

HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS (HMEP) FFY 2019 GRANT PROGRAM APPLICATION SOFT MATCH

Contact iema.grants@illinois.gov for programmatic and technical support.

| | |
|--|--|
| Name of the Awarding State Agency: | Illinois Emergency Management Agency (IEMA) |
| Catalog of State Financial Assistance (CSFA) Number: | 558-40-0441 |
| CSFA Title: | Hazardous Materials Emergency Preparedness Grant Program |
| CFDA Number: | 20.703 |
| CFDA Title: | Hazardous Materials Emergency Preparedness Grant Program |
| Funding Opportunity Number: | n/a |
| Funding Opportunity Title: | Hazardous Materials Emergency Preparedness Grant Program |
| Funding Opportunity Program Field: | HMEP |
| Competition Identification Number: | n/a |
| Competition Identification Title: | n/a |
| Grant Program Local Match Percentage: | 20.00% |

APPLICATION SUMMARY

| | |
|--------------------------|---------------------------|
| Subrecipient: | ABC County or City of ABC |
| Project 100% Amount: | \$ 258,630.39 |
| Required Minimum Match: | \$ 51,726.08 |
| | |
| Requested Federal Share: | \$ 204,751.27 |

SUBRECIPIENT INFORMATION

| | | | |
|---|---------------------------|---------------------------------------|----------------|
| Subrecipient: | ABC County or City of ABC | | |
| Employer/Taxpayer Identification Number (EIN, TIN): | 999999999 | | |
| Data Universal Number System (DUNS) Number: | 999999999 | | |
| Cage Code: | 55555 | | |
| SAM Expiration Date: | 08/30/2020 | MM/DD/YYYY (Must be older than today) | |
| IEMA Region #: | 6 | | |
| BUSINESS ADDRESS | | | |
| Street: | ABC Main Street | | |
| City: | ABCDEF | | |
| State: | IL | | |
| County: | ABC County | | |
| ZIP+4: | 555554444 | | |
| GRANT POINT OF CONTACT | | | |
| First Name: | John | Last Name: | Doe |
| Street Address: | GPOC Street | | |
| City: | GPOC City | | |
| County: | GPOC County | State: | IL |
| | | ZIP: | 55555 |
| Email: | Bob.P.Evans@illinois.gov | Phone: | (222) 222-2222 |
| CHIEF ELECTED OFFICAL / ADMINISTRATOR | | | |
| First Name: | Jane | Last Name: | Smith |
| Title: | County Board Chair | | |
| Street Address: | CEO Street | | |
| City: | CEO City | | |
| County: | CEO County | State: | IL |
| | | ZIP: | 55555 |
| Email: | Bob.P.Evans@illinois.gov | Phone: | (222) 222-2222 |

BUDGET SUMMARY

| BUDGET CATEGORY | FEDERAL / STATE PASSTHROUGH | LOCAL MATCH | TOTAL |
|--|-----------------------------|--------------|---------------|
| 1. Personnel (200.430) | \$ 79,025.00 | \$ 20,725.00 | \$ 99,750.00 |
| 2. Fringe Benefits (200.431) | \$ 17,326.27 | \$ 4,454.12 | \$ 21,780.39 |
| 3. Travel (200.474) | \$ 2,400.00 | \$ 600.00 | \$ 3,000.00 |
| 4. Equipment (200.439) | | | \$ 0.00 |
| 5. Supplies (200.94) | \$ 4,800.00 | \$ 1,200.00 | \$ 6,000.00 |
| 6. Contractual/Subawards (200.318 and .92) | \$ 12,200.00 | \$ 2,300.00 | \$ 14,500.00 |
| 7. Consultant (200.459) | \$ 80,000.00 | \$ 20,000.00 | \$ 100,000.00 |
| 8. Construction | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| 9. Occupancy (200.465) | \$ 6,000.00 | \$ 2,000.00 | \$ 10,000.00 |
| 10. Research and Development (200.87) | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| 11. Telecommunications | \$ 3,000.00 | \$ 600.00 | \$ 3,600.00 |
| 12. Training and Education (200.472) | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| 13. Direct Administrative Costs (200.413) | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| 14. Miscellaneous Costs | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| 15. Grant Exclusive Line Item(s) | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| 16. Total Direct Costs (add lines 1-15) | \$ 204,751.27 | \$ 51,879.12 | \$ 258,630.39 |
| 17. Total Indirect Costs (200.414) | | | |
| TOTAL PROJECT COSTS | | | \$ 258,630.39 |
| TOTAL MATCH OFFERED | | \$ 51,879.12 | |
| AMOUNT BEING REQUESTED IN FEDERAL PASSTHROUGH AND STATE FUNDS | \$ 204,751.27 | | |
| | | | |

PERSONNEL

Enter the number of people on GRANT PROGRAM staff for which reimbursement is being requested: 2

Enter the standard work week in hours for your organization:
(STANDARD WORK WEEK means a 35-40 hour work week) 37.50

