



# Illinois Department of Transportation

**NON-Enforcement  
Budget Sample**



# Allowable Budget Line Requests

|                               |   |
|-------------------------------|---|
| <b>Personnel</b>              | Salary and Wages. List employee name or title, rate of pay, cost basis, etc.  |
| <b>Fringe</b>                 | Personnel staff benefits listed by type and rate.   |
| <b>Travel</b>                 | Hotel rooms. Mileage reimbursement at current negotiated state rate. Per diem. List transportation costs by type, calculate mileage and per diem, detail lodging by number of nights and rate charged. Note: travel costs for consultants and training participants should not be listed here.  |
| <b>Equipment</b>              | Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals \$1,000 or more. Equipment with a purchase price of over \$5,000 requires prior approval from the State Highway Safety Office and NHTSA.  |
| <b>Supplies</b>               | Supplies means all tangible personal property other than those described in Equipment. Tangible personal property with a purchase price less than \$1,000 per unit. A computing device is a supply if the acquisition cost is less than the \$1,000, regardless of the length of its useful life. Ink, paper, postage, car seat inspection station supplies, car seats, training materials, laptops/computers/tablets, software, and other materials relevant to conducting and delivering approved project activities. |
| <b>Contractual</b>            | Fees paid to individuals conducting project work outside of or in addition to the scope of work conducted by the grantee Personnel.   |
| <b>Consultant</b>             | Fees paid to individuals certified to teach approved safety education programs such as Safe Kids Worldwide's Child Passenger Safety courses, ThinkFirst Injury Prevention programs, Standardized Field Sobriety Testing, bicycle/pedestrian education, etc. Subject to IDOT-BSPE policy and payment guidelines.   |
| <b>Occupancy</b>              | Provide the monthly rental rate, size/location of space and itemized utility costs.   |
| <b>Training and Education</b> | Describe the training and costs associated with attendance and travel (for grant agency personnel).   |
| <b>Indirect Costs</b>         | Calculated by applying the current negotiated indirect cost rate (ICR) percentage to the approved or projected base.  |



# Allowable Budget Line Request Criteria

There are four criteria used to determine if a cost can be charged, either as a direct or an indirect charge, on a federal or state award. The four criteria are:

|   |  |
|---|--|
| 1) <i>Is the cost ALLOCABLE?</i>            | Does the cost demonstrably and specifically benefit the project being supported through the federal or state award?  |
| 2) <i>Is the cost ALLOWABLE?</i>            | Is the cost allowable under the definitions in 2 CFR 200 Subpart E as well as the terms and conditions of the specific award?  |
| 3) <i>Is the cost REASONABLE?</i>           | Would a reasonable and prudent person pay what you have paid for the cost item, and is the cost item reasonable for the purpose of the award – neither more nor less than what is needed?  |
| 4) <i>Is the cost TREATED CONSISTENTLY?</i> | If the cost is charged as a direct charge on one award, is it not treated as an indirect cost on another? Is the cost not treated as cost share or cost match on another award unless expressly permitted by the terms and conditions of the awards? |

*Each cost charged on a federal or state award, either as a direct or as an indirect cost, must meet all four of the above criteria*



## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

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

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

### **Section A – Budget Summary** STATE OF ILLINOIS FUNDS

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

#### **STATE OF ILLINOIS GRANT FUNDS**

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

#### **BUDGET SUMMARY – STATE OF ILLINOIS FUNDS**

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

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

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

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

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

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

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



**State of Illinois  
UNIFORM GRANT BUDGET TEMPLATE**

---

**Section A – Budget Summary (continued)**

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

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

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

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

**Section B – Budget Summary**  
**NON-STATE OF ILLINOIS FUNDS**

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

**BUDGET SUMMARY – NON-STATE OF ILLINOIS FUNDS**

If the applicant is required to provide or volunteers to provide ost-sharing or matching funds or other non-State of Illinois resources to the project, these costs should be shown for each applicable budget category on lines 1017 of Section B.

