Budget Basics-Application

PUBLISHED NOVEMBER 10, 2020 (INFORMATION HEREIN SUBJECT TO CHANGE)

Please note-

- This is not a comprehensive PowerPoint- it does not cover everything involved. Rather, it is to give basic insight for a user to complete the budget template for the application.
- This PowerPoint is geared towards persons seeking to apply for BSPE grants only.
- If you need additional assistance, please contact BSPE at <u>DOT.TSgrants@illinois.gov</u>.

Budget-Basics

- Read template directions
- Must determine whether or not to use indirect cost rate
- Total dollar amount must match amount on Attachment
 - Only applies to BSPE 411 and BSPE 311

- Must type in each line-item amount and State of Illinois Grant Requested (top line) amount
 - ► Top line does NOT auto-populate like other areas of form

State Agency: Illinois Department of Transportation	n				
Organization Name: GRANTEE NAME				Notice of Funding	
Data Universal Number System (DUNS) Number (enter numbers only) : 1111111			Opportunity (NOFO) Number:	
, , , ,	3,7	0054.01			0 () 0
Catalog of State Financial Assistance (CSFA) Num Section A: State of Illinois Funds	iber: 1111111111			scription: State & Comm. Hwy. Safety/Ntl. Priority	Safety Progr
Section A: State of Illinois Funds		Fiscal Year	FY2	20	
REVENUES				Total Revenue	
State of Illinois Grant Requested			\$	50,000.00	
Budget Expenditure Categories	OMB Uniform Guida Federal Awards Reference			Total Expenditures	
1. Personnel (Salary and Wages)	200.430		\$	2,000.00	
2. Fringe Benefits	200.431		\$	2,000.00	
3. Travel	200.474		\$	2,000.00	
4. Equipment	200.439		\$	1,000.00	
5. Supplies	200.94		\$	500.00	
Contractual Services and Subawards	200.318 & 200.92	2	\$	30,000.00	
Consultant (Professional Service)	200.459		\$		
8. Construction			\$		
Occupancy (Rent and Utilities)	200.465		\$	10,500.00	
10. Research and Development (R&D)	200.87		\$		
11. Telecommunications			\$	1,000.00	
12. Training and Education	200.472		\$	1,000.00	
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		\$	50,000.00	
17. Total Indirect Costs	200.414		\$		
Rate %:					
Base:					Instructions
18. Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE			\$	50,000.00	found at en

State of Illinois Grant Requested (top line) must match line #18

State Agency: Illinois Department of Transportatio Organization Name: GRANTEE NAME Data Universal Number System (DUNS) Number (Notice of Funding Opportunity (NOFO) Number:	
Catalog of State Financial Assistance (CSFA) Num Section A: State of Illinois Funds			escription: State & Comm. Hwy. Safety/Ntl. Priority	Safety Progr
Section A: State of minors Funds	Fiscal Ye	ar: FY	20	
REVENUES			Total Revenue	
State of Illinois Grant Requested		\$	50,000.00	
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200		Total Expenditures	
 Personnel (Salary and Wages) 	200.430	\$	2,000.00	
2. Fringe Benefits	200.431	\$	2,000.00	
3. Travel	200.474	\$	2,000.00	
4. Equipment	200.439	\$	1,000.00	
5. Supplies	200.94	\$	500.00	
Contractual Services and Subawards	200.318 & 200.92	\$	30,000.00	
Consultant (Professional Service)	200.459	\$		
8. Construction		\$		
Occupancy (Rent and Utilities)	200.465	\$	10,500.00	
10. Research and Development (R&D)	200.87	\$		
11. Telecommunications		\$	1,000.00	
12. Training and Education	200.472	\$	1,000.00	
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	\$	50,000.00	
17. Total Indirect Costs	200.414	\$		
Rate %:				
Base:				Instructions
18. Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE		\$	50,000.00	for id at en

These numbers refer to the subsections in the 2 CFR 200

- Use as guidance for categorizing expenditures
- Example- Search 2 CFR 200.430 for Personnel expenses

	State o UNIFORM GRANT	of Illinois BUDGET T	ЕМ	PLATE	
State Agency: Illinois Department of Transportation	1				
Organization Name: GRANTEE NAME				Notice of Funding Opportunity (NOFO) Number:	
Data Universal Number System (DUNS) Number (e					
Catalog of State Financial Assistance (CSFA) Numb	per: 1111111111	CSFA Shor	t De	scription: State & Comm. Hwy. Safety/Ntl. Priority	Safety Programs
Section A: State of Illinois Funds		Fiscal Year	FY:	20	
REVENUES				Total Revenue	
State of Illinois Grant Requested			\$	50,000.00	
Budget Expenditure Categories	OMB Uniforce ida Federal Awards Reference			Total Expenditures	
1. Personnel (Salary and Wages)	200.430		\$	2,000.00	
2. Fringe Benefits	200.431		\$	2,000.00	
3. Travel	200.474		\$	2,000.00	
4. Equipment	200.439		\$	1,000.00	
5. Supplies	200.94		\$	500.00	
Contractual Services and Subawards	200.318 & 200.92		\$	30,000.00	
Consultant (Professional Service)	200.459		\$		
8. Construction			\$		
Occupancy (Rent and Utilities)	200.465		\$	10,500.00	
10. Research and Development (R&D)	200.87		\$		
11. Telecommunications			\$	1,000.00	
12. Training and Education	200.472		\$	1,000.00	
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		\$	50,000.00	
17. Total Indirect Costs	200.414		\$		
Rate %:					
Base:					Instructions
18. Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE			\$	50,000.00	found at end of document.
GOMBGATU-3002-(R-02-17)					Page 1 of 23

Select correct indirect cost rate option

State of Illinois UNIFORM GRANT BUDGET TEMPLATE
Organization Name GRANTEE NAME NOFO Number: 00000001
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 Indir 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 <u>not</u> have a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois. Our organization will submit our <u>initial</u> 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.)
Basic Negotiated indirect Cost Rate information (use only in option 1 of 2(a), above is selected.)
Period Covered by NICRA: From: To: Approving Federal or State Agency: Indirect Cost Rate: M The Distribution Base Is:
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- Complete only if receiving matching funds or outside funds to be used towards same grant (you will know if match funds are being used)
 - Does NOT include money being requested by <u>this</u> grant application

ganization Name: GRANTEE NAME	4		NOFO Number: 00000001
ection B: Non-State of Illinois Funds	Fiscal Year:	FY20	
REVENUES			Total Revenue
Grantee Match Requirement %:	(Agency to Populate)	1 '	
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
. Personnel (Salaries and Wages)	200.430	\$	
. Fringe Benefits	200.431	\$	
. Travel	200.474	\$	
. Equipment	200.439	\$	
. Supplies	200.94	\$	
Contractual Services and Subawards	200.318 & 200.92	\$	
. Consultant (Professional Services)	200.459	\$	
. Construction		\$	
. Occupancy (Rent and Utilities)	200.465	\$	
0. Research and Development (R&D(200.87	\$	
1. Telecommunications		\$	
2. Training and Education	200.472	\$	
 Direct Administrative Costs 	200.413 (c)	\$	
4. Miscellaneous Costs		\$	
5. A. Grant Exclusive Line Item(s)		\$	
5. B. Grant Exclusive Line Item(s)		\$	
6. Total Direct Costs (add lines 1-15)	200.413	\$	
7. Total indirect Costs	200.414	\$	
Rate %:			
Base:			
8. Total Costs State Grant Funds			
(Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE		\$	

Grantee signatures

- 2 separate signatures required
 - ▶ IDOT GATA Team will need to approve same signature IF applicable (very rare)
- Digital signatures are allowed
- Remember to include dates

State of Illinois UNIFORM GRANT BUDGET TEMPLATE							
Organization Name: GRANTEE NAME	NOFO Number: 00000001						
Data Universal Number System (DUNS) Number (enter numbers only): 11111111	Fiscal Year: FY20						
Catalog of State Financial Assistance (CSFA) Number: 11111111	CSFA Short Description: State & Comm. Hwy. Safety/Ntl. Priority Safety Programs						

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).

GRANTEE NAME	GRANTEE NAME
Institution/Organization Name:	Institution/Organization Name:
Treasurer	Chief
Title (Chief Financial Officer or equivalent):	Title (Executive Director or equivalent):
John Doe	Jane Doe
Printed Name (Chief Financial Officer or equivalent):	Printed Name (Executive Director or equivalent):
Signature (Chief Financial Officer or equivalent):	Signature (Executive Director or equivalent):
September 21, 2018	September 21, 2018
Date of Execution (Chief Financial Officer):	Date of Execution (Executive Director):

GOMBGATU-3002-(R-02-17)

- Only required if receiving \$30,000 or more in grant funding
- Must be completed when applying for grant funding

Grantee is the subrecipient

*Larger image available on next slide

<u>ن</u>	State of Illinois UNIFORM GRANT BUDGET TEMPL	ATE					
FFATA Data Collection Form (if needed by agency)							
Under FFATA, all sub-recipients who receive \$30,000 or more must	provide the following information for federal repo	orting. Please fill out the following form accurately and completely.					
4-digit extension if applicable:							
Sub-recipient DUNS: 1111111	Sub-recipient Parent Company	DUNS: n/a					
Sub-recipient Name: GRANTEE NAME							
Sub-recipient DBA Name: n/a							
Sub-recipient Street Address: 2300 S. Dirksen Parkway							
City: Springfield State: IL	Zip-Code: 62764	Congressional District: 13					
Sub-recipient Principal Place of Performance: n/a							
City: State:	Zip-Code:	Congressional District:					
Contract Number (if known): Award Amount:	Project Period: From:	Project Period: To:					
State of Illinois Awarding Agency and Project Detail Descript	ion:						
Under certain circumstances, sub-recipient must provide name follow the instructions.	es and total compensation of its top 5 highly c	compensated officials. Please answer the following questions and					
Q1. In your business or organization's previous fiscal year, d (1) 80% or more of your annual gross revenues in U.S. feder more in annual gross revenue from U.S. federal contracts, su	al contracts subcontracts loans grants sub	parent organization, all branches and affiliates worldwide) receive bgrants and/or cooperative agreements and (2) \$25,000,000 or cooperative agreements?					
Yes X If Yes, must answer Q2 below.	No If No, you are r	not required to provide data.					
Q2. Does the public have access to information about the co branches and all affiliates worldwide) through periodic reports 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form	Impensation of the senior executives in your s filed under section 13(a) or 15(d) of the Se n 990)?	business or organization (including parent organization, all curity Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section					
Yes	No 🔀 If No, you must	t provide the data. Please fill out the rest of this form.					
Please provide names and total compensation of the top five of	fficials:						
Name: Jane Doe		Amount: \$250,000.00					
Name: John Doe		Amount: \$220,000.00					
Name: Bob Smith		Amount: \$175,000.00					
Name: Susan Smith		Amount: \$175,000.00					
Name: Mary Smith		Amount: \$78,000.00					
GOMBGATU-3002-(R-02-17)		Page 5 of 23					