| LINE# | TITLE | NAME | GRANT PROGRAM % of Salary | Total Annual Salary from local government | Annual Salary for GRANT PROGRAM Only | MATCH |
|-------|-----------------|-----------------------------|---------------------------|---|--------------------------------------|-------|
| 1. | EMA Coordinator | Mike Johnson (Year 1) | 3.50% | \$ 50,000.00 | \$ 1,750.00 | No |
| 2. | HMEP Planner | Jane Wilson (Year 1) | 80.00% | \$ 30,000.00 | \$ 24,000.00 | No |
| 3. | | | 0.00% | | | Yes |
| 4. | EMA Coordinator | Mike Johnson (Year 1 match) | 1.50% | \$ 50,000.00 | \$ 750.00 | Yes |
| 5. | HMEP Planner | Jane Wilson (Year 1 match) | 20.00% | \$ 30,000.00 | \$ 6,000.00 | Yes |
| 6. | | | 0.00% | | | Yes |
| 7. | EMA Coordinator | Mike Johnson (Year 2) | 3.50% | \$ 50,000.00 | \$ 1,750.00 | No |
| 8. | HMEP Planner | Jane Wilson (Year 2) | 80.00% | \$ 30,000.00 | \$ 24,000.00 | No |
| 9. | | | 0.00% | | \$ 0.00 | Yes |
| 10. | EMA Coordinator | Mike Johnson (Year 2 match) | 1.50% | \$ 50,000.00 | \$ 750.00 | Yes |
| 11. | HMEP Planner | Jane Wilson (Year 2 match) | 20.00% | \$ 30,000.00 | \$ 6,000.00 | Yes |
| 12. | | | 0.00% | | | Yes |
| 13. | EMA Coordinator | Mike Johnson (Year 3) | 3.50% | \$ 55,000.00 | \$ 1,925.00 | No |
| 14. | HMEP Planner | Jane Wilson (Year 3) | 80.00% | \$ 32,000.00 | \$ 25,600.00 | No |

Continued on next page...

PERSONNEL – Continued

| LINE# | TITLE | NAME | GRANT PROGRAM % of Salary | Total Annual Salary from local government | Annual Salary for GRANT PROGRAM Only | MATCH |
|---|-----------------|-----------------------------|---------------------------|---|--------------------------------------|-------|
| 15. | EMA Coordinator | Mike Johnson (Year 3 Match) | 1.50% | \$ 55,000.00 | \$ 825.00 | Yes |
| 16. | HMEP Planner | Jane Wilson (Year 3 Match) | 20.00% | \$ 32,000.00 | \$ 6,400.00 | Yes |
| 17. | | | 0.00% | | | Yes |
| 18. | | | 0.00% | | | Yes |
| 19. | | | 0.00% | | | Yes |
| 20. | | | 0.00% | | | Yes |
| 21. | | | 0.00% | | | Yes |
| 22. | | | 0.00% | | | Yes |
| 23. | | | 0.00% | | | Yes |
| 24. | | | 0.00% | | | Yes |
| 25. | | | 0.00% | | | Yes |
| TOTAL SALARIES FOR GRANT PROGRAM WORK ONLY: | | | | | \$ 99,750.00 | |

PERSONNEL – Continued

Do any of the Grant Program employees listed on the previous page divide their work between this GRANT PROGRAM and another GRANT PROGRAM, department in the county, or municipal government?

No

If the answer is YES, list the job title, name, and department or grant worked for, percentage of time worked for other department or grant, and annual salary in that job in the follow section:

| NON-GRANT PROGRAM OR OTHER DEPARTMENT WORK | | | | | |
|--|--------------|-----------------|-------------------------------------|--|--|
| LINE# | TITLE | NAME | Name of "Other Department" or Grant | % OF TIME WORKED FOR "Other Department" OR GRANT | ANNUAL SALARY FOR WORK FROM "Other Department" |
| 1. | Mike Johnson | EMA Coordinator | EMA | 95.00% | \$ 47,500.00 |
| 2. | | | | 0.00% | |
| 3. | | | | 0.00% | |
| 4. | | | | 0.00% | |
| 5. | | | | 0.00% | |
| 6. | | | | 0.00% | |
| 7. | | | | 0.00% | |
| 8. | | | | 0.00% | |
| 9. | | | | 0.00% | |
| 10. | | | | 0.00% | |
| 11. | | | | 0.00% | |
| 12. | | | | 0.00% | |
| 13. | | | | 0.00% | |
| 14. | | | | 0.00% | |
| 15. | | | | 0.00% | |
| 16. | | | | 0.00% | |
| 17. | | | | 0.00% | |
| 18. | | | | 0.00% | |
| 19. | | | | 0.00% | |
| 20. | | | | 0.00% | |
| 21. | | | | 0.00% | |
| 22. | | | | 0.00% | |
| 23. | | | | 0.00% | |
| 24. | | | | 0.00% | |
| 25. | | | | 0.00% | |

FRINGE BENEFITS

Fringe Benefits Narrative:

EXAMPLES: (FRINGE can be calculated either through percentage or a dollar amount depending on how your jurisdiction does the calculation) The example uses both calculations.

IMRF, FICA, FICA/MED, Unemployment, Life Insurance, Medical Insurance, Worker's Compensation

(% of Gross Paycheck is the total all percentages combined into one percentage of 12.65% & Insurance is all combined into one dollar amount for the number of Annual Pay Periods)

If you aren't claiming any Fringe Benefits please enter "None" or "N/A" in this section.

