

Illinois Grant Accountability and Transparency Notice of State Award

STATE OF ILLINOIS GRANT INFORMATION	
State Award Identification	Name of State Agency (Grantor): Commerce And Econ Opp Department/Organziation Unit: Office of Grants Management
State Award ID Number (SAIN)	2168-51514
State Program Description	Tourism Attraction funding is for the development or improvement of tourism attractions in Illinois.
Announcement Type	Initial
Agency (Grantor) Contact Information	Name: Greg Mihalich Phone: 217-299-1323 Email: ceo.tourismgrants@illinois.gov

GRANTEE INFORMATION	
Grantee / Subrecipient Information	Name: Forest Preserve District of Cook County Address: 536 N. Harlem Ave., River Forest, IL 60305 Phone: (312) 859-1982 Email: jacqui.ulrich@cookcountyil.gov
Grantee Identification	GATA: 678250 UEI: WMJHTNM1AL36 FEIN: 366006543
Period of Performance	Start Date: 7/1/2024 End Date: 6/30/2025

FUNDING INFORMATION			
FUND	CSFA	CFDA	AMOUNT
763	420-25-2168		\$43,945.00
TOTAL			\$43,945.00

(M) Currently used by State of Illinois for "Match" or "Maintenance of Effort" (MOE) requirements on Federal Funding. Funding is subject to Federal Requirements and may not be used by Grantee for other match requirements on other awards.

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TERMS AND CONDITIONS	
Grantee Indirect Cost Rate Information	Rate: 0% Base: Waive Period: 1/1/2024-12/31/2024
Research & Development	No
Cost Sharing or Matching Requirements	Yes : Match amounts required are: <ul style="list-style-type: none"> • If the grantee is a county, municipality, not-for-profit organization, unit of local government or local promotion group, match required shall be no less than 50% of the total project costs. • If the Grantee is a for-profit business, match required shall be no less than 75% of the total project cost.
Uniform Term(s)	CODE of FEDERAL REGULATIONS Title 2: Grants and Agreements PART 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) Grant Accountability and Transparency Act (GATA), 30 ILCS 708/1 Illinois Administrative Code
Grantor-Specific Term(s)	This Notice of State Award (NOSA) is not an agreement. This NOSA is not a guarantee of an agreement. Grantor-Specific Terms that will be included in the final grant agreement can be found by clicking on "Uniform Grant Agreement Template" under the Grant Agreement Overview section at: https://dceo.illinois.gov/aboutdceo/grantopportunities/learning-library.html
Program-Specific Term(s)	Program-Specific Terms and requirements are included in the Notice of Funding Opportunity (NOFO) for this grant opportunity. THE FOLLOW ARE GATA EXCEPTIONS AND ARE NOT REQUIRED FOR THIS PROGRAM: INDIRECT COST RATE Single purpose entity.

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SPECIFIC CONDITIONS ASSIGNED TO GRANTEE - FISCAL AND ADMINISTRATIVE

The nature of the additional requirements

GATA Conditions:

05 - Audit

Grantee must submit, at least semi-annually, documentation to support the status of implementation of corrective action for audit findings.

Agency Adjustments / Explanation:

05 Audit requirement" from the FY25ICQ (FISCAL AND ADMINISTRATIVE) section of the NOSA below. This specific condition seems to be immaterial to the program and will not be included in Exhibit E of the eventual Grant Agreement.

The reason why the additional requirements are being imposed

GATA Conditions:

05 - Audit

Medium to high risk will result in repeated audit findings, potential questioned cost, and increase of administrative and programmatic specific conditions that will increase the cost of managing the grant program.

Agency Adjustments / Explanation:

None

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

GATA Conditions:

05 - Audit

Implementation of grantee's corrective action plan.

Agency Adjustments / Explanation:

None

The time allowed for completing the actions, if applicable

GATA Conditions:

05 - Audit

When corrective action is complete.

Agency Adjustments / Explanation:

None

The method for requesting reconsideration of the additional requirements imposed

GATA Conditions:

05 - Audit

When corrective action is complete.

Agency Explanation:

None

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SIGNATURE PAGE

Circle one: Accept NOSA / Reject NOSA

Institution / Organization

Signature

Name of Official

Title (Chief Financial Officer or equivalent)

Date of Execution