Notice of State Award (343-2773)

STATE OF ILLINOIS GRANT INFORMATION	
State Award Identification	Name of State Agency (Grantor): Department Of Transportation Department/Organziation Unit: Bureau of Safety Programs and Engineering
State Award ID Number (SAIN)	343-2773
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.
Announcment Type	Initial
Agency (Grantor) Contact Information	Name: Courtney Bott Phone: 217-557-5480 Email: Courtney.Bott@illinois.gov

GRANTEE INFORMATION	
Grantee / Subrecipient Information	Name: County of Lake Address: 18 N County Street, Waukegan, IL 60085 Phone: 847-377-4217 Email: dwuckirossbach@lakecountyil.gov
Grantee Identification	GATA: 675514 DUNS: 074591652 FEIN: 366006600
Period of Performance	Start Date: 10/1/2017 End Date: 9/30/2018

FUNDING INFORMATION

FUND	CSFA	CFDA	AMOUNT
402	494-10-0343	20.600	$113,013.20
TOTAL			**$113,013.20**

(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: Base: Period:
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 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

Uniform Application for State Grant Assistance

Agency Completed Section

1.	Type of Submission	☐ Pre-application ☒ Application ☐ Changed / Corrected Application
2.	Type of Application	☒ New ☐ Continuation (i.e. multiple year grant) ☐ 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
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) ☐ 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	18-0343-01
12.	Funding Opportunity Title	FFY18 Highway Safety Program Grants
13.	Funding Opportunity Program Field	Highway Safety
Competition Identification ☐ Not Applicable		
14.	Competition Identification Number	
15.	Competition Identification Title	

Applicant Completed Section		
Applicant Information		
16.	Legal Name	Lake, County of
17.	Common Name (DBA)	Sheriff's Office
18.	Employer / Taxpayer Identification Number (EIN, TIN)	36-6006600
19.	Organizational DUNS number	074591652
20.	SAM Cage Code	3MAPo
21.	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		
22.	Department Name	Lake County Sheriff's Office
23.	Division Name	
Applicant's Name and Contact Information for Person to be Contacted for *Program* Matters involving this Application		
24.	First Name	Thomas
25.	Last Name	Struck
26.	Suffix	Mr.
27.	Title	Sergeant
28.	Organizational Affiliation	Lake County Sheriff's Office
29.	Telephone Number	(847) 377-7053
30.	Fax Number	(847) 549-6097
31.	Email address	tstruck@lakecountyil.gov
Applicant's Name and Contact Information for Person to be Contacted for *Business/Administrative Office* Matters involving this Application		
32.	First Name	Dawn
33.	Last Name	Wucki-Rossbach
34.	Suffix	Mrs.
35.	Title	Business Manager
36.	Organizational Affiliation	Lake County Sheriff's Office
37.	Telephone Number	(847) 377-4217
38.	Fax Number	(847) 360-5796
39.	Email address	dwuckirossbach@lakecountyil.gov

Areas Affected		
40.	Areas Affected by the Project (cities, counties, state-wide)	Lake County, Illinois Add Attachments (e.g., maps)
41.	Legislative and Congressional Districts of Applicant	IL-10 and 60th and 30th
42.	Legislative and Congressional Districts of Program / Project	IL6, IL14, 26th, 29 - 32nd and 51st and 52nd, 57th - 64th
Applicant's Project		
43.	Description Title of Applicant's Project	STEP Grant
44.	Proposed Project Term	Start Date: 10/01/17 End Date: 09/30/18
45.	Estimated Funding (include all that apply)	☒ Amount Requested from the State: $113,013.20 ☐ Applicant Contribution (e.g., in kind, matching): ☐ Local Contribution: ☐ Other Source of Contribution: ☐ Program Income: Total Amount $113,013.20

Applicant Certification:

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 218, Section 1001)

(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.