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

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

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

---



## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

---

### **Section C – Budget Worksheet & Narrative**

[Attach separate sheet(s)]

**Pay attention to applicable program specific instructions, if attached.**

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

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

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

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



## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

---

Keep in mind the following—

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

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

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

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

### §200.308 Revision of budget and program plans

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

---



## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

State Agency: Illinois Department of Transportation

Organization Name: (Name as registered with GATA Grantee Portal)

Notice of Funding Opportunity (NOFO) Number: xx-0343-02

Data Universal Number System (DUNS) Number (enter numbers only) : From GATA

Catalog of State Financial Assistance (CSFA) Number: 494-10-0343

CSFA Short Description: State & Comm. Hwy. Safety/Ntl. Priority Safety Programs

### Section A: State of Illinois Funds

Fiscal Year: FFY

| <u>REVENUES</u>  |  |    | <b>Total Revenue</b>      |
|--|--|----|---------------------------|
| State of Illinois Grant Requested  |  | \$ | 266,758.55                |
| <u>Budget Expenditure Categories</u>   | <b>OMB Uniform Guidance<br/>Federal Awards Reference 2 CFR 200</b> |    | <b>Total Expenditures</b> |
| 1. Personnel (Salary and Wages)  | 200.430  | \$ | 53,580.00                 |
| 2. Fringe Benefits   | 200.431  | \$ | 31,237.14                 |
| 3. Travel  | 200.474  | \$ | 7,000.00                  |
| 4. Equipment   | 200.439  | \$ | 5,500.00                  |
| 5. Supplies  | 200.94   | \$ | 11,230.00                 |
| 6. Contractual Services and Subawards  | 200.318 & 200.92   | \$ | 49,989.60                 |
| 7. Consultant (Professional Service)   | 200.459  | \$ | 38,000.00                 |
| 8. Construction  |  | \$ |                           |
| 9. Occupancy (Rent and Utilities)  | 200.465  | \$ | 1,560.00                  |
| 10. Research and Development (R&D)   | 200.87   | \$ |                           |
| 11. Telecommunications   |  | \$ |                           |
| 12. Training and Education   | 200.472  | \$ | 13,120.00                 |
| 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  | \$ | 211,216.74                |
| 17. Total Indirect Costs   | 200.414  | \$ | 55,541.81                 |
| Rate %: 31   |  |    |                           |
| Base: MTDC   |  |    |                           |
| 18. Total Costs State Grant Funds<br>(Lines 16 and 17)<br><b>MUST EQUAL REVENUE TOTALS ABOVE</b> |  | \$ | 266,758.55                |

Instructions found at end of document.





**State of Illinois  
UNIFORM GRANT BUDGET TEMPLATE**

Organization Name: (Name as registered with GATA Grantee Portal)

NOFO Number: XX-0343-02

**SECTION A - Continued - Indirect Cost Rate Information**

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

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

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

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

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

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

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

4. For Restricted Rate Programs, our Organization is using a restricted indirect cost rate that:

- is included as a "Special Indirect Cost Rate" in the NICRA, pursuant to 2 CFR 200 Appendix IV(5); or
- complies with other statutory policies.

The Restricted Indirect Cost Rate is: \_\_\_\_\_ %

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

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

Period Covered by NICRA: From: 07/01/XX To: 06/30/XX Approving Federal or State Agency: DHHS

Indirect Cost Rate: 31.00 % The Distribution Base Is: MTDC



## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

Organization Name: (Name as registered with GATA Grantee Portal)

NOFO Number: XX-0343-02

### Section B: Non-State of Illinois Funds

Fiscal Year: FFY 20

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

| <b>Budget Expenditure Categories</b>   | <b>OMB Uniform Guidance<br/>Federal Awards Reference 2 CFR 200</b> |    | <b>Total Expenditures</b> |
|--|--|----|---------------------------|
| 1. Personnel (Salaries and Wages)  | 200.430  | \$ |                           |
| 2. Fringe Benefits   | 200.431  | \$ |                           |
| 3. Travel  | 200.474  | \$ |                           |
| 4. Equipment   | 200.439  | \$ |                           |
| 5. Supplies  | 200.94   | \$ |                           |
| 6. Contractual Services and Subawards  | 200.318 & 200.92   | \$ |                           |
| 7. Consultant (Professional Services)  | 200.459  | \$ |                           |
| 8. Construction  |  | \$ |                           |
| 9. Occupancy (Rent and Utilities)  | 200.465  | \$ |                           |
| 10. Research and Development (R&D)   | 200.87   | \$ |                           |
| 11. Telecommunications   |  | \$ |                           |
| 12. Training and Education   | 200.472  | \$ |                           |
| 13. Direct Administrative Costs  | 200.413 (c)  | \$ |                           |
| 14. Miscellaneous Costs  |  | \$ |                           |
| 15. A. Grant Exclusive Line Item(s)  |  | \$ |                           |
| 15. B. Grant Exclusive Line Item(s)  |  | \$ |                           |
| 16. Total Direct Costs (add lines 1-15)  | 200.413  | \$ |                           |
| 17. Total indirect Costs   | 200.414  | \$ |                           |
| Rate %: <input style="width: 150px;" type="text"/>   |  |    |                           |
| Base:  |  |    |                           |
| 18. Total Costs State Grant Funds<br>(Lines 16 and 17)<br><b>MUST EQUAL REVENUE TOTALS ABOVE</b> |  | \$ |                           |