Grantor will complete this middle area before issuing grant agreement

	UNIF	State of Illing ORM GRANT BUDG			
FFATA Data Collection Form (if need	, . ,,				
Under FFATA, all sub-recipients who re	eceive \$30,000 or more must provid	de the following information f	for federal reporting. Please	fill out the follow	ing form accurately and completely.
4-digit extension if applicable:					
Sub-recipient DUNS: 1111111		Sub-recipient Pare	ent Company DUNS: n/a	а	
Sub-recipient Name: GRANTEE	NAME				
Sub-recipient DBA Name: n/a					
Sub-recipient Street Address: 23	00 S. Dirksen Parkway				
City: Springfield	State: IL	Zip-Code: 62764	Congressi	onal District: 1	3
Sub-recipient Principal Place of Per	rformance: n/a				
City:	State:	Zip-Code:	Congressi	onal District:	
Contract Number (if known):	Award Amount:	Project Pe	eriod: From:	Proje	ect Period: To:
State of Illinois Awarding Agency a	nd Project Detail Description:				
Under certain circumstances, sub-refollow the instructions.	cipient must provide names and	r business or organizatio	n (including parent organ	ization all brar	se answer the following questions and inches and affiliates worldwide) received
Under certain circumstances, sub-refollow the instructions.	cipient must provide names and	r business or organizatio	n (including parent organ	ization all brar	
Under certain circumstances, sub-refollow the instructions. Q1. In your business or organizatio (1) 80% or more of your annual gromore in annual gross revenue from	cipient must provide names and	ur business or organizatio tracts, subcontracts, Ioan rracts, Ioans, grants, subg	n (including parent organ	ization, all brar or cooperative agreements?	nches and affiliates worldwide) receive agreements and (2) \$25,000,000 or
Under certain circumstances, sub-refollow the instructions. Q1. In your business or organizatio (1) 80% or more of your annual grownore in annual gross revenue from Yes If Yes, mus	cipient must provide names and on's previous fiscal year, did you ss revenues in U.S. federal con U.S. federal contracts, subcont st answer Q2 below.	r business or organizatio tracts, subcontracts, loan tracts, loans, grants, subg No If traction of the senior exect under section 13(a) or 15	n (including parent organ s, grants, subgrants and/ rants and/or cooperative No, you are not required	ization, all brar or cooperative agreements? to provide data	nches and affiliates worldwide) receive agreements and (2) \$25,000,000 or
Under certain circumstances, sub-refollow the instructions. Q1. In your business or organizatio (1) 80% or more of your annual grownore in annual gross revenue from Yes If Yes, mus	cipient must provide names and on's previous fiscal year, did you ss revenues in U.S. federal con U.S. federal contracts, subcont st answer Q2 below.	ur business or organizatio tracts, subcontracts, loan tracts, loans, grants, subg No ff isation of the senior exect under section 13(a) or 15	n (including parent organ s, grants, subgrants and/ irants and/or cooperative No, you are not required utives in your business or 5(d) of the Security Excha	ization, all brar or cooperative agreements? to provide data organization (i inge Act of 193	nches and affiliates worldwide) receive agreements and (2) \$25,000,000 or
Under certain circumstances, sub-refollow the instructions. Q1. In your business or organizatio (1) 80% or more of your annual gro- more in annual gross revenue from Yes If Yes, mus Q2. Does the public have access to branches and all affiliates worldwide 6104 of the Internal Revenue code	cipient must provide names and on's previous fiscal year, did you ss revenues in U.S. federal con U.S. federal contracts, subcont at answer Q2 below. D information about the compen a) through periodic reports filed of 1986 (i.e., on IRS Form 990)	ur business or organizatio tracts, subcontracts, loan tracts, loans, grants, subg No If isation of the senior exect under section 13(a) or 15 ?? No X If	n (including parent organ s, grants, subgrants and/ irants and/or cooperative No, you are not required utives in your business or 5(d) of the Security Excha	ization, all brar or cooperative agreements? to provide data organization (i inge Act of 193	nches and affiliates worldwide) receive agreements and (2) \$25,000,000 or including parent organization, all 4 (5 U.S.C. 78m(a), 78o(d)) or section
Under certain circumstances, sub-refollow the instructions. Q1. In your business or organizatio (1) 80% or more of your annual grownore in annual gross revenue from Yes If Yes, mus Q2. Does the public have access to branches and all affiliates worldwide 6104 of the Internal Revenue code Yes	cipient must provide names and on's previous fiscal year, did you ss revenues in U.S. federal con U.S. federal contracts, subcont at answer Q2 below. D information about the compen a) through periodic reports filed of 1986 (i.e., on IRS Form 990)	ur business or organizatio tracts, subcontracts, loan tracts, loans, grants, subg No If isation of the senior exect under section 13(a) or 15 ?? No X If	n (including parent organ s, grants, subgrants and/ irants and/or cooperative No, you are not required utives in your business or 5(d) of the Security Excha	ization, all brar or cooperative agreements? to provide data organization (i inge Act of 193 data. Please fi	nches and affiliates worldwide) receive agreements and (2) \$25,000,000 or including parent organization, all 4 (5 U.S.C. 78m(a), 78o(d)) or section
Under certain circumstances, sub-refollow the instructions. Q1. In your business or organizatic (1) 80% or more of your annual gros more in annual gross revenue from Yes If Yes, mus Q2. Does the public have access the branches and all affiliates worldwide 6104 of the Internal Revenue code Yes Please provide names and total com	cipient must provide names and on's previous fiscal year, did you ss revenues in U.S. federal con U.S. federal contracts, subcont at answer Q2 below. D information about the compen a) through periodic reports filed of 1986 (i.e., on IRS Form 990)	ur business or organizatio tracts, subcontracts, loan tracts, loans, grants, subg No If isation of the senior exect under section 13(a) or 15 ?? No X If	n (including parent organ s, grants, subgrants and/ irants and/or cooperative No, you are not required utives in your business or 5(d) of the Security Excha	ization, all brar or cooperative agreements? to provide data rorganization (i inge Act of 193 data. Please fi Amount:	nches and affiliates worldwide) receive agreements and (2) \$25,000,000 or including parent organization, all 4 (5 U.S.C. 78m(a), 78o(d)) or section Il out the rest of this form.
Under certain circumstances, sub-refollow the instructions. Q1. In your business or organizatic (1) 80% or more of your annual gro- more in annual gross revenue from Yes If Yes, mus Q2. Does the public have access to branches and all affiliates worldwide 6104 of the Internal Revenue code Yes Please provide names and total com Name: Jane Doe	cipient must provide names and on's previous fiscal year, did you ss revenues in U.S. federal con U.S. federal contracts, subcont at answer Q2 below. D information about the compen a) through periodic reports filed of 1986 (i.e., on IRS Form 990)	ur business or organizatio tracts, subcontracts, loan tracts, loans, grants, subg No If isation of the senior exect under section 13(a) or 15 ?? No X If	n (including parent organ s, grants, subgrants and/ irants and/or cooperative No, you are not required utives in your business or 5(d) of the Security Excha	ization, all brar or cooperative agreements? to provide data organization (i inge Act of 193 data. Please fi Amount: Amount:	the sand affiliates worldwide) receive agreements and (2) \$25,000,000 or including parent organization, all 4 (5 U.S.C. 78m(a), 78o(d)) or section Il out the rest of this form. \$250,000.00
Under certain circumstances, sub-refollow the instructions. Q1. In your business or organizatic (1) 80% or more of your annual gro- more in annual gross revenue from Yes If Yes, mus Q2. Does the public have access to branches and all affiliates worldwid 6104 of the Internal Revenue code Yes Please provide names and total com Name: Jane Doe Name: John Doe	cipient must provide names and on's previous fiscal year, did you ss revenues in U.S. federal con U.S. federal contracts, subcont at answer Q2 below. D information about the compen a) through periodic reports filed of 1986 (i.e., on IRS Form 990)	ur business or organizatio tracts, subcontracts, loan tracts, loans, grants, subg No If isation of the senior exect under section 13(a) or 15 ?? No X If	n (including parent organ s, grants, subgrants and/ irants and/or cooperative No, you are not required utives in your business or 5(d) of the Security Excha	ization, all brar or cooperative agreements? to provide data organization (i inge Act of 193 data. Please fi Amount: Amount: Amount:	structure agreements and (2) \$25,000,000 or including parent organization, all 4 (5 U.S.C. 78m(a), 78o(d)) or section Il out the rest of this form. \$250,000.00 \$220,000.00
Under certain circumstances, sub-refollow the instructions. Q1. In your business or organizatio (1) 80% or more of your annual gromore in annual gross revenue from Yes If Yes, mus Q2. Does the public have access to branches and all affiliates worldwide 6104 of the Internal Revenue code Yes Please provide names and total com Name: Jane Doe Name: John Doe Name: Bob Smith	cipient must provide names and on's previous fiscal year, did you ss revenues in U.S. federal con U.S. federal contracts, subcont at answer Q2 below. D information about the compen a) through periodic reports filed of 1986 (i.e., on IRS Form 990)	ur business or organizatio tracts, subcontracts, loan tracts, loans, grants, subg No If isation of the senior exect under section 13(a) or 15 ?? No X If	n (including parent organ s, grants, subgrants and/ irants and/or cooperative No, you are not required utives in your business or 5(d) of the Security Excha	ization, all brar or cooperative agreements? to provide data organization (i inge Act of 193 data. Please fi Amount: Amount: Amount: Amount:	screen and affiliates worldwide) receive agreements and (2) \$25,000,000 or including parent organization, all 4 (5 U.S.C. 78m(a), 78o(d)) or section II out the rest of this form.

- Will need to list items separately under appropriate category
- All line-items will need a completed narrative
- NON-State line-items do NOT include funding from this grant application

Description	Quantity	Basis	Cost	Length of Time	Occupancy	Add/Dele
	Quantity	Dasis	COSt	Lenguror nine	Cost	Row
Rent	1	Yearly	\$8,000.00	1	\$8,000.00	Add Delete
Utilities	1	Yearly	\$2,500.00	1	\$2,500.00	Add Delete
				State Total	\$10,500.00	
					-	Add Delete
			1	ON-State Total		Delete
			otal Occupancy - F	Rent and Utilities	\$10,500.00	
Occupancy - Rent and Utilities Narrative (Stat	te):					
Rent is required to have location to carry out	program and program dutie	es. Utilities are req	uired to allow prop	er usage of the loca	tion facilities, electric,	etc.
Occupancy - Rent and Utilities Narrative (Nor	n-State): (i.e. "Match" or "O	ther Funding")				

All line-item amounts must match corresponding amounts on Page 1

- *If no NON-State funds are used on this budget
- ▶ If NON-State funds are used, the total amount must match amount on Page 22

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and the second second

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 foolage 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
Rent	1	Yearly	\$8,000.00	1	\$8,000.00	Add Delete
Utilities	1	Yearly	\$2,500.00	1	\$2,500.00	Add Delete
				State Total	\$10,500.00	
						Add Delete
	·		1	NON-State Total		
		Т	otal Occupancy - F	Rent and Utilities	\$10,500.00	
Occupancy - Rent and Utilities Narrative (State):						

Rent is required to have location to carry out program and program duties. Utilities are required to allow proper usage of the location facilities, electric, etc.

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

State Agency: Illinois Department of Transportatio	n .				
				Notice of Funding	
Organization Name: GRANTEE NAME				Opportunity (NOFO) Number: 00000000	
Data Universal Number System (DUNS) Number (e					
Catalog of State Financial Assistance (CSFA) Num	ber: 1111111111	CSFA Shor	t De	escription: State & Comm. Hwy. Safety/Ntl. Priority	y Safety Program
Section A: State of Illinois Funds		Fiscal Year	r: FY	/20	
REVENUES				Total Revenue	1
State of Illinois Grant Requested			\$	50,000.00	j.
Budget Expenditure Categories	OMB Uniform Guidar Federal Awards Reference		Γ	Total Expenditures	1
1. Personnel (Salary and Wages)	200.430		\$		
2. Fringe Benefits	200.431		\$	2,000.00	
3. Travel	200.474		\$	2,000.00	
4. Equipment	200.439		\$	1,000.00	
5. Supplies	200.94		\$	500.00	
Contractual Services and Subawards	200.318 & 200.92		\$	30,000.00	1
7. Consultant (Professional Service)	200.459		\$		
8. Construction			\$		
9. Occupancy (Rent and Utilities)	200.465		\$	10,500.00	
10. Research and Development (R&D)	200.87		\$		
11. Telecommunications	000.170		\$		
12. Training and Education	200.472		\$	1,000.00	1
13. Direct Administrative Costs	200.413 (c)		\$		4
14. Miscellaneous Costs			\$		4
15. A. Grant Exclusive Line Item(s)			\$	4	4
15. B. Grant Exclusive Line Item(s)	200,442		-	E0.000.00	4
16. Total Direct Costs (add lines 1-15) 17. Total Indirect Costs	200.413		\$ \$		4
Rate %:	200.414		3		
Base:	1				Instructions
18. Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE	-		\$	50,000.00	found at end

