State of Illinois -- Uniform Budget Template -- General Instructions

This form is used to apply to individual State of Illinois discretionary grant programs. If the applicant organization is eligible to apply for 3 years of funding, it should provide the budget information for each year of the multi-year funding request. Applicants should submit budgets based upon the total estimated costs for the project including all funding sources. Pay attention to applicable program specific instructions, if attached. The applicant organization may access requirements from 2 CFR 200, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards" cited within these instructions at: LINK TO GOMB reference page

You must consult with your Business Office prior to submitting this form for any restrictions, limitations or requirements when filling out the narrative and Uniform Budget Template..

Section A – Budget Summary

STATE OF ILLINOIS FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-17. Eligible applicants requesting funding for only one year should only complete the column under "Year 1.". Eligible applicants requesting funding for multi-year grants should complete all applicable columns. **Please read all instructions before completing form.**

STATE OF ILLINOIS GRANT FUNDS

Provide a total requested State of Illinois Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – STATE OF ILLINOIS FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-17.

Lines 1-17, columns (Year 1 -Year 3; if applicable): For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Lines 1-17, "TOTAL" Column: Show the multi-year total for each budget category. If funding is requested for only one project year, leave this column blank.

Line 18, columns (Year 1 – Year 3; if applicable): Show the total budget request for each project year for which funding is requested.

Line 18, "TOTAL" Column: Show the total amount requested for all project years. If funding is requested for only one year, leave this space blank.

Section A (continued) Indirect Cost Information: *(This information should be completed by the applicant's Business Office)* . If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (Options 1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois, the applicant must either:

A) Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.

B) Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.

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

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c). ***Note:*** *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit. ***Note:*** *The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). ***Note:*** *The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs.* ***Note*** *the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .*

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. ***Note:*** *See Notice of State Award for Restricted Rate Programs*

Section B - Budget Summary

NON-STATE OF ILLINOIS FUNDS

NON-STATE OF ILLINOIS FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-State of Illinois resources to the project, the applicant must provide a revenue breakdown of all Non-State of Illinois funds in lines (b)-(d). the total of "Non-State Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY – NON STATE OF ILLINOIS FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-State of Illinois resources to the project, these costs should be shown for each applicable budget category on lines 1‑17 of Section B.

Lines 1-17, columns (Year 1- Year 3; if applicable): For each project year, for which matching funds or other contributions are provided, show the total contribution for each applicable budget category.

Lines 1-17, "TOTAL" Column: Show the multi-year total for each budget category. If non-Federal contributions are provided for only one year, leave this column blank.

Line 18, columns (Year 1-Year 3; if applicable): Show the total matching or other contribution for each project year.

Line 18, "TOTAL" Column: Show the total amount to be contributed for all years of the multi-year project. If non-Federal contributions are provided for only one year, leave this space blank.

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable program specific instructions, if attached.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the (State of Illinois Uniform Budget Template worksheet and narrative guide) provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.

2. For non-State of Illinois funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:

   a. The specific costs or contributions by budget category;

   b. The source of the costs or contributions; and

   c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.

4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.

5. Provide other explanations or comments you deem necessary.

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

•A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.

•The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.

•The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.

•Each section of the budget should be in outline form, listing line items under major headings and subheadings.

•Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

•Salaries should be comparable to those within the applicant organization.

•If new staff is being hired, additional space and equipment are considered, as necessary.

•If the budget lists an equipment purchase, it is the type allowed by the agency.

•If additional space is rented, the increase in insurance is supported.

•If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

While budget adjustments are sometimes made after the grant award, this can be a lengthy process. It's best to be certain that implementation, continuation, and phase-down costs can be met with the budget you submit with the proposal.

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or $1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE	AGENCY
Organization Name:	**DUNS#**	**Grant #**
CFDA/CFSA Number:	**CFDA/CSFA Description:**	**Fiscal Year(s) :**

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 Amounted 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*				
2. Fringe Benefits	*200.431*				
3. Travel	*200.474*				
4. Equipment	*200.439*				
5. Supplies	*200.94*				
6. Contractual Services	*200.318*				
7. Consultant (Professional Services)	*200.459*				
8. Construction					
9. Occupancy (Rent & Utilities)	*200.465*				
10. Research & Development (R&D)	*200.87*				
11. Telecommuications					
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 1-16)	*200.413*				
17. Indirect Costs* (see below) Rate: _____ % Base:_____	*200.414*				
18. Total Costs State Grant Funds (lines 16-17)					

SECTION - A (continued) Indirect Cost Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options. *(if no reimbursement is requested, please leave blank)*

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 <u>not</u> 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 our State Cognizant Agency on an annual basis.

B. Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.