**State of Illinois  
UNIFORM GRANT BUDGET TEMPLATE**

---

|   |  |
|---|--|
| Organization Name: <b>(Name as listed as registered with GATA Grantee Portal)</b>                                   | NOFO Number: XX-0343-02  |
| Data Universal Number System (DUNS) Number (enter numbers only): <b>(From GATA)</b>                                 | Fiscal Year: <input style="width: 100px;" type="text" value="FFY"/>  |
| Catalog of State Financial Assistance (CSFA) Number: <input style="width: 150px;" type="text" value="494-10-0343"/> | CSFA Short Description: <input style="width: 200px;" type="text" value="State &amp; 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).

**Institution/Organization Name:**

**Institution/Organization Name:**

**Title (Chief Financial Officer or equivalent):**

**Title (Executive Director or equivalent):**

**Printed Name (Chief Financial Officer or equivalent):**

**Printed Name (Executive Director or equivalent):**

**Signature (Chief Financial Officer or equivalent):**

**Signature (Executive Director or equivalent):**

**Date of Execution (Chief Financial Officer):**

**Date of Execution (Executive Director):**

---

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



## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

### 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 reporting. Please fill out the following form accurately and completely.

4-digit extension if applicable:

**Sub-recipient DUNS:** (From GATA) **Sub-recipient Parent Company DUNS:**

**Sub-recipient Name:** (Name as registered with GATA Grantee Portal)

**Sub-recipient DBA Name:** Agency Name

**Sub-recipient Street Address:** Officer of Administration, 900 S. Normal St.

**City:** Your Town **State:** IL **Zip-Code:** 61847-2901 **Congressional District:** 12th

**Sub-recipient Principal Place of Performance:**

**City:** Your Town **State:** IL **Zip-Code:** 61847-2901 **Congressional District:** 12th

|  |                      |   |  |
|--|----------------------|---|--|
| <b>Contract Number (if known):</b><br>IDOT Generated | <b>Award Amount:</b> | <b>Project Period: From:</b><br>Oct 1, 20XX | <b>Project Period: To:</b><br>Sep 30, 20XX |
|--|----------------------|---|--|

**State of Illinois Awarding Agency and Project Detail Description:**

IDOT (List the project applying for – example Injury Prevention)

**Under certain circumstances, sub-recipient must provide names and total compensation of its top 5 highly compensated officials. Please answer the following questions and follow the instructions.**

**Q1.** In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?

Yes  If Yes, must answer Q2 below. No  If No, you are not required to provide data.

**Q2.** Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?

Yes  No  If No, you must provide the data. Please fill out the rest of this form.

**Please provide names and total compensation of the top five officials:**

|       |         |
|-------|---------|
| Name: | Amount: |
| Name: | Amount: |
| Name: | Amount: |
| Name: | Amount: |
| Name: | Amount: |



## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

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

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

| Name            | Position                        | Salary or Wage | Basis<br>(Yr./Mo./Hr.) | % of Time | Length of Time | Personnel Cost | Add/Delete<br>Row |
|-----------------|---------------------------------|----------------|------------------------|-----------|----------------|----------------|-------------------|
| Jane Doe        | Regional Traffic Safety Liaison | \$53,580.00    | Yearly                 | 100 %     | 1              | \$53,580.00    | Add<br>Delete     |
| State Total     |                                 |                |                        |           |                | \$53,580.00    |                   |
|                 |                                 |                |                        | %         |                |                | Add<br>Delete     |
| NON-State Total |                                 |                |                        |           |                |                |                   |
| Total Personnel |                                 |                |                        |           |                | \$53,580.00    |                   |

Personnel Narrative (State):

(10/01/2020 to 09/30/2021) \$4465 per month X 12 months = \$53,580. Jane Doe serves as the Project Director and Regional Traffic Safety Liaison for this grant project.

