



Illinois Department of Transportation

2300 South Dirksen Parkway / Springfield, Illinois / 62764

October 25th, 2019

CIRCULAR LETTER 2019- 19

FY 2025 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 October 25th, 2019 with a Funding Opportunity Number of 20-1006-01. This program is listed in the Catalog of State Financial Assistance ([CSFA](#)) as 494-00-1006.

The Department intends to add a FY 2025 local increment to the Illinois Special Bridge Program (ISBP) as we develop our FY 2021-2026 proposed Highway Improvement Program. The "Illinois Major Bridge Program" has been renamed the "Illinois Special Bridge Program" to avoid confusion with the term "Major Bridge" used in the Central Bureau of Bridges and Structures to refer to structures that are greater than or equal to 1000 feet in length.

Local and state major highway bridges meeting 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 it is beneficial to have received approval of the Bridge Condition Report (BCR) from the Department prior to applying for ISBP funding to ensure the scope of the project is appropriate. Also, a 'Bridge Deck Overlay' is considered either preservation or maintenance, but not rehabilitation. 'Bridge Deck Overlay' projects will not 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."

The briefing paper should include the following information:

1. Completed special bridge program form (Form [PRO 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)

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. An explanation of the formula factors 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 **December 3rd, 2019**.

All local Special Bridge Program candidates must be submitted to the Central Bureau of Local Roads and Streets no later than close of business **December 6th, 2019**

Announcement of the selected FY 2025 local special bridge candidate projects will occur with the release of the IDOT proposed FY 2021 – 2026 Highway Improvement Program in the spring of 2020.

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

CIRCULAR LETTER 2019-19

Page 2

October 25th, 2019

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.

Sincerely,

A handwritten signature in blue ink, appearing to read 'S. Seck-Birhame', with a long horizontal stroke extending to the left.

Stephane B. Seck-Birhame, P.E., PTOE
Acting Engineer of Local Roads and Streets

SSB

Attachments

cc: Dan Brydl, FHWA – Illinois Division
Gary Iles, Illinois Department of Natural Resources
Elias Ajami, Illinois State Toll Highway Authority
Duane Ratermann, Illinois Association of County Engineers
Brad Cole, 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)
Federal Share		
Non-Federal Match		

*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	20-1006-01
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	

Applicant Completed Section		
39.	Email address	
Areas Affected		
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
Applicant's Project		
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>
Applicant Certification:		
<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		
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
FY20**

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:	Illinois Special 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 | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| b. Outcome tracking and reporting mechanisms | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| c. Relevant documentation of services/goods delivered | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| d. Staff performance management policies and procedures | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| e. Personnel policies and procedures that include conflict of interest statements | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| f. Complaint/grievance resolution policies and procedures | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| g. Governing body policies and procedures that include conflict of interest statements | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| h. Safeguarding funds, property and other assets against loss from unauthorized use or disposition | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| i. Management of grant term extensions, where applicable | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |

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

- | | |
|---|---|
| a. Quality assurance reporting | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| b. Appropriate (to industry) supervision of staff | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| c. Unit costs analysis and management | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| d. Accreditation/licensing compliance program | <input type="checkbox"/> YES/ <input type="checkbox"/> NO / <input type="checkbox"/> 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? | <input type="checkbox"/> YES / <input type="checkbox"/> 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)

Certification Section

Authorized Signature

Date



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

State Agency: Illinois Department of Transportation

Organization Name: _____

Notice of Funding
Opportunity (NOFO) Number: 20-1006-01

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	\$	Populate as shown in this example.
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 style="width: 100px;" type="text"/>			
Base: <input style="width: 100px;" type="text"/>			
18. Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE		\$	

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