



Illinois Department of Transportation

2300 South Dirksen Parkway / Springfield, Illinois / 62764

August 8, 2017

CIRCULAR LETTER 2017-18

FY 2023 LOCAL MAJOR BRIDGE PROGRAM

COUNTY ENGINEERS / SUPERINTENDENTS OF HIGHWAYS
MUNICIPAL ENGINEERS / PUBLIC WORKS DIRECTORS / MAYORS
METROPOLITAN PLANNING ORGANIZATIONS - DIRECTORS
TOWNSHIP HIGHWAY COMMISSIONERS
CONSULTING ENGINEERS

The Department intends to add a FY 2023 local increment to the Illinois Major Bridge Program as we develop our FY 2019-2024 proposed Highway Improvement Program.

Local and state major highway bridges that meet all the criteria will be eligible. This is a discretionary program, and all proposed projects must compete statewide based on the following criteria:

- a) Each candidate project must be a deficient bridge eligible for Surface Transportation Program-Bridge (STP-Bridge) funding. Funding is for existing structures that meet STP-Bridge eligibility, not for constructing new structures. In addition, the structure must carry a highway.
- b) The total project cost for all engineering, utilities, land acquisition, and construction, including minimal approach work, must total a minimum of \$1,000,000 for local major bridge candidates. However, only the construction and construction engineering cost will be eligible for funding from the Major Bridge Program. The federal share is 80 percent of the eligible construction and construction engineering cost. The local public agency is responsible for the 20 percent matching funds and any costs above the approved major bridge funding. The local public agency is also responsible for preliminary and design engineering, utilities, and land acquisition.
- c) Any proposed local bridge must be under the jurisdictional responsibility of a county, municipality or township and located on a route with appropriate jurisdictional responsibility. If local public agencies are willing to accept a jurisdictional transfer of certain private bridges, such as a highway bridge over a railroad or bridges that are in jurisdictional dispute between the state and local agency, and an agreement can be signed, these bridges may be submitted as candidates. Actual transfer of jurisdiction should be withheld until candidate bridges have been approved for funding.

CIRCULAR LETTER 2017-18

Page 2

August 8, 2017

If you have a candidate project, please work with your District Local Roads Engineer to complete the required major bridge fund request form (attached) along with a briefing paper. This [Form OPP 2171](#) has been revised and is also available on the IDOT website under “Resources” and “Forms” and “Planning and Programming.”

The briefing paper should include the following information:

1. Completed major bridge program form (Form OPP 2171 attached)
2. Structure number
3. Location and general description of project
4. Proposed improvement and detailed cost estimate (Identify costs for each phase of the project.)
5. Source and extent of local participation. (Specify cost estimates for local participation, including estimated railroad cost participation, if applicable.)
6. Preconstruction activity status
7. Tentative letting dates for proposed improvements
8. Load posting, if applicable
9. Current Structure Inspection and Appraisal sheet
10. Explanation of proposed jurisdictional transfer agreement required for eligibility for private bridges (if applicable)

Please also note the application form (OPP 2171) has been revised to include “E-mail” and “Attachments” links. Local public agencies are now required to submit major bridge applications to their District office using the new email feature. The Attachments link should be used to include all supporting documentation required for the application. The attachment folder, which is embedded within the PDF application, can be found by selecting the paperclip icon directly to the left of the application. An attachment will not appear until this icon has been selected. Please also note the added fields for PPS Numbers. These fields are for District use only.

When submitting applications for local projects, the local public agency is also required to submit the application under a cover letter from the local public agency, which clearly defines the responsible local public agency contact person. A section titled, “Local Agency Contact Information,” is included at the bottom of the Major Bridge Application form (OPP 2171).

In addition, under the Grant Accountability and Transparency Act (GATA), each candidate project must also complete the Uniform Application for State Grant Assistance, a Programmatic Risk Assessment Questionnaire, a Uniform Grant Budget, and a Conflict of Interest form which are attached. Budget Instructions are also included to assist applicants in the completion of the Uniform Grant Budget. These instructions can be found under the attachment, “GATA MBR Budget Instructions.”

Included with this circular letter is the rating factor formula and explanation used in determining the eligibility of a candidate project. Therefore, before submitting your application, please feel free to evaluate your project’s eligibility with this formula.

CIRCULAR LETTER 2017-18

Page 3

August 8, 2017

Questions should be directed to your District Local Roads Engineer. Applications are required to be submitted electronically through the new email feature to your appropriate District Local Roads office. The Districts must receive all program candidates by **September 19, 2017**.

Announcement of the selected FY 2023 local major bridge candidate projects will occur with the release of the IDOT proposed FY 2019 – 2024 Highway Improvement Program in the spring of 2018.

In summary, each candidate application submittal should contain the following information:

1. Local Public Agency cover letter with contact information
2. Project briefing paper
3. Form OPP 2171
4. Cost estimate
5. Location map
6. Photographs
7. Uniform Application for State Grant Assistance
8. Programmatic Risk Assessment Questionnaire
9. Conflict of Interest form
10. Uniform Grant Budget

If you have any questions pertaining to this program, please contact Melinda Kos at (217) 785 – 5178 or Melinda.Kos@illinois.gov.

Sincerely,



Maureen E. Kastl, P.E.
Engineer of Local Roads and Streets

MK/tw

Attachments

cc: Dan Brydl, FHWA – Illinois Division
Gary Iles, Illinois Department of Natural Resources
Elias Ajami, Illinois State Toll Highway Authority
Joel Moore, Illinois Association of County Engineers
Joe Schatteman, Illinois Municipal League
Bryan Smith, Township Officials of Illinois
Charlie Montgomery, Township Highway Commissioners of Illinois

RATING FACTOR FORMULA INFORMATION

The following formula will be used in the selection process for ranking candidate bridges.

