

**Illinois Grant Accountability and Transparency  
Notice of State Award**

03/09/18

Page 1 of 5

<b>STATE OF ILLINOIS GRANT INFORMATION</b>	
State Award Identification	Name of State Agency (Grantor): Department Of Transportation Department/Organziation Unit: Office of Intermodal Project Implementation
State Award ID Number (SAIN)	1597-5955
State Program Description	Grant program for Public entities to assist in the creation, expansion or restoration of rail service to industries/facilities to encourage economic development
Announcement Type	Initial
Agency (Grantor) Contact Information	Name: Samuel Tuck Phone: 312-793-3940 Email: Samuel.Tuck@illinois.gov

<b>GRANTEE INFORMATION</b>	
Grantee / Subrecipient Information	Name: City of Rochelle Address: 420 North 6th St, Rochelle, IL 61068 Phone: 815-562-7595 Email: janderson@rochelleil.us
Grantee Identification	GATA: 676492 DUNS: 010231009 FEIN: 366006075
Period of Performance	Start Date: 3/30/2018 End Date: 3/30/2020

<b>FUNDING INFORMATION</b>			
FUND	CSFA	CFDA	AMOUNT
554	494-81-1597		\$2,580,000.00
TOTAL			\$2,580,000.00

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

<b>TERMS AND CONDITIONS</b>	
Grantee Indirect Cost Rate Information	Rate: N/A Base: Period:
Research & Development	No
Cost Sharing or Matching Requirements	No
Uniform Term(s)	CODE of FEDERAL REGULATIONS Title 2: Grants and Agreements PART 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200)  Grant Accountability and Transparency Act (GATA), 30 ILCS 708/1  Illinois Administrative Code
Grantor-Specific Term(s)	
Program-Specific Term(s)	

**SPECIFIC CONDITIONS ASSIGNED TO GRANTEE - FISCAL AND ADMINISTRATIVE**

**The nature of the additional requirements**

**GATA Conditions:**

**04 - Budgetary Controls (2 CFR 200.308)**

Requires more detailed budget to actual reporting;

**05 - Cost Principles (2 CFR 200.400)**

Requires additional prior approvals; Requires more detailed reporting; Requires monthly reporting;

**06 - Audit (2 CFR 200.500)**

Requires desk review of the status of implementation of corrective actions;

**09 - Procurement Standards (2 CFR 200.317 - 326)**

Requires additional prior approvals;

**11 - Fraud, Waste and Abuse**

Requires technical assistance including required training;

**Agency Adjustments / Explanation:**

None

**The reason why the additional requirements are being imposed**

**GATA Conditions:**

**04 - Budgetary Controls (2 CFR 200.308)**

Medium to high risk increases the likelihood that grant expenditures will exceed the approved budget categories that require prior approval and could result in amounts exceeding will not be reimbursed.

**05 - Cost Principles (2 CFR 200.400)**

Medium to high risk increases the likelihood unallowable costs or services, audit findings and questioned costs that would be required to be return to the state and federal government.

**06 - Audit (2 CFR 200.500)**

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

**09 - Procurement Standards (2 CFR 200.317 - 326)**

Medium to high risk increases the likelihood of non-compliance resulting in audit findings, questioned cost and fraud, waste and abuse.

**11 - Fraud, Waste and Abuse**

Medium to high risk increases the likelihood of fraud, waste and abuse occurring and not being identified in the normal course of employees duties, also decreases the likelihood of employees or clients not reporting fraud, waste and abuse.

**Agency Adjustments / Explanation:**

None

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

**GATA Conditions:**

**04 - Budgetary Controls (2 CFR 200.308)**

Implementation of new or enhanced system controls, mitigating controls or a combination of both.

**05 - Cost Principles (2 CFR 200.400)**

Implementation of additional controls for reviewing and approval expenditures.

**06 - Audit (2 CFR 200.500)**

Completion of corrective action plan implementation.

**09 - Procurement Standards (2 CFR 200.317 - 326)**

Implementation of corrective action including new or enhanced controls over procurements of activities.

**11 - Fraud, Waste and Abuse**

Corrective action including implementing a fraud awareness program including information on how to report fraud, waste and abuse without fear of retaliation.

**Agency Adjustments / Explanation:**

None

**The time allowed for completing the actions, if applicable**

**GATA Conditions:**

**04 - Budgetary Controls (2 CFR 200.308)**

One year.

**05 - Cost Principles (2 CFR 200.400)**

One year from the implementation of additional controls.

**06 - Audit (2 CFR 200.500)**

When corrective action is complete.

**09 - Procurement Standards (2 CFR 200.317 - 326)**

One year from the implementation of corrective action.

**11 - Fraud, Waste and Abuse**

One year after implementation of corrective action.

**Agency Adjustments / Explanation:**

None

**The method for requesting reconsideration of the additional requirements imposed**

**GATA Conditions:**

**04 - Budgetary Controls (2 CFR 200.308)**

One year.

**05 - Cost Principles (2 CFR 200.400)**

One year from the implementation of additional controls.

**06 - Audit (2 CFR 200.500)**

When corrective action is complete.

**09 - Procurement Standards (2 CFR 200.317 - 326)**

One year from the implementation of corrective action.

**11 - Fraud, Waste and Abuse**

One year after implementation of corrective action.

**Agency Explanation:**

None

**SPECIFIC CONDITIONS ASSIGNED TO GRANTEE - MERIT-BASED REVIEW****The nature of the additional requirements****Agency Adjustments / Explanation:**

{MBR\_Section1}

**The reason why the additional requirements are being imposed****Agency Adjustments / Explanation:**

{MBR\_Section2}

**The nature of the action needed to remove the additional requirement, if applicable****Agency Adjustments / Explanation:**

{MBR\_Section3}

**The time allowed for completing the actions, if applicable****Agency Adjustments / Explanation:**

{MBR\_Section4}

**The method for requesting reconsideration of the additional requirements imposed****Agency Explanation:**

{MBR\_Section5}

**SIGNATURE PAGE**

**Circle one:** Accept NOSA / Reject NOSA

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Institution / Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Official

\_\_\_\_\_  
Title (Chief Financial Officer or equivalent)

\_\_\_\_\_  
Date of Execution