

**A RESOLUTION APPROVING AND AUTHORIZING THE
EXECUTION OF AN APPLICATION FOR AN ILLINOIS
TRANSPORTATION ENHANCEMENT PROGRAM (“ITEP”) GRANT
FOR THE FOREST PARK BIKE COMMUTER FACILITIES PROJECT**

WHEREAS, the State of Illinois (the “State”), through its Illinois Transportation Enhancement Program (“ITEP”), is accepting applications from municipalities to provide partial funding for community-based projects that expand pedestrian/bicycle travel choices and enhance the transportation experience and infrastructure; and

WHEREAS, an ITEP grant reimburses municipalities for a portion of the cost of preliminary engineering, construction engineering, and construction costs for an eligible project; and

WHEREAS, municipalities receiving an ITEP grant are responsible for the local match for the balance of the costs for an eligible project; and

WHEREAS, the Village of Forest Park (the “Village”) wishes to make application to ITEP for the Forest Park Bike Commuter Facilities Project (the “Project”), with a total Project budget cost of One Hundred Twenty-Six Thousand Five Hundred Seventy (\$126,570.00) Dollars, which Project is eligible for partial funding under ITEP, a copy of which grant application is attached hereto as Exhibit “A” and made a part hereof (“Grant”); and

WHEREAS, the Village deems it advisable, necessary and in the public interest that the Village apply for the ITEP Grant for the Project and to provide for the local match payment obligation.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Board of Commissioners of the Village of Forest Park, Cook County, Illinois, as follows:

Section 1. The facts and statements contained in the preamble to this Resolution are found to be true and correct and are hereby adopted as part of this Resolution.

Section 2. The corporate authorities hereby approve the preparation and filing of an application for an ITEP Grant for the Project.

Section 3. The Mayor be and is hereby authorized and directed to execute and the Village Clerk is hereby authorized and directed to attest on behalf of the Village the application for the Grant and any accompanying documentation, make all required submissions, and do all things necessary to make the application for the ITEP Grant for the Project in the amount of One Hundred One Thousand Two Hundred Fifty (\$101,250.00) Dollars.

Section 4. The Village will fund the Village's share of the Project costs, if the Village's application for an ITEP Grant is approved, equal to the local matching budget fund of Eighty (80%) Percent, equal to Twenty-Five Thousand Three Hundred Twenty (\$25,320.00) Dollars.

Section 5. This Resolution shall be in full force and effect upon its passage and approval in accordance with law.

ADOPTED by the Council of the Village of Forest Park, Cook County, Illinois this 26th day of October, 2020.

AYES: _____

NAYS: _____

ABSENT: _____

APPROVED by me this 26th day of October, 2020.

Rory E. Hoskins, Mayor

ATTESTED and filed in my office,
And published in pamphlet form
This _____ day of October, 2020.

Vanessa Moritz, Clerk

EXHIBIT "A"

**2020 FOREST PARK BIKE COMMUTER FACILITIES
ITEP GRANT APPLICATION**

DRAFT General Project Information

Submittal Date:	10/16/2020	ITEP#	DRAFT - DO NOT SUBMIT
		GATA Registration Number:	681427
Project Sponsor:	Village of Forest Park	Project Title:	Forest Park Commuter Bike Facilities
IDOT District Number(s)	1	Metropolitan Planning Organization (MPO)	
Mayoral Council(s):	Northcentral	Located In:	Forest Park
County(ies):	Cook	Transportation Management Area:	None
Congressional District(s):	7-Danny K. Davis		
Representative:	78-Camille Y. Lilly; 8-La Shawn K. Ford; 7-Emanuel Chris Welch		
Senate:	4-Kimberly A. Lightford; 39-Don Harmon		

Sponsor Information

Agency Type: Local Government

Sponsor: Village

Project Sponsor: Village of Forest Park

Contact Person Details

Position Title: Village Engineer

Salutation: Mr.