State of Illinois UNIFORM GRANT BUDGET TEMPLATE

Correct example:



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
Rent	1	Yearly	\$8,000.00	1	\$8,000.00	Add Delete
Utilities	1	Yearly	\$2,500.00	1	\$2,500.00	Add Delete
				State Total	\$10,500.00	
						Add Delete
			١	NON-State Total		
		Т	otal Occupancy - F	Rent and Utilities	\$10,500.00	
Occupancy - Rent and Utilities Narrative (State):						
Rent is required to have location to carry out program			uired to allow prop	er usage of the loc	ation facilities, electric,	etc.
Occupancy - Rent and Utilities Narrative (Non-State)	: (i.e. "Match" or "Ot	her Funding")				

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Incorrect example:



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

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

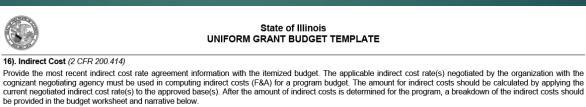
List items and descriptions by major type and the basis of the computation. Explain how rental and utility expenses are allocated for distribution as an expense to the program/service. For example, provide the square footage and the cost per square foot rent and utility, and provide a monthly rental 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
Rent and Utilities	1	Yearly	\$10,500.00	1	\$10,500.00	Add Delete
						Add Delete
	I	I	1	State Total	\$10,500.00	
						Add Delete
			1	NON-State Total		
		Т	otal Occupancy - F	Rent and Utilities	\$10,500.00	
Occupancy - Rent and Utilities Narrative (State):						
Occupancy - Rent and Utilities Narrative (Non-State): (i.e. "Match" or "Ot	her Funding")				

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Only complete if using indirect cost rate (examples in following slides)

► If no indirect cost rate, leave blank



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):				

- Line-item amounts will auto-populate
- NON-State line-items do NOT include funding from this grant application



GOMBGATU-3002-(R-02-17)

State of Illinois UNIFORM GRANT BUDGET TEMPLATE

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

Budget Category	State	Non-State	Total
. Personnel	\$2,000.00		\$2,000.00
. Fringe Benefits	\$2,000.00		\$2,000.00
. Travel	\$2,000.00		\$2,000.00
. Equipment	\$1,000.00		\$1,000.00
. Supplies	\$500.00		\$500.00
. Contractual Services	\$30,000.00		\$30,000.00
. Consultant (Professional Services)			
. Construction			
. Occupancy (Rent and Utilities)	\$10,500.00		\$10,500.00
0. Research and Development (R & D)			
1. Telecommunications	\$1,000.00		\$1,000.00
2. Training and Education	\$1,000.00		\$1,000.00
3. Direct Administrative Costs			
4. Other or Miscellaneous Costs			
5. GRANT EXCLUSIVE LINE ITEM(S)			
6. Indirect Costs			
State Request	\$50,000.00		
Non-State Amount			
OTAL PROJECT COSTS			\$50,000.00

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State Request amount MUST match amount on State of Illinois Grant Requested (top line) amount on Page 1



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

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... (Noice: The State, and Total cost amounts for anochins to reach 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	\$2,000.00		\$2,000.00
2. Fringe Benefits	\$2,000.00		\$2,000.00
3. Travel	\$2,000.00		\$2,000.00
4. Equipment	\$1,000.00		\$1,000.00
5. Supplies	\$500.00		\$500.00
6. Contractual Services	\$30,000.00		\$30,000.00
7. Consultant (Professional Services)			
8. Construction			
9. Occupancy (Rent and Utilities)	\$10,500.00		\$10,500.00
10. Research and Development (R & D)			
11. Telecommunications	\$1,000.00		\$1,000.00
12. Training and Education	\$1,000.00		\$1,000.00
13. Direct Administrative Costs			
14. Other or Miscellaneous Costs			
15. GRANT EXCLUSIVE LINE ITEM(S)			
16. Indirect Costs			
State Reque	st \$50,000.00		
Non-State Amou	nt 🛛		
TOTAL PROJECT COSTS			\$50,000.00
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	State o UNIFORM GRANT E	f Illinois BUDGET T	EMI	PLATE	
State Agency: Illinois Department of Transportation	n				
Organization Name: GRANTEE NAME				Notice of Funding	
Data Universal Number System (DUNS) Number (e	enter numbers only): 1111111			Opportunity (NOFO) Number:	
Catalog of State Financial Assistance (CSFA) Num	ber: 111111111	CSFA Short	Des	scription: State & Comm. Hwy. Safety/Ntl. Priorit	V Safety Programs
Section A: State of Illinois Funds		Fiscal Year			,
REVENUES				Total Revenue	
State of Illinois Grant Requested			\$	50,000.00	
Budget Expenditure Categories	OMB Uniform Guidar Federal Awards Reference			Total Expenditures	
 Personnel (Salary and Wages) 	200.430		\$	2,000.00	
2. Fringe Benefits	200.431		\$	2,000.00	1
3. Travel	200.474		\$	2,000.00	
4. Equipment	200.439		\$	1,000.00	
5. Supplies	200.94		\$	500.00	
Contractual Services and Subawards	200.318 & 200.92		\$	30,000.00	
Consultant (Professional Service)	200.459		\$		
8. Construction			\$		
Occupancy (Rent and Utilities)	200.465		\$	10,500.00	
Research and Development (R&D)	200.87		\$		
11. Telecommunications			\$	1,000.00	
12. Training and Education	200.472		\$	1,000.00	
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		\$	50,000.00	
17. Total Indirect Costs	200.414		\$		
Rate %:					
Base:					Instructions
18. Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE			\$	50,000.00	found at end of document.
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IDOT use only- do not touch

	State o UNIFORM GRANT B	of Illinois BUDGET TEMP	LATE		
For State Use Only					
Grantee: GRANTEE NAME Data Universal Number System (DUNS) Number (enter nu	Imbers only): 11111111		Notice of Funding Opportunity (NOFO) Nur	mber: 00000001	
Catalog of State Financial Assistance (CSFA) Number: 111 Fiscal Year(s): FY20	111111	CSFA Short Desc	ription: State & Comm. H	wy. Safety/Ntl. Priority Safety Program	ns
Initial Budget Request Amount:					
Prior Written Approval for Expense Line Item:					
Statutory Limits or Restrictions:					
Checklist:					
Final Budget Amount Approved:					
IDOT USE ONLY					l
Program Approval Name	Program Approval Sign	ature		Date	l
IDOT USE ONLY	BRAN				l
Fiscal & Administrative Approval Name	Fiscal & Administrative	Approval Signature)	Date	
Budget Revision Approved:	_				
Program Approval Name	Program Approval Sign	aturo		Date	
		ature		Date	
Fiscal & Administrative Approval Signature	Fiscal & Administrative	Approval Signature	ţ	Date	
§200.308 Revision of budget and program plans					
(e) The Federal/State awarding agency may, at its option, r awards in which the Federal/State share of the project exc to exceed 10 percent or \$1,000 per detail line item, which awarding agency cannot permit a transfer that would cause	estrict the transfer of func- eeds the Simplified Acqui ever is greater of the tot- any Federal/State appro	Is among direct cos isition Threshold an al budget as last ar priation to be used	st categories or programs id the cumulative amount pproved by the Federal/S for purposes other than ti	, functions and activities for Federal/S c of such transfers exceeds or is expe tate awarding agency. The Federal/S nose consistent with the appropriation	State State State
GOMBGATU-3002-(R-02-17)				Page 23 of 23	3

Budget Example 1: No Indirect Cost Rate

Leave Indirect Cost Rate blank if not using rate

State Agency: Illinois Department of Transportation	n				
Organization Name: GRANTEE NAME				Notice of Funding Opportunity (NOEO) Number 00000000	
Data Universal Number System (DUNS) Number (enter numbers only): 1111111			Opportunity (NOFO) Number:	
Catalog of State Financial Assistance (CSFA) Num	ber: 111111111	CSFA Short	t Des	scription: State & Comm. Hwy. Safety/Ntl. Priority	Safety Program
Section A: State of Illinois Funds		Fiscal Year:			
REVENUES				Total Revenue	
State of Illinois Grant Requested			\$	50,000.00	
Budget Expenditure Categories	OMB Uniform Guidar Federal Awards Reference 2			Total Expenditures	
1. Personnel (Salary and Wages)	200.430		\$	2,000.00	
2. Fringe Benefits	200.431		\$	2,000.00	
3. Travel	200.474		\$	2,000.00	
4. Equipment	200.439		\$	1,000.00	
5. Supplies	200.94		\$	500.00	
Contractual Services and Subawards	200.318 & 200.92		\$	30,000.00	
Consultant (Professional Service)	200.459		\$		
8. Construction			\$		
Occupancy (Rent and Utilities)	200.465		\$	10,500.00	
Research and Development (R&D)	200.87		\$		
11. Telecommunications			\$	1,000.00	
12. Training and Education	200.472		\$	1,000.00	
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		\$	50,000.00	
17. Total Indirect Costs	200.414		\$		
Rate %:					
Base:					Instructions
18. Total Costs State Grant Funds					found at end o
(Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE			\$	50,000.00	document.