| LINE# | NAME | % of Gross Paycheck | Total Annual Salary | And or | Dollar Amount | Annual # of Pay Periods | A Gross Benefit Annual Total | B GRANT PROGRAM % of Salary | A X B | MATCH |
|-------|----------------------|---------------------|---------------------|--------|---------------|-------------------------|------------------------------|-----------------------------|-------------|-------|
| 1. | Mike Johnson -Year 1 | 12.65% | \$ 50,000.00 | And or | | | \$ 6,325.00 | 3.50% | \$ 221.38 | No |
| 2. | Jane Wilson-Year 1 | 0.00% | \$ 0.00 | And or | \$ 250.00 | 26 | \$ 6,500.00 | 80.00% | \$ 5,200.00 | No |
| 3. | | 0.00% | | And or | | | \$ 0.00 | 0.00% | \$ 0.00 | No |
| 4. | | 0.00% | | And or | | | \$ 0.00 | 0.00% | \$ 0.00 | Yes |
| 5. | Year 1 Match | 0.00% | | And or | | | \$ 0.00 | 0.00% | \$ 0.00 | Yes |
| 6. | Mike Johnson | 12.65% | \$ 50,000.00 | And or | | | \$ 6,325.00 | 1.50% | \$ 94.88 | Yes |
| 7. | Jane Wilson | 0.00% | | And or | \$ 250.00 | 26 | \$ 6,500.00 | 20.00% | \$ 1,300.00 | Yes |
| 8. | | 0.00% | | And or | | | \$ 0.00 | 0.00% | \$ 0.00 | Yes |
| 9. | Year 2 | 0.00% | | And or | | | \$ 0.00 | 0.00% | \$ 0.00 | Yes |
| 10. | Mike Johnson | 12.65% | \$ 50,000.00 | And or | | | \$ 6,325.00 | 3.50% | \$ 221.38 | No |
| 11. | Jane Wilson | 0.00% | | And or | \$ 250.00 | 26 | \$ 6,500.00 | 80.00% | \$ 5,200.00 | No |
| 12. | | 0.00% | | And or | | | \$ 0.00 | 0.00% | \$ 0.00 | Yes |
| 13. | Year 2 Match | 0.00% | | And or | | | \$ 0.00 | 0.00% | \$ 0.00 | Yes |
| 14. | Mike Johnson | 12.65% | \$ 50,000.00 | And or | | | \$ 6,325.00 | 1.50% | \$ 94.88 | Yes |

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FRINGE BENEFITS - Continued

| LINE# | NAME | % of Gross Paycheck | Total Annual Salary | And or | Dollar Amount | Annual # of Pay Periods | A Gross Benefit Annual Total | B GRANT PROGRAM % of Salary | A X B | MATCH |
|--|--------------|---------------------|---------------------|--------|---------------|-------------------------|------------------------------|-----------------------------|-------------|-------|
| 15. | Jane Wilson | 0.00% | | And or | \$ 250.00 | 26 | \$ 6,500.00 | 20.00% | \$ 1,300.00 | Yes |
| 16. | Year 3 | 0.00% | | And or | | | \$ 0.00 | 0.00% | \$ 0.00 | Yes |
| 17. | Mike Johnson | 12.65% | \$ 55,000.00 | And or | | | \$ 6,957.50 | 3.50% | \$ 243.51 | No |
| 18. | Jane Wilson | 0.00% | | And or | \$ 300.00 | 26 | \$ 7,800.00 | 80.00% | \$ 6,240.00 | No |
| 19. | | 0.00% | | And or | | | \$ 0.00 | 0.00% | \$ 0.00 | Yes |
| 20. | Year 3 Match | 0.00% | | And or | | | \$ 0.00 | 0.00% | \$ 0.00 | Yes |
| 21. | Mike Johnson | 12.65% | \$ 55,000.00 | And or | | | \$ 6,957.50 | 1.50% | \$ 104.36 | Yes |
| 22. | Jane Wilson | 0.00% | | And or | \$ 300.00 | 26 | \$ 7,800.00 | 20.00% | \$ 1,560.00 | Yes |
| 23. | | 0.00% | | And or | | | | 0.00% | | Yes |
| 24. | | 0.00% | | And or | | | | 0.00% | | Yes |
| 25. | | 0.00% | | And or | | | | 0.00% | | Yes |
| TOTAL BENEFITS FOR GRANT PROGRAM WORK | | | | | | | | \$ 21,780.39 | | |

TRAVEL

| | |
|--|----------------------------------|
| Local Government Has No Travel Regulations - If this is the case, you will be covered by current state of Illinois travel regulations. State Travel Board site link | <input type="radio"/> |
| Local Government Has Travel Regulations - If you are awarded a HMEP grant, you will be required to upload your local travel regulations to the IEMA Grants Portal at that time. | <input checked="" type="radio"/> |

| | |
|---|----------|
| If you chose Local Government Has Travel Regulations, complete the boxes below: | |
| Local Mileage (cents per mile) | \$ 0.54 |
| Meals and/or per diem | \$ 28.00 |
| Lodging Allowance | \$ 80.00 |

| | |
|--|----|
| Is any of the travel requested out of the state of Illinois? | No |
| | |
| | |
| | |

| LINE # | TRAVEL ACTIVITY | AMOUNT | MATCH |
|-------------------------------|--|--------------------|-------|
| 1. | Mileage, meals, lodging for attending HMEP meetings and conferences (Year 1) | \$ 800.00 | No |
| 2. | Mileage, meals, lodging for attending HMEP meetings and conferences (Year 1 match) | \$ 200.00 | Yes |
| 3. | Mileage, meals, lodging for attending HMEP meetings and conferences (Year 2) | \$ 800.00 | No |
| 4. | Mileage, meals, lodging for attending HMEP meetings and conferences (Year 2 match) | \$ 200.00 | Yes |
| 5. | Mileage, meals, lodging for attending HMEP meetings and conferences (Year 3) | \$ 800.00 | No |
| 6. | Mileage, meals, lodging for attending HMEP meetings and conferences (Year 3 match) | \$ 200.00 | Yes |
| 7. | | \$ 0.00 | Yes |
| 8. | (Mileage claims only for personal vehicles) | \$ 0.00 | Yes |
| 9. | (Conference registration fees listed under contractual/sub-awards) | \$ 0.00 | Yes |
| 10. | | \$ 0.00 | Yes |
| 11. | | \$ 0.00 | Yes |
| 12. | | \$ 0.00 | Yes |
| 13. | | \$ 0.00 | Yes |
| 14. | | \$ 0.00 | Yes |
| 15. | | \$ 0.00 | Yes |
| TOTAL TRAVEL EXPENSES: | | \$ 3,000.00 | |

