

FEDERAL AID INFORMATION

I. IDENTIFICATION

SAI #s---Attach additional sheets if necessary.	CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER (CFDA #) □□.□□□
Agency: (division(s) receiving/administering funds)	CUSAS/SAMS # - Division #: □□□□□
Federal Public Law No.:	Program Title:
Administering Federal Agency and Office:	

II. DESCRIPTION

1. Type of Program
 Formula grant
 Project grant
 Contract
 Other (specify): _____

2. Type of Payment Mechanism:
 "Draw down" as required
 Reimbursement – portion of expenditures
 Regular installment
 Lump sum in advance
 Other (specify): _____

3. Federal funds are deposited in the following State Treasury Fund(s) (*)
 Treasury Fund No. (*) _____ Treasury Fund Name _____
 Treasury Fund No. (*) _____ Treasury Fund Name _____

4. Were federal funds appropriated by the General Assembly?
 FY 2018 Yes No
 FY 2019 Yes No

5. Under what authority does your agency receive and expend these funds?
 ILCS: Chapter _____ Section _____

6. Matching Requirements:
 State match required?
 Yes No
 State match required to be:
 Cash In kind
 Source of state match:
 Treasury Fund No. _____ Treasury Fund Name _____
 If no local match is indicated, does the program allow use of local funds in lieu of state match?
 Yes No

If Yes, specify:	FY 2018 %	FY 2019 %
<input type="checkbox"/> Federal %		
<input type="checkbox"/> State %		
<input type="checkbox"/> Local %		

7. Indirect Costs: Is your agency operating under a federally approved indirect cost reimbursement plan?
 Yes No
 If Yes, will the reimbursement amount be set by:
 an indirect cost rate?
 a cost allocation plan?
 a negotiated lump sum for overhead costs?
 Estimated indirect costs to be recovered from the federal government:
 FY 2018 \$ _____ FY 2019 \$ _____

8. Source of Funds: (*)
 Direct from the federal government
 Indirect, through an intermediary (specify agency): _____

9. What would be the total cost to the state if federal funds available under this program were discontinued and the state assumed full financial responsibility?
 FY 2018 \$ _____ FY 2019 \$ _____

<p>10. Are some of these funds subgranted to other state agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list probable state agency CUSAS/SAMS #'s and amounts:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Agency</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr><td>1.</td><td>\$</td></tr> <tr><td>2.</td><td>\$</td></tr> <tr><td>3.</td><td>\$</td></tr> <tr><td>4.</td><td>\$</td></tr> <tr><td>5.</td><td>\$</td></tr> <tr><td>6.</td><td>\$</td></tr> </tbody> </table>	Agency	Amount	1.	\$	2.	\$	3.	\$	4.	\$	5.	\$	6.	\$	<p>12. Planning and Reporting Requirements: Does the granting agency require a planning document? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the granting agency require other reports? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the items below:</p> <p>a. Evaluation report <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other</p> <p>b. Financial report <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other</p> <p>c. Performance report <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other</p> <p>d. Other (please specify):</p>
Agency	Amount														
1.	\$														
2.	\$														
3.	\$														
4.	\$														
5.	\$														
6.	\$														
<p>11. Are some of these funds subgranted to local governments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>															

III. FISCAL INFORMATION

CFDA # _____

(IN THOUSANDS OF DOLLARS)

PROGRAM FISCAL INFORMATION	FY 2018 (Actual \$)	FY 2019 (Estimated \$)
13. Formula Allocation:		
Amount of funds legally available from allocation. (Enter NA if not a formula grant.)		
14. Available Awards: (*)		
A. Amount of federal funds awarded. <u>This data will be submitted into the yearly Federal Funds to State Agencies.</u>		
B. Amount of federal funds carried over from previous years.		
C. TOTAL federal funds available for expenditure (A + B).		
15. Federal Fund Expenditures:		
A. Amount of federal funds expended for your agency's activities.		
B. Amount of federal funds subgranted to other state, local, or private agencies.		
C. TOTAL federal funds expended (A + B).		
16. State Expenditures:		
A. Amount of state funds expended as a matching requirement.		
B. Other state funds expended for support of the program.		
C. TOTAL state funds expended (A + B).		
17. Cash Receipts:		
A. Cash receipts deposited in first trust fund listed in Part II, Sec. 3, page 1.		
B. Cash receipts deposited in second trust fund listed in Part II, Sec. 3, page 1.		

IV. PROGRAM INFORMATION (*)

Please provide information on the state programs and services provided with these funds. For example, the Preventive Health Services Block Grant supports programs for hypertension, rape crisis centers, and grants to local health agencies. The area served might be "statewide" or a particular target area such as "city" or "county." Also provide an estimate of the number of persons/clients served by each program.

State Program Name (*)	# of Persons Served (*)	Area Served (*)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Survey completed by:	
Name & title:	Phone: (business & fax)
Agency & address:	E-mail address:

Comments:

(*) Data with this notation will be published in our yearly *Federal Funds to State Agencies*. Updated 6/2018