► Check Box #5

Organization Name	GRANTEE NAME		NOFO Number: 00000000
	inued - Indirect Cost Rate Information		
If your organization	is requesting reimbursement for indirect costs	on line 17 of the Budget Summary, p	please select one of the following options
Agence allowe	 A copy of this agreement will be provided 	I to the State of Illinois' Indirect Cost f Illinois agencies up to any statutory, i	act Cost Rate Agreement (NICRA) with our Federal Cogni. Unit for review and documentation before reimbursement rule-based or programmatic restrictions or limitations. NC ment in area designated below.)
	may <u>not</u> have a Federally Negotiated Cos ate of Illinois your organization must either		order for your organization to be reimbursed for the
Costs from the St	te of initiols your organization must either	•	
			nce from your State Cognizant Agency on an annual b
			may be used indefinitely on State of Illinois awards; or Funding Opportunity for Restricted Rate Programs).
2a. O	Ir Organizations currently has a Negotiated Ir	ndirect Cost Rate Agreement (NICRA) with the State of Illinois that will be accepted by all Stat
			s. Our Organization is required to submit a new Indirect (
Rate F			
select			[2 CFR 200, Appendix IV(C)(2)(c)]. NOTE: (If this optio
	ed, please provide basic Indirect Cost Rate	information in area designated belo	ow.)
2b. O submit	ed, please provide basic Indirect Cost Rate ur Organization currently does <u>not</u> have a N our <u>initial</u> Indirect Cost Rate Proposal (ICRP)	information in area designated belo legotiated Indirect Cost Rate Agreem immediately after our Organization is	ow.) nent (NICRA) with the State of Illinois. Our organization advised that the State award will be made no later than th
2b. C submit (3) mo	ed, please provide basic Indirect Cost Rate ur Organization currently does <u>not</u> have a N our <u>initial</u> Indirect Cost Rate Proposal (ICRP) nths after the effective date of the State awar	information in area designated bel- egotiated Indirect Cost Rate Agreem immediately after our Organization is d [2 CFR 200 Appendix (C)(2)(b)]. Th	ow.) nent (NICRA) with the State of Illinois. Our organization advised that the State award will be made no later than the initial ICRP will be sent to the State of Illinois Indirect (
2b. C submit (3) mo	ed, please provide basic Indirect Cost Rate ur Organization currently does <u>not</u> have a N our <u>initial</u> Indirect Cost Rate Proposal (ICRP) nths after the effective date of the State aware lote: (Check with you State of Illinois Age	information in area designated bel- egotiated Indirect Cost Rate Agreem immediately after our Organization is d [2 CFR 200 Appendix (C)(2)(b)]. Th	ow.) nent (NICRA) with the State of Illinois. Our organization advised that the State award will be made no later than th
2b. C submit (3) mo unit. I negoti	ed, please provide basic Indirect Cost Rate ur Organization currently does <u>not</u> have a N our <u>initial</u> Indirect Cost Rate Proposal (ICRP) nths after the effective date of the State aware lote: (Check with you State of Illinois Ager ated.)	information in area designated bel- legotiated Indirect Cost Rate Agreem immediately after our Organization is d [2 CFR 200 Appendix (C)(2)(b)]. Th ncy for information regarding reim	ow.) nent (NICRA) with the State of Illinois. Our organization advised that the State award will be made no later than the initial ICRP will be sent to the State of Illinois Indirect (
2b. C submit (3) mo unit. I negoti 3. Ou elects	ed, please provide basic Indirect Cost Rate ur Organization currently does <u>not</u> have a N our <u>initial</u> Indirect Cost Rate Proposal (ICRP) nths after the effective date of the State awar lote: (Check with you State of Illinois Age ated.) or Organization has never received a Negotial to charge the de minimis rate of 10% modified	information in area designated beli legotiated Indirect Cost Rate Agreem immediately after our Organization is d [2 CFR 200 Appendix (C)(2)(b)]. Th ncy for information regarding reiml ted Indirect Cost Rate Agreement fro I total direct cost (MTDC) which may b	ow.) nent (NICRA) with the State of Illinois. Our organization advised that the State award will be made no later than th he initial ICRP will be sent to the State of Illinois Indirect (bursement of indirect costs while your proposal is be meither the Federal government or the State or Illinois be used indefinitely on State of Illinois awards [2 CFR 200.
2b. C submit (3) mo unit. I negoti 3. Ou elects (C)(4)(ed, please provide basic Indirect Cost Rate ur Organization currently does <u>not</u> have a N our <u>initial</u> Indirect Cost Rate Proposal (ICRP) thits after the effective date of the State aware lote: (Check with you State of Illinois Ager ated.) r Organization has never received a Negotial to charge the de minimis rate of 10% modified) and 200.68.] [Note: Your Organization m	information in area designated bel- legotiated Indirect Cost Rate Agreem immediately after our Organization is d [2 CFR 200 Appendix (C)(2)(b)]. Th ney for information regarding reiml ted Indirect Cost Rate Agreement fro I total direct cost (MTDC) which may b ust be eligible, see 2 CFR 200.414 (ow.) nent (NICRA) with the State of Illinois. Our organization advised that the State award will be made no later than th he initial ICRP will be sent to the State of Illinois Indirect (bursement of indirect costs while your proposal is be om either the Federal government or the State or Illinois
2b. C submit (3) mo unit. I negoti 3. Ou elects (C)(4)(within	ed, please provide basic Indirect Cost Rate ur Organization currently does <u>not</u> have a N our <u>initial</u> Indirect Cost Rate Proposal (ICRP) thits after the effective date of the State aware lote: (Check with you State of Illinois Ager ated.) r Organization has never received a Negotial to charge the de minimis rate of 10% modified) and 200.68.] [Note: Your Organization m your Budget Narrative under Indirect Cost	information in area designated bel- legotiated Indirect Cost Rate Agreem immediately after our Organization is of [2 CFR 200 Appendix (C)(2)(b)]. Th ncy for information regarding reiml ted Indirect Cost Rate Agreement fro I total direct cost (MTDC) which may b ust be eligible, see 2 CFR 200.414 (s.]	ow.) hent (NICRA) with the State of Illinois. Our organization advised that the State award will be made no later than th he initial ICRP will be sent to the State of Illinois Indirect bursement of indirect costs while your proposal is be pom either the Federal government or the State or Illinois be used indefinitely on State of Illinois awards [2 CFR 200. (f), and submit documentation on the calculation of MI
2b. C submit (3) mo unit. I negoti 3. Ou elects (C)(4)(within	ed, please provide basic Indirect Cost Rate ur Organization currently does <u>not</u> have a N our <u>initial</u> Indirect Cost Rate Proposal (ICRP) thits after the effective date of the State awar lote: (Check with you State of Illinois Ager ated.) r Organization has never received a Negotial to charge the de minimis rate of 10% modified f) and 200.68.] [Note: Your Organization in your Budget Narrative under Indirect Cost: Restricted Rate Programs, our Organization in	information in area designated bel- legotiated Indirect Cost Rate Agreem immediately after our Organization is of [2 CFR 200 Appendix (C)(2)(b)]. Th ncy for information regarding reiml ted Indirect Cost Rate Agreement fro I total direct cost (MTDC) which may b ust be eligible, see 2 CFR 200.414 (s.] s using a restricted indirect cost rate th	ow.) hent (NICRA) with the State of Illinois. Our organization advised that the State award will be made no later than th he initial ICRP will be sent to the State of Illinois Indirect bursement of indirect costs while your proposal is be provided indefinitely on State of Illinois awards [2 CFR 200. (f), and submit documentation on the calculation of MT hat:
2b. C submit (3) mo unit. I negoti 3. Ou elects (C)(4)(within	ed, please provide basic Indirect Cost Rate ur Organization currently does <u>not</u> have a N our <u>initial</u> Indirect Cost Rate Proposal (ICRP) thits after the effective date of the State awarn lote: (Check with you State of Illinois Agent ated.) r Organization has never received a Negotial to charge the de minimis rate of 10% modified f) and 200.68.] [Note: Your Organization m your Budget Narrative under Indirect Cost: Restricted Rate Programs, our Organization is is included as a "Special Indirect Cost R	information in area designated bel- legotiated Indirect Cost Rate Agreem immediately after our Organization is of [2 CFR 200 Appendix (C)(2)(b)]. Th ncy for information regarding reiml ted Indirect Cost Rate Agreement fro I total direct cost (MTDC) which may b ust be eligible, see 2 CFR 200.414 (s.] s using a restricted indirect cost rate th	ow.) hent (NICRA) with the State of Illinois. Our organization advised that the State award will be made no later than th he initial ICRP will be sent to the State of Illinois Indirect bursement of indirect costs while your proposal is be provided indefinitely on State of Illinois awards [2 CFR 200. (f), and submit documentation on the calculation of MT hat:
2b. C submit (3) mo unit. I negoti 3. Ou elects (C)(4)(within	ed, please provide basic Indirect Cost Rate ur Organization currently does <u>not</u> have a N our <u>initial</u> Indirect Cost Rate Proposal (ICRP) thits after the effective date of the State awan lote: (Check with you State of Illinois Agent ated.) r Organization has never received a Negotial to charge the de minimis rate of 10% modified to charge the	information in area designated bel- legotiated Indirect Cost Rate Agreem immediately after our Organization is of [2 CFR 200 Appendix (C)(2)(b)]. Th ncy for information regarding reimination total direct Cost Rate Agreement fro total direct cost (MTDC) which may b sust be eligible, see 2 CFR 200.414 (s.] s using a restricted indirect cost rate that tate" in the NICRA, pursuant to 2 CFR	ow.) hent (NICRA) with the State of Illinois. Our organization advised that the State award will be made no later than th he initial ICRP will be sent to the State of Illinois Indirect bursement of indirect costs while your proposal is be provided indefinitely on State of Illinois awards [2 CFR 200. (f), and submit documentation on the calculation of MT hat:
2b. C submit (3) mo unit. I negoti 3. Ou elects (C)(4) within 4. For	ed, please provide basic Indirect Cost Rate ur Organization currently does <u>not</u> have a N our <u>initial</u> Indirect Cost Rate Proposal (ICRP) thits after the effective date of the State awar lote: (Check with you State of Illinois Agei ated.) r Organization has never received a Negotial to charge the de minimis rate of 10% modified f) and 200.68.] [Note: Your Organization m your Budget Narrative under Indirect Cost: Restricted Rate Programs, our Organization is is included as a "Special Indirect Cost R complies with other statutory policies. The Restricted Indirect Cost Rate is:	information in area designated bel- legotiated Indirect Cost Rate Agreem immediately after our Organization is of [2 CFR 200 Appendix (C)(2)(b)]. Th ncy for information regarding reiml ted Indirect Cost Rate Agreement fro total direct cost (MTDC) which may b ust be eligible, see 2 CFR 200.414 (s.] s using a restricted indirect cost rate th tate" in the NICRA, pursuant to 2 CFR	ow.) hent (NICRA) with the State of Illinois. Our organization advised that the State award will be made no later than th he initial ICRP will be sent to the State of Illinois Indirect bursement of indirect costs while your proposal is be orm either the Federal government or the State or Illinois be used indefinitely on State of Illinois awards [2 CFR 200 (f), and submit documentation on the calculation of MT hat: 2 200 Appendix IV(5); or
2b. C submit (3) mo unit. I negoti 3. Ou elects (C)(4) within 4. For	ed, please provide basic Indirect Cost Rate ur Organization currently does <u>not</u> have a N our <u>initial</u> Indirect Cost Rate Proposal (ICRP) thits after the effective date of the State awarn lote: (Check with you State of Illinois Agent ated.) r Organization has never received a Negotial to charge the de minimis rate of 10% modified f) and 200.68.] [Note: Your Organization in your Budget Narrative under Indirect Cost: Restricted Rate Programs, our Organization is is included as a "Special Indirect Cost R complies with other statutory policies. The Restricted Indirect Cost Rate is: reimbursement of Indirect Cost is being reque:	information in area designated bel- legotiated Indirect Cost Rate Agreem immediately after our Organization is of [2 CFR 200 Appendix (C)(2)(b)]. Th ney for information regarding reiml ted Indirect Cost Rate Agreement fro I total direct cost (MTDC) which may b ust be eligible, see 2 CFR 200.414 (s.] s using a restricted indirect cost rate th tate" in the NICRA, pursuant to 2 CFR % sted. (Please consult your program off	w.) hent (NICRA) with the State of Illinois. Our organization advised that the State award will be made no later than th he initial ICRP will be sent to the State of Illinois Indirect bursement of indirect costs while your proposal is be be used indefinitely on State of Illinois awards [2 CFR 200. (f), and submit documentation on the calculation of MT hat: 2 200 Appendix IV(5); or fice regarding possible match requirements.)
2b. C submit (3) mo unit. I negoti 3. Ou elects (C)(4) within 4. For Basic Negot	ed, please provide basic Indirect Cost Rate ur Organization currently does <u>not</u> have a N our <u>initial</u> Indirect Cost Rate Proposal (ICRP) thits after the effective date of the State awar lote: (Check with you State of Illinois Agei ated.) r Organization has never received a Negotial to charge the de minimis rate of 10% modified f) and 200.68.] [Note: Your Organization m your Budget Narrative under Indirect Cost: Restricted Rate Programs, our Organization is is included as a "Special Indirect Cost R complies with other statutory policies. The Restricted Indirect Cost Rate is:	information in area designated bel- legotiated Indirect Cost Rate Agreem immediately after our Organization is of [2 CFR 200 Appendix (C)(2)(b)]. Th ney for information regarding reiml ted Indirect Cost Rate Agreement fro I total direct cost (MTDC) which may b ust be eligible, see 2 CFR 200.414 (s.] s using a restricted indirect cost rate th tate" in the NICRA, pursuant to 2 CFR % sted. (Please consult your program off	w.) hent (NICRA) with the State of Illinois. Our organization advised that the State award will be made no later than th he initial ICRP will be sent to the State of Illinois Indirect (bursement of indirect costs while your proposal is be orm either the Federal government or the State or Illinois be used indefinitely on State of Illinois awards [2 CFR 200. (f), and submit documentation on the calculation of MT hat: 8 200 Appendix IV(5); or fice regarding possible match requirements.) cted.)