First Name: James

M.I.:

Last Name: Amelio

Address: 517 Desplaines
Avenue

City: Forest Park

Zip: 60130

Phone Number: (847)
652-1343 **Ext:**

Fax: (847) 823-0520

Email Address:
jamelio@cbbel.com

Co-Sponsor(s):

Mayor/Village President Details

Position Title: Mayor

Salutation: Mr.

First Name: Rory

M.I.: E

Last Name: Hoskins

Address: 517 Desplaines
Avenue

City: Forest Park

Zip: 60130

Phone Number: (708)
615-6203 **Ext:**

Fax: (708) 488-0361

Email Address:
mayorhoskins@forestpark.net

Project Category

Pedestrian/Bicycle Facilities

- Facilitates transportation from one destination to another
- Included in a local, regional or statewide plan

Project Costs

Cost Estimates Prepared By: James Amelio

Phone No: (847) 823-0500

Agency/Firm: Christopher B Burke Engineering Ltd

Type of Work	Federal Share	Sponsor Share (Local Match)	Ineligible Items	Totals
Preliminary Engineering I	\$4,050	\$1,010	\$0	\$5,060
Preliminary Engineering II	\$8,100	\$2,030	\$0	\$10,130
Right-of-Way Acquisition (50/50)	\$0	\$0	\$0	\$0
Street Lighting (50/50)	\$0	\$0	\$0	\$0
Utility Relocations	\$0	\$0	\$0	\$0
Construction	\$81,000	\$20,250	\$0	\$101,250
Construction Engineering	\$8,100	\$2,030	\$0	\$10,130
Total Project Costs	\$101,250	\$25,320	\$0	\$126,570

Do you qualify for credits under the Local Agency Federal Flexible Match Program?(Refer to Section C and Appendix 6 of the Guidelines Manual.)

- Yes
 No

Anticipated Eligible Amount:

If you have or will be applying for funding through other programs or state agencies for the proposed enhancement project or for the sponsor match, please provide the following information: the agency, type of program and amount of funds.

None

Project Description

Provide a brief description of the project:

Project consists of installing bicycle commuter appurtenances such as racks and pedestrian lighting near two high volume CTA Blue Line stops. In addition to the appurtenances, some combination curb and gutter, sidewalks, and high visibility crosswalk pavement markings will be installed. This project is listed in the Forest Park Active Transportation Plan.

Project Relationship to Surface Transportation:

This project will provide a safe location for commuters to park their bicycles or other non motorized vehicles. Providing bicycle facilities in locations adjacent to CTA stops will not only improve nonmotorized access to the CTA station but will increase transit ridership.

Project Location:

The project is located adjacent to the Desplaines Avenue Blue Line CTA Station and adjacent to the Harlem Avenue Blue Line CTA Station. Both locations are within the Village of Forest Park limits and within Village owned property.

Project Limits:

The project is located adjacent to the Desplaines Avenue Blue Line CTA Station and adjacent to the Harlem Avenue Blue Line CTA Station.

Project Length:

N/A

Project Scope Of Work:

Project consists of installing bicycle commuter appurtenances such as racks and pedestrian lighting near two high volume CTA Blue Line stops. In addition to the appurtenances, some combination curb and gutter, sidewalks, and high visibility crosswalk pavement markings will be installed.

Anticipated Benefits:

We anticipate an increased use of bicycles as a mode of transportation for commuters to and from the CTA stations. These improvements will also help decrease traffic congestion by providing riders an alternative method to access the stations.

Describe how the project will improve safety for transportation facility users:

The project will improve safety by providing a centralized location for bike storage as there is currently no bicycle facility and cyclists lock their bikes to any street light or post they can find. By installing pedestrian lighting and improving crosswalks around the bike facility the users will be more visible to motorists.

Project Status

Project Relationship

What relationship does your project have with other planned improvements?

- Project is a stand-alone project
- Project is proposed to be developed and implemented with another project
- Project is a part of a larger project (not being implemented at the same time)
- Project is an extension of a completed project
- Project completes a previously ITEP-funded project

Have funds from the ITEP been previously committed to the proposed enhancement project?

