

VILLAGE PRESIDENT
Seth Speiser

VILLAGE CLERK
Jerry Menard

VILLAGE TRUSTEES
Ray Matchett, Jr.
Mike Blaies
Denise Albers
Dean Pruett
Mathew Trout
Lisa Meehling

VILLAGE OF FREEBURG

FREEBURG MUNICIPAL CENTER
14 SOUTHGATE CENTER, FREEBURG, IL 62243
PHONE: (618) 539-5545 • FAX: (618) 539-5590
Web Site: www.freeburg.com

November 13, 2017

VILLAGE ADMINISTRATOR
Tony Funderburg

VILLAGE TREASURER
Bryan A. Vogel

PUBLIC WORKS DIRECTOR
John Tolan

POLICE CHIEF
Michael J. Schutzenhofer

VILLAGE ATTORNEY
Weilmuenster & Keck, P.C.

NOTICE MEETING OF THE PUBLIC PROPERTY COMMITTEE (Streets/Municipal Center/Pool/Parks & Recreation) (Matchett/Albers/Pruett/Trout)

A Public Property Committee Meeting of the Village of Freeburg will be held at the Municipal Center, Executive Board Room, on **Wednesday, November 15, 2017 at 6:00 p.m.**

PUBLIC PROPERTY COMMITTEE MEETING AGENDA

SWIMMING POOL:

- A. Old Business
 - 1. Pool
- B. New Business
 - 1. St. John the Baptist Donation Request
 - 2. FCHS Music Booster Association Donation Request

- A. Old Business
 - 1. Approval of October 11, 2017 Minutes
 - 2. E. Apple Proposed Streetscape Project
 - 3. MFT/Ditch on N. Main
 - 4. Drainage Problem Areas/Stormwater Run-Off
 - 5. E. Apple Issues/ITEP Grant
 - 6. Hill Mine Road Repair
 - 7. Customer Issues
 - 8. IDOT Concerns (Yield sign at State/E. Apple; merge arrows coming south into town on Rt. 15; reduced speed around Industrial Park, audio signals)
 - 9. Second Annual 5K Run for FCHS Foundation
- B. New Business
- C. General Concerns
- D. Public Participation
- E. Adjourn

At said Public Property Committee Meeting, the Village Trustees may vote on whether or not to hold an Executive Session to discuss potential litigation [5 ILCS, 120/2 - (c)(11)]; the selection of a person to fill a public office [5 ILCS, 120/2 - (c) (3)]; personnel [5 ILCS, 120/2 - (c) (1)]; or real estate transactions [5 ILCS, 120/2 - (c)(5)]. BOARD OF TRUSTEES MEETINGS ARE HELD ON THE FIRST AND THIRD MONDAY OF EVERY MONTH



Dear Friend of St. John's,

On behalf of the St. John the Baptist Catholic School Parent, Teacher and Friends Organization, we would love to have your support for our upcoming auction event. On **March 3, 2018**, we will be hosting our **An Evening in Margaritaville Dinner Auction** which includes a catered dinner, silent auction, and a live auction. This auction is the primary fundraising event for St. John the Baptist Catholic School. Our school serves children age 3 all the way through the 8th grade in Smithton and surrounding communities. St. John the Baptist is strongly rooted in the community and has been able to provide quality Parochial education for over 150 years. Our faculty and staff are caring, meeting the individual needs of our students, and preparing them to be successful in the future. Our organization is hosting this event for the purpose of raising funds allowing us to continue supporting our top notch educational programs at St. John the Baptist Catholic School.

Please consider supporting our auction with a donation of goods, services or gift certificates. The financial success of our event truly depends on donations from businesses in our community such as yours. In exchange for your tax-deductible gift, your business will receive from us excellent community exposure and positive advertising. We will be happy to list you in our auction publications, on our school's Facebook page as well as on the auction's website. This year we are pleased to be working with Gesture, a mobile auction bidding site, giving us the ability to feature you on our unique, intimate, and interactive platform. Your logo will be displayed with links to your website in addition to your branded logo being featured at the top and bottom of every page, and mixed within the auction items giving you maximum exposure.

If interested, please fill out the enclosed auction donation sheet and return it to us with your donation. Do not hesitate to call with any questions or to arrange pickup of any larger donation items.

Thank you for opening your hearts and sharing your resources. The unique educational opportunities we offer are only possible with the support of generous businesses and individuals like you. May God bless you for your support of St. John's students.

