

**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**



Agency: _____ State FY: _____

Grantee: _____ Notice of Funding Opportunity (NOFO) Number: _____

Data Universal Number System (DUNS) Number (enter numbers only) :

Catalog of State Financial Assistance (CSFA) Number: CSFA Short Description:

Section A: State of Illinois Funds

REVENUES		Year 1		Year 2		Year 3		Total
State of Illinois Grant Requested	\$		\$		\$		\$	
Budget Expenditure Categories								
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)	\$		\$		\$		\$	
Rate %:	<input type="text"/>							
Base:	<input type="text"/>							
18. Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE	\$		\$		\$		\$	

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

Your organization may not have a Federally Negotiated Cost Rate Agreement. Therefore, in order for your organization to be reimbursed for the 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 your State Cognizant Agency on an annual basis;
- b. Elect to use the de minimis rate of 10% modified for total direct costs (MTDC) which may be used indefinitely on State of Illinois awards; or
- c. Use a Restricted Rate designated by programmatic or statutory policy (see Notice of Funding Opportunity for Restricted Rate Programs).

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.
- 2. Our Organizations 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).
- 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 from either the federal government or the State or Illinois 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 pursuant to 2 CFR 200.414 (C)(4)(f) and 200.68.
- 5. For Restricted Rate Programs, our Organization is using a restricted indirect cost rate that:
 - is included as a "Special Indirect Cost Rate" in the NICRA, pursuant to 2 CFR 200 Appendix IV(5); or Rate %:
 - complies with other statutory policies.
- 6. No reimbursement of Indirect Cost is being requested

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

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

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Section B: Non-State of Illinois Funds

REVENUES		Year 1		Year 2		Year 3		Total
Grantee Match Requirement %:								
b) Cash	\$		\$		\$		\$	
c) Non-Cash	\$		\$		\$		\$	
d) other Funding and Contributions	\$		\$		\$		\$	
Total Non-State Funds (lined b through d)	\$		\$		\$		\$	
Budget Expenditure Categories								
1. Personnel (200.430)	\$		\$		\$		\$	
2. Fringe Benefits (200.431)	\$		\$		\$		\$	
3. Travel (200.474)	\$		\$		\$		\$	
4. Equipment (200.439)	\$		\$		\$		\$	
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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)	\$		\$		\$		\$	
Rate %:								
Base:								
18. Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE	\$		\$		\$		\$	

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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 Name:

Institution/Organization Name:

Title (Chief Financial Officer or equivalent):

Title (Executive Director or equivalent):

Printed Name (Chief Financial Officer or equivalent):

Printed Name (Executive Director or equivalent):

Signature (Chief Financial Officer or equivalent):

Signature (Executive Director or equivalent):

Date (Signature of Chief Financial Officer):

Date (Signature Executive Director):

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 onto contractual agreements on the behalf of the organization.