

Illinois Department of Commerce & Economic Opportunity

«OpportunityName»

REQUEST FOR MODIFICATION/WAIVER\*

GRANTEE NAME: City of Peoria

GRANT#: 20-488004

GRANT BEGIN DATE: 7/1/20

GRANT END DATE: 1/31/21

STEP 1 - A justification for this modification/waiver must accompany this document in the form of a letter on your company's letterhead signed by the authorized signatory or designee.

STEP 2 - Select the Purpose of the Modification Requested:

- A. SCOPE OF WORK
B. BUDGET
C. UNILATERAL MODIFICATION
D. DATE EXTENSION
E. OTHER

If the Grantor approves this request as either a modification or waiver, the Grantee acknowledges and agrees to the following:

- 1. All terms and conditions of the grant agreement remain in full force and effect until all performance required by the terms of the agreement are completed.
2. If the period for performance has been extended, the close-out package referenced in the Agreement must be submitted no later than 45 days following any extended performance date.
3. This request is limited to the provisions described herein and in no way impairs the Grantor's ability to seek legal recourse against the Grantee for non-compliance with either the provisions stated herein or any other provisions of the Agreement.

STEP 3 - Signature

I hereby certify that the supporting documentation for the above modification or waiver request is on file in our office and that I have full signature authority to bind and sign on behalf of the Grantee.

Authorized Signature for Grantee: Patrick Urich, City Manager
Printed Name and Title
Date: 1/18/2021

\*If the Grantee has authorized and designated signature authority to another person, the signatory must print his/her name and title on the appropriate line.

STEP 4 - Return this form, your justification letter and all supporting documentation to your assigned Grant Manager.

GRANTOR ACTION:

- Approved as a Modification, subject to any conditions as imposed by the Grantor
Approved as a Waiver, subject to any conditions as imposed by the Grantor
Denied (see attached)

Erin Guthrie, Director Date

NOTE: Due to the Time Limit on Expenditure of Grant Funds imposed by the Grant Funds Recovery Act (30 ILCS 705/1 et seq.), the extended grant term granted herein shall be deemed to take effect on

cc: (Grant Manager); Accounting

\* Waivers will only be approved when the Grantor determines that it is in the best interest of the State of Illinois.

**GRANT MODIFICATION AFFIDAVIT**

Grantee Name: **City of Peoria**  
Grantee Address: **419 Fulton St, Suite 207  
Peoria, IL 61602**

State of Illinois Department: **Commerce & Economic Opportunity**  
Address: **500 East Monroe Street  
Springfield, IL 62701**

Grant Number: **20-488004**

I, Patrick Urich, being duly sworn, solemnly swear and affirm that I am the City Manager of City of Peoria. Prior to its expiration, the above named parties agreed to modify the grant for reimbursements under the Local CURE Economic Support program, but the modification was not reduced to writing prior to the expiration of the previous grant term due to administrative delays.

I am duly authorized to make this affidavit. I know and understand the contents of this affidavit, and all statements herein are true and correct.

*Patrick Urich*

*2/18/2021*

Signature of Affiant

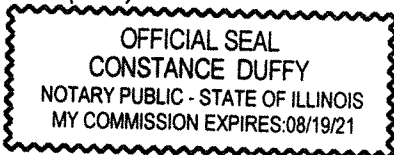
Date

Patrick Urich, City Manager

Print Name and Title

Subscribed and sworn before me this 18 day of February, 2021.

(Seal)



*Constance Duffy*

Notary Public

My commission expires: 8/19/21

# Uniform Grant Budget Modification Template -- General Instructions

This form is used to make modifications to previously approved grant budgets. Applicants should submit budget modifications based upon the total estimated costs for the project including all funding sources. Pay attention to applicable program specific instructions, if attached. The applicant organization should refer to 2 CFR 200, "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards" cited within these instructions.

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

## Section A – Budget Summary

STATE OF ILLINOIS FUNDS

Enter the origination information at the top of the page and the most current approved budget amounts in lines 1 - 15 and 17 in column C (Current Approved Budget). Columns D (Modification Amount) & E (New Budget Amount) will be automatically populated based on the detail you enter in section C.

STATE OF ILLINOIS GRANT FUNDS

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

BUDGET SUMMARY – STATE OF ILLINOIS FUNDS

***Please use detail worksheet and narrative section for further descriptions and explanations of budgetary line items. ONLY ENTER THE CHANGES NEEDED IN THE DETAIL FOR EACH BUDGET LINE.***

**Section A Indirect Cost Information:** *(This information should be completed by the applicant's Business Office).* Check the appropriate box for the type of indirect cost rate previously selected on the most recent budget modification, unless part of the modification is due to changing the type of indirect you are going to claim.