Sincerely,

Mary Alvarez
Auction Chair
mfran72@aol.com
314-420-5840

Kelly Wright
Auction Chair
kellywright1106@gmail.com
618-304-6577

Curtis McKay
Auction Chair
curtis.mckay@gmail.com
618-580-7531

Maureen Finder
Auction Chair
mo2182@aol.com
314-596-7785



Roy Monti, Principal

Auction Donation Form

Please send or fax this form along with your donation or ad copy to:
St. John the Baptist Catholic School, ATTN: Mary Alvarez, 10 South Lincoln, Smithton, IL 62285

Name of Donor _____

Contact Person (for businesses) _____

Address _____

City, State, Zip _____

Phone # _____ Email _____

Please check if you would like to receive your donation thank you letter via email.

Business

Individual

Anonymous Donor

Donated item or service (Please give a detailed description.)

Estimated Value (\$) _____

St. John the Baptist is a 501(c)(3) non-profit organization. Tax ID # E9991-5111-07. You will receive a receipt for your donation.

Item/ Gift Certificate is included.

I will send/deliver my donation to St. John's by February 13, 2018.

Please create a certificate for me based on my description.

Please contact me to arrange pick-up of my item or certificate.

Advertisement in Program & a link to your company's webpage on our online auction page

_____ \$100/Full Page

_____ \$50/Half page

_____ \$25/Business Card Size

Please email us your ad, web page link, and logo to mfran72@aol.com

Cash Donation (Cash Club)

_____ Parrot Head (\$500-1,000)

_____ Fins (\$100- 499)

_____ Volcano (up to \$99)

Please make all checks payable to St. John the Baptist PTF (Memo: Dinner Auction).

Thank you for supporting St. John the Baptist Catholic School.

FREEBURG COMMUNITY HIGH SCHOOL



401 South Monroe Street
Freeburg, Illinois 62243-1599

Phone (618) 539-5533
Fax (618) 539-4887

www.fchs77.org

GREGORY A. FRERKING
Superintendent
JILL S. JUNG
Principal
KARA J. HARRIS
Assistant Principal
LORI A. CRUNK
Assistant Principal

October 9, 2017

Business Owner:

The Freeburg High School Music Booster Association would like to thank you for being such an asset to our community and would like to ask for your assistance with our annual Trivia Night. This fun-filled event is scheduled for December 2, 2017 to be held at St. Joseph's Parish Hall in Freeburg, IL.

We are hopeful that you will consider supporting our fundraising efforts with an item for our silent auction or a monetary donation. Donations like yours are vital in raising the funds necessary to support the music program and providing them with the resources they need. We welcome any contribution toward helping to grow and develop our high school music programs, and we look forward to returning the favor by highlighting your thoughtful gifts throughout the event.

As you review the many requests you receive, we hope you will consider partnering with the Freeburg Music Booster Association. We thank you, in advance, for your support.

Please send donations to the address below or contact Bill Wilson or Dawn Reuter to arrange pickup:

FCHS Music Boosters Association
Attn: Morgan Liegh
PO Box 198
Smithton, IL 62285

Bill Wilson: **618-779-4638**
ahmobileflooring@gmail.com
Dawn Reuter: **618-971-6253**
alandawnreuter@sbcglobal.net

Thank you,

Morgan Liegh
FCHS Music Booster Association
Trivia Night Coordinator



Follow us on Facebook: <https://www.facebook.com/freeburgband/>
Find us on Twitter: <https://twitter.com/freeburgmusic>

Tax I.D.
37-1119598



VILLAGE PRESIDENT
Seth Speiser

VILLAGE CLERK
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Public Property Committee Meeting
Streets/Municipal Center/Pool/Parks & Recreation
(Matchett/Albers/Pruett/Trout)
Wednesday, October 11, 2017 at 6:00 p.m.

VILLAGE ADMINISTRATOR
Tony Funderburg

VILLAGE TREASURER
Bryan A. Vogel

PUBLIC WORKS DIRECTOR
John Tolan

POLICE CHIEF
Michael J. Schutzenhofer

VILLAGE ATTORNEY
Weilmuenster & Keck, P.C.

The meeting of the Public Property Committee was called to order at 6:21 p.m. on Wednesday, October 11, 2017, in the Municipal Center by Chairman Ray Matchett. Members present were Chairman Ray Matchett, Trustee Denise Albers, Trustee Dean Pruett, Trustee Matt Trout, Mayor Seth Speiser, Village Clerk Jerry Menard, Trustee Mike Blaies, Trustee Lisa Meehling, Public Works Director John Tolan, Village Administrator Tony Funderburg and Office Manager Julie Polson.

