



JB Pritzker, *Governor*

Grace B. Hou, *Secretary-designate*

The Illinois Department of Human Services

Training Manual for use of the GATA Budget Templates in the CSA Tracking System

March 27, 2019

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1. Introduction

1.1. Overview and Purpose

The CSA Tracking System is where the Illinois Department of Human Services (IDHS) expects all organizations applying for grants to enter their GATA Budget information. IDHS staff will review an organization's budget information in the same system. This document provides helpful information on navigating and entering information into the budget templates in the CSA System.

There are two end users of the budgets in the CSA Tracking System. First, organizations applying for grants from DHS must enter budget information into the required budget template. Second, IDHS staff must review and take action on the proposed budget. IDHS staff can approve the budget, or IDHS staff can return the budget to the grant applicant for specific changes.

There are two budget templates available in the CSA Tracking System, the Uniform Budget Template and the Fixed Rate Budget Template. An organization must select the appropriate budget template, as identified in the Catalog of State Financial Assistance (CSFA) or the Notice of Funding Opportunity (NOFO). The CSFA and NOFO would also indicate how to submit supplemental information, where required.

An applicant must complete and submit a budget for EACH grant for which you are requesting funding. This must be done every time an organization seeks a grant from IDHS.

This manual is broken into two parts. The first part covers all aspects of budgeting for a grant Fiscal Year (FY) using the Uniform Budget Template and the Fixed Rate Budget Template. The second part covers the IDHS approval process of the budget templates and amendments to the budget.

The purpose of the web-based budget in the CSA Tracking System is to facilitate submission of the budget from the organization to IDHS for review. It should not be used to develop a budget. Rather, the budget should be developed (either on the Excel version or the PDF version of the budget) and, after the organization has finalized the proposed budget, the organization should submit the information in the CSA Tracking System.

1.2. Requirements

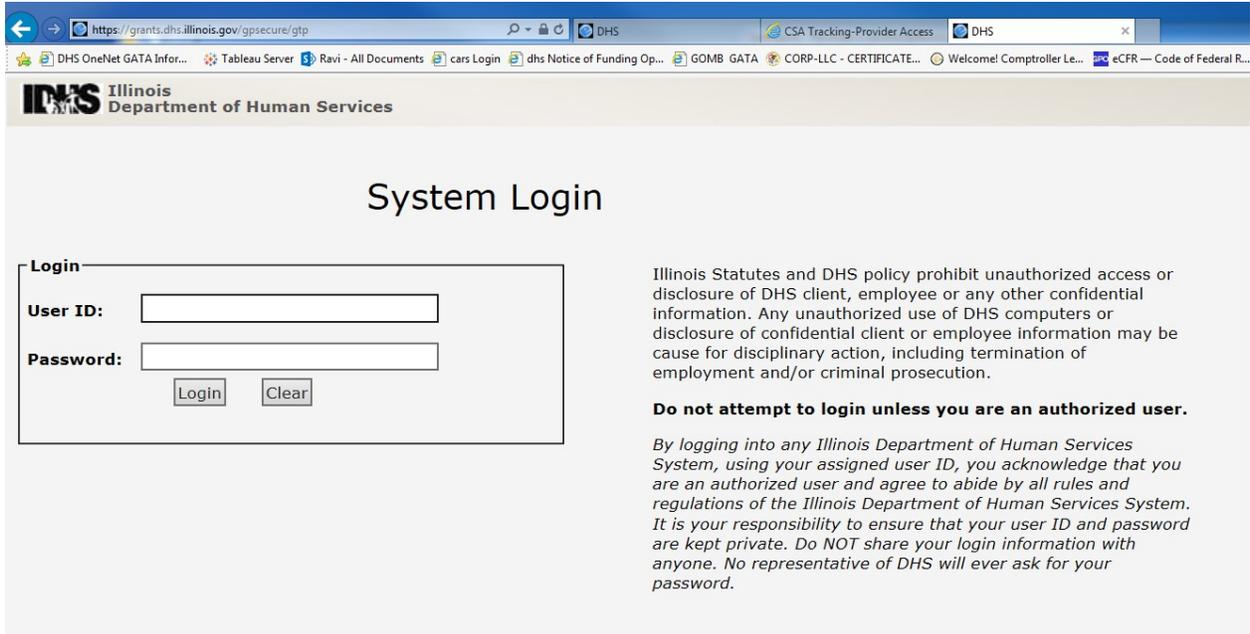
All grants from IDHS require a fully executed grant agreement. An approved budget is not a substitute for an executed grant agreement. Instead, it allows IDHS staff to review how an organization will spend grant funds prior to agreeing to execute a grant agreement with the organization.

Any grantee seeking indirect cost rate reimbursement must annually apply for an indirect cost rate through the Crowe CARS system. The system is accessible after an organization has registered and pre-qualified to receive State funds and submitted an annual Internal Control Questionnaire at the GATA Grantee Portal.

2. Prerequisites

To submit a GATA Budget, an organization must register with the CSA Tracking System. Please visit the CSA Tracking System page on the IDHS website (<http://www.dhs.state.il.us/page.aspx?item=61069>) for instructions on how to register. Organization staff that enter budget information should have a valid User ID, external Illinois.gov ID, and Password provided by DoIT. Staff who enter budget information must also list its Executive Director (or equivalent) or Chief Financial Officer (or equivalent) in order to sign off on the proposed budget. If your organization has already registered in CSA Tracking System, you still must list the Executive Director (or equivalent) or Chief Financial Officer (or equivalent). If you have not registered in the State's Centralized Repository Vault (CRV), please do so. Please visit the CRV page on the IDHS website (<http://www.dhs.state.il.us/page.aspx?item=95364>) for instructions on how to register.

After you have successfully completed the prerequisites, you can login to the CSA Tracking System <https://csa.dhs.illinois.gov/gtpsecure/gtp>. The screen will ask you for your User ID and Password.



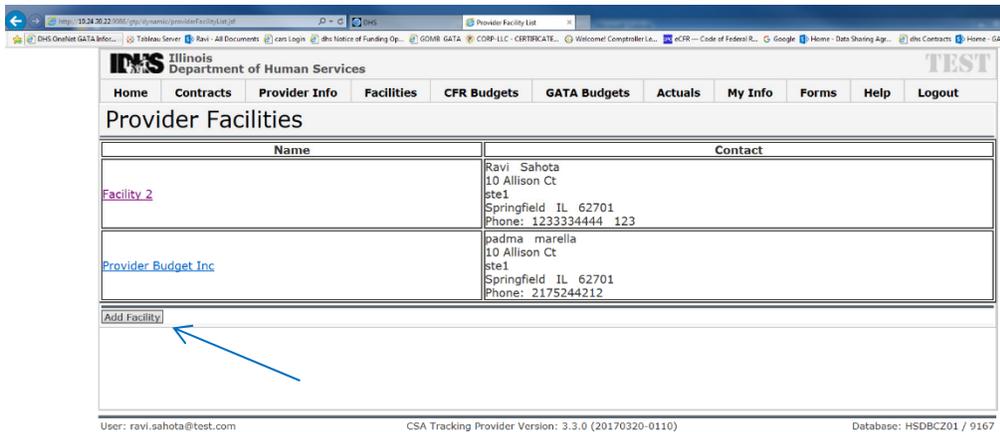
Once you enter your authorized credentials, you will be directed to your organization's home page. From there, you can begin entering GATA Budget information. Please take note of the tabs just underneath the IDHS Logo. Use these tabs to navigate through the various CSA GATA Budget page.

3. Entering Organization Information

To electronically fill out and submit a budget for review, you will need to enter some information about your organization. This information will be universally applicable to your organization independent of how many grants for which you are requesting funding. In other words, if you have to submit three proposed budgets for three different programs, the Organization Information only needs to be entered once.

3.1. Enter Facilities information

Click on the “Facilities” tab. It is the fourth tab. If you do not have a site location listed here, then you will need to add one (or several, depending on your organization). Click on the “Add Facility” button and add the relevant information.



If there is a facility listed that needs updating, please click on it and update with the current information. Click “Save” when finished.

Illinois
Department of Human Services

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Home
Contracts
Provider Info
Facilities
CFR Budgets
GATA Budgets
Actuals
My Info
Forms
Help
Logout

Provider Facility Info

Facility Name: *
 Addr Line 1: *
 Addr Line 2:
 City: *
 State: *
 Zip: *
 Zip Ext: *
 DUNS: *
 CCR/CAGE: *
 Contact First Name: *
 Contact Last Name: *
 Contact Phone: *
 Contact Phone Ext:
 Contact Email: *
 1st Level 211 Catg:
 2nd Level 211 Catg:
 Hours of Operation: (HH:MM AM/PM)*

Provider Budget Inc
 10 Allison Ct
 ste1
 Springfield
 Illinois
 62701
 1130
 123456789
 12345
 padma
 marella
 2175244212
 padmatumma12@gmail.com
 Basic Needs
 Food

:Monday	8:00 AM	5:00 PM
:Tuesday		
:Wednesday		
:Thursday		
:Friday		
:Saturday		
:Sunday		

Serving Areas

Current Serving Areas

Available Serving Areas

60001-ALDEN
 60002-ANTIOCH
 60004-ARLINGTON HEIGHTS
 60005-ARLINGTON HEIGHTS
 60006-ARLINGTON HEIGHTS

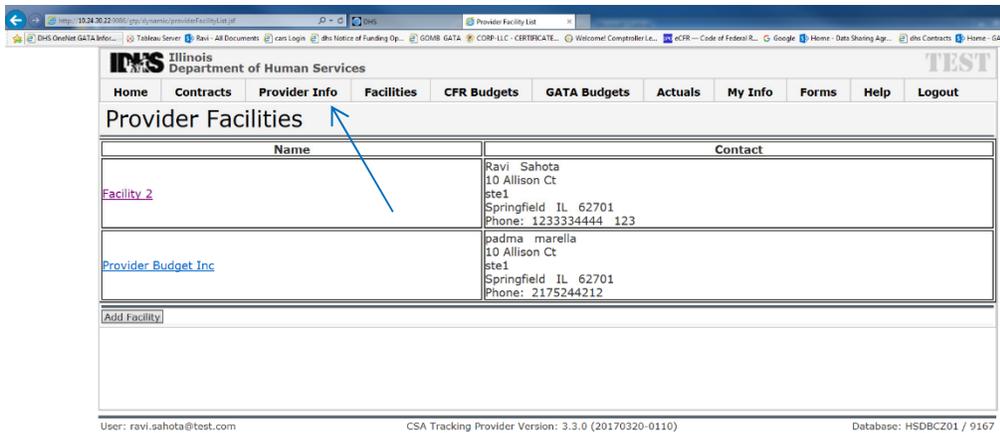
Serving Areas not on the list:
 (Enter your serving area zip codes separated by a comma)

Save
Cancel
Delete

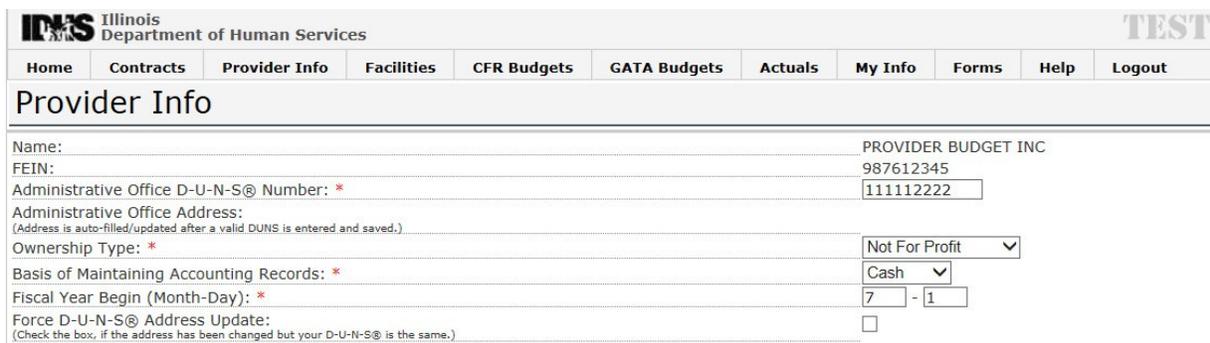
User: ravi.sahota@test.com
CSA Tracking Provider Version: 3.3.0 (20170320-1111)
Database: HSDBCZ01 / 9167

3.2. Enter Funding Accountability and Transparency Act (FFATA) Information

You may need to enter some additional information depending on how you answer the Federal FFATA reporting questions. The FFATA reporting questions are located under the Provider tab. To answer these questions, click on the "Provider Info" tab.



There may already be some information located on this page. In some cases, the information is populated when an organization registers for access to the CSA Tracking System. Make sure your organizations DUNS number, Ownership Type, Basis of Maintaining Accounting Records, and Fiscal Year are current.



Next, enter the FFATA information. If your organization has a parent company, enter the DUNS number of the parent company. If your organization does not have a parent company, leave this field blank.



Click on your answer to Q1. If you answered “Yes” to Q1, please move on to Q2. If you answer “Yes” to Q2, then you are done. Please click “Save” and move to Section 3.3. If you have answered “No” to Q2, then you need provide information about your highest compensated officials.

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

If you are required to supply information on your officials, click “Add Official” and enter the required information.

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

Name	Amount	Action
John Smith	\$100,000.00	Delete
Jane Smith	\$110,000.00	Delete

By checking this box, I certify that all information provided above is correct and complete.

