

## FFY 21 Nonprofit Security Grant Program (NSGP)

Contact [IEMA.grants@illinois.gov](mailto:IEMA.grants@illinois.gov) for programmatic and technical support.

Name of the Awarding State Agency:

Catalog of State Financial Assistance (CSFA)  
Number:

CSFA Title:

CFDA Number:

CFDA Title:

Funding Opportunity Number:

Funding Opportunity Title:

Funding Opportunity Program Field:

Competition Identification Number:

Competition Identification Title:

Grant Program Match Percentage:

### APPLICATION SUMMARY

Sub-Award Recipient:

Project 100% Amount:

## SUB-AWARD RECIPIENT INFORMATION

Sub-Award Recipient:							
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)						
BUSINESS ADDRESS							
Street:							
City:							
State:							
County:							
ZIP+4:							
GRANT POINT OF CONTACT							
First Name:				Last Name:			
Street Address:							
City:							
County:				State:		ZIP:	
Email:				Phone:			
LEGAL AUTHORIZED OFFICIAL (SIGNATORY AUTHORITY)							
First Name:				Last Name:			
Street Address:							
City:							
County:				State:		ZIP:	
Email:				Phone:			

# EQUIPMENT

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

# CONTRACTUAL / SUBWARDS

LINE #	DESCRIPTION	CONTRACTUAL SERVICES AMOUNT
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
TOTAL CONTRACTUAL COSTS		

# TRAINING

LINE #	TRAINING DESCRIPTION	DATES	COST
1.			
2.			
3.			
4.			
Total Training Costs			

## PROJECT IMPLEMENTATION

Outcome 1		
	Description	Expected Completion Date
Milestone 1		
Milestone 2		
Milestone 3		

Outcome 2		
	Description	Expected Completion Date
Milestone 1		
Milestone 2		
Milestone 3		

Outcome 3		
	Description	Expected Completion Date
Milestone 1		
Milestone 2		
Milestone 3		

Outcome 4		
	Description	Expected Completion Date
Milestone 1		
Milestone 2		
Milestone 3		

Outcome 5			
		Description	Expected Completion Date
	Milestone 1		
	Milestone 2		
	Milestone 3		

Outcome 6			
		Description	Expected Completion Date
	Milestone 1		
	Milestone 2		
	Milestone 3		



# 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](http://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>		
<p>Please provide names and total compensation of the top five officials:</p>		
	NAME	AMOUNT
1.		
2.		
3.		
4.		
5.		

## BUDGET SUMMARY

BUDGET CATEGORY	FEDERAL / STATE PASSTHROUGH
Equipment (200.439)	
Contractual/Subawards (200.318 and .92)	
Training and Education (200.472)	
TOTAL PROJECT COSTS	

# 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, regulator 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 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?	

1.6 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 grants 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 I 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, regulator 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/President			
First Name:		Last Name:	
Title:			
Email:		Phone	
Chief Financial Officer			
First Name:		Last Name:	
Title			
Email:		Phone:	

Remittance Address	
Street:	
City:	
State	
ZIP	