POOL: A. OLD BUSINESS:

1. Pool/St. Clair County Parks Grant: Public Works Director John Tolan stated the pool is pretty much done. He doesn't think there will be any big maintenance items for next year.

B. NEW BUSINESS:

1. Smithton Athletic Association Donation Request: The committee donated a 10-day pass.

Village Administrator Tony Funderburg has provided some options for the playground and playground surface grants. He recommends NuToys Option 1. He confirmed this will be 100% funded by grants.

Trustee Matt Trout motioned to recommend to the full Board NuToys Option #1 for the playground and playground surface at a cost of \$62,129 delivered and installed and Trustee Dean Pruett seconded the motion. All voting yea, the motion carried.

Trustee Albers asked John if he looked in the LED dimmer lights for the swimming pool parking lot. They will dim if there is no motion. John will look into it.

STREETS: A. OLD BUSINESS:

1. Approval of September 13, 2017 Minutes: Trustee Denise Albers motioned to approve the September 13, 2017 minutes and Trustee Dean Pruett seconded the motion. All yea, the motion carried.
2. MFT/Ditch on N. Main: John said MFT is fine, and he is not doing anything on the ditch other than cleaning it out in order for it to flow better.
3. Drainage Problem Areas/Storm Water Run-Off: Tony took pictures of Hill Mine Road after the rain and stated it was in bad shape. The water was racing through as fast as it could and had washed over the road at some point. Tony thinks they could dig out a hole behind the softball field to help. Trustee Trout said it was all coming from between the schools.
4. E. Apple Issues: Tony advised ITEP has a grant going on right now with an 80/20 match that doesn't cover engineering fees and a 75/25 grant that does cover the engineering fees. The engineer would write the grant. TWM has done some preliminary work on E. Apple. Tony will ask them to look into this.
5. Hill Mine Road Repair: Discussed above.
6. Customer Issues: Nothing new to report.

7. IDOT Concerns: IDOT responded to Tony's letter. They are not going to put a merge arrow on Rt. 15; they will install a left turn yield on green at the State St./Apple light; they will perform a speed study on Rt. 15 south of town; they will rip rap the ditch; and they won't pay for any audio warning signals. Tony stated they cost \$740 and they provide onsite support for us to install. The signals talk all of the time. We will look into a grant for this and also look at installing one to see how it works out.

B. NEW BUSINESS:

1. Part-Time Leaf Collection Hire – Executive Session to Discuss Personnel, 5 ILCS, 120/2-(c)1:

EXECUTIVE SESSION

6:44 P.M.

Trustee Matt Trout motioned to enter Executive Session to Discuss Personnel, 5 ILCS 120/2-(c)1 and Trustee Dean Pruett seconded the motion. All voting yea, the motion carried.

EXECUTIVE SESSION ENDED

6:49 P.M.

Trustee Matt Trout motioned to recommend to the full Board Richard Mense and David Behrmann be hired for part-time leaf collection at \$12 per hour and Trustee Dean Pruett seconded the motion. All voting yea, the motion carried.

Tony said the Combined Planning and Zoning Board met last night regarding the proposed Meadow Pines subdivision. He has not been able to contact the landowner to discuss obtaining an easement from him to connect the road to Bozeman Lane. The Planning and Zoning Board said we should do anything possible to obtain it by any means necessary. Tony made it clear he can't speak for the board but can ask them. Tony reminded the Village board that there is another option. He originally suggested going north on Chimney Rock, take out lot 5 and connect that way. Trustee Pruett is going to help get in contact with him. The board agreed to have Tony send a certified letter first and try that route before pursuing another option.

C. GENERAL CONCERNS: None.

D. PUBLIC PARTICIPATION: None.

E. ADJOURN: *Trustee Matt Trout motioned to adjourn the meeting at 7:02 p.m. and Trustee Dean Pruett seconded the motion. All voting yea, the motion carried.*



Julie Polson
Office Manager



**This page must be signed by a representative of the local sponsoring agency
in order for the project to be considered for funding.**

The project sponsor certifies that it is willing and able to manage, maintain, and operate the project as a highway authority eligible to receive federal funding. The project sponsor possesses legal authority to nominate the transportation enhancement project and to finance, acquire, and construct the proposed project. The sponsor authorizes the nomination of the transportation enhancement project, including all assurances contained therein. The sponsor authorizes the person identified below as the official project representative to act in connection with the nomination and to provide such additional information as may be required. The project sponsor affirms that, if selected, the project will commence within the time periods defined by the Sunset Clause (refer to Section I of the ITEP Guidelines Manual) and in accordance with departmental policies.