EQUIPMENT

| LINE # | AEL | DESCRIPTION | QTY | UNIT PRICE | TOTAL | EHP | NARRATIVE | MATCH |
|--------|-----|-------------|-----|------------|-------|-----|-----------|-------|
| 1. | | | | | | No | | Yes |
| 2. | | | | | | No | | Yes |
| 3. | | | | | | No | | Yes |
| 4. | | | | | | No | | Yes |
| 5. | | | | | | No | | Yes |
| 6. | | | | | | No | | Yes |
| 7. | | | | | | No | | Yes |
| 8. | | | | | | No | | Yes |
| 9. | | | | | | No | | Yes |
| 10. | | | | | | No | | Yes |
| 11. | | | | | | No | | Yes |
| 12. | | | | | | No | | Yes |
| 13. | | | | | | No | | Yes |
| 14. | | | | | | No | | Yes |
| 15. | | | | | | No | | Yes |

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EQUIPMENT - Continued

| LINE # | AEL | DESCRIPTION | QTY | UNIT PRICE | TOTAL | EHP | NARRATIVE | MATCH |
|------------------------|-----|-------------|-----|------------|-------|-----|-----------|-------|
| 16. | | | | | | No | | Yes |
| 17. | | | | | | No | | Yes |
| 18. | | | | | | No | | Yes |
| 19. | | | | | | No | | Yes |
| 20. | | | | | | No | | Yes |
| 21. | | | | | | No | | Yes |
| 22. | | | | | | No | | Yes |
| 23. | | | | | | No | | Yes |
| 24. | | | | | | No | | Yes |
| 25. | | | | | | No | | Yes |
| 26. | | | | | | No | | Yes |
| 27. | | | | | | No | | Yes |
| 28. | | | | | | No | | Yes |
| 29. | | | | | | No | | Yes |
| 30. | | | | | | No | | Yes |
| 31. | | | | | | No | | Yes |
| 32. | | | | | | No | | Yes |
| 33. | | | | | | No | | Yes |
| 34. | | | | | | No | | Yes |
| 35. | | | | | | No | | Yes |
| 36. | | | | | | No | | Yes |
| 37. | | | | | | No | | Yes |
| 38. | | | | | | No | | Yes |
| 39. | | | | | | No | | Yes |
| 40. | | | | | | No | | Yes |
| 41. | | | | | | No | | Yes |
| 42. | | | | | | No | | Yes |
| 43. | | | | | | No | | Yes |
| 44. | | | | | | No | | Yes |
| 45. | | | | | | No | | Yes |
| Total Equipment | | | | | | | | |

SUPPLIES

| LINE # | ITEM | QTY | COST PER ITEM | SUPPLIES COST | MATCH |
|--------|--|-----|---------------|---------------|-------|
| 1. | Office supplies-pens, folders, binders, postage etc. (All years) | 1 | \$ 800.00 | \$ 800.00 | No |
| 2. | Office supplies-pens, folders, binders, postage etc. (All years match) | 1 | \$ 200.00 | \$ 200.00 | Yes |
| 3. | Consumable exercise supplies (All years) | 1 | \$ 350.00 | \$ 350.00 | No |
| 4. | Consumable exercise supplies (All years match) | 1 | \$ 150.00 | \$ 150.00 | Yes |
| 5. | National Fire Protection 472 Guide | 20 | \$ 20.00 | \$ 400.00 | No |
| 6. | National Fire Protection 472 Guide (match) | 5 | \$ 20.00 | \$ 100.00 | Yes |
| 7. | Laptop | 1 | \$ 2,500.00 | \$ 2,500.00 | No |
| 8. | Laptop (match) | 1 | \$500.00 | \$ 500.00 | Yes |
| 9. | Paper and maps | 1 | \$ 750.00 | \$ 750.00 | No |
| 10. | Paper and maps (match) | 1 | \$ 250.00 | \$ 250.00 | Yes |
| 11. | (All supplies listed can only be used for HMEP) | | | \$ 0.00 | Yes |
| 12. | | | | | Yes |
| 13. | | | | | Yes |
| 14. | | | | | Yes |
| 15. | | | | | Yes |

Continued on next page...

SUPPLIES - continued

| LINE # | ITEM | QTY | COST PER ITEM | SUPPLIES COST | MATCH |
|-----------------------|------|-----|---------------|--------------------|-------|
| 16. | | | | | Yes |
| 17. | | | | | Yes |
| 18. | | | | | Yes |
| 19. | | | | | Yes |
| 20. | | | | | Yes |
| 21. | | | | | Yes |
| 22. | | | | | Yes |
| 23. | | | | | Yes |
| 24. | | | | | Yes |
| 25. | | | | | Yes |
| 26. | | | | | Yes |
| 27. | | | | | Yes |
| 28. | | | | | Yes |
| 29. | | | | | Yes |
| 30. | | | | | Yes |
| 31. | | | | | Yes |
| 32. | | | | | Yes |
| 33. | | | | | Yes |
| 34. | | | | | Yes |
| 35. | | | | | Yes |
| 36. | | | | | Yes |
| 37. | | | | | Yes |
| 38. | | | | | Yes |
| 39. | | | | | Yes |
| 40. | | | | | Yes |
| 41. | | | | | Yes |
| 42. | | | | | Yes |
| 43. | | | | | Yes |
| 44. | | | | | Yes |
| 45. | | | | | Yes |
| TOTAL SUPPLIES | | | | \$ 6,000.00 | |

