



**INSTRUCTIONS: PLEASE COMPLETE THE HIGHLIGHTED PAGES AND FIELDS ON THE PROVIDED UNIFORM GRANT BUDGET TEMPLATE (SOME FIELDS WILL AUTO-FILL)**

**State of Illinois  
UNIFORM GRANT BUDGET TEMPLATE**

State Agency: Illinois Environmental Protection Agency

Organization Name: [REDACTED]

Data Universal Number System (DUNS) Number (enter numbers only): [REDACTED]

Catalog of State Financial Assistance (CSFA) Number: 532-10-1697

CSFA Short Description: Driving a Cleaner Illinois - Volkswagen

Section A: State of Illinois Funds

Fiscal Year: FY 2025

Notice of Funding Opportunity (NOFO) Number:

| REVENUES   |  | Total Revenue             |
|--|--|---------------------------|
| State of Illinois Grant Requested                      | \$   |                           |
| <b>Budget Expenditure Categories</b>                   | <b>OMB Uniform Guidance<br/>Federal Awards Reference 2 CFR 200</b> | <b>Total Expenditures</b> |
| 1. Personnel (Salary and Wages)                        | 200.430  |                           |
| 2. Fringe Benefits                                     | 200.431  |                           |
| 3. Travel  | 200.474  |                           |
| 4. Equipment   | 200.439  |                           |
| 5. Supplies  | 200.94   |                           |
| 6. Contractual Services and Subawards                  | 200.318 & 200.92   |                           |
| 7. Consultant (Professional Service)                   | 200.459  |                           |
| 8. Construction  |  |                           |
| 9. Occupancy (Rent and Utilities)                      | 200.465  |                           |
| 10. Research and Development (R&D)                     | 200.87   |                           |
| 11. Telecommunications                                 |  |                           |
| 12. Training and Education                             | 200.472  |                           |
| 13. Direct Administrative Costs                        | 200.413 (c)  |                           |
| 14. Miscellaneous Costs                                |  |                           |
| 15. A. Grant Exclusive Line Item(s)                    |  |                           |
| 15. B. Grant Exclusive Line Item(s)                    |  |                           |
| 16. Total Direct Costs (add lines 1-15)                | 200.413  |                           |
| 17. Total Indirect Costs                               | 200.414  |                           |
| Rate %:  |  |                           |
| Base:  |  |                           |
| 18. Total Costs State Grant Funds<br>(Lines 16 and 17) |  |                           |
| <b>MUST EQUAL REVENUE TOTALS ABOVE</b>                 |  |                           |

*INSERT STATE TOTAL (SEE PAGE 9)*

Instructions found at end of document.



State of Illinois  
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Organization Name: \_\_\_\_\_ NOFO Number \_\_\_\_\_

**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 in area designated below.)**

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; **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).

2a. 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 [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 (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 three (3) months after the effective date of the State award [2 CFR 200 Appendix (C)(2)(b)]. The initial ICRP will be sent to the State of Illinois Indirect Cost unit. **Note: (Check with you 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 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 [2 CFR 200.414 (C)(4)(f) and 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.]**

4. 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  
 complies with other statutory policies.

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 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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Organization Name: \_\_\_\_\_ NOFO Number: \_\_\_\_\_  
 Section B: Non-State of Illinois Funds Fiscal Year: FY 2025