I certify that the information contained in this transportation enhancement application, including attachments, is accurate and that I have read and understand the information and agree to the assurances on this form.

Name: _____
Please print

Title: _____
Please print

Signature: _____ **Date:** _____

Name of Sponsoring Agency: _____

Resolution FY 16-05

Resolution authorizing application for a Public Transportation Enhancement Capital Assistance Grant (ITEP) under the Illinois Department of Transportation's general authority to make such Grants.

WHEREAS, The provision and improvement of public transportation facilities is essential to the development of a safe, efficient, functional public transportation system; and

WHEREAS, The Illinois Department of Transportation has the authority to make such Grants and makes funds available to offset certain capital costs of a general public transportation infrastructure such as bike trail / multi use recreational trail; and

WHEREAS, Grants for said funds will impose certain obligations upon the recipient.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BOARD OF THE ST. CLAIR COUNTY TRANSIT DISTRICT :

Section 1. That an application be made to the Department of Transportation, State of Illinois, for a financial assistance grant (ITEP) under the Illinois Department of Transportation's general authority to make such Grants, for the purpose of funding trail development capital costs of St. Clair County Transit District.

Section 2. That Board Chairperson of the St. Clair County Transit District is hereby authorized and directed to execute and file on behalf of the St. Clair County Transit District such application.

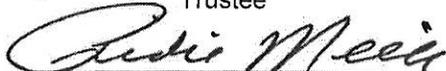
Section 3. That the Board Chairperson of the St. Clair County Transit District is authorized to furnish such additional information as may be required by the Department in connection with the aforesaid application for said Grant.

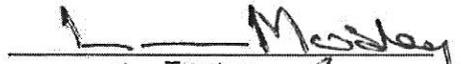
Section 4. That Board Chairperson of the St. Clair County Transit District is hereby authorized and directed to execute and file on behalf of the St. Clair County Transit District all required Grant Agreements with the Illinois Department of Transportation.

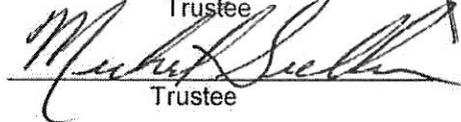
PRESENT and ADOPTED the 24th day of May, 2016


Chairperson


Trustee


Trustee


Trustee


Trustee

State of Illinois -- Uniform Budget Template -- General Instructions

This form is used to apply to individual State of Illinois discretionary grant programs. If the applicant organization is eligible to apply for 3 years of funding, it should provide the budget information for each year of the multi-year funding request. Applicants should submit budgets based upon the total estimated costs for the project including all funding sources. Pay attention to applicable program specific instructions, if attached. The applicant organization should refer to 2 CFR 200, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards" cited within these instructions.

You must consult with your Business Office prior to submitting this form for any restrictions, limitations or requirements when filling out the narrative and Uniform Budget Template..

Section A – Budget Summary

STATE OF ILLINOIS FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-17. Eligible applicants requesting funding for only one year should only complete the column under "Year 1." Eligible applicants requesting funding for multi-year grants should complete all applicable columns. **Please read all instructions before completing form.**

STATE OF ILLINOIS GRANT FUNDS

Provide a total requested State of Illinois Grant amount for each year in the Revenue portion of Section A. The amount entered in Line (a) will equal the total amount budgeted on Line 18 of Section A.

BUDGET SUMMARY – STATE OF ILLINOIS FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-17.

Lines 1-17, columns (Year 1 -Year 3; if applicable): For each project year for which funding is requested, show the total amount requested for each applicable budget category.

Lines 1-17, "TOTAL" Column: Show the multi-year total for each budget category. If funding is requested for only one project year, leave this column blank.

Line 18, columns (Year 1 – Year 3; if applicable): Show the total budget request for each project year for which funding is requested.