Page 21 ► Leave blank



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
				Delete
		State Total		
				Add
				Delete
		Non-State Total		
		Total Indirect Costs		
Indirect Costs Narrative (State):				

Page 21 of 23

Indirect Costs Narrative (Non-State):

GOMBGATU-3002-(R-02-17)

Budget Example 2: 10% de minimis

► Complete Rate %, Base, and Calculate

State Agency: Illinois Department of Transportation				
	JI I		Notice of Funding	
Organization Name: GRANTEE NAME			Opportunity (NOFO) Number: 00000001	
Data Universal Number System (DUNS) Number (enter numbers only): 11111111			
Catalog of State Financial Assistance (CSFA) Nurr	nber: 11111111 CSFA Sh	ort De	scription: State & Comm. Hwy. Safety/Ntl. Priority	Safety Progra
Section A: State of Illinois Funds	Fiscal Ye	ar: FY2	20	
REVENUES			Total Revenue	
State of Illinois Grant Requested		\$	50,000.00	
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200		Total Expenditures	
1. Personnel (Salary and Wages)	200.430	\$	2,000.00	
2. Fringe Benefits	200.431	\$	2,000.00	
3. Travel	200.474	\$	2,000.00	
4. Equipment	200.439	\$	1,000.00	
5. Supplies	200.94	\$	500.00	
Contractual Services and Subawards	200.318 & 200.92	\$	30,000.00	
7. Consultant (Professional Service)	200.459	\$		
8. Construction		\$		
9. Occupancy (Rent and Utilities)	200.465	\$	10,500.00	
10. Research and Development (R&D)	200.87	\$		
11. Telecommunications		\$	1,000.00	
12. Training and Education	200.472	\$	1,000.00	
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	\$	50,000.00	4
17. Total Indirect Costs	200.413	5 \$	50,000.00	
Rate %: 10	200.414		0,000.00	
Base: MTDC				Instructions
18. Total Costs State Grant Funds (Lines 16 and 17)		\$	55,000.00	found at en document.

Check Box #3

Organization Name GRANTEE NAME NOFO Number 0000001 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 If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options If Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cogniza Agency. A copy of this agreement will be provided to the State of Illinois 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 Costs from the State of Illinois your organization nust ether: a. Negotiate an Indirect Cost Rate with the State of Illinois' indirect Cost (MICC) which may be used Indirect) for Restricted Rate Forgrams). 20. Cur Organizations currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois awards; or c. Use a Restricted Rate designated by programmatic or statutory policy (see Molice of Funding Opportunity for Restricted Rate Programs). 20. Our Organizations currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois awards; or c. Use a Restricted Rate Beropsat (CPR) immediately after corganization is advised that the State oward will be made not indirect Cost Rate Agreement (NICRA) with the State of Illinois. Our Organization is uselected by Program (RCPR) immediately after corganization is adv			tate of Illinois ANT BUDGET TEMPLAT	Έ
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 Cognizz Agency. A copy of this agreement will be provided to the State of Illinois' 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 Costs from the State of Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations. NOT (if this option is selected, please, provide basic Negotiated Lindirect 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 Costs from the State of Illinois awards; or c. Use a Restricted Rate designated by programmatic c ostatutory policy (see Notice of Funding Opportunity for Restricted Rate Programs). 2. Our Organizations currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois awards; or selected, please provide basic Indirect Cost Rate Agreement (NICRA) with the State of Illinois. Our organization is required to submit a new indirect Cost Rate Agreement (NICRA) with the State of Illinois of awards; or selected, please provide basic Indirect Cost Rate Agreement (NICRA) with the State of Illinois awards; or submit or ingital Indirect Cost Rate Agreement (NICRA) with the State of Illinois indirect Cost Rate Agreement (NICRA) with the State of Illinois indirect Cost Rate Agreement (NICRA) with the State of Illinois indirect Cost Rate Agreement (NICRA) with the State of Illinois indirect Cost Rate Agreemen	Organization N	ame: GRANTEE NAME		NOFO Number: 00000001
Agency. Å copy of this agreement will be provide to the State of Illinois ¹ Indirect Cost Unit for review ² and documentation before reimbursement allowed. This NICRA will be accepted by all State of Illinois agencies up to any statutory, nule-based or programmatic restrictions or limitations. NOT (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 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 ba 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 cor statutory policy (see Notice of Funding Opportunity for Restricted Rate Programs). 2 a. Our Organizations currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois that with ill be accepted by all State Illinois agencies up to any statutory, nule-based or programmatic restrictions or limitations. Our Organization is used indefinitely on State of Illinois the state of Rate Proposal to the Indirect Cost Rate Information in area designated below.) 2 b. Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois. Our organization or unit. Not: (Check with you State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is bein agoing the minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois adencies (C)40(f) and 200.68]. [Note: Your Organization is using a restricted indirect cost rate that: [is included as a "Special Indirect Cost Rate (Please consult your prog			f the Budget Summary, please	select one of the following options
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 ba 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 VC) Restricted Rate Porgrams). 2a. Our Organizations currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois that will be accepted by all State Illinois agencies up to any statutory, rule-based or programmatic restrictions on limitations. Our Organization is required to submit a new 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 within 6 months after the costs of each fiscal year [2 CFR 200, Appendix IV(C)(2)(c)]. NOTE: (If this option 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 within 6 months after the cost (C)(2)(b)]. The initial ICRP will be sent to the State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is bein negotiated.) 3. Our Organization has never received a Negotiated Indirect cost (MTDC) which may be used indefinitely on State of Illinois awards [2 CFR 200 Appendix (A)(f) and 200 68.] [Note: Your Organization must be eligible, see 2 CFR 200 Appendix IV(5), or complies with other statutory policies. The Restricted Rate Programs, 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 Rate Program	Age	ency. A copy of this agreement will be provided to the State wed. This NICRA will be accepted by all State of Illinois agen	e of Illinois' Indirect Cost Unit ncies up to any statutory, rule-b	for review and documentation before reimbursement is based or programmatic restrictions or limitations. NOTE
 a. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual bab. 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 (use 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 fillinois 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 Bate Proposal to the Indirect Cost Bate Proposal (ICRP) immediately after our Organization is required to submit an ew Indirect Cost Rate Proposal to Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made no later than the (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 or Illinois awards [2 CFR 200 Appendix (C)(2)(b)]. The initial ICRP will be sent to the State or Illinois awards [2 CFR 200 Appendix (C)(2)(4)(f)]. The vinital ICRP will be sent to the State or Illinois awards [2 CFR 200 Appendix (C)(2)(4)(f)]. The vinital ICRP will be sent to the State or Illinois awards [2 CFR 200 Appendix (C)(2)(4)(f)]. The vinital ICRP will be sent to the State or Illinois a elects to charge the de minimis rate of 10% modified total direct Cost Rate Agreement from either the Federal government or the State or Illinois awards [2 CFR 200 Appendix (C)(2)(4)(f)]. The vinital CRP will be sent to the State or Illinois awards [2 CFR 200 A(1)(4)(f)] and 200 (8a]. [Note: Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTI within your Budget Narrative under Indirect Cost			eement. Therefore, in order	r for your organization to be reimbursed for the In
Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cos Rate Proposal to the 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 visuomits after the effective date of the State award (2 CFR 200 Appendix IV(C)(2)(c)). NOTE: (If this option submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made no later than the (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 and the State of Illinois Agency for Information regarding reimbursement of indirect costs while your proposal is bein negotiated.) 3. Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State or Illinois awards [2 CFR 200.414 (f), and submit documentation on the calculation of MTE 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 is included as a "Special Indirect Cost Rate is: % 5. No reimbursement of Indirect Cost Rate is: % 5. No reimbursement of Indirect Cost Rate is: % 5. No reimbursement of Indirect Cost Rate is: % 5. No reimbursement of Indirect Cost Rate Information (Use only	b. Elec	t to use the de minimis rate of 10% modified for total direc	ct costs (MTDC) which may b	be used indefinitely on State of Illinois awards; or
submit our <u>initial</u> Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made no later than thr (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 Co unit. Note: (Check with you State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is bein negotiated.) 3. Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State or Illinois a 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 200.4 (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 MTC within your Budget Narrative under Indirect Costs.] 4. For Restricted Rate Programs, our Organization is using a restricted indirect cost rate that:	Illir Ra	ois agencies up to any statutory, rule-based or programmatic e Proposal to the Indirect Cost Unit within 6 months after the	restrictions or limitations. Ou close of each fiscal year [2 CF	r Organization is required to submit a new Indirect Cos
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 200.4 (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 MTC 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: Indirect Cost Rate: % The Distribution Base Is:	(3) uni	mit our <u>initial</u> Indirect Cost Rate Proposal (ICRP) immediately months after the effective date of the State award [2 CFR 200 t. Note: (Check with you State of Illinois Agency for infor	after our Organization is advis 0 Appendix (C)(2)(b)]. The init	sed that the State award will be made no later than three tial ICRP will be sent to the State of Illinois Indirect Cos
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:		cts to charge the de minimis rate of 10% modified total direct c (4)(f) and 200.68.] [Note: Your Organization must be eligib	cost (MTDC) which may be use	ed indefinitely on State of Illinois awards [2 CFR 200.414
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:	4.	For Restricted Rate Programs, our Organization is using a rest	tricted indirect cost rate that:	
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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:		complies with other statutory policies.		
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:		The Restricted Indirect Cost Rate is:	%	
Period Covered by NICRA: From: To: Approving Federal or State Agency: Indirect Cost Rate: % The Distribution Base Is:			, , ,	. ,
Indirect Cost Rate: % The Distribution Base Is:	Basic Ne	gotiated Indirect Cost Rate Information (Use only if option	1 or 2(a), above is selected.))
	Period C	overed by NICRA: From: To:	Approving Federal or Sta	te Agency:
		ect Cost Rate		
	Indi			

Ensure all line-items are listed on separate lines:



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	
Rent	1	Yearly	\$8,000.00	1	\$8,000.00	Add Delete	
Utilities	1	Yearly	\$2,500.00	1	\$2,500.00	Add Delete	
				State Total	\$10,500.00		
						Add Delete	
			١	NON-State Total			
		Т	otal Occupancy - F	Rent and Utilities	\$10,500.00		
Occupancy - Rent and Utilities Narrative (State): Rent is required to have location to carry out program	n and program dutie	s. Utilities are req	uired to allow prope	er usage of the loc	ation facilities. electric.	etc.	
Occupancy - Rent and Utilities Narrative (Non-State)		-		5			

Double check to ensure all line-item expenses are eligible

▶ The corrected amount will appear in a later slide

State of Illinois UNIFORM GRANT BUDGET TEMPLATE							
State Agency: Illinois Department of Transportatio	n						
Organization Name: GRANTEE NAME			Notice of Funding				
Data Universal Number System (DUNS) Number (e	enter numbers only): 11111111		Opportunity (NOFO) Number:				
Catalog of State Financial Assistance (CSFA) Num		ort De	escription: State & Comm. Hwy. Safety/Ntl. Priority	Sefety Programs			
Section A: State of Illinois Funds	Fiscal Ye			Salety i Tograms			
		a. r					
REVENUES			Total Revenue				
State of Illinois Grant Requested		\$	50,000.00				
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200		Total Expenditures				
1. Personnel (Salary and Wages)	200.430	\$	2,000.00				
2. Fringe Benefits	200.431	\$	2,000.00				
3. Travel	200.474	\$	2,000.00				
4. Equipment	200.439	\$	1,000.00				
5. Supplies	200.94	\$	500.00				
Contractual Services and Subawards	200.318 & 200.92	\$	30,000.00				
7. Consultant (Professional Service)	200.459	\$					
8. Construction		\$					
Occupancy (Rent and Utilities)	200.465	\$	10,500.00				
10. Research and Development (R&D)	200.87	\$		•			
11. Telecommunications		\$	1,000.00				
12. Training and Education	200.472	\$	1,000.00				
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	\$	50,000.00				
17. Total Indirect Costs	200.414	\$	5,000.00				
Rate %: 10							
Base: MTDC				Instructions			
18. Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE	-	\$	55,000.00	found at end of document.			
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Modified Total Direct Cost

- ▶ 10% de minimis uses Modified Total Direct Cost
- The following expenses are allowed to be used when calculating the indirect cost rate:
 - Direct salaries and wages
 - Applicable fringe benefits
 - Materials and supplies
 - Services
 - ► Travel
 - Up to \$25,000 of each subaward (regardless of the period of performance of the subawards)
 - Refer to 2 CFR 200.68 for complete details

Since this example has costs that are <u>not</u> allowed, we will need to alter the total dollar amount used to calculate the indirect cost rate

Go to the corresponding Line-Item detailed information pages for:

North Party

- Equipment
- Contractual Services and Subawards
- Occupancy (Rent and Utilities)