| REVENUES   | Total Revenue                           |
|--|---|
| Grantee Match Requirement %:<br>(Agency to Populate)               |   |
| b) Cash  | \$ <b>INSERT APPLICANT MATCH</b>        |
| c) Non-Cash  | \$                                      |
| d) other Funding and Contributions                                 | \$                                      |
| Total Non-State Funds (lined b through d)                          | \$ <b>ll</b>                            |
| <b>Budget Expenditure Categories</b>                               | <b>Total Expenditures</b>               |
| <b>OMB Uniform Guidance<br/>Federal Awards Reference 2 CFR 200</b> |   |
| 1. Personnel (Salaries and Wages)                                  | \$ 200.430                              |
| 2. Fringe Benefits   | \$ 200.431                              |
| 3. Travel  | \$ 200.474                              |
| 4. Equipment <b>TRUCKS + INFRASTRUCTURE</b>                        | \$ <b>INSERT APPLICANT MATCH / NON-</b> |
| 5. Supplies  | \$ 200.94                               |
| 6. Contractual Services and Subawards                              | \$ 200.318 & 200.92                     |
| 7. Consultant (Professional Services)                              | \$ 200.459                              |
| 8. Construction  | \$                                      |
| 9. Occupancy (Rent and Utilities)                                  | \$ 200.465                              |
| 10. Research and Development (R&D)                                 | \$ 200.87                               |
| 11. Telecommunications   | \$                                      |
| 12. Training and Education   | \$ 200.472                              |
| 13. Direct Administrative Costs                                    | \$ 200.413 (c)                          |
| 14. Miscellaneous Costs  | \$                                      |
| 15. A. Grant Exclusive Line Item(s)                                | \$                                      |
| 15. B. Grant Exclusive Line Item(s)                                | \$                                      |
| 16. Total Direct Costs (add lines 1-15)                            | \$ 200.413 <b>ll</b>                    |
| 17. Total indirect Costs   | \$ 200.414                              |
| Rate %:  |   |
| Base:  |   |
| 18. Total Costs State Grant Funds<br>(Lines 16 and 17)             | \$ <b>ll</b>                            |
| <b>MUST EQUAL REVENUE TOTALS ABOVE</b>                             | <b>ll</b>                               |

STATE TOTAL  
(see page 9)



**State of Illinois  
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Organization Name: [REDACTED] NOFO Number: [REDACTED]  
 Data Universal Number System (DUNS) Number (enter numbers only): [REDACTED] Fiscal Year: FY 2025  
 Catalog of State Financial Assistance (CSFA) Number: 532-10-1697 CSFA Short Description: Driving a Cleaner Illinois - Volkswagen

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).

[REDACTED]

Institution/Organization Name:

[REDACTED]

Institution/Organization Name:

[REDACTED]

Title (Chief Financial Officer or equivalent):

[REDACTED]

Title (Executive Director or equivalent):

[REDACTED]

Printed Name (Chief Financial Officer or equivalent):

[REDACTED]

Printed Name (Executive Director or equivalent):

[REDACTED]

Signature (Chief Financial Officer or equivalent):

[REDACTED]

Signature (Executive Director or equivalent):

[REDACTED]

Date of Execution (Chief Financial Officer):

[REDACTED]

Date of Execution (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.



**State of Illinois  
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**FFATA Data Collection Form (if needed by agency)**

Under FFATA, all sub-recipients who receive \$30,000 or more must provide the following information for federal reporting. Please fill out the following form accurately and completely. 4-digit extension if applicable:

Sub-recipient DUNS: \_\_\_\_\_ Sub-recipient Parent Company DUNS: \_\_\_\_\_

Sub-recipient Name: \_\_\_\_\_

Sub-recipient DBA Name: \_\_\_\_\_

Sub-recipient Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_ Congressional District: \_\_\_\_\_

Sub-recipient Principal Place of Performance: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_ Congressional District: \_\_\_\_\_

Contract Number (if known): \_\_\_\_\_ Award Amount: \_\_\_\_\_ Project Period: From: \_\_\_\_\_ To: \_\_\_\_\_

State of Illinois Awarding Agency and Project Detail Description: \_\_\_\_\_

**Under certain circumstances, sub-recipient must provide names and total compensation of its top 5 highly compensated officials. Please answer the following questions and follow the instructions.**

**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?

Yes  If Yes, must answer Q2 below. No  If No, you are not required to provide data.