Cancel Save **Add Official**

User: ravi.sahota@test.com CSA Tracking Provider Version: 3.3.0 (20170404-0848) Database: HSDBCZ01 / 9167

When you click “Add Official,” you will receive a warning to verify whether you fall within the criteria to add the additional information. If you are required to enter information about your officials, click “OK” to continue.

FFATA Information

FFATA Data Collection Form(if needed by agency)

Under FFATA, all sub-recipients who receive \$100,000 or more in federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements must report. Please fill out the following form accurately and completely.

Sub-recipient Parent Company DUNS (If Applicable)

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
 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:

Message from webpage

Info: Top 5 highly compensated Officials' information is required ONLY IF FFATA selection is Q1 - YES and Q2 - NO. Please Confirm to 'Add Executive'?

OK Cancel

Please enter the name and the annual salary of the top five highest-compensated officials at your organization and click “Save.” Continue to add officials until you have added all five officials. You cannot enter more than five officials. If you do not have five officials at your organization, then you may enter less than five officials.

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

Name:*

Amount:*

Cancel Save

Select the "Check Box" to certify that entries are correct. Then click "Save." The Save button will be enabled only after you check the box.

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

Name	Amount	Action
Brian Bertrand	\$100,000.00	Delete
Padmaja Marella	\$100,000.00	Delete

By checking this box, I certify that all information provided above is correct and complete.

Cancel Save Add Executive

User: ravi.sahota@test.com CSA Tracking Provider Version: 3.3.0 (20170320-1111) Database: HSDBCZ01 / 9167

You are done entering your organization's FFATA information. If this information changes in future, please navigate to the "Provider Info" tab, update the information, and click "Save."

4. Proposed budget information

Section 4 navigates the steps to complete the Uniform Budget Template. Section 5 navigates the steps of the Fixed Rate Budget Template.

For either budget, you can check the status history at any time. The status history shows the status of the budget. Any comments entered by IDHS staff during updating are also recorded. Here is description of each status that would appear.

- Work in progress: The organization is entering information into the budget.
- Grantee submit for Signature: The organization finished entering information and has submitted the budget for Executive signature.
- GATA Budget signed and submitted to program review: The budget was signed by either the CFO or the Executive Director and was automatically submitted to IDHS program staff for review. (please note only one Executive Signature is now required on the GATA Budget for submission)
- Program Lock: IDHS program staff has locked the budget for program review.
- Program Unlocked: IDHS program staff has unlocked the budget from program review.
- Program Approve: IDHS program staff has approved the proposed budget.
- Program Reject: IDHS program staff has returned the budget to the organization with specific comments.
- Fiscal Lock: IDHS fiscal staff has locked the budget for fiscal review.
- Fiscal Unlock: IDHS fiscal staff has unlocked the budget from fiscal review.
- Fiscal Approve and Sign off: IDHS fiscal staff has approved the budget.
- Fiscal Reject: IDHS fiscal staff has return the budget to IDHS program staff for more information.
- Program Signoff: IDHS program staff has signed off on the budget approval.
- Linked Budget: IDHS program staff has linked the approved budget to a grant award.

Any data validation errors that occur while proposing a budget will be displayed at the top of the screen and in red text.

4.1. Selecting the appropriate budget template

You are now ready to complete budget for a specific program. Click on the “GATA Budgets” tab to go to the budgets page. If your entity already has one or more budgets entered into the system for a fiscal year, those will automatically show up for the specific fiscal year chosen from the dropdown selection. To add a new budget for a program in the selected fiscal year, click “Add Budget.”

IDS Illinois Department of Human Services TEST

Home Contracts Provider Info Facilities CFR Budgets **GATA Budgets** Actuals My Info Forms Help Logout

GATA Budgets

FFATA Data Collection Form (if needed by agency) —

Under FFATA, all sub-recipients who receive \$25,000 or more must provide information for federal reporting.
If your agency qualifies for above criteria, please fill out the FFATA Information form accurately and completely.
The FFATA Data Collection Form is available under the [Provider Info](#) section of this site.

FY	CSFA Number	NOFO #	Budget Type	CSFA Short Description	Status Description	Status Date	Action
2018	111-22-3333	N/A	Fixed Rate Grant Budget	FRGBtest	Grantee Submit for Signature	03/06/2017 11:09:01	view
2018	444-30-0189	17-444-30-0189-01	Uniform Grant Budget	Older Blind Program	Work in Progress	03/16/2017 10:10:31	view
2018	444-24-0830	17-444-24-0830-01	Uniform Grant Budget	Epilepsy Program	Work in Progress	03/03/2017 12:35:35	view
2018	444-24-0836	17-444-24-0836-01	Uniform Grant Budget	Family Advocate	Program Unlock	03/06/2017 10:23:44	view
2018	111-44-7654	N/A	Fixed Rate Grant Budget	Demo-3 7 2017	Grantee Submit for Signature	03/07/2017 04:53:11	view
2018	444-24-0833	17-444-24-0833-01	Uniform Grant Budget	Group Respite	Fiscal Approve and Signoff	03/08/2017 09:06:22	view

[Add Budget](#)

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In the Fiscal Year dropdown, please select the Fiscal Year for which you are requesting funding. A Fiscal Year covers the period from July 1st through June 30th (i.e., July 01,2019 – June 30, 2020).

If CSFA number is known, enter the “CSFA Number” of the program and select “Search” to pull up that specific budget.

Select a Fiscal Year:

CSFA Number: (Catalog of State Financial Assistance)(444-##-####)

Once “CSFA Number” is entered and “Search” was selected the CSFA Number and all the program information should populate. You will need to click the “Select” button for the CSFA Number you are needing to enter a budget for.

444-80-1235	BCCD-AFTERSCHOOL	AFTER SCHOOL PROFESSIONAL DEVELOPMENT OPPORTUNITIES	Select
444-80-1251	AOK	ALL OUR KIDS EARLY CHILDHOOD NETWORKS	Select
444-80-0679	APORS	APORS - HIGH RISK INFANT FOLLOW UP	Select
444-80-1504	BPPPIW	BEST PRACTICES IN FCM FOR PREGNANT & POST PARTUM INCARCERATED WOMEN	Select
444-80-1264	FCM-BPIH	BEST PRACTICES IN INTERCONCEPTION HEALTH	Select

NOTE: For IDHS programs, the first three numbers are always 444.

You will then need to enter at least the start of the CSFA number for which you are applying you are requesting funding. For IDHS programs, the first three numbers are always “444”. When typing this into the field, please also add a hyphen to allow the search function to operate properly. Click ‘Search’ and it will pull up all available IDHS CSFA numbers to choose from.

Select CSFA

CSFA Number: *(Catalog of State Financial Assistance)(444-##-####)

You can sort the list by any of the three columns, by clicking on the column header. Once you have located the CSFA number of the program for which you are applying, click on ‘Select’ to choose it.

Select CSFA

CSFA Number: *(Catalog of State Financial Assistance)(444-##-####)

Search Results

CSFA Number:	Program Code	Program Name	Action
444-80-1235	BCCD-AFTERSCHOOL	AFTER SCHOOL PROFESSIONAL DEVELOPMENT OPPORTUNITIES	<input type="button" value="Select"/>
444-80-1251	AOK	ALL OUR KIDS EARLY CHILDHOOD NETWORKS	<input type="button" value="Select"/>
444-80-0679	APORS	APORS - HIGH RISK INFANT FOLLOW UP	<input type="button" value="Select"/>
444-80-1504	BPPPIW	BEST PRACTICES IN FCM FOR PREGNANT & POST PARTUM INCARCERATED WOMEN	<input type="button" value="Select"/>
444-80-1264	FCM-BPIH	BEST PRACTICES IN INTERCONCEPTION HEALTH	<input type="button" value="Select"/>

The FY will then need to be selected and the Budget Type. If you are applying for a Fixed Rate Grant, you will need to select the Fixed Rate Grant Budget Template. All other grants use the Uniform Grant Budget Template.

Add GATA Budget

Fiscal Year: *	2020
Budget Type: *	Uniform Grant Budget
CSFA: *(Catalog of State Financial Assistance)(444-##-####)	444-80-1251
CSFA Short Description: *(Enter Program Short Description)	ALL OUR KIDS EARLY C
Please check this if NOFO is not applicable.	<input type="checkbox"/>
NOFO: (Notice Of Funding Opportunity)(FY[2]-CSFA-##)	
NOFO Suffix: [Enter the unique NoFo Suffix (3 Character) provided by the Program Administrator.]	
Description Narrative:	N/A

NOTE: An organization must select the appropriate budget template, as identified in the Catalog of State Financial Assistance (CSFA). If the organization is unsure of which budget template to use, you can reach out to the Agency Contact listed on the CSFA for the specific program applied for (<https://www.illinois.gov/sites/GATA/Grants/SitePages/CSFA.aspx>). You will need that information to complete the rest of the fields.

The NOFO number will need to be entered and NOFO suffix, if applicable. If you are unsure, please refer to guidance in the NOFO or program application. If the information is not specified, please contact program personnel for guidance. If the program is being competitively bid in the fiscal year for which you are applying for funding, you are responding to a NOFO. If this is the case, please do not check the box. Instead, enter the NOFO number in the format of ##-###-##-####-##. For all programs funded by IDHS, the first five numbers are always XX-444 (the first two digits are always the fiscal year of the grant example; 18, 19, 20). If the program is not competitively bid in the fiscal year for which you are applying for funding, then you are not responding to a NOFO. In that case, please click the check box. Below are screen shots of the fields (empty and completed). The completed fields indicate a uniform grant budget template will be used to respond to a NOFO. Additional information can be submitted in the Description Narrative section.

Add GATA Budget

Fiscal Year: *	2020
Budget Type: *	Uniform Grant Budget
CSFA: *(Catalog of State Financial Assistance)(444-##-####)	444-80-0652
CSFA Short Description: *(Enter Program Short Description)	DOMESTIC VIOLENCE I
Please check this if NOFO is not applicable.	<input type="checkbox"/>
NOFO: (Notice Of Funding Opportunity)(FY[2]-CSFA-##)	
NOFO Suffix: [Enter the unique NoFo Suffix (3 Character) provided by the Program Administrator.]	
Description Narrative:	N/A

When this section is completed, click “Save” to save your work.

4.2. Entering Revenue Information

You should immediately be taken to the Revenues entry page. You need to enter information about the proposed amount of spending your organization will require for the program. This includes the amount requested from DHS (State funds) and the amount of non-State funds. Once the Revenue data has been entered, click ‘Save’.

Revenues	
State Of Illinois	
State of Illinois Grant Requested:*	0
Non-State Of Illinois	
Grantee Match Requirement %:	0
b) Cash:	0
c) Non-Cash:	0
d) Other Funding and Contributions:	0
Total Non-State Funds(lined b through d):	\$0.00
<input type="button" value="Cancel"/>	<input type="button" value="Save"/>

NOTE – If you need to go back and edit the Revenues of a budget, click “View” on the budget you added to edit the revenue information.

This bring you to the budget summary page for the specific program you are addressing. There is a summary at the top, a Status History in the middle, and place for comments at the bottom.

There is a row of buttons through the middle of the screen. Select “State/Non-State of IL Revenues” to enter revenue information.

Status Description	Status Date	Status Comments	Status By
Program Unlock	03/06/2017 10:23:44	GATA Budget unlocked from Program Review.	Padmaja Marella
Program Lock	03/03/2017 03:21:37	GATA Budget locked for Program Review.	Phani Ramaraju

On this page, you must enter the amount of State funds you are seeking in your grant. Do not use commas. If you are bidding on a competitive grant through the NOFO process, please enter the grant funds amount you are seeking. For non-competitive grants, you should have received some information about available State funding from your program contact. This number should include State funds and federal funds distributed by IDHS as the pass-through entity. In other words, this amount should include all of the grant funds sought from IDHS.

State Of Illinois	
State of Illinois Grant Requested:*	250000.00
Non State Of Illinois	

You are only required to enter Non-State of Illinois funds if there is a match requirement or cost sharing requirement. The CSFA or NOFO would indicate if there is a requirement. If there is one listed, please enter that here and add the relevant match information. If there is no match requirement, but your organization still uses non-State funds to run the program, you may indicate that information here. There will be an opportunity to indicate in detail how your organization will use those funds to supplement State funding for the program. When you are done, click “Save” to continue.

Revenues	
State Of Illinois	
State of Illinois Grant Requested:*	250000.00
Non-State Of Illinois	
Grantee Match Requirement %:	10.00
b) Cash:	25000.00
c) Non-Cash:	0.00
d) Other Funding and Contributions:	0.00
Total Non-State Funds(lined b through d):	\$25,000.00
Cancel	Save

In the above example, you are required to have a 10% of the \$250,000 grant requested. 10% of \$250,000 is \$25,000. If the amount of Non-State funding does not total \$25,000, then you will receive an error message.

Revenues	
Data Validation Error: Total Non State Funds should be greater than or equal to Grantee Match% equivalent of State of Illinois Grant Requested	
State Of Illinois	
State of Illinois Grant Requested:*	250000.00
Non-State Of Illinois	
Grantee Match Requirement %:	10.00
b) Cash:	5000
c) Non-Cash:	5000
d) Other Funding and Contributions:	5000
Total Non-State Funds(lined b through d):	\$15,000.00
Cancel	Save

In the above example, you would have two options. You could either reduce the amount of grant funds requested to \$150,000. Alternatively, you would need to increase the match amount to \$25,000.