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



## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

### 2). Fringe Benefits (2 CFR 200.431)

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

| Name                                     | Position(s)                     | Base        | Rate (%) | Fringe Benefit Cost | Add/Delete Rows |
|--|---------------------------------|-------------|----------|---------------------|-----------------|
| Jane Doe- Retirement & Insurance @ 58.3% | Regional Traffic Safety Liaison | \$53,580.00 | 58.3 %   | \$31,237.14         | Add<br>Delete   |
| State Total                              |                                 |             |          | \$31,237.14         |                 |
|  |                                 |             |          | %                   | Add<br>Delete   |
| Non-State Total                          |                                 |             |          |                     |                 |
| Total Fringe Benefits                    |                                 |             |          | \$31,237.14         |                 |

Fringe Benefits Narrative (State):

Facilities & Administrative (F&A, or indirect) cost rates, set by the federal government, have now established all fringe benefit rates—medical (including health, dental, and life insurance) and retirement/Medicare—as a single percentage of salary.

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



## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

### 3). Travel (2 CFR 200.474)

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

| Purpose of Travel/Items                                   | Location                           | Cost Rate | Basis | Quantity | Number of Trips | Travel Cost | Add/Delete Row |
|---|------------------------------------|-----------|-------|----------|-----------------|-------------|----------------|
| 30 nights hotel @ \$70 per night for meetings, CPS course | TSL Meeting/CPS Courses/conference | \$70.00   | 70    | 1        | 30              | \$2,100.00  | Add Delete     |
| \$28.00 per day per diem in state travel X 30 days        |                                    | \$28.00   | 30    | 1        | 30              | \$840.00    | Add Delete     |
| mileage   |                                    | \$0.58    | .58   | 7,000    | 1               | \$4,060.00  | Add Delete     |
| State Total   |                                    |           |       |          |                 | \$7000.00   |                |
|   |                                    |           |       |          |                 |             | Add Delete     |
| NON-State Total   |                                    |           |       |          |                 |             |                |
| Total Travel  |                                    |           |       |          |                 | \$7,000.00  |                |

**Travel Narrative (State):**

Will need hotel stay when traveling to teach CPS Standardized, Renewal & update courses in region, attend the CPS Conference and travel to meetings in state. Will claim per diem reimbursements while traveling per state guidelines. Occasionally drive personal vehicle for grant business/will request mileage reimbursement for travel in personal vehicle. Per Diem (\$28.00 per day in-state and \$32.00 per day out-of-state) current mileage rate for FFY is \$0.575 per mile.

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



## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

### 4). Equipment (2 CFR 200.439)

Provide justification for the use of each item and relate them to specific program objectives. Provide both the annual (for multiyear awards) and total for equipment. Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$1,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than \$1,000. (Note: Organization's own capitalization policy for classification of equipment can be used). Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

|  | Item                                    | Quantity | Cost Per Item | Equipment Cost | Add/Delete Rows |
|--|---|----------|---------------|----------------|-----------------|
|  | Concaid Special Needs training car seat | 2        | \$2750.00     | \$5,500.00     | Add             |
|  |   |          |               |                | Delete          |
|  | State Total                             |          |               | \$5,500.00     |                 |
|  |   |          |               |                | Add             |
|  |   |          |               |                | Delete          |
|  | Non-State Total                         |          |               |                |                 |
|  | Total Equipment                         |          |               | \$5,500.00     |                 |

Equipment Narrative (State):

Special needs car seat to train CPS Techs on proper fit and installation of said seats..

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





## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

### 5). Supplies (2 CFR 200.94)

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

| Item   | Quantity/Duration | Cost Per Item | Supplies Cost | Add/Delete Rows |
|--|-------------------|---------------|---------------|-----------------|
| Office Supplies                                | 1                 | \$1,250.00    | \$1,250.00    | Add<br>Delete   |
| Postage \$100 per month X 12 months            | 12                | \$100.00      | \$1,200.00    | Add<br>Delete   |
| LATCH Manuals from Safe Ride News Publication  | 20                | \$39.00       | \$780.00      | Add<br>Delete   |
| Car Seats for Distribution in Region           | 30                | \$100.00      | \$3,000.00    | Add<br>Delete   |
| Car Seats to be utilized for Training purposes | 6                 | \$500.00      | \$3,000.00    | Add<br>Delete   |
| Photocopying                                   | 1                 | \$2,000.00    | \$2,000.00    | Add<br>Delete   |
| State Total                                    |                   |               | \$11,230.00   |                 |
|  |                   |               |               | Add<br>Delete   |
| Non-State Total                                |                   |               |               |                 |
| Total Supplies                                 |                   |               | \$11,230.00   |                 |

