

**Illinois Grant Accountability and Transparency
Notice of State Award**

08/13/18

Page 1 of 5

STATE OF ILLINOIS GRANT INFORMATION

State Award Identification	Name of State Agency (Grantor): Department Of Transportation Department/Organziation Unit: BSPE
State Award ID Number (SAIN)	343-9769
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 implementaiton of graduated driving licensing laws.
Announcement 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 Lake Address: 18 N County Street, Waukegan, IL 60085 Phone: Email:
Grantee Identification	GATA: 675514 DUNS: 074591652 FEIN: 366006600
Period of Performance	Start Date: 10/1/2018 End Date: 9/30/2019

FUNDING INFORMATION

FUND	CSFA	CFDA	AMOUNT
402- FFY19 Year-Long STEP	494100343	20.600	\$176,292.24
TOTAL			\$176,292.24

(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.

TERMS AND CONDITIONS

Grantee Indirect Cost Rate Information	Rate: 0 Base: None Period: None
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)	
Program-Specific Term(s)	

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

SPECIFIC CONDITIONS ASSIGNED TO GRANTEE - MERIT-BASED REVIEW

The nature of the additional requirements

Agency Adjustments / Explanation:

None Identified.

The reason why the additional requirements are being imposed

Agency Adjustments / Explanation:

None Identified.

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

Agency Adjustments / Explanation:

None Identified.

The time allowed for completing the actions, if applicable

Agency Adjustments / Explanation:

None Identified.

The method for requesting reconsideration of the additional requirements imposed

Agency Explanation:

None Identified.

SPECIFIC CONDITIONS ASSIGNED TO GRANTEE - PROGRAMMATIC

The nature of the additional requirements

Agency Adjustments / Explanation:

None Identified.

The reason why the additional requirements are being imposed

Agency Adjustments / Explanation:

None Identified.

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

Agency Adjustments / Explanation:

None Identified.

The time allowed for completing the actions, if applicable

Agency Adjustments / Explanation:

None Identified.

The method for requesting reconsideration of the additional requirements imposed

Agency Explanation:

None Identified.

**Illinois Grant Accountability and Transparency
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08/13/18

Page 5 of 5

SIGNATURE PAGE

Circle one: Accept NOSA / Reject NOSA

Institution / Organization

Signature

Name of Official

Title (Chief Financial Officer or equivalent)

Date of Execution

Uniform Application for State Grant Assistance

Agency Completed Section

1.	Type of Submission	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application
2.	Type of Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application)
3.	Date / Time Received by State	Completed by State Agency upon Receipt of Application
4.	Name of the Awarding State Agency	Illinois Department of Transportation, Bureau of Safety Programs and Engineering
5.	Catalog of State Financial Assistance (CSFA) Number	494-10-0343
6.	CSFA Title	State and Community Highway Safety/National Priority Safety Programs
Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding)		
7.	CFDA Number	20.600
8.	CFDA Title	State and Community Highway Safety
9.	CFDA Number	20.616
10.	CFDA Title	National Priority Safety Programs
Funding Opportunity Information		
11.	Funding Opportunity Number	19-0343-02
12.	Funding Opportunity Title	Local Agency Highway Safety Program Grants
Competition Identification <input checked="" type="checkbox"/> Not Applicable		
13.	Competition Identification Number	
14.	Competition Identification Title	

Applicant Completed Section

Applicant Information		
15.	Legal Name	Lake, County Of
16.	Common Name (DBA)	Sheriff's Office
17.	Employer / Taxpayer Identification Number (EIN, TIN)	36-6006600
18.	Organizational DUNS number	074591652
19.	SAM Cage Code	3MAPo
20.	Business Address	Street address: 25 S. Martin Luther King Jr Ave City: Waukegan State: IL County: Lake Zip + 4: 60085-5518
Applicant's Organizational Unit		
21.	Department Name	Lake County Sheriff's Office
22.	Division Name	
Applicant's Name and Contact Information for Person to be Contacted for <i>Program</i> Matters involving this Application		
23.	First Name	Thomas
24.	Last Name	Struck
25.	Suffix	Mr.
26.	Title	Sergeant
27.	Organizational Affiliation	Lake County Sheriff's Office
28.	Telephone Number	(847) 377-7053
29.	Fax Number	(847) 549-6097
30.	Email address	tstruck@lakecountyil.gov
Applicant's Name and Contact Information for Person to be Contacted for <i>Business/Administrative Office</i> Matters involving this Application		
31.	First Name	Dawn
32.	Last Name	Wucki-Rossbach
33.	Suffix	Mrs.
34.	Title	Business Manager
35.	Organizational Affiliation	Lake County Sheriff's Office
36.	Telephone Number	(847) 377-4217
37.	Fax Number	(847) 360-5796
38.	Email address	dwuckirossbach@lakecountyil.gov

