FORM CGFA-191

Save Email

FEDERAL AID INFORMATION (SURVEY) FY24

1. Agency: (Division(s) Receiving/Administering Funds)

2. Program Title:

3. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER (CFDA #) ☐☐.☐☐☐

(CGFA INTERNAL USE ONLY)

4. Federal Granting Agency:

5. Agency Division and Number ☐☐☐-☐☐

6. Type of Program:
☐ Formula Grant ☐ Project Grant ☐ Contract
☐ Other (Specify):_____

7. Type of Payment Mechanism:
☐ "Draw Down" as required ☐ Regular Installment
☐ Reimbursement-portion of expenditures ☐ Lump sum in advance
☐ Other (Specify):_____

8. Federal funds are deposited in the following State Treasury Fund(s) (*)

Treasury Fund No. _____ Treasury Fund Name _____

Treasury Fund No. _____ Treasury Fund Name _____

9. Were funds Appropriated by the General Assembly?
FY 2023 ☐ Yes ☐ No
FY 2024 ☐ Yes ☐ No

10. Under what authority does your Agency receive and expend these funds?
ILCS: Chapter_____Section_____

11. Matching Requirements:
State Match Required? ☐ Yes ☐ No State Match Required to be: ☐ Cash ☐ In Kind

Source of State Match:
Treasury Fund No. _____ Treasury Fund Name _____

If no Local Match is indicated, does the program allow use of Local funds in lieu of State Match? ☐ Yes ☐ No

If Yes, specify:

	FY 2023 %	FY 2024 %
☐ Federal %		
☐ State %		
☐ Local %		

12. Indirect Costs: Is your agency operating under a federally approved indirect costs reimbursement plan? ☐ Yes ☐ No

If Yes, will the reimbursement amount be set by: ☐ an indirect cost rate? ☐ a cost allocation plan? ☐ a negotiated lump sum for overhead costs?

Estimated indirect costs to be recovered from the federal government: FY 2023 $_____ FY 2024 $_____

13. Source of Funds:
☐ Direct from the federal government (Appendix B*)
☐ Indirect; through an intermediary (Appendix C*) (Specify Agency): _____

14. What would be the total cost to the State if federal funds available under this program were discontinued and the State assumed full financial responsibility?

FY 2023 $_____ FY 2024 $_____

15. Are some of these funds subgranted to other state agencies?
☐ Yes ☐ No
If YES, list probable state agency and amounts:

Agency	Amount
1.	$
2.	$
3.	$
4.	$

16. Are some of these funds subgranted to local governments?
☐ Yes ☐ No

17. Planning and Reporting Requirements:
Does the granting agency require planning document? ☐ Yes ☐ No
Does the granting agency require other reports? ☐ Yes ☐ No If YES, complete items below:
A. Evaluation Report ☐ Annual ☐ Quarterly ☐ Monthly ☐ Other
B. Financial Report ☐ Annual ☐ Quarterly ☐ Monthly ☐ Other
C. Performance Report ☐ Annual ☐ Quarterly ☐ Monthly ☐ Other
D. Other (please specify) _____

(IN THOUSANDS OF DOLLARS)

PROGRAM FISCAL INFORMATION	FY 2023 (Actual)	FY 2024 (Estimated)
18. Formula Allocation:		
Amount of funds legally available from allocation. (Enter NA if not a formula grant.)		
19. Available Awards: (*)		
A. Amount of federal funds awarded (*)		
B. Amount of federal funds carried over from previous years.		
C. TOTAL federal funds available for expenditure (A+B).	$ 0	$ 0
D. Amount of STATE funds awarded.		
E. Amount of LOCAL funds awarded.		
F. Amount of OTHER funds awarded.		
G. TOTAL funds available for expenditure (C+D+E+F).	$ 0	$ 0

PROGRAM INFORMATION (*)

Please provide information on the State programs and services provided with these funds. For example, the Preventive Health Services Block Grant supports programs for hypertension, rape crisis centers, and grants to local health agencies. The area served might be "statewide" or a particular target area such as "city" or "county." Also provide an estimate of the number of persons/clients served by each program.

20. State Program Name (*) additional data can be submitted on a separate page if needed	# of Persons Served (*)	Area Served (*)
1.		
2.		

21. Survey completed by: Single Point of Contact for your agency ☐ Yes ☐ No

Name/Title:

Agency:

Address:

Phone/E-mail Address:

(*) Data with this notation will be published in our annual *Federal Funds to State Agencies*.