**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)?

Yes  If Yes, must provide the data. Please fill out the rest of this form. No  If No, you must provide the data. Please fill out the rest of this form.

**Please provide names and total compensation of the top five officials:**

|       |         |
|-------|---------|
| Name: | Amount: |
| Name: | Amount: |
| Name: | Amount: |
| Name: | Amount: |
| Name: | Amount: |



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**1). Personnel (Salaries and Wages) (2 CFR 200.430)**

List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

| Name   | Position | Salary or Wage | Basis (Yr./Mo./Hr.) | % of Time | Length of Time | Personnel Cost | Add/Delete Row |
|--|----------|----------------|---------------------|-----------|----------------|----------------|----------------|
|  |          |                |                     | %         |                |                | Add<br>Delete  |
| State Total  |          |                |                     |           |                |                |                |
|  |          |                |                     | %         |                |                | Add<br>Delete  |
| NON-State Total  |          |                |                     |           |                |                |                |
| Total Personnel  |          |                |                     |           |                |                |                |
| Personnel Narrative (State):                                       |          |                |                     |           |                |                |                |
| Personnel Narrative (Non-State): (i.e. "Match" or "Other Funding") |          |                |                     |           |                |                |                |



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**2). Fringe Benefits (2 CFR 200.431)**

Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in category (1) direct salaries and wages, and only for the percentage of time devoted to the project. Provide the fringe benefit rate used and a clear description of how the computation of fringe benefits was done. Provide both the annual (for multiyear awards) and total. If a fringe benefit rate is not used, show how the fringe benefits were computed for each position. The budget justification should be reflected in the budget description. Elements that comprise fringe benefits should be indicated.

| Name                  | Position(s) | Base | Rate (%) | Fringe Benefit Cost | Add/Delete Rows |
|-----------------------|-------------|------|----------|---------------------|-----------------|
|                       |             |      |          |                     |                 |
|                       |             |      | %        |                     | Add<br>Delete   |
| State Total           |             |      |          |                     |                 |
|                       |             |      | %        |                     | Add<br>Delete   |
| Non-State Total       |             |      |          |                     |                 |
| Total Fringe Benefits |             |      |          |                     |                 |

Fringe Benefits Narrative (State):

Fringe Benefits Narrative (Non-State): (i.e. "Match" or "Other Funding")



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**3). Travel (2 CFR 200.474)**

Travel should include: origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate source of Travel Policies applied, Applicant or State of Illinois Travel Regulations. NOTE: Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the consultant category along with the consultant's fee. Travel for training participants, advisory committees, review panels and etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category.

| Purpose of Travel/Items  | Location | Cost Rate | Basis | Quantity | Number of Trips | Travel Cost | Add/Delete Row |
|--|----------|-----------|-------|----------|-----------------|-------------|----------------|
|  |          |           |       |          |                 |             | Add<br>Delete  |
| State Total  |          |           |       |          |                 |             | Add<br>Delete  |
| NON-State Total  |          |           |       |          |                 |             | Add<br>Delete  |
| Total Travel   |          |           |       |          |                 |             |                |
| Travel Narrative (State):                                      |          |           |       |          |                 |             |                |
| Travel Narrative (Non-State): (i.e. "Match" of "Other Funding) |          |           |       |          |                 |             |                |





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**4). Equipment (2 CFR 200.439)**

Provide justification for the use of each item and relate them to specific program objectives. Provide both the annual (for multiyear awards) and total for equipment. Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than \$5,000. (Note: Organization's own capitalization policy for classification of equipment can be used). Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