Once the Revenue data has been entered, click ‘Save’.

4.3. Indirect Cost Rate Information

Next, you will need to provide information on your indirect cost rate. You will see the below

warning at the top of the screen indicating this requirement.

WARNING: Indirect Cost Rate Information is not complete. Please complete it before proceed.

The Grant Accountability and Transparency Unit (GATU) still requires your organization to submit its indirect cost rate proposal through Crowe CARS. You do not have to submit a proposal if you have a federally negotiated indirect cost rate, or if you elect to take the *de minimis* amount of indirect cost rate reimbursement. However, you will still need to log into Crowe CARS to indicate as such. Additionally, you will need to choose one of the indirect cost rate options on your budget.

The choices of if and how your organization will recoup indirect costs rate have not changed since FY17. The indirect cost rate page has six choices.

Select Option 1 if your organization has a federally Negotiated Indirect Cost Rate Agreement (NICRA).

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 information in area designated below)

If you selected Option 1, then you will need to enter information from that NICRA on this page. Please add the time period of the letter, the federal agency that agreed to the rate, the rate, and the base. Copy verbatim the Distribution Base information from the NICRA into the text box. It allows for enough characters to copy the language in its entirety.

Data Validation Error: Basic Negotiated Indirect Cost Rate Information input fields are required for option 1 or 2a
Data Validation Error: Indirect Cost Rate should be greater than 0 and less than 100

Section A - Continued - Indirect Cost Rate Information

Under Option 1, you are confirming that your organization has a 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. For FY19, Crowe Horwath will allow for submission of that information through the Crowe CARS web-based system. That NICRA will be accepted by all State agencies up to any statutory, rule-based or programmatic restrictions or limitations.

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

Period Covered by the NICRA: From: To: (mm/dd/yyyy)
 Approving Federal/State agency (please specify):
 The Indirect Cost Rate is %
 The Distribution Base is:

Cancel Save

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: being requested. (Please consult your program office regarding possible match requirements)

Period Covered by the NICRA: From: To: (mm/dd/yyyy)
 Approving Federal/State agency (please specify):
 The Indirect Cost Rate is %
 The Distribution Base is:

Personnel and Fringes

Select Option 2a if you have a current NICRA from the State of Illinois. If you selected Option 2a, please enter the relevant NICRA information on this page. 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. You must submit a new Indirect Cost Rate Proposal (ICRP) to the Indirect Cost Unit within six (6) months after the close of each fiscal year for your entity (2 CFR 200 Appendix IV (C)(2)(c)).

2a) Our Organization 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. Our Organization 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, please provide basic Indirect Cost Rate information in area designated below)

ent
:d

Period Covered by the NICRA: From: To: (mm/dd/yyyy)

Approving Federal/State agency (please specify):

The Indirect Cost Rate is %

The Distribution Base is:

Select Option 2b if you do not have a NICRA but plan to apply. You will be required to submit an ICRP through GATU’s contractor (Crowe LLP) on its web-based Crowe CARS system. Option (2b): Your organization 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, no 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.

Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement 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 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.

2b) **NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)**

Select Option 3 if you have never received an indirect cost rate and elect to receive the *de minimis* indirect cost reimbursement of 10% of your Modified Total Direct Costs (MTDC). This rate may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)). Your organization still must submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. Your organization may not use the *de minimis* rate if it is funded under a training rate or restricted rate program. Please note that if your organization is a unit of local government, it is only eligible to use the *de minimis* rate if all of the following three conditions apply:

1. Receives less than \$35 M in direct Federal funding
2. Has never negotiated a Federal rate in the past
3. Has never received Indirect Cost reimbursement on Federal awards as a result of an Indirect Cost Rate Proposal (ICRP) that was developed and maintained for federal audit purposes

Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of 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) & (200.68)).

3) **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)**

Select Option 4 if you are applying for a grant under a Restricted Rate Program. You must indicate whether you are using a restricted indirect cost rate that is included on your approved NICRA or whether you are using a restricted indirect cost rate that because of a program limit or statutory limit.

For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:

4) Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;
 Complies with other statutory policies (please specify in the Narrative section of the Indirect Cost Category Page)

The Restricted Indirect Cost Rate is %

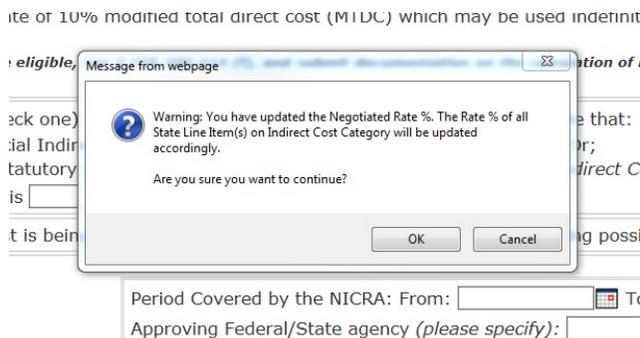
Select Option 5 if you are not seeking any reimbursement for indirect costs associated with the grant.

5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Once you have completed this section, click "Save" to move on to the specific categories of costs.



When you make changes and click "Save," you will receive the below warning. Click "OK" if you meant to make changes. Otherwise, select "Cancel" in the message box and then click "Cancel" on the page.



4.3.1. The Indirect Cost Line Item Page

You now need to navigate to the indirect cost line item information page. In this category, you will provide the most recent indirect cost rate agreement information for the itemized budget. The appearance of this page will vary based on what Indirect Cost Rate option you selected in Step 4.3.

You must use the applicable indirect cost rates negotiated with the federal or State government 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 this section. Your organization will also be allowed to elect to receive an indirect cost rate below your calculated rate.

If you selected Option 1, 2a, or 4, then your indirect cost rate entry instructions are in Section 4.3.3.1 below. If you selected Option 2b or 3, then your indirect cost rate entry instructions are in Section 4.3.3.2 below. If you selected Option 5, then your indirect cost rate entry instructions are in Section 4.3.3.3 below.

4.3.1.1. Indirect Cost Rate Option 1, 2a, or 4

If you have elected Option 1, 2a, or 4, then you have a current indirect cost rate or the program you are submitting a budget for has a specified indirect cost rate. You have the option to use a lower rate, but this is not required.

In either case, click the “Edit Input Base and Non-negotiated Rate” to enter the base for your rate. You also have the option to use a lower rate than negotiated, but this is not required.

On this page, you can enter the base amount to apply to your indirect cost rate. If you choose to use a lower rate, you must check the box and enter the rate you wish to use.

Click “Save” and then click “OK” on the pop-up box if you wish to continue.

4.3.1.2. Options 2b and 3

If you have elected Option 2b or 3, then you do not have a current indirect cost rate and will apply for one within 3 months of the grant agreement or will be taking the *de minimis* indirect cost rate. If you elected Option 2b, then the *de minimis* rate will apply in the event you do not receive an approved rate.

In either case, click the “Edit Input Base and Non-negotiated Rate” to enter the base for your rate. You also have the option to use a lower rate than the *de minimis* rate, but this is not required.

s required before you can enter State item(s).

irect Cost calculation

Edit Input Base and Non-negotiated Rate

On this page, you can enter the base amount to apply to your indirect cost rate. The base in this case is the Modified Total Direct Costs (more information below) of the grant. If you choose to use a lower rate, you must check the box and enter the rate you wish to use.

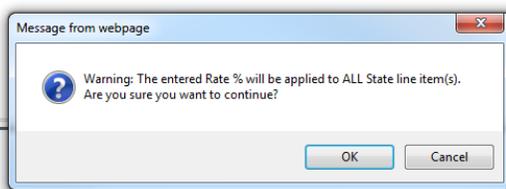
Edit Indirect Cost Category Base and Rate %

INFORMATION: The Negotiated Rate %: 10.00

Enter the approved/negotiated Base you intend to use for Indirect Cost Reimbursement on this Grant: *

Check this box if you choose to receive indirect cost imbursement at a rate lower than your negotiated indirect cost rate. Please use that rate information on this page.
Rate %:

Click “Save” and then click “OK” on the pop-up box if you wish to continue.



The list of included and excluded items to calculate the Modified Total Direct Costs is available in a link on this page. It will bring up the list.

Home Contracts Provider Info Facilities CFR Budgets GAIA Budgets Actuals My Info Forms Help Logout

Indirect Cost (2 CFR 200.414) Go to Category/Summary:

WARNING: Input Base is not entered. It is required before you can enter State item(s).

INFORMATION: Base Information for Indirect Cost calculation

Base: \$0.00
 Rate %: 0
 Maximum Indirect Cost: \$0.00
 Remaining (Available) Indirect Cost: \$0.00

[Edit Input Base and Non-negotiated Rate](#)

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.

*****You have selected Option 2b or Option 3 in the Indirect Cost Rate Information. Please follow this [Modified Total Direct Cost \(MTDC\) Guideline](#) to enter the State items.**

Cancel Add State Item Add Exclusion Item Add Non-State Item Save Narrative Delete Category

State

Description	Base	Rate %	Indirect Cost	Action
No item has been added to the State part of this category yet.				
				State Total: \$0.00

Exclusion List

Exclusion Item Description	Exclusion Amount	Action
Indirect Cost Exclusion Item(s) not added to this budget.		

Non-State

Description	Base	Rate %	Indirect Cost	Action
No item has been added to the Non-State part of this category yet.				
				Non-State Total: \$0.00
				Total Indirect Cost: \$0.00

Indirect Cost Narrative (State):

When you click the link, you'll see the below screen.

http://10.24.30.22:9086/ - MTDC - Modified total direct costs - Internet Explorer

IDS Illinois Department of Human Services

MTDC - Modified total direct costs

200.68 Modified Total Direct Cost (MTDC)

<p>Includes</p> <ul style="list-style-type: none"> • Direct salaries/wages, applicable fringe benefits • Materials and supplies • Services • Travel • Up to the first \$25,000 of each subaward 	<p>Excludes</p> <ul style="list-style-type: none"> • Equipment and capital expenditures • Charges for patient care • Rental costs • Tuition remission, scholarships and fellowships • Participant support costs • Portion of each subaward in excess of \$25,000 • Other costs excluded from the Modified Total Direct costs, if applicable
---	---

It is easier to add excluded items at this step. To do so, click "Add Exclusion Item" in the row of buttons.

should be calculated by applying the current negotiated indirect cost rate(s) to the approved program, a breakdown of the indirect costs should be provided in the budget worksheet and na

*****You have selected Option 2b or Option 3 in the Indirect Cost Rate Information. [Guideline](#) to enter the State items.**

State		
Description	Base	
Personnel	\$10,000.00	10.00

To exclude items not included in the Modified Total Direct Cost, click “Add Exclusion Item” and select the item from the drop-down menu. Add the amount, and then click “Save.”

[Home](#)
[Contracts](#)
[Provider Info](#)
[Facilities](#)
[CFR Budgets](#)
[GATA Budgets](#)
[Actuals](#)
[My Info](#)
[Forms](#)
[Help](#)
[Logout](#)

Add/Edit Indirect Cost Category Exclusion Item

INFORMATION: Exclusion List is only applicable for Indirect Cost Rate Option 2b or Option 3.

***** You have selected Option 2b or Option 3 in the Indirect Cost Rate Information. Please follow this [Modified Total Direct Cost \(MTDC\) Guideline](#) to enter the Exclusion items.**

Exclusion Item: *

Exclusion Amount: *

- <Select a Category>
- Equipment and capital expenditures
- Charges for patient care
- Rental costs
- Tuition remission, scholarships and fellowships
- Participant support costs
- Portion of each subaward in excess of \$25,000
- Other costs excluded from the Modified Total Direct costs, if applicable

Make sure to describe any variations or provide additional information in the narrative, and then click “Save Narrative.”

THE INDIRECT COST RATE

S

4.3.1.3. Option 5

If you have elected Option 5, then you do not get reimbursed for indirect costs under this grant. You cannot enter indirect cost rate information on this page.

Indirect Cost (2 CFR 200.414)

Go to Category/Summary:

WARNING: Indirect Cost Category cannot be entered because the Option 5 is selected in the Indirect Cost Rate Information page.

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.

State

Description	Base	Rate %	Indirect Cost	Action
No item has been added to the State part of this category yet.				

State Total: \$0.00

Non-State

Description	Base	Rate %	Indirect Cost	Action
No item has been added to the Non-State part of this category yet.				

Non-State Total: \$0.00

Total Indirect Cost: \$0.00

Indirect Cost Narrative (State):

At this point, you can move on from this page. But remember to return in Step 4.5.19 after entering the direct cost line items and add appropriate items to your indirect cost base later.

4.4. Place of performance

You will need to select the facility that performs the services under this budget. To do so, please click "Edit Place of Performance" on the budget summary page.

Statutory Limits Restrictions:

Checklist:

Final Budget Amount Approved:

Current Revision:

[DRAFT]

Place of Performance:

No place of performance has been added to this budget.

State of Illinois Awarding Agency and Project Detail Description:

N/A

Then, choose the facility location where the services will be performed. If you have multiple locations, please include that information in the Project Detail description text box above.

