

**Illinois Grant Accountability and Transparency
Notice of State Award**

06/19/20

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STATE OF ILLINOIS GRANT INFORMATION	
State Award Identification	Name of State Agency (Grantor): Illinois State Police Department/Organziation Unit: Office of the Statewide 9-1-1 System
State Award ID Number (SAIN)	1652-21270
State Program Description	Grants will be awarded to fund regional hosted call handling position equipment to defray costs associated with the replacement or upgrade of 9-1-1 call handling positions that are Next Generation 9-1-1 i3 capable.
Announcment Type	Initial
Agency (Grantor) Contact Information	Name: Cindy Barbera-Brelle Phone: 217/782-3200 Email: Cindy.Barbera-Brelle@illinois.gov

GRANTEE INFORMATION	
Grantee / Subrecipient Information	Name: City of Naperville Address: 400 S Eagle Street, Naperville, IL 60540 Phone: 630-256-5961 Email: hobdayj@apd.aurora.il.us
Grantee Identification	GATA: 677566 DUNS: 070000815 FEIN: 366006013
Period of Performance	Start Date: 7/1/2020 End Date: 6/30/2021

FUNDING INFORMATION			
FUND	CSFA	CFDA	AMOUNT
612	493-60-1652		\$259,733.23
TOTAL			\$259,733.23

(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.

TERMS AND CONDITIONS	
Grantee Indirect Cost Rate Information	Rate: Base: Period:
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)	
Program-Specific Term(s)	

SPECIFIC CONDITIONS ASSIGNED TO GRANTEE - FISCAL AND ADMINISTRATIVE

The nature of the additional requirements

GATA Conditions:

02 - Quality of Management System (2 CFR 200.302)

Requires more detailed reporting;

Agency Adjustments / Explanation:

Grantee indicated a weakness in regards to staff who approve transactions. It was indicated that only staff independent from the staff who initiated the transaction are involved in the approval process. Best practice requires multi-level approvals including the staff who initiated the transaction and other higher level staff member(s) depending on the amount of the transaction. The grantee must take every precaution to ensure that all possible safeguards are in place in to maintain an environment of accountability, transparency, and sound audit trail.

The reason why the additional requirements are being imposed

GATA Conditions:

02 - Quality of Management System (2 CFR 200.302)

Medium to high risk increases the likelihood that grant revenues and expenditures will be inaccurate that could result in misreporting, and an abusive environment.

Agency Adjustments / Explanation:

None

The nature of the action needed to remove the additional requirement, if applicable

GATA Conditions:

02 - Quality of Management System (2 CFR 200.302)

Implementation of new or enhanced system, mitigating controls or a combination of both.

Agency Adjustments / Explanation:

The grantee must update the internal control policies to include measure for reconciling expenditures to enhance current methods of maintenance of accounting records. Internal controls also require inclusion of policies for multi-level approvals of transactions. The updated internal controls should be provided for review during programmatic and/or fiscal audit.

The time allowed for completing the actions, if applicable

GATA Conditions:

02 - Quality of Management System (2 CFR 200.302)

One year.

Agency Adjustments / Explanation:

The updated internal controls should be provided for review during programmatic and/or fiscal audit.

The method for requesting reconsideration of the additional requirements imposed

GATA Conditions:

02 - Quality of Management System (2 CFR 200.302)

One year.

Agency Explanation:

None

SIGNATURE PAGE

Circle one: Accept NOSA / Reject NOSA

Institution / Organization

Signature

Name of Official

Title (Chief Financial Officer or equivalent)

Date of Execution