

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

03/09/18

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STATE OF ILLINOIS GRANT INFORMATION

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|--------------------------------------|--|
| State Award Identification | Name of State Agency (Grantor): Department Of Human Services Department/Organziation Unit: Division of Alcoholism and Substance Abuse |
| State Award ID Number (SAIN) | 1565-5862 |
| State Program Description | The following information defines the scope of service for the Tobacco Enforcement Program (TEP). The TEP allows for compliance monitoring of tobacco retail establishments across Illinois to assure that Tobacco products are not sold to minors as defined by state law. The TEP establishes a program of local compliance monitoring to be implemented by municipalities across Illinois. Applicants are to conduct compliance checks by contracting with minors who will attempt to purchase tobacco products through supervised visits at tobacco retailers where minors can legally enter. Tobacco retailers within a municipality are to be provided with information on what constitutes illegal sales to minors. This is followed by a round of unannounced compliance checks by supervised minors. Two rounds conducted during a specified period of all retailers within a municipality will complete the requirements of the program. |
| Announcment Type | Initial |
| Agency (Grantor) Contact Information | Name: Rivera, Rafael Phone: 312.793.1628 Email: Rafael.Rivera@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: 2/1/2018 End Date: 6/30/2018 |

FUNDING INFORMATION

| FUND | CSFA | CFDA | AMOUNT |
|-----------|-------------|--------|------------|
| 268214900 | 444-26-1565 | 93.959 | \$7,260.00 |
| TOTAL | | | \$7,260.00 |

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

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) | This Notice of State Award (NOSA) is not an agreement. This NOSA is not a guarantee of an agreement. IDHS will publish its agreements in the CSA Tracking System after you return a signed copy of this NOSA to IDHS. Please note the items identified for Section 3. Please contact your DHS program representative within 30 days to implement a plan to address the identified issues within the next 90 days. Should you have any questions please speak with the DHS contact for your award. |
| Program-Specific Term(s) | THE FOLLOW ARE GATA EXCEPTIONS AND ARE NOT REQUIRED FOR THIS PROGRAM: APPLICATION BUDGET / BUDGET TEMPLATE Use Fixed Rate Grant Budget Template. INDIRECT COST RATE Not Applicable to Fixed Rate Grants. MERIT BASED REVIEW NOFO RISK ASSESSMENTS |

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:**

{MBR_Section1}

The reason why the additional requirements are being imposed**Agency Adjustments / Explanation:**

{MBR_Section2}

The nature of the action needed to remove the additional requirement, if applicable**Agency Adjustments / Explanation:**

{MBR_Section3}

The time allowed for completing the actions, if applicable**Agency Adjustments / Explanation:**

{MBR_Section4}

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

{MBR_Section5}

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SIGNATURE PAGE

Circle one: ☒ Accept NOSA ☐ Reject NOSA

Lake County Sheriff's Office

Institution / Organization



Signature

Dawn Wucki-Rossbach

Name of Official

Business Manager

Title (Chief Financial Officer or equivalent)

March 13, 2018

Date of Execution