

STATE OF ILLINOIS		UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA)		AGENCY: Illinois Criminal Justice Information Authority	
Implementing Agency Name:		DUNS#:		NOFO ID: 232378-1894	Grant #:
CFSA Number: 546-00-2378		CSFA Short Description: R3		State Fiscal Year(s): 22	Project Period: July 1-Sept 30,2021
All applicants must complete the cells highlighted in blue. The remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting funding for only one year should complete the column under " Year 1." Please read all instructions before completing form.					
SECTION A -- FEDERAL/STATE OF ILLINOIS FUNDS					
Revenues		<u>Year 1</u>			
(a). State of Illinois Grant Amount Requested		\$ 38,279			
BUDGET SUMMARY - FEDERAL/STATE OF ILLINOIS FUNDS					
Budget Expenditure Categories <i>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</i>		<u>Year 1</u>			
Personnel (Salaries & Wages) (200.430)		\$ 20,024			
Fringe Benefits (200.431)		\$ 5,261			
Travel (200.474)		\$ 1,739			
Equipment (200.439)		\$ -			
Supplies (200.94)		\$ 3,010			
Contractual Services (200.318) & Subawards (200.92)		\$ 671			
Rent and Utilities (200.465)		\$ 1,346			
Telecommunications		\$ 1,410			
Training and Education (200.472)		\$ -			
16. Total Direct Costs (lines 1-15) (200.413)		\$ 33,461			
17. Indirect Costs* (see below) (200.414)					
Rate: 14.4 % Base: \$ 33,461		\$ 4,818			
18. Total Costs State Grant Funds (lines 16 and 17)		\$ 38,279			

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 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: 7/1/20 - 6/30/21

Approving Fed/State Agency (please specify): Federal DHHS

The Indirect Cost Rate is: 14.4%

The Distribution Base is: Total direct costs excluding capital expenditures (buildings, individual items of equipment, alterations and renovations), that portion of each

STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA)	AGENCY: Illinois Criminal Justice Information Authority	
Implementing Agency Name:	DUNS#:	NOFO ID: 232378-1894	Grant #:
CFSA Number: 546-00-2378	CSFA Short Description: R3	State Fiscal Year(s): 22	Project Period: July 1-Sept 30,2021

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(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). "

Implementing Agency		Program Agency
<div>_____</div> Name of Applicant Institution/Organization	<div>_____</div> Name of Applicant Institution/Organization	<div>_____</div> Institution/Organization
<div>_____</div> Signature	<div>_____</div> Signature	<div>_____</div> Signature
<div>_____</div> Name of Official	<div>_____</div> Name of Official	<div>_____</div> Name of Official
<div>_____</div> Title Chief Financial Officer (or equivalent)	<div>_____</div> Title Executive Director (or equivalent)	<div>_____</div> Title Executive Director (or equivalent)
<div>_____</div> Date of Signature	<div>_____</div> Date of Signature	<div>_____</div> Date of Signature

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 (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

Grantee (or Subgrantee) DUNS:							
Grantee (or Subgrantee) Name:							
Grantee (or Subgrantee) DBA:							
Grantee (or Subgrantee) Address:							
City		State:		Zip+4:		Congressional District:	
Grantee (or Subgrantee) Principal Place of Performance:							
City		State:		Zip+4:		Congressional District:	
Grant #:		Award Amount: \$		38,279		Project Period: July 1-Sept 30,2021	
State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority							
CSFA Short Description: R3							
Under certain circumstances, grantee (or subgrantee) 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 <input type="checkbox"/> If yes, must answer Q2 below.							
No <input type="checkbox"/> 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 <input type="checkbox"/> If yes, you are not required to provide data.							
No <input type="checkbox"/> 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:					
Name:		Amount:					

Implementing Agency Name:

Grant #:

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.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

Name	Position	Computation				Federal/State Amount	Match	Total Cost
		Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Quantity (based on Yr/Mo/Hr)			
<i>Vacant</i>	<i>Youth Navigator / Case Manager</i>	\$ 32,000	Yearly	100.00%	0.25	\$ 8,000	\$ -	\$ 8,000
<i>Vacant</i>	<i>Therapist</i>	\$ 41,000	Yearly	100.00%	0.25	\$ 10,250	\$ -	\$ 10,250
<i>XXXXXX</i>	<i>Director of Youth Services</i>	\$ 53,000	Yearly	7.50%	0.25	\$ 994	\$ -	\$ 994
<i>Vacant</i>	<i>Administrative Assistant</i>	\$ 24,960	Yearly	12.50%	0.25	\$ 780	\$ -	\$ 780
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
Total						\$ 20,024.00	\$ -	\$ 20,024.00

Personnel Narrative:

1 FTE Youth Navigator (Case Manager) - responsibilities include the development and implementation of Individual Services Plans, guide participants in development of goals and strategies for self-sufficiency; refer participants to resources and referrals.

