Grantor-Specific Term(s)
Program-Specific Term(s)

State Award Identification	Name of State Agency (Grantor): Department Of Transportation Department/Organziation Unit: BSPE			
State Award ID Number (SAIN)	343-5727			
State Program Description	A state may use these grant funds only for highway safety purposes. Encourage States to address national priorities for reducing highway deaths and injuries through occupant protection programs, state traffic safety information system improvements, impaired driving countermeasures, passage of effective laws to reduce distracted driving, implementation of motorcyclist safety programs, and the implementation of graduated driving licensing laws.			
Announcment Type	Initial			
Agency (Grantor) Contact Information	Name: Adam Gabany Phone: 217-785-1582 Email: Adam.Gabany@illinois.gov			
GRANTEE INFORMATION				
Grantee / Subrecipient Information	Name: County of I Address: 18 N Count Phone: Email:	∟ake :y Street, Waukegan, I	L 60085	
Grantee Identification	GATA: 675514 DUNS: 074591652 FEIN: 366006600			
Period of Performance	Start Date: 4/16/2018 End Date: 4/30/2018			
FUNDING INFORMATION				
FUND	CSFA	CFDA		AMOUNT
405e	494100343	20.616		\$8,636.40
TOTAL				\$8,636.40
(M) Currently used by State of Illinois t subject to Federal Requirements and n	or "Match" or "Maintenanc nay not be used by Grante	re of Effort" (MOE) requ re for other match requ	uirements on Fede uirements on othe	ral Funding. Funding is r awards.
TERMS AND CONDITIONS				
Grantee Indirect Cost Rate Information	Rate: 0 Base: 0 Period: 0			
Research & Development	No			
Cost Sharing or Matching Requirements	No			
Uniform Term(s)	CODE of FEDERAL REGU Administrative Requirem CFR 200)			s PART 200 - Uniform ments for Federal Awards (

Illinois Administrative Code

## SPECIFIC CONDITIONS ASSIGNED TO GRANTEE - FISCAL AND ADMINISTRATIVE

The nature of the addtional requirements

**GATA Conditions:** 

None

Agency Adjustments / Explanation:

None

The reason why the additional requirements are being imposed

**GATA Conditions:** 

None

Agency Adjustments / Explanation:

None

The nature of the action needed to remove the additional requirement, if applicable

**GATA Conditions:** 

None

Agency Adjustments / Explanation:

None

The time allowed for completing the actions, if applicable

**GATA Conditions:** 

None

Agency Adjustments / Explanation:

None

The method for requesting reconsideration of the additional requirements imposed

**GATA Conditions:** 

None

Agency Explanation:

None

## SPECIFIC CONDITIONS ASSIGNED TO GRANTEE - MERIT-BASED REVIEW

The nature of the addtional requirements

Agency Adjustments / Explanation:

N/A

The reason why the additional requirements are being imposed

Agency Adjustments / Explanation:

N/A

The nature of the action needed to remove the additional requirement, if applicable

Agency Adjustments / Explanation:

N/A

The time allowed for completing the actions, if applicable

Agency Adjustments / Explanation:

N/A

The method for requesting reconsideration of the additional requirements imposed Agency Explanation:

N/A

## SPECIFIC CONDITIONS ASSIGNED TO GRANTEE - PROGRAMMATIC

The nature of the addtional requirements

Agency Adjustments / Explanation:

N/A

The reason why the additional requirements are being imposed

Agency Adjustments / Explanation:

N/A

The nature of the action needed to remove the additional requirement, if applicable

Agency Adjustments / Explanation:

N/A

The time allowed for completing the actions, if applicable

Agency Adjustments / Explanation:

N/A

The method for requesting reconsideration of the additional requirements imposed Agency Explanation:

N/A

Date of Execution

SIGNATURE PAGE
Circle one: Accept NOSA / Reject NOSA
Lake County Sheriff's Office
Institution / Organization
Signature  Ryan Horne
Ryall notile
Name of Official
Deputy Director of Finance
Title (Chief Financial Officer or equivalent)
February 27, 2018