Applicant Completed Section

Areas Affected		
39.	Areas Affected by the Project (cities, counties, state-wide)	Add Attachments (e.g., maps) Lake County, IL
40.	Legislative and Congressional Districts of Applicant	IL-10 and 60 th and 30 th
41.	Legislative and Congressional Districts of Program / Project	IL6,IL14, 26 th , 29-32 nd and 51 st and 52 nd , 57 th -64 th
Applicant's Project		
42.	Description Title of Applicant's Project	STEP Grant
43.	Proposed Project Term	Start Date: 10/01/18 End Date: 09/30/19
44.	Estimated Funding (include all that apply)	<input checked="" type="checkbox"/> Amount Requested from the State: \$176,292.24 <input type="checkbox"/> Applicant Contribution (e.g., in kind, matching): <input type="checkbox"/> Local Contribution: <input type="checkbox"/> Other Source of Contribution: <input type="checkbox"/> Program Income: <div style="text-align: right;">Total Amount \$176,292.24</div>
<p>Applicant Certification:</p> <p>By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)</p> <p>(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.</p> <p style="text-align: center;"><input checked="" type="checkbox"/> I agree</p>		
Authorized Representative		
45.	First Name	David
46.	Last Name	Hare
47.	Suffix	Mr.
48.	Title	Undersheriff
49.	Telephone Number	(847) 377-4014
50.	Fax Number	(847) 360-5796
51.	Email Address	dhare@lakecountyil.gov
52.	Signature of Authorized Representative	

Applicant Completed Section	
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53.	Date Signed	
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Applicant Agency

Internal Use

Lake County Sheriff's Office	
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Scheduled Campaigns	Occupant Protection Enforcement Personnel Budget	Impaired Driving Enforcement Personnel Budget
Halloween Campaign (Optional)	\$4,663.02	\$3,008.40
Thanksgiving Campaign (Mandatory)	\$7,220.16	\$7,521.00
Christmas/New Year's Campaign (Mandatory)	\$6,317.64	\$9,025.20
Super Bowl Campaign (Optional)	\$2,105.88	\$2,406.72
St. Patrick's Day Campaign (Mandatory)	\$3,610.08	\$3,008.40
Memorial Day Campaign (Mandatory)	\$8,423.52	\$10,529.40
Independence Day Campaign (Mandatory)	\$8,423.52	\$7,220.16
Labor Day Campaign (Mandatory)	\$6,618.48	\$7,521.00
Subtotal Personnel Budget	\$47,382.30	\$50,240.28
Additional Enforcement Details (Optional) (date and times must be pre-approved)	Additional Enforcement Personnel Budget	
Additional Occupant Protection Enforcement	\$14,891.58	
Additional Impaired Driving Enforcement	\$24,067.20	
Additional Speeding Enforcement	\$39,710.88	
eLAP Roadside Safety Check Enforcement	\$0.00	
Subtotal Personal Budget	\$97,622.58	
Subtotal Equipment - p. 6 (must be pre-approved)		
Total All Funds	\$176,292.24	

Campaign Breakdown

Halloween Campaign (October 26 - November 1 (6 a.m.), 2018)						
Occupant Protection	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime SBEZ						\$0.00
Nighttime SBEZ						\$0.00
Daytime Saturation Patrols	3	2	5	30	75.21	\$2,256.30
Nighttime Saturation Patrols	4	2	4	32	75.21	\$2,406.72
TOTAL						\$4,663.02
Impaired Driving	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Stand Alone RSC						\$0.00
Joint / Agency RSC						\$0.00
Joint / ISP RSC						\$0.00
Saturation Patrols	5	4	2	40	75.21	\$3,008.40
TOTAL						\$3,008.40

Thanksgiving Campaign (November 16 - 26 (6 a.m.), 2018)						
Occupant Protection	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime SBEZ						\$0.00
Nighttime SBEZ						\$0.00
Daytime Saturation Patrols	4	2	6	48	75.21	\$3,610.08
Nighttime Saturation Patrols	4	2	6	48	75.21	\$3,610.08
TOTAL						\$7,220.16
Impaired Driving	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Stand Alone RSC						\$0.00
Joint / Agency RSC						\$0.00
Joint / ISP RSC						\$0.00
Saturation Patrols	5	4	5	100	75.21	\$7,521.00
TOTAL						\$7,521.00

Christmas/New Year's Campaign (December 17, 2018 - January 2 (6 a.m.), 2019)						
Occupant Protection	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime SBEZ						\$0.00
Nighttime SBEZ						\$0.00
Daytime Saturation Patrols	3	2	6	36	75.21	\$2,707.56
Nighttime Saturation Patrols	4	2	6	48	75.21	\$3,610.08
TOTAL						\$6,317.64
Impaired Driving	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Stand Alone RSC						\$0.00
Joint / Agency RSC						\$0.00
Joint / ISP RSC						\$0.00
Saturation Patrols	5	4	6	120	75.21	\$9,025.20
TOTAL						\$9,025.20

Super Bowl Campaign (February 1 - February 4 (6 a.m.), 2019)						
Occupant Protection	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime SBEZ						\$0.00
Nighttime SBEZ						\$0.00
Daytime Saturation Patrols	3	2	2	12	75.21	\$902.52
Nighttime Saturation Patrols	4	2	2	16	75.21	\$1,203.36
TOTAL						\$2,105.88
Impaired Driving	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Stand Alone RSC						\$0.00
Joint / Agency RSC						\$0.00
Joint / ISP RSC						\$0.00
Saturation Patrols	4	4	2	32	75.21	\$2,406.72
TOTAL						\$2,406.72

