



SFY 2024 PAR and Unmet Needs Grant Program Application User Guide

The SFY 2024 PAR and Unmet Needs Grant Program application is a cloud-based form within the AmpliFund grant management system.

The application can be accessed from this link:

<https://il.amplifund.com/Public/Opportunities/Details/617f0a29-bde0-4b39-a455-57b866e09129>

GATA

The Grant Accountability and Transparency Act (GATA), 30 ILCS 708/1 et seq., increases accountability and transparency in the use of grant funds while reducing the administrative burden on both state agencies and grantees through adoption of the federal grant guidance and regulations codified at 2 CFR Part 200 (Uniform Requirements). IEMA has adopted the uniform data field requirements on grant applications to comply with GATA.

In addition to the IEMA program guidance and application form, sub-award recipients also need to comply with GATA requirements for grant eligibility. More information regarding GATA can be found at <http://www.illinois.gov/sites/gata>.

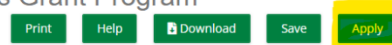
Accessing the Application

Internet access and an AmpliFund logon are needed to submit your completed grant application

Contact EMA.grants@illinois.gov with any technical questions. Use the following steps to access the application.

1. The SFY 2023 PAR Grant Application is located here: Click the <https://il.amplifund.com/Public/Opportunities/Details/617f0a29-bde0-4b39-a455-57b866e09129> to open the grant application in your Internet browser.
2. Review 'Opportunity Information'. Click 'Apply' to begin the application

SFY24 Preparedness, Response, and Unmet Needs Grant Program



Opportunity Information	
CSFA Number	588-40-1714
CSFA Popular Name	PAR
Title	SFY24 Preparedness, Response, and Unmet Needs Grant Program
Description	The grant program has been appropriated to IEMA-OHS for the purpose of all approved costs associated with Homeland Security Preparedness, Response, and Unmet Needs Grant Program.
Awarding Agency Name	Illinois Emergency Management Agency
Agency Contact Name	Bob Evans
Agency Contact Phone	217-557-4788
Agency Contact Email	Bob.P.Evans@illinois.gov
Fund Activity Categories	Disaster Prevention and Relief

Completing the Application

- Complete the 'Project Information' page when done click 'Mark as complete' and then the 'Save & Continue' buttons at bottom of page.

Application Information

Application Name* ✓

Pre-Qualification Status

How much are you requesting from the funder?

Award Requested*

How much are you planning to contribute to the budget?

Cash Match Requirement ⓘ

Cash Match Contributions*

In-Kind Match Requirement ⓘ

In-Kind Match Contributions*

Other Funding Contributions*

Total Award Budget

Primary Contact information

Name*

Email Address*

Address Line 1*

Address Line 2

City*

State/Province*

Postal Code*

Phone Number

- Forms- 3 forms are contained on this page each must be completed.

Forms

Name	Status	Print
Uniform Grant Application - Applicant Completed Section	New	
Narrative	New	
Travel	New	

25 items per page

- Click on Uniform Grant Application (**NOTE**: you will need the jurisdictions GATA ID number found in the GATA Grantee Portal.)

Uniform Grant Application - Applicant Completed Section

1 of 3

Applicant Information

Legal Name (Name used for UEI registration and grantee pre-qualification) *

Illinois Emergency Management- Office of

Common Name (DBA)

IEM-OHS

Employer/Taxpayer Identification Number (EIN,TIN) *

806473229

Unique Entity Identifier (UEI) *

H4W7B8RMQ5V9

GATA ID (assigned through the grantee portal) *

679729

SAM Cage Code *

6VL17

Applicant's Organizational Unit

Department Name *

IEMA-PGA

Applicant's Name and Contact Information for Person to be Contacted for Program Matters involving this Application

First Name *

Nichole

Last Name *

Strayer

Suffix

Title *

Account Tech

Organizational Affiliation *

IEMA

Telephone Number *

217/524/7890

Fax Number

Email Address *

Nichole.Strayer@Illinois.gov

Applicant's Name and Contact Information for Person to be Contacted for Business/Administrative Office Matters involving this Applica

First Name *

Last Name *

Suffix

Title *

Organizational Affiliation *

Telephone Number *


Fax Number


Email Address *

(NOTE: For the Applicant's Name and Contact Information for Person to be Contacted for Business/Administrative Office Matters involving this Application we need you to list who has signing authority for your organization.)

Applicant's Project

Description Title of Applicant's Project

Proposed Project Term Start Date
 

Proposed Project Term End Date
 

Applicant Certification

By signing this application, I certify (1) to the statements contained in the required assurances* and agree to comply with any resulting terms if I a penalties. (U.S. Code, Title 18, Section 1001)

(*)The list of certification and assurances, or an internet site where you r required assurances and certifications as an addendum to the applicatic

Applicant Certification *

I agree

Attach an additional list, if necessary

Choose File

Applicant's Project

Description Title of Applicant's Project

24CAPIEMA

Proposed Project Term Start Date

7/1/2023

Proposed Project Term End Date

6/30/2024

Applicant Certification

By signing this application, I certify (1) to the statements contained in the list of certifications* ar required assurances* and agree to comply with any resulting terms if I accept an award. I am av penalties. (U.S. Code, Title 18, Section 1001)

(*)The list of certification and assurances, or an internet site where you may obtain this list is cor required assurances and certifications as an addendum to the application.