Only candidate bridges with a computed rating factor (RF) of 100 or less will be eligible for consideration.

$$RF = (SC1) \times (SC2) \times (SC3) \times (SR / FCV) \times [TPC / (ADT' / LN)] \times (DF) \times (ERF)$$

Where:

SR = Sufficiency Rating (if less than 1.0, use 1.0):

*The sufficiency rating is a numeric value resulting from an FHWA method used to evaluate data by calculating four different factors: Structural Adequacy and Safety, Serviceability and Functional Obsolescence, Essentiality for Public Use and Special Reductions (based on certain limiting features). This value is a percentage indicative of a bridge's sufficiency to remain in service. It is expressed as a percentage in which 100 percent represents an entirely sufficient bridge and zero percent represents an entirely insufficient or deficient bridge. **Only those structures carrying a highway receive a sufficiency rating. Structures not carrying a highway are not eligible for Major Bridge funding.***

FCV = Functional Classification Value:

- a) A value of 1.0 is assigned for FCV if the bridge route is functionally classified as a local road or local street
- b) A value of 1.25 is assigned for FCV if the bridge route is functionally classified as a major or minor collector highway
- c) A value of 1.50 is assigned for FCV if the bridge route is functionally classified as a Minor Arterial
- d) A value of 1.75 is assigned for FCV if the bridge route is functionally classified as an Other Principal Arterial
- e) A value of 2.0 is assigned for FCV if the bridge route carries a functional classification higher than an Other Principal Arterial

TPC = Total Project Cost: (in millions of dollars)

*Total Project Cost includes preliminary engineering, land acquisition, utilities, hazardous waste mitigation, miscellaneous items, construction engineering and construction. It is used for calculating the rating factor and must exceed \$1 million for local project eligibility. **Only the construction and construction engineering costs are eligible for funding from the IMBP. Any funds expended for construction and / or construction engineering on a project prior to selection for the IMBP are not reimbursable.***

LN = Number of Lanes:

- a) For replacement projects, the number of lanes for the proposed replacement are used in the rating factor calculation
- b) For rehabilitation projects, the actual number of lanes have multipliers as below:
 - a. 1.6 for deck replacement or (structural steel repair + concrete overlay + expansion joint replacement, etc.)
 - b. 1.4 for superstructure replacement without substructure widening
 - c. 1.3 for superstructure replacement with substructure widening

ADT' = ADT Prime:

ADT is the Average Daily Traffic (ADT) plus Average Daily Truck Traffic (ADTT) (heavy commercial trucks) in thousands. (for formula purposes, this value is generated as (ADT + ADTT)/100).

SC1 = Coefficient for Deck Condition Rating:

This coefficient is assigned based on the specified range of this rating as below.

- a) Deck Condition Rating ≤ 2 Use **0.80**
- b) Deck Condition Rating = 3 Use **0.85**
- c) Deck Condition Rating = 4 Use **0.95**
- d) Deck Condition Rating ≥ 5 Use **1.0**

SC2 = Coefficients for Superstructure Condition Rating:

This coefficient is assigned based on the specified range of this rating as below.

- a) Superstructure Condition Rating ≤ 2 Use **0.75**
- b) Superstructure Condition Rating = 3 Use **0.80**
- c) Superstructure Condition Rating = 4 Use **0.85**
- d) Superstructure Condition Rating = 5 Use **0.95**
- e) Superstructure Condition Rating ≥ 6 Use **1.0**

SC3 = Coefficient for Substructure Condition Rating:

This coefficient is assigned based on the specified range of this rating as below.

- a) Substructure Condition Rating ≤ 2 Use **0.75**
- b) Substructure Condition Rating = 3 Use **0.80**
- c) Substructure Condition Rating = 4 Use **0.85**
- d) Substructure Condition Rating = 5 Use **0.95**
- e) Substructure Condition Rating ≥ 6 Use **1.0**

DF = Coefficient for Detour Length:

The following scale of this coefficient is considered based on the length of the detour:

- a) Detour length < 5 miles Use **1.0**
- b) Detour length $\geq 5 - < 10$ miles Use **0.95**
- c) Detour length $\geq 10 - < 15$ miles Use **0.90**
- d) Detour length $\geq 15 - < 20$ miles Use **0.85**
- e) Detour length ≥ 20 miles Use **0.75**

ERF = Coefficient for structure being on an Emergency Route:

- a) If '**Yes**' use a multiplying factor of **0.90**
- b) If '**No**' use a multiplying factor of **1.0** (for all route classifications)



Attachments

E-mail

Bridge Name	IDOT District	County	Structure Number(s)	City
<input type="text"/>				

Facility Carried	Facility/Feature Crossed	Owner
<input type="text"/>	<input type="text"/>	<input type="text"/>

Jurisdictional Agreement Req'd? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Work <input type="checkbox"/> Rehab <input type="checkbox"/> Replace	Date of Last Inspection	Sufficiency Rating	No. of Lanes	Funct. Class Value
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Load Posted? <input type="checkbox"/> Yes <input type="checkbox"/> No	List the load posting (if yes)	PPS Numbers (IDOT District Use Only)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADT	ADTT	ADT'	ADT Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Do not use Future/Projected ADT or AADT counts here. Use the last official recorded counts.)

FY ____ REQUEST (in dollars)		
Estimated Project Total Cost * (PE, CE, ROW, Utilities, Construction)	Major Bridge Total Cost (CE, Construction)	Major Bridge Request Cost (CE, Construction)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Federal Share	<input type="text"/>	<input type="text"/>
Non-Federal Match	<input type="text"/>	<input type="text"/>

*Cost estimate of bridge and bridge approach work to be used in rating factor calculation.

Describe construction activity planned (rehabilitation of substructure, deck, main, span, etc. or total replacement) below and **attach a current briefing about the entire project:**

Special Consideration:

Contact Person Information

Name	Phone	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address	City
<input type="text"/>	<input type="text"/>

Required for Local Projects Only: Local Agency Contact Information (if different from contact information above)

Name	Phone	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address	City
<input type="text"/>	<input type="text"/>

Uniform Application for State Grant Assistance

Agency 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 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 by State	Completed by State Agency upon Receipt of Application
4.	Name of the Awarding State Agency	Illinois Department of Transportation
5.	Catalog of State Financial Assistance (CSFA) Number	494-00-1006
6.	CSFA Title	Local Major Bridge Program
Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding)		
7.	CFDA Number	20.205
8.	CFDA Title	Highway Planning and Construction
9.	CFDA Number	XX
10.	CFDA Title	XX
Funding Opportunity Information		
11.	Funding Opportunity Number	18-1006-01
12.	Funding Opportunity Title	Local Major Bridge Program
Competition Identification <input checked="" type="checkbox"/> Not Applicable		
13.	Competition Identification Number	XX
14.	Competition Identification Title	XX

Applicant Completed Section

Applicant Information

15.	Legal Name	Name used for DUNS registration and grantee pre-qualification
16.	Common Name (DBA)	
17.	Employer / Taxpayer Identification Number (EIN, TIN)	
18.	Organizational DUNS number	
19.	SAM Cage Code	
20.	Business Address	Street address: City: State: County: Zip + 4:

Applicant's Organizational Unit

21.	Department Name	
22.	Division Name	

Applicant's Name and Contact Information for Person to be Contacted for *Program* 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 Affiliation	
36.	Telephone Number	
37.	Fax Number	
38.	Email address	

Areas Affected		
39.	Areas Affected by the Project (cities, counties, state-wide)	Add Attachments (e.g., maps)
40.	Legislative and Congressional Districts of Applicant	
41.	Legislative and Congressional Districts of Program / Project	Attach an additional list, if needed
Applicant's Project		
42.	Description Title of Applicant's Project	Text only for the title of the applicant's project.
43.	Proposed Project Term	Start Date: End Date:
44.	Estimated Funding (include all that apply)	<input type="checkbox"/> Amount Requested from the State: <input type="checkbox"/> Applicant Contribution (e.g., in kind, matching): <input type="checkbox"/> Local Contribution: <input type="checkbox"/> Other Source of Contribution: <input type="checkbox"/> Program Income: <div style="text-align: right;">Total Amount</div>
<p>Applicant Certification:</p> <p>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)</p> <p>(*) 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.</p> <p style="text-align: center;"><input type="checkbox"/> I agree</p>		
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	

**Programmatic Risk Assessment Questionnaire
FY18**

The purpose of this assessment is to evaluate the programmatic risk of the applicant. Limited program experience, protocols and internal control governing program delivery will increase an applicant’s degree of risk but will not preclude the applicant from becoming a grantee. The applicant’s degree of risk may require additional conditions to be incorporated into the grant award pursuant to 2 CFR 200.207.

Patterns or trends in programmatic risk will influence GATA training as well as the agency’s monitoring plan. Appropriate support must be provided by GATU and the agency to build grantee capacity.

Process:

- A. The agency adds agency and / or grant-specific questions under section 5.
- B. The questionnaire (including the agency and/or grant-specific questions) is distributed to the applicant by the agency prior to an awarding decision.
- C. The applicant returns the completed questionnaire to the agency. The agency scores the questionnaire based on the responses provided by the applicant. (The automated form will score the responses.)
- D. The calculated responses equate to a risk profile for each of the 5 risk categories.
- E. The agency aligns the risk profile to the applicable specific condition(s) for medium and high risk applicants in each of the 5 risk categories.
- F. The agency communicates the applicable specific condition(s) within the Notice of State Award.

A separate programmatic risk assessment
is required for each grant application.

Responses should be program-specific.

Program Associated with this Programmatic Risk Assessment:	Local Major Bridge Program
Awarding State Agency:	Illinois Department of Transportation
Entity Completing Programmatic Risk Assessment:	
Individual Completing Programmatic Risk Assessment:	
Contact Information for Completer (Phone and Email):	

In response to the requirements of 2 CFR 200.205, the awarding agency is required to review the programmatic risk posed by applicants. Five risk categories are assessed through this questionnaire:

1. Quality of management systems and ability to meet the management standards
2. History of performance
3. Reports and findings from audits performed under Subpart F—Audit Requirements of this part or the reports and findings of any other available audit
4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.
5. Agency-specific Questions (As applicable based on terms of the Notice of Funding Opportunity)

1. Quality of management systems and ability to meet the management standards

1.1. Do you have written policies and procedures that guide program delivery on the topics of:

- a. Quality assurance YES/ NO
- b. Outcome tracking and reporting mechanisms YES/ NO
- c. Relevant documentation of services/goods delivered YES/ NO
- d. Staff performance management policies and procedures YES/ NO
- e. Personnel policies and procedures that include conflict of interest statements YES/ NO
- f. Complaint/grievance resolution policies and procedures YES/ NO
- g. Governing body policies and procedures that include conflict of interest statements YES/ NO
- h. Safeguarding funds, property and other assets against loss from unauthorized use or disposition YES/ NO
- i. Management of grant term extensions, where applicable YES/ NO

1.2. Do you have internal controls that govern program delivery on the topics of:

- a. Quality assurance reporting YES/ NO
- b. Appropriate (to industry) supervision of staff YES/ NO
- c. Unit costs analysis and management YES/ NO
- d. Accreditation/licensing compliance program YES/ NO / NOT APPLICABLE

1.3. Does the organization have written standards of conduct covering real or perceived conflict of interest related to actions of employees engaged in the selection, award or administration of contracts supported by grant awards? YES/ NO

1.4. How many years of experience does the project leader have managing the scope of services required under this program?

- More than five years
- One to five years
- Less than one year

1.5. Does the organization have a time and effort system that:

- a. Records all time worked, including time not charged to awards? YES / NO

- b. Is signed-off by the employee and a supervisor? YES/ NO
- c. Includes an approved methodology? YES/ NO/ NOT APPLICABLE

Question is not applicable because grants are based on a set rate or a per unit of service. Go to question 1.6.

1.6. Does the organization have controls for invoicing grants paid based on a rate or unit of service?

YES/ NO

1.7. Does the organization apply the same standard for match requirements as it does for expenses?

YES/ NO/ NOT APPLICABLE - WE'VE NOT BEEN SUBJECT TO MATCH REQUIREMENTS

1.8. To what extent are you able to produce periodic grant status reports to inform stakeholders about program outcomes?

- Reports are an established part of grant management procedures
- We're developing reports as part of grant management procedures
- We do not currently have established reports as part of grant management

2. **History of performance** (The applicant's record in managing grant awards, if it is a prior recipient of awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards)

2.1. How many years of experience does your organization have with grants of comparable scope and/or capacity?

- More than five years
- One to five years
- Less than one year
- No experience GO TO QUESTION 3.3

2.2. If your organization has experience with grants of comparable scope and/or capacity, provide a brief description of similar project goals and outcomes; specify the applicable year: (Text response)

2.3. During your last two fiscal years, how frequently has your organization submitted project performance reports on time?

- Always
- Reported late up to three times
- Reported late four or more times
- Not applicable – not a requirement of awards previously received

2.4. Have there been any significant changes in your organization in the last fiscal year related to:

- a. Leadership change(s) YES/ NO
- b. Significant program / grant initiative(s) YES/ NO

- c. Structural changes YES/ NO
- d. Fiscal changes YES/ NO
- e. Statutory or regulatory requirements YES/ NO
- f. Other YES/ NO

2.5. Provide a brief explanation for all "YES" responses to question 2.4. (Text response)

2.6. Does the organization utilize a sub-grantee/sub-recipient / sub-award to manage, administer or complete a project? YES/ NO If NO, go to question 2.10.

2.7. What responsibilities does the sub-grantee/sub-recipient/sub-award perform?

- a. Participant eligibility determination YES/ NO
- b. Performance reporting YES/ NO
- c. Program delivery functions YES/ NO
- d. Financial reporting YES/ NO
- e. Other YES/ NO

2.8. What percentage of grant funds does the organization pass on to sub-grantees/sub-recipients/sub-awards?

- Less than 10%
- 10-20%
- More than 20%

2.9. Does your organization have an implemented policy for sub-grantee monitoring? YES/ NO

If NO, go to 2.10. If YES, does it include:

- on-site review
- review of prior monitoring
- desk / quantitative review

2.10 Do you obtain prior written approval from the funding agency when:

- a. The scope or objective of the program changes YES/ NO
- b. Key personnel specified in the application change YES/ NO
- c. The approved project director disengages for more than 3 months or reduces 25% of time devoted to the project YES/ NO
- Question is not applicable because organization has not been subject to these requirements

2.11 Does your organization have performance measurements that tie to financial data?

- YES/ NO

3. Reports and findings from audits performed under Subpart F—Audit Requirements of this part or the reports and findings of any other available audit

3.1. During the last two fiscal years, has your organization been out of compliance with *programmatic* terms and conditions of awards?

- Organization has not been audited; Go to Question 3.6
- No occurrences of non-compliance; Go to Question 3.6
- One to three occurrences of non-compliance
- Four or more occurrences of non-compliance

3.2. If your organization had at least one occurrence of non-compliance with programmatic terms and conditions, summarize each occurrence. (Text response)

3.3. Have corrective actions been implemented within the specified timeframe? YES/ NO

3.4. Provide explanation for any corrective actions that were not implemented within the timeframe specified and for any corrective actions that remain open. (Text response)

3.5. Have there been conflict of interest-related findings within the last two fiscal years? YES/ NO

- a. If NO, go to question 3.6
- b. If YES, specify the conflict of interest-related finding and your response to the finding. (Text response)

3.6. Has your organization been subject to conditional approvals due to program issues? YES/ NO

- a. If NO, to go question 4.1.
- b. If YES, specify the terms of the special condition and whether or not the special condition is still applicable. (Text response)

4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.

4.1. To what extent does your organization have policies to ensure programmatic expenses are reasonable, necessary and prudent (allowable)?

- Policies are implemented and followed
- Policies are not fully implemented
- The organization does not currently have these types of policies

4.2. To what extent does your organization have policies to ensure programmatic activities are allowable?

- Policies are implemented and followed
- Policies are not fully implemented
- The organization does not currently have these types of policies

4.3. To what extent is your organization able to comply with all statutory requirements of this program?

- Fully able to comply with all statutory requirements
- With the following exception(s), the organization is able to comply: Text response of exception(s)

4.4. Has the organization been out of compliance with any statutory, regulatory or other requirements of grant funding within the last two fiscal years? YES/ NO

If YES, provide explanation. (Text response)

5. Agency-specific Questions (As applicable based on terms of the Notice of Funding Opportunity)

Not applicable. No additional agency specific questions.

Certification Section – The undersigned indicates that to the best of his / her knowledge, all responses provided are true and accurate and that all occurrence of non-compliance with programmatic requirements has been disclosed.

Authorized Signature

Date



Uniform Grant Agreement Affidavit of Disclosure of Conflicts of Interest-Grantee

Agreement No. _____

Employee or Officer Name _____

Position of Employee or Officer _____

Grantee's disclosure of the information contained in this Form is required by the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards published in Title 2, Part 200 of the Code of Federal Regulations, 2 CFR 200.112, and 44 Ill. Admin Code 7000.40(b)(3). As an Employee or Officer of Grantee, I will remain bias-free before, during and after the award process of the Grant Agreement. Pursuant to the above referenced Uniform Guidance and Administrative Rules, I have identified below any relationship I have, or have had, of a family, political, financial, or social nature with any of Grantor's employees related to this Grant Agreement, and wait for direction from the Grants Unit Manager and the Department's Ethics Officer before proceeding to participate with Grantor in the award process. After submittal of this Disclosure to the Department's Bureau of Business Services, the Bureau of Business Services will provide this form to the Ethics Officer if a conflict is noted.

Check statement 1 or 2. If you check statement 1, please sign and date the form. If you check statement 2, please complete the information and then sign and date the form.

1. _____ I do not have, nor have I had, any relationship described above nor any other conflict of interest with any of Grantor's employees for this Grant Agreement.

2. _____ I have, or have had, a relationship described above or other conflict of interest with the following employees of Grantor for this Grant Agreement.

_____ Name of Grantor's employee

_____ Nature of Potential Conflict

_____ Name of Grantor's employee

_____ Nature of Potential Conflict

_____ Name of Grantor's employee

_____ Nature of Potential Conflict

(The back side of this form may be used if additional space is needed.)

Signature of Employee

Date



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

This form is used to apply to individual State of Illinois discretionary grant programs. Applicants should submit budgets based upon the total estimated costs for the project including all funding sources. Pay attention to applicable program specific instructions, if attached. The applicant organization should refer to 2 CFR 200, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards" cited within these instructions.

You must consult with your Business Office prior to submitting this form for any award restrictions, limitations or requirements when filling out the narrative and Uniform Budget Template.

Section A – Budget Summary STATE OF ILLINOIS FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-17. Eligible applicants requesting funding for only one year should complete the column under " Year 1." Eligible applicants requesting funding for multi-year grants should complete all applicable columns. **Please read all instructions before completing form.**

STATE OF ILLINOIS GRANT FUNDS

Provide a total requested State of Illinois Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – STATE OF ILLINOIS FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-17.

Line 18: Show the total budget request for each fiscal year for which funding is requested.

Please use detail worksheet and narrative section for further descriptions and explanations of budgetary line items.

Section A (continued) Indirect Cost Information: *(This information should be completed by the applicant's Business Office).* If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information".*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois, the applicant must either:

- A) Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B) Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C) Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs).**



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Section A – Budget Summary (continued)

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c). **Note:** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of “Section-A Indirect Cost Information”.*

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b). The initial ICRP will be sent to the State of Illinois’ Indirect Cost Unit. **Note:** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated.*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). **Note:** *(The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs.)*

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. **Note:** *See Notice of State Award for Restricted Rate Programs.*

Section B – Budget Summary

NON-STATE OF ILLINOIS FUNDS

NON-STATE OF ILLINOIS FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-State of Illinois resources to the project, the applicant must provide a revenue breakdown of all Non-State of Illinois funds in lines (b)-(d). the total of “Non-State Funds” should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – NON-STATE OF ILLINOIS FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-State of Illinois resources to the project, these costs should be shown for each applicable budget category on lines 1-17 of Section B.

Lines 1-17: For each project year, for which matching funds or other contributions are provided, show the total contribution for each applicable budget category.

Line 18: Show the total matching or other contribution for each fiscal year.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items.



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

Section C – Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable program specific instructions, if attached.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For non-State of Illinois funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.
4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.
5. Provide other explanations or comments you deem necessary.



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.
- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

State Agency: _____

Organization Name: _____ Notice of Funding Opportunity (NOFO) Number: _____

Data Universal Number System (DUNS) Number (enter numbers only) : _____

Catalog of State Financial Assistance (CSFA) Number: CSFA Short Description:

Section A: State of Illinois Funds

Fiscal Year:

REVENUES			Total Revenue
State of Illinois Grant Requested		\$	
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200		Total Expenditures
1. Personnel (Salary and Wages)	200.430	\$	
2. Fringe Benefits	200.431	\$	
3. Travel	200.474	\$	
4. Equipment	200.439	\$	
5. Supplies	200.94	\$	
6. Contractual Services and Subawards	200.318 & 200.92	\$	
7. Consultant (Professional Service)	200.459	\$	
8. Construction		\$	
9. Occupancy (Rent and Utilities)	200.465	\$	
10. Research and Development (R&D)	200.87	\$	
11. Telecommunications		\$	
12. Training and Education	200.472	\$	
13. Direct Administrative Costs	200.413 (c)	\$	
14. Miscellaneous Costs		\$	
15. A. Grant Exclusive Line Item(s)		\$	
15. B. Grant Exclusive Line Item(s)			
16. Total Direct Costs (add lines 1-15)	200.413	\$	
17. Total Indirect Costs	200.414	\$	
Rate %: <input type="text"/>			
Base: <input type="text"/>			
18. Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE		\$	

Instructions found at end of document.



State of Illinois
UNIFORM GRANT BUDGET TEMPLATE

Organization Name: _____

NOFO Number: _____

SECTION A - Continued - Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options

1. Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations. NOTE: (If this option is selected, please, provide basic Negotiated Indirect Cost Rate Agreement in area designated below.)

Your organization may not have a Federally Negotiated Cost Rate Agreement. Therefore, in order for your organization to be reimbursed for the Indirect Costs from the State of Illinois your organization must either:

- a. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis;
b. Elect to use the de minimis rate of 10% modified for total direct costs (MTDC) which may be used indefinitely on State of Illinois awards; or
c. Use a Restricted Rate designated by programmatic or statutory policy (see Notice of Funding Opportunity for Restricted Rate Programs).

2a. Our Organizations currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois that will be accepted by all State of Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within 6 months after the close of each fiscal year [2 CFR 200, Appendix IV(C)(2)(c)]. NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below.)

2b. Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois. Our organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made no later than three (3) months after the effective date of the State award [2 CFR 200 Appendix (C)(2)(b)]. The initial ICRP will be sent to the State of Illinois Indirect Cost unit. Note: (Check with you State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated.)

3. Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State or Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards [2 CFR 200.414 (C)(4)(f) and 200.68.] [Note: Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs.]

4. For Restricted Rate Programs, our Organization is using a restricted indirect cost rate that:
is included as a "Special Indirect Cost Rate" in the NICRA, pursuant to 2 CFR 200 Appendix IV(5); or
complies with other statutory policies.
The Restricted Indirect Cost Rate is: _____ %

5. No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements.)

Basic Negotiated Indirect Cost Rate Information (Use only if option 1 or 2(a), above is selected.)

Period Covered by NICRA: From: _____ To: _____ Approving Federal or State Agency: _____

Indirect Cost Rate: _____ % The Distribution Base Is: _____



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Organization Name: _____

NOFO Number: _____

Section B: Non-State of Illinois Funds

Fiscal Year: _____

REVENUES			Total Revenue
Grantee Match Requirement %:	(Agency to Populate)		
b) Cash		\$	
c) Non-Cash		\$	
d) other Funding and Contributions		\$	
Total Non-State Funds (lined b through d)		\$	

Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200		Total Expenditures
1. Personnel (Salaries and Wages)	200.430	\$	
2. Fringe Benefits	200.431	\$	
3. Travel	200.474	\$	
4. Equipment	200.439	\$	
5. Supplies	200.94	\$	
6. Contractual Services and Subawards	200.318 & 200.92	\$	
7. Consultant (Professional Services)	200.459	\$	
8. Construction		\$	
9. Occupancy (Rent and Utilities)	200.465	\$	
10. Research and Development (R&D(200.87	\$	
11. Telecommunications		\$	
12. Training and Education	200.472	\$	
13. Direct Administrative Costs	200.413 (c)	\$	
14. Miscellaneous Costs		\$	
15. A. Grant Exclusive Line Item(s)		\$	
15. B. Grant Exclusive Line Item(s)		\$	
16. Total Direct Costs (add lines 1-15)	200.413	\$	
17. Total indirect Costs	200.414	\$	
Rate %:	<input type="text"/>		
Base:	<input type="text"/>		
18. Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE		\$	



State of Illinois
UNIFORM GRANT BUDGET TEMPLATE

Organization Name: _____ NOFO Number: _____
Data Universal Number System (DUNS) Number (enter numbers only) : _____ Fiscal Year: _____
Catalog of State Financial Assistance (CSFA) Number: _____ CSFA Short Description: _____

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and that any false, fictitious or fraudulent information or the omission of any material fact could result in the immediate termination of my grant award(s).

[Empty box for Institution/Organization Name]

Institution/Organization Name:

[Empty box for Institution/Organization Name]

Institution/Organization Name:

[Empty box for Title (Chief Financial Officer or equivalent)]

Title (Chief Financial Officer or equivalent):

[Empty box for Title (Executive Director or equivalent)]

Title (Executive Director or equivalent):

[Empty box for Printed Name (Chief Financial Officer or equivalent)]

Printed Name (Chief Financial Officer or equivalent):

[Empty box for Printed Name (Executive Director or equivalent)]

Printed Name (Executive Director or equivalent):

[Empty box for Signature (Chief Financial Officer or equivalent)]

Signature (Chief Financial Officer or equivalent):

[Empty box for Signature (Executive Director or equivalent)]

Signature (Executive Director or equivalent):

[Empty box for Date of Execution (Chief Financial Officer)]

Date of Execution (Chief Financial Officer):

[Empty box for Date of Execution (Executive Director)]

Date of Execution (Executive Director):

Note: The State Awarding Agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter onto contractual agreements on the behalf of the organization.



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

1). Personnel (Salaries and Wages) (2 CFR 200.430)

List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Name	Position	Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of Time	Personnel Cost	Add/Delete Row
				%			Add
							Delete
State Total							
				%			Add
							Delete
NON-State Total							
Total Personnel							
Personnel Narrative (State):							
Personnel Narrative (Non-State): (i.e. "Match" or "Other Funding")							



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

2). Fringe Benefits (2 CFR 200.431)

Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in category (1) direct salaries and wages, and only for the percentage of time devoted to the project. Provide the fringe benefit rate used and a clear description of how the computation of fringe benefits was done. Provide both the annual (for multiyear awards) and total. If a fringe benefit rate is not used, show how the fringe benefits were computed for each position. The budget justification should be reflected in the budget description. Elements that comprise fringe benefits should be indicated.

Name	Position(s)	Base	Rate (%)	Fringe Benefit Cost	Add/Delete Rows
			%		Add
					Delete
State Total					
			%		Add
					Delete
Non-State Total					
Total Fringe Benefits					

Fringe Benefits Narrative (State):

Fringe Benefits Narrative (Non-State): (i.e. "Match" or "Other Funding")



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

3). Travel (2 CFR 200.474)

Travel should include: origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate source of Travel Policies applied, Applicant or State of Illinois Travel Regulations. NOTE: Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the consultant category along with the consultant's fee. Travel for training participants, advisory committees, review panels and etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category.