☒ I agree

Authorized Representative		
46.	First Name	David
47.	Last Name	Hare
48.	Suffix	Mr.
49.	Title	Chief
50.	Telephone Number	(847) 377-4014
51.	Fax Number	(847) 360-5796
52.	Email Address	dhare@lakecountyil.gov
53.	Signature of Authorized Representative	
54.	Date Signed	

Illinois Department of Transportation

STEP/eLAP Attachment NOFO# 18-0343-01
Grantee Name: Lake County Sheriff's Office
Project Number:

Personnel (Salaries & Wages) Budget	Occupant Protection Enforcement	Impaired Driving Enforcement
Halloween Campaign (Optional)	$3,446.40	$3,446.40
Thanksgiving Campaign (Mandatory)	$4,308.00	$7,180.00
Christmas/New Year's Campaign (Mandatory)	$5,026.00	$8,616.00
Super Bowl Campaign (Optional)	$2,010.40	$2,872.00
St. Patrick's Day Campaign (Mandatory)	$2,584.80	$3,446.40
Memorial Day Campaign (Mandatory)	$6,892.80	$8,616.00
Independence Day Campaign (Mandatory)	$7,754.40	$8,616.00
Labor Day Campaign (Mandatory)	$5,456.80	$8,616.00
Additional Enforcement (Optional)	N/A	$24,124.80
eLAP Enforcement (Optional)	N/A	$0.00
Subtotal Personal Services	$37,479.60	$75,533.60
Equipment (eLAP only)	$0.00	
(Must be directly related to the operation of Roadside Safety Checks)		
Total All Funds	**$113,013.20**	

Campaign Breakdown

Halloween Campaign (October 27 - November 1 (6 am), 2017)

Occupant Protection	# of officers	# of hours	# of details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime SBEZ	4	2	3	24	$71.80	$1,723.20
Nighttime SBEZ						$0.00
Nighttime Saturation Patrols	4	2	3	24	$71.80	$1,723.20
TOTAL						$3,446.40
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	6	4	2	48	$71.80	$3,446.40
TOTAL						$3,446.40

Thanksgiving Campaign (November 17 – 27 (6 am), 2017)

Occupant Protection	# of officers	# of hours	# of details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime SBEZ	3	2	5	30	$71.80	$2,154.00
Nighttime SBEZ						$0.00
Nighttime Saturation Patrols	3	2	5	30	$71.80	$2,154.00
TOTAL						$4,308.00
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	$71.80	$7,180.00
TOTAL						$7,180.00

Christmas/New Year's Campaign (December 18, 2017 - January 2 (6 am), 2018)

Occupant Protection	# of officers	# of hours	# of details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime SBEZ	3	2	5	30	$71.80	$2,154.00
Nighttime SBEZ						$0.00
Nighttime Saturation Patrols	4	2	5	40	$71.80	$2,872.00
TOTAL						$5,026.00
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	$71.80	$8,616.00
TOTAL						$8,616.00

Super Bowl Campaign (February 2 - February 5 (6 am), 2018)

Occupant Protection	# of officers	# of hours	# of details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime SBEZ	3	2	2	12	$71.80	$861.60
Nighttime SBEZ						$0.00
Nighttime Saturation Patrols	4	2	2	16	$71.80	$1,148.80
TOTAL						$2,010.40
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	$71.80	$2,872.00
TOTAL						$2,872.00

St. Patrick's Day Campaign (March 16 – 19 (6 am), 2018)

Occupant Protection	# of officers	# of hours	# of details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime SBEZ	4	2	2	16	$71.80	$1,148.80
Nighttime SBEZ						$0.00
Nighttime Saturation Patrols	5	2	2	20	$71.80	$1,436.00
TOTAL						$2,584.80
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	6	4	2	48	$71.80	$3,446.40
TOTAL						$3,446.40

Memorial Day Campaign (May 18 – 29 (6 am), 2018)