C. Use a Restricted Rate designated by programmatic 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 <u>not</u> have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our <u>initial</u> 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 a State of Illinois agency 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 _____%

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
Organization Name:	**DUNS#**	**Grant #**
CFDA/CFSA Number:	**CFDA/CSFA Description:**	**Fiscal Year(s) :**

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)	*200.43*				
2. Fringe Benefits	*200.43*				
3. Travel	*200.47*				
4. Equipment	*200.44*				
5. Supplies	*200.94*				
6. Contractual Services	*200.32*				
7. Consultant (Professional Services)	*200.46*				
8. Construction					
9. Occupancy (Rent & Utilities)	*200.47*				
10. Research & Development (R&D)	*200.87*				
11. Telecommuications					
12. Training & Education	*200.47*				
13. Direct Administrative costs	*200.41*				
14. Miscellaneous Costs					
15. A. Grant Exclusive Line Item(s)					
B. Grant Exclusive Line Item(s)					
16. Total Direct Costs (lines 1-16)	*200.41*				
17. Indirect Costs Rate: _____ % Base:_____	*200.41*				
18. Total Costs NON-STATE Funds (lines 16-17)					

CERTIFICATION	STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE
Organization Name:	**CFDA/CFSA Description:**	**Grant #**
CFDA/CSFA Number:	**DUNS#**	**Fiscal Year(s) :**

(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).

Institution/Organization	Institution/Organization
Signature	Signature
Name of Official	Name of Official
Title Chief Financial Officer (or equivalent)	Title Executive Director (or equivalent)
Date of Execution	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:			
Subrecipient DBA Name:			
Subrecipient Address:			
City:	**State:**	**Zip:**	**Congressional District:**
Subrecipient Principal Place of Performance:			
City:	**State:**	**Zip:**	**Congressional District:**
Contract Number (if known):	**Award Amount:**	**Project Period:** **From: To:**	
State of Illinois Awarding Agency and Project Detail Description:			

Under certain circumstances, subrecipient 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

☐ 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:
Name:	Amount:

1). Personnel *(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.

Name	Position	Computation				Cost
		Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of time	
EXAMPLES						
John Smith	*Program Coordinator*	*$ 50,000*	*Year*	*100%*	*12 mos.*	*$ 50,000*
Jane Doe	*Project Manager*	*$ 2,000*	*Month*	*75%*	*12 mos.*	*$ 18,000*
Sally Johnson	*Admin. Assistant*	*$ 22*	*Hour*	*50%*	*1040 hrs*	*$ 11,440*
					State Total	***$ 79,440***
Joe Stanley	*Community Volunteer*	*$ 5.15*	*Hour*	*100%*	*300hrs.*	*$ 1,545*
					NON-State Total	***$ 1,545***

Personnel Narrative (State):

StateTotal ***$ 79,440***

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

NON-State Total ***$ 1,545***

Total Personnel ***$ 80,985***

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 category (1) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman's Compensation, and Unemployment Compensation.

Name	Position	Computation		Cost
		Base	Rate	
EXAMPLES				
John Smith	*Program Coordinator*	*$ 50,000*	*25%*	*$ 12,500*
Jane Doe	*Progject Manager*	*$ 18,000*	*25%*	*$ 4,500*
Sally Johnson	*Admin. Assistant*	*$ 11,400*	*25%*	*$ 2,850*
			State Total	***$ 19,850***
Joe Stanley	*Volunteer*	*$ 1,545*	*7.65%*	*$ 118*
			NON-State Total	***$ 118***

Personnel Narrative (State):

EXAMPLES - Our Fringe Benefits covers the following items: FICA (7.65%) Workmen's Comp (1.35%) Health Insurance (11%) & Retirement (5%). For a total of 25% rate.

State Total $ 19,850

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

EXAMPLES - Volunteer sercvice covers the following items: FICA/Medicaid (7.65%)

NON-State Total $ 118

Total Personnel $ 19,968

3). Travel *(2 CFR 200.474*)-- Itemize travel expenses of project personnel by purpose (e.g., staff to training, field interviews, advisory group meetings, etc. Show the basis of computation (e.g., six people 3-day training at $X airfare, $X lodging, $X subsistence). 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: Travel expenses for consultants should be included in the "Consultant" category.

