Uniform Grant Application					
	State Agency Completed Section				
1.	Type of Submission	 □ Pre-application ☑ Application □ Changed / Corrected Application 			
2.	Type of Application	New□ Continuation (i.e. multiple year grant)□ 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			
Cata	Catalog of Federal Domestic Assistance (CFDA) 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			
Fun	Funding Opportunity Information				
11.	Funding Opportunity Number	20-0343-02			
12.	Funding Opportunity Title	Local Agency Highway Safety Program Grants			
Con	Competition Identification Not Applicable				
13.	Competition Identification Number	N/A			
14.	Competition Identification Title	N/A			

Applicant Information 15. Legal Name Village of Oak Park Common Name (DBA) 36-6006027 16. Employer / Taxpayer Identification Number (EIN, TIN) 17. Organizational DUNS number 18. GATA ID 674077 19. SAM Cage Code 4HUO5 20. Business Address Street address: 123 Madison City: Oak Park State: II County: Cook Zip + 4: 60302-4205 Applicant's Organizational Unit 21. Department Name Oak Park Police 22. Division Name Papilicant's Name and Contact Information for Person to be Contacted for Program Matters involving this Applicant's Name Dave 24. Last Name Jacobson 25. Suffix 26. Title Progect Director 27. Organizational Affiliation Police Department Affiliation 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 Business/Administrative Office Matters involving this Applicant's Name and Contact Information for Person to be Contacted for Business/Administrative Office Matters involving this Application 31. First Name Steve 32. Last Name Drazner 33. Suffix Title CFO/Treasurer 34. Title CFO/Treasurer 35. Organizational Affiliation Village Government Affiliation 36. Telephone Number 708-358-5462 37. Fax Number 708-388-5464 38. Email address sdrazner@oak-park.us	Applicant Completed Section					
15. Legal Name Village of Oak Park Common Name (DBA) Oak Park Police Department 16. Employer / Taxpayer Identification Number (EIN, TIN) 17. Organizational DUNS number 18. GATA ID 674077 19. SAM Cage Code 4HUO5 20. Business Address Street address: 123 Madison City: Oak Park State: II County: Cook Zip + 4: 60302-4205 Applicant's Organizational Unit 21. Department Name Oak Park Police 22. Division Name Oak Park Police 23. First Name Dave 24. Last Name Jacobson 25. Suffix 26. Title Progect Director 27. Organizational Police Department Affiliation Affiliation 28. Telephone Number 708-386-4364 30. Email address djacobson@oak-park.us Applicant's Name and Contact Information for Person to be Contacted for Business/Administrative Office Matters involving this Applicant's Name and Contact Information for Person to be Contacted for Business/Administrative Office Matters involving this Application 31. First Name Drazner 32. Last Name Drazner 33. Suffix 34. Title CFO/Treasurer 35. Organizational Affiliation 36. Telephone Number 708-386-4364 37. Fax Number 708-386-4364 38. Telephone Number 708-358-5462 39. Fax Number 708-358-5462 30. Fax Number 708-358-5462 31. First Name Drazner 33. Frax Number 708-358-5462 37. Fax Number 708-386-4364	Applicant Information					
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Matters involving this Application 31. First Name Steve 32. Last Name Drazner 33. Suffix 34. Title CFO/Treasurer 35. Organizational Affiliation Village Government Affiliation 708-358-5462 37. Fax Number 708-386-4364	30.	Email address	djacobson@oak-park.us			
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						
33. Suffix 34. Title CFO/Treasurer 35. Organizational Village Government Affiliation 36. Telephone Number 708-358-5462 37. Fax Number 708-386-4364	31.	First Name	Steve			
34. Title CFO/Treasurer 35. Organizational Village Government Affiliation 708-358-5462 37. Fax Number 708-386-4364	32.	Last Name	Drazner			
35. Organizational Village Government 36. Telephone Number 708-358-5462 37. Fax Number 708-386-4364	33.	Suffix				
Affiliation 36. Telephone Number 708-358-5462 37. Fax Number 708-386-4364	34.	Title	CFO/Treasurer			
37. Fax Number 708-386-4364	35.	_	Village Government			
	36.	Telephone Number	708-358-5462			
38. Email address sdrazner@oak-park.us	37.	Fax Number	708-386-4364			
	38.	Email address	sdrazner@oak-park.us			

Area	as Affected				
39.	Areas Affected by the	Add Attachments (e.g., maps)			
	Project (cities, counties,	Oak Park, Cook County			
	state-wide)				
40.	Legislative and	Senate District #39			
	Congressional Districts				
	of Applicant				
41.	Legislative and	Congressional Districts #4 and #7			
	Congressional Districts				
	of Program / Project				
Арр	licant's Project				
42.	Description Title of	STEP			
	Applicant's Project				
43.	Proposed Project Term	Start Date: 10/01/19			
		End Date: 09/30/20			
44.	Estimated Funding				
	(include all that apply)	☐ Applicant Contribution (e.g., in kind, matching):			
		☐ Local Contribution:			
		☐ Other Source of Contribution:			
		☐ Program Income:			
		Total Amount \$48604			
App	licant 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 18, 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. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.					
-	norized 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				