Line 18, "TOTAL" Column: Show the total amount requested for all project years. If funding is requested for only one year, leave this space blank.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section A (continued) Indirect Cost Information: *(This information should be completed by the applicant's Business Office)*. If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

Option (1): The applicant has a Negotiated Indirect Cost Rate Agreement (NICRA) that was approved by the Federal government. A copy of this agreement must be provided to the State of Illinois' Indirect Cost Unit for review and documentation. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. *If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

NOTE: The applicant may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for the applicant to be reimbursed for Indirect Costs from the State of Illinois, the applicant must either:

- A) Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our 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 statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

Option (2a): The applicant 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. The applicant 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 by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant 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: The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant 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: The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. Note the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program .*

Option (4): If you are applying for a grant under a Restricted Rate Program, indicate whether you are using a restricted indirect cost rate that is included on your approved Indirect Cost Rate Agreement, or whether you are using a restricted indirect cost rate that complies with statutory or programmatic policies. *Note: See Notice of State Award for Restricted Rate Programs*

Section B - Budget Summary

NON-STATE OF ILLINOIS FUNDS

NON-STATE OF ILLINOIS FUNDS: If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-State of Illinois resources to the project, the applicant must provide a revenue breakdown of all Non-State of Illinois funds in lines (b)-(d). the total of "Non-State Funds" should equal the amount budgeted on Line 18 of Section B. If a match percentage is required, the amount should be entered in this section.

BUDGET SUMMARY –NON STATE OF ILLINOIS FUNDS

If the applicant is required to provide or volunteers to provide cost-sharing or matching funds or other non-State of Illinois resources to the project, these costs should be shown for each applicable budget category on lines 1-17 of Section B.

Lines 1-17, columns (Year 1- Year 3; if applicable): For each project year, for which matching funds or other contributions are provided, show the total contribution for each applicable budget category.

Lines 1-17, "TOTAL" Column: Show the multi-year total for each budget category. If non-Federal contributions are provided for only one year, leave this column blank.

Line 18, columns (Year 1-Year 3; if applicable): Show the total matching or other contribution for each project year.

Line 18, "TOTAL" Column: Show the total amount to be contributed for all years of the multi-year project. If non-Federal contributions are provided for only one year, leave this space blank.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items

Section C - Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable program specific instructions, if attached.

All applicants are required to submit a budget narrative along with Section A and Section B. The budget narrative is sometimes referred to as the budget justification. The narrative serves two purposes: it explains how the costs were estimated and it justifies the need for the cost. The narrative may include tables for clarification purposes. The State of Illinois recommends using the State of Illinois Uniform Budget Template worksheet and narrative guide provided.

1. Provide an itemized budget breakdown, and justification by project year, for each budget category listed in Sections A and B.
2. For non-State of Illinois funds or resources listed in Section B that are used to meet a cost-sharing or matching requirement or provided as a voluntary cost-sharing or matching commitment, you must include:
 - a. The specific costs or contributions by budget category;
 - b. The source of the costs or contributions; and
 - c. In the case of third-party in-kind contributions, a description of how the value was determined for the donated or contributed goods or services.

[Please review cost sharing and matching regulations found in 2 CFR 200.306.]

3. If applicable to this program, provide the rate and base on which fringe benefits are calculated.
4. If the applicant is requesting reimbursement for indirect costs on line 17, this information should be completed by the applicant's Business Office. Specify the estimated amount of the base to which the indirect cost rate is applied and the total indirect expense. Depending on the grant program to which the applicant is applying and/or the applicant's approved Indirect Cost Rate Agreement, some direct cost budget categories in the applicant's grant application budget may not be included in the base and multiplied by your indirect cost rate. Please indicate which costs are included and which costs are excluded from the base to which the indirect cost rate is applied.
5. Provide other explanations or comments you deem necessary.

[End General Instructions]

Keep in mind the following—

Although the degree of specificity of any budget will vary depending on the nature of the project and State of Illinois agency requirements, a complete, well-thought-out budget serves to reinforce your credibility and increase the likelihood of your proposal being funded.

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings.
- Each of the major components should be subtotaled with a grand total at the end.

Your budget should justify all expenses and be consistent with the program narrative:

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.
- If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§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.



Agreement No. _____

Employee or Officer Name _____

Position of Employee or Officer _____

Grantee's disclosure of the information contained in this Form is required by the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards published in Title 2, Part 200 of the Code of Federal Regulations, 2 CFR 200.112, and 44 Ill. Admin Code 7000.40(b)(3). As an Employee or Officer of Grantee, I will remain bias-free before, during and after the award process of the Grant Agreement. Pursuant to the above referenced Uniform Guidance and Administrative Rules, I have identified below any relationship I have, or have had, of a family, political, financial, or social nature with any of Grantor's employees related to this Grant Agreement, and wait for direction from the Grants Unit Manager and the Department's Ethics Officer before proceeding to participate with Grantor in the award process. After submittal of this Disclosure to the Department's Bureau of Business Services, the Bureau of Business Services will provide this form to the Ethics Officer if a conflict is noted.