Applicant Certification *

I agree

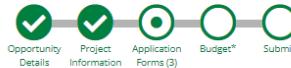
Save ✓ Mark as Complete Save & Continue

The Legislative and Congressional District are "statewide". The project is 24PAR of 24CAP Project start date is 07/01/2023 end date is 6/30/2024.

When done click 'Mark as complete' and then the 'Save & Continue' buttons at bottom of page.

- b. Narrative: Type in the program narrative for the SFY24 Par. When done click 'Mark as complete' and then the 'Save & Continue' buttons at bottom of page.

SFY24 Preparedness, Response, and Unmet Needs Grant Program



Narrative

2 of 3

Download Save Save & Continue

Program Narrative: Please provide a brief description and time line of the proposed project that summarizes the use of the grant award.

Program Narrative *

Formats B I [Text Alignment Icons] [List Icons] [Link Icon] [Image Icon] [Code Icon]

test

p

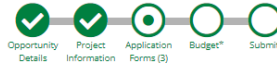
When you're finished answering the questions on this page, click [Mark as Complete](#). An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click [Save](#) or [Save & Continue](#) to fill out the missing information at a later time.

Save Mark as In Progress Save & Continue

- c. Travel: Does your organization have travel regulations or do you the state travel regulations? Will there be any out of state travel? When done click

'Mark as complete' and then the 'Save & Continue' buttons at bottom of page.

SFY24 Preparedness, Response, and Unmet Needs Grant Program



Travel
3 of 3

[Download](#) [Save](#) [Save & Continue](#)

Local Government *
 Does NOT have Travel Regulations
 Does have Travel Regulations

Is any of the travel requested out of the State of Illinois? *
 Yes
 No

When you're finished answering the questions on this page, click [Mark as Complete](#). An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click [Save](#) or [Save & Continue](#) to fill out the missing information at a later time.

[Save](#) [✓ Mark as Complete](#) [Save & Continue](#)

5. Budget: The Grant Funding and Non-Grant Funding amount are auto populated from the 'Project Information' page. (NOTE: This grant does not use the Non-Grant funding information. Please leave blank) Only the Categories highlighted in yellow will be used.

Budget View Settings

Options

Line Items Non-Grant Funded

Proposed Budget

Expense Budget

Category	Grant Funded	Non-Grant Funded	Total Budgeted
+ 1. Personnel (Salaries and Wages) (2 CFR 200.430)	\$0.00	\$0.00	\$0.00
+ 2. Fringe Benefits (2 CFR 200.431)	\$0.00	\$0.00	\$0.00
+ 3. Travel (2 CFR 200.474)	\$0.00	\$0.00	\$0.00
+ 4. Equipment (2 CFR 200.439)	\$0.00	\$0.00	\$0.00
+ 5. Supplies (2 CFR 200.94)	\$0.00	\$0.00	\$0.00
+ 6. Contractual Services & Subawards (2 CFR 200.318 & 200.92)	\$0.00	\$0.00	\$0.00
+ 7. Consultant Services and Expenses (2 CFR 200.459)	\$0.00	\$0.00	\$0.00
+ 8. Construction	\$0.00	\$0.00	\$0.00
+ 9. Occupancy (Rent and Utilities) (2 CFR 200.465)	\$0.00	\$0.00	\$0.00
+ 10. Research and Development (R&D) (2 CFR 200.87)	\$0.00	\$0.00	\$0.00
+ 11. Telecommunications	\$0.00	\$0.00	\$0.00
+ 12. Training and Education (2 CFR 200.472)	\$0.00	\$0.00	\$0.00
+ 13. Direct Administrative Costs (2 CFR 200.413 (c))	\$0.00	\$0.00	\$0.00
+ 14. Other or Miscellaneous Costs	\$0.00	\$0.00	\$0.00
+ Indirect Cost (2 CFR 200.414)	\$0.00	\$0.00	\$0.00
Total Expense Budget Cost	\$0.00	\$0.00	\$0.00

Revenue Budget

Grant Funding		
Award Requested	\$964,500.00	\$964,500.00
Subtotal	\$964,500.00	\$964,500.00
Non-Grant Funding		
Cash Match	\$0.00	\$0.00
In-Kind Match	\$0.00	\$0.00
Other Funding	\$0.00	\$0.00
Subtotal	\$0.00	\$0.00

Total Revenue Budget Cost (\$964,500.00)

Total Overall Budget Cost (\$964,500.00)

The Total Overall Budget Cost must be \$0.00

Click the **green '+'** on the category to enter details of an expense item. Enter Grant Funded for the 'Expense Budget' items. The 'total Overall Budget Cost' must be \$0.00 after entering all of the proposed budget details.

New Line Item

Budget Item Information

Category: **1. Personnel (Salaries and Wages) (2 CFR 200.430)**

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. Personnel cannot exceed 100% of their time on all active projects.

Item Type: Personnel

Name*:

Position*:

Salary Amount*:

Basis: **Yearly**

% of Time*:

Length of Time*:

Direct Cost: \$70,000.00

Non-Grant Funded: **No**

Total Budgeted: \$70,000.00

Narrative: Describe the responsibilities and duties of the position in relationship to fulfilling the project goals and objectives.
Overtime and backfill needed for special events:

Create

New Line Item

Category: **6. Contractual Services & Subawards (2 CFR 200.318 & 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 sub-recipient for the sub-recipient 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.

Item Type: Non-Personnel

Name*:

Direct Cost*:

Non-Grant Funded: **No**

Total Budgeted: \$65,000.00

Narrative:

The Budget is complete when the 'total Overall Budget Cost' is \$0.00 and the expense details match the grant funded amount auto populated from the project information page. When done click 'Mark as complete' and then the 'Save & Continue' buttons at bottom of page.

Proposed Budget			
Expense Budget			
Category	Grant Funded	Non-Grant Funded	Total Budgeted
+ 1. Personnel (Salaries and Wages) (2 CFR 200.430)	\$36,500.00	\$0.00	\$36,500.00
Field Production	\$7,250.00	\$0.00	\$7,250.00
Post-Production	\$9,250.00	\$0.00	\$9,250.00
Nichole Strayer	\$20,000.00	\$0.00	\$20,000.00
+ 2. Fringe Benefits (2 CFR 200.431)	\$6,000.00	\$0.00	\$6,000.00
Benefits for Field Production	\$6,000.00	\$0.00	\$6,000.00
+ 3. Travel (2 CFR 200.474)	\$30,000.00	\$0.00	\$30,000.00
Tip Line Staff	\$10,000.00	\$0.00	\$10,000.00
Event Travel	\$20,000.00	\$0.00	\$20,000.00
+ 4. Equipment (2 CFR 200.439)	\$792,000.00	\$0.00	\$792,000.00
Prime Movers	\$420,000.00	\$0.00	\$420,000.00
Fuel for Vehicles	\$100,000.00	\$0.00	\$100,000.00
Training props	\$200,000.00	\$0.00	\$200,000.00
Radios	\$72,000.00	\$0.00	\$72,000.00
+ 5. Supplies (2 CFR 200.94)	\$0.00	\$0.00	\$0.00
+ 6. Contractual Services & Subawards (2 CFR 200.318 & 200.92)	\$100,000.00	\$0.00	\$100,000.00
Roof repair	\$65,000.00	\$0.00	\$65,000.00
LRS	\$35,000.00	\$0.00	\$35,000.00
+ 7. Consultant Services and Expenses (2 CFR 200.459)	\$0.00	\$0.00	\$0.00
+ 8. Construction	\$0.00	\$0.00	\$0.00
+ 9. Occupancy (Rent and Utilities) (2 CFR 200.465)	\$0.00	\$0.00	\$0.00
+ 10. Research and Development (R&D) (2 CFR 200.87)	\$0.00	\$0.00	\$0.00
+ 11. Telecommunications	\$0.00	\$0.00	\$0.00
+ 12. Training and Education (2 CFR 200.472)	\$0.00	\$0.00	\$0.00
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+ 14. Other or Miscellaneous Costs	\$0.00	\$0.00	\$0.00
+ Indirect Cost (2 CFR 200.414)	\$0.00	\$0.00	\$0.00
Total Expense Budget Cost	\$964,500.00	\$0.00	\$964,500.00
Revenue Budget			
Grant Funding			
Award Requested	\$964,500.00		\$964,500.00
Subtotal	\$964,500.00		\$964,500.00
Non-Grant Funding			
Cash Match		\$0.00	\$0.00
In-Kind Match		\$0.00	\$0.00
Other Funding		\$0.00	\$0.00
Subtotal		\$0.00	\$0.00
Total Revenue Budget Cost			(\$964,500.00)
Total Overall Budget Cost			\$0.00

6. **Submit:** Click the 'Submit' button to officially submit the application to IEMA. You may download and save a copy to your PC after submission.

SFY24 Preparedness, Response, and Unmet Needs Grant Program



You are about to submit your application, **Illinois Emergency Management-Office of Homeland Security**, to **Illinois Emergency Management Agency - Office of Homeland Security**.

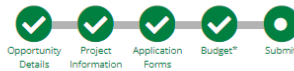
Take the time to review your application by using the timeline above. You can select any section and jump to that page.

When the application is fully complete, please select the "Submit" button. This will submit your final application to the funder.

[Review](#) [Submit](#)

7. **Application has been submitted.**

SFY24 Preparedness, Response, and Unmet Needs Grant Program



Success!

You have submitted your application.

Download your completed application by selecting the "Application" button below.

To return to the main screen with all of your applications, select the "Exit" button.



[Application](#) [Exit](#)