| Item  | Quantity | Cost Per Item<br><i>(ELIGIBLE COSTS ONLY)</i> | Equipment Cost | Add/Delete Rows |        |
|---|----------|---|----------------|-----------------|--------|
|   |          |   |                | Add             | Delete |
| All-Electric Trucks   |          |   |                | Add             | Delete |
| Charging Infrastructure <i>(IF REQUESTED)</i>   |          |   |                | Add             | Delete |
| State Total   |          |   |                |                 |        |
| All-Electric Trucks   |          |   |                | Add             | Delete |
| Charging Infrastructure <i>(IF REQUESTED)</i>   |          |   |                | Add             | Delete |
| Non-State Total   |          |   |                |                 |        |
| Total Equipment   |          |   |                |                 |        |
| <b>Equipment Narrative (State):</b><br>[On this form, itemize the quantities and eligible costs for the all-electric trucks and necessary charging infrastructure (State portion and Applicant portion of costs). Delete this text and include brief narrative on the requested trucks and charging equipment]<br><b>Equipment Narrative (Non-State):</b> (i.e. "Match" or "Other Funding") |          |   |                |                 |        |



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**5). Supplies (2 CFR 200.94)**

List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

| Item  | Quantity/Duration | Cost Per Item | Supplies Cost | Add/Delete Rows |
|---|-------------------|---------------|---------------|-----------------|
|   |                   |               |               | Add<br>Delete   |
| State Total   |                   |               |               |                 |
|   |                   |               |               | Add<br>Delete   |
| Non-State Total   |                   |               |               |                 |
| Total Supplies  |                   |               |               |                 |
| Supplies Narrative (State):                                       |                   |               |               |                 |
| Supplies Narrative (Non-State): (i.e. "Match" or "Other Funding") |                   |               |               |                 |



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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 sub-recipient for the sub-recipient 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 | Add/Delete Rows |
|-----------------------------------|---------------------------|-----------------|
|                                   |                           | Add<br>Delete   |
|                                   |                           | Add<br>Delete   |
| <b>State Total</b>                |                           | Add<br>Delete   |
|                                   |                           | Add<br>Delete   |
| <b>Non-State Total</b>            |                           |                 |
| <b>Total Contractual Services</b> |                           |                 |

Contractual Services Narrative (State):

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



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**7) Consultant Services and Expenses (2 CFR 200.459)**

**Consultant Services (Fees):** For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project.  
**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultant in addition to their fees (i.e., travel, meals, lodging, etc.) Consultant--  
 Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisitions Policy is used.

| Consultant Services (Fees)              | Services Provided | Fee | Basis | Quantity               | Consultant Services (Fee) Cost | Add/Delete Row |
|---|-------------------|-----|-------|------------------------|--------------------------------|----------------|
|   |                   |     |       |                        |                                | Add<br>Delete  |
|   |                   |     |       | <b>State Total</b>     |                                |                |
|   |                   |     |       | <b>NON-State Total</b> |                                | Add<br>Delete  |
| <b>Total Consultant Services (Fees)</b> |                   |     |       |                        |                                |                |

Consultant Services Narrative (State):

Consultant Services Narrative (Non-State):

| Consultant Expenses - Items      | Location | Cost Rate | Basis | Quantity               | Number of Trips | Consultant Expenses Cost | Add/Delete Row |
|----------------------------------|----------|-----------|-------|------------------------|-----------------|--------------------------|----------------|
|                                  |          |           |       |                        |                 |                          | Add<br>Delete  |
|                                  |          |           |       | <b>State Total</b>     |                 |                          |                |
|                                  |          |           |       | <b>NON-State Total</b> |                 |                          | Add<br>Delete  |
| <b>Total Consultant Expenses</b> |          |           |       |                        |                 |                          |                |

Consultant Expenses Narrative (State):

Consultant Expenses Narrative (Non-State): (i.e. "Match" or "Other Funding")



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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 | Add/Delete Rows |
|---------|---------------------|-------------------|-----------------|
|         |                     |                   |                 |
|         |                     |                   | Add<br>Delete   |
|         | State Total         |                   |                 |
|         |                     |                   | Add<br>Delete   |
|         | Non-State Total     |                   |                 |
|         | Total Construction  |                   |                 |

Construction Narrative (State):