Occupant Protection	# of officers	# of hours	# of details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime SBEZ	4	3	4	48	$71.80	$3,446.40
Nighttime SBEZ						$0.00
Nighttime Saturation Patrols	4	3	4	48	$71.80	$3,446.40
TOTAL						$6,892.80
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	6	4	5	120	$71.80	$8,616.00
TOTAL						$8,616.00

Independence Day Campaign (June 25 - July 8 (6 am), 2018)

Occupant Protection	# of officers	# of hours	# of details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime SBEZ	4	3	4	48	$71.80	$3,446.40
Nighttime SBEZ						$0.00
Nighttime Saturation Patrols	5	3	4	60	$71.80	$4,308.00
TOTAL						$7,754.40
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	6	4	5	120	$71.80	$8,616.00
TOTAL						$8,616.00

Labor Day Campaign (August 20 - September 4 (6 am), 2018)

Occupant Protection	# of officers	# of hours	# of details	Total Hours	Overtime Rate	Total Campaign Budget
Daytime SBEZ	4	3	3	36	$71.80	$2,584.80
Nighttime SBEZ						$0.00
Nighttime Saturation Patrols	5	2	4	40	$71.80	$2,872.00
TOTAL						$5,456.80
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	6	4	5	120	$71.80	$8,616.00
TOTAL						$8,616.00

**Additional Enforcement is limited to nighttime saturation patrols on the weekends that are identified in the calendar below.*

Additional Enforcement

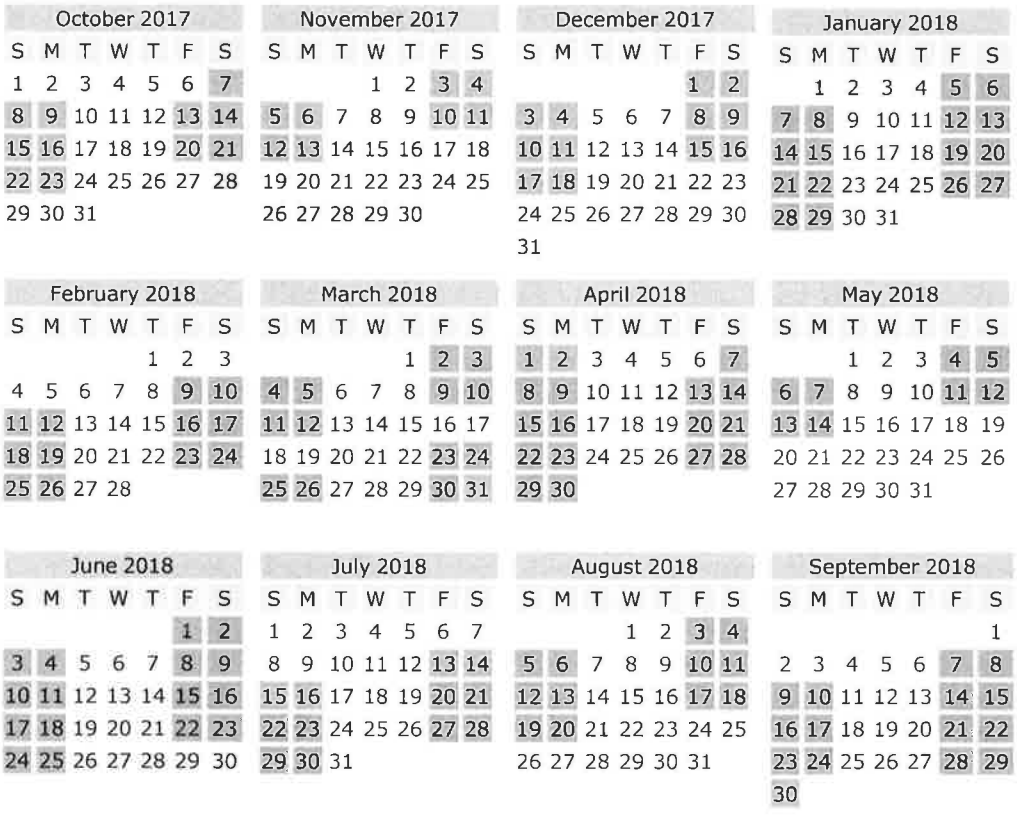
Impaired Driving	# of officers	# of hours	# of details	Total Hours	Overtime Rate	Total Campaign Budget
Saturation Patrols	7	4	12	336	$71.80	$24,124.80
TOTAL						$24,124.80