CONTRACTUAL / SUBAWARDS

| LINE # | ITEM | CONTRACTUAL SERVICES | MATCH |
|--------|---|----------------------|-------|
| 1. | Copier rental (All years) | \$ 400.00 | No |
| 2. | Copier rental (All years) match | \$ 100.00 | Yes |
| 3. | HMEP/HAZMAT Transportation Conference Registration Fees (All years) | \$ 800.00 | No |
| 4. | HMEP/HAZMAT Transportation Conference Registration Fees (All years) match | \$ 200.00 | Yes |
| 5. | Software Annual License and Maintenance for HMEP (All years) | \$ 1,250.00 | No |
| 6. | Software Annual License and Maintenance for HMEP (All years) Match | \$ 250.00 | Yes |
| 7. | Commodity Flow Study Fees (Companies only) (All years) | \$ 8,500.00 | No |
| 8. | Commodity Flow Study Fees (Companies only) (All years) match | \$ 1,500.00 | Yes |
| 9. | Website fee for HMEP only (All years) | \$ 1,250.00 | No |
| 10. | Website fee for HMEP only (All years) Match | \$ 250.00 | Yes |
| 11. | | \$ 0.00 | Yes |
| 12. | (All contractual expenses can only be for HMEP) | \$ 0.00 | Yes |
| 13. | | \$ 0.00 | Yes |
| 14. | | \$ 0.00 | Yes |
| 15. | | \$ 0.00 | Yes |
| 16. | | \$ 0.00 | Yes |
| 17. | | \$ 0.00 | Yes |
| 18. | | \$ 0.00 | Yes |
| 19. | | \$ 0.00 | Yes |
| 20. | | \$ 0.00 | Yes |
| 21. | | \$ 0.00 | Yes |
| 22. | | \$ 0.00 | Yes |
| 23. | | \$ 0.00 | Yes |
| 24. | | \$ 0.00 | Yes |
| 25. | | \$ 0.00 | Yes |

Continued on next page...

Contractual / Subawards - continued

| LINE # | ITEM | CONTRACTUAL SERVICES | MATCH |
|----------------------------|------|----------------------|-------|
| 26. | | \$ 0.00 | Yes |
| 27. | | \$ 0.00 | Yes |
| 28. | | \$ 0.00 | Yes |
| 29. | | \$ 0.00 | Yes |
| 30. | | \$ 0.00 | Yes |
| 31. | | \$ 0.00 | Yes |
| 32. | | \$ 0.00 | Yes |
| 33. | | \$ 0.00 | Yes |
| 34. | | \$ 0.00 | Yes |
| 35. | | \$ 0.00 | Yes |
| 36. | | \$ 0.00 | Yes |
| 37. | | \$ 0.00 | Yes |
| 38. | | \$ 0.00 | Yes |
| 39. | | \$ 0.00 | Yes |
| 40. | | \$ 0.00 | Yes |
| 41. | | \$ 0.00 | Yes |
| 42. | | \$ 0.00 | Yes |
| 43. | | \$ 0.00 | Yes |
| 44. | | \$ 0.00 | Yes |
| 45. | | \$ 0.00 | Yes |
| 46. | | \$ 0.00 | Yes |
| 47. | | \$ 0.00 | Yes |
| 48. | | \$ 0.00 | Yes |
| 49. | | \$ 0.00 | Yes |
| 50. | | \$ 0.00 | Yes |
| TOTAL CONTRACTUAL SERVICES | | \$ 14,500.00 | |

CONSULTANT

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.

| LINE # | CONSULTANT SERVICES (FEES) | SERVICES PROVIDED | FEE | BASIS | QUANTITY | CONSULTANT SERVICES (FEE) COST | MATCH |
|----------------------------------|----------------------------|----------------------|-----------|-------|----------|--------------------------------|-------|
| 1. | Jim Jones | Commodity Flow Study | \$ 100.00 | hour | 800.00 | \$ 80,000.00 | No |
| 2. | Jim Jones | Commodity Flow Study | \$ 100.00 | hour | 200.00 | \$ 20,000.00 | Yes |
| 3. | | | | | | | Yes |
| 4. | | | | | | | Yes |
| 5. | | | | | | | Yes |
| 6. | | | | | | | Yes |
| 7. | | | | | | | Yes |
| 8. | | | | | | | Yes |
| 9. | | | | | | | Yes |
| 10. | | | | | | | Yes |
| 11. | | | | | | | Yes |
| 12. | | | | | | | Yes |
| 13. | | | | | | | Yes |
| 14. | | | | | | | Yes |
| 15. | | | | | | | Yes |
| 16. | | | | | | | Yes |
| 17. | | | | | | | Yes |
| 18. | | | | | | | Yes |
| 19. | | | | | | | Yes |
| 20. | | | | | | | Yes |
| 21. | | | | | | | Yes |
| 22. | | | | | | | Yes |
| 23. | | | | | | | Yes |
| 24. | | | | | | | Yes |
| 25. | | | | | | | Yes |
| TOTAL CONSULTANT SERVICES (FEES) | | | | | | \$ 100,000.00 | |

Consultant - continued

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.

| LINE # | CONSULTANT EXPENSES ITEMS | LOCATION | COST RATE | BASIS | QUANTITY | # OF TRIPS | CONSULTANT EXPENSES COST | MATCH |
|---------------------------|---------------------------|----------|-----------|-------|----------|------------|--------------------------|-------|
| 1. | | | | | | | | Yes |
| 2. | | | | | | | | Yes |
| 3. | | | | | | | | Yes |
| 4. | | | | | | | | Yes |
| 5. | | | | | | | | Yes |
| 6. | | | | | | | | Yes |
| 7. | | | | | | | | Yes |
| 8. | | | | | | | | Yes |
| 9. | | | | | | | | Yes |
| 10. | | | | | | | | Yes |
| 11. | | | | | | | | Yes |
| 12. | | | | | | | | Yes |
| 13. | | | | | | | | Yes |
| 14. | | | | | | | | Yes |
| 15. | | | | | | | | Yes |
| 16. | | | | | | | | Yes |
| 17. | | | | | | | | Yes |
| 18. | | | | | | | | Yes |
| 19. | | | | | | | | Yes |
| 20. | | | | | | | | Yes |
| 21. | | | | | | | | Yes |
| 22. | | | | | | | | Yes |
| 23. | | | | | | | | Yes |
| 24. | | | | | | | | Yes |
| 25. | | | | | | | | Yes |
| TOTAL CONSULTANT EXPENSES | | | | | | | | |

OCCUPANCY (Page 1)

This section of the application is for requesting reimbursement of rent, janitorial, maintenance, utility service charges, yard maintenance, and snow removal.