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

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

- A) Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.
- B) Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.
- C) Use a Restricted Rate designated by programmatic statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)

Option (2a): The applicant currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. The applicant is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)). *Note: If this option is selected by the applicant, basic information is required for completion of this section. See bottom of "Section-A Indirect Cost Information"*

OR

Option (2b): The applicant currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. The applicant must submit its initial Indirect Cost Rate Proposal (ICRP) immediately after the applicant is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit. *Note: The applicant should check with the State of Illinois awarding Agency for information regarding reimbursement of indirect costs while its proposal is being negotiated*

Option (3): The applicant elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68). *Note: The applicant must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs. Note the applicant may only use the 10 percent de minimis rate if the applicant does not have an Approved Indirect Cost Rate Agreement. The applicant may not use the de minimis rate if it is a Local government, or if your grant is funded under a training rate or restricted rate program.*

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

## Section B - Budget Summary

### NON-STATE OF ILLINOIS FUNDS (Match)

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

### BUDGET SUMMARY – NON STATE OF ILLINOIS FUNDS (MATCH)

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

Enter the origination information at the top of the page and the most current approved budget amounts in lines 1 - 15 and 17 in column C. Columns D & E will be automatically populated based on the detail you enter in section C.

*Please use detail worksheet and narrative section for further descriptions and explanations of budgetary line items. **ONLY ENTER THE CHANGES NEEDED IN THE DETAIL FOR EACH BUDGET LINE.***

## Section C - Budget Modification Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable program specific instructions, if attached.

**ONLY ENTER THE CHANGES YOU WANT FOR EACH CATEGORY. IF DECREASING A LINE MAKE SURE YOU USE NEGATIVE FIGURES.**

**EXCEPT FOR THE INDIRECT BUDGET LINE IN WHICH YOU WILL NEED TO SHOW THE ENTIRE GRANT CALCULATION.**

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

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

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

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

Keep in mind the following—

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

- A well-prepared budget should be reasonable and demonstrate that the funds being asked for will be used wisely.
- The budget should be as concrete and specific as possible in its estimates. Make every effort to be realistic, to estimate costs accurately.
- The budget format should be as clear as possible. It should begin with a budget narrative, which you should write after the entire budget has been prepared.
- Each section of the budget should be in outline form, listing line items under major headings and subheadings. **Only Include changes (additions or deletions) in Section C, Except for the indirect section - must show calculation for the entire grant award.**

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

- Salaries should be comparable to those within the applicant organization.
- If new staff is being hired, additional space and equipment are considered, as necessary.
- If the budget lists an equipment purchase, it is the type allowed by the agency.
- If additional space is rented, the increase in insurance is supported.

•If an indirect cost rate applies to the proposal, the division between direct and indirect costs is not in conflict, and the aggregate budget totals refer directly to the approved formula. Indirect costs are costs that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project (like the cost of operating and maintaining facilities, depreciation, and administrative salaries).

§200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.

CERTIFICATION		STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE		AGENCY: Commerce & Economic Opportunity	
#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
#REF!	#REF!	#REF!	#REF!	#REF!	#REF!

(2 CFR 200.415)

"By signing this report, 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).

City of Peoria  
 Institution/Organization  
 Signature *James R. Scroggins*

James R Scroggins  
 Name of Official

Finance Director

Title

Chief Financial Officer (or equivalent)

*2-18-2021*

Date of Execution

City of Peoria  
 Institution/Organization  
 Signature *Patrick Urich*

Patrick Urich  
 Name of Official

City Manager

Title

Executive Director (or equivalent)

*2/18/2021*

Date of Execution



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



Unilateral Modification/Waiver, no grantee signature required.

STATE OF ILLINOIS		UNIFORM GRANT BUDGET MODIFICATION TEMPLATE			Commerce & Economic Opportunity	
Organization Name:	City of Peoria	DUNS#	71435150	NOFO #	2433-1681	
CSFA # 420-00-2433	CSFA Description: Local CURE Remediation Emergency ES			Fiscal Year:	2021	
SECTION A -- STATE OF ILLINOIS FUNDS				Grant #	20-488012	
Revenues				TOTAL REVENUE		
(a), State of Illinois Grant Amount Requested				\$ -		
<b>BUDGET SUMMARY STATE OF ILLINOIS FUNDS</b>						
Budget Expenditure Categories		OMB Uniform Guidance Federal Awards Reference 2 CFR 200	Current Approved Budget	Modification Amount	New Budget Amount	
1. Personnel (Salaries & Wages)		200.430	\$ -	\$ -	\$ -	\$ -
2. Fringe Benefits		200.431	\$ -	\$ -	\$ -	\$ -
3. Travel		200.474	\$ -	\$ -	\$ -	\$ -
4. Equipment		200.439	\$ -	\$ -	\$ -	\$ -
5. Supplies		200.94	\$ -	\$ -	\$ -	\$ -
6. Contractual Services & Subawards		200.318 & 200.92	\$ 1,185,000.00	\$ 200,000.00	\$ 1,385,000.00	
7. Consultant (Professional Services)		200.459	\$ -	\$ -	\$ -	\$ -
8. Construction			\$ -	\$ -	\$ -	\$ -
9. Occupancy (Rent & Utilities)		200.465	\$ -	\$ -	\$ -	\$ -
10. Research & Development (R&D)		200.87	\$ -	\$ -	\$ -	\$ -
11. Telecommunications			\$ -	\$ -	\$ -	\$ -
12. Training & Education		200.472	\$ -	\$ -	\$ -	\$ -
13. Direct Administrative costs		200.413 (c)	\$ -	\$ -	\$ -	\$ -
14. Miscellaneous Costs			\$ -	\$ -	\$ -	\$ -
15. A. <u>Grant Exclusive Line Item(s)</u>			\$ -	\$ -	\$ -	\$ -
B. <u>Grant Exclusive Line Item(s)</u>			\$ -	\$ -	\$ -	\$ -
16. Total Direct Costs (lines 1-15)		200.413	\$ 1,185,000.00	\$ 200,000.00	\$ 1,385,000.00	
17. Indirect Costs* (see below)		200.414	\$ -	\$ -	\$ -	\$ -
Rate: _____ % Base: _____						
18. Total Costs State Grant Funds (16 & 17)			\$ 1,185,000.00	\$ 200,000.00	\$ 1,385,000.00	