St. Patrick's Day Campaign (March 14 - 18 (6 a.m.), 2019)						
Occupant Protection	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime SBEZ						\$0.00
Nighttime SBEZ						\$0.00
Daytime Saturation Patrols	4	2	3	24	75.21	\$1,805.04
Nighttime Saturation Patrols	4	2	3	24	75.21	\$1,805.04
TOTAL						\$3,610.08
Impaired Driving	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Stand Alone RSC						\$0.00
Joint / Agency RSC						\$0.00
Joint / ISP RSC						\$0.00
Saturation Patrols	5	4	2	40	75.21	\$3,008.40
TOTAL						\$3,008.40

Memorial Day Campaign (March 10 - 28 (6 a.m.), 2019)						
Occupant Protection	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime SBEZ						\$0.00
Nighttime SBEZ						\$0.00
Daytime Saturation Patrols	4	2	7	56	75.21	\$4,211.76
Nighttime Saturation Patrols	4	2	7	56	75.21	\$4,211.76
TOTAL						\$8,423.52
Impaired Driving	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Stand Alone RSC						\$0.00
Joint / Agency RSC						\$0.00
Joint / ISP RSC						\$0.00
Saturation Patrols	5	4	7	140	75.21	\$10,529.40
TOTAL						\$10,529.40

Independence Day Campaign (June 17 - July 8, 2019)						
Occupant Protection	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime SBEZ						\$0.00
Nighttime SBEZ						\$0.00
Daytime Saturation Patrols	4	2	7	56	75.21	\$4,211.76
Nighttime Saturation Patrols	4	2	7	56	75.21	\$4,211.76
TOTAL						\$8,423.52
Impaired Driving	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Stand Alone RSC						\$0.00
Joint / Agency RSC						\$0.00
Joint / ISP RSC						\$0.00
Saturation Patrols	4	4	6	96	75.21	\$7,220.16
TOTAL						\$7,220.16

Labor Day Campaign (August 15 - 28 (6 a.m.), 2019)

Occupant Protection	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime SBEZ						\$0.00
Nighttime SBEZ						\$0.00
Daytime Saturation Patrols	4	2	5	40	75.21	\$3,008.40
Nighttime Saturation Patrols	4	2	6	48	75.21	\$3,610.08
TOTAL						\$6,618.48
Impaired Driving	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Stand Alone RSC						\$0.00
Joint / Agency RSC						\$0.00
Joint / ISP RSC						\$0.00
Saturation Patrols	5	4	5	100	75.21	\$7,521.00
TOTAL						\$7,521.00

**Additional Enforcement is limited to nighttime saturation patrols on the weekends that are highlighted on the calendar on page 6. All Impaired Driving Patrols and a minimum of 50% of all Occupant Protection and Speeding Patrols must occur between 9:00 p.m. and 6:00 a.m. Exceptions must be pre-approved.*

Additional Impaired Driving Enforcement

Impaired Driving	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Saturation Patrols	4	4	20	320	75.21	\$24,067.20
TOTAL						\$24,067.20

Additional Occupant Protection Enforcement

Occupant Protection	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime SBEZ						\$0.00
Nighttime SBEZ						\$0.00
Daytime Saturation Patrols	3	2	15	90	75.21	\$6,768.90
Nighttime Saturation Patrols	3	2	18	108	75.21	\$8,122.68
TOTAL						\$14,891.58

Additional Speeding Enforcement

Speeding	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime Saturation Patrols	4	3	20	240	75.21	\$18,050.40
Nighttime Saturation Patrols	4	3	24	288	75.21	\$21,660.48
TOTAL						\$39,710.88

**The eLAP enforcement is limited to Friday 9:00 pm through Monday 6:00 am on the weekends that are highlighted on the calendar on page 6. Exceptions must be pre-approved.*

eLAP Enforcement

Impaired Driving	# of Officers	# of Hours	# of Details	Total Hours	Overtime Rate	Total Campaign Budget
Roadside Safety Checks						\$0.00
TOTAL						\$0.00

