I. IDENTIFICATION

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

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 $ ☐ ☐

10. Are some of these funds subgranted to other state agencies?
    ☐ Yes ☐ No
    If Yes, list probable state agency CUSAS/SAMS #s and amounts:

11. Are some of these funds subgranted to local governments?
    ☐ Yes ☐ No

12. Planning and Reporting Requirements:
    Does the granting agency require a planning document?
    ☐ Yes ☐ No
    Does the granting agency require other reports?
    ☐ Yes ☐ No
    If Yes, complete the items below:
    a. Evaluation report
       ☐ Annual ☐ Quarterly ☐ Monthly ☐ Other
    b. Financial report
       ☐ Annual ☐ Quarterly ☐ Monthly ☐ Other
    c. Performance report
       ☐ Annual ☐ Quarterly ☐ Monthly ☐ Other
    d. Other (please specify):
### III. FISCAL INFORMATION

<table>
<thead>
<tr>
<th>PROGRAM FISCAL INFORMATION</th>
<th>FY 2018 (Actual $)</th>
<th>FY 2019 (Estimated $)</th>
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#### 13. Formula Allocation:
- Amount of funds legally available from allocation. (Enter NA if not a formula grant.)
- [ ]

- A. Amount of federal funds awarded. This data will be submitted into the yearly Federal Funds to State Agencies.
- 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.

<table>
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<tr>
<th>State Program Name (*)</th>
<th># of Persons Served (*)</th>
<th>Area Served (*)</th>
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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