<b>Agency Approval</b>		<b>STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE</b>		<b>AGENCY: Commerce &amp; Economic Opportunity</b>	
#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Grant Number 20-488012					

Final Budget Amount Approved \$ 1,185,000.00  
Program Approval Signature  Date 2/18/21  
Fiscal & Administrative Approval Signature  Date 2/18/2021

Budget Revision Approved \$ 1,385,000.00  
Program Approval Signature  Date 2/18/21  
Fiscal & Administrative Approval Signature  Date 2/18/2021

\$200.308 Revision of budget and program plans

(c) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.



Budget Category	State	NON-State	Total
1. Personnel	\$ -	N/A	\$ -
2. Fringe Benefits	\$ -	N/A	\$ -
3. Travel	\$ -	N/A	\$ -
4. Equipment	\$ -	N/A	\$ -
5. Supplies	\$ -	N/A	\$ -
6. Contractual Services	\$ 2,000,000.00	N/A	\$ 2,000,000.00
7. Consultant (Professional Services)	\$ -	N/A	\$ -
8. Construction	\$ -	N/A	\$ -
9. Occupancy (Rent & Utilities)	\$ -	N/A	\$ -
10. Research & Development (R&D)	\$ -	N/A	\$ -
11. Telecommunications	\$ -	N/A	\$ -
12. Training & Education	\$ -	N/A	\$ -
13. Direct Administrative Costs	\$ -	N/A	\$ -
14. Other or Misc. Costs	\$ -	N/A	\$ -
15. GRANT EXCLUSIVE LINE ITEM	\$ -	N/A	\$ -
17. Indirect Costs	\$ -	N/A	\$ -
State Request	\$ 2,000,000.00		\$ 2,000,000.00
Non-State Amount		N/A	
<b>TOTAL PROJECT COSTS</b>			\$ 2,000,000.00

**Cumulative**

Budget Category	State	NON-State	Total
1. Personnel	\$ -	N/A	\$ -
2. Fringe Benefits	\$ -	N/A	\$ -
3. Travel	\$ -	N/A	\$ -

4. Equipment	\$	-	N/A	\$	-
5. Supplies	\$	-	N/A	\$	-
6. Contractual Services	\$	1,385,000.00	N/A	\$	1,385,000.00
7. Consultant (Professional Services)	\$	-	N/A	\$	-
8. Construction	\$	-	N/A	\$	-
9. Occupancy (Rent & Utilities)	\$	-	N/A	\$	-
10. Research & Development (R&D)	\$	-	N/A	\$	-
11. Telecommunications	\$	-	N/A	\$	-
12. Training & Education	\$	-	N/A	\$	-
13. Direct Administrative Costs	\$	-	N/A	\$	-
14. Other or Misc. Costs	\$	-	N/A	\$	-
15. GRANT EXCLUSIVE LINE ITEM	\$	-	N/A	\$	-
17. Indirect Costs	\$	-	N/A	\$	-
State Request	\$	1,385,000.00		\$	1,385,000.00
Non-State Amount			N/A		
<b>TOTAL PROJECT COSTS</b>	\$			\$	1,385,000.00

## Section C - Budget Modification Worksheet & Narrative

City of Peoria

6) **Contractual Services (2 CFR 200.318) & Subawards (200.92)** -- Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole contracts in excess of \$150,000 (See 2 CFR 200.88) . NOTE : this budget category may include **subawards**. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

*Please also note the differences between subaward, contract, and contractor (vendor):*

- 1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, 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 a Federal/State program.
- 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides supplies, expendable materials, or data processing services in support of the project activities.

Name of Organization	Contract or Subaward	Description of Activities	Cost
<i>City of Peoria</i>	Local CURE ES		
	current grant amount		\$ 200,000.00
			\$ 1,185,000.00
			\$ -
			\$ -
		<i>State Total</i>	<b>\$ 1,385,000.00</b>
			\$ -
			\$ -
		<i>NON-State Total</i>	<b>\$ -</b>

**Contractual Services Narrative (State):**

Award additional Local CURE ES funds to applicants who were not previously funded.

	<i>State Total</i>	\$	<b>1,385,000.00</b>
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**Contractual Services Narrative (Non-State) i.e. "Match" or "Other Funding"**

	<i>NON-State Total</i>	\$	-
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*Total Contractual Services*      \$      1,385,000.00