Read each section carefully, fill out information accurately, and provide all documentation as requested.

| REIMBURSEMENT WILL BE BASED ON THE FOLLOWING FACTS | |
|--|------------|
| Location of Property | ABC Street |
| Owner of Property | ABC County |
| Total Square Footage of Area | 1200 |

| REIMBURSEMENT REQUEST FOR THE FOLLOWING COSTS OR SERVICES | | | | | |
|---|------|---|-------------|-------|----|
| 1. | Rent | Yearly Cost \$ | \$ 8,000.00 | Match | No |
| Rent Includes: (Checkmark if applicable) | | | | | |
| <input checked="" type="checkbox"/> Janitorial Services | | <input checked="" type="checkbox"/> Utilities | | | |
| <input checked="" type="checkbox"/> Yard | | <input checked="" type="checkbox"/> Snow | | | |

| | | | | | |
|----|------------------------|----------------|---------|-------|-----|
| 2. | Janitorial Maintenance | Yearly Cost \$ | \$ 0.00 | Match | Yes |
| 3. | Utilities | Yearly Cost \$ | \$ 0.00 | Match | Yes |
| 4. | Yard / Snow | Yearly Cost \$ | \$ 0.00 | Match | Yes |

| | |
|-----------------|-------------|
| OCCUPANCY COSTS | \$ 8,000.00 |
|-----------------|-------------|

OCCUPANCY (Page 2)

| REIMBURSEMENT WILL BE BASED ON THE FOLLOWING FACTS | |
|--|------------|
| Location of Property | ABC Street |
| Owner of Property | ABC County |
| Total Square Footage of Area | 1200 |

| REIMBURSEMENT REQUEST FOR THE FOLLOWING COSTS OR SERVICES | | | | | |
|---|------|---|-------------|-------|-----|
| 1. | Rent | Yearly Cost \$ | \$ 2,000.00 | Match | Yes |
| Rent Includes: (Checkmark if applicable) | | | | | |
| <input checked="" type="checkbox"/> Janitorial Services | | <input checked="" type="checkbox"/> Utilities | | | |
| <input checked="" type="checkbox"/> Yard | | <input checked="" type="checkbox"/> Snow | | | |

| | | | | | |
|----|------------------------|----------------|---------|-------|-----|
| 2. | Janitorial Maintenance | Yearly Cost \$ | \$ 0.00 | Match | Yes |
| 3. | Utilities | Yearly Cost \$ | \$ 0.00 | Match | Yes |
| 4. | Yard / Snow | Yearly Cost \$ | \$ 0.00 | Match | Yes |

| | |
|-----------------|-------------|
| OCCUPANCY COSTS | \$ 2,000.00 |
|-----------------|-------------|

| | |
|-----------------------|--------------|
| TOTAL OCCUPANCY COSTS | \$ 10,000.00 |
|-----------------------|--------------|

TELECOMMUNICATIONS

| LINE # | TELECOMMUNICATION DESCRIPTION | QUANTITY | COST PER ITEM | TELECOM COST | MATCH |
|--------------------------|--|----------|---------------|--------------|-------|
| 1. | HMEP Planner Cell phone (All years) | 1.00 | \$ 3,000.00 | \$ 3,000.00 | No |
| 2. | 123-456-7899 | | | | Yes |
| 3. | | | | | Yes |
| 4. | HMEP Planner Cell phone (All years) match | 1.00 | \$ 600.00 | \$ 600.00 | Yes |
| 5. | 123-456-7899 | | | | Yes |
| 6. | | | | | Yes |
| 7. | (All telecommunications charges for HMEP only) | | | | Yes |
| 8. | | | | | Yes |
| 9. | | | | | Yes |
| 10. | | | | | Yes |
| 11. | | | | | Yes |
| 12. | | | | | Yes |
| 13. | | | | | Yes |
| 14. | | | | | Yes |
| 15. | | | | | Yes |
| 16. | | | | | Yes |
| 17. | | | | | Yes |
| 18. | | | | | Yes |
| 19. | | | | | Yes |
| 20. | | | | | Yes |
| TOTAL TELECOMMUNICATIONS | | | | \$ 3,600.00 | |

INDIRECT COSTS

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.

In order for your organization to be reimbursed for the Indirect Costs from the State of Illinois your organization must either:

- a. Have a negotiated federal Indirect Cost Rate; or
- b. Elect to use the de minimis rate of 10% modified for total direct costs (MTDC).

If no reimbursement is being requested please consult your program office regarding possible match requirements.