**The eLAP enforcement is limited to Friday 9:00 pm through Monday 6:00 am during the weekends that are identified in the calendar below.*

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

Additional / eLAP Enforcement Calendar



Equipment

*Equipment purchases must be directly related to the operation of Roadside Safety Checks.

Item	Estimated Cost
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
TOTAL	**$0.00**

FY 2018 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 23-30, 2017	**October 27-November 1 (6 a.m.), 2017**	November 1-3, 2017	November 15, 2017
Thanksgiving	**Yes**	November 15-20, 2017	**November 17-27 (6 a.m.), 2017**	November 28-December 1, 2017	December 11, 2017
Holiday	**Yes**	December 18-21, 2017	**December 18, 2017-January 2 (6 a.m.), 2018**	January 2-5, 2018	January 15, 2018
Super Bowl	**No**	December 31-February 2, 2018	**February 2-5 (6 a.m.), 2018**	February 5-7, 2018	February 19, 2018
St. Patrick's Day	**No**	March 12-16, 2018	**March 16-19 (6 a.m.), 2018**	March 19-21, 2018	April 2, 2018
Memorial Day	**Yes**	May 14-24, 2018	**May 18-29 (6 a.m.), 2018**	May 29-June 1, 2018	June 11, 2018
Independence Day	**Yes**	June 25-July 2, 2018	**June 25-July 8, 2018**	July 9-11, 2018	July 23, 2018
Labor Day Holiday	**Yes**	August 20-30, 2018	**August 20 – September 4 (6 a.m.), 2018**	September 4-6, 2018	September 17, 2018
Additional Impaired Driving and/or Occupant Protection Patrols (Optional)	**No**	Submit to LEL in advance for approval	**Submit to LEL in advance for approval**	Submit to LEL in advance for approval	Within 14 days of completion of enforcement

STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE	AGENCY IL Department of Transportation
Organization Name: Lake, County of DBA Sheriff's Office	DUNS#: 021115204	NOFO#: 18-0343-01
CSFA Number: 494-10-0343	CSFA Description: State and Community Highway Safety/National Priority Safety Programs	Fiscal Year(s) : FFY18

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.***

SECTION A -- STATE OF ILLINOIS FUNDS

Revenues	Year 1	Year 2	Year 3	TOTAL
(a). State of Illinois Grant Amount Requested	$ -	$ -	$ -	$ -

BUDGET SUMMARY STATE OF ILLINOIS FUNDS

Budget Expenditure Categories *OMB Uniform Guidance Federal Awards Reference 2 CFR 200*		Year 1	Year 2	Year 3	TOTAL
1. Personnel (Salaries & Wages)	*200.430*	$ 113,013.20	$ -	$ -	$ 113,013.20
2. Fringe Benefits	*200.431*		$ -	$ -	$ -
3. Travel	*200.474*		$ -	$ -	$ -
4. Equipment	*200.439*		$ -	$ -	$ -
5. Supplies	*200.94*		$ -	$ -	$ -
6. Contractual Services *(200.318)* & Subawards *(200.92)*			$ -	$ -	$ -
7. Consultant (Professional Services)	*200.459*		$ -	$ -	$ -
8. Construction			$ -	$ -	$ -
9. Occupancy (Rent & Utilities)	*200.465*		$ -	$ -	$ -
10. Research & Development (R&D)	*200.87*		$ -	$ -	$ -
11. Telecommunications			$ -	$ -	$ -
12. Training & Education	*200.472*		$ -	$ -	$ -
13. Direct Administrative costs	*200.413*		$ -	$ -	$ -
14. Miscellaneous Costs			$ -	$ -	$ -
15. A. ***Grant Exclusive Line Item(s)***			$ -	$ -	$ -
B. ***Grant Exclusive Line Item(s)***		$ -	$ -	$ -	$ -
16. Total Direct Costs (lines 1-15)	*200.413*	$ -	$ -	$ -	$ -
17. Indirect Costs* (see below)	*200.414*		$ -	$ -	$ -
Rate: _____ % Base: _____					
18. Total Costs State Grant Funds (lines 16 and 17)		$ 113,013.20	$ -	$ -	$ 113,013.20