#### Supplies Narrative (State):

Office Supplies- needed for everyday operation of grant project. Items such as copy paper, ink, 2 pocket folders, mailing labels, 3 ring binders, file folders, tape scissors, paper-clips, staples, ink pens, rubber bands, hanging file folders, highlighters, etc.

Postage- cost associated with mailing CPS Re-Cert reminder post cards, confirmation letters to people enrolled in all types of CPS classes, mailing letters and information regarding Click it or Ticket & Drive Sober or Get Pulled Over Campaigns. Mailing requested materials to CPS Techs for upcoming events, classes, or safety mobilizations.

LATCH Manuals (20) - will utilize LATCH Manuals during all types of CPS classes as an educational tool. During car seat events to ensure proper installation of certain seats while using LATCH in vehicles.

Car Seats for Distribution in Region - Will be distributed to low income families in need of a car seat to safely transport their child. Education provided to family with each car seat inspection appointment or during car seat events held in the region.

Car Seats to be utilized for training purposes - Training car seats purchased will be utilized by students during CPS Standardized, Renewal, & Update courses to further



## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

### 5). Supplies (2 CFR 200.94)

their education about car seat use and technologies. The Certifying Body (Safe Kids) for Child Passenger Safety recommends a variety of sample car seats and booster seats for class participants to see and learn to work with during courses taught with their Standardized Curriculum.

Photocopying - Cost associated with photocopying educational materials for all CPS Classes, meetings, & resource materials necessary to provide to participants we work with.

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



## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

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

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

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

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

| Item                       | Contractual Services Cost | Add/Delete Rows |
|----------------------------|---------------------------|-----------------|
| General Hospital           | \$49,989.60               | Add<br>Delete   |
| State Total                | \$49,989.60               |                 |
|                            |                           | Add<br>Delete   |
| Non-State Total            |                           |                 |
| Total Contractual Services | \$49,989.60               |                 |

**Contractual Services Narrative (State):**

General Hospital is the Chicago-area satellite site for the Special Needs Child Passenger Safety Resource Center. Contractual services for this satellite include maintaining inventory; conducting special needs car seat fittings, installations, and presentations and trainings; assisting with marketing and promotion of the Resource Center; educating families; and increasing call volumes and services in Cook and collar Counties.

The total cost of \$49,988.60 for General Hospital includes \$46,989.60 for the direct contracted services as described above. It also includes \$3,000 for an on-call technician. In the event that the satellite site's Special Needs Technician is ill or otherwise unable to respond to a call for the satellite site service area, another child passenger safety technician trained in special needs will respond to the call. This technician will be paid a \$100.00 per day on-call fee and \$21.63 per hour if they have to respond in-person to a hospital for an installation/assessment. The total amount for the on-call technician is not to exceed \$3,000 per year. The services provided by General Hospital are necessary in order to meet the needs of children with special needs and their families residing in and around the Chicago area.



## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

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

**Consultant Services (Fees):** For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project.  
**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultant in addition to their fees (i.e., travel, meals, lodging, etc.) Consultant-- Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisitions Policy is used.

| Consultant Services (Fees)       | Services Provided  | Fee        | Basis    | Quantity | Consultant Services (Fee) Cost | Add/Delete Row |
|----------------------------------|--|------------|----------|----------|--------------------------------|----------------|
| Jane Doe                         | CPS Assistant  | \$25.00    | per hour | 500      | \$12,500.00                    | Add<br>Delete  |
| John Doe                         | 3 Instructors for 6 CPS Technician certification courses | \$1,000.00 | daily    | 18       | \$18,000.00                    | Add<br>Delete  |
| John Smith                       | 2 Instructors for 3 CPS recertification courses          | \$250.00   | daily    | 6        | \$1,500.00                     | Add<br>Delete  |
| Jane Smith                       | 2 Instructors for 12 skills enhancement courses          | \$250.00   | daily    | 24       | \$6,000.00                     | Add<br>Delete  |
| State Total                      |  |            |          |          | \$38,000.00                    |                |
|                                  |  |            |          |          |                                | Add<br>Delete  |
| NON-State Total                  |  |            |          |          |                                |                |
| Total Consultant Services (Fees) |  |            |          |          | \$38,000.00                    |                |

**Consultant Services Narrative (State):**

The CPS Assistant will help build a presence in underserved areas with high injury crash ratings and high percentage of citations for occupant protection violations. This consultant will enable us to have a greater impact in these areas and prioritize the many towns in this region with no CPS Technician. Instructors will teach CPS Technician training, recertification and skills enhancement courses.