State of Illinois UNIFORM GRANT BUDGET TEMPLATE						
State Agency: Illinois Department of Transportation	1					
Organization Name: GRANTEE NAME				Notice of Funding Opportunity (NOEO) Number 00000001		
Data Universal Number System (DUNS) Number (er	nter numbers only): 11111111			Opportunity (NOFO) Number: 0000001		
Catalog of State Financial Assistance (CSFA) Numb	er: 11111111	CSFA Shor	t De	scription: State & Comm. Hwy. Safety/Ntl. Priority	Safety Programs	
Section A: State of Illinois Funds		Fiscal Year	_			
REVENUES		r ioodi r odi		Total Revenue		
State of Illinois Grant Requested			\$	50,000.00		
Budget Expenditure Categories	OMB Uniform Guidar Federal Awards Reference			Total Expenditures		
 Personnel (Salary and Wages) 	200.430		\$	2,000.00		
2. Fringe Benefits	200.431		\$	2,000.00		
3. Travel	200.474		\$	2,000.00	4	
4. Equipment	200.439		\$	1,000.00		
5. Supplies	200.94		\$	500.00		
6. Contractual Services and Subawards	200.318 & 200.92		\$	30,000.00		
7. Consultant (Professional Service)	200.459		\$		•	
8. Construction	000.105		\$	10 500 00		
9. Occupancy (Rent and Utilities)	200.465		\$	10,500.00		
10. Research and Development (R&D) 11. Telecommunications	200.87		\$	1.000.00		
12. Training and Education	200.472		5	1,000.00		
13. Direct Administrative Costs	200.412 200.413 (c)		\$	1,000.00		
14. Miscellaneous Costs	200.413 (C)		\$ \$			
15. A. Grant Exclusive Line Item(s)			\$			
15. B. Grant Exclusive Line Item(s)			-			
16. Total Direct Costs (add lines 1-15)	200.413		\$	50,000.00		
17. Total Indirect Costs	200.414		\$	5,000.00		
Rate %: 10			Ť			
Base: MTDC					Instructions	
18. Total Costs State Grant Funds found at end of						
(Lines 16 and 17) \$ 55,000.00 document.						
GOMBGATU-3002-(R-02-17) Page 1 of 23					Page 1 of 23	

Equipment is not allowed

▶ Do the math:

- Total Amount= \$50,000.00
- Equipment= \$1,000.00

\$50,000.00 -\$1,000.00 = \$49,000.00

So far, we have \$49,000.00 to use towards indirect cost rate calculations

Only up to \$25,000.00 <u>per</u> contract or subaward may be used

- Incorporate the numbers....
 - Remaining Total Amount= \$49,000.00
 - Contract= \$30,000.00
 - Only up to \$25,000.00 may be used PER each individual line-item contract

\$30,000.00-\$25,000.00=\$5,000.000

\$49,000.00-\$5,000.00= \$44,000.00

So far, we now have \$44,000.00 to use towards indirect cost rate calculations

Deviating from this example quick...

Let's say there are multiple subcontracts totaling \$60,000.00:

- Subcontract A= \$30,000.00
- ▶ Subcontract B= \$5,000.00
- Subcontract C= \$25,000.00

*In MTDC, the maximum amount <u>PER</u> subcontract or subaward to be used towards calculating indirect costs must not exceed \$25,000.00 per line-item

- So, here's what we could use towards indirect cost rate calculations:
 - Subcontract A= \$25,000.00 (maximum amount allowed per line-item)
 - ▶ Subcontract B= \$5,000.00
 - Subcontract C= \$25,000.00

► A total of \$55,000.00 can be used towards calculating the indirect cost

Back to the example... Rent is not allowed

- Rent is <u>not</u> allowed
- Utilities are allowed
- So for the Occupancy line-item total of \$10,500.00, we need to subtract the amount of rent
 - Rent= \$8,000.00
 - ▶ Utilities= \$2,500.00
 - Remaining total dollar amount= \$44,000.00

\$44,000.00-\$8,000.00= \$36,000.00

This leaves \$36,000.00 to use towards the indirect cost rate calculation

- Use the total indirect cost rate amount we just calculated
- Multiply by the indirect cost rate



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	
10% de minimis MTDC	36,000	\$0.10	\$3,600.00	Add Delete	
		State Total	\$3,600.00		
				Add Delete	
		Non-State Total			
		Total Indirect Costs	\$3,600.00		
Indirect Costs Narrative (State):					

GRANTEE NAME has finalized 10% de minimis MTDC rate. Equipment and rent have been removed from the dollar amount used for calculations. In addition, the subcontract amount used towards the final dollar amount did not exceed the \$25,000.00 maximum.

Indirect Costs Narrative (Non-State):

Indirect Cost Rate amount will auto-populate and change the total State Requested amount



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

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 iline 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	\$2,000.00		\$2,000.00
2. Fringe Benefits	\$2,000.00		\$2,000.00
3. Travel	\$2,000.00		\$2,000.00
4. Equipment	\$1,000.00		\$1,000.00
5. Supplies	\$500.00		\$500.00
6. Contractual Services	\$30,000.00		\$30,000.00
7. Consultant (Professional Services)			
8. Construction			
9. Occupancy (Rent and Utilities)	\$10,500.00		\$10,500.00
10. Research and Development (R & D)			
11. Telecommunications	\$1,000.00		\$1,000.00
12. Training and Education	\$1,000.00		\$1,000.00
13. Direct Administrative Costs			
14. Other or Miscellaneous Costs			
15. GRANT EXCLUSIVE LINE ITEM(S)			
16. Indirect Costs	\$3,600.00		\$3,600.00
State Request	\$53,600.00		
Non-State Amount			
TOTAL PROJECT COSTS			\$53,600.00
GOMBGATU-3002-(R-02-17)			Page 22 of

Add indirect cost amount to Page 1

► You will need to manually insert the \$3,600.00 amount

	State o UNIFORM GRANT E	f Illinois BUDGET T	ЕМ	PLATE	
State Agency: Illinois Department of Transportation					
Organization Name: GRANTEE NAME				Notice of Funding Operaturity (NOFO) Number 00000001	
Data Universal Number System (DUNS) Number (er	ter numbers only): 11111111			Opportunity (NOFO) Number:	
Catalog of State Financial Assistance (CSFA) Numb	er: 11111111	CSFA Shor	t De	scription: State & Comm. Hwy. Safety/Ntl. Priority	/ Safety Programs
Section A: State of Illinois Funds		Fiscal Year	FY2	20	, , , , , , , , , , , , , , , , , , , ,
REVENUES				Total Revenue	
State of Illinois Grant Requested			\$	50,000.00	
Budget Expenditure Categories	OMB Uniform Guidar Federal Awards Reference 2			Total Expenditures	
1. Personnel (Salary and Wages)	200.430		\$	2,000.00	
2. Fringe Benefits	200.431		\$	2,000.00]
3. Travel	200.474		\$	2,000.00	
4. Equipment	200.439		\$	1,000.00	
5. Supplies	200.94		\$	500.00	
6. Contractual Services and Subawards	200.318 & 200.92		\$	30,000.00	
7. Consultant (Professional Service)	200.459		\$		
8. Construction			\$		
9. Occupancy (Rent and Utilities)	200.465		\$	10,500.00	
10. Research and Development (R&D)	200.87		\$		
11. Telecommunications			\$	1,000.00	
12. Training and Education	200.472		\$	1,000.00	
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		\$	50,000.00	
17. Total Indirect Costs	200.414		\$	3,600.00	
Rate %: 10					
Base: MTDC					Instructions
18. Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE			\$	53,600.00	found at end of document.
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And manually update the State of Illinois Grant Requested (top line) amount on Page 1

	State o UNIFORM GRANT	of Illinois BUDGET T	ЕМ	PLATE	
State Agency: Illinois Department of Transportatio	ก				
Organization Name: GRANTEE NAME				Notice of Funding	
Data Universal Number System (DUNS) Number (e				Opportunity (NOFO) Number:	
, , , ,		1			
Catalog of State Financial Assistance (CSFA) Num	ber: 11111111	CSFA Shor	t De	scription: State & Comm. Hwy. Safety/Ntl. Priority	Safety Programs
Section A: State of Illinois Funds		Fiscal Year	FY	20	
REVENUES				Total Revenue	
State of Illinois Grant Requested			\$	53,600.00	
Budget Expenditure Categories	OMB Uniform Guida Federal Awards Reference			Total Expenditures	
1. Personnel (Salary and Wages)	200.430		\$	2,000.00	
2. Fringe Benefits	200.431		\$	2,000.00	
3. Travel	200.474		\$	2,000.00	
4. Equipment	200.439		\$	1,000.00	
5. Supplies	200.94		\$	500.00	
6. Contractual Services and Subawards	200.318 & 200.92		\$	30,000.00	
7. Consultant (Professional Service)	200.459		\$		
8. Construction			\$		
9. Occupancy (Rent and Utilities)	200.465		\$	10,500.00	
10. Research and Development (R&D)	200.87		\$		
11. Telecommunications			\$	1,000.00	
12. Training and Education	200.472		\$	1,000.00	
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		\$	50,000.00	
17. Total Indirect Costs	200.414		\$	3,600.00	
Rate %: 10					
Base: MTDC					Inst ctions
18. Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE	_		\$	53,600.00	
GOMBGATU-3002-(R-02-17)					Page 1 of 23

Lastly, make sure Page 1 and Page 22 amounts match

1		
	A Committee of	

State of Illinois UNIFORM GRANT BUDGET TEMPLATE

State Agency: Illinois Department of Transportation	I			
Organization Name: GRANTEE NAME			Notice of Funding 00000001	
Data Universal Number System (DUNS) Number (er	nter numbers only): 11111111		Opportunity (NOFO) Number:	
Catalog of State Financial Assistance (CSFA) Numb	er: 11111111 CSFA S	Short Des	scription: State & Comm. Hwy. Safety/Ntl. Priority	Safety Programs
Section A: State of Illinois Funds	Fiscal	Year: FY2	20	
REVENUES			Total Revenue	
State of Illinois Grant Requested		\$	53,600.00	
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 20	00	Total Expenditures	
1. Personnel (Salary and Wages)	200.430	\$	2,000.00	
2. Fringe Benefits	200.431	\$	2,000.00	
3. Travel	200.474	\$	2,000.00	
4. Equipment	200.439	\$	1,000.00	
5. Supplies	200.94	\$	500.00	
Contractual Services and Subawards	200.318 & 200.92	\$	30,000.00	
7. Consultant (Professional Service)	200.459	\$		
8. Construction		\$		
9. Occupancy (Rent and Utilities)	200.465	\$	10,500.00	
10. Research and Development (R&D)	200.87	\$		
11. Telecommunications		\$	1,000.00	
12. Training and Education	200.472	\$	1,000.00	
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	\$	50,000.00	
17. Total Indirect Costs	200.414	\$	3,600.00	
Rate %: 10				
Base: MTDC				Instations
18. Total Costs State Grant Funds			50.000.00	1
(Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE		\$	53,600.00	
GOMBGATU-3002-(R-02-17)				Page 1 of 23



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

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, 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	\$2,000.00		\$2,000.00
2. Fringe Benefits	\$2,000.00		\$2,000.00
3. Travel	\$2,000.00		\$2,000.00
4. Equipment	\$1,000.00		\$1,000.00
5. Supplies	\$500.00		\$500.00
6. Contractual Services	\$30,000.00		\$30,000.00
7. Consultant (Professional Services)			
8. Construction			
9. Occupancy (Rent and Utilities)	\$10,500.00		\$10,500.00
10. Research and Development (R & D)			
11. Telecommunications	\$1,000.00		\$1,000.00
12. Training and Education	\$1,000.00		\$1,000.00
13. Direct Administrative Costs			
14. Other or Miscellaneous Costs			
15. GRANT EXCLUSIVE LINE ITEM(S)			
16. Indirect Costs	\$3,67 00		\$3,600.00
State Request	\$53,600.00		
Non-State Amount			
TOTAL PROJECT COSTS			\$53,600.00
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Budget Example 3: Federally Negotiated Rate