Equipment	
Item	Estimated Cost
	-
	-
	-
	-
Total	

Add Row

Additional Impaired Driving, Belt, Speed Patrols / eLAP Enforcement Calendar

<p>October 2018</p> <table border="1"> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr> <tr><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td></tr> </table>	S	M	T	W	T	F	S		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				<p>November 2018</p> <table border="1"> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td></td><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td></tr> <tr><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr> <tr><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td></td></tr> </table>	S	M	T	W	T	F	S					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		<p>December 2018</p> <table border="1"> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></tr> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr> <tr><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr> <tr><td>30</td><td>31</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	S	M	T	W	T	F	S							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						<p>January 2019</p> <table border="1"> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td></td></tr> <tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr> <tr><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td></tr> <tr><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td></tr> <tr><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td></tr> </table>	S	M	T	W	T	F	S		1	2	3	4	5		6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31									
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FY 2019 Enforcement Campaign Dates					
Campaign	Paid Advertising Campaign	Potential Kickoff Press Release Dates	Enforcement	Post Enforcement Media Release	Grant Data Collection Form Due
Halloween	No	October 22-25, 2018	October 26-November 1 (6 a.m.), 2018	November 1-3, 2018	November 16, 2018
Thanksgiving	Yes	November 15-20, 2018	November 16-26 (6 a.m.), 2018	November 26-28, 2018	December 7, 2018
Christmas/New Year's	Yes	December 17-20, 2018	December 17, 2018-January 2 (6 a.m.), 2019	January 2-4, 2019	January 15, 2019
Super Bowl	No	January 29-31, 2019	February 1-4 (6 a.m.), 2019	February 4-7, 2019	February 15, 2019
St. Patrick's Day	No	March 11-14, 2019	March 14-18 (6 a.m.), 2019	March 18-21, 2019	March 29, 2019
Memorial Day	Yes	May 9-23, 2019	May 10-28 (6 a.m.), 2019	May 28-30, 2019	June 10, 2019
Independence Day	Yes	June 17-July 1, 2019	June 17-July 8, 2019	July 8-11, 2019	July 19, 2019
Labor Day Holiday	Yes	August 15-28, 2019	August 16 – September 3 (6 a.m.), 2019	September 3-5, 2019	September 16, 2019
Additional Impaired Driving, Occupant Protection, and/or Speed Patrols (Optional)	No	Submit to Grant Administrator or LEL in advance for approval	Submit to Grant Administrator or LEL in advance for approval	Submit to Grant Administrator or LEL in advance for approval	Within 14 days of completion of enforcement



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 cost-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: Lake, County of DBA Sheriff's Office

Data Universal Number System (DUNS) Number (enter numbers only) : 074591652

Notice of Funding Opportunity (NOFO) Number: 19-0343-02

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: FFY19

REVENUES		Total Revenue
State of Illinois Grant Requested	\$	
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200	Total Expenditures
1. Personnel (Salary and Wages)	200.430	176,292.24
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 Service)	200.459	
8. Construction		
9. Occupancy (Rent and Utilities)	200.465	
10. Research and Development (R&D)	200.87	
11. Telecommunications		
12. Training and Education	200.472	
13. Direct Administrative Costs	200.413 (c)	
14. Miscellaneous Costs		
15. A. Grant Exclusive Line Item(s)		
15. B. Grant Exclusive Line Item(s)		
16. Total Direct Costs (add lines 1-15)	200.413	176,292.24
17. Total Indirect Costs	200.414	
Rate %:		
Base:		
18. Total Costs State Grant Funds (Lines 16 and 17)	\$	176,292.24
MUST EQUAL REVENUE TOTALS ABOVE		

Instructions
found at end of
document.



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

Organization Name: Lake, County of DBA Sheriff's Office

NOFO Number: 19-0343-02

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: To: Approving Federal or State Agency:

Indirect Cost Rate: % The Distribution Base Is:



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Organization Name: Lake County of DBA Sheriff's Office

NOFO Number: 19-0343-02

Section B: Non-State of Illinois Funds

Fiscal Year: FFY19

REVENUES	Total Revenue
Grantee Match Requirement %: (Agency to Populate)	
b) Cash	\$ 0.00
c) Non-Cash	\$ 0.00
d) other Funding and Contributions	\$ 0.00
Total Non-State Funds (lined b through d)	\$ 0.00
Budget Expenditure Categories	Total Expenditures
	OMB Uniform Guidance Federal Awards Reference 2 CFR 200
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	\$ 0.00
9. Occupancy (Rent and Utilities)	\$ 200.465
10. Research and Development (R&D)	\$ 200.87
11. Telecommunications	\$ 0.00
12. Training and Education	\$ 200.472
13. Direct Administrative Costs	\$ 200.413 (c)
14. Miscellaneous Costs	\$ 0.00
15. A. Grant Exclusive Line Item(s)	\$ 0.00
15. B. Grant Exclusive Line Item(s)	\$ 0.00
16. Total Direct Costs (add lines 1-15)	\$ 200.413
17. Total Indirect Costs	\$ 200.414
Rate %:	
Base:	
18. Total Costs State Grant Funds (Lines 16 and 17)	\$ 0.00
MUST EQUAL REVENUE TOTALS ABOVE	



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Organization Name: Lake, County of DBA Sheriff's Office NOFO Number: 19-0343-02
 Data Universal Number System (DUNS) Number (enter numbers only) : 074591652 Fiscal Year: FFY19
 Catalog of State Financial Assistance (CSFA) Number: 494-10-0343 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).