Edit Place of Performance			
Name	Contact	Congressional Dist (US Rep Dist)	Action
Facility 2	Ravi Sahota 10 Allison Ct ste1 Springfield IL 62701-1130 Phone: 1233334444 123	13	<input type="button" value="Selected"/>
Provider Budget Inc	padma marella 10 Allison Ct ste1 Springfield IL 62701-1130 Phone: 2175244212		<input type="button" value="Select"/>

4.5. Uniform Grant Budget Worksheet and Narrative

GATU requires each proposed budget to include a narrative, 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. Using the Line Item Cost Categories available in the CSA System complies with the requirement to submit a narrative. The Cost Categories, available in the upper right-hand corner of the Budget Summary page, allows you to provide an itemized budget breakdown and justification for each budget category listed in the Budget. You can move between the Cost Category pages by using the drop-down box, but you must click “Save” to record your changes. Every line item entered on the Cost Category pages requires justification information in the narrative.

The screenshot shows a web browser window with the URL "Uniform Grant Budget Sum...". The page title is "Human Services" and it includes a navigation menu with options like "Provider Info", "Facilities", "CFR Budgets", "GATA Budgets", "Actuals", "My Info", "Forms", "Help", and "Logout". The main content area is titled "Budget Summary" and displays a table with the following data:

2018	Uniform Grant Budget	444-24-0836	Family Advocate	Y	17-444-24-0836-01
------	----------------------	-------------	-----------------	---	-------------------

Below the table, there is a red message: "Item added to this budget." and a section for "Agency and Project Detail Description" with the text "with Match requirement and Indirect Cost not allowed". On the right side, a dropdown menu titled "Go to Category/Summary:" is open, showing a list of cost categories including "State of IL Funds", "Non-State of IL Funds", "Personnel", "Fringe Benefits", "Travel", "Equipment", "Supplies", "Contractual", "Consultant Srvc", "Consultant Expn", "Construction", "Occupancy", "R & D", "Telecommunications", "Training & Edu", "Direct Admin Costs", "Misc Costs", "Grant Excl. Lnltm", "Indirect Cost", and "Budget Narrative Summary". A blue arrow points from the "Go to Category/Summary:" dropdown to the "Family Advocate" cell in the budget table.

As you work through the Cost Categories, remember to budget for the funds requested from IDHS (State funds) and those from other sources (Non-State of Illinois funds). Non-State funds or resources that are used to meet a cost-sharing, matching requirement, or provided as a voluntary cost-sharing or matching commitment, must include in the narrative: 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 see [2 CFR 200.306](#) for additional guidance.

4.5.1. State of IL Funds

The first page listed is the grant funds requested summary page. This page corresponds to Section A of the Uniform Budget Template. There is no data entry required on this page. Section A automatically populates from the Cost Category pages. When you are finished, Line 18 of this page must match the total amount of grant funds requested in Step 4.2 of this manual. If the numbers do not match, you will see a warning in red.

Section A: State of Illinois Funds		Go to Category/Summary: <input type="text"/>
Warning: Revenue Totals do not match State Requested Grant Total! Please correct your budget information; line #18 should match Revenue Total.		
REVENUES	Total	
State of Illinois Grant Requested	\$250,000.00	

4.5.2. Non-State of IL Funds

The second page listed is the summary page for resources used to meet a cost-sharing, matching requirement, or provided as a voluntary cost-sharing or matching commitment. This page corresponds to Section B of the Uniform Budget Template. There is no data entry required on this page. Section B automatically populates from the Cost Category pages. When you are finished, Line 18 of this page must match the total amount of Non-State funds Listed in Step 4.2 of this manual.

4.5.3. Personnel

The third page listed is where you enter the organization’s Salaries & Wages that will be charged to the grant under in accordance with 2 CFR 200.430.

Personnel (2 CFR 200.430) Go to Category/Summary:

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.

State

Name	Position	Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of Time	Personnel Cost	Action
No item has been added to the State part of this category yet.							
						State Total:	\$0.00

Non-State

Name	Position	Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of Time	Personnel Cost	Action
No item has been added to the Non-State part of this category yet.							
						Non-State Total:	\$0.00
						Total Personnel:	\$0.00

Personnel Narrative (State):

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

On this page, you will need to list each position by title and name of employee, if available, list the salary rate, 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 your organization.

NOTE: If the position is currently filled, you must list the full first and last name of the employee as it appears in your payroll records. If the position is vacant, indicate this by entering either "To be hired" (TBH) or "To be determined" (TBD) in the name field. Once that position is filled, please notify the IDHS program manager of the individual's full first and last name as it appears in your payroll records.

To begin, click "Add State Item" at the bottom of the page. You will need to click "Add State Item" to add each individual to the Cost Category.

User: ravi.sahota@test.com CSA Tracking Provider Version:

You are now able to enter information about personnel.

IDS Illinois Department of Human Services

Home Contracts **Provider Info** Facilities CFR Budgets GATA Budgets Actuals My

Add/Edit Personnel Category Item

State Indicator: State

Name:* Ravi Sahota

Position:* Case Manager

Salary or Wage:* 50000

Basis (Yr./Mo./Hr.):* Yearly ▾

% of Time:* 50

Length Of Time:* 1

Cancel Save

You will need to enter the first and last name (or TBH/TBD) and the position of the person you are charging to the grant. Enter Salary or Wage without characters and select the appropriate basis from the drop- down box (Year, Month, or Hour). Enter the percent of time the position will spend working on this program. If you are basing the salary on a yearly basis, then the maximum length of time you can enter is "1." If you are basing the salary on a monthly basis, then the maximum length of time you can enter is "12." Click Save when finished.

The line item will appear under the State personnel list. You can edit or delete the entry using the Action buttons in the right column.

Personnel (2 CFR 200.430) Go to Category/Summary: ▾

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.

State

Name	Position	Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of Time	Personnel Cost	Action
Ravi Sahota	Case Manager	\$50,000.00	Yearly	50.00	1.00	\$25,000.00	Edit Delete
State Total:						\$25,000.00	

Add/Edit Personnel Category Item

State Indicator:	State
Name:*	Ravi
Position:*	counselor
Salary or Wage:*	25.00
Basis (Yr./Mo./Hr.):*	Hourly ▼
% of Time:*	100.00
Length Of Time:*	2080.00

State							
Name	Position	Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of Time	Personnel Cost	Action
Ravi	counselor	\$25.00	Hourly	100.00	2080.00	\$52,000.00	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
						State Total:	\$52,000.00

Non-State

Repeat this Step until you have added all State personnel. You can add personnel funded by non-State funds by entering similar information after clicking “Add Non-State Item.”

User: ravi.sahota@test.com CSA Tracking Provider Version:

You will also need to enter supporting information to justify charging these listed salaries to the grant. This information must be entered in the “Personnel Narrative” text boxes. You can describe several individuals performing the same service as a group.

Personnel Narrative (State):

As Case Manager, Ravi will spend 50% of his time providing services under this program. This includes performing intake assessments, referring for services, following up with service recipients, and closing cases.]

The description of the responsibilities and duties of each position must relate to fulfilling the project goals and objectives. You must also provide a justification and description of vacant positions. Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects. Click “Save Narrative” when finished.

Uniform Grant Budget Summary

Data Validation Error: Personnel : State Narrative is required before the budget can be submitted for Executive signatures.
 Data Validation Error: Indirect Cost : State Narrative is required before the budget can be submitted for Executive signatures.

Fiscal Year:	2018
Budget Type:	Uniform Grant Budget

4.5.4. Fringe Benefits

The fourth page listed is where you enter the organization’s Fringe Benefits that will be charged to the grant under in accordance with 2 CFR 200.431.

Fringe Benefits (2 CFR 200.431) Go to Category/Summary:

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.

State

Name	Position(s)	Base	Rate (%)	Fringe Benefit Cost	Action
No item has been added to the State part of this category yet.					
				State Total:	\$0.00

Non-State

Name	Position(s)	Base	Rate (%)	Fringe Benefit Cost	Action
No item has been added to the Non-State part of this category yet.					
				Non-State Total:	\$0.00
				Total Fringe Benefits:	\$0.00

On this page, you will either need to list each position by title and name of employee, the base, and the rate of Fringe Benefits per person. Alternatively, you can list the benefits by type.

To begin, click “Add State Item” at the bottom of the page. You will need to click “Add State Item” to add each individual to the Cost Category charged to the State.

User: ravi.sahota@test.com CSA Tracking Provider Version:

If you list benefits by type, then enter the benefit type in the “Name” field, enter “N/A” in the Position field, the bases should be the total of the personnel charged to the grant (total of the Personnel Costs column), and the rate should be the appropriate rate for the benefit. When finished, click “Save” to return to the Cost Category Page.

Add/Edit Fringe Benefits Category Item

State Indicator:	State
Name:*	<input type="text" value="FICA"/>
Position:*	<input type="text" value="N/A"/> <input type="button" value="x"/>
Base:*	<input type="text" value="25000"/>
Rate (%):*	<input type="text" value="7.65"/>

When finished, click “Save” to return to the Cost Category Page.

State					
Name	Position(s)	Base	Rate (%)	Fringe Benefit Cost	Action
FICA	N/A	\$25,000.00	7.65%	\$1,912.50	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
State Total:				\$1,912.50	

The line item will appear under the State list. You can edit or delete the entry using the Action buttons in the right column. Repeat this Step until you have added all benefits charged to the State. You can add Fringe benefits that correspond to the personnel funded by non-State funds by entering similar information after clicking “Add Non-State Item.”

If you list benefits by person, then list the name or TBD for To Be Determined (or TBH for To Be Hired), the Position, the Base (the “Personnel Cost” charged to grant in the Personnel section), and the Fringe benefit rate.

Add/Edit Fringe Benefits Category Item

State Indicator:	State
Name:*	Ravi Sahota
Position:*	Case Manager
Base:*	25000
Rate (%):*	22
<input type="button" value="Cancel"/> <input type="button" value="Save"/>	

You will also need to enter supporting information to justify charging these fringe benefits to the grant. This information must be entered in the “Fringe Benefits Narrative” text boxes.

Fringe Benefits Narrative (State):

The current cost of fringe benefits at our organization is 22% of the salary for staff employed more than 30 hours per week. Fringe benefits consist of the following:
 FICA 7.65%, Health Insurance 5.38%, U/E Taxes 0.50%, Worker's Comp 5.60%, Disability 0.07%, Life Insurance 0.35%, and 401k 2.46%.

Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are only to be for the personnel listed in Step 4.4.3, 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. If a fringe benefit rate is not used, show how the fringe benefits were computed for each position.

Benefits by type are displayed below.

Fringe Benefits (2 CFR 200.431)

Go to Category/Summary:

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.

State

Name	Position(s)	Base	Rate (%)	Fringe Benefit Cost	Action
FICA	N/A	\$25,000.00	7.65%	\$1,912.50	Edit Delete
Retirement	N/A	\$25,000.00	5.00%	\$1,250.00	Edit Delete

State Total: \$3,162.50

Benefits per person are displayed below.

State

Name	Position(s)	Base	Rate (%)	Fringe Benefit Cost	Action
Ravi Sahota	Case Manager	\$25,000.00	22.00%	\$5,500.00	Edit Delete
TBD	Clinical Psychologist	\$80,000.00	22.00%	\$17,600.00	Edit Delete

4.5.5. Travel

The fifth page listed is where you enter the Travel that will be charged to the grant in accordance with 2 CFR 200.474.

On this page, you will either need to list who is traveling, the cost, basis, and quantity of the trip, and sufficient justification in the narrative to explain why the grant requires the travel.

For 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 the source of the Travel Policies used to complete this Cost Category or the State of Illinois Travel Regulations. The funds 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, etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category.

To begin, click "Add State Item" at the bottom of the page. You will need to click "Add State Item" to add each travel charge to the Cost Category charged to the State.

Cancel Add State Item Add Non-State Item Save Narrative Delete Category

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When finished, click “Save” to return to the Cost Category Page. Below are examples of how to enter flight and hotel information into this Cost Category.

Add/Edit Travel Category Item

State Indicator:	State
Name:*	Ravi Sahota
Position:*	Case Manager
Cost Rate:*	400.00
Basis:*	Round-Trip Plain Ticket (San Francisco) x
Quantity:*	1.00
Number of Trips:*	1.00

Cancel Save

Add/Edit Travel Category Item

State Indicator:	State
Name:*	Ravi Sahota
Position:*	Case Manager
Cost Rate:*	100
Basis:*	Hotel in San Francisco
Quantity:*	1.00
Number of Trips:*	2

Cancel Save

The line item will appear under the State list. You can edit or delete the entry using the Action buttons in the right column.

Repeat this Step until you have added all travel charged to the State. You can add Travel costs that correspond to the personnel funded by non-State funds by entering similar information after clicking “Add Non-State Item.”

You will also need to enter supporting information to justify charging the travel to the grant. This information must be entered in the “Travel Narrative” text boxes.

The travel narrative should include origin and destination, type of transportation, estimated breakdown of specific costs if not clear from the line items, number of travelers, related lodging and per diem costs, a brief description of the travel involved, its purpose, and an explanation of how the proposed travel is necessary for successful completion of the project.

placed in the "Miscellaneous" category.