Purpose of Travel	Location	Computation					Cost
		Items	Cost Rate	Basis	Quantity	# of Trips	
EXAMPLES							
Program Training	*Boston*	*Airfare*	*$ 150*	*(1) Roundtrip*	*2 (Personnel)*	*2*	*$ 600*
		Hotel	*$ 75*	*(2) Nights*	*2 (Personnel)*	*2*	*$ 600*
		Meals	*$ 35*	*(3) Days*	*2 (Personnel)*	*2*	*$ 420*
						State Total	***$ 1,620***
						NON-State Total	***$ -***

Travel Narrative (State):

StateTotal ***$ 1,620***

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

NON-State Total ***$ -***

Total Personnel ***$ 1,620***

4). Equipment *(2 CFR 200.439)* -- List non-expendable items that are to be purchased. (Note: Organization's own capitalization policy for classification of equipment should be used. Expendable items should be included in the "Supplies" category. 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	
EXAMPLES			
Video Cameras (2)	*2*	*$ 750*	*$ 1,500*
		State Total	***$ 1,500***
		NON-State Total	***$ -***

Equipment Narrative (State):

StateTotal ***$ 1,500***

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

NON-State Total ***$ -***

Total Equipment ***$ 1,500***

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	
EXAMPLES			
Printer	*1*	*$ 500*	*$ 500*
Locking File Cabinet	*2*	*$ 1,000*	*$ 2,000*
		State Total	***$ 2,500***
		NON-State Total	***$ -***

Supplies Narrative (State):

StateTotal ***$ 2,500***

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

NON-State Total ***$ -***

Total Supplies ***$ 2,500***

6). Contractual Services *(2 CFR 200.318)* **--** Provide a description of the producct 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)*. A sole contract may not be awarded to a commercial organization that is ineligible to recieve a direct award. NOTE : this budget category may include subawards.

Item	Cost
EXAMPLES	
ABC Company	*$ 40,000*
State Total	***$ 40,000***
NON-State Total	***$ -***

Contractual Services Narrative (State):

StateTotal ***$ 40,000***

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

NON-State Total ***$ -***

Total Contractual Services ***$ 40,000***

7). Consultant Sevices 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	
EXAMPLES					
William Penn, CPA	*Accounting Assistance*	*$ 45*	*Hourly*	*$ 200*	*$ 9,000*
				State Total	***$ 9,000***

Consultant Expenses	Location	Computation					Cost
		Items	Cost Rate	Basis	Quantity	# of Trips	
EXAMPLES							
Program Training	*In state*	*Mileage*	*$ 0.51*	*Mile*	*40*	*5*	*$ 102*
						State Total	***$ 102***
						NON-State Total	***$ -***

Consultant Narrative (State):

StateTotal ***$ 9,102***

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

NON-State Total ***$ -***

Total Personnel ***$ 9,102***

8). Construction-- Provide a description of the construction project and an estimate of the costs. As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Consult with the program office before budgeting funds in this category.

Purpose	Description of Work	Cost
EXAMPLES		
Consult with Program Office before budgeting Construction costs.		*$ -*
	State Total	***$ -***
	NON-State Total	***$ -***

Construction Narrative (State):

StateTotal ***$ -***

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

NON-State Total ***$ -***

Total Construction ***$ -***

9). Ocupancy -Rent and Utilities *(2 CFR 200.465)* **--** List items and descriptions by major type and the basis of the computation. Explain how rental 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 provide a monthly rental cost and how many months to rent.

Description	Computation					Cost
	Quantity	Basis	Cost		Length of time	
Examples						
Rent	*1000*	*Sq Ft*	*$*	*2.51*	*12 Mos.*	*$ 30,120*
Utilities	*1*	*Monthly rate*	*$*	*125.00*	*12 Mos.*	*$ 1,500*
					State Total	***$ 31,620***
					NON-State Total	***$ -***

Occupancy Narrative (State):

StateTotal ***$ 31,620***

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

NON-State Total ***$ -***

Total Occupancy ***$ 31,620***

10). Reasearch & 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 reasearch and develepment project and an estimate of the costs. Consult with the program office before budgeting funds in this category.

Purpose	Description of Work	Cost
EXAMPLES		
Consult with Program Office before budgeting for Research and development		*$ -*
	State Total	***$ -***
	NON-State Total	***$ -***

R & D Narrative (State):

StateTotal ***$ -***

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

NON-State Total ***$ -***

Total R & D ***$ -***

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.

Description	Computation				Cost
	Quantity	Basis	Cost	Length of time	
Examples					
Telephone	*1*	*Monthly rate*	*$ 50.00*	*12 Mos.*	*$ 600*
Internet Provider 25% for Program	*0.25*	*Monthly rate*	*$ 125.00*	*12 Mos.*	*$ 375*
				State Total	***$ 975***
				NON-State Total	***$ -***

Telecommunications Narrative (State):

StateTotal ***$ 975***

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

NON-State Total ***$ -***

Total Telecommunications ***$ 975***

12). Training and Education *(2 CFR 200.472)* -- Describe the training and education cost associated with employee development.

