

SFY20 Communities Partnering 4 Peace Request for Proposal APPLICATION		
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	Completed by MFS upon Receipt of Application
4.	Name of the Grantor	Metropolitan Family Services
5.	Catalog of State Financial Assistance (CSFA) Number	546-00-2120
6.	CSFA Title	Street Intervention Program (SIP)
<b>Grant specific information</b>		
7.	Agreement Number	TBD
8.	Previous Agreement Numbers	N/A
<b>Funding Opportunity Information</b>		
9.	Funding Opportunity Number	2020-01
10.	Funding Opportunity Title	Communities Partnering 4 Peace
<b>Implementing Agency Information</b>		
11.	Legal Name (Name used for DUNS registration and GATA Portal)	
12.	Common Name (DBA)	
13.	Employer / Taxpayer ID Number (EIN, TIN)	
14.	Vendor ID, if different than above	
15.	Organizational DUNS number	
16.	SAM expiration date	
17.	SAM Cage Code	
18.	Business Address	Street address: City: State: County: Zip + 4:
<b>Implementing Agency: Person to be contacted for Program Matters involving this application.</b>		
19.	First Name	
20.	Last Name	
21.	Suffix	
22.	Title	
23.	Telephone Number	
24.	Fax Number	
25.	Email address	
<b>Implementing Agency: Person to be contacted for Business/Administrative Office Matters involving this application.</b>		
26.	First Name	

27.	<b>Last Name</b>	
28.	<b>Suffix</b>	
29.	<b>Title</b>	
30.	<b>Telephone Number</b>	
31.	<b>Fax Number</b>	
32.	<b>Email address</b>	
<b>Program Agency Information (If different from Implementing Agency.)</b>		
33.	<b>Legal Name</b> (Name used for DUNS registration.)	
34.	<b>Organizational DUNS number</b>	
35.	<b>SAM expiration date</b>	
36.	<b>SAM Cage Code</b>	
37.	<b>Business Address</b>	Street address: City: State: County: Zip + 4:
<b>Program Agency: Person to be contacted for Program Matters involving this Application.</b>		
38.	<b>First Name</b>	
39.	<b>Last Name</b>	
40.	<b>Suffix</b>	
41.	<b>Title</b>	
42.	<b>Telephone Number</b>	
43.	<b>Fax Number</b>	
44.	<b>Email address</b>	
<b>Areas Affected</b>		
45.	<b>Areas Affected by the Project (County(ies); City(ies); or State-wide)</b>	(If program is not state-wide, list each county. If not serving the entire county, also list the municipalities served within the county. If Chicago is included, list the neighborhoods served within Chicago if services are not provided throughout the entire city.)
46.	<b>Implementing Agency's Legislative District (This must be based on the nine digit zip code registered with SAM.)</b>	Congressional District: State Senate District: State Representative District:
47.	<b>Primary Area of Performance</b>	(This should be either the Program Agency's office or the location where a majority of the grant activity takes place. A street address does not need to be provided but please list city, state, and nine digit zip code.)
48.	<b>Primary Area of Performance's Legislative District (This must be based on the nine digit zip code listed above.)</b>	Congressional District: State Senate District: State Representative District:
<b>Applicant's Project</b>		
49.	<b>Description Title of Applicant's Project</b>	Communities Partnering 4 Peace
50.	<b>Proposed Project Term</b>	Start Date: 1/1/2020 End Date: 6/30/2020
51.	<b>Estimated Funding</b>	<input type="checkbox"/> Designated/Awarded Amount: \$ <input type="checkbox"/> Budgeted/Requested Amount: \$

		Total Amount : \$
		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 Request for Proposal.

I agree

**Implementing Agency Authorized Official (Director, President, Chair, or similar position)**

52.	First Name	
53.	Last Name	
54.	Title	
55.	Telephone Number	
56.	Fax Number	
57.	Email address	
58.	Signature of Authorized Representative	
59.	Date Signed	

**Implementing Agency Financial Officer (Chief Financial Officer, Comptroller, Treasurer, or similar position.)**

60.	First Name	
61.	Last Name	
62.	Title	
63.	Telephone Number	
64.	Fax Number	
65.	Email address	
66.	Signature of Authorized Representative	
67.	Date Signed	

**Program Agency Authorized Official**

68.	First Name	
69.	Last Name	
70.	Title	
71.	Telephone Number	
72.	Fax Number	
73.	Email address	
74.	Signature of Authorized Representative	
75.	Date Signed	