## State of Illinois UNIFORM GRANT BUDGET TEMPLATE

Agency: III	Illinois Department of Commerce and Economic Opportunity			St	ate FY: 2024
Grantee: Lake County				DUNS Number:	74591652
NOFO Number:		CSFA Number:		Grant Number:	21-413014
CSFA Description:					
Section A: State of Illinois Funds		<u>Summary</u>	<u>Detail</u>		
Revenues					
State of Illinois Grant	Amount Requested	\$2,600,000.00			
Budget Expenditure (	<u>Categories</u>				
1. Personnel (200.430	))				
2. Fringe Benefits (20	0.431)				
3. Travel (200.474)					
4. Equipment (200.43	9)				
5. Supplies (200.94)					
6. Contractual/Subaw	ards (200.318 and .92)				
7. Consultant (200.45	9)				
8. Construction		\$2,600,000.00			
1205 DESIGN/ENG	GINEERING		\$220,600.00		
1217 EQUIPMENT/MATERIAL/LABOR			\$502,850.00		
1219 PAVING/CONCRETE/MASONRY			\$732,370.00		
1221 CONSTRUCTION MGMT & OVERSIGHT			\$193,200.00		
1225 EXCAVATIO	N/SITE PREP/DEMO		\$333,350.00		
1233 OTHER CON	STRUCTION EXPENSES		\$381,250.00		
1235 CONTINGEN	CY		\$236,380.00		
9. Occupancy (200.46	5)				
10. Research and Dev	elopment (200.87)				
11. Telecommunication	ons				
12. Training and Educ	ation (200.472)				
13. Direct Administra	tive Costs (200.413)				
14. Miscellaneous Cos					
15. Grant Exclusive Li	ne Item(s)				
16. Total Direct Costs (add lines 1-15)		\$2,600,000.00	\$2,600,000.00		
17. Total Indirect Cost	ts (200.414)				
Rate:	%				
Base:					
18. Total Costs State	Grant Funds (Lines 16 and 17)	\$2,600,000.00	\$2,600,000.00		

Grantee: Lake County		NOFO Number:	0			
		Grant Number:	21-413014			
SECTION A - Continued - Indirect Cost Rate Information						
If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options. If not reimbursement is being requested please consult your program office regarding possible match requirements.						
Your organization may not have State of Illinois your organziation	e a Federally Negotiated Cost Rate Agreement. Therefore, in ord on must either:	er for your organization to b	e reimbursed for the Indirect Costs from	the		
·						
b. Elect to use the de	e minimis rate of 10% modified for total direct costs (MTDC) whic	h may be used indefinitely or	n State of Illinois awards; or			
c. Use a Restricted R	c. Use a Restricted Rate designated by programmatic or statutory policy (see Notice of Funding Opportunity or Restricted Rate Programs).					
Select ONLY One:						
A copy of this agre	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.					
Our Organizations currently has a Negotitated 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 pursuant to 2 CFR 200, Appendiz IV(c)(2)(c).						
initial Indirect Cos	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 3 months after the effective date of the State award pursuant to 2 CFR 200 Appendix (C)(2)(b). The initial ICRP will be sent to the State of Illinois Indirect Cost unit.					
charge the de min	Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the federal government or the State of 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 pursuant to 2 CRF 200.414 (C)(4)(f) and 200.68.					
☐ is in	te Programs, our Organization is using a restricted indirect cost rancluded as a "Special Indirect Cost Rate" in the NICRA, pursuant 2 CFR 200 Appendix IV(5); or	te that:				
☐ cor	mplies with other statutory policies.	Rate:	%			
5) No reimbursemen	nt of Indirect Cost is being requested.					
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:						

	Grant Numbe	r: 21-413014						
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:	Institution/Organization:							
Signature:	Signature:							
Printed Name:	Printed Name:							
Title:	Title:							
Phone:	Phone:							
Date:	Date:							

NOFO Number:

0

Grantee: Lake County

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 into contractual agreements on the behalf of the organization.