Check NICRA for amounts and what is allowed in indirect cost calculations:

NICRA= Negotiated Indirect Cost Rate Agreement

			0FFI0 875 NO	E OF NAVAL	LPH STREET	
						Agreement Date: June 25, 2 Agreement Dated: June 7, 2
			NEGOT	TATION	AGREEMENT	
		1				
INSTIT					anta inizi re	_
The Fac and/or o Agencie 2 CFR P rate agre	ilities and A ther agreem s of the U art 200. The ements/dete	nited States ese rates sha Fiscal Y erminations	or awarded of Ameri all be used Years 2019 for Fiscal Y	d to ica, in ac for forwar through 2 Years 2019	cordance with the co rd pricing and billing p 2022. This rate agreen 9 through 2022.	for use on grants, contra by all Fed by principles mandated purposes for nent supersedes all previ
The Fac and/or o Agencie 2 CFR P rate agre Section F&A Ra	ilities and A ther agreem s of the U art 200. The ements/deto I: RATES	nited States ese rates sha Fiscal Y	or awarded of Ameri all be used Years 2019 for Fiscal Y	d to ica, in ac for forwar through 2 Years 2019	cordance with the co rd pricing and billing p 2022. This rate agreen 9 through 2022.	by all Fed ost principles mandated purposes for
The Fac and/or o Agencie 2 CFR P rate agre Section	ilities and A ther agreem s of the U art 200. The ements/deto I: RATES	nited States ese rates sha Fiscal Y erminations	or awarded of Ameri all be used Years 2019 for Fiscal Y	d to ica, in ac for forwar through 2 Years 2019	cordance with the co rd pricing and billing p 2022. This rate agreen 9 through 2022.	by all Fed ost principles mandated purposes for

DISTRIBUTION BASES



(a) Modified total direct costs, consisting of all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). Equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs as well as the portion of each subaward in excess of \$25,000 shall be excluded from modified total direct costs.

SECTION II: GENERAL TERMS AND CONDITIONS

A. LIMITATIONS: Use of the rates set forth under Section 1 is subject to any statutory or administrative limitations and is applicable to a given grant, contract or other agreement only to the extent that funds are available and consistent with any and all limitations of cost clauses or provisions, if any, contained therein. Acceptance of any or all of the rates agreed to herein is predicated upon all the following conditions: (1) that no costs other than those incurred by the recipient/contractor were included in its indirect cost pool as finally accepted and that all such costs are legal obligations of the recipient/contractor and allowable under governing cost principles; (2) that the same costs that have been treated as indirect costs are not claimed as direct costs; (3) that similar types of costs, in like circumstances, have been accorded consistent accounting treatment; (4) that the information provided

If you have multiple rates, select the one that is most appropriate...

- Using the NICRA example on the previous slide, if a majority of the program will be completed off campus (51% or more of the time), then you must use the off campus rate
- ▶ This example will use the 16.6% MTDC off-campus rate

Complete Rate %, Base, and Calculate

State Agency: Illinois Department of Transporta	tion			
Organization Name: GRANTEE NAME			Notice of Funding	
Data Universal Number System (DUNS) Number	(enter numbers only) 11111111		Opportunity (NOFO) Number:	
, , , , , , , , , , , , , , , , , , ,	37			0-6-6-0-
Catalog of State Financial Assistance (CSFA) Nu Section A: State of Illinois Funds			escription: State & Comm. Hwy. Safety/Ntl. Priority	Safety Pro
Section A: State of Ininois Funds	Fiscal	Year: FY	20	
REVENUES			Total Revenue	
State of Illinois Grant Requested		\$	58,300.00	
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 2	200	Total Expenditures	
1. Personnel (Salary and Wages)	200.430	\$	2,000.00	
2. Fringe Benefits	200.431	\$	2,000.00	
3. Travel	200.474	\$	2,000.00	
4. Equipment	200.439	\$	1,000.00	
5. Supplies	200.94	\$	500.00	
6. Contractual Services and Subawards	200.318 & 200.92	\$	30,000.00	
7. Consultant (Professional Service)	200.459	\$		
8. Construction		\$		
9. Occupancy (Rent and Utilities)	200.465	\$	10,500.00	
10. Research and Development (R&D)	200.87	\$		
11. Telecommunications		\$	1,000.00	
12. Training and Education	200.472	\$	1,000.00	
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	\$	50,000.00	
17. Total Indirect Costs (add lines 1-15)	200.413	> \$	8,300.00	
Rate %: 16.6	200.414		0,300.00	
		-		•
Base: MTDC 18. Total Costs State Grant Funds				Instructi found at

 Check Box #1 and complete bottom portion (information is in NICRA)

Orgar	nization Name: GRANTEE NAME	NOFO Number: 00000001
	ION A - Continued - Indirect Cost Rate Information	
lf you	r organization is requesting reimbursement for indirect costs on line 17 of the Bu	
		Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cogni ois' Indirect Cost Unit for review and documentation before reimburseme to any statutory, rule-based or programmatic restrictions or limitations. NC Cost Rate Agreement in area designated below.)
	organization may <u>not</u> have a Federally Negotiated Cost Rate Agreement s from the State of Illinois your organization must either:	t. Therefore, in order for your organization to be reimbursed for the
COSIS	s nom the state of minors your organization must entire.	
	a. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cos	
	 b. Elect to use the de minimis rate of 10% modified for total direct costs c. Use a Restricted Rate designated by programmatic or statutory polic 	
		greement (NICRA) with the State of Illinois that will be accepted by all Stat
	Illinois agencies up to any statutory, rule-based or programmatic restrict	tions or limitations. Our Organization is required to submit a new Indirect
	Rate Proposal to the Indirect Cost Unit within 6 months after the close o selected, please provide basic Indirect Cost Rate information in are:	of each fiscal year [2 CFR 200, Appendix IV(C)(2)(c)]. NOTE: (If this optic
	, · · ·	a designated below.) Cost Rate Agreement (NICRA) with the State of Illinois. Our organization
		ur Organization is advised that the State award will be made no later than t
		ndix $(C)(2)(b)$]. The initial ICRP will be sent to the State of Illinois Indirect
	unit. Note: (Check with you State of Illinois Agency for information negotiated.)	n regarding reimbursement of indirect costs while your proposal is b
		ate Agreement from either the Federal government or the State or Illinois
	elects to charge the de minimis rate of 10% modified total direct cost (M	TDC) which may be used indefinitely on State of Illinois awards [2 CFR 200
	(C)(4)(f) and 200.68.] [Note: Your Organization must be eligible, see within your Budget Narrative under Indirect Costs.]	e 2 CFR 200.414 (f), and submit documentation on the calculation of M
	4. For Restricted Rate Programs, our Organization is using a restricted i	
	is included as a "Special Indirect Cost Rate" in the NICRA, p	
	is included as a "Special Indirect Cost Rate" in the NICRA, p complies with other statutory policies.	
	is included as a "Special Indirect Cost Rate" in the NICRA, p	
	is included as a "Special Indirect Cost Rate" in the NICRA, p complies with other statutory policies. The Restricted Indirect Cost Rate is: % 5. No reimbursement of Indirect Cost is being requested. (Please consul	bursuant to 2 CFR 200 Appendix IV(5); or It your program office regarding possible match requirements.)
	is included as a "Special Indirect Cost Rate" in the NICRA, p complies with other statutory policies. The Restricted Indirect Cost Rate is:	bursuant to 2 CFR 200 Appendix IV(5); or It your program office regarding possible match requirements.)
	is included as a "Special Indirect Cost Rate" in the NICRA, p complies with other statutory policies. The Restricted Indirect Cost Rate is: % 5. No reimbursement of Indirect Cost is being requested. (Please consul Basic Negotiated Indirect Cost Rate Information (Use only if option 1 or 2(bursuant to 2 CFR 200 Appendix IV(5); or It your program office regarding possible match requirements.)

Line-Item Detailed Information

Ensure all line-items are listed on separate lines:



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
Rent	1	Yearly	\$8,000.00	1	\$8,000.00	Add Delete
Utilities	1	Yearly	\$2,500.00	1	\$2,500.00	Add Delete
				State Total	\$10,500.00	
						Add Delete
			١	NON-State Total		
		Т	otal Occupancy - F	Rent and Utilities	\$10,500.00	
Occupancy - Rent and Utilities Narrative (State): Rent is required to have location to carry out program	n and program dutie	s. Utilities are req	uired to allow prope	er usage of the loc	ation facilities. electric.	etc.
Occupancy - Rent and Utilities Narrative (Non-State)		-		5		

Double check to ensure all line-item expenses are eligible

▶ The corrected amount will appear in a later slide

	State of Illinois UNIFORM GRANT BUDGET		IPLATE	
State Agency: Illinois Department of Transportatio	n			
Organization Name: GRANTEE NAME			Notice of Funding Opportunity (NOEQ) Number 00000001	
Data Universal Number System (DUNS) Number (e	enter numbers only): 11111111		Opportunity (NOFO) Number:	
Catalog of State Financial Assistance (CSFA) Num	ber: 11111111 CSEA St	ort De	escription: State & Comm. Hwy. Safety/Ntl. Priority	Safety Programs
Section A: State of Illinois Funds	Fiscal Ye			Salety Hograms
REVENUES			Total Revenue	
State of Illinois Grant Requested		\$	50,000.00	
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200	,	Total Expenditures	
1. Personnel (Salary and Wages)	200.430	\$	2,000.00	
2. Fringe Benefits	200.431	\$	2,000.00	
3. Travel	200.474	\$	2,000.00	
4. Equipment	200.439	\$	1,000.00	
5. Supplies	200.94	\$	500.00	
Contractual Services and Subawards	200.318 & 200.92	\$	30,000.00	
7. Consultant (Professional Service)	200.459	\$		
8. Construction		\$		
9. Occupancy (Rent and Utilities)	200.465	\$	10,500.00	
10. Research and Development (R&D)	200.87	\$		
11. Telecommunications		\$	1,000.00	
12. Training and Education	200.472	\$	1,000.00	
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	\$	50,000.00	
17. Total Indirect Costs	200.414	\$	5,000.00	
Rate %: 10				
Base: MTDC				Instructions
 Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE 		\$	55,000.00	found at end of document.
GOMBGATU-3002-(R-02-17)				Page 1 of 23

Modified Total Direct Cost

- The NICRA in this example follows the MTDC guidelines for determining what will be used when calculating the indirect cost
- The following expenses are allowed to be used when calculating the indirect cost rate:
 - Direct salaries and wages
 - Applicable fringe benefits
 - Materials and supplies
 - Services
 - ► Travel
 - Up to \$25,000 of each subaward (regardless of the period of performance of the subawards)
 - Refer to 2 CFR 200.68 for complete details

Since this example has costs that are <u>not</u> allowed, we will need to alter the total dollar amount used to calculate the indirect cost rate

Go to the corresponding Line-Item detailed information pages for:

No.