State							
Name	Position	Cost Rate	Basis	Quantity	Number of Trips	Travel Cost	Action
Ravi Sahota	Case Manager	\$400.00	Round-Trip Plain Ticket (San Francisco)	1.00	1.00	\$400.00	Edit Delete
Ravi Sahota	Case Manager	\$100.00	Hotel in San Francisco	1.00	2.00	\$200.00	Edit Delete
Ravi Sahota	Case Manager	\$20.00	Daily Per Diem	3.00	1.00	\$60.00	Edit Delete
Ravi Sahota	Case Manager	\$20.00	Ground transportation in San Francisco	1.00	2.00	\$40.00	Edit Delete
						State Total:	\$700.00
Non-State							
Name	Position	Cost Rate	Basis	Quantity	Number of Trips	Travel Cost	Action
No item has been added to the Non-State part of this category yet.							
						Non-State Total:	\$0.00
						Total Travel:	\$700.00
Travel Narrative (State):							
Ravi is going to a national conference on Case Management for children's social work. It will be from May 22-24, 2017. He will fly out May 22, spend two nights at a hotel, and fly back to Chicago on May 24. He will need ground transportation to and from the airport in San Francisco and 3 days of per diem.							
Travel Narrative (Non-State):							
<input type="button" value="Cancel"/> <input type="button" value="Add State Item"/> <input type="button" value="Add Non-State Item"/> <input type="button" value="Save Narrative"/> <input type="button" value="Delete Category"/>							

When finished typing the Narrative, click "Save Narrative" to record the changes.

Cancel Add State Item Add Non-State Item **Save Narrative** Delete Category

User: ravi.sahota@test.com CSA Tracking Provider Ve

4.5.6. Equipment

The sixth page listed is where you enter the Equipment that will be charged to the grant in accordance with 2 CFR 200.439. List the annual or total cost for equipment, if appropriate.

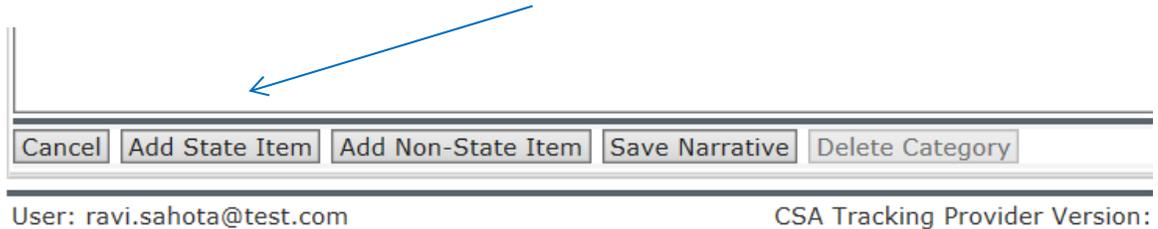
Equipment is an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. An

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). Your organization 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. Please include a description of the procurement method to be used in the Narrative section.

To begin, click "Add State Item" at the bottom of the page. You will need to click "Add State Item" to add each travel charge to the Cost Category charged to the State.



Enter the equipment type, the quantity, and the cost per item. If you are charging for leased equipment, please enter the annual cost of the lease.

Add/Edit Equipment Category Item	
State Indicator:	State
Item:*	Copier Lease
Quantity:*	2
Cost Per Item:*	1500
<input type="button" value="Cancel"/>	<input type="button" value="Save"/>

You must provide justification for the use of each item and relate it to specific program objectives. Enter the justification information in the Equipment Narrative text box.

Equipment Narrative (State):
 This program requires two Leased multi-function printer/scanner/copier machines. Each copier lease costs \$1,500 annually and was the lowest-price least in the area. We contacted at least three lessors of multi-function machines as required under our procurement policy.

Equipment Narrative (Non-State):

Cancel Add State Item Add Non-State Item Save Narrative Delete Category

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When finished typing the Narrative, click “Save Narrative” to record the changes.

4.5.7. Supplies

The seventh page listed is where you enter the Supplies that will be charged to the grant in accordance with 2 CFR 200.94. List the annual or total cost for supplies, if appropriate.

Generally, supplies include any materials that are expendable or consumed during the course of the project.

To begin, click “Add State Item” at the bottom of the page. You will need to click “Add State Item” to add each travel charge to the Cost Category charged to the State.

Cancel Add State Item Add Non-State Item Save Narrative Delete Category

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List the supplies 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.

Add/Edit Supplies Category Item

State Indicator:	State
Item:*	Furnishings (Office Chairs)
Quantity/Duration:*	2
Cost Per Item:*	100

Cancel Save

You must provide justification for the use of each item and relate it to specific program objectives. Enter the justification information in the appropriate Supplies Narrative text box.

Supplies (2 CFR 200.94)				Go to Category/Summary:
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.				
State				
Item	Quantity/Duration	Cost Per Item	Supplies Cost	Action
Furnishings (Desks)	2.00	\$200.00	\$400.00	Edit Delete
Furnishings (Office Chairs)	2.00	\$100.00	\$200.00	Edit Delete
Copier/Printer Paper 8.5 x 11 (Reem)	5.00	\$15.00	\$75.00	Edit Delete
State Total:			\$675.00	
Non-State				
Item	Quantity/Duration	Cost Per Item	Supplies Cost	Action
No item has been added to the Non-State part of this category yet.				
Non-State Total:			\$0.00	
Total Supplies:			\$675.00	
Supplies Narrative (State):				
The Case Manager and Psychologist each need a chair and a desk to perform the services in this program. They will also need paper.				
Supplies Narrative (Non-State):				
<input type="button" value="Cancel"/> <input type="button" value="Add State Item"/> <input type="button" value="Add Non-State Item"/> <input type="button" value="Save Narrative"/> <input type="button" value="Delete Category"/>				

When finished typing the Narrative, click “Save Narrative” to record the changes.

4.5.8. Contractual Services

The eighth page listed is where you enter the Contractors or Subgrantees of Grant Funds that will be charged to the grant in accordance with 2 CFR 200.218 (Contracts) or 2 CFR 200.92 (Subgrantees).

A Subaward is an award provided by your organization to a subrecipient for the subrecipient to carry out part of this project, 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 the program.

A Contract is a legal instrument by which your organization purchases property or services needed to carry out the project or program under this award.

To begin, click “Add State Item” at the bottom of the page. You will need to click “Add State Item” to add each travel charge to the Cost Category charged to the State.

Cancel Add State Item Add Non-State Item Save Narrative Delete Category

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You must describe the service to be procured by contract and an estimate of the cost. Provide us with a separate justification for sole contracts in excess of \$150,000 (See 2 CFR 200.88).

State Indicator:	State
Item:*	Subcontract with Joe Smith for translator services
Contractual Services Cost*	5000.00
<input type="button" value="Cancel"/> <input type="button" value="Save"/>	

You must also include any subawards. For each subaward, submit a separate budget for each subaward or contract to the program contact listed in the CSFA or to recipient of your NOFO response, regardless of the dollar value. Indicate the basis for the cost estimates in the narrative, describe the services to be obtained, and indicate the applicability or necessity of each to the project.

You must provide justification for the use of each item and relate it to specific program objectives. Enter the justification information in the appropriate Contractual Services Narrative text box.

Item	Contractual Services Cost	Action
Subcontract with Joe Smith for translator services	\$5,000.00	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
State Total:		\$5,000.00
Non-State		
Item	Contractual Services Cost	Action
No item has been added to the State part of this category yet.		
Non-State Total:		\$0.00
Total Contractual Services (Fees):		\$5,000.00
Contractual Services Narrative (State):		
The Case Management services provide are sometimes provided to recipients whose primary language is French. For that reason, we contract with Joe Smith for on-call French translation services. Joe Smith charges \$100/hour, which is the local rate for on-call French translation services. We anticipate using Joe Smith for approximately 50 hours of translation in FY18.		

When finished typing the Narrative, click “Save Narrative” to record the changes.

4.5.9. Consultant Services

The ninth page listed is where you enter Consultant Services that will be charged to the grant in accordance with 2 CFR 200.459.

To begin, click “Add State Item” at the bottom of the page. You will need to click “Add State Item” to add each travel charge to the Cost Category charged to the State.

For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time to be spent on the project. Please list the expenses associated with the Consultant Services in Step 4.4.10. If the expenses are included in the Services cost, please note that in the Narrative and skip Step 4.4.11.

Add/Edit Consultant Services Category Item

State Indicator:	State
Consultant Services (Fees):*	Crisis Management Training Inc.
Services Provided:*	Crisis Management Training
Fee:*	1000.00
Basis:*	per day x
Quantity:*	1.00

You must provide justification for the use of each item and relate it to specific program objectives. Enter the justification information in the appropriate Consultant Services Narrative text box. Additionally, indicate whether your formal written Procurement Policy or the Federal Acquisitions Policy is used.

Consultant Services (Fees)	Services Provided	Fee	Basis	Quantity	Consultant Services (Fee) Cost	Action
Crisis Management Training Inc.	Crisis Management Training	\$1,000.00	per day	1.00	\$1,000.00	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
State Total:					\$1,000.00	

Non-State

Consultant Services (Fees)	Services Provided	Fee	Basis	Quantity	Consultant Services (Fee) Cost	Action
No item has been added to the Non-State part of this category yet.						
Non-State Total:					\$0.00	
Total Consultant Services (Fees):					\$1,000.00	

Consultant Services Narrative (State):

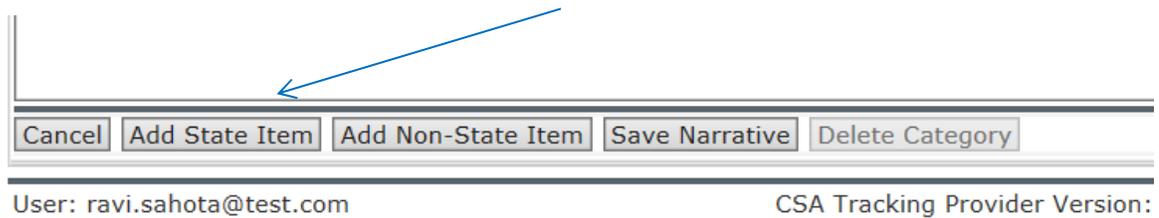
The population served in this program require staff to be able to recognize signs of crisis. As such, staff require training to recognize signs of crises and need information on how to appropriately respond. Crisis Management Training Inc. are certified to train service providers on recognizing signs of crisis. They charge \$1,000 per session, will train all of our staff, and a session lasts one day. We followed our written procurement policy for services to get this consultant.

When finished typing the Narrative, click “Save Narrative” to record the changes.

4.5.10. Consultant Expenses

The tenth page listed is where you enter Consultant Expenses that will be charged to the grant in accordance with 2 CFR 200.459. Please list the expenses associated with the Consultant Services listed in Step 4.5.9. If the expenses were included in the Services cost, please skip this step.

To begin, click “Add State Item” at the bottom of the page. You will need to click “Add State Item” to add each travel charge to the Cost Category charged to the State.



List all expenses to be paid from the grant to the individual consultant (i.e., travel, meals, lodging, etc.). If a field is not applicable to the service provided, please enter the number “1” as a constant. The example below indicates that we are providing lunch to our consultant. The “Number of Trips” is not applicable, so we have entered “1” in that field.

Add/Edit Consultant Expenses Category Item	
State Indicator:	State
Consultant Expenses - Items:*	Meal for Trainer x
Location:*	Near our office
Cost Rate:*	20.00
Basis:*	Lunch
Quantity:*	1.00
Number of Trips:*	1.00
<input type="button" value="Cancel"/> <input type="button" value="Save"/>	

You must provide justification for the use of each item and relate it to specific program objectives. Enter the justification information in the appropriate Consultant Expenses Narrative text box.

State							
Consultant Expenses - Items	Location	Cost Rate	Basis	Quantity	Number of Trips	Consultant Expenses Cost	Action
Meal for Trainer	Near our office	\$20.00	Lunch	1.00	1.00	\$20.00	Edit Delete
State Total:						\$20.00	
Non-State							
Consultant Expenses - Items	Location	Cost Rate	Basis	Quantity	Number of Trips	Consultant Expenses Cost	Action
No item has been added to the Non-State part of this category yet.							
Non-State Total:						\$0.00	
Total Consultant Expenses:						\$20.00	
Consultant Expenses Narrative (State):							
We must provide lunch for our trainer from Crisis Management Training Inc. There is a restaurant across the street. We will buy lunch from there.							

When finished typing the Narrative, click “Save Narrative” to record the changes.

4.5.11. Construction

The eleventh page listed is where you enter Construction Expenses that will be charged to the grant. Any grants that require this line item require IDHS’ written approval prior to budgeting in this category.

Provide a description of the construction project and an estimate of the costs. As a rule, construction costs are not allowable unless given prior written approval. In some cases, minor repairs or renovations may be allowable. Consult with the program contact listed in the CSFA before budgeting funds in this category.

Estimated construction costs must be supported by documentation. You will need to submit drawings and estimates, formal bids, etc. to the program contact prior to approval. As with all other costs, follow the specific requirements of the program, the terms and conditions of the award, and applicable regulations.

To begin, click “Add State Item” at the bottom of the page. You will need to click “Add State Item” to add each travel charge to the Cost Category charged to the State.

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You will need to indicate the purpose of the construction, describe the work, and give the cost of the project for which IDHS gave prior written approval.

Add/Edit Construction Category Item

State Indicator:	State
Purpose:*	Create a private office for private case manager
Description of Work:*	Build Walls for One Office
Construction Cost:*	500.00
<input type="button" value="Cancel"/> <input type="button" value="Save"/>	

You must provide justification for the use of each item and relate it to specific program objectives. Enter the justification information in the appropriate Construction Narrative text box.