[redacted]

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 information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for 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 total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.

C. Use a Restricted Rate designated by programmatic or statutory policy. ***(See Notice of Funding Opportunity for Restricted Rate Programs)***

2a) ☐ Our Organization 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. Our Organization 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, please provide basic Indirect Cost Rate information in area designated below)

2b) ☐ Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement 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 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: (Check with your 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 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 (2 CFR 200.414 (c)(4)(f) & (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 (check one) -- Our Organization is using a restricted indirect cost rate that:

_____ Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;

_____ Complies with other statutory policies *(please specify)* :

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 Agreement information if Option (1) or (2a) is selected

Period Covered by the NICRA: From: _____ To: _____(mm/dd/yyyy)

Approving Federal/State agency *(please specify)* : _____

The Indirect Cost Rate is _____% The Distribution Base is: _____

STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE	AGENCY: IL Department of Transportation
Organization Name: Lake, County of DBA Sheriff's Office	DUNS#: 021115204	NOFO#: 18-0343-01
CSFA Number: 494-10-0343	CSFA Description:State & Community Highway Safety/National Priority Safety Programs	Fiscal Year(s) : FFY18

If you are required to provide or volunteer to provide cost-sharing, matching funds, other funding or contributions to the project, these should be shown for each applicable budget category on lines 1-17 of Section B. ***Please read all instructions before completing form.***

SECTION B -- NON STATE OF ILLINOIS FUNDS

Program Revenues	Year 1	Year 2	Year 3	TOTAL
Grantee Match Requirement _____ % *(Agency to populate)*				
(b). -Cash	$ -	$ -	$ -	$ -
(c). -Non-cash	$ -	$ -	$ -	$ -
(d). Other Funding & Contributions	$ -	$ -	$ -	$ -
NON-STATE Funds Total	$ -	$ -	$ -	$ -

BUDGET SUMMARY NON-STATE OF ILLINOIS FUNDS

Budget Expenditure Categories *OMB Uniform Guidance Federal Awards Reference 2 CFR 200*		Year 1	Year 2	Year 3	TOTAL
1. Personnel (Salaries & Wages)	*200.430*	$ -	$ -		$ -
2. Fringe Benefits	*200.431*	$ -	$ -	$ -	$ -
3. Travel	*200.474*	$ -	$ -	$ -	$ -
4. Equipment	*200.439*	$ -	$ -	$ -	$ -
5. Supplies	*200.94*	$ -	$ -	$ -	$ -
6. Contractual Services (200.318) & Subawards (200.92)		$ -	$ -	$ -	$ -
7. Consultant (Professional Services)	*200.459*	$ -	$ -	$ -	$ -
8. Construction		$ -	$ -	$ -	$ -
9. Occupancy (Rent & Utilities)	*200.465*	$ -	$ -	$ -	$ -
10. Research & Development (R&D)	*200.87*	$ -	$ -	$ -	$ -
11. Telecommunications		$ -	$ -	$ -	$ -
12. Training & Education	*200.472*	$ -	$ -	$ -	$ -
13. Direct Administrative costs	*200.413*	$ -	$ -	$ -	$ -
14. Miscellaneous Costs		$ -	$ -	$ -	$ -
15. A. Grant Exclusive Line Item(s)		$ -	$ -	$ -	$ -
B. Grant Exclusive Line Item(s)		$ -	$ -	$ -	$ -
16. Total Direct Costs (lines 1-15)	*200.413*	$ -	$ -	$ -	$ -
17. Indirect Costs	*200.414*	$ -	$ -	$ -	$ -
Rate: _____ % Base: _____					