Lake, County Of	Lake County Sheriff's Office
Institution/Organization Name:	Institution/Organization Name:
Ryan Horne	Sheriff
Title (Chief Financial Officer or equivalent):	Title (Executive Director or equivalent):
Deputy Director of Finance	Mark C Curran Jr
Printed Name (Chief Financial Officer or equivalent):	Printed Name (Executive Director or equivalent):
<i>[Signature]</i>	<i>[Signature]</i>
Signature (Chief Financial Officer or equivalent):	Signature (Executive Director or equivalent):
<u>02/27/18</u>	<u>3/7/18</u>
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: _____ Sub-recipient Parent Company DUNS: _____

Sub-recipient Name: Lake, County of DBA Sheriff's Office

Sub-recipient DBA Name: 074591652

Sub-recipient Street Address: 25 S Martin Luther King Jr Av

City: Waukegan State: Illinois Zip-Code: 60085-5518 Congressional District: IL 10

Sub-recipient Principal Place of Performance:

City: Lake County State: Illinois Zip-Code: _____ Congressional District: IL 10, IL 6 and IL 14

Contract Number (if known): _____ Award Amount: _____ Project Period: From: _____ To: _____

NA Oct 1, 2018 Sep 30, 2019

State of Illinois Awarding Agency and Project Detail Description:

Sustained Traffic Enforcement Program (STEP) grant requires two-week enforcement holiday campaigns: Thanksgiving, Christmas/New Year's Eve, St. Patrick's Day, Memorial Day, Independent Day, and Labor Day. There are to optional weekend campaigns that grantees may participate in: Halloween and Super Bowl.

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

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 (Yr./Mo./Hr.)	% of Time	Length of Time	Personnel Cost	Add/Delete Row
Deputies working hire back campaigns		\$176,292.24	Yearly	100 %	1	\$176,292.24	Add Delete
State Total						\$176,292.24	
NON-State Total							Add Delete
Total Personnel						\$176,292.24	
Personnel Narrative (State):							
The Lake County Sheriff's Office will participate in the six (6) required campaigns and the two (2) optional campaigns. Total number of anticipated hours worked is 2,344 at an overtime hourly rate of \$75.21 = \$176,292.24.							
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
		\$0.00	0 %		Add Delete
State Total					
		\$0.00	0 %		Add Delete
Non-State Total					
Total Fringe Benefits					
Fringe Benefits Narrative (State):					
NA					
Fringe Benefits Narrative (Non-State): (i.e. "Match" or "Other Funding")					
NA					



**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
				0	0	\$0.00	Add Delete
State Total						\$0.00	
NON-State Total					0	\$0.00	Add Delete
Total Travel						\$0.00	
Travel Narrative (State):							
NA							
Travel Narrative (Non-State): (i.e.e "Match" of "Other Funding)							
NA							



**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 \$5,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than \$5,000. (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
	0	\$0.00	\$0.00	Add Delete
State Total			\$0.00	
	0	\$0.00	\$0.00	Add Delete
Non-State Total			\$0.00	
Total Equipment			\$0.00	
Equipment Narrative (State):				
NA				
Equipment Narrative (Non-State): (i.e. "Match" or "Other Funding")				
NA				



**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	
				Add	Delete
	0	\$0.00	\$0.00		
State Total			\$0.00		
	0	\$0.00	\$0.00		
Non-State Total			\$0.00		
Total Supplies			\$0.00		
Supplies Narrative (State):					
NA					
Supplies Narrative (Non-State): (i.e. "Match" or "Other Funding")					
NA					



**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
	\$0.00	Add Delete
State Total	\$0.00	
	\$0.00	Add Delete
Non-State Total	\$0.00	
Total Contractual Services	\$0.00	
Contractual Services Narrative (State):		
NA		
Contractual Services Narrative (Non-State): (i.e. "Match" or "Other Funding")		
NA		



**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
			0	0		Add Delete
State Total						
			0	0		Add Delete
NON-State Total						
Total Consultant Services (Fees)						

Consultant Services Narrative (State):
NA

Consultant Services Narrative (Non-State):
NA

Consultant Expenses - Items	Location	Cost Rate	Basis	Quantity	Number of Trips	Consultant Expenses Cost	Add/Delete Row
			0	0	0		Add Delete
State Total							
			0	0	0		Add Delete
NON-State Total							
Total Consultant Expenses							

Consultant Expenses Narrative (State):
NA

Consultant Expenses Narrative (Non-State): (i.e. "Match" or "Other Funding")
NA



**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
		\$0.00		
	State Total	\$0.00		
		\$0.00		
	Non-State Total	\$0.00		
	Total Construction	\$0.00		
Construction Narrative (State):				
NA				
Construction Narrative (Non-State): (i.e. "Match" or "Other Funding")				
NA				



**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
	0	0	\$0.00	0		Add Delete
State Total						
	0	0	\$0.00	0		Add Delete
NON-State Total						
Total Occupancy - Rent and Utilities						
Occupancy - Rent and Utilities Narrative (State):						
NA						
Occupancy - Rent and Utilities Narrative (Non-State): (i.e. "Match" or "Other Funding")						
NA						



**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	Delete
		\$0.00	Add	Delete
	State Total	\$0.00		
		\$0.00	Add	Delete
	Non-State Total	\$0.00		
	Total Research and Development	\$0.00		
Research and Development Narrative (State):				
NA				
Research and Development Narrative (Non-State): (i.e. "Match" or "Other Funding")				
NA				