Construction Go to Category/Summary:

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.

State

Purpose	Description of Work	Construction Cost	Action
Create a private office for private case management	Build Walls for One Office	\$500.00	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
State Total:		\$500.00	

Non-State

Purpose	Description of Work	Construction Cost	Action
No item has been added to the Non-State part of this category yet.			
Non-State Total:		\$0.00	
Total Construction Services (Fees):		\$500.00	

Construction Narrative (State):

In order to provide case management services confidentially, we need to build three walls at our location to form a private office space. We submitted supporting documentation to the program contact and have written approval.

When finished typing the Narrative, click "Save Narrative" to record the changes.

4.5.12. Occupancy

The twelfth page listed is where you enter Occupancy costs that will be charged to the grant.

Occupancy would include rent and utilities (See 2 CFR 200.465). Please list items and descriptions by major type and the basis of the computation. 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 this Budget. Maintenance and repair costs may be included here if directly allocated to program.

To begin, click "Add State Item" at the bottom of the page. You will need to click "Add State Item" to add each travel charge to the Cost Category charged to the State.

Cancel Add State Item Add Non-State Item Save Narrative Delete Category

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Home Contracts Provider Info Facilities CFR Budgets GATA Budgets Actuals My Info

Add/Edit Occupancy - Rent and Utilities Category Item

State Indicator:	State
Description:*	<input type="text"/>
Quantity:*	0
Basis:*	<input type="text"/>
Cost:*	0
Length Of Time:*	0

Cancel Save

You must provide justification for the use of each item and relate it to specific program objectives. In the Narrative section, 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.

When finished typing the Narrative, click “Save Narrative” to record the changes.

4.5.13. Research and Development

The thirteenth page listed is where you enter Research and Development costs that will be charged to the grant.

Research & Development (R&D) is defined in 2 CFR 200.87 as 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.

To begin, click “Add State Item” at the bottom of the page. You will need to click “Add State Item” to add each travel charge to the Cost Category charged to the State.

Cancel Add State Item Add Non-State Item Save Narrative Delete Category

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Add the purpose of the Research and Development, a description of the research and development, and the project and an estimate of the costs.

Home	Contracts	Provider Info	Facilities	CFR Budgets	GATA Budgets	Actuals	My Info
Add/Edit Research & Development Category Item							
State Indicator:				State			
Purpose:*				<input type="text"/>			
Description of Work:*				<input type="text"/>			
Research and Development Cost:*				<input type="text" value="0"/>			
<input type="button" value="Cancel"/>		<input type="button" value="Save"/>					

NOTE: You must consult with IDHS before budgeting funds for Research and Development. You must provide justification in the Narrative section for any research or development being funded under the program. This would only be available after a discussion with IDHS.

When finished typing the Narrative, click “Save Narrative” to record the changes.

4.5.14. Telecommunications

The fourteenth page listed is where you enter Telecommunications costs that will be charged to the grant. This budgetary line item is ONLY 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.

To begin, click “Add State Item” at the bottom of the page. You will need to click “Add State Item” to add each travel charge to the Cost Category charged to the State.

<input type="button" value="Cancel"/>	<input type="button" value="Add State Item"/>	<input type="button" value="Add Non-State Item"/>	<input type="button" value="Save Narrative"/>	<input type="button" value="Delete Category"/>
User: ravi.sahota@test.com		CSA Tracking Provider Version:		

List the items and descriptions by major type and the basis of the estimate of costs.

Add/Edit Telecommunications Category Item	
State Indicator:	State
Description:*	<input type="text"/>
Quantity:*	0
Basis:*	<input type="text"/>
Cost:*	0
Length Of Time:*	0
<input type="button" value="Cancel"/> <input type="button" value="Save"/>	

You must provide justification in the Narrative section for Telecommunications in the budget. Please explain how telecommunication expenses are allocated for distribution as an expense to the program/service.

When finished typing the Narrative, click "Save Narrative" to record the changes.

4.5.15. Training and Education

The fifteenth page listed is where you enter Training and Education costs that will be charged to the grant. In this section, include rental space for training (if required), training materials, speaker fees, substitute teacher fees, or 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 in this section.

To begin, click "Add State Item" at the bottom of the page. You will need to click "Add State Item" to add each travel charge to the Cost Category charged to the State.

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Home	Contracts	Provider Info	Facilities	CFR Budgets	GATA Budgets	Actuals	My I
Add/Edit Training and Education Category Item							
State Indicator:	State						
Description:*	<input type="text"/>						
Quantity:*	<input type="text" value="0"/>						
Basis:*	<input type="text"/>						
Cost:*	<input type="text" value="0"/>						
Length Of Time:*	<input type="text" value="0"/>						
<input type="button" value="Cancel"/> <input type="button" value="Save"/>							

You must provide justification for the use of each item and relate it to specific program objectives. In the Narrative section, describe how the training and education costs are associated with employee development and are related to the program.

When finished typing the Narrative, click “Save Narrative” to record the changes.

4.5.16. Direct Administrative Costs

The sixteenth page listed is where you enter Direct Administrative costs that will be charged to the grant. The salaries of administrative and clerical staff should only be listed here 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.

If all of these conditions are not met, then test costs must be treated as indirect (F&A) costs.

To begin, click “Add State Item” at the bottom of the page. You will need to click “Add State Item” to add each travel charge to the Cost Category charged to the State.

<input type="button" value="Cancel"/>	<input type="button" value="Add State Item"/>	<input type="button" value="Add Non-State Item"/>	<input type="button" value="Save Narrative"/>	<input type="button" value="Delete Category"/>
User: ravi.sahota@test.com		CSA Tracking Provider Version:		

Home	Contracts	Provider Info	Facilities	CFR Budgets	GATA Budgets	Actuals	My I
Add/Edit Direct Administrative Costs Category Item							
State Indicator:	State						
Name:*	<input type="text"/>						
Position:*	<input type="text"/>						
Salary or Wage:*	<input type="text" value="0"/>						
Basis (Yr./Mo./Hr.):*	<input type="text" value="0"/>						
% of Time:*	<input type="text" value="0"/>						
Length Of Time:*	<input type="text" value="0"/>						
<input type="button" value="Cancel"/> <input type="button" value="Save"/>							

You must provide justification for the use of each item and relate it to specific program objectives. In the Narrative section, explain how the listed personnel meet the four requirements for the category (listed above).

When finished typing the Narrative, click “Save Narrative” to record the changes.

4.5.17. Miscellaneous (other) Costs

The seventeenth page listed is where you enter and Miscellaneous costs that will be charged to the grant. In this category, list items not included in the previous categories.

To begin, click “Add State Item” at the bottom of the page. You will need to click “Add State Item” to add each travel charge to the Cost Category charged to the State.

Cancel	Add State Item	Add Non-State Item	Save Narrative	Delete Category
User: ravi.sahota@test.com				
CSA Tracking Provider Version:				

List items by type of material or nature of expense and break down costs by quantity and cost per unit if applicable.

Home	Contracts	Provider Info	Facilities	CFR Budgets	GATA Budgets	Actuals	My I
Add/Edit Other or Miscellaneous Costs Category Item							
State Indicator:	State						
Description:*	<input type="text"/>						
Quantity:*	<input type="text" value="0"/>						
Basis:*	<input type="text"/>						
Cost:*	<input type="text" value="0"/>						
Length of Time:*	<input type="text" value="0"/>						
<input type="button" value="Cancel"/> <input type="button" value="Save"/>							

You must provide justification for the use of each item and relate it to specific program objectives. In the Narrative section, explain the necessity of the costs for successful completion of the project and exclude unallowable costs (e.g.. Printing, Memberships & subscriptions, recruiting costs, etc.).

When finished typing the Narrative, click “Save Narrative” to record the changes.

4.5.18. Grant Exclusive Line Item

The eighteenth page listed is where you enter any costs exclusive to this grant. In this category, list costs directly related to the service or activity of the program that are an integral line item for budgetary purposes. You must have Program approval to use this line item.

To begin, click “Add State Item” at the bottom of the page. You will need to click “Add State Item” to add each travel charge to the Cost Category charged to the State

Home	Contracts	Provider Info	Facilities	CFR Budgets	GATA Budgets	Actuals	My Info	Forms	Help	Logout
Grant Exclusive Line Item										Go to Category/Summary: <input type="text"/>
Description	State Total	Non-State Total	Total Grant Exclusive Line Item			Action				
No item has been added to the Grant Exclusive Line Item category yet.										
										State Total: \$0.00
										Non-State Total: \$0.00
										Total Grant Exclusive Line Item: \$0.00
<input type="button" value="Cancel"/> <input type="button" value="Add New Grant Exclusive Line Item"/>										

Grant Exclusive Line Item										
Grant Exclusive Line Item Description: <input type="text"/>										
Costs directly related to the service or activity of the program that is an intergal 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).										
<input type="button" value="Cancel"/> <input type="button" value="Add State Item"/> <input type="button" value="Add Non-State Item"/> <input type="button" value="Save Narrative and Description"/>										
State										
Description	Quantity	Basis	Cost	Length of Time	Grant Exclusive Line Item Cost			Action		
No item has been added to the Grant Exclusive Line Item category yet.										
										State Total: \$0.00
Non-State										
Description	Quantity	Basis	Cost	Length of Time	Grant Exclusive Line Item Cost			Action		
No item has been added to the Grant Exclusive Line Item category yet.										
										Non-State Total: \$0.00
										Total Grant Exclusive Line Item: \$0.00
Grant Exclusive Line Item Narrative (State):										

Home	Contracts	Provider Info	Facilities	CFR Budgets	GATA Budgets	Actuals	My Info	Form
Add/Edit Grant Exclusive Line Item Category Item								
State Indicator:	State							
Description:*	<input type="text"/>							
Quantity:*	<input type="text" value="0"/>							
Basis:*	<input type="text"/>							
Cost:*	<input type="text" value="0"/>							
Length of Time:*	<input type="text" value="0"/>							
Grant Exclusive Line Item Cost*	<input type="text" value="0"/>							
<input type="button" value="Cancel"/> <input type="button" value="Save"/>								

You must provide justification for the use of each item and relate it to specific program objectives. In the Narrative section, cite the rule, or any other authority to justify how the costs directly relate to the service or activity of the program.

When finished typing the Narrative, click “Save Narrative” to record the changes.

Description:

Describe the service or activity of the program that is an integral line item for budgetary approval. (Please cite reference per statute for unique costs directly related to the service or activity.)

State				
Quantity	Basis	Cost	Length of Time	

4.5.19. Indirect Costs

Now you can return to the Indirect Cost Category page and complete your entries. There should already be some information here from Step 4.3. Click “Add State Item” to add an item to your base.

Provide the most recent indirect cost rate agreement with the cognizant negotiating agency. The indirect cost rate should be calculated by applying the current negotiated rate to the program, a breakdown of the indirect costs should be provided.

Description	Base
-------------	------

Here you can enter information from your budget narrative. Select the item to include from the drop-down menu.

State Indicator: State

Item:*

Base:*

Rate %:

- <Select a Category>
- Personnel
- Fringe Benefits
- Travel
- Equipment
- Supplies
- Contractual
- Consultant Srvc
- Consultant Expn
- Construction
- Occupancy
- R & D
- Telecommunications
- Training & Edu
- Direct Admin Costs
- Misc Costs
- Grant Excl. Lnltm

User: ravi.sahota@test.com

Then enter the remaining information.

INFORMATION: Base Information for Indirect Cost calculation

Base: \$10,000.00

Rate %: 25.90

Maximum Indirect Cost: \$2,590.00

Remaining (Available) Indirect Cost: \$2,590.00

State Indicator: State

Item:*

Base:*

Rate %:

Click "Save." In this example, my rate only allows for indirect costs on personnel.

program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

State				
Description	Base	Rate %	Indirect Cost	Action
Personnel	\$10,000.00	25.90	\$2,590.00	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
			State Total:	\$2,590.00

Non-State				
Description	Base	Rate %	Indirect Cost	Action
No item has been added to the Non-State part of this category yet.				
			Non-State Total:	\$0.00
			Total Indirect Cost:	\$2,590.00

Indirect Cost Narrative (State):

The amount of available indirect costs is located in the header. Please use this as a guide, but make sure your rate and base are properly applied. Do not rely solely on the heading.

You will need to enter justification for indirect costs in the Narrative section. You can use this space to explain any deviations from a negotiated rate. When finished click "Save Narrative."

Click “Add State Item” to add a base item. You can select the category of the item from the drop-down menu, and then add the remaining information.

INFORMATION: Base Information for Indirect Cost calculation
 Base: \$90,000.00
 Rate %: 10.00
 Maximum Indirect Cost: \$9,000.00
 Remaining (Available) Indirect Cost: \$9,000.00

***You have selected Option 2b or Option 3 in the Indirect Cost Rate Information. Please follow this [Modified Total Direct Cost \(MTDC\) Guideline](#) to enter the State items.

State Indicator: State

Item: *

Base: *

Rate %:

- <Select a Category>
- Personnel
- Fringe Benefits
- Travel
- Equipment
- Supplies
- Contractual
- Consultant Svc
- Consultant Expn
- Construction
- Occupancy
- R & D
- Telecommunications
- Training & Edu
- Direct Admin Costs
- Misc Costs
- Grant Excl. Lnltm

User: ravi.sahota@test.com Version: 3.3.0 (20170404-1244) Database: HSDBCZ01 / 91

Home Contracts Provider Info Facilities CFR Budgets GATA Budgets Actuals My Info F

Add/Edit Indirect Cost Category Item

WARNING: Input Base is not entered. It is required before you can enter State item(s).

