

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: Illinois Department of Natural Resources
5. Catalog of State Financial Assistance (CSFA) Number: 422-20-1090
6. CSFA Title: Special Wildlife Funds Habitat Fund

Catalog of Federal Domestic Assistance (CFDA)

☒ Not Applicable

7. CFDA Number: _____
8. CFDA Title: _____
9. CFDA Number: _____
10. CFDA Title: _____

Funding Opportunity Information

11. Funding Opportunity Number: FY2022 Illinois Habitat Fund
12. Funding Opportunity Title: Special Wildlife Funds Habitat Fund
13. Funding Opportunity Program Field: _____

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):

Village of Orland Park

17. Common Name (Doing Business As-DBA): Village of Orland Park

18. Employer/Taxpayer Identification Number (EIN, TIN): E9998-1807-07

19. Organizational Data Universal Number System (DUNS) Number: 010609261

20. Federal System for Award Management Commercial And Government Entity Code (SAM Cage Code): 5CQ57

21. Business Address:

Street: 14700 Ravinia Ave

City: Orland Park

State: IL

County: Cook

Zip+4: 60462+3134

Applicant's Organization Unit

22. Department Name: Public Works Department

23. Division Name: Natural Resources and Facilities Division

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

24. First Name: Michael 25. Last Name: Mazza 26. Suffix:

27. Title: Operations Manager - Natural Resources and Facilities

28. Organizational Affiliation: ASLA, ISA, NRPA

29. Telephone Number: 708-403-6108

30. Fax Number: 708-403-8798

31. E-mail Address: mmazza@orlandpark.org

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

32. First Name: Michael 33. Last Name: Mazza 34. Suffix:

35. Title: Operations Manager - Natural Resources and Facilities

36. Organizational Affiliation: ASLA, ISA, NRPA

37. Telephone Number: 708-403-6108

38. Fax Number: 708-403-8798

39. E-mail Address: mmazza@orlandpark.org

Areas Affected

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

Orland Park, Will County, Cook County

41. Legislative and Congressional Districts of Applicant:

State House Dist. 35, State Senate Dist. 18, US Congressional Dist. 3

42. Legislative and Congressional Districts of Program/Project:

State House Dist. 35, State Senate Dist. 18, US Congressional Dist. 3

UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

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

Humphrey Woods Ecological Restoration and Management

44. Proposed Project Term:

Start Date: 5-1-22

Start Date: 5-1-22 End Date: 4-30-24

45. Estimated Funding (include all that apply):

☒ Amount Requested from the State: \$90,750.00

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☒ Applicant Contribution (e.g., in kind, matching):	\$90,750.00
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☒ Applicant Contribution (e.g., in kind, matching):	\$90,750.00
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☐ 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: George 47. Last Name: Koczwara 48. Suffix:

46. First Name: George 47. Last Name: Koczwara 48. Suffix:

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49. Title: Village Manager

50: Telephone Number: 708-403-6151 51. Fax Number:

50: Telephone Number: 708-403-6151 51. Fax Number:

52. E-mail Address: gkoczwar@orlandpark.org

53. Signature of Authorized Representative:

7/29/2021

Date Signed - Authorized Representative: