



# Illinois Department of Transportation

2300 South Dirksen Parkway / Springfield, Illinois / 62764

August 10, 2018

## **CIRCULAR LETTER 2018- 12**

### **FY 2024 ILLINOIS SPECIAL BRIDGE PROGRAM (formerly MAJOR BRIDGE PROGRAM)**

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

IDOT provided a Notice of Funding Opportunity (NOFO) on August 6, 2018. The Funding Opportunity Number is 19-1006-01. The NOFO for this program is available here: [NOFO](#). This program is listed in the Catalog of State Financial Assistance ([CSFA](#)) as 494-00-1006.

The Department intends to add a FY 2024 local increment to the Illinois Special Bridge Program (ISBP) as we develop our FY 2020-2025 proposed Highway Improvement Program. The 'Illinois Major Bridge Program' has been renamed the 'Illinois Special Bridge Program.' The Central Bureau of Bridges and Structures uses the term 'Major Bridge' to refer to structures that are greater than or equal to 1000 feet in length, which has caused some confusion across the Department.

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 costs, including minimal approach work, must total a minimum of \$1,000,000 for local special bridge candidates. However, only the construction and construction engineering cost will be eligible for funding from the Special Bridge Program. The federal share is 80 percent of the eligible cost. The local agency is responsible for the 20 percent matching funds and any costs above the approved special bridge funding.

- 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.

**Please note** the Central Bureau of Bridges and Structures has clarified that a 'Bridge Deck Overlay' is considered either preservation or maintenance, but not rehabilitation (which was allowed in the past). 'Bridge Deck Overlay' projects will no longer be eligible as ISBP rehabilitation candidates.

Priority consideration for ISBP funding will also be given to structurally-deficient NHS structures to assist in reducing the number of structures in this category that are reported by FHWA. This criterion does not guarantee the selection of these structures.

If you have a candidate project, please work with your District Local Roads Engineer to complete the required special bridge fund request form (attached) along with a briefing paper. This [PRO 2171](#) is available on the IDOT website under "Resources" and "Forms" and "Programming." Populate the form as shown in the attachment to this circular letter.

The briefing paper should include the following information:

1. Completed special bridge program form ([PRO 2171](#))
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)

The application form ([PRO 2171](#)) includes "E-mail" and "Attachments" links. Local public agencies are required to submit special bridge applications to their District office using the 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.

## RATING FACTOR FORMULA

The following formula will be used in the selection process for ranking candidate bridges. Before submitting your application, please feel free to evaluate your project's eligibility with this formula.

**It is important to note** the Rating Factor (RF) formula that is used to rank candidate bridges during the selection process has been revised from what is listed in the current Programming Guidelines. The 'Emergency Route Coefficient' (ERF) has been removed from the formula (see below). The explanation of the formula factors remains unchanged and is attached.

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

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

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 Special Bridge Application form ([PRO 2171](#)).

In addition, under the Government 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. Additional GATA information can be found here: [GATA Website](#).

Questions should be directed to your District Local Roads Engineer. Applications are required to be submitted electronically through the application's email feature to your appropriate District Local Roads office. The Districts must receive all program candidates by **September 18, 2018**.

All local Special Bridge Program candidates must be submitted to the Central Bureau of Local Roads and Streets no later than close of business **September 21, 2018**.

Announcement of the selected FY 2024 local special bridge candidate projects will occur with the release of the IDOT proposed FY 2020 – 2025 Highway Improvement Program in the spring of 2019.

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 PRO 2171
4. Cost estimate
5. Location map
6. Photographs

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7. Uniform Application for State Grant Assistance
8. Programmatic Risk Assessment Questionnaire
9. Uniform Grant Budget Template
10. Conflict of Interest Form

Any updates or changes to the schedule will be officially announced through the Grant Accountability and Transparency Act (GATA) website via the [NOFO](#).

If you have any questions pertaining to this program, please contact Melinda Kos at (217) 785 – 5178 or [Melinda.Kos@illinois.gov](mailto: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  
Dave Marth, Illinois Association of County Engineers  
Greg Willis, Illinois Municipal League  
Bryan Smith, Township Officials of Illinois  
Charlie Montgomery, Township Highway Commissioners of Illinois



Bridge Name	District	County	Structure Number(s)	City

Facility Carried	Facility/Feature Crossed	Owner

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

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

ADT	ADTT	ADT'	ADT Year

(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)	Special Bridge Total Cost (CE, Construction)	Special Bridge Request Cost (CE, Construction)
<b>Federal Share</b>		
<b>Non-Federal Match</b>		

\*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:**

EXAMPLE FORM - USE LINK IN ISBP CIRCULAR LETTER TO ACCESS FILLABLE FORM

Special Consideration:

Contact Person Information

Name	Phone	E-mail

Street Address	City

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

Name	Phone	E-mail

Street Address	City

## RATING FACTOR FORMULA INFORMATION

Only candidate bridges with a computed rating factor (RF) of 100 or less will be eligible for consideration. The following formula will be used in the selection process for ranking candidate bridges:

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

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 Special Bridge funding.***

**FCV** = Functional Classification Value:

- A value of 1.0 is assigned for FCV if the bridge route is functionally classified as a local road or local street
- A value of 1.25 is assigned for FCV if the bridge route is functionally classified as a Major or Minor Collector highway
- A value of 1.50 is assigned for FCV if the bridge route is functionally classified as a Minor Arterial
- A value of 1.75 is assigned for FCV if the bridge route is functionally classified as an Other Principal Arterial
- 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 (for formula purposes, this value is generated as TPC/1,000,000). *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 ISBP. Any funds expended for construction and/or construction engineering on a project prior to selection for the ISBP are not reimbursable.***

**LN** = Number of Lanes:

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

**ADT'** = ADT Prime (for formula purposes, this value is generated as (ADT + ADTT)/100). *ADT is the Average Daily Traffic (ADT) plus Average Daily Truck Traffic (ADTT) (heavy commercial trucks) in hundreds. Adding ADTT one more time to ADT (as it already includes ADTT) to arrive*

*at ADT' is to adequately emphasize the implications of truck traffic on structure condition, and therefore, its serviceability.*

**SC1** = Coefficient for Deck Condition Rating (one of the critical structure condition ratings). It is assigned based on the specified range of this rating as below:

- $< 2 \rightarrow 0.80$
- $= 3 \rightarrow 0.85$
- $= 4 \rightarrow 0.95$
- $> 5 \rightarrow 1.0$

**SC2 & SC3** = Coefficients for Superstructure Condition Rating and Substructure Condition Rating (other critical structure condition ratings). They are assigned based on the specified range of these ratings as below:

- $< 2 \rightarrow 0.75$
- $= 3 \rightarrow 0.80$
- $= 4 \rightarrow 0.85$
- $= 5 \rightarrow 0.95$
- $\geq 6 \rightarrow 1.0$  for all

**DF** = Coefficient for Detour Length. The following scale of this coefficient is considered based on the length of the detour:

- $< 5$  miles  $\rightarrow 1.0$
- $> 5 - < 10$  miles  $\rightarrow 0.95$
- $> 10 - < 15$  miles  $\rightarrow 0.90$
- $> 15 - < 20$  miles  $\rightarrow 0.85$
- $> 20$  miles  $\rightarrow 0.75$

## Uniform Grant Application

### State 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	Illinois Special 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	19-1006-01
12.	Funding Opportunity Title	Illinois Special 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.	GATA ID	Assigned through the Grantee Portal
20.	SAM Cage Code	
21.	Business Address	Street address: City: State: County: Zip + 4:
Applicant's Organizational Unit		
22.	Department Name	
23.	Division Name	
Applicant's Name and Contact Information for Person to be Contacted for <i>Program</i> Matters involving this Application		
24.	First Name	
25.	Last Name	
26.	Suffix	
27.	Title	
28.	Organizational Affiliation	
29.	Telephone Number	
30.	Fax Number	
31.	Email address	
Applicant's Name and Contact Information for Person to be Contacted for <i>Business/Administrative Office</i> Matters involving this Application		
32.	First Name	
33.	Last Name	
34.	Suffix	
35.	Title	
36.	Organizational Affiliation	
37.	Telephone Number	
38.	Fax Number	

<b>Applicant Completed Section</b>		
39.	Email address	
<b>Areas Affected</b>		
40.	Areas Affected by the Project (cities, counties, state-wide)	Add Attachments (e.g., maps)
41.	Legislative and Congressional Districts of Applicant	
42.	Legislative and Congressional Districts of Program / Project	Attach an additional list, if needed
<b>Applicant's Project</b>		
43.	Description Title of Applicant's Project	Text only for the title of the applicant's project.
44.	Proposed Project Term	Start Date: End Date:
45.	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>
<b>Applicant Certification:</b>		
<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>		
<b>Authorized Representative</b>		
46.	First Name	
47.	Last Name	
48.	Suffix	
49.	Title	
50.	Telephone Number	
51.	Fax Number	
52.	Email Address	

**Applicant Completed Section**

53.	Signature of Authorized Representative	
54.	Date Signed	

**Programmatic Risk Assessment Questionnaire  
FY19**

**A separate Programmatic Risk Assessment  
is required for each grant application. Responses must be program-specific.**

<b>Program Associated with this Programmatic Risk Assessment:</b>	Illinois Special Bridge Program
<b>Applicable CFR or state citation:</b>	2 CFR 200
<b>Awarding State Agency:</b>	Illinois Department of Transportation
<b>Entity Completing Programmatic Risk Assessment:</b>	
<b>Individual Completing Programmatic Risk Assessment:</b>	
<b>Contact Information for Completer (Phone and Email):</b>	

To comply with federal risk assessment requirements of 2 CFR 200.205, the state awarding agency must review the programmatic risk posed by applicants. Illinois utilizes this programmatic risk assessment questionnaire to comply with the federal requirements.

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**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. Program outcome tracking and reporting mechanisms                                       | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| b. Relevant documentation of services/goods delivered                                      | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| c. Staff management policies and procedures  | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| d. Standards of conduct re: selection, award or administration of grants                   | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| e. Real or perceived conflict of interest re: selection, award or administration of grants | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| f. Complaint/grievance resolution policies and procedures                                  | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |

- g. Safeguarding funds, property and other assets against loss from unauthorized use of disposition  YES/  NO
- h. Management of grant terms  YES/  NO
- i. Written approval from funding agency when key personnel change  YES/  NO
- j. Written approval from funding agency when program scope changes  YES/  NO
- k. Participant eligibility, if applicable  YES/ NO / NOT APPLICABLE

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

- a. Quality assurance reporting  YES/  NO
- b. Unit costs, expense analysis/management  YES/  NO
- c. Accreditation/licensing compliance program  YES/  NO

1.3 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

1.4 Does the organization have a time and effort system to track program-specific work performed?

YES/  NO

**If "Yes":**

- a. Does the system record all time worked, including time not charged to awards?  YES/  NO
- b. Does the system include sign-off by the employee and supervisor?  YES/  NO

**If "No", go to question 1.5**

1.5 Are program payments based on a rate or unit of service?

**If "Yes":**

- a. Does the organization have written procedures to ensure accurate invoicing?  YES/  NO
- b. Does a second person sign-off on the invoice?  YES/  NO

**If "No", go to question 1.6**

1.6 Does the program have a match or related requirements?

**If "Yes":**

- a. Does the organization have written procedures for match reporting?  YES/  NO
- b. Does a second person sign-off on match reporting?  YES/  NO

**If "No", go to question 1.7**

1.7 Is the organization prepared to utilize periodic performance reports to communicate program outcomes?

- Performance reports are an established part of grant management procedures.

- Performance data reporting is being developed as part of grant management procedures.
- We do not currently report performance data within our grant management.

## 2. History of Performance

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

- YES/  NO

2.5 Have there been any significant changes in your organization in the last fiscal year related to program delivery?

- a. Management/leadership personnel  YES/  NO
- b. Reorganization or parent/subsidiary relationships  YES/  NO
- c. Significant changes in programs/grants funded  YES/  NO
- d. Statutory or regulatory requirements imposed on your organization type  YES/  NO

2.6 Provide a brief explanation for all “YES” responses to question 2.5. (Text response)

2.7 Will a sub-grantee/sub-recipient/sub-award be utilized to manage, administer or complete the project?  YES/  NO

**If NO, go to question 3.1.**

2.8 What responsibilities will the sub-grantee/sub-recipient/sub-award perform under this program?

- a. Participant eligibility determination  YES/  NO
- b. Case Management  YES/  NO
- c. Performance reporting  YES/  NO
- d. Financial reporting  YES/  NO

- e. Invoicing  YES/  NO
- f. Other  YES/  NO

2.9 What percentage of grant funds does the organization anticipate passing to sub-grantees/sub-recipients/sub-awards?

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

2.10 Does your organization have an implemented policy for sub-grantee/sub-recipient monitoring?

If Yes, does it include:

- On-site review
- Review of prior monitoring and desk/quantitative review
- Review of prior monitoring only
- Desk/quantitative review only

**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 findings regarding conflict of interest within the last two fiscal years?

- YES/  NO

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

3.6. Has your organization even been subject to specific conditions due to program issues?

- YES/  NO

- a. If NO, to go question 4.1.
- b. If YES, specify the specific condition, why it was imposed, and whether or not it is still applicable. (Text response)

**4. Applicants 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 (sensible)?

- Policies are implemented and followed
- Policies are implemented, but not consistently followed
- Policies are being implemented
- The organization does not currently have these type 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 implemented, but not consistently followed
- Policies are being implemented
- The organization does not currently have these types of policies

4.3. 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 an explanation

4.4. 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)

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

No additional agency-specific questions have been added for this program to the Programmatic Risk Assessment questionnaire.

**Certification Section** – By signing this questionnaire, I certify to the best of my knowledge and belief that the responses are true, complete and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise (2 CFR 200.415)

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Authorized Signature

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Date



**State of Illinois  
UNIFORM GRANT BUDGET TEMPLATE**

State Agency: Illinois Department of Transportation

Organization Name: \_\_\_\_\_

Notice of Funding Opportunity (NOFO) Number: 19-1006-01

Data Universal Number System (DUNS) Number (enter numbers only) : \_\_\_\_\_

Catalog of State Financial Assistance (CSFA) Number: 494-00-1006

CSFA Short Description: Illinois Special Bridge Program

**Section A: State of Illinois Funds**

Fiscal Year: FY 2024

REVENUES		Total Revenue
State of Illinois Grant Requested	\$	
<b>Budget Expenditure Categories</b>	<b>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</b>	<b>Total Expenditures</b>
1. Personnel (Salary and Wages)	200.430	\$
2. Fringe Benefits	200.431	\$
3. Travel	200.474	\$
4. Equipment	200.439	\$
5. Supplies	200.431	\$
6. Contractual Services and Subawards	200.318 & 200.92	\$
7. Consultant (Professional Service)	200.430	\$
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 %:		
Base:		
18. Total Costs State Grant Funds (Lines 16 and 17)		\$
<b>MUST EQUAL REVENUE TOTALS ABOVE</b>		

**Populate as shown in this example.  
Note RED BOXED Fields.**

Instructions found at end of document.



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