Purpose of Travel/Items	Location	Cost Rate	Basis	Quantity	Number of Trips	Travel Cost	Add/Delete Row
							Add
							Delete
State Total							
							Add
							Delete
NON-State Total							
Total Travel							

Travel Narrative (State):

Travel Narrative (Non-State): (i.e..e "Match" of "Other Funding")



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

4). Equipment (2 CFR 200.439)

Provide justification for the use of each item and relate them to specific program objectives. Provide both the annual (for multiyear awards) and total for equipment. Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than \$5,000. (Note: Organization's own capitalization policy for classification of equipment can be used). Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

Item	Quantity	Cost Per Item	Equipment Cost	Add/Delete Rows
				Add
				Delete
State Total				
				Add
				Delete
Non-State Total				
Total Equipment				

Equipment Narrative (State):

Equipment Narrative (Non-State): (i.e. "Match" or "Other Funding")



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

5). Supplies (2 CFR 200.94)

List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Item	Quantity/Duration	Cost Per Item	Supplies Cost	Add/Delete Rows
				Add
				Delete
State Total				
				Add
				Delete
Non-State Total				
Total Supplies				

Supplies Narrative (State):

Supplies Narrative (Non-State): (i.e. "Match" or "Other Funding")



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

6). Contractual Services (2 CFR 200.318) & Subawards (200.92)

Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole contracts in excess of \$150,000 (See 2 CFR 200.88). NOTE : this budget category may include **subawards**. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

- 1) Subaward (200.92) means an award provided by a pass-through entity to a sub-recipient for the sub-recipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides supplies, expendable materials, or data processing services in support of the project activities.

	Contractual Services Cost	Add/Delete Rows
Item		Add Delete
State Total		Add Delete
Non-State Total		
Total Contractual Services		

Contractual Services Narrative (State):

Contractual Services Narrative (Non-State): (i.e. "Match" or "Other Funding")



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

7). Consultant Services and Expenses (2 CFR 200.459)

Consultant Services (Fees): For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project.

Consultant Expenses: List all expenses to be paid from the grant to the individual consultant in addition to their fees (i.e., travel, meals, lodging, etc.) Consultant--Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisitions Policy is used.

Consultant Services (Fees)	Services Provided	Fee	Basis	Quantity	Consultant Services (Fee) Cost	Add/Delete Row
						Add
						Delete
State Total						
						Add
						Delete
NON-State Total						
Total Consultant Services (Fees)						

Consultant Services Narrative (State):

Consultant Services Narrative (Non-State):

Consultant Expenses - Items	Location	Cost Rate	Basis	Quantity	Number of Trips	Consultant Expenses Cost	Add/Delete Row
							Add
							Delete
State Total							
							Add
							Delete
NON-State Total							
Total Consultant Expenses							

Consultant Expenses Narrative (State):

Consultant Expenses Narrative (Non-State): (i.e. "Match" or "Other Funding")



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

8). Construction

Provide a description of the construction project and an estimate of the costs. As a rule, construction costs are not allowable unless with prior written approval. In some cases, minor repairs or renovations may be allowable. Consult with the program office before budgeting funds in this category. Estimated construction costs must be supported by documentation including drawings and estimates, formal bids, etc. As with all other costs, follow the specific requirements of the program, the terms and conditions of the award, and applicable regulations.

Purpose	Description of Work	Construction Cost	Add/Delete Rows
			Add
			Delete
State Total			
			Add
			Delete
Non-State Total			
Total Construction			

Construction Narrative (State):

Construction Narrative (Non-State): (i.e. "Match" or "Other Funding")



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

9). Occupancy - Rent and Utilities (2 CFR 200.465)

List items and descriptions by major type and the basis of the computation. Explain how rental and utility expenses are allocated for distribution as an expense to the program/service. For example, provide the square footage and the cost per square foot rent and utility, and provide a monthly rental and utility cost and how many months to rent. **NOTE:** This budgetary line item is to be used for direct program rent and utilities, all other indirect or administrative occupancy costs should be listed in the indirect expense section of the Budget worksheet and narrative. Maintenance and repair costs may be included here if directly allocated to program.

Description	Quantity	Basis	Cost	Length of Time	Occupancy Cost	Add/Delete Row
						Add
						Delete
State Total						
						Add
						Delete
NON-State Total						
Total Occupancy - Rent and Utilities						

Occupancy - Rent and Utilities Narrative (State):

Occupancy - Rent and Utilities Narrative (Non-State): (i.e. "Match" or "Other Funding")



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

10). Research & Development (R&D) (2 CFR 200.87)

Definition: All research activities, both basic and applied, and all development activities that are performed by non-Federal entities directed toward the production of useful materials, devices, systems, or methods, including design and development of prototypes and processes. Provide a description of the research and development project and an estimate of the costs. Consult with the program office before budgeting funds in this category.

Purpose	Description of Work	Research and Development Cost	Add/Delete Rows
			Add
			Delete
State Total			
			Add
			Delete
Non-State Total			
Total Research and Development			

Research and Development Narrative (State):

Research and Development Narrative (Non-State): (i.e. "Match" or "Other Funding")



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

11). Telecommunications

List items and descriptions by major type and the basis of the computation. Explain how telecommunication expenses are allocated for distribution as an expense to the program/service. NOTE: This budgetary line item is to be used for direct program telecommunications, all other indirect or administrative telecommunication costs should be listed in the indirect expense section of the Budget worksheet and narrative.

Description	Quantity	Basis	Cost	Length of Time	Telecommunications Cost	Add/Delete Row
						Add
						Delete
State Total						
						Add
						Delete
NON-State Total						
Total Telecommunications						

Telecommunications Narrative (State):

Telecommunications Narrative (Non-State): (i.e. "Match" or "Other Funding")



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

12). Training and Education (2 CFR 200.472)

Describe the training and education cost associated with employee development. Include rental space for training (if required), training materials, speaker fees, substitute teacher fees, and any other applicable expenses related to the training. When training materials (pamphlets, notebooks, videos, and other various handouts) are ordered for specific training activities, these items should be itemized below.

