

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

Contact ieema.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"/>
	<input type="text"/>
Requested Federal 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 (Must be older than today)		
IEMA Region #:			
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:	
Title:			
Street Address:			
City:			
County:		State:	ZIP:
Email:		Phone:	

BUDGET SUMMARY

BUDGET CATEGORY	FEDERAL / STATE PASSTHROUGH	LOCAL MATCH	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 FEDERAL PASSTHROUGH AND STATE FUNDS			

PERSONNEL

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

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

LINE#	TITLE	NAME	GRANT PROGRAM % of Salary	Total Annual Salary from local government	Annual Salary for GRANT PROGRAM Only	MATCH
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

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.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
TOTAL SALARIES FOR GRANT PROGRAM WORK ONLY:						

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?

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.					
2.					
3.					
4.					
5.					
6.					
7.					
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12.					
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20.					
21.					
22.					
23.					
24.					
25.					

FRINGE BENEFITS

Fringe Benefits Narrative:

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.				And or						
2.				And or						
3.				And or						
4.				And or						
5.				And or						
6.				And or						
7.				And or						
8.				And or						
9.				And or						
10.				And or						
11.				And or						
12.				And or						
13.				And or						
14.				And or						

Continued on next page...

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.				And or						
16.				And or						
17.				And or						
18.				And or						
19.				And or						
20.				And or						
21.				And or						
22.				And or						
23.				And or						
24.				And or						
25.				And or						
TOTAL BENEFITS FOR GRANT PROGRAM WORK										

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	
Local Government Has Travel Regulations	

If you chose Local Government Has Travel Regulations, complete the boxes below:	
Local Mileage (cents per mile)	
Meals and/or per diem	
Lodging Allowance	

Is any of the travel requested out of the state of Illinois?	

LINE #	TRAVEL ACTIVITY	AMOUNT	MATCH
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
TOTAL TRAVEL EXPENSES:			

EQUIPMENT

LINE #	AEL	DESCRIPTION	QTY	UNIT PRICE	TOTAL	EHP	NARRATIVE	MATCH
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

Continued on next page...

EQUIPMENT - Continued

LINE #	AEL	DESCRIPTION	QTY	UNIT PRICE	TOTAL	EHP	NARRATIVE	MATCH
16.								
17.								
18.								
19.								
20.								
21.								
22.								
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24.								
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26.								
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34.								
35.								
36.								
37.								
38.								
39.								
40.								
41.								
42.								
43.								
44.								
45.								
Total Equipment								

SUPPLIES

LINE #	ITEM	QTY	COST PER ITEM	SUPPLIES COST	MATCH
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
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12.					
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15.					

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SUPPLIES - continued

LINE #	ITEM	QTY	COST PER ITEM	SUPPLIES COST	MATCH
16.					
17.					
18.					
19.					
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21.					
22.					
23.					
24.					
25.					
26.					
27.					
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34.					
35.					
36.					
37.					
38.					
39.					
40.					
41.					
42.					
43.					
44.					
45.					
TOTAL SUPPLIES					

CONTRACTUAL / SUBAWARDS

LINE #	ITEM	CONTRACTUAL SERVICES	MATCH
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
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20.			
21.			
22.			
23.			
24.			
25.			

Continued on next page...

Contractual / Subawards - continued

LINE #	ITEM	CONTRACTUAL SERVICES	MATCH
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
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41.			
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44.			
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46.			
47.			
48.			
49.			
50.			
TOTAL CONTRACTUAL SERVICES			

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.							
2.							
3.							
4.							
5.							
6.							
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16.							
17.							
18.							
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20.							
21.							
22.							
23.							
24.							
25.							
TOTAL CONSULTANT SERVICES (FEES)							

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.								
2.								
3.								
4.								
5.								
6.								
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11.								
12.								
13.								
14.								
15.								
16.								
17.								
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23.								
24.								
25.								
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	
Owner of Property	
Total Square Footage of Area	

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

2.	Janitorial Maintenance	Yearly Cost \$		Match	
3.	Utilities	Yearly Cost \$		Match	
4.	Yard / Snow	Yearly Cost \$		Match	

OCCUPANCY COSTS	
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OCCUPANCY (Page 2)

REIMBURSEMENT WILL BE BASED ON THE FOLLOWING FACTS	
Location of Property	
Owner of Property	
Total Square Footage of Area	

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

2.	Janitorial Maintenance	Yearly Cost \$		Match	
3.	Utilities	Yearly Cost \$		Match	
4.	Yard / Snow	Yearly Cost \$		Match	

OCCUPANCY COSTS	
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TOTAL OCCUPANCY COSTS	
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TELECOMMUNICATIONS

LINE #	TELECOMMUNICATION DESCRIPTION	QUANTITY	COST PER ITEM	TELECOM COST	MATCH
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
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15.					
16.					
17.					
18.					
19.					
20.					
TOTAL TELECOMMUNICATIONS					

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									
		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.							
N/A		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).							
N/A		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.							
		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.							
N/A		5. For Restricted Rate Programs, our Organization is using a restricted indirect cost rate that:							
		<table border="1" style="width: 100%; border-collapse: collapse;"> <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 %									
		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:						
Approving Federal or State Agency:									
Indirect Cost Rate:		The Distribution Base Is:							

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.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
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

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>	
<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>	
Please provide names and total compensation of the top five officials:	
NAME	AMOUNT
1.	
2.	
3.	
4.	
5.	

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?

--

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

--

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](#)

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:		Last Name:	
Title			
Email:		Phone:	

REMITTANCE ADDRESS	
Street:	
City:	
State:	
County:	
ZIP:	