Description	Computation				Cost
	Quantity	Basis	Cost	Length of time	
Examples					
Online Federal Cost Principle training	*5*	*Hourly*	*$ 100.00*	*3hr*	*$ 1,500*
				State Total	***$ 1,500***
				NON-State Total	***$ -***

Training & Education Narrative (State):

StateTotal ***$ 1,500***

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

NON-State Total ***$ -***

Total Training & Education ***$ 1,500***

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	
EXAMPLES						
Mary Johnson	*Secretary*	*$ 15*	*Hour*	*25%*	*2080*	*$ 7,800*
					State Total	***$ 7,800***
					NON-State Total	***$ -***

Direct Admin Narrative (State):

StateTotal ***$ 7,800***

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

NON-State Total ***$ -***

Total Direct Administrative Costs ***$ 7,800***

14). Other or Miscellaneous Costs -- (Please cite reference per statute): Costs directly related to the service or activity of the program.

Description	Computation				Cost
	Quantity	Basis	Cost	Length of time	
Examples					
Insurance					*$* -
Audit Fees					*$* -
Patient Transportation					*$* -
				State Total	***$*** -
				NON-State Total	***$*** -

Other Costs Narrative (State):

StateTotal ***$*** -

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

NON-State Total ***$*** -

Total Other Costs ***$*** -

15). GRANT EXCLUSIVE LINE ITEM: Costs directly related to the service or activity of the program that is an intergal line item for budgetary purposes that must have Program approval and designation of this line item.

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

GRANT EXCLUSIVE LINE ITEM Narrative (State):

StateTotal ***$*** -

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

NON-State Total ***$*** -

Total GRANT EXCLUSIVE LINE ITEM ***$*** -

16). Indirect Cost *(2 CFR 200.414)* --Indirect costs are allowed only if the applicant has Federally approved indirect cost rate. A copy of the rate approval, (a fully executed, negotiated agreement), must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicant's cognizant Federal agency, which will review all documentation and approve a rate for the applicant organization, or if the applicant's accounting system permits, costs may be allocated in the direct costs categories.

Description	Computation		Cost
	Base	Rate	
EXAMPLES			
Indirect Costs	*$ 75,000*	*12.50%*	*$ 9,375*
		State Total	***$ 9,375***
		NON-State Total	***$ -***

Indirect Cost Narrative (State):

EXAMPLES

Based upon a Federally approved rate of 12.50% of Total Direct Labor (Personnel + Fringe)

StateTotal ***$ 9,375***

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

NON-State Total ***$ -***

Total Indirect Costs ***$ 9,375***

Budget Narrative Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-Statel funds that will support the project.

Budget Category	*State*	*NON-State*	*Total*
1. Personnel	*$ 79,440*	*$ 1,545*	*$ 80,985*
2. Fringe Benefits	*$ 19,850*	*$ 118*	*$ 19,968*
3. Travel	*$ 1,620*	*$ -*	*$ 1,620*
4. Equipment	*$ 1,500*	*$ -*	*$ 1,500*
5. Supplies	*$ 2,500*	*$ -*	*$ 2,500*
6. Contractual Services	*$ 40,000*	*$ -*	*$ 40,000*
7. Consultant (Professional Services)	*$ 9,102*	*$ -*	*$ 9,102*
8. Construction	*$ -*	*$ -*	*$ -*
9. Occupancy (Rent & Utilities)	*$ 31,620*	*$ -*	*$ 31,620*
10. Research & Development (R&D)	*$ -*	*$ -*	*$ -*
11. Telecommunications	*$ 975*	*$ -*	*$ 975*
12. Training & Education	*$ 1,500*	*$ -*	*$ 1,500*
13. Direct Administrative Costs	*$ 7,800*	*$ -*	*$ 7,800*
14. Other or Misc. Costs	*$ -*	*$ -*	*$ -*
15. GRANT EXCLUSIVE LINE ITEM	*$ -*	*$ -*	*$ -*
16. Indirect Costs	*$ 9,375*	*$ -*	*$ 9,375*
State Request	*$ 205,282*		
Non-State Amount		*$ 1,663*	
TOTAL PROJECT COSTS			*$ 206,945*

Agency Approval	STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE
Organization Name:	**CFDA/CFSA Description:**	**Grant #**
CFDA/CFSA Number:	**DUNS#**	**Fiscal Year(s) :**

Initial Budget Request Amount
Prior Written Approval For Expense Line item
Statutory Limits or Restrictions
Checklist

Final Budget Amount Approved	Program Approval Signature	Date	Fiscal & Administrative Approval Signature	Date
Budget Revision Approved	Program Approval Signature	Date	Fiscal & Administrative Approval Signature	Date

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or $1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.