SELECT ONLY ONE

| | | | | | | | | |
|----------------------------------|--|--|--|--|--|---|--------|--|
| <input type="radio"/> | 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. | | | | | | |
| <input type="radio"/> | 2. | Our Organization currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois that will be accepted by all State of Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within 6 months after the close of each fiscal year pursuant to 2 CFR 200, Appendix IV(C)(2)(c). | | | | | | |
| <input type="radio"/> | 3. | Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois. Our organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made no later than 3 months after the effective date of the State award pursuant to 2 CFR 200 Appendix (C)(2)(b). The initial ICRP will be sent to the State of Illinois Indirect Cost unit. | | | | | | |
| <input type="radio"/> | 4. | Our Organization has never received a Negotiated Indirect Cost Rate Agreement and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely pursuant to 2 CFR 200.414(C)(4)(f) and 200.68. | | | | | | |
| <input type="radio"/> | 5. | For Restricted Rate Programs, our Organization is using a restricted indirect cost rate that: <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 15%;"></td> <td>is included as a "Special Indirect Cost Rate" in the NICRA, pursuant to 2 CFR 200 Appendix IV(5); or</td> </tr> <tr> <td></td> <td>Complies with other statutory policies.</td> </tr> <tr> <td style="text-align: center;">RATE %</td> <td></td> </tr> </table> | | is included as a "Special Indirect Cost Rate" in the NICRA, pursuant to 2 CFR 200 Appendix IV(5); or | | Complies with other statutory policies. | RATE % | |
| | is included as a "Special Indirect Cost Rate" in the NICRA, pursuant to 2 CFR 200 Appendix IV(5); or | | | | | | | |
| | Complies with other statutory policies. | | | | | | | |
| RATE % | | | | | | | | |
| <input checked="" type="radio"/> | 6. | No reimbursement of Indirect Cost is being requested | | | | | | |

Basic Negotiated Indirect Cost Rate Information (Use only if option 1 or 2, above is selected.)

| | | | |
|------------------------------------|-------|---------------------------|-------------|
| Period Covered by NICRA: | From: | To: | 2018 |
| Approving Federal or State Agency: | | | |
| Indirect Cost Rate: | 0.00% | The Distribution Base Is: | |

| Su | M | Tu | W | Th | F | Sa |
|----|----|----|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

INDIRECT COSTS

Indirect Cost Table

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.

| LINE # | DESCRIPTION | BASE | RATE | INDIRECT COST | MATCH |
|----------------------|-------------|------|------|---------------|-------|
| 1. | | | | | Yes |
| 2. | | | | | Yes |
| 3. | | | | | Yes |
| 4. | | | | | Yes |
| 5. | | | | | Yes |
| 6. | | | | | Yes |
| 7. | | | | | Yes |
| 8. | | | | | Yes |
| 9. | | | | | Yes |
| 10. | | | | | Yes |
| 11. | | | | | Yes |
| 12. | | | | | Yes |
| 13. | | | | | Yes |
| 14. | | | | | Yes |
| 15. | | | | | Yes |
| TOTAL INDIRECT COSTS | | | | | |

PROGRAM NARRATIVE

Provide a brief description of the proposed activities that summarizes the use of the grant award. Please note that all grant activities must come from one of the three eligible grant programmatic categories. The eligible grant programmatic categories consist of:

1. Writing or Updating hazardous materials transportation plans
2. Exercising the hazardous materials transportation plans
3. Commodity Flow Studies

During the FFY 19-22 HMEP grant performance period, ABC County will update the HAZMAT transportation plans on an annual basis including all information gathered from hazard analysis, commodity flow studies, exercises, and actual incidents.

ABC County will have a HMEP planner that is dedicated to updating the plans, along with coordinating the HAZMAT transportation exercise.

ABC County will conduct an exercise along with partners in XYZ county that will be a train derailment simulation involving multiple hazardous materials. ABC and XYZ counties will first conduct a table top exercise and if funding permits a functional or full scale exercise could also be conducted.

Also, ABC County will partner with XYZ county on a commodity flow study that will be conducted using a company that specializes in commodity flow studies.

The results of the exercise and commodity flow study will be shared with IEMA, as well as incorporated into the HAZMAT transportation plan updates.

ABC County will also send the HMEP planner, and LEPC members to both the Winnebago LEPC workshop/exercise and the LEPC/SERC sessions at the IEMA training summit during the 3 year grant performance period.

All activities that will be conducted during the 3 year performance period are budgeted and listed in the categories above and will be completed by September 30, 2022.

FFATA

The “Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The intent is to empower every American with the ability to hold the government accountable for each spending decision. The end result is to reduce wasteful spending in the government. The FFATA legislation requires information on federal awards (federal financial assistance and expenditures) be made available to the public via a single, searchable website, which is www.USASpending.gov.”

| | |
|---|-----|
| <p>Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and 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?</p> <p>If Yes, must answer Q2 below.</p> <p>If No, you are not required to provide data.</p> | No |
| <p>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)?</p> <p>If No, you must provide the data. Please fill out the rest of this form.</p> | Yes |
| <p>Please provide names and total compensation of the top five officials:</p> | |

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

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 prohibit the applicant from becoming a grantee.

The programmatic risk assessment questionnaire includes 5 risk categories:

1. Quality of management systems
2. History of performance
3. Reports and findings from audits performed
4. Applicant's ability to effectively implement statutory, regulatory or other requirements
5. Agency and/or program-specific questions

Patterns or trends in programmatic risk will influence Grants Accountability and Transparency Act (GATA) training as well as the agency's monitoring plan. Appropriate support must be provided by Grants Accountability and Transparency Unit (GATU) and the agency to build grantee capacity.

Administering the Programmatic Risk Assessment

- A. The awarding agency adds program-specific references to questions in Sections 1-4, where applicable, and agency and/or grant-specific questions under section 5. The awarding agency is responsible to ensure the applicant understands that their responses are to be specific to the associated program.
- B. The programmatic risk assessment questionnaire is distributed to the applicant by the agency prior to an awarding decision.
- C. The applicant returns the completed questionnaire to the awarding agency following the agency's protocol.
- D. The agency communicates the applicable specific condition(s) through the Notice of State Award (NOSA) and Uniform Grant Agreement (UGA).