Description	Quantity	Basis	Cost	Length of Time	Training and Education Cost	Add/Delete Row
						Add
						Delete
State Total						
						Add
						Delete
NON-State Total						
Total Training and Education						

Training and Education Narrative (State):

Training and Education Narrative (Non-State): (i.e. "Match" or "Other Funding")



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

13). Direct Administrative Costs (2 CFR 200.413 (c))

The salaries of administrative and clerical staff should normally be treated as indirect (F&A) costs. Direct charging of these costs may be appropriate only if all of the following conditions are met: (1) Administrative or clerical services are integral to a project or activity; (2) Individuals involved can be specifically identified with the project or activity; (3) Such costs are explicitly included in the budget or have the prior written approval of the State awarding agency; and (4) The costs are not also recovered as indirect costs.

Name	Position	Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of Time	Direct Administrative Cost	Add/Delete Row
				%			Add
							Delete
State Total							
				%			Add
							Delete
NON-State Total							
Total Direct Administrative Costs							

Direct Administrative Costs Narrative (State):

Direct Administrative Costs Narrative (Non-State): (i.e. "Match" or "Other Funding")



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

14). Other or Miscellaneous Costs

This category contains items not included in the previous categories. List items by type of material or nature of expense, break down costs by quantity and cost per unit if applicable, state the necessity of other costs for successful completion of the project and exclude unallowable costs (e.g., Printing, Memberships & subscriptions, recruiting costs, etc.)

Description	Quantity	Basis	Cost	Length of Time	Other or Miscellaneous Cost	Add/Delete Row
						Add
						Delete
State Total						
						Add
						Delete
NON-State Total						
Total Other or Miscellaneous Costs						

Other or Miscellaneous Costs Narrative (State):

Other or Miscellaneous Costs Narrative (Non-State): (i.e. "Match" or "Other Funding")



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

15). GRANT EXCLUSIVE LINE ITEM

Grant Exclusive Line Item Description: _____

Costs directly related to the service or activity of the program that is an integral line item for budgetary purposes. To use this budgetary line item, an applicant must have Program approval. (Please cite reference per statute for unique costs directly related to the service or activity of the program). (Note: Use columns within table as needed for the item being reported. Leave blank those columns that are not applicable. This table does NOT auto-calculate each line. You must enter the line totals. The table will auto-calculate the State, Non-State, and Total Grant Exclusive Line Item amounts based on your line entries. The State, Non-State and Total Grant Exclusive Line Item amounts will NOT carry forward to the Budget Narrative Summary table. You will have to enter the State and Non-State Totals for ALL Grant Exclusive Line Items in the Budget Narrative Summary table. Use the "Add New Grant Exclusive Line Item" button below to add additional tables as needed.)

Description	Quantity	Basis	Cost	Length of Time	Grant Exclusive Line Item Cost	Add/Delete Row
						Add
						Delete
State Total						
						Add
						Delete
NON-State Total						
Total Grant Exclusive Line Item						

Grant Exclusive Line Item Narrative (State):

Grant Exclusive Line Item Narrative (Non-State): (i.e. "Match" or "Other Funding")

Add New Grant Exclusive Line Item	Delete Grant Exclusive Line Item
-----------------------------------	----------------------------------



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

16). Indirect Cost (2 CFR 200.414)

Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Description	Base	Rate	Indirect Cost	Add/Delete Rows
				Add
				Delete
State Total				
				Add
				Delete
Non-State Total				
Total Indirect Costs				

Indirect Costs Narrative (State):

Indirect Costs Narrative (Non-State):



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Budget Narrative Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.. (Note: The State, Non-State, and Total cost amounts for each line item below are auto-filled based upon the entries in the preceding budget tables 1-14 and 16. The State and Non-State Total amounts from Table 15 above, Grant Exclusive Line Item(s), must be entered into this table by hand due to the possibility of there being more than one Grant Exclusive Line Item table. Once the Grant Exclusive Line Item(s) amounts are entered into this table, the State Request amount, Non-State Amount and the Total Project Costs will be calculated automatically. It is imperative that the summary tables be completed accurately for the Budget Narrative Summary to be accurate.)

Budget Category	State	Non-State	Total
1. Personnel			
2. Fringe Benefits			
3. Travel			
4. Equipment			
5. Supplies			
6. Contractual Services			
7. Consultant (Professional Services)			
8. Construction			
9. Occupancy (Rent and Utilities)			
10. Research and Development (R & D)			
11. Telecommunications			
12. Training and Education			
13. Direct Administrative Costs			
14. Other or Miscellaneous Costs			
15. GRANT EXCLUSIVE LINE ITEM(S)			
16. Indirect Costs			
State Request			
Non-State Amount			
TOTAL PROJECT COSTS			



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For State Use Only

Grantee: _____ Notice of Funding Opportunity (NOFO) Number: _____
Data Universal Number System (DUNS) Number (enter numbers only) : _____

Catalog of State Financial Assistance (CSFA) Number: [] CSFA Short Description: []

Fiscal Year(s): _____

Initial Budget Request Amount: _____

Prior Written Approval for Expense Line Item: _____

Statutory Limits or Restrictions: _____

Checklist: _____

Final Budget Amount Approved: _____

Program Approval Name Program Approval Signature Date

Fiscal & Administrative Approval Name Fiscal & Administrative Approval Signature Date

Budget Revision Approved: _____

Program Approval Name Program Approval Signature Date

Fiscal & Administrative Approval Signature Fiscal & Administrative Approval Signature Date

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.