

Illinois Grant Accountability and Transparency Notice of State Award

STATE OF ILLINOIS GRANT INFORMATION	
State Award Identification	Name of State Agency (Grantor): Commerce And Econ Opp Department/Organziation Unit: The Office of Grant Management
State Award ID Number (SAIN)	2662-44002
State Program Description	The Governor and the General Assembly direct the Department of Commerce and Economic Opportunity (DCEO) to administer grants for specific miscellaneous purposes to bolster the state's economy, promote a clean environment, and improve the overall quality of life throughout the state of Illinois. This grant program is available to any entity named in a direct line item appropriation. Eligible costs for this program are bondable costs associated with the installation and/or replacement of utilities. This includes water systems; electrical systems – including components of telecommunications equipment; fire hydrants; central fire and security alert systems; automated temperature or environmental control systems – including energy management control computers; sewage and water treatment facilities; drainage improvements; storm or sanitary sewers; restoration to original condition of features at the site of any utility installation; etc. This may include associated roadway improvements.
Announcment Type	Initial
Agency (Grantor) Contact Information	Name: David Parr Phone: 217-524-5199 Email: david.parr@illinois.gov

GRANTEE INFORMATION	
Grantee / Subrecipient Information	Name: Lake County Address: 18 N County St, 9th Floor, Waukegan, IL 60085 Phone: 847-377-7700 Email: mprusila@lakecountyil.gov
Grantee Identification	GATA: 675514 UEI: W2VMR6ZKNT21 FEIN: 366006600
Period of Performance	Start Date: 9/1/2023 End Date: 8/31/2025

FUNDING INFORMATION			
FUND	CSFA	CFDA	AMOUNT
324	420-27-2662		\$2,600,000.00
TOTAL			\$2,600,000.00

(M) Currently used by State of Illinois for "Match" or "Maintenance of Effort" (MOE) requirements on Federal Funding. Funding is subject to Federal Requirements and may not be used by Grantee for other match requirements on other awards.

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TERMS AND CONDITIONS	
Grantee Indirect Cost Rate Information	Rate: 18.20% Base: FRMI Period: 12/1/2020-11/30/2021
Research & Development	No
Cost Sharing or Matching Requirements	No
Uniform Term(s)	CODE of FEDERAL REGULATIONS Title 2: Grants and Agreements PART 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) Grant Accountability and Transparency Act (GATA), 30 ILCS 708/1 Illinois Administrative Code
Grantor-Specific Term(s)	This Notice of State Award (NOSA) is not an agreement. This NOSA is not a guarantee of an agreement. Grantor-Specific Terms that will be included in the final grant agreement can be found at: https://www2.illinois.gov/dceo/AboutDCEO/GrantOpportunities/Pages/GranteeResources.aspx
Program-Specific Term(s)	N/A THE FOLLOW ARE GATA EXCEPTIONS AND ARE NOT REQUIRED FOR THIS PROGRAM: FINANCIAL REPORTING This program is funded by ARPA/CSRF and as such, for subrecipients receiving a grant award only from CSFR funds, only the single audit threshold defined in the federal Uniform Guidance will apply to the grant; any other lower thresholds set in GATA rules will not apply. For any grantee entities below the Single audit threshold, the affected ARPA funds are disregarded for the GAGAS/GAAS audit threshold determination. INDIRECT COST RATE MERIT BASED REVIEW line item appropriation to specific named entity for specific \$ amt & purpose, so waiver of need for posting NoFO therefore no need for Merit Review NOTICE OF FUNDING OPPORTUNITY line item appropriation to specific named entity for specific \$ amt & purpose, so waiver of need for posting NoFO therefore no need for Merit Review

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SPECIFIC CONDITIONS ASSIGNED TO GRANTEE - FISCAL AND ADMINISTRATIVE**The nature of the additional 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

**Illinois Grant Accountability and Transparency
Notice of State Award****SPECIFIC CONDITIONS ASSIGNED TO GRANTEE - PROGRAMMATIC****The nature of the additional requirements****Agency Adjustments / Explanation:**

None.

The reason why the additional requirements are being imposed**Agency Adjustments / Explanation:****The nature of the action needed to remove the additional requirement, if applicable****Agency Adjustments / Explanation:****The time allowed for completing the actions, if applicable****Agency Adjustments / Explanation:****The method for requesting reconsideration of the additional requirements imposed****Agency Explanation:**

SIGNATURE PAGE

Circle one: Accept NOSA / Reject NOSA

Institution / Organization

Signature

Name of Official

Title (Chief Financial Officer or equivalent)

Date of Execution