1 FTE Therapist - responsibilities include the formulation of treatment plans and goals with participants, and responsible for the implementation of the plan; Provides a range of direct individual and group therapy within agency's policies, procedures and practices.

.075 FTE Director provides direct supervision of Youth Navigator and Therapist; Responsible for overall programmatic and fiscal reporting.

.125 FTE Administrative Assistant/Secretary provides administrative support, approx. 5 hours a week, for Case Manager, Therapist and Director.



Implementing Agency Name:

Grant #:

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 name of the fringe benefit (i.e., Retirement, Insurance, Worker's Comp, etc), the fringe benefit rate, 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.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

Name	Position	Fringe Costs									Federal/State Amount	Match	Total Cost
		Calculated Salary	FICA	Health insurance (Please specify)	Workers comp (Please specify)	Unemployment (Please specify)	Life insurance (Please specify)	Other (Please Specify)	Flat Rate Fringe (If applicable)				
			7.6500%	14.2000%	1.7000%	2.3000%	0.4200%						
Vacant	Youth Navigator / Case Manager	\$ 8,000	\$ 612	\$ 1,136	\$ 136	\$ 184	\$ 34	\$ -		\$ 2,102	\$ -	\$ 2,102	
Vacant	Therapist	\$ 10,250	\$ 784	\$ 1,456	\$ 174	\$ 236	\$ 43	\$ -		\$ 2,693	\$ -	\$ 2,693	
XXXXX	Director of Youth Services	\$ 994	\$ 76	\$ 141	\$ 17	\$ 23	\$ 4	\$ -		\$ 261	\$ -	\$ 261	
Vacant	Administrative Assistant	\$ 780	\$ 60	\$ 111	\$ 13	\$ 18	\$ 3	\$ -		\$ 205	\$ -	\$ 205	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				\$ -	
		\$ -	\$ -	\$ -	\$ -	\$ -							

Fringe Narrative:
All staffing positions listed in the Personnel line will be paid for fringe benefits. Agency's rate for FY18 is 26.27%, breakout is as follows:
FICA 7.65%, Health Insurance 14.2% , Life Insurance 4.2%, Unemployment Insurance 2.3% Workers' Comp Insurance 1.7%

Grant #:

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 contractual 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.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

Purpose of Travel (brief description)	Location	Computation						Federal/State Amount	Match	Total Cost
		Items	Cost Rate	Quantity	Basis	# Staff	# of Trips			
Therapist travel	Chicago	mileage	\$ 0.535	25	miles	1	130	\$ 1,739	\$ -	\$ 1,739
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
Total								\$ 1,739	\$ -	\$ 1,739

Local travel for therapist -- approx. 25 miles x 130 trips over the the 3 month grant period x \$.535 per mile (current reimbursement rate) = \$1,739. Mileage reimbursement rate will be adjusted based on current state allowable reimbursement rate at time of service. Travel is necessary to visit clients in their homes or at schools.

Travel

Implementing Agency Name:

Grant #:

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.

Note: Please see ICIIA Specific Instructions tab for additional information for completing this section.

Item	Computation			Federal/State Amount	Match	Total Cost
	Quantity	Cost	Pro-Rated Share (Put 100% if cost is not pro-rated)			
Not applicable						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Total				\$ -	\$ -	\$ -

Equipment Narrative:

Implementing Agency Name:

Grant #:

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.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

Supply Items	Computation			Federal/State Amount	Match	Total Cost
	Quantity/Duration	Cost	Pro-Rated Share (Put 100% if cost is not pro-rated)			
<i>Program and therapy supplies</i>	3	\$ 136.50	100.00%	\$ 410	\$ -	\$ 410
<i>Materials for two meetings</i>	2	\$ 100.00	100.00%	\$ 200	\$ -	\$ 200
<i>Office Supplies</i>	3	\$ 200.00	100.00%	\$ 600	\$ -	\$ 600
<i>Food</i>	2	\$ 900.00	100.00%	\$ 1,800	\$ -	\$ 1,800
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Total				\$ 3,010	\$ -	\$ 3,010

Supplies Narrative:

Program and therapy supplies for approx 35 clients at one time. Program and Therapy supplies include items such as folders, workbooks, and art supplies. Based on prior experience, we anticipate costs will be approximately \$3.90 per youth x 35 youths = \$136.50x 3 cohorts=\$410.