CERTIFICATION	STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE	AGENCY: IL Department of Transportation
Organization Name: Lake, County of DBA Sheriff's Office	DUNS#: 021115204	NOFO#: 18-0343-01
CSFA Number: 494-10-0343	CSFA Description: State & Community Highway Safety/National Priority Safety Programs	Fiscal Year(s) : FFY18

(2 CFR 200.415)

"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
Institution/Organization

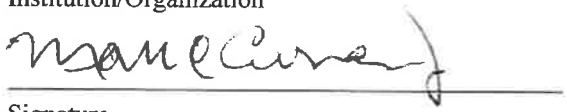
Signature

Gary O. Gordon
Name of Official

Director of Finance
Title
Chief Financial Officer (or equivalent)

Date of Execution

Lake County Sheriff's Office
Institution/Organization



Signature

Mark C. Curran, Jr.
Name of Official

Sheriff
Title
Executive Director (or equivalent)

Date of Execution

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 behalf of the organization.

FFATA Data Collection Form (if needed by agency)

Under FFATA, all subrecipients who receive $25,000 or more must provide the following information for federal reporting. Please fill out the following form accurately and completely.

4-digit extension if applicable **Subrecipient DUNS:** **Subrecipient Parent Company DUNS:**			
Subrecipient Name: Lake, County of DBA Sheriff's Office			
Subrecipient DBA Name: 021115204			
Subrecipient Address: 25 S. Martin Luther King Jr. Ave.			
City: Waukegan	**State: Illinois**	**Zip: 60085-5518**	**Congressional District: IL10**
Subrecipient Principal Place of Performance:			
City: Lake County	**State: Illinois**	**Zip:**	**Congressional District: IL10, IL6 & IL14**
Contract Number (if known): NA	**Award Amount: NA**	**Project Period:** **From: 10/01/17 To: 09/30/18**	
State of Illinois Awarding Agency and Project Detail Description:			

Under certain circumstances, sub recipient must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two 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 all 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 Agency salaries are public knowledge.

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

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

Name:	Amount:
Name:	Amount:
Name:	Amount:
Name:	Amount:

Section C - Budget Worksheet & Narrative

1). Personnel (Salaries & 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 of Employee	Position	Computation				Cost
		Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of time	
Officers working hireback campaigns.						$ 113,013.20
						$ -
						$ -
						$ -
					State Total	$ 113,013.20
						$ -
					NON-State Total	$ -

Personnel Narrative (State):

State Total $ 113,013.20

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

NON-State Total $ -

Total Personnel $ 113,013.20

Section C - Budget Worksheet & Narrative

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	Computation		Cost
		Base	Rate	
				$ -
				$ -
				$ -
				$ -
			State Total	$ -
				$ -
			NON-State Total	$ -

Fringe Benefits Narrative (State):

State Total $ -

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

NON-State Total $ -

Total Fringe Benefits $ -

Section C - Budget Worksheet & Narrative

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	Location	Computation					Cost
		Items	Cost Rate	Basis	Quantity	# of Trips	
							$ -
							$ -
							$ -
						State Total	$ -
							$ -
						NON-State Total	$ -

Travel Narrative (State):

State Total $ -

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

NON-State Total $ -

Total Travel $ -

Section C - Budget Worksheet & Narrative

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	Computation		Cost
	Quantity	Cost	
			$ -
			$ -
		State Total	$ -
			$ -
		NON-State Total	$ -

Equipment Narrative (State):

	State Total	$ -

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

	NON-State Total	$ -
	Total Equipment	$ -

Section C - Budget Worksheet & Narrative

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.