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



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**9). Occupancy - Rent and Utilities (2 CFR 200.465)**

List items and descriptions by major type and the basis of the computation. Explain how rental and utility expenses are allocated for distribution as an expense to the program/service. For example, provide the square footage and the cost per square foot rent and utility, and provide a monthly rental and utility cost and how many months to rent. **NOTE:** This budgetary line item is to be used for direct program rent and utilities, all other indirect or administrative occupancy costs should be listed in the indirect expense section of the Budget worksheet and narrative. Maintenance and repair costs may be included here if directly allocated to program.

| Description   | Quantity | Basis | Cost | Length of Time | Occupancy Cost | Add/Delete Row |
|---|----------|-------|------|----------------|----------------|----------------|
|   |          |       |      |                |                |                |
| State Total   |          |       |      |                |                |                |
| NON-State Total   |          |       |      |                |                |                |
| Total Occupancy - Rent and Utilities  |          |       |      |                |                |                |
| Occupancy - Rent and Utilities Narrative (State):                                       |          |       |      |                |                |                |
| Occupancy - Rent and Utilities Narrative (Non-State): (i.e. "Match" or "Other Funding") |          |       |      |                |                |                |



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**10). Research & Development (R&D) (2 CFR 200.87)**

**Definition:** All research activities, both basic and applied, and all development activities that are performed by non-Federal entities directed toward the production of useful materials, devices, systems, or methods, including design and development of prototypes and processes. Provide a description of the research and development project and an estimate of the costs. Consult with the program office before budgeting funds in this category.

| Purpose   | Description of Work | Research and Development Cost | Add/Delete Rows |
|---|---------------------|-------------------------------|-----------------|
|   |                     |                               |                 |
|   | State Total         |                               | Add<br>Delete   |
|   |                     |                               | Add<br>Delete   |
|   | Non-State Total     |                               |                 |
| Total Research and Development  |                     |                               |                 |
| Research and Development Narrative (State):                                       |                     |                               |                 |
| Research and Development Narrative (Non-State): (i.e. "Match" or "Other Funding") |                     |                               |                 |



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**11). Telecommunications**

List items and descriptions by major type and the basis of the computation. Explain how telecommunication expenses are allocated for distribution as an expense to the program/service. NOTE: This budgetary line item is to be used for direct program telecommunications, all other indirect or administrative telecommunication costs should be listed in the indirect expense section of the Budget worksheet and narrative.

| Description   | Quantity | Basis | Cost | Length of Time | Telecommunications Cost | Add/Delete Row |
|---|----------|-------|------|----------------|-------------------------|----------------|
|   |          |       |      |                |                         | Add            |
| State Total   |          |       |      |                |                         |                |
| NON-State Total   |          |       |      |                |                         |                |
| Total Telecommunications  |          |       |      |                |                         |                |
| Telecommunications Narrative (State):                                       |          |       |      |                |                         |                |
| Telecommunications Narrative (Non-State): (i.e. "Match" or "Other Funding") |          |       |      |                |                         |                |





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**12). Training and Education (2 CFR 200.472)**

Describe the training and education cost associated with employee development. Include rental space for training (if required), training materials, speaker fees, substitute teacher fees, and any other applicable expenses related to the training. When training materials (pamphlets, notebooks, videos, and other various handouts) are ordered for specific training activities, these items should be itemized below.

| Description   | Quantity | Basis | Cost | Length of Time | Training and Education Cost | Add/Delete Row |
|---|----------|-------|------|----------------|-----------------------------|----------------|
|   |          |       |      |                |                             | Add            |
| State Total   |          |       |      |                |                             |                |
| NON-State Total   |          |       |      |                |                             |                |
| Total Training and Education  |          |       |      |                |                             |                |
| Training and Education Narrative (State):                                       |          |       |      |                |                             |                |
| Training and Education Narrative (Non-State): (i.e. "Match" or "Other Funding") |          |       |      |                |                             |                |



