name	Dave
24.	Last Name	Jacobson
25.	Suffix	
26.	Title	Progect Director
27.	Organizational Affiliation	Police Department
28.	Telephone Number	708-358-5519
29.	Fax Number	708-386-4364
30.	Email address	djacobson@oak-park.us
Applicant's Name and Contact Information for Person to be Contacted for <i>Business/Administrative Office</i> Matters involving this Application		
31.	First Name	Steve
32.	Last Name	Drazner
33.	Suffix	
34.	Title	CFO/Treasurer
35.	Organizational Affiliation	Village Government
36.	Telephone Number	708-358-5462
37.	Fax Number	708-386-4364
38.	Email address	sdrazner@oak-park.us

Areas Affected		
39.	Areas Affected by the Project (cities, counties, state-wide)	Add Attachments (e.g., maps) Oak Park, Cook County
40.	Legislative and Congressional Districts of Applicant	Senate District #39
41.	Legislative and Congressional Districts of Program / Project	Congressional Districts #4 and #7
Applicant's Project		
42.	Description Title of Applicant's Project	STEP
43.	Proposed Project Term	Start Date: 10/01/19 End Date: 09/30/20
44.	Estimated Funding (include all that apply)	<input checked="" type="checkbox"/> Amount Requested from the State: \$48604 <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: <div style="text-align: right;">Total Amount \$48604</div>
<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 18, 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. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.</p> <p style="text-align: center;"><input checked="" type="checkbox"/> I agree</p>		
Authorized Representative		
45.	First Name	LaDon
	Last Name	Reynolds
46.	Suffix	
47.	Title	Authorizing Representative
48.	Telephone Number	708-386-3800
49.	Fax Number	708-386-4364
50.	Email Address	lreynolds@oak-park.us
51.	Signature of Authorized Representative	
52.	Date Signed	