Supply Items	Computation		Cost
	Quantity/ Duration	Cost	
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
		State Total	$ -
			$ -
		NON-State Total	$ -

Supplies Narrative (State):

State Total	$	-

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

NON-State Total	$	-

Total Supplies $ -

Section C - Budget Worksheet & Narrative

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 subrecipient for the subrecipient 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.

Name of Organization	Contract or Subaward	Description of Activities	Cost
			$ -
			$ -
			$ -
			$ -
		State Total	**$ -**
			$ -
		NON-State Total	**$ -**

Contractual Services Narrative (State):

State Total $ -

Contractual Services Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total $ -

Total Contractual Services $ -

Section C - Budget Worksheet & Narrative

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)	Service Provided	Computation			Cost
		Fee	Basis	Quantity	
					$ -
					$ -
				State Total	$ -

Consultant Expenses	Location	Computation					Cost
		Items	Cost Rate	Basis	Quantity	# of Trips	
							$ -
							$ -
						State Total	$ -
							$ -
						NON-State Total	$ -

Consultant Narrative (State):

State Total $ -

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

NON-State Total $ -

Total Consultant $ -

Section C - Budget Worksheet & Narrative

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	Cost
EXAMPLES		
		$ -
	State Total	
N/A	**NON-State Total**	$ -

Construction Narrative (State):

State Total $ -

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

NON-State Total $ -

Total Construction $ -

Section C - Budget Worksheet & Narrative

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	Computation				Cost
	Quantity	Basis	Cost	Length of time	
					$ -
					$ -
					$ -
				State Total	$ -
					$ -
				NON-State Total	$ -

Occupancy Narrative (State):

State Total $ -

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

NON-State Total $ -

Total Occupancy $ -

Section C - Budget Worksheet & Narrative

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. NOTE: Consult with the program office before budgeting funds in this category.

Purpose	Description of Work	Cost
		$ -
		$ -
	State Total	$ -
N/A		$ -
	NON-State Total	$ -

R & D Narrative (State):

State Total $ -

R & D Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total $ -

Total R & D $ -

Section C - Budget Worksheet & Narrative

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	Computation				Cost
	Quantity	Basis	Cost	Length of time	
					$ -
					$ -
					$ -
				State Total	$ -
					$ -
				NON-State Total	$ -

Telecommunications Narrative (State):

State Total $ -

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

NON-State Total $ -

Total Telecommunications $ -

Section C - Budget Worksheet & Narrative

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	Computation				Cost
	Quantity	Basis	Cost	Length of time	
					$ -
					$ -
					$ -
				State Total	$ -
					$ -
				NON-State Total	$ -

Training & Education Narrative (State):

State Total $ -

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

NON-State Total $ -

Total Training & Education $ -

Section C - Budget Worksheet & Narrative

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	Computation				Cost
		Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of time	
						$ -
						$ -
					State Total	$ -
						$ -
					NON-State Total	$ -

Direct Administrative Narrative (State):

State Total $ -

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

NON-State Total $ -

Total Direct Administrative Costs $ -

Section C - Budget Worksheet & Narrative

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 (eg. Printing, Memberships & subscriptions, recruiting costs, etc.)

Description	Computation				Cost
	Quantity	Basis	Cost	Length of time	
					$ -
					$ -
					$ -
					$ -
				State Total	**$** -
					$ -
				NON-State Total	**$** -

Other Costs Narrative (State):

State Total $ -

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

NON-State Total $ -

Total Other Costs $ -

Section C - Budget Worksheet & Narrative

15). GRANT EXCLUSIVE LINE ITEM: 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).