State Indicator: Non-State

Item: *

Base: *

Rate %: *

Click “Save” when finished.

When you are done with your indirect costs, check the Budget Summary page to ensure that your total budgeted amount matches the amount you have requested from IDHS. Otherwise, you will see a warning.

Uniform Grant Budget Summary Go to Category/Summary:

Data Validation Error: Revenue Totals do not match State Requested Grant Total! Please correct your budget information; line #18 should match Revenue Total.

Fiscal Year: 2018

Budget Type: Uniform Grant Budget

4.6. Fixed Rate Budget Template

If your grant or program received an exception from using the uniform budget template because it is based on a rate, then you will need to submit budget information using the Fixed Rate Grant Budget. Please select that option after clicking “Add Budget” in the CSA System. Enter in the appropriate CSFA number and short description and check the box if the grant is not being competitively bid through a NOFO.

Add GATA Budget

Fiscal Year: * 2018 ▾

Budget Type: *
Uniform Grant Budget
Fixed Rate Grant Budget

CSFA: *(Catalog of State Financial Assistance)(###-##-####)

CSFA Short Description: *(Enter Program Short Description)

Please check this if NOFO is not applicable.

NOFO: (Notice Of Funding Opportunity)(##-###-##-####-##)

Description Narrative:
N/A

Cancel Save

click “Save.”

The Budget Summary page is displayed below. To begin, click “Edit Budget” to enter in the basic budget information.

Fixed Rate Grant Budget

Fiscal Year: 2018
 Organization Name: PROVIDER BUDGET INC
 FEIN: 987612345
 DUNS Number: 111112222
 Funding Opportunity Number: N/A
 CSFA Number: 444-22-1234
 CSFA Description: fr test
 Projected number of unduplicated clients to be served, all services in State: 0
 IDHS regions to be served (Check all that apply): Region 1 Region 2 Region 3 Region 4 Region 5
 Budget Amount Proposed: \$0.00
 Current Revision: [DRAFT]

[Cancel](#) [Edit Budget](#) [Add Service Deliverable](#) [Signature Page](#) [Revision History](#) [Print Budget](#) [Delete Budget](#)

Project Description:
 N/A

Status History

Status	Status Date	Status Comments	Status By
Work in Progress	04/05/2017 03:27:53	GATA Budget work in progress.	Ravi Sahota

Service Deliverables

Description	Code	Minimum Unit of Service	Rate	Projected Number of Unduplicated Clients to be Served Annually	Projected Earnings for State Fiscal Year 2018	Action
No item has been added to the Service Deliverables list yet.						
					Total Projected Earnings: \$0.00	

See **NOFO** for applicable rate information.

Status Comments

Please enter a comment for status changes. If no comment is entered, a default comment will be provided.

[Submit to Executives](#) [Submit to IDHS](#) [Retract Submit from IDHS](#)

On this page, you can enter the basic information about the program (whether there was a NOFO, the CSFA number, and the CSFA short description. You can also indicate the number of clients you intend to service, in what IDHS regions you intend to provide services in, and your anticipated revenues to provide services. Add a description of the project in the Project Description text box, then click "Save."

[Home](#) [Contracts](#) [Provider Info](#) [Facilities](#) [CFR Budgets](#) [GATA Budgets](#) [Actuals](#) [My Info](#) [Forms](#) [Help](#)

Edit Fixed Rate Grant Budget

Fiscal Year: 2018
 Organization Name: PROVIDER BUDGET INC
 FEIN: 987612345
 DUNS Number: 111112222
 Please check this if NOFO is not applicable:
 Funding Opportunity Number: N/A
 CSFA: (Catalog of State Financial Assistance)(###-##-####) *: 444-22-1234
 CSFA Short Description: *: fr test
 Projected number of unduplicated clients to be served, all services in State: *: 100
 IDHS regions to be served (Check all that apply): *: Region 1 Region 2 Region 3 Region 4 Region 5
 Budget Amount Proposed: *: 1000.00
 Current Revision: [DRAFT]

Project Description: *
 N/A

[Cancel](#) [Save](#)

User: ravi.sahota@test.com

CSA Tracking Provider Version: 3.3.0 (20170405-1110)

Database: H

You can now begin adding information about your services. Click “Add Service Deliverable” to add a service.

Projected number of unduplicated clients to be served, all services in State: 0

IDHS regions to be served (Check all that apply): Region 1 Region 2 Region 3 Region 4

Budget Amount Proposed: \$0.00

Current Revision: [DRAFT]

[Cancel](#) [Edit Budget](#) [Add Service Deliverable](#) [Signature Page](#) [Revision History](#) [Print Budget](#) [Delete Budget](#)

Project Description:
N/A

Then enter the code (duplicated are allowed), the minimum units of service (enter a “1” if no value is available), the rate per unit, and the anticipated number of unduplicated clients served using this service deliverable. This should not exceed the number of clients entered in add budget info section. Click “Save” when finished. If there is no code, enter N/A.

Home	Contracts	Provider Info	Facilities	CFR Budgets	GATA Budgets	Actuals	...
Edit Service Deliverable Item							
Fiscal Year:		2018					
Organization Name:		PROVIDER BUDGET INC					
CSFA Number:		444-22-1234					
CSFA Description:		fr test					
Projected number of unduplicated clients to be served, all services in State:		100					
Final Budget Amount Approved:		\$1,000.00					
Total projected costs (all deliverables):		\$100,000.00					
Service Deliverable Description: *		<input type="text" value="Flu shot"/>					
Code: *		<input type="text" value="55-1234"/>					
Minimum Unit of Service: *		<input type="text" value="1"/>					
Rate (dollar amount): *		<input type="text" value="10.00"/>					
Projected Number of Unduplicated Clients to be Served Annually: *		<input type="text" value="100"/>					
Cancel Save							

The service deliverable will then appear in the in the budget summary.

Status History			
Status	Status Date	Status Comments	Status By
Work in Progress	04/05/2017 03:27:53	GATA Budget work in progress.	Ravi Sahota

Service Deliverables						
Description	Code	Minimum Unit of Service	Rate	Projected Number of Unduplicated Clients to be Served Annually	Projected Earnings for State Fiscal Year 2018	Action
Flu shot	55-1234	1	\$10.00	100	\$1,000.00	Edit Delete
Total Projected Earnings: \$1,000.00						

See **NOFO** for applicable rate information.

Status Comments

Please enter a comment for status changes. If no comment is entered, a default comment will be provided.

5. Submission to the organization’s Executive Staff

Once Budget is complete, summary pages are not showing errors, Budget is ready for submission for Provider Executive review.

Provider staff will select “Submit to Executives” tab

See **NOFO** for applicable rate information.

Status Con

Please enter a comment for status changes. If no comment is entered, a default comment will be provided.

Submit to Executives
Submit to IDHS
Retract Submit from IDHS

Agreement

6. Executive Review

In order to submit your budget, the Executive Director or equivalent will need to sign off on it (only one Executive approval is required). After that occurs, your budget will be automatically submitted to IDHS for review. Submission for the Uniform Grant Budget and the Fixed Rate Budget are handled in the same manner.

6.1. Budget Sign-off by the Executive Director or Equivalent

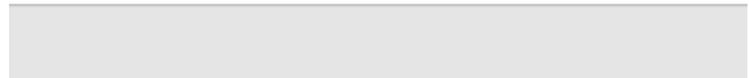
After you have clicked “Submit to Executives,” your organization’s Executive Director or equivalent will need to login and review the budget. Please let your Executive Director or equivalent know to review the proposed budget.

If the budget has been reviewed and there are no changes, they can sign off on the budget by clicking “Signature Page.” Your Executive Director or equivalent can modify the budget, or you can modify the budget, if needed. Once Budget is completed and no errors are found, the Executive Director or Equivalent can sign off. Only the Executive Director or equivalent should be signing off on the budget.

induplicated clients to be served, all services in State
rved (Check all that apply):
sed:



Id Service Deliverable Signature Page Revision History P



At this point, the Executive Director or Equivalent can enter in any comments and click “Executive Director or equivalent Sign” to electronically sign off on the budget.

Signatory Information:

First Name:	Tahney
Middle Name:	
Last Name:	Fletcher
Title:	
E-mail:	tahney.fletcher@illinois.gov
Phone#:	2175571545
Phone Ext:	

Comments:

This budget has been reviewed and is approved to submit to IDHS.

Note: The State Awarding Agency may change required signers based on the grantee’s organizational structure. The required signers must have authority to enter onto contractual agreements on the behalf of the organization.

WARNING: Please note that this budget may be rejected without authorized signature of the Executive Director (or equivalent).

By approving this submission, 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).

Signatory Information:

First Name: Tahney
Middle Name:
Last Name: Fletcher
Title:
E-mail: tahney.fletcher@illinois.gov
Phone#: 2175571545
Phone Ext:

Comments:
This budget has been reviewed and is

Message from webpage

By clicking OK below, you are agreeing that you are signing this GATA Budget as Executive Director or equivalent

OK Cancel

Cancel Executive Director or equivalent Sign

Note: The State Awarding Agency may change required signers based on the grantee's organizational structure. The required signers must have authority to enter onto contractual agreements on the behalf of the organization.

WARNING: Please note that this budget may be rejected without authorized signature of the Executive Director (or equivalent).

Signature History

Signature Details

After that has occurred, the signature is recorded in the History. The budget will be automatically submitted to IDHS for review.

Cancel Executive Director or equivalent Sign

Note: The State Awarding Agency may change required signers based on the grantee's organizational structure. The required signers must have authority to enter onto contractual agreements on the behalf of the organization.

WARNING: Please note that this budget may be rejected without authorized signature of the Executive Director (or equivalent).

Signature History

Signature Details

Budget version: 1.0.0 - Signed off as Executive Director and Submitted to program review by Tahney Fletcher on 03/05/2019 04:53:12 PM

6.2. Submission to IDHS

When the Executive (or equivalent) signs off on the budget, the budget will be automatically submitted to IDHS for program staff review.

Status History			
Status Description	Status Date	Status Comments	Status By
GATA Budget signed and submitted to program review	03/05/2019 04:53:12 PM	This budget has been reviewed and is approved to submit to IDHS.	Tahney Fletcher
Grantee Submit for Signature	03/05/2019 04:47:09 PM	GATA Budget submitted for executive signatures.	Tahney Fletcher
Work in Progress	03/05/2019 03:49:13 PM	GATA Budget work in progress.	Tahney Fletcher

User: Tahney Fletcher@illinois.gov CCA Tooling Provider Version: 5.0.0 (20190328 0000) Database: USDP0705 / 01/17

If you later discover errors or need to make changes, you can select “Retract from IDHS” to un-submit the budget. This is only available prior to IDHS program staff locking the budget for review. You must receive executive signoff again to resubmit the budget.

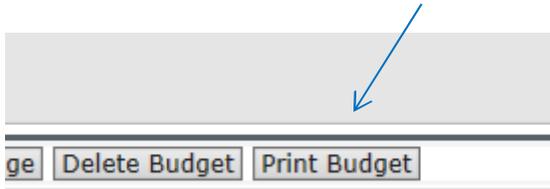
S1

Please enter a comment for status changes. If no comment is entered, a default comment will be p

Submit to Executives
Submit to IDHS
Retract Submit from IDHS

Ag

You also have the option to print or save a PDF version of the budget. To do so, click “Print Budget” and either save the document or print it. You may want to do save a copy locally for easy access in case IDHS staff has questions.



7. Grant Amendments

7.1. Formal Amendment

The formal amendment process applies to approved budgets that have a published/executed agreement. The formal amendment process must be used to increase or decrease total program grant revenue, and/or to reallocate funding between expenditure line items that exceed the discretionary limits as stated in Article VI Budget (6.3 & 6.4) of the Uniform Grant Agreement and 2 CFR 200.308. A formal amendment must also be used to make changes to amend the grant exhibits, even if the budget is not amended. IDHS staff will need to return the linked budget to Grantee for any budget revision.

7.2 Formal Amendment– Increase/Decrease Contract Amount

On the Contract Summary page, select “Add Formal Amendment” or “Add Additional Appropriation” if adding a new appropriation.

The screenshot displays the IDHS Contract Summary page. The top navigation bar includes links for Home, Appropriations, CAAF, My Info, Admin, System, Reports, OCM, Help, and Logout. A blue box labeled 'A' highlights the 'Add Formal Amendment' link in the top navigation bar. The main content area is titled 'Contract Summary' and contains the following information:

Contract Information

Provider Name:	PRAGENCY
Provider FEIN:	999998888
Fiscal Year:	2018
Contract Number:	44CWZ03351
Agreement Number:	44CWZ03351
Division Name:	DDD
Contract Type:	UGA
Subject to IL Procurement Indicator:	No
Agreement Start Date:	Oct 30, 2017
Agreement End Date:	May 15, 2018
Total Contract Amount: (\$)	75,000.00
Total Federal Funds: (\$)	0.00
Maximum Contract Amount: (\$)	75,000.00
Type of Action:	New Contract
Contract Status:	Finalized
Published Date:	Oct 30, 2017

Below the contract information, there are buttons for 'Edit Contract Details', 'Print Contract', and 'Unfinalize Contract'. The 'Program Information' table is as follows:

Program	Type	Total(\$)	Status	Created	AC	FY	CAAF #	PUB	Action	GATA Budget
733-FRA	Initial	75,000.00	Approved	Oct 30, 2017		2018	44C-A-18-03512	Y	Un-publish	View

At the bottom of the program table, there are links for 'Add Formal Amendment' and 'Add Informal Amendment'. A blue box labeled 'A' highlights the 'Add Formal Amendment' link. At the bottom of the page, there is a footer with the user information: 'User: tahney.fletcher@illinois.gov', 'CSA Tracking System Version: 3.3.9 (20171031-1113)', and 'Database: HSDBC205 / 9167'. A blue box labeled 'A' highlights the 'Add Formal Amendment' link in the footer.