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**13). Direct Administrative Costs (2 CFR 200.413 (c))**

The salaries of administrative and clerical staff should normally be treated as indirect (F&A) costs. Direct charging of these costs may be appropriate only if all of the following conditions are met: (1) Administrative or clerical services are integral to a project or activity; (2) Individuals involved can be specifically identified with the project or activity; (3) Such costs are explicitly included in the budget or have the prior written approval of the State awarding agency; and (4) The costs are not also recovered as indirect costs.

| Name   | Position | Salary or Wage | Basis<br>(Yr./Mo./Hr.) | % of Time | Length of Time | Direct Administrative<br>Cost | Add/Delete |        |
|--|----------|----------------|------------------------|-----------|----------------|-------------------------------|------------|--------|
|  |          |                |                        |           |                |                               | Row        | Row    |
|  |          |                |                        | %         |                |                               | Add        | Delete |
| State Total  |          |                |                        |           |                |                               | Add        | Delete |
| NON-State Total  |          |                |                        |           |                |                               | Add        | Delete |
| Total Direct Administrative Costs  |          |                |                        |           |                |                               |            |        |
| Direct Administrative Costs Narrative (State):                                       |          |                |                        |           |                |                               |            |        |
| Direct Administrative Costs Narrative (Non-State): (i.e. "Match" or "Other Funding") |          |                |                        |           |                |                               |            |        |



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**14). Other or Miscellaneous Costs**

This category contains items not included in the previous categories. List items by type of material or nature of expense, break down costs by quantity and cost per unit if applicable, state the necessity of other costs for successful completion of the project and exclude unallowable costs (e.g.. Printing, Memberships & subscriptions, recruiting costs, etc.)

| Description   | Quantity | Basis | Cost | Length of Time | Other or Miscellaneous Cost | Add/Delete Row |
|---|----------|-------|------|----------------|-----------------------------|----------------|
|   |          |       |      |                |                             | Add            |
| State Total   |          |       |      |                |                             |                |
| NON-State Total   |          |       |      |                |                             |                |
| Total Other or Miscellaneous Costs  |          |       |      |                |                             |                |
| Other or Miscellaneous Costs Narrative (State):                                       |          |       |      |                |                             |                |
| Other or Miscellaneous Costs Narrative (Non-State): (i.e. "Match" or "Other Funding") |          |       |      |                |                             |                |



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**15). GRANT EXCLUSIVE LINE ITEM**

Grant Exclusive Line Item Description:

Costs directly related to the service or activity of the program that is an integral line item for budgetary purposes. To use this budgetary line item, an applicant must have Program approval. (Please cite reference per statute for unique costs directly related to the service or activity of the program). (Note: Use columns within table as needed for the item being reported. Leave blank those columns that are not applicable. This table does NOT auto-calculate each line. You must enter the line totals. The table will auto-calculate the State, Non-State, and Total Grant Exclusive Line Item amounts based on your line entries. The State, Non-State and Total Grant Exclusive Line Item amounts will NOT carry forward to the Budget Narrative Summary table. You will have to enter the State and Non-State Totals for ALL Grant Exclusive Line Items in the Budget Narrative Summary table. Use the "Add New Grant Exclusive Line Item" button below to add additional tables as needed.)

| Description                     | Quantity | Basis | Cost | Length of Time | Grant Exclusive Line Item Cost | Add/Delete Row |
|---------------------------------|----------|-------|------|----------------|--------------------------------|----------------|
|                                 |          |       |      |                |                                | Add<br>Delete  |
| State Total                     |          |       |      |                |                                |                |
|                                 |          |       |      |                |                                | Add<br>Delete  |
| NON-State Total                 |          |       |      |                |                                |                |
| Total Grant Exclusive Line Item |          |       |      |                |                                |                |

Grant Exclusive Line Item Narrative (State):