Check statement 1 or 2. If you check statement 1, please sign and date the form. If you check statement 2, please complete the information and then sign and date the form.

1. _____ I do not have, nor have I had, any relationship described above nor any other conflict of interest with any of Grantor's employees for this Grant Agreement.

2. _____ I have, or have had, a relationship described above or other conflict of interest with the following employees of Grantor for this Grant Agreement.

_____ Name of Grantor's employee

_____ Nature of Potential Conflict

_____ Name of Grantor's employee

_____ Nature of Potential Conflict

_____ Name of Grantor's employee

_____ Nature of Potential Conflict

(The back side of this form may be used if additional space is needed.)

Signature of Employee

Date

Uniform Application for State Grant Assistance

Agency Completed Section

1.	Type of Submission	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application
2.	Type of Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application)
3.	Date / Time Received by State	Completed by State Agency upon Receipt of Application
4.	Name of the Awarding State Agency	Illinois Department of Transportation
5.	Catalog of State Financial Assistance (CSFA) Number	494-00-1000
6.	CSFA Title	Illinois Transportation Enhancement Program
Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding)		
7.	CFDA Number	20.205
8.	CFDA Title	
9.	CFDA Number	
10.	CFDA Title	
Funding Opportunity Information		
11.	Funding Opportunity Number	2018 Cycle 13
12.	Funding Opportunity Title	Illinois Transportation Enhancement Program
Competition Identification <input checked="" type="checkbox"/> Not Applicable		
13.	Competition Identification Number	
14.	Competition Identification Title	

Applicant Completed Section

Applicant Information

15.	Legal Name	Name used for DUNS registration and grantee pre-qualification
16.	Common Name (DBA)	
17.	Employer / Taxpayer Identification Number (EIN, TIN)	
18.	Organizational DUNS number	
19.	SAM Cage Code	
20.	Business Address	Street address: City: State: County: Zip + 4:

Applicant's Organizational Unit

21.	Department Name	
22.	Division Name	

Applicant's Name and Contact Information for Person to be Contacted for *Program* Matters involving this Application

23.	First Name	
24.	Last Name	
25.	Suffix	
26.	Title	
27.	Organizational Affiliation	
28.	Telephone Number	
29.	Fax Number	
30.	Email address	

Applicant's Name and Contact Information for Person to be Contacted for *Business/Administrative Office* Matters involving this Application

31.	First Name	
32.	Last Name	
33.	Suffix	
34.	Title	
35.	Organizational Affiliation	
36.	Telephone Number	
37.	Fax Number	
38.	Email address	

Areas Affected		
39.	Areas Affected by the Project (cities, counties, state-wide)	Add Attachments (e.g., maps)
40.	Legislative and Congressional Districts of Applicant	
41.	Legislative and Congressional Districts of Program / Project	Attach an additional list, if needed
Applicant's Project		
42.	Description Title of Applicant's Project	Text only for the title of the applicant's project.
43.	Proposed Project Term	Start Date: End Date:
44.	Estimated Funding (include all that apply)	<input type="checkbox"/> Amount Requested from the State: <input type="checkbox"/> Applicant Contribution (e.g., in kind, matching): <input type="checkbox"/> Local Contribution: <input type="checkbox"/> Other Source of Contribution: <input type="checkbox"/> Program Income: <div style="text-align: right;">Total Amount</div>
<p>Applicant Certification:</p> <p>By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)</p> <p>(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.</p> <p style="text-align: center;"><input type="checkbox"/> I agree</p>		
Authorized Representative		
45.	First Name	
46.	Last Name	
47.	Suffix	
48.	Title	
49.	Telephone Number	
50.	Fax Number	
51.	Email Address	
52.	Signature of Authorized Representative	
53.	Date Signed	

**Programmatic Risk Assessment Questionnaire
FY18**

The purpose of this assessment is to evaluate the programmatic risk of the applicant. Limited program experience, protocols and internal control governing program delivery will increase an applicant’s degree of risk but will not preclude the applicant from becoming a grantee. The applicant’s degree of risk may require additional conditions to be incorporated into the grant award pursuant to 2 CFR 200.207.

Patterns or trends in programmatic risk will influence GATA training as well as the agency’s monitoring plan. Appropriate support must be provided by GATU and the agency to build grantee capacity.