**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
	0	0	\$0.00	0		Add Delete
State Total						
	0	0	\$0.00	0		Add Delete
NON-State Total						
Total Telecommunications						
Telecommunications Narrative (State):						
NA						
Telecommunications Narrative (Non-State): (i.e. "Match" or "Other Funding")						
NA						



**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
	0	0	\$0.00	0		Add Delete
State Total						
	0	0	\$0.00	0		Add Delete
NON-State Total						
Total Training and Education						
Training and Education Narrative (State):						
NA						
Training and Education Narrative (Non-State): (i.e. "Match" or "Other Funding")						
NA						



**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 (Yr./Mo./Hr.)	% of Time	Length of Time	Direct Administrative Cost	Add/Delete Row
				0 %	0		Add Delete
State Total							
				0 %	0		Add Delete
NON-State Total							
Total Direct Administrative Costs							
Direct Administrative Costs Narrative (State):							
NA							
Direct Administrative Costs Narrative (Non-State): (i.e. "Match" or "Other Funding")							
NA							



**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
	0	0	\$0.00	0		Add Delete
State Total						
	0	0	\$0.00	0		Add Delete
NON-State Total						
Total Other or Miscellaneous Costs						
Other or Miscellaneous Costs Narrative (State):						
NA						
Other or Miscellaneous Costs Narrative (Non-State): (i.e. "Match" or "Other Funding")						
NA						



**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
	0	0	\$0.00	0	\$0.00	Add Delete
State Total					\$0.00	
NON-State Total					\$0.00	Add Delete
Total Grant Exclusive Line Item					\$0.00	
Grant Exclusive Line Item Narrative (State):						
NA						
Grant Exclusive Line Item Narrative (Non-State): (i.e. "Match" or "Other Funding")						
NA						
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	
				Add	Delete
	0	\$0.00	\$0.00		
State Total			\$0.00		
	0	\$0.00	\$0.00		
Non-State Total			\$0.00		
Total Indirect Costs			\$0.00		
Indirect Costs Narrative (State):					
NA					
Indirect Costs Narrative (Non-State):					
NA					



**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	\$176,292.24		\$176,292.24
2. Fringe Benefits			
3. Travel	\$0.00	\$0.00	\$0.00
4. Equipment	\$0.00	\$0.00	\$0.00
5. Supplies	\$0.00	\$0.00	\$0.00
6. Contractual Services	\$0.00	\$0.00	\$0.00
7. Consultant (Professional Services)			
8. Construction	\$0.00	\$0.00	\$0.00
9. Occupancy (Rent and Utilities)			
10. Research and Development (R & D)	\$0.00	\$0.00	\$0.00
11. Telecommunications			
12. Training and Education			
13. Direct Administrative Costs			
14. Other or Miscellaneous Costs			
15. GRANT EXCLUSIVE LINE ITEM(S)			
16. Indirect Costs	\$0.00	0.00	\$0.00
	State Request	\$176,292.24	
	Non-State Amount		
TOTAL PROJECT COSTS			\$176,292.24



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

For State Use Only

Grantee: Lake, County of DBA Sheriff's Office

Notice of Funding Opportunity (NOFO) Number: 19-0343-02

Data Universal Number System (DUNS) Number (enter numbers only) : 074591652

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

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

Fiscal Year(s): FFY19

Initial Budget Request Amount: _____

Prior Written Approval for Expense Line Item: _____

Statutory Limits or Restrictions: _____

Checklist: _____

Final Budget Amount Approved: _____

Program Approval Name _____

Program Approval Signature _____

Date _____

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.

Programmatic Risk Assessment Questionnaire

The purpose of this assessment is to evaluate the programmatic risk of the applicant. Limited program experience, protocols and internal control governing program delivery will increase an applicant's degree of risk but will not preclude the applicant from becoming a grantee. The applicant's degree of risk may require additional conditions to be incorporated into the grant award pursuant to 2 CFR 200.207.

Patterns or trends in programmatic risk will influence GATA training as well as the agency's monitoring plan. Appropriate support must be provided by GATU and the agency to build grantee capacity.

Process:

- A. The agency adds agency and / or grant-specific questions under section 6.
- B. The questionnaire (including the agency and/or grant-specific questions) is distributed to the applicant by the agency prior to an awarding decision.
- C. The applicant returns the completed questionnaire to the agency. The agency scores the questionnaire based on the responses provided by the applicant. (The automated form will score the responses.)
- D. The calculated responses equate to a risk profile for each of the 5 risk categories.
- E. The agency aligns the risk profile to the applicable specific condition(s) for medium and high risk applicants in each of the 5 risk categories.
- F. The agency communicates the applicable specific condition(s) within the Notice of State Award.

A separate programmatic risk assessment is required for each grant application.

Responses should be program-specific.