**Consultant Services Narrative (Non-State):**

| Consultant Expenses - Items | Location | Cost Rate | Basis | Quantity | Number of Trips | Consultant Expenses Cost | Add/Delete Row |
|-----------------------------|----------|-----------|-------|----------|-----------------|--------------------------|----------------|
|                             |          |           |       |          |                 |                          | Add<br>Delete  |
| State Total                 |          |           |       |          |                 |                          |                |
|                             |          |           |       |          |                 |                          | Add<br>Delete  |



## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

### 8). Construction

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

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

Construction Narrative (State):

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



**State of Illinois  
UNIFORM GRANT BUDGET TEMPLATE**

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

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

| Description                          | Quantity | Basis           | Cost     | Length of Time | Occupancy Cost | Add/Delete Row |
|--------------------------------------|----------|-----------------|----------|----------------|----------------|----------------|
| Storage space                        | 1        | 10" by 10" unit | \$130.00 | 12             | \$1,560.00     | Add<br>Delete  |
| State Total                          |          |                 |          |                | \$1,560.00     |                |
|                                      |          |                 |          |                |                | Add<br>Delete  |
| NON-State Total                      |          |                 |          |                |                |                |
| Total Occupancy - Rent and Utilities |          |                 |          |                | \$1,560.00     |                |

Occupancy - Rent and Utilities Narrative (State):  
 A 10' X 10' storage unit to store child safety seats and other program supplies.

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



## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

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

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

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

Research and Development Narrative (State):

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



**State of Illinois**  
**UNIFORM GRANT BUDGET TEMPLATE**

**11). Telecommunications**

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

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

Telecommunications Narrative (State):  
.

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





## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

### 12). Training and Education (2 CFR 200.472)

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

| Description  | Quantity | Basis | Cost     | Length of Time | Training and Education Cost | Add/Delete Row |
|--|----------|-------|----------|----------------|-----------------------------|----------------|
| CPS Certification fees for 10 people to attend course @ \$95 each              | 10       | 1     | \$95.00  | 1              | \$950.00                    | Add Delete     |
| CPS Re-Certification fees for 10 people to attend course @ \$55 each           | 10       | 1     | \$55.00  | 1              | \$550.00                    | Add Delete     |
| CPS Instructor Re-Certification fees for 2 people to attend course @ \$60 each | 2        | 1     | \$60.00  | 1              | \$120.00                    | Add Delete     |
| Payment to CPS Instructors for teaching 2 CPS Standardized                     | 32       | 1     | \$250.00 | 1              | \$8,000.00                  | Add Delete     |
| Payment to CPS Instructors for teaching 2 CPS Renewal Courses                  | 6        | 1     | \$250.00 | 1              | \$1,500.00                  | Add Delete     |
| Payment to CPS Instructors for teaching 4 CPS Update Classes                   | 16       | 1     | \$125.00 | 1              | \$2,000.00                  | Add Delete     |
| State Total  |          |       |          |                | \$13,120.00                 |                |
|  |          |       |          |                |                             | Add Delete     |
| NON-State Total  |          |       |          |                |                             |                |
| Total Training and Education   |          |       |          |                | \$13,120.00                 |                |

**Training and Education Narrative (State):**

Grant funding utilized to assist currently certified CPS Techs with CPS Re-Certification cost (which assists with retaining CPS Techs in the region) and to assist with certifying new CPS Techs in the region. We will also retain CPS Instructors in region by assisting them with the re-cert fees through mini grant funding.

CPS Standardized Course Maximum amount \$4,000 paid per class. CPS Renewal Course maximum of \$750 paid per class. CPS Update course maximum of \$250 paid per class.