Process:

- A. The agency adds agency and / or grant-specific questions under section 6.
- B. The questionnaire (including the agency and/or grant-specific questions) is distributed to the applicant by the agency prior to an awarding decision.
- C. The applicant returns the completed questionnaire to the agency. The agency scores the questionnaire based on the responses provided by the applicant. (The automated form will score the responses.)
- D. The calculated responses equate to a risk profile for each of the 5 risk categories.
- E. The agency aligns the risk profile to the applicable specific condition(s) for medium and high risk applicants in each of the 5 risk categories.
- F. The agency communicates the applicable specific condition(s) within the Notice of State Award.

A separate programmatic risk assessment
is required for each grant application.

Responses should be program-specific.

Program Associated with this Programmatic Risk Assessment:	
Awarding State Agency:	
Entity Completing Programmatic Risk Assessment:	
Individual Completing Programmatic Risk Assessment:	
Contact Information for Completer (Phone and Email):	

In response to the requirements of 2 CFR 200.205, the awarding agency is required to review the programmatic risk posed by applicants. Five risk categories are assessed through this questionnaire:

1. Quality of management systems and ability to meet the management standards
2. History of performance
3. Reports and findings from audits performed under Subpart F—Audit Requirements of this part or the reports and findings of any other available audit
4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.
5. Agency-specific Questions (As applicable based on terms of the Notice of Funding Opportunity)

1. Quality of management systems and ability to meet the management standards

1.1. Do you have written policies and procedures that guide program delivery on the topics of:

- a. Quality assurance YES/ NO
- b. Outcome tracking and reporting mechanisms YES/ NO
- c. Relevant documentation of services/goods delivered YES/ NO
- d. Staff performance management policies and procedures YES/ NO
- e. Personnel policies and procedures that include conflict of interest statements YES/ NO
- f. Complaint/grievance resolution policies and procedures YES/ NO
- g. Governing body policies and procedures that include conflict of interest statements YES/ NO
- h. Safeguarding funds, property and other assets against loss from unauthorized use or disposition YES/ NO
- i. Management of grant term extensions, where applicable YES/ NO

1.2. Do you have internal controls that govern program delivery on the topics of:

- a. Quality assurance reporting YES/ NO
- b. Appropriate (to industry) supervision of staff YES/ NO
- c. Unit costs analysis and management YES/ NO
- d. Accreditation/licensing compliance program YES/ NO / NOT APPLICABLE

1.3. Does the organization have written standards of conduct covering real or perceived conflict of interest related to actions of employees engaged in the selection, award or administration of contracts supported by grant awards? YES/ NO

1.4. How many years of experience does the project leader have managing the scope of services required under this program?

- More than five years
- One to five years
- Less than one year

1.5. Does the organization have a time and effort system that:

- a. Records all time worked, including time not charged to awards? YES / NO

- b. Is signed-off by the employee and a supervisor? YES/ NO
- c. Includes an approved methodology? YES/ NO/ NOT APPLICABLE

Question is not applicable because grants are based on a set rate or a per unit of service. Go to question 1.6.

1.6. Does the organization have controls for invoicing grants paid based on a rate or unit of service?
 YES/ NO

1.7. Does the organization apply the same standard for match requirements as it does for expenses?
 YES/ NO/ NOT APPLICABLE - WE'VE NOT BEEN SUBJECT TO MATCH REQUIREMENTS

1.8. To what extent are you able to produce periodic grant status reports to inform stakeholders about program outcomes?

- Reports are an established part of grant management procedures
 We're developing reports as part of grant management procedures
 We do not currently have established reports as part of grant management

2. **History of performance** (The applicant's record in managing grant awards, if it is a prior recipient of awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards)

2.1. How many years of experience does your organization have with grants of comparable scope and/or capacity?

- More than five years
 One to five years
 Less than one year
 No experience GO TO QUESTION 3.3

2.2. If your organization has experience with grants of comparable scope and/or capacity, provide a brief description of similar project goals and outcomes; specify the applicable year: (Text response)

2.3. During your last two fiscal years, how frequently has your organization submitted project performance reports on time?

- Always
 Reported late up to three times
 Reported late four or more times
 Not applicable – not a requirement of awards previously received

2.4. Have there been any significant changes in your organization in the last fiscal year related to:

- a. Leadership change(s) YES/ NO
b. Significant program / grant initiative(s) YES/ NO

- c. Structural changes YES/ NO
- d. Fiscal changes YES/ NO
- e. Statutory or regulatory requirements YES/ NO
- f. Other YES/ NO

2.5. Provide a brief explanation for all "YES" responses to question 2.4. (Text response)

2.6. Does the organization utilize a sub-grantee/sub-recipient / sub-award to manage, administer or complete a project? YES/ NO If NO, go to question 2.10.