Program Associated with this Programmatic Risk Assessment:	FFY 19 Highway Safety Grant - Local (STEP, LAP, IP or Traffic Records)
Awarding State Agency:	Illinois Department of Transportation, Bureau of Safety Programs & Engineering
Entity Completing Programmatic Risk Assessment:	County of Lake, Sheriff's Office
Individual Completing Programmatic Risk Assessment:	Dawn Wucki-Rossbach
Contact Information for Completer (Phone and Email):	(847) 377-4217; dwuckirossbach@lakecountyil.gov

In response to the requirements of 2 CFR 200.205, the awarding agency is required to review the programmatic risk posed by applicants. Five risk categories are assessed through this questionnaire:

1. Quality of management systems and ability to meet the management standards
2. History of performance
3. Reports and findings from audits performed under Subpart F—Audit Requirements of this part or the reports and findings of any other available audit
4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.
5. Agency-specific Questions (As applicable based on terms of the Notice of Funding Opportunity)

1. Quality of management systems and ability to meet the management standards

1.1. Do you have written policies and procedures that guide program delivery on the topics of:

- a. Quality assurance YES/ NO
- b. Outcome tracking and reporting mechanisms YES/ NO
- c. Relevant documentation of services/goods delivered YES/ NO
- d. Staff performance management policies and procedures YES/ NO
- e. Personnel policies and procedures that include conflict of interest statements YES/ NO
- f. Complaint/grievance resolution policies and procedures YES/ NO
- g. Governing body policies and procedures that include conflict of interest statements YES/ NO
- h. Safeguarding funds, property and other assets against loss from unauthorized use or disposition YES/ NO
- i. Management of grant term extensions, where applicable YES/ NO

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

- a. Quality assurance reporting YES/ NO
- b. Appropriate (to industry) supervision of staff YES/ NO
- c. Unit costs analysis and management YES/ NO
- d. Accreditation/licensing compliance program YES/ NO / NOT APPLICABLE

1.3. Does the organization have written standards of conduct covering real or perceived conflict of interest related to actions of employees engaged in the selection, award or administration of contracts supported by grant awards? YES/ NO

1.4. How many years of experience does the project leader have managing the scope of services required under this program?

- More than five years
- One to five years
- Less than one year

1.5. Does the organization have a time and effort system that:

- a. Records all time worked, including time not charged to awards? YES / NO

- b. Is signed-off by the employee and a supervisor? YES/ NO
c. Includes an approved methodology? YES/ NO/ NOT APPLICABLE

Question is not applicable because grants are based on a set rate or a per unit of service. Go to question 1.6.

1.6. Does the organization have controls for invoicing grants paid based on a rate or unit of service?

YES/ NO

1.7. Does the organization apply the same standard for match requirements as it does for expenses?

YES/ NO/ NOT APPLICABLE - WE'VE NOT BEEN SUBJECT TO MATCH REQUIREMENTS

1.8. To what extent are you able to produce periodic grant status reports to inform stakeholders about program outcomes?

- Reports are an established part of grant management procedures
 We're developing reports as part of grant management procedures
 We do not currently have established reports as part of grant management

2. **History of performance** (The applicant's record in managing grant awards, if it is a prior recipient of awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards)

2.1. How many years of experience does your organization have with grants of comparable scope and/or capacity?

- More than five years
 One to five years
 Less than one year
 No experience GO TO QUESTION 3.3

2.2. If your organization has experience with grants of comparable scope and/or capacity, provide a brief description of similar project goals and outcomes; specify the applicable year: The Lake County Sheriff's Office has applied for and received traffic enforcement grants every year since at least 2005 Grant awards have ranged in dollars between \$50,000 and our most recent grant, the FFY18 STEP Grant was in the amount of \$113,013.20.

2.3. During your last two fiscal years, how frequently has your organization submitted project performance reports on time?

- Always
 Reported late up to three times
 Reported late four or more times
 Not applicable – not a requirement of awards previously received

2.4. Have there been any significant changes in your organization in the last fiscal year related to:

- a. Leadership change(s) YES/ NO
- b. Significant program / grant initiative(s) YES/ NO
- c. Structural changes YES/ NO
- d. Fiscal changes YES/ NO
- e. Statutory or regulatory requirements YES/ NO
- f. Other YES/ NO

2.5. Provide a brief explanation for all "YES" responses to question 2.4. (Text response)

2.6. Does the organization utilize a sub-grantee/sub-recipient / sub-award to manage, administer or complete a project? YES/ NO If NO, go to question 2.10.

2.7. What responsibilities does the sub-grantee/sub-recipient/sub-award perform?

- a. Participant eligibility determination YES/ NO
- b. Performance reporting YES/ NO
- c. Program delivery functions YES/ NO
- d. Financial reporting YES/ NO
- e. Other YES/ NO

2.8. What percentage of grant funds does the organization pass on to sub-grantees/sub-recipients/sub-awards?

- Less than 10%
- 10-20%
- More than 20%

2.9. Does your organization have an implemented policy for sub-grantee monitoring? YES/ NO

If NO, go to 2.10. If YES, does it include:

- on-site review
- review of prior monitoring
- desk / quantitative review

2.10 Do you obtain prior written approval from the funding agency when:

- a. The scope or objective of the program changes YES/ NO
 - b. Key personnel specified in the application change YES/ NO
 - c. The approved project director disengages for more than 3 months or reduces 25% of time devoted to the project YES/ NO
- Question is not applicable because organization has not been subject to these requirements

2.11 Does your organization have performance measurements that tie to financial data?

- YES/ NO

3. Reports and findings from audits performed under Subpart F—Audit Requirements of this part or the reports and findings of any other available audit

3.1. During the last two fiscal years, has your organization been out of compliance with *programmatic* terms and conditions of awards?

