

STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE			Commerce & Economic Opportunity	
Organization Name:		UEI#		NOFO #	
CSFA Number:		CSFA Description:		Fiscal Year:	
SECTION A -- STATE OF ILLINOIS FUNDS				Grant #	
Revenues				TOTAL REVENUE	
(a). State of Illinois Grant Amount Requested				\$	1,618,875.00
BUDGET SUMMARY STATE OF ILLINOIS FUNDS					
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200			TOTAL EXPENDITURES	
6. Contractual Services & Subawards	200.318 & 200.92			\$	19,875.00
8. Construction				\$	1,599,000.00
14. Miscellaneous Costs				\$	-
15A.Acquisition				\$	-
16. Total Direct Costs (lines 1-15)	200.413			\$	1,618,875.00
18. Total Costs State Grant Funds (16 &17)				\$	1,618,875.00

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.

- 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.

NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for 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 total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
C. Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

- 2a) ☐ Our Organization currently has a Negotiated Indirect Cost Rate Agreement 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 six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

- 2b) ☐ Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement 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 and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

- 3) ☐ Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of 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 (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:

- 4) ☐ _____ Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200 Appendix IV (5) Or;
_____ Complies with other statutory policies (please specify):

The Restricted Indirect Cost Rate is _____ %

- 5) ☒ No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information
if Option (1) or (2a) is selected

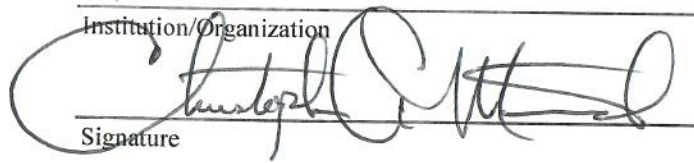
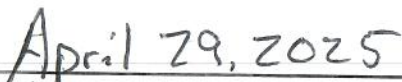
Period Covered by the NICRA: From: _____ To: _____ (mm/dd/yyyy)
Approving Federal/State agency (please specify): _____
The Indirect Cost Rate is: _____ % The Distribution Base is: _____

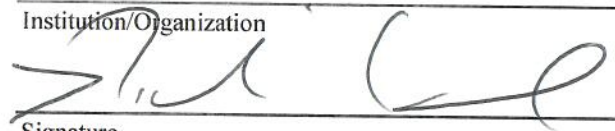
STATE OF ILLINOIS		UNIFORM GRANT BUDGET TEMPLATE	Commerce & Economic Opportunity
Organization Name:		NOFO #	Fiscal Year
SECTION B -- NON STATE OF ILLINOIS FUNDS			Grant Number:
Revenues		TOTAL REVENUE	
Grantee Match Requirement _____ % (Agency to populate)			
(b). -Cash			\$ -
(c). -Non-cash			\$ -
(d). Other Funding & Contributions			\$ -
NON-STATE Funds Total			\$ -
BUDGET SUMMARY NON-STATE OF ILLINOIS FUNDS			
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200	TOTAL EXPENDITURES	
6. Contractual Services & Subawards	200.318 & 200.92	\$ -	
8. Construction		\$ -	
14. Miscellaneous Costs		\$ -	
15A.Acquisition		\$ -	
16. Total Direct Costs (lines 1-15)	200.413	\$ -	
18. Total Costs NON -State Grant Funds (16 &17)		\$ -	

CERTIFICATION	STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE	AGENCY: Commerce & Economic Opportunity
Organization Name:	CSFA Description:	NOFO #
CSFA #:	UEI #	Fiscal Year(s):

(2 CFR 200.415)

"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).

City of Aurora
Institution/Organization

Signature
Christopher Minick
Name of Official
Chief Financial Officer
Title
Chief Financial Officer (or equivalent)
4.28.25

Date of Execution

City of Aurora
Institution/Organization

Signature
Richard C. Irvin
Name of Official
Mayor
Title
Executive Director (or equivalent)
4.28.25
Date of Execution

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 into contractual agreements on behalf of the organization.

Section C - Budget Worksheet & Narrative

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6). **Contractual Services** (2 CFR 200.318) & **Subawards** (200.92) -- Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole contracts in excess of \$150,000 (See 2 CFR 200.88).

NOTE : this budget category may include subawards. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

Please also note the differences between subaward, contract, and contractor (vendor):

1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.

2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.

3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides supplies, expendable materials, or data processing services in support of the project activities.

Item	Contractual Services Cost
Activity Delivery Costs for City of Aurora	\$ 19,875.00
	\$ -
	\$ -
	\$ -
State Total	\$ 19,875.00
	\$ -
	\$ -
	\$ -
NON-State Total	\$ -
Total Contractual Services	\$ 19,875.00

Contractual Services Narrative (State):

Activity delivery to ensure construction of renovation at Hesed House is performed according to all applicable federal and state laws.

Contractual Services Narrative (Non-State) i.e. "Match" or "Other Funding"

N/A non-state funds not proposed for this project.

Section C - Budget Worksheet & Narrative

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8). **Construction**-- Provide a description of the construction project and an estimate of the costs. As a rule, construction costs are not allowable unless with prior written approval. In some cases, minor repairs or renovations may be allowable. Consult with the program office before budgeting funds in this category. Estimated construction costs must be supported by documentation including drawings and estimates, formal bids, etc. As with all other costs, follow the specific requirements of the program, the terms and conditions of the award, and applicable regulations.

Purpose	Description of Work	Construction Cost
Construction of Hesed House	Construction costs of renovation and expansion of the family shelter space at Hesed House.	\$ 1,599,000.00

	\$	-
State Total	\$	1,599,000.00

	\$	-
	\$	-
	\$	-
	\$	-
NON-State Total	\$	-

	\$	1,599,000.00
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Construction Narrative (State):

Reconstruction and construction undertaken by the City of Aurora at the Hesed House shelter owned by Public Action to Deliver Services Inc. at 659 River Street, Aurora, Kane County, Illinois, 60506.

Construction Narrative (Non-State) i.e. "Match" or "Other Funding"

No "other" non-state costs are included in this application.

Section C - Budget Worksheet & Narrative

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Budget Narrative Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.

<i>Budget Category</i>	<i>State</i>		<i>NON-State</i>		<i>Total</i>
<i>6. Contractual Services</i>	\$	19,875.00	\$	-	\$ 19,875.00
<i>8. Construction</i>	\$	1,599,000.00	\$	-	\$ 1,599,000.00
<i>14. Other or Misc. Costs</i>	\$	-	\$	-	-
<i>15A.Acquisition</i>	\$	-	\$	-	-
 <i>State Request</i>	\$	1,618,875.00			
 <i>Non-State Amount</i>			\$	-	
TOTAL PROJECT COSTS					\$ 1,618,875.00

Agency Approval		STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE	AGENCY: Commerce & Economic Opportunity
Organization Name:		CSFA Description:	NOFO #
CSFA #	UEI #	Fiscal Year:	
Grant Number 0			

Grantees should not need to type anything on this sheet

<u>Final Budget Amount Approved</u>	<u>Program Approval Signature</u>	<u>Date</u>	<u>Fiscal & Administrative Approval Signature</u>	<u>Date</u>
\$ 1,618,875.00				

<u>Budget Revision Approved</u>	<u>Program Approval Signature</u>	<u>Date</u>	<u>Fiscal & Administrative Approval Signature</u>	<u>Date</u>

§200.308 Revision of budget and program plans

(c) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.