- Equipment
- Contractual Services and Subawards
- Occupancy (Rent and Utilities)

	State o UNIFORM GRANT E	f Illinois BUDGET T	EM	IPLATE	
State Agency: Illinois Department of Transportation	1				
Organization Name: GRANTEE NAME				Notice of Funding Opportunity (NOEO) Number 00000001	
Data Universal Number System (DUNS) Number (er	nter numbers only): 11111111			Opportunity (NOFO) Number:	
Catalog of State Financial Assistance (CSFA) Numb	er: 11111111	CSFA Shor	t De	scription: State & Comm. Hwy. Safety/Ntl. Priority	Safety Programs
Section A: State of Illinois Funds		Fiscal Year	_		
REVENUES		r ioodi r odi		Total Revenue	
State of Illinois Grant Requested			\$	50,000.00	
Budget Expenditure Categories	OMB Uniform Guidar Federal Awards Reference			Total Expenditures	
 Personnel (Salary and Wages) 	200.430		\$	2,000.00	
2. Fringe Benefits	200.431		\$	2,000.00	
3. Travel	200.474		\$	2,000.00	4
4. Equipment	200.439		\$	1,000.00	
5. Supplies	200.94		\$	500.00	
6. Contractual Services and Subawards	200.318 & 200.92		\$	30,000.00	
7. Consultant (Professional Service)	200.459		\$		•
8. Construction	000.105		\$	10 500 00	
9. Occupancy (Rent and Utilities)	200.465		\$	10,500.00	
10. Research and Development (R&D)	200.87		\$	4 000 00	
11. Telecommunications	000.470		\$	1,000.00	
12. Training and Education 13. Direct Administrative Costs	200.472 200.413 (c)		\$	1,000.00	
13. Direct Administrative Costs 14. Miscellaneous Costs	200.413 (C)		3 \$		
15. A. Grant Exclusive Line Item(s)			ې ۲		
15. B. Grant Exclusive Line Item(s)			2		
16. Total Direct Costs (add lines 1-15)	200.413		\$	50.000.00	
17. Total Indirect Costs (add intes 1-13)	200.413		\$	5,000.00	
Rate %: 10	2.00.111		Ť	0,000.00	
Base: MTDC					Instructions
18. Total Costs State Grant Funds					found at end of
(Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE			\$	55,000.00	document.
GOMBGATU-3002-(R-02-17)					Page 1 of 23

Equipment is not allowed

▶ Do the math:

- Total Amount= \$50,000.00
- Equipment= \$1,000.00

\$50,000.00 -\$1,000.00 = \$49,000.00

So far, we have \$49,000.00 to use towards indirect cost rate calculations

Only up to \$25,000.00 <u>per</u> contract or subaward may be used

- Incorporate the numbers....
 - Remaining Total Amount= \$49,000.00
 - Contract= \$30,000.00
 - Only \$25,000.00 may be used

\$30,000.00-\$25,000.00=\$5,000.000

\$49,000.00-\$5,000.00= \$44,000.00

So far, we now have \$44,000.00 to use towards indirect cost rate calculations

Deviating from this example quick...

Let's say there are multiple subcontracts totaling \$60,000.00:

- Subcontract A= \$30,000.00
- Subcontract B= \$5,000.00
- Subcontract C= \$25,000.00

*In MTDC, the maximum amount <u>PER</u> subcontract or subaward to be used towards calculating indirect costs must not exceed \$25,000.00

- So, here's what we could use towards indirect cost rate calculations:
 - Subcontract A= \$25,000.00 (maximum amount allowed per line-item)
 - Subcontract B= \$5,000.00
 - Subcontract C= \$25,000.00
 - A total of \$55,000.00 can be used towards calculating the indirect cost

Back to the example... Rent is not allowed

- Rent is <u>not</u> allowed
- Utilities are allowed
- So for the Occupancy line-item total of \$10,500.00, we need to subtract the amount of rent
 - Rent= \$8,000.00
 - ▶ Utilities= \$2,500.00
 - Remaining total dollar amount= \$44,0000.00

\$44,000.00-\$8,000.00= \$36,000.00

This leaves \$36,000.00 to use towards the indirect cost rate calculation

- Use the total indirect cost rate amount we just calculated
- Multiply by the indirect cost rate

16). Indirect Cost (2 CFR 200.414) Provide the most recent indirect cost rate agreement information with the				
cognizant negotiating agency must be used in computing indirect costs (F& current negotiated indirect cost rate(s) to the approved base(s). After the an be provided in the budget worksheet and narrative below.				
Description	Base	Rate	Indirect Cost	Add/De Row
16.6% off campus MTDC	36,000	\$0.17	\$5,976.00	Add Delet
	1	State Total	\$5,976.00	
				Ado Dele
		Non-State Total		
		Total Indirect Costs	\$5,976.00	
Indirect Costs Narrative (State): GRANTEE NAME has finalized 16.6% Off Campus MTDC rate per the NICF removed from the dollar amount used for calculations. In addition, the subco Indirect Costs Narrative (Non-State):				

Page 21-Side Note

The template itself does not show the full number. Please note that the base amount on the template is actually the 16.6% (0.166) off-campus rate. However, while the calculations are correct, the template displays the rounded number.



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
16.6% off campus MTDC	36,000	\$0.17	\$5,976.00	Add Delete
		State Tool	\$5,976.00	
				Add Delete
		Non-State Totar		
		Total Indirect Costs	\$5 976 00	

Indirect Costs Narrative (State)

GRANTEE NAME has finalized 16.6% Off Campus MTDC rate per the NICRA for 07/01/18-06/30/22 with Department of the Navy. Equipment and rent have been removed from the dollar amount used for calculations. In addition, the subcontract amount used towards the final dollar amount did not exceed the \$25,000.00 maximum. Indirect Costs Narrative (Non-State):

Indirect Cost Rate amount will auto-populate and change the total State Requested amount



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

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	\$2,000.00		\$2,000.00
2. Fringe Benefits	\$2,000.00		\$2,000.00
3. Travel	\$2,000.00		\$2,000.00
4. Equipment	\$1,000.00		\$1,000.00
5. Supplies	\$500.00		\$500.00
6. Contractual Services	\$30,000.00		\$30,000.00
7. Consultant (Professional Services)			
8. Construction			
9. Occupancy (Rent and Utilities)	\$10,500.00		\$10,500.00
10. Research and Development (R & D)			
11. Telecommunications	\$1,000.00		\$1,000.00
12. Training and Education	\$1,000.00		\$1,000.00
13. Direct Administrative Costs			
14. Other or Miscellaneous Costs			
15. GRANT EXCLUSIVE LINE ITEM(S)			
16. Indirect Costs	\$5,976.00		\$5,976.00
State Request	\$55,976.00		
Non-State Amount			
TOTAL PROJECT COSTS			\$55,976.00
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Add indirect cost amount to Page 1

► You will need to manually insert the \$5,976.00 amount

State Agency: Illinois Department of Transp	portation				
Organization Name GRANTEE NAME				Notice of Funding	
Data Universal Number System (DUNS) Nu	mber (enter numbers only) : 11111111			Opportunity (NOFO) Number: 00000001	
Catalog of State Financial Assistance (CSF/		CSEA Short	+ Dor	scription: State & Comm. Hwy. Safety/Ntl. Priority	Sofoty Drogrom
Section A: State of Illinois Funds					Salety Flografi
Section A. State of minors I unus		Fiscal Year:	FY2	20	
REVENUES				Total Revenue	
State of Illinois Grant Requested			\$	55,976.00	
Budget Expenditure Categories	OMB Uniform Guidar Federal Awards Reference 2			Total Expenditures	
 Personnel (Salary and Wages) 	200.430		\$	2,000.00	
2. Fringe Benefits	200.431		\$	2,000.00	
3. Travel	200.474		\$	2,000.00	
4. Equipment	200.439		\$	1,000.00	
5. Supplies	200.94		\$	500.00	
Contractual Services and Subawards	200.318 & 200.92		\$	30,000.00	
Consultant (Professional Service)	200.459		\$		
8. Construction			\$		
Occupancy (Rent and Utilities)	200.465		\$	10,500.00	
10. Research and Development (R&D)	200.87		\$		
11. Telecommunications			\$	1,000.00	
12. Training and Education	200.472		\$	1,000.00	
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		\$	50,000.00	
17. Total Indirect Costs	200.414		\$	5,976.00	
Rate %: 16.6					
Base: MTDC					Instructions
 Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOV 			\$	55,976.00	found at end document.

And manually update the State of Illinois Grant Requested (top line) amount on Page 1

	UNIFORM GRANT BUDGE	T TEN	IPLATE	
State Agency: Illinois Department of Transporta	tion			
Organization Name: GRANTEE NAME			Notice of Funding Opportunity (NOFO) Number: 00000001	
Data Universal Number System (DUNS) Number	(enter numbers only): 11111111		Opportunity (NOFO) Number.	
Catalog of State Financial Assistance (CSFA) Nu	Imber: 11111111 CSFA S	hort De	escription: State & Comm. Hwy. Safety/Ntl. Priorit	y Safety Progra
Section A: State of Illinois Funds	Fiscal Y	ear: FY	(20	
REVENUES			Total Revenue	
State of Illinois Grant Requested		\$	55,976.00	
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 20	0	Total Expenditures	
1. Personnel (Salary and Wages)	200.430	\$	2,000.00	
2. Fringe Benefits	200.431	\$	2,000.00	
3. Travel	200.474	\$	2,000.00	
4. Equipment	200.439	\$	1,000.00	
5. Supplies	200.94	\$	500.00	
Contractual Services and Subawards	200.318 & 200.92	\$	30,000.00	
Consultant (Professional Service)	200.459	\$		
8. Construction		\$		
9. Occupancy (Rent and Utilities)	200.465	\$	10,500.00	_
10. Research and Development (R&D)	200.87	\$		
11. Telecommunications	000.170	\$	1,000.00	_
12. Training and Education	200.472	\$	1,000.00	
13. Direct Administrative Costs	200.413 (c)	\$		4
14. Miscellaneous Costs 15. A. Grant Exclusive Line Item(s)		\$		-
15. A. Grant Exclusive Line Item(s) 15. B. Grant Exclusive Line Item(s)		\$		4
16. Total Direct Costs (add lines 1-15)	200.413	\$	50,000.00	-
17. Total Indirect Costs (add lines 1-15)	200.413	5 \$	5,976,00	4
	200.414	Ψ	5,970.00	1
Rate %: 16.6				
Base: MTDC				Instructions
18. Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE		\$	55,976.00	found at end

Lastly, make sure Page 1 and Page 22 State amounts match

grams

State of Illinois UNIFORM GRANT BUDGET TEMPLATE						
State Agency: Illinois Department of Transportation	n					
Organization Name: GRANTEE NAME				Notice of Funding	00000001	
Data Universal Number System (DUNS) Number (e	nter numbers only): 11111111			Opportunity (NOFO) Number:	0000001	
Catalog of State Financial Assistance (CSFA) Numl		CELA Sho	rt Dor	scription: State & Comm. Hwy. Sa	fot /NHL Driority	Cofet Drogrom
Section A: State of Illinois Funds		_			alety/Nu. Phonty	Salety Program
Section A. State of minors Funds		Fiscal Year	THY2	20	1	
REVENUES				Total Revenue		
State of Illinois Grant Requested			\$		55,976.00	
Budget Expenditure Categories	OMB Uniform Guida Federal Awards Reference			Total Expenditure	s	
1. Personnel (Salary and Wages)	200.430		\$		2,000.00	•
2. Fringe Benefits	200.431		\$		2,000.00	
3. Travel	200.474		\$		2,000.00	
4. Equipment	200.439		\$		1,000.00	
5. Supplies	200.94		\$		500.00	
Contractual Services and Subawards	200.318 & 200.92		\$		30,000.00	
7. Consultant (Professional Service)	200.459		\$			
8. Construction			\$			
9. Occupancy (Rent and Utilities)	200.465		\$		10,500.00	
10. Research and Development (R&D)	200.87		\$			
11. Telecommunications			\$		1,000.00	
12. Training and Education	200.472		\$		1,000.00	
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		\$		50,000.00	
17. Total Indirect Costs	200.414		\$		5,976.00	
Rate %: 16.6						
Base: MTDC						Instructions
18. Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE			\$		55,976.00	for
GOMBGATU-3002-(R-02-17)						Page 1 of 23



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

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.)

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5. Supplies	\$500.00		\$500.00
6. Contractual Services	\$30,000.00		\$30,000.00
7. Consultant (Professional Services)			
8. Construction			
9. Occupancy (Rent and Utilities)	\$10,500.00		\$10,500.00
10. Research and Development (R & D)			
11. Telecommunications	\$1,000.00		\$1,000.00
12. Training and Education	\$1,000.00		\$1,000.00
13. Direct Administrative Costs			
14. Other or Miscellaneous Costs			
15. GRANT EXCLUSIVE LINE ITEM(S)			
16. Indirect Costs	\$5 6.00		\$5,976.00
State Request	\$55,976.00		
Non-State Amount			
TOTAL PROJECT COSTS			\$55,976.00

GOMBGATU-3002-(R-02-17)

Questions or Concerns?

Contact BSPE at DOT.TSgrants@Illinois.gov