- Organization has not been audited; Go to Question 3.6
- No occurrences of non-compliance; Go to Question 3.6
- One to three occurrences of non-compliance
- Four or more occurrences of non-compliance

3.2. If your organization had at least one occurrence of non-compliance with programmatic terms and conditions, summarize each occurrence. (Text response)

3.3. Have corrective actions been implemented within the specified timeframe? YES/ NO

3.4. Provide explanation for any corrective actions that were not implemented within the timeframe specified and for any corrective actions that remain open. (Text response)

3.5. Have there been conflict of interest-related findings within the last two fiscal years? YES/ NO

- a. If NO, go to question 3.6
- b. If YES, specify the conflict of interest-related finding and your response to the finding. (Text response)

3.6. Has your organization been subject to conditional approvals due to program issues? YES/ NO

- a. If NO, to go question 4.1.
- b. If YES, specify the terms of the special condition and whether or not the special condition is still applicable. (Text response)

4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.

4.1. To what extent does your organization have policies to ensure programmatic expenses are reasonable, necessary and prudent (allowable)?

- Policies are implemented and followed
- Policies are not fully implemented
- The organization does not currently have these types of policies

4.2. To what extent does your organization have policies to ensure programmatic activities are allowable?

- Policies are implemented and followed
- Policies are not fully implemented
- The organization does not currently have these types of policies

4.3. To what extent is your organization able to comply with all statutory requirements of this program?

- Fully able to comply with all statutory requirements
- With the following exception(s), the organization is able to comply: Text response of exception(s)

4.4. Has the organization been out of compliance with any statutory, regulatory or other requirements of grant funding within the last two fiscal years? YES/ NO

If YES, provide explanation. (Text response)

Certification Section –

I certify that the responses provided to this Programmatic Risk Assessment Questionnaire are true and accurate and that all occurrence of non-compliance with programmatic requirements addressed through this questionnaire have been disclosed.

Dawn Wick-Rosshart
Authorized Signature

02/21/18
Date



Agreement No. _____

Employee or Officer Name Thomas Struck

Position of Employee or Officer Sergeant

Grantee's disclosure of the information contained in this Form is required by the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards published in Title 2, Part 200 of the Code of Federal Regulations, 2 CFR 200.112, and 44 Ill. Admin Code 7000.40(b)(3). As an Employee or Officer of Grantee, I will remain bias-free before, during and after the award process of the Grant Agreement. Pursuant to the above referenced Uniform Guidance and Administrative Rules, I have identified below any relationship I have, or have had, of a family, political, financial, or social nature with any of Grantor's employees related to this Grant Agreement, and wait for direction from the Grants Unit Manager and the Department's Ethics Officer before proceeding to participate with Grantor in the award process. After submittal of this Disclosure to the Department's Bureau of Business Services, the Bureau of Business Services will provide this form to the Ethics Officer if a conflict is noted.

Check statement 1 or 2. If you check statement 1, please sign and date the form. If you check statement 2, please complete the information and then sign and date the form.

1. X I do not have, nor have I had, any relationship described above nor any other conflict of interest with any of Grantor's employees for this Grant Agreement.

2. _____ I have, or have had, a relationship described above or other conflict of interest with the following employees of Grantor for this Grant Agreement.

_____ Name of Grantor's employee

_____ Nature of Potential Conflict

_____ Name of Grantor's employee

_____ Nature of Potential Conflict

_____ Name of Grantor's employee

_____ Nature of Potential Conflict

(The back side of this form may be used if additional space is needed.)

T. Struck 1784
Signature of Employee

2/22/2018
Date



Agreement No. _____

Employee or Officer Name Dawn Wucki-Rossbach

Position of Employee or Officer Business Manager

Grantee's disclosure of the information contained in this Form is required by the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards published in Title 2, Part 200 of the Code of Federal Regulations, 2 CFR 200.112, and 44 Ill. Admin Code 7000.40(b)(3). As an Employee or Officer of Grantee, I will remain bias-free before, during and after the award process of the Grant Agreement. Pursuant to the above referenced Uniform Guidance and Administrative Rules, I have identified below any relationship I have, or have had, of a family, political, financial, or social nature with any of Grantor's employees related to this Grant Agreement, and wait for direction from the Grants Unit Manager and the Department's Ethics Officer before proceeding to participate with Grantor in the award process. After submittal of this Disclosure to the Department's Bureau of Business Services, the Bureau of Business Services will provide this form to the Ethics Officer if a conflict is noted.

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_____ Nature of Potential Conflict

(The back side of this form may be used if additional space is needed.)

Dawn Wucki-Rossbach 02/21/18
Signature of Employee Date