

Illinois Grant Accountability and Transparency Notice of State Award

04/13/26

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STATE OF ILLINOIS GRANT INFORMATION	
State Award Identification	Name of State Agency (Grantor): Transportation Department/Organziation Unit: Aeronautics
State Award ID Number (SAIN)	2511-64220
State Program Description	The State Aviation Program Fund is created in the State Treasury. Moneys in the Fund shall be used by the Department of Transportation for the purposes of administering a State Aviation Program. Subject to appropriation, the moneys shall be used for the purpose of distributing grants to units of local government to be used for airport-related purposes. Grants to units of local government from the Fund shall be distributed proportionately based on equal part enplanements, total cargo, and airport operations. With regard to enplanements that occur within a municipality with a population of over 500,000, grants shall be distributed only to the municipality.
Annoucnment Type	Initial
Agency (Grantor) Contact Information	Name: Joseph Segobiano Phone: 217.558.2948 Email: joseph.segobiano@illinois.gov

GRANTEE INFORMATION	
Grantee / Subrecipient Information	Name: City of Aurora Address: 44 E. Downer Place, Aurora, IL 60505 Phone: Email:
Grantee Identification	GATA: 678586 UEI: PF9JKKM3EPB5 FEIN: 366005778
Period of Performance	Start Date: 7/1/2019 End Date: 6/30/2027

FUNDING INFORMATION			
FUND	CSFA	CFDA	AMOUNT
Aviation Fuel Tax	494-60-2511		\$70,737.92
Aviation Fuel Tax	494-60-2511		\$143,303.41
Aviation Fuel Tax	494-60-2511		\$249,188.99
Aviation Fuel Tax	494-60-2511		\$180,417.05
Aviation Fuel Tax	494-60-2511		\$159,432.59
TOTAL			\$803,079.96

(M) Currently used by State of Illinois for "Match" or "Maintenance of Effort" (MOE) requirements on Federal Funding. Funding is subject to Federal Requirements and may not be used by Grantee for other match requirements on other awards.

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TERMS AND CONDITIONS	
Grantee Indirect Cost Rate Information	Rate: 0.0 Base: n/a Period: 26
Research & Development	No
Cost Sharing or Matching Requirements	No
Uniform Term(s)	CODE of FEDERAL REGULATIONS Title 2: Grants and Agreements PART 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) Grant Accountability and Transparency Act (GATA), 30 ILCS 708/1 Illinois Administrative Code
Grantor-Specific Term(s)	ILL-5157 FY25 Aviation Fuel Tax Reimbursement FY21 \$70,737.92; FY22 \$143,303.41; FY23 \$249,188.99; FY24 \$180,417.05; Fy25 \$159,432.59
Program-Specific Term(s)	An airport owner/sponsor may use these funds for any purpose for which airport revenues may be lawfully used.

**Illinois Grant Accountability and Transparency
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None

Agency Adjustments / Explanation:

None

The reason why the additional requirements are being imposed**GATA Conditions:**

None

Agency Adjustments / Explanation:

None

The nature of the action needed to remove the additional requirement, if applicable**GATA Conditions:**

None

Agency Adjustments / Explanation:

None

The time allowed for completing the actions, if applicable**GATA Conditions:**

None

Agency Adjustments / Explanation:**The method for requesting reconsideration of the additional requirements imposed****GATA Conditions:**

None

Agency Explanation:

None

**Illinois Grant Accountability and Transparency
Notice of State Award****SPECIFIC CONDITIONS ASSIGNED TO GRANTEE - PROGRAMMATIC****The nature of the additional requirements****Agency Adjustments / Explanation:**

No Specific Conditions Required

The reason why the additional requirements are being imposed**Agency Adjustments / Explanation:**

No Specific Conditions Required

The nature of the action needed to remove the additional requirement, if applicable**Agency Adjustments / Explanation:**

No Specific Conditions Required

The time allowed for completing the actions, if applicable**Agency Adjustments / Explanation:**

No Specific Conditions Required

The method for requesting reconsideration of the additional requirements imposed**Agency Explanation:**

No Specific Conditions Required

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SIGNATURE PAGE

Circle one: Accept NOSA / Reject NOSA

Institution / Organization

Signature

Name of Official

Title (Chief Financial Officer or equivalent)

Date of Execution