Illinois
Department of Commerce
& Economic Opportunity

Uniform Application for State Grant Assistance

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 Awarding Agency Department of Commerce and Economic Opportunity

5. Catalog of State Financial Assistance (CSFA) Number 420-45-3219

6. CSFA Title Strategic Economic Development Program

Federal Assistance Listing ☑ Not Applicable (No Federal Funding)

7. Assistance Listing Number #1

8. Assistance Listing Program Title #1

9. Assistance Listing Number #2

10. Assistance Listing Program Title #2

Additional Assistance Listing Number, if required

Additional Assistance Listing Program Title, if required

Funding Opportunity Information

11. Funding Opportunity Number	3219-3118
12. Funding Opportunity Title	FY26-2 Strategic EV Component Part Manufacturing
Competition Identification	☑ Not Applicable
13. Competition Identification Number	Not Applicable
14. Competition Identification Title	Not Applicable

Applicant Completed Section

Applicant Information

15. Legal Name

16. Common Name (DBA)

17. Employer/Taxpayer Identification Number (EIN, TIN)

18. Organizational DUNS Number (optional)

19. SAMS Unique Entity Identifier (UEI)

20. Business Address

City

State

County

Zip + 4

Applicant's Information

21. Department Name

22. Division Name

Applicant's Name and Contact Information for Person to be Contacted for *Program/Project* Matters Involving This Application

23. First Name

24. Last Name

25. Suffix

26. Title

27. Organizational Affiliation

28. Telephone Number

29. Fax Number

30. Email Address

Applicant's Name and Contact Information for Person to be Contacted for *Business/Administrative Office* Matters Involving This Application

31. First Name

32. Last Name

33. Suffix

34. Title

35. Organizational Affilliation

36. Telephone Number

37. Fax Number

38. Email Address

Areas Affected

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

40. Legislative and Congressional Districts of Applicant

41. Legislative and Congressional Districts of Program/Project

Applicant's Program/Project

42. Descriptive Title of Program/Project

43. Proposed Program/Project Term

Start Date:

End Date:

44. Estimated Funding (include all that apply)

Amount Requested from the State Applicant	
Contribution (e.g. in kind, matching)	
Local Contribution	
Other Sources of Contribution	
Program Income	
Total Program/Project Amount (calculated)	$ 0.00

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 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.

☐ I agree

Authorized Representative

45. First Name

46. Last Name

47. Suffix

48. Title

49. Telephone Number

50. Fax Number

51. Email Address

52. Signature of Authorized Representative

53. Date Signed

Save as PDF