Select "Formal Amendment" and enter the required data on the Add Formal Amendment screen. **B**

Add Formal Amendment

Use this screen to create a Formal Amendment when Exhibit Information has to be changed. In addition, Appropriation Funding is allowed when combined with Exhibit changes.

Contract Number:	44CWZ03351
Program Code:	733-FRA
Fiscal Year:	2018
Maximum Contract Amount: (\$)	75,000.00
Contract Amount (with proposed Amendment):	75,000.00
Amendment Type: *	Formal Amendment
Agreement Begin Date:	10/30/2017
Agreement End Date:	05/15/2018
Amendment Start Date: *	
Amendment End Date: *	
Agreement Start Date Change:	
Agreement End Date Change:	
Date Notice Of Change:	<input type="checkbox"/>
(Please select the CheckBox if this is a Date Notice of Change)	
DHS contact: *	<Select a Contact>
Provider contact: *	Blaise, Kelli
Sub to Grant Fund Recovery Act:	<input checked="" type="checkbox"/>
Certified Mail:	
CARS Document Number: *	32432543534

Budget Attachment Required Indicator: ← **C**
(Checked Indicator implies Budget Attachment is 'Required' for this Formal Amendment)

Justification Comment for requesting a Budget Override: (Justification Comments required when 'Budget Attachment' is unchecked. Comments field)

NOTE: The "Budget Attachment Required Indicator" box will be checked by default. Leave the box checked if the budget is, in fact, being revised. Having the box checked will require that a Budget gets linked to the Amendment before it can be Published.

NOTE: If the Budget is not being amended, you will need to un-check the box and enter a justification.
* see also page 68

Select "Approp. Code-CFDA #" line item that you will be adjusting Or

Select "Add Additional Appropriation "if an additional Appropriation needs to be added.

Review the "Current Contract Amount (Approved)."

Enter the "Adj Amount" to increase or decrease the contract amount.

Review the "Net Contract (Proposed)" amount.

Contract : Current Appropriations & Service Lines						Service Lines		
Approp Code - CFDA #	CARS Grant FY	CARS Subprog (Report Catg)	CARS Actv Code	Acct Line #/ Srvc Line #	Current Contract Amount (Approved)	Inc/Dec Ind	Adj Amount	Net Contract Amount (Proposed)
24001490B	2018	SD11	PC	01/ 001	13901.00	Increase ▼	266.00	14,167.00
Contract : New Appropriations & Service Lines (Additional)								
<input type="button" value="Save"/> <input type="button" value="Add Additional Appropriation"/> <input type="button" value="Cancel"/>								

CSA Tracking System Version: 3.3.9 (20171107-1348) Database: HSDBCZ00 / 9167

Select "Save."

After a successful "Save" navigate to Grant Summary Screen.

Grant Summary Screen

Contract Summary

Contract Information										
Provider Name:	PRAGENCY									
Provider FEIN:	999998888									
Fiscal Year:	2018									
Contract Number:	46CWD03498									
Agreement Number:	46CWD03498									
Division Name:	DRS									
Contract Type:	UGA									
Subject to IL Procurement Indicator:	No									
Agreement Start Date:	Jul 7, 2017									
Agreement End Date:	May 29, 2018									
Total Contract Amount: (\$)	12,000.00									
Total Federal Funds: (\$)	0.00									
Maximum Contract Amount: (\$)	10,000.00									
Type of Action:	New Contract									
Contract Status:	Finalized									
Published Date:										

Program Information										
Program	Type	Total(\$)	Status	Created	AC	FY	CAAF #	PUB	Action	GATA Budget
000-TEST	Initial	10,000.00	Approved	Nov 7, 2017		2018	46C-D-18-04080	N	Publish	View
000-TEST	Formal Amendment	2,000.00	Proposed	Nov 9, 2017	1	2018	Prepare	N	Remove Preview	View

[Add Formal Amendment](#)
[Add Informal Amendment](#)

CSA Tracking System Version: 3.3.9 (20171107-1348)

Database: HSDBCZ05 / 9167

Note: The Formal Amendment will be displayed.

On the Grant Summary Screen, select the "Program" column link associated with the newly created "Formal Amendment".

Select "Edit Program Appropriation".

Select "Notify Grantee Required Linked Budget Amendment".

Enter instructions to grantee in the "Comments section" to revise the budget (for example, to increase or decrease total program revenue, and/or reallocate funding between expenditure line items, etc.).

Note: The comments/instructions will be emailed to the grantee in the automatically generated email from the system.



Request Linked Budget Amendment

Fiscal Year:	2018
CSFA #:	444-30-1111
CSFA Short Description:	000-TEST
NoFO #:	18-444-30-1111-02
Linked Contract #:	46CWD03498

By approving this submission, I certify that I am requesting an amendment for the linked budget. Reason(s) for this request are included in the comments.

Signatory Information:

First Name:	Phani
Last Name:	Ramaraju
Title:	Systems Analyst - DHS MIS
E-mail:	phani.ramaraju@illinois.gov
Phone#:	2175242189
Phone Ext:	

Reason(s) for requesting a amendment for the linked budget:

(Comments field allows a maximum of 300 characters.)

Additional \$2000 will be awarded for the purchase of hardware/software equipment to support state business. Please revise your existing budget updating appropriate category details and submit for IDHS review/approval. Without a signed revised budget, the proposed \$2000 in additional funds will not be awarded.

Enter appropriate comments/instructions for the Grantee regarding what changes are requested on the revised budget.

The comments/instructions entered here will be emailed to the Grantee Director Contact

A "Formal Amendment" will need to be added for any reallocation of funding between expenditure line items. Please follow the above process in 7.2. (See below screen shot for the appropriation line information).

Amendment Comments: (2500 characters max)
You have 2500 characters left.

Contract : Current Appropriations & Service Lines

Approp Code - CFDA #	CARS Grant FY	CARS Subprog (Report Catg)	CARS Actv Code	Acct Line # / Svc Line #	Current Contract Amount (Approved)	Service Lines		Net Contract Amount (Proposed)
						Inc/Dec Ind	Adj Amount	
24001490B	2018	SD11	PC	01/ 001	13901.00	Decrease	0.00	

Contract : New Appropriations & Service Lines (Additional)

CSA Tracking System Version: 3.3.9 (20171107-1348) Database: HSDBC200 / 9234

In the "Increase / Decrease Ind" drop down this will default to "Decrease"

Do not enter an amount in the "Adj Amount".

Select "Save".

7.3 Formal Amendment – Budget Revision Override (No revision to Budget required)

Select "Grant Summary" to "Add Formal Amendment". Enter the required data on the Add Formal Amendment screen.

Uncheck the "Budget Attachment Required Indicator".

Enter the "Justification Comment for requesting Budget Override" (i.e., the reason why a Revised Budget is not necessary)

Select the "Save" button.

Add Formal Amendment

Use this screen to create a Formal Amendment when Exhibit Information has to be changed. In addition, Appropriation Funding is allowed when combined with Exhibit changes.

Contract Number: 46CWD03498
 Program Code: 000-TEST
 Fiscal Year: 2018
 Maximum Contract Amount: (\$) 10,000.00
 Contract Amount (with proposed Amendment): 10,000.00
 Amendment Type: * Formal Amendment
 Agreement Begin Date: 07/07/2017
 Agreement End Date: 05/29/2018
 Amendment Start Date: * 07/07/2017
 Amendment End Date: * 05/29/2018
 Agreement Start Date Change:
 Agreement End Date Change:
 Date Notice Of Change:
 (Please select the Checkbox if this is a Date Notice of Change)
 DHS contact: * RAMARAJU, PHANI
 Provider contact: * Blaise, Kelli
 Sub to Grant Fund Recovery Act:
 Certified Mail:
 CARS Document Number: * W46CD003498

Budget Attachment Required Indicator:
 (Checked Indicator implies Budget Attachment is 'Required' for this Formal Amendment) **Uncheck the "Check box"**

Justification Comment for requesting a Budget Override: (Justification Comments required when 'Budget Attachment' is unchecked. Comment field allows a maximum of 250 characters.)
 Budget revision is not required. This Formal Amendment is due to changes to Exhibit-C payment terms and will not affect Total Award Amount and current approved Budget.

No changes to the existing appropriation funds.

Clear Exhibits A,B,E & F | Use Generic Exhibits A,B,E & F

Scope of Services | Deliverables | Performance Measures | Performance Standards

Test Generic

Exhibit C: Payment Terms
 Exhibit C terms updated in this Amendment.

Specific Conditions (Previously Exhibit H, Effective SFY 18 : Exhibit)
 Test Generic

[Display/Hide additional CARS Data](#)

CARS Accounting Period: 2018
 CARS Payment Type: Multi (Both Types allowed)
 CARS PO Number: W46CD003498
 CARS Vendor Primary Address Ind:
 CARS Vendor Secondary Address Ind:
 CARS Service Line Method: Dollar
 CARS Order Type: 0

Amendment Letter's CC:

Amendment Comments: (2500 characters max)
 You have 2500 characters left.

Contract : Current Appropriations & Service Lines

Approp Code - CFDA #	CARS Grant FY	CARS Subprog (Report Catg)	CARS Actv Code	Acct Line # / Svc Line #	Current Contract Amount (Approved)	Service Lines		Net Contract Amount (Proposed)
						Inc/Dec Ind	Adj Amount	
01001440B	2018	TEST	X1	1/ 001	5000.00	Decrease	0.00	
0100144GL	2018	TEST	X1	2/ 002	3000.00	Decrease	0.00	
01001490B	2018	TEST	X1	3/ 003	2000.00	Decrease	0.00	

Contract : New Appropriations & Service Lines (Additional)

Save | Add Additional Appropriation | Cancel

7.4 Informal Amendments

The informal amendment process may be used for insignificant changes that do not require a budget amendment and/or to amend funding sources, make coding changes, etc. for the grant agreement. An informal agreement may not be used to change total program grant funding or to reallocate funding between expenditure line items on an approved budget for a published/executed agreement. On the Contract Summary page, select "Add Informal Amendment"

[Home](#) | [Appropriations](#) | [CAAF](#) | [My Info](#) | [Admin](#) | [System](#) | [Reports](#) | [OCM](#) | [Help](#) | [Logout](#)

Contract Summary

Contract Information

Provider Name: PRAGENCY
 Provider FEIN: 999998888
 Fiscal Year: 2018
 Contract Number: 44CWZ03351
 Agreement Number: 44CWZ03351
 Division Name: DDD
 Contract Type: UGA
 Subject to IL Procurement Indicator: No
 Agreement Start Date: Oct 30, 2017
 Agreement End Date: May 15, 2018
 Total Contract Amount: (\$) 75,000.00
 Total Federal Funds: (\$) 0.00
 Maximum Contract Amount: (\$) 75,000.00
 Type of Action: New Contract
 Contract Status: Finalized
 Published Date: Oct 30, 2017

[Edit Contract Details](#) | [Print Contract](#) | [Unfinalize Contract](#)

Program Information

Program	Type	Total(\$)	Status	Created	AC	FY	CAAF #	PUB	Action	GATA Budget
733-FRA	Initial	75,000.00	Approved	Oct 30, 2017		2018	44C-A-18-03512	Y	Un-publish	View

[Add Formal Amendment](#) | [Add Informal Amendment](#)

User: tahney.fletcher@illinois.gov | CSA Tracking System Version: 3.3.9 (20171031-1113) | Database: HSDBCZ05 / 9167

D

To change funding amounts between funding sources or add a new funding source:

Contract : Current Appropriations & Service Lines

Approp Code - CFDA #	CARS Grant FY	CARS Subprog (Report Catg)	CARS Actv Code	Acct Line # / Svc Line #	Current Contract Amount (Approved)	Service Lines		Net Contract Amount (Proposed)
						Inc/Dec Ind	Adj Amount	
210014900	2018	3432		34/ 034	25000.00	Increase ▼	25000	50,000.00
300014400	2018	3423		56/ 056	50000.00	Decrease ▼		

Contract : New Appropriations & Service Lines (Additional)

[Save](#) | [Add Additional Appropriation](#) | [Cancel](#)

ov | CSA Tracking System Version: 3.3.9 (20171031-1113) | Database: HSDBCZ05 / 9167

Select "Approp Code-CFDA #" and/or "Add Additional

Appropriation." Enter the "Current Contract Amount (Approved)."

Select "Increase / Decrease" drop down.

Enter the "Adj Amount" to increase or decrease.

The "Net Contract (Proposed)" amount MUST equal "Current Contract Amount (Approved)". Select "Save."