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



**State of Illinois  
UNIFORM GRANT BUDGET TEMPLATE**

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

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

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

Direct Administrative Costs Narrative (State):

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



**State of Illinois  
UNIFORM GRANT BUDGET TEMPLATE**

**14). Other or Miscellaneous Costs**

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

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

Other or Miscellaneous Costs Narrative (State):

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



## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

### 15). GRANT EXCLUSIVE LINE ITEM

Grant Exclusive Line Item Description: \_\_\_\_\_

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

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

Grant Exclusive Line Item Narrative (State):

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

Add New Grant Exclusive Line Item
Delete Grant Exclusive Line Item



**State of Illinois  
UNIFORM GRANT BUDGET TEMPLATE**

**16). Indirect Cost (2 CFR 200.414)**

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

| Description                              | Base   | Rate | Indirect Cost | Add/Delete Rows |
|--|--------|------|---------------|-----------------|
| Personnel                                | 53,580 | 31%  | \$16,609.80   | Add<br>Delete   |
| Fringe Benefits                          | 31,237 | 31%  | \$9,683.51    | Add<br>Delete   |
| Travel                                   | 7000   | 31%  | \$2,094.05    | Add<br>Delete   |
| Supplies                                 | 11,230 | 31%  | \$3,481.30    | Add<br>Delete   |
| Training and Education                   | 13,120 | 31%  | \$4,067.20    | Add<br>Delete   |
| Contractual Services (Up to \$25,000.00) | 25,000 | 31%  | \$7,750.00    | Add<br>Delete   |
| Consultant                               | 38,000 | 31%  | \$11,780.00   | Add<br>Delete   |
|  |        |      |               | Add<br>Delete   |
| State Total                              |        |      | \$55,541.81   |                 |
|  |        |      | \$0.00        | Add<br>Delete   |
| Non-State Total                          |        |      | \$0.00        |                 |
| Total Indirect Costs                     |        |      | \$55,541.81   |                 |

Indirect Costs Narrative (State):

General Hospital has a federally negotiated Indirect Cost rate of 31.0% of MTDC.



## 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                          | \$53,580.00  |           | \$53,580.00         |
| 2. Fringe Benefits                    | \$31,237.14  |           | \$31,237.14         |
| 3. Travel                             | \$7000.00    |           | \$7000.00           |
| 4. Equipment                          | \$5,500.00   |           | \$5,500.00          |
| 5. Supplies                           | \$11,230.00  |           | \$11,230.00         |
| 6. Contractual Services               | \$49,989.60  |           | \$49,989.60         |
| 7. Consultant (Professional Services) | \$38,000.00  |           | \$38,000.00         |
| 8. Construction                       |              |           |                     |
| 9. Occupancy (Rent and Utilities)     | \$1,560.00   |           | \$1,560.00          |
| 10. Research and Development (R & D)  |              |           |                     |
| 11. Telecommunications                |              |           |                     |
| 12. Training and Education            | \$13,120.00  |           | \$13,120.00         |
| 13. Direct Administrative Costs       |              |           |                     |
| 14. Other or Miscellaneous Costs      |              |           |                     |
| 15. GRANT EXCLUSIVE LINE ITEM(S)      |              |           |                     |
| 16. Indirect Costs                    | \$55,541.81  | 0.00      | \$55,541.81         |
| State Request                         | \$266,758.55 |           |                     |
| Non-State Amount                      |              |           |                     |
| <b>TOTAL PROJECT COSTS</b>            |              |           | <b>\$266,758.55</b> |



State of Illinois
UNIFORM GRANT BUDGET TEMPLATE

For State Use Only

Grantee: (Name as registered with GATA Grantee Portal) Notice of Funding Opportunity (NOFO) Number: xx-0343-02

Data Universal Number System (DUNS) Number (enter numbers only) : From GATA

Catalog of State Financial Assistance (CSFA) Number: 494-10-0343 CSFA Short Description: State & Comm. Hwy. Safety/Ntl. Priority Safety Programs

Fiscal Year(s):

Initial Budget Request Amount: \$266,758.55

Prior Written Approval for Expense Line Item: n/a

Statutory Limits or Restrictions: n/a

Checklist: n/a

Final Budget Amount Approved:

Adam Gabany
Program Approval Name Program Approval Signature Date

Allison Schmidt
Fiscal & Administrative Approval Name Fiscal & Administrative Approval Signature Date

Budget Revision Approved:

Program Approval Name Program Approval Signature Date

Fiscal & Administrative Approval Signature Fiscal & Administrative Approval Signature Date

200.308 Revision of budget and program plans

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