Grant Exclusive Line Item Narrative (Non-State): (i.e. "Match" or "Other Funding")

|                                   |                                  |
|-----------------------------------|----------------------------------|
| Add New Grant Exclusive Line Item | Delete Grant Exclusive Line Item |
|-----------------------------------|----------------------------------|



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**16). Indirect Cost (2 CFR 200.414)**

Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

| Description                           | Base | Rate                 | Indirect Cost | Add/Delete    |
|---------------------------------------|------|----------------------|---------------|---------------|
|                                       |      |                      |               | Rows          |
|                                       |      |                      |               | Add<br>Delete |
|                                       |      | State Total          |               |               |
|                                       |      |                      |               | Add<br>Delete |
|                                       |      | Non-State Total      |               |               |
|                                       |      | Total Indirect Costs |               |               |
| Indirect Costs Narrative (State):     |      |                      |               |               |
| Indirect Costs Narrative (Non-State): |      |                      |               |               |



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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.. (Note: The State, Non-State, and Total cost amounts for each line item below are auto-filled based upon the entries in the preceding budget tables 1-14 and 16. The State and Non-State Total amounts from Table 15 above, Grant Exclusive Line Item(s), must be entered into this table by hand due to the possibility of there being more than one Grant Exclusive Line Item table. Once the Grant Exclusive Line Item(s) amounts are entered into this table, the State Request amount, Non-State Amount and the Total Project Costs will be calculated automatically. It is imperative that the summary tables be completed accurately for the Budget Narrative Summary to be accurate.)

| Budget Category                                 | State         | Non-State        | Total |
|---|---------------|------------------|-------|
| 1. Personnel                                    |               |                  |       |
| 2. Fringe Benefits                              |               |                  |       |
| 3. Travel                                       |               |                  |       |
| 4. Equipment <i>TRUCKS &amp; INFRASTRUCTURE</i> |               |                  |       |
| 5. Supplies                                     |               |                  |       |
| 6. Contractual Services                         |               |                  |       |
| 7. Consultant (Professional Services)           |               |                  |       |
| 8. Construction                                 |               |                  |       |
| 9. Occupancy (Rent and Utilities)               |               |                  |       |
| 10. Research and Development (R & D)            |               |                  |       |
| 11. Telecommunications                          |               |                  |       |
| 12. Training and Education                      |               |                  |       |
| 13. Direct Administrative Costs                 |               |                  |       |
| 14. Other or Miscellaneous Costs                |               |                  |       |
| 15. GRANT EXCLUSIVE LINE ITEM(S)                |               |                  |       |
| 16. Indirect Costs                              |               |                  |       |
|   | State Request | Non-State Amount |       |
| <b>TOTAL PROJECT COSTS</b>                      | //            | //               | //    |



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For State Use Only

Grantee: \_\_\_\_\_ Notice of Funding Opportunity (NOFO) Number: \_\_\_\_\_

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

Catalog of State Financial Assistance (CSFA) Number: 532-10-1697 CSFA Short Description: Driving a Cleaner Illinois - Volkswagen

Fiscal Year(s): \_\_\_\_\_

Initial Budget Request Amount: \_\_\_\_\_

Prior Written Approval for Expense Line Item: \_\_\_\_\_

Statutory Limits or Restrictions: \_\_\_\_\_

Checklist: \_\_\_\_\_

Final Budget Amount Approved: \_\_\_\_\_

Program Approval Name \_\_\_\_\_ Date \_\_\_\_\_

Fiscal & Administrative Approval Name \_\_\_\_\_ Date \_\_\_\_\_

Fiscal & Administrative Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

Budget Revision Approved: \_\_\_\_\_

Program Approval Name \_\_\_\_\_ Date \_\_\_\_\_

Fiscal & Administrative Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

Fiscal & Administrative Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

Fiscal & Administrative Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

**\$200,308 Revision of budget and program plans**  
(e) 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.