

Radiological Emergency Preparedness Program
 SFY 2022 GRANT PROGRAM APPLICATION
 (July 1, 2021 - June 30, 2022)

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

Name of the Awarding State Agency:	<input type="text"/>
Catalog of State Financial Assistance (CSFA) Number:	<input type="text"/>
CSFA Title:	<input type="text"/>
CFDA Number:	<input type="text"/>
CFDA Title:	<input type="text"/>
Funding Opportunity Number:	<input type="text"/>
Funding Opportunity Title:	<input type="text"/>
Funding Opportunity Program Field:	<input type="text"/>
Competition Identification Number:	<input type="text"/>
Competition Identification Title:	<input type="text"/>
Grant Program Local Match Percentage:	<input type="text"/>

APPLICATION SUMMARY

Subrecipient:	<input type="text"/>
Project 100% Amount:	<input type="text"/>
Required Minimum Match:	<input type="text"/>
Maximum Allowable Federal Share:	<input type="text"/>
Requested State Share:	<input type="text"/>

SUBRECIPIENT INFORMATION

Subrecipient:			
Employer/Taxpayer Identification Number (EIN, TIN):			
Data Universal Number System (DUNS) Number:			
Cage Code:			
SAM Expiration Date:	MM/DD/YYYY		
Power Plant EPZ:			
BUSINESS ADDRESS			
Street:			
City:			
State:			
County:			
ZIP+4:			
GRANT POINT OF CONTACT			
First Name:		Last Name:	
Street Address:			
City:			
County:		State:	ZIP:
Email:		Phone:	
CHIEF ELECTED OFFICAL / ADMINISTRATOR			
First Name:		Last Name:	
Street Address:			
City:			
County:		State:	ZIP:
Email:		Phone:	

BUDGET SUMMARY

BUDGET CATEGORY	STATE PASSTHROUGH		TOTAL
1. Personnel (200.430)			
2. Fringe Benefits (200.431)			
3. Travel (200.474)			
4. Equipment (200.439)			
5. Supplies (200.94)			
6. Contractual/Subawards (200.318 and .92)			
7. Consultant (200.459)			
8. Construction			
9. Occupancy (200.465)			
10. Research and Development (200.87)			
11. Telecommunications			
12. Training and Education (200.472)			
13. Direct Administrative Costs (200.413)			
14. Miscellaneous Costs			
15. Grant Exclusive Line Item(s)			
16. Total Direct Costs (add lines 1-15)			
17. Total Indirect Costs (200.414)			
TOTAL PROJECT COSTS			
TOTAL MATCH OFFERED			
AMOUNT BEING REQUESTED IN STATE FUNDS			

BUDGET JUSTIFICATION BREAKDOWN

BUDGET CATEGORY	JUSTIFICATION	TOTAL
Personal Services - Planning		
Personal Services - Training		
Personal Services – Exercises / Drills		
Travel - Planning		
Travel - Training		
Travel – Exercises / Drills		
Travel Equipment Mileage- Planning		
Travel Equipment Mileage - Training		
Travel Equipment Mileage– Exercise / Drills		
Telecommunications – Per agreement		
Contractual Services		
Contractual Services		
Contractual Services		
Supplies – EOC Office Supplies		
Equipment / Special Requests		

BUDGET JUSTIFICATION NARRATIVE

This section is provided to the applicant in order to expand on their Budget Justification Breakdown to include any special request proposal justification.

STATE OF ILLINOIS FUNDS

All applicants must complete this section 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.” The intent of this form is to identify multiple year funding requests and is not applicable for the REP program. Please fill out “Year 1” Column.

REVENUES	YEAR 1
1. Personnel	
2. Fringe Benefits	
3. Travel	
4. Equipment	
5. Supplies	
6. Contractual / Subawards	
7. Consultant	
8. Construction	
9. Occupancy	
10. Research and Development	
11. Telecommunications	
12. Training and Education	
13. Direct Administrative Costs	
14. Miscellaneous Costs	
15. Grant Exclusive Line Items	
16. Total Direct Costs (add lines 1-15)	
17. Total Indirect Costs	
TOTAL PROJECT COSTS	
TOTAL MATCH OFFERED	
AMOUNT BEIN REQUESTED IN STATE FUNDS	

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

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

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

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

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

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

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

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

1.6 Does the program have match or related requirements?

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

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

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2. History of Performance

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

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

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

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

a.	Management / leadership personnel	
b.	Reorganization or parent / subsidiary relationships	
c.	Significant changes in programs grant funded	
d.	Statutory or regulatory requirements imposed on your organization type	

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

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

a.	Participant eligibility determination	
b.	Case management	
c.	Performance reporting	
d.	Financial reporting	
e.	Invoicing	
f.	Other	

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

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

If YES, does it include:

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?

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

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

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

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)?

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

- 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?

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?

5.2 Has your organization standardized local matching requirements tracking mechanism?

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

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

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).

Chief Elected Official / Administrator

Name	
Street	
City	
County	
Email	
ZIP+4	
Phone	

Grant Point of Contact

Name	
Street	
City	
County	
Email	
ZIP+4	
Phone	