Materials for two coalition meetings: Easels, paper, markers, printing of materials. Approx \$100 per meeting X 2 meetings. Cost based on prior experience holding quarterly coalition meetings.

Office supplies may include pens, paper, notebooks, toner and other similar items. No costs under this budget line will have a per unit cost of more than \$100 without specific written preapproval from ICJIA. Based on past experience, we anticipate costs to be \$200/month.

Food - Food will be served to youth and community members at two block parties, where information about violence prevention services will be provided. Food is necessary as an outreach tool to bring community members to the events. We anticipate 100 community members to attend each event. Food and drink (no alcohol will be served) is anticipated to be \$9.00 per person. \$9/person x 100 individuals x two events = \$1,800. We will comply with the ICJIA food policy.

Implementing Agency Name:

Grant #:

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. Federal rules require a separate justification must be provided for sole source contracts in excess of \$150,000 (See 2 CFR 200.88) . **However, ICJIA has additional requirements for sole source contracts of other amounts. The applicant must contact the ICJIA grant monitor or program administrator for additional information.** 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 services in support of the project activities. This can include utilities, leases, computing costs, audit costs, and similar types of costs.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

Description		Computation				Federal/State Amount	Match	Total Cost
		Cost per Basis	Basis	Length of Time	Pro-Rated Share (Put 100% if cost is not pro-rated)			
Care of Building and Grounds		\$ 895.00	month	3	25.00%	\$ 671	\$ -	\$ 671
						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
						\$ -	\$ -	\$ -
Total						\$ 671	\$ -	\$ 671

Contractual Narrative:

Care of Building/Grounds expense for maintenance, waste removal, pest control and other expenses at facility where staff will work. Care of bldg/grnd expense is allocated based on FTE as a share of all staff using the facility or 25%, the monthly expense is \$895 per FTE, for three months = \$671.

Implementing Agency Name:

Grant #:

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				Federal/State Amount	Match	Total Cost
	Cost	Basis	Length of time/Quantity	Pro-ration			
<i>Utilities</i>	<i>\$461.00</i>	Monthly	3	25.00%	\$ 346	\$ -	\$ 346
<i>Space Rental</i>	<i>\$500.00</i>	Event	2	100.00%	\$ 1,000		\$ 1,000
<i>Total</i>					\$ 1,346	\$ -	\$ 1,346

Rent and Utilities Narrative

Utilities expense for gas, electricity, sewer usage at facility where staff will work. Utilities expense is allocated based on FTE as a share of all staff using the facility =25%. The monthly utilities expense is \$461 $\$461 \times 25\% \times \text{three months} = \346 .

Space Rental: Youth event and coalition symposium: use of space (\$500 per event), 2 events $\times \$500$ each charged at 100% = \$1,000.

Implementing Agency Name:

Grant #:

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				Federal/State Amount	Match	Total Cost
	Cost	Basis	Length of time	Pr-ration			
<i>Telephone</i>	\$220.00	Month	3	100.00%	660.00	-	\$ 660
<i>WAN Internet Service</i>	\$1,000.00	Month	3	25.00%	750.00	-	\$ 750
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Total					\$ 1,410	\$ -	\$ 1,410

Telecommunications Narrative:

Telephone expense for phone use at facility where staff will work. Phone expense is allocated based on FTE, the monthly phone expense is \$100 per FTE, 2.2 FTE's are budgeted to this grant; monthly expense is \$100 x 2.2 FTE x three months = \$660.

WAN Internet Services expense for use at facility where staff will work. WAN expense is \$1000 prorated at 25%, based on 2.2 FTE's are budgeted to this grant as a share of all staff; monthly expense is \$1000 x 25% x three months = \$750.

Grant #:

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.

Training and Education Narrative:

Implementing Agency Name:

Grant #:

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.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

Description	Computation		Federal/State Amount	Match	Total Cost
	Base	Rate			
Federally approved Indirect Cost Rate	\$ 33,461	14.40%	\$ 4,818	\$ -	\$ 4,818

Indirect Cost Narrative:

Our agency has a current federally approved rate of 14.4%. Indirect cost covers HR, payroll, accounting, and executive team.

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

Institution/Organization

Signature

Name of Official

Title
Chief Financial Officer (or equivalent)

Date of Signature

Institution/Organization

Signature

Name of Official

Title
Executive Director (or equivalent)

Date of Signature