2.7. What responsibilities does the sub-grantee/sub-recipient/sub-award perform?

- a. Participant eligibility determination YES/ NO
- b. Performance reporting YES/ NO
- c. Program delivery functions YES/ NO
- d. Financial reporting YES/ NO
- e. Other YES/ NO

2.8. What percentage of grant funds does the organization pass on to sub-grantees/sub-recipients/sub-awards?

- Less than 10%
- 10-20%
- More than 20%

2.9. Does your organization have an implemented policy for sub-grantee monitoring? YES/ NO

If NO, go to 2.10. If YES, does it include:

- on-site review
- review of prior monitoring
- desk / quantitative review

2.10 Do you obtain prior written approval from the funding agency when:

- a. The scope or objective of the program changes YES/ NO
- b. Key personnel specified in the application change YES/ NO
- c. The approved project director disengages for more than 3 months or reduces 25% of time devoted to the project YES/ NO

Question is not applicable because organization has not been subject to these requirements

2.11 Does your organization have performance measurements that tie to financial data?

- YES/ NO

3. Reports and findings from audits performed under Subpart F—Audit Requirements of this part or the reports and findings of any other available audit

3.1. During the last two fiscal years, has your organization been out of compliance with *programmatic* terms and conditions of awards?

- Organization has not been audited; Go to Question 3.6
- No occurrences of non-compliance; Go to Question 3.6
- One to three occurrences of non-compliance
- Four or more occurrences of non-compliance

3.2. If your organization had at least one occurrence of non-compliance with programmatic terms and conditions, summarize each occurrence. (Text response)

3.3. Have corrective actions been implemented within the specified timeframe? YES/ NO

3.4. Provide explanation for any corrective actions that were not implemented within the timeframe specified and for any corrective actions that remain open. (Text response)

3.5. Have there been conflict of interest-related findings within the last two fiscal years? YES/ NO

- a. If NO, go to question 3.6.
- b. If YES, specify the conflict of interest-related finding and your response to the finding.
(Text response)

3.6. Has your organization been subject to conditional approvals due to program issues? YES/ NO

- a. If NO, to go question 4.1.
- b. If YES, specify the terms of the special condition and whether or not the special condition is still applicable. (Text response)

4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.

4.1. To what extent does your organization have policies to ensure programmatic expenses are reasonable, necessary and prudent (allowable)?

- Policies are implemented and followed
- Policies are not fully implemented
- The organization does not currently have these types of policies

4.2. To what extent does your organization have policies to ensure programmatic activities are allowable?

- Policies are implemented and follow
- Policies are not fully implemented
- The organization does not currently have these types of policies

4.3. To what extent is your organization able to comply with all statutory requirements of this program?

- Fully able to comply with all statutory requirements
- With the following exception(s), the organization is able to comply: Text response of exception(s)

4.4. Has the organization been out of compliance with any statutory, regulatory or other requirements of grant funding within the last two fiscal years? YES/ NO

If YES, provide explanation. (Text response)

5. Agency-specific Questions (As applicable based on terms of the Notice of Funding Opportunity)

(Awarding agency has discretion to add additional questions specific to the delivery of services under the associated program. If grant or agency-specific questions are not added, the awarding agency must ensure that the applicant understands that their responses are to be specific to the associated program.)

- 5.1. Compliance with Davis Bacon or McNamara-O’Hara Service Contract Act
- 5.2. Compliance with equipment and real property management requirements related to program delivery
- 5.3. Compliance with matching, level of effort, earmarking requirements related to program delivery
- 5.4. Compliance with program income requirements related to program delivery
- 5.5. Compliance with real property acquisition and relocation related to program delivery
- 5.6. Compliance with accreditation and/or licensing requirements for program delivery
- 5.7. Adequacy of controls to oversee program delivery and manage against fraud, waste and abuse of grant funds
- 5.8. Adequacy of sub-grantee/sub-recipient/sub-award oversight regarding participant eligibility and maintenance of auditable supporting documentation

Certification Section - Add wording to validate that the responses provided are true and accurate and that all occurrence of non-compliance with programmatic requirements has been disclosed.

Authorized Signature

Date

Chief Schutzenhofer,

Nov 18 is our 2nd Annual
5K Run for the FCHJ
Foundation.

Are these route directions
ok with you?

Thank you

Ray Woodlee

539-5938