To comply with federal risk assessment requirements of 2 CFR 200.205, the state awarding agency must review the programmatic risk posed by applicants. Illinois utilizes this programmatic risk assessment questionnaire to comply with the federal requirement.

1. Quality of Management Systems

1.1 Do you have written policies and procedures that guide program delivery on the topics of:

| | | |
|----|--|-----|
| a. | Program outcome tracking and reporting mechanisms | Yes |
| b. | Relevant documentation of services/goods delivered | Yes |
| c. | Staff management policies and procedures | Yes |
| d. | Standards of conduct re: selection, award, or administration of grants | Yes |
| e. | Real or perceived conflict of interest re: selection, award, or administration of grants | Yes |
| f. | Complaint/grievance resolution policies and procedures | Yes |
| g. | Safeguarding funds, property and other assets against loss from unauthorized use of disposition. | Yes |
| h. | Management of grant terms | Yes |
| i. | Written approval from funding agency when key personnel change | Yes |
| j. | Written approval from funding agency when program scope changes | Yes |

1.2 Do you have internal controls that govern program delivery on the topics of:

| | | |
|----|---|-----|
| a. | Quality assurance reporting | Yes |
| b. | Unit costs, expense analysis/management | Yes |

1.3 How many years of experience does the project leader have managing the scope of services required under this program?

More than five years

1.4 Does the organization have a time and effort system to track program-specific work performed?

| | | |
|----|---|-----|
| | | Yes |
| a. | Does the system record all time worked, including time not charged to awards? | Yes |
| b. | Does the system include sign-off by the employee and supervisor? | Yes |

1.5 Are program payments based on a rate or unit of service?

| | | |
|----|---|-----|
| | | Yes |
| a. | Does the organization have written procedures to ensure accurate invoicing? | Yes |
| b. | Does a second person sign-off on the invoice? | Yes |

1.6 Does the program have match or related requirements?

| | | |
|----|--|-----|
| | | Yes |
| a. | Does the organization have written procedures for match reporting? | Yes |
| b. | Does a second person sign-off on match reporting? | Yes |

1.7 Is the organization prepared to utilize periodic performance reports to communicate program outcomes?

Performance reports are an established part of grant management procedures.

2. History of Performance

2.1 How many years of experience does your organization have with grants of comparable scope and/or capacity?

| |
|----------------------|
| More than five years |
|----------------------|

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

| |
|--------|
| Always |
|--------|

2.3 Does your organization have performance measurements that tie to financial data?

| |
|-----|
| Yes |
|-----|

2.4 Have there been any significant changes in your organization in the last fiscal year related to program delivery:

| | | |
|----|--|----|
| a. | Management / leadership personnel | No |
| b. | Reorganization or parent / subsidiary relationships | No |
| c. | Significant changes in programs grant funded | No |
| d. | Statutory or regulatory requirements imposed on your organization type | No |

2.5 Will a sub-grantee/sub-recipient / sub-award be utilized to manage, administer or complete the project?

| |
|-----|
| N/A |
|-----|

2.6 What responsibilities will the sub-grantee/sub-recipient/sub-award perform under this program?

| | | |
|----|---------------------------------------|-----|
| a. | Participant eligibility determination | N/A |
| b. | Case management | N/A |
| c. | Performance reporting | N/A |
| d. | Financial reporting | N/A |
| e. | Invoicing | N/A |
| f. | Other | N/A |

2.7 What percentage of grant funds does your organization anticipate passing to Sub-Grantees Sub-Recipients/Sub-Awards?

| |
|-----|
| N/A |
|-----|

2.8 Does your organization have an implemented policy for Sub-Grantee/Sub-Recipient monitoring?

| |
|--------------------------|
| N/A |
| If YES, does it include: |
| --select-- |

3. Reports and findings from audits performed

- 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

- 3.2 Have corrective actions been implemented within the specified timeframe?

N/A

- 3.3 Have there been findings regarding conflict of interest within the last two fiscal years?

No

- 3.4 Has your organization ever been subject to specific conditions due to program issues?

N/A

4. Applicant's ability to effectively implement statutory, regulatory or other requirements

- 4.1 To what extent does your organization have policies to ensure programmatic expenses are reasonable, necessary and prudent (sensible)?

Policies are implemented and followed

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

Policies are implemented and followed

- 4.3 Has the organization been out of compliance with any statutory, regulatory or other requirements of grant funding within the last two fiscal years?

No

5. Agency and/or Program-Specific Questions

5.1 Has your organization identified local matching requirements, and level of effort requirements related to program delivery?

| |
|-----|
| Yes |
|-----|

5.2 Has your organization standardized local matching requirements tracking mechanism?

| |
|-----|
| Yes |
|-----|

5.3 Has your organization attended grant compliance training? [LINK](#)

| |
|-----|
| N/A |
|-----|

5.4 Is your organization familiar with the Grantee Compliance Enforcement System? [LINK](#)

| |
|-----|
| N/A |
|-----|

CERTIFICATION

By submitting this application, I certify to the best of my knowledge and belief that the information 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).

| EXECUTIVE DIRECTOR OR EQUIVALENT | | | |
|----------------------------------|--------------------------|------------|----------------|
| First Name: | Boss | Last Name: | Incharge |
| Title | Executive Director | | |
| Email: | Bob.P.Evans@illinois.gov | Phone: | (222) 222-2222 |

| REMITTANCE ADDRESS | |
|--------------------|------------|
| Street: | ABC Street |
| City: | ABC City |
| State: | IL |
| County: | ABC County |
| ZIP: | 55555 |