

Uniform Application for State Grant Assistance Updated by ICJIA		
Illinois Criminal Justice Information Authority 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 type="checkbox"/> New <input checked="" 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 Criminal Justice Information Authority
5.	Catalog of State Financial Assistance (CSFA) Number	546-00-2096
6.	CSFA Title	Illinois Family Violence Coordinating Council (IFVCC)
Grant specific information (if applicable) **		
7.	Agreement Number	322522
8.	Previous Agreement Numbers	322422, 322322, 322222, 322122, 322022
Catalog of Federal Domestic Assistance (CFDA) <input checked="" type="checkbox"/> Not applicable (No federal funding)		
9.	CFDA Number	
10.	CFDA Title	
11.	CFDA Number	
12.	CFDA Title	
Federal Fund Information <input checked="" type="checkbox"/> Not applicable (No federal funding)		
13.	Federal Award ID Number	
14.	Federal Award Date	
15.	Amount Obligated by this action	
16.	Total Amount of the Federal Award	
Funding Opportunity Information		
17.	Funding Opportunity Number	2096-2072
18.	Funding Opportunity Title	Illinois Family Violence Coordinating Council (IFVCC) - Implementation
19.	Funding Opportunity Program Field	Public Safety
Competition Identification <input checked="" type="checkbox"/> Not Applicable		
20.	Competition Identification Number	
21.	Competition Identification Title	

Applicant Completed Section		
Implementing Agency Information**		
22.	Legal Name	McHenry, County of
23.	Common Name (DBA)	McHenry, County of
24.	Employer / Taxpayer ID Number (EIN, TIN)	36-60006623
25.	Vendor ID, if different than above	
26.	Organizational DUNS number	082044694
27.	SAM expiration date	7/12/24
28.	SAM Cage Code	47T96
29.	Business Address	Street address: 2200 N. Seminary Ave City: Woodstock State: Illinois County: McHenry Zip + 4: 60098-2637
Implementing Agency: Person to be contacted for Program Matters involving this application.		
30.	First Name	James
31.	Last Name	Wallis
32.	Suffix	
33.	Title	Trial Court Administrator
34.	Telephone Number	815-334-4351
35.	Fax Number	815-334-2054
36.	Email address	jdwallis@22ndcircuit.illinoiscourts.gov
Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application.		
37.	First Name	
38.	Last Name	
39.	Suffix	
40.	Title	
41.	Telephone Number	
42.	Fax Number	
43.	Email address	
Program Agency Information (If different from Implementing Agency.)**		
44.	Legal Name	(Name used for DUNS registration.)
45.	Organizational DUNS number	
46.	SAM expiration date	
47.	SAM Cage Code	
48.	Business Address	Street address: City: State: County: Zip + 4:

Program Agency: Person to be contacted for Program Matters involving this Application.		
49.	First Name	
50.	Last Name	
51.	Suffix	
52.	Title	
53.	Telephone Number	
54.	Fax Number	
55.	Email address	
Areas Affected**		
56.	Areas Affected by the Project (County(ies); City(ies); or State-wide)	McHenry County
57.	Implementing Agency's Legislative District (This must be based on the nine-digit zip code registered with SAM.)	Congressional District: 14 State Senate District: 32 State Representative District: 63
58.	Primary Area of Performance	McHenry County Government Center Woodstock, IL. 60098-2639
59.	Primary Area of Performance's Legislative District (This must be based on the nine-digit zip code listed above.)	Congressional District: 14 State Senate District: 32 State Representative District: 63
Applicant's Project**		
60.	Description Title of Applicant's Project	Illinois Family Violence Coordinating Council
61.	Proposed Project Term	Start Date: July 1, 2024 End Date: June 30, 2025
62.	Estimated Funding (include all that apply)	<input type="checkbox"/> Designated/Awarded Amount, if known: \$49,000 <input checked="" type="checkbox"/> Budgeted/Requested Amount: \$49,000 <input type="checkbox"/> Match: \$ <input type="checkbox"/> Overmatch: \$ <input type="checkbox"/> Program Income: \$ <p style="text-align: right;">Total Amount: \$49,000</p> Indirect cost rate: _____%
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. <p style="text-align: center;"><input checked="" type="checkbox"/> I agree</p>		

Implementing Agency Authorized Official (Director, President, Chair, or similar position)		
63.	First Name	Michael
64.	Last Name	Buehler
65.	Title	County Board Chairman
66.	Telephone Number	815-334-4224
67.	Fax Number	815-334-4020
68.	Email address	mjbueheler@mchenrycountyil.gov
69.	Signature of Authorized Representative	<small>DocuSigned by:</small> <i>Michael Buehler</i>
70.	Date Signed	6/26/2024 2:38:10 PM CDT
Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.)		
71.	First Name	Keri
72.	Last Name	Wisz
73.	Title	Director of Finance
74.	Telephone Number	815-334-4205
75.	Fax Number	815-334-4020
76.	Email address	KMWisz@mchenrycountyil.gov
77.	Signature of Authorized Representative	<small>DocuSigned by:</small> <i>Keri Wisz</i>
78.	Date Signed	6/26/2024 12:34:06 PM CDT
Program Agency Authorized Official		
79.	First Name	James
80.	Last Name	Wallis
81.	Title	Trial Court Administrator
82.	Telephone Number	815-334-4351
83.	Fax Number	815-334-2054
84.	Email address	jdwallis@22ndcircuit.illinoiscourts.gov
85.	Signature of Authorized Representative	<small>DocuSigned by:</small> <i>James Wallis</i>
86.	Date Signed	6/27/2024 9:03:14 AM CDT

** ICJIA specific modification to GATA form