Description	Computation				Cost
	Quantity	Basis	Cost	Length of time	
					$ -
					$ -
					$ -
					$ -
				State Total	**$ -**
					$ -
				NON-State Total	**$ -**

GRANT EXCLUSIVE LINE ITEM Narrative (State):

State Total $ -

GRANT EXCLUSIVE LINE ITEM Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total $ -

Total GRANT EXCLUSIVE LINE ITEM $ -

Section C - Budget Worksheet & Narrative

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	Computation		Cost
	Base	Rate	

$ -

State Total

$ -

NON-State Total $ -

Indirect Cost Narrative (State):

State Total $ -

Indirect Cost Narrative (Non-State) i.e. "Match" or "Other Funding"

NON-State Total $ -

Total Indirect Costs $ -

Section C - Budget Worksheet & Narrative

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.

Budget Category	*State*	*Non-State*	*Total*
1. Personnel	$ 113,013.20	$ -	$ 113,013.20
2. Fringe Benefits	$ -	$ -	$ -
3. Travel	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -
5. Supplies	$ -	$ -	$ -
6. Contractual Services	$ -	$ -	$ -
7. Consultant (Professional Services)	$ -	$ -	$ -
8. Construction	$ -	$ -	$ -
9. Occupancy (Rent & Utilities)	$ -	$ -	$ -
10. Research & Development (R&D)	$ -	$ -	$ -
11. Telecommunications	$ -	$ -	$ -
12. Training & Education	$ -	$ -	$ -
13. Direct Administrative Costs	$ -	$ -	$ -
14. Other or Misc. Costs	$ -	$ -	$ -
15. GRANT EXCLUSIVE LINE ITEM	$ -	$ -	$ -
16. Indirect Costs	$ -	$ -	$ -
State Request	$ 113,013.20		
Non-State Amount		$ -	
TOTAL PROJECT COSTS			$ 113,013.20

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 5.
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.

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
Personnel policies and procedures that include conflict of interest statements ■ YES/☐ NO
e. Complaint/grievance resolution policies and procedures ■ YES/☐ NO
f. Governing body policies and procedures that include conflict of interest statements ■ YES/☐ NO
g. Safeguarding funds, property and other assets against loss from unauthorized use or disposition ■ YES/☐ NO
h. 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 (low risk)
■ One to five years (medium risk)
☐ Less than one year (high risk)

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 (low risk)
☐ We're developing reports as part of grant management procedures (medium risk)

☐ We do not currently have established reports as part of grant management (high risk)

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 (low risk)
- ☐ One to five years (medium risk)
- ☐ Less than one year (high risk)
- ☐ No experience (high risk) 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 Sheriff's Office has applied for and been awarded Tobacco Enforcement Grants (TEG) for over 10 year. Our TEG efforts have been successful in educating businesses regarding State law regarding the sales of cigarettes, etc. to minors. We have complied with grant requirements regarding enforcement activity documentation and successfully been reimbursed for our efforts.

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

- ■ Always (low risk)
- ☐ Reported late up to three times (medium risk)
- ☐ Reported late four or more times (high risk)
- ☐ 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% (low risk)
☐ 10-20% (medium risk)
☐ More than 20% (high risk)

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 (low risk)
☐ Review of prior monitoring (low risk)
☐ Desk / quantitative review (medium risk)

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 (low risk)
☐ One to three occurrences of non-compliance (medium risk)
☐ Four or more occurrences of non-compliance (high risk)

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. (low risk)
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 (low risk)
☐ Policies are not fully implemented (high risk)
☐ The organization does not currently have these types of policies (high risk)

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

■ Policies are implemented and followed (low risk)
☐ Policies are not fully implemented (high risk)
☐ The organization does not currently have these types of policies (high risk)

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 (low risk)
☐ With the following exception(s), the organization is able to comply: Text response of exception(s) (medium to high risk depending on the exceptions)

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 –By signing this Programmatic Risk Assessment Questionnaire, I hereby certify (1) to the answers contained in the questionnaire; (2) that the answers herein are true, complete and accurate to the best of my knowledge; (3) that all occurrences of non-compliance with programmatic requirements have been disclosed.

Dawn Wuchs-Rosshach — Authorized Signature

March 24, 2017 — Date