

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: IDHS - Division of Substance Use Prevention and Recovery

5. Catalog of State Financial Assistance (CSFA) Number: 444-26-1703

6. CSFA Title: Recovery Oriented Systems of Care-Illinois Statewide Network (ROSC-ISN) Grant

Catalog of Federal Domestic Assistance (CFDA)

Not Applicable

7. CFDA Number: 93.959

8. CFDA Title: Block Grants for Prevention and Treatment of Substance Abuse

9. CFDA Number: _____

10. CFDA Title: _____

Funding Opportunity Information

11. Funding Opportunity Number: 21-444-26-1703-02

12. Funding Opportunity Title: SABG - ROSC-ISN Grant

13. Funding Opportunity Program Field: SA00-060-0019

Funding Opportunity Information

Not Applicable

14. Competition Identification Number: _____

15. Competition Identification Title: _____

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Applicant Completed Section

Applicant Information

16. Legal Name (Name used for Data Universal Number System (DUNS) registration and grantee pre-qualification):
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION, NFP

17. Common Name (Doing Business As-DBA): FORD HEIGHTS COMMUNITY SERVICE ORGANIZATION

18. Employer/Taxpayer Identification Number (EIN, TIN): 36-2658308

19. Organizational Data Universal Number System (DUNS) Number: 030903900

20. Federal System for Award Management Commercial And Government Entity Code (SAM Cage Code): 5EXH4

21. Business Address:

Street: 943 EAST LINCOLN HIGHWAY

City: FORD HEIGHTS State: IL County: COOK Zip+4: 60411-3080

Applicant's Organization Unit

22. Department Name: RECOVERY SUPPORT SERVICES

23. Division Name: SOUTHLAND RECOVERY COALITION - ROSC

Applicant's Name and Contact Information for Person to be Contacted for *Program* Matters involving this Application

24. First Name: ANGELIA 25. Last Name: SMITH 26. Suffix:

27. Title: EXECUTIVE DIRECTOR

28. Organizational Affiliation: LEAD AGENCY - SOUTHLAND RECOVERY COALITION

29. Telephone Number: (708) 758-2565 30. Fax Number: (708) 758-8171

31. E-mail Address: angelia@southlandrecovery.org

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

32. First Name: ANGELIA 33. Last Name: SMITH 34. Suffix:

35. Title: EXECUTIVE DIRECTOR

36. Organizational Affiliation: CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION, NFP

37. Telephone Number: (708) 758-2565 38. Fax Number: (708) 758-8171

39. E-mail Address: afsmith@cornerstone-cdc.org

Areas Affected

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

Cook: Ford Hts, Calumet City, Chicago Hts, Glenwood, Lansing, Lynwood, Sauk Village. Will: Park Forest, Steger, Univ Pk, Crete

41. Legislative and Congressional Districts of Applicant:

Senate: IL-15, IL-40; House: IL-38, IL-80; 2nd and 7th Congressional Districts

42. Legislative and Congressional Districts of Program/Project:

Senate: IL-1, IL-15, IL-17, IL-18, IL-40; House: IL-27, IL-28, IL-29, IL-30, IL-33, IL-34, IL-38, IL-80; 1st, 2nd, & 7th Cong Dist

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Applicant's Project

43. Description Title of Applicant's Project (Text only for the Title of the Applicant's Project):

SOUTHLAND RECOVERY COALITION - ROSC

44. Proposed Project Term:

Start Date: 07/01/2020

End Date: 06/30/2021

45. Estimated Funding (include all that apply):

Amount Requested from the State: 200,000.00

Applicant Contribution (e.g., in kind, matching): _____

Local Contribution: _____

Other Source of Contribution: _____

Program Income: _____

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.

I Agree

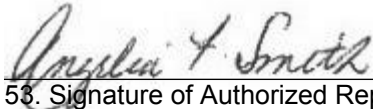
Authorized Representative

46. First Name: ANGELIA 47. Last Name: SMITH 48. Suffix: _____

49. Title: EXECUTIVE DIRECTOR, CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION; LEAD AGENCY, SRC-ROSC

50. Telephone Number: (708) 758-2565 51. Fax Number: (708) 758-8171

52. E-mail Address: afsmith@fhcsoi.org



53. Signature of Authorized Representative: _____

May 27, 2020

Date Signed - Authorized Representative: _____