- Yes
- No

Amount Received:

(if yes, list amount of funds and provide explanation for resubmittal.)

Description:

Have funds from the ITEP been previously committed to any projects related to the proposed enhancement project?

- Yes
- No

Amount Received:

Description:

What is the predicted usage of the facility?

50 users per day

For projects that involve buildings such as a historic train depot, please identify who will own and operate the facility.

Land Acquisition and Easements

(All applications must have a Right-of-Way/Easement Status box marked)

- No additional right-of-way or easements are required for project construction
- Right-of-way or easements will be required. (Please answer the following if this box is checked.)

Who currently owns the property to be acquired or leased?

How much property will be purchased or leased? *(List by acreage / number of parcels / Square footage as appropriate)*

Project Readiness

- PE I is under way
- PE I has been completed (PDR submitted)
- PE II is under way
- PE II has been completed
- Plans have been approved by appropriate agency
- All ROW secured (if there are parcels not yet secured, do not check box)
- Local match has been secured

If PE1 has been completed, please enter Project Development Report (PDR) approval date/information

When do you anticipate construction to begin? (Refer to Sunset Clause - Section J)

Month: March **Year:** 2022

Public Involvement

Do you have a governmental resolution in support of the project?

- Yes
 No

Have public meetings been held about this project?

- Yes
 No

Are there any adverse impacts?

- Yes
 No

Does this project have a statement(s) of support or letters of recommendation?

- Yes
 No

Project Maintenance Plantenance Plan

IDOT requires a maintenance agreement to be included in all enhancement project agreements. To demonstrate project readiness, the following questions must be answered.

Do you currently have a maintenance plan for this project?

- Yes
 No

Do you currently have the proper equipment to provide needed maintenance?

- Yes
 No

Will maintenance be provided by municipal employees or volunteers?

- Municipal Employees
 Volunteers
 Others (please explain)

How is the maintenance plan funded? Funds appropriated on an annual basis

How many years does the maintenance plan cover? Perpetuity

Attachments

Mapping

ID Description

Features

Loading...

Uniform Grant Application

State Agency Completed Section

1.	Type of Submission	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed / Corrected Application
2.	Type of Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application)
3.	Date / Time Received by State	Completed by State Agency upon Receipt of Application
4.	Name of the Awarding State Agency	Illinois Department of Transportation
5.	Catalog of State Financial Assistance (CSFA) Number	494-00-1000
6.	CSFA Title	Illinois Transportation Enhancement Program
Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding)		
7.	CFDA Number	20.205
8.	CFDA Title	HIGHWAY PLANNING AND CONSTRUCTION (Federal-Aid Highway Program)
9.	CFDA Number	
10.	CFDA Title	
Funding Opportunity Information		
11.	Funding Opportunity Number	21-1000-01
12.	Funding Opportunity Title	2020 Cycle 14
Competition Identification <input checked="" type="checkbox"/> Not Applicable		
13.	Competition Identification Number	
14.	Competition Identification Title	

Applicant Completed Section

Applicant Completed Section		
Applicant Information		
15.	Legal Name	Village of Forest Park
16.	Common Name (DBA)	Forest Park
17.	Employer / Taxpayer Identification Number (EIN, TIN)	36-6005875
18.	Organizational DUNS number	076891365
19.	GATA ID	681427Assigned through the Grantee Portal
20.	SAM Cage Code	4KZD4
21.	Business Address	Street address: 517 Desplaines Avenue City: Forest Park State: Illinois County: Cook Zip + 4: 60130-1802
Applicant's Organizational Unit		
22.	Department Name	Public Works
23.	Division Name	Engineering
Applicant's Name and Contact Information for Person to be Contacted for <i>Program</i> Matters involving this Application		
24.	First Name	James
25.	Last Name	Amelio
26.	Suffix	
27.	Title	Village Engineer
28.	Organizational Affiliation	Christopher B Burke Engineering, Ltd.
29.	Telephone Number	847.652.1343
30.	Fax Number	847.823.0520
31.	Email address	jamelio@cbbel.com
Applicant's Name and Contact Information for Person to be Contacted for <i>Business/Administrative Office</i> Matters involving this Application		
32.	First Name	Tim
33.	Last Name	Gillian
34.	Suffix	
35.	Title	Village Administrator
36.	Organizational Affiliation	Village of Forest Park
37.	Telephone Number	708.615.6201
38.	Fax Number	708.488.0361
39.	Email address	tgillian@forestpark.net

Applicant Completed Section		
Areas Affected		
40.	Areas Affected by the Project (cities, counties, state-wide)	Add Attachments (e.g., maps) Adjacent properties of the project (local), and Village wide.
41.	Legislative and Congressional Districts of Applicant	Senate District 4 & 49, House District 7 & 8 & 78 Congressional District 7
42.	Legislative and Congressional Districts of Program / Project	Senate District 4 & 49, House District 7 & 8 & 78 Congressional District 7
Applicant's Project		
43.	Description Title of Applicant's Project	Forest Park Commuter Bike Facilities
44.	Proposed Project Term	Start Date: March 2021 End Date: November 2021
45.	Estimated Funding (include all that apply)	<input checked="" type="checkbox"/> Amount Requested from the State: 101,250 <input checked="" type="checkbox"/> Applicant Contribution (e.g., in kind, matching): 25,320 <input type="checkbox"/> Local Contribution: <input type="checkbox"/> Other Source of Contribution: <input type="checkbox"/> Program Income: <div style="text-align: right;">Total Amount 126,570</div>
Applicant Certification:		
<p>By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)</p> <p>(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.</p> <p style="text-align: center;"><input checked="" type="checkbox"/> I agree</p>		
Authorized Representative		
46.	First Name	Tim
47.	Last Name	Gillian
48.	Suffix	
49.	Title	Village Administrator
50.	Telephone Number	708.615.6201
51.	Fax Number	708.488.0361
52.	Email Address	tgillian@forestpark.net
53.	Signature of Authorized Representative	
54.	Date Signed	

**Programmatic Risk Assessment Questionnaire
FY20**

The purpose of this assessment is to evaluate the programmatic risk of the applicant. Limited program experience, protocols and internal control governing program delivery will increase an applicant’s degree of risk but will not preclude the applicant from becoming a grantee. The applicant’s degree of risk may require additional conditions to be incorporated into the grant award pursuant to 2 CFR 200.207.

Patterns or trends in programmatic risk will influence GATA training as well as the agency’s monitoring plan. Appropriate support must be provided by GATU and the agency to build grantee capacity.

Process:

- A. The agency adds agency and / or grant-specific questions under section 5.
- B. The questionnaire (including the agency and/or grant-specific questions) is distributed to the applicant by the agency prior to an awarding decision.
- C. The applicant returns the completed questionnaire to the agency. The agency scores the questionnaire based on the responses provided by the applicant. (The automated form will score the responses.)
- D. The calculated responses equate to a risk profile for each of the 5 risk categories.
- E. The agency aligns the risk profile to the applicable specific condition(s) for medium and high risk applicants in each of the 5 risk categories.
- F. The agency communicates the applicable specific condition(s) within the Notice of State Award.

A separate programmatic risk assessment
is required for each grant application.

Responses should be program-specific.

Program Associated with this Programmatic Risk Assessment:	Illinois Transportation Enhancement Program (ITEP)
Awarding State Agency:	Illinois Department of Transportation
Entity Completing Programmatic Risk Assessment:	Village of Forest Park
Individual Completing Programmatic Risk Assessment:	Tim Gillian
Contact Information for Completer (Phone and Email):	708.615.6201 tgillian@forestpark.net

In response to the requirements of 2 CFR 200.205, the awarding agency is required to review the programmatic risk posed by applicants. Five risk categories are assessed through this questionnaire:

1. Quality of management systems and ability to meet the management standards
2. History of performance
3. Reports and findings from audits performed under Subpart F—Audit Requirements of this part or the reports and findings of any other available audit
4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.
5. Agency-specific Questions (As applicable based on terms of the Notice of Funding Opportunity)

1. Quality of management systems and ability to meet the management standards

1.1. Do you have written policies and procedures that guide program delivery on the topics of:

- | | |
|--|--|
| a. Quality assurance | <input type="checkbox"/> YES/ <input checked="" type="checkbox"/> NO |
| b. Outcome tracking and reporting mechanisms | <input type="checkbox"/> YES/ <input checked="" type="checkbox"/> NO |
| c. Relevant documentation of services/goods delivered | <input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO |
| d. Staff performance management policies and procedures | <input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO |
| e. Personnel policies and procedures that include conflict of interest statements | <input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO |
| f. Complaint/grievance resolution policies and procedures | <input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO |
| g. Governing body policies and procedures that include conflict of interest statements | <input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO |
| h. Safeguarding funds, property and other assets against loss from unauthorized use or disposition | <input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO |
| i. Management of grant term extensions, where applicable | <input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO |

1.2. Do you have internal controls that govern program delivery on the topics of:

- | | |
|---|--|
| a. Quality assurance reporting | <input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO |
| b. Appropriate (to industry) supervision of staff | <input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO |
| c. Unit costs analysis and management | <input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO |
| d. Accreditation/licensing compliance program | <input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO / <input type="checkbox"/> NOT APPLICABLE |

1.3. Does the organization have written standards of conduct covering real or perceived conflict of interest related to actions of employees engaged in the selection, award or administration of contracts supported by grant awards? YES/ NO

1.4. How many years of experience does the project leader have managing the scope of services required under this program?

- More than five years
 One to five years
 Less than one year

1.5. Does the organization have a time and effort system that:

- | | |
|---|---|
| a. Records all time worked, including time not charged to awards? | <input type="checkbox"/> YES / <input checked="" type="checkbox"/> NO |
|---|---|

- b. Is signed-off by the employee and a supervisor? YES/ NO
- c. Includes an approved methodology? YES/ NO/ NOT APPLICABLE

Question is not applicable because grants are based on a set rate or a per unit of service. Go to question 1.6.

1.6. Does the organization have controls for invoicing grants paid based on a rate or unit of service?

YES/ NO

1.7. Does the organization apply the same standard for match requirements as it does for expenses?

YES/ NO/ NOT APPLICABLE - WE'VE NOT BEEN SUBJECT TO MATCH REQUIREMENTS

1.8. To what extent are you able to produce periodic grant status reports to inform stakeholders about program outcomes?

- Reports are an established part of grant management procedures
- We're developing reports as part of grant management procedures
- We do not currently have established reports as part of grant management

2. **History of performance** (The applicant's record in managing grant awards, if it is a prior recipient of awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards)

2.1. How many years of experience does your organization have with grants of comparable scope and/or capacity?

- More than five years
- One to five years
- Less than one year
- No experience GO TO QUESTION 3.3

2.2. If your organization has experience with grants of comparable scope and/or capacity, provide a brief description of similar project goals and outcomes; specify the applicable year: The Village of Forest Park has extensive experience with grant funding. Some recent projects include: 2019 MWRD Green Infrastructure Grant for \$123,830 for construction of a green alley. Project completed on time and within budget. 2019 Cook County CDBG Grant for \$120,000 for resurfacing of Elgin Avenue. Project completed on time and within budget.

2.3. During your last two fiscal years, how frequently has your organization submitted project performance reports on time?

- Always
- Reported late up to three times
- Reported late four or more times
- Not applicable – not a requirement of awards previously received

2.4. Have there been any significant changes in your organization in the last fiscal year related to:

- a. Leadership change(s) YES/ NO
- b. Significant program / grant initiative(s) YES/ NO
- c. Structural changes YES/ NO
- d. Fiscal changes YES/ NO
- e. Statutory or regulatory requirements YES/ NO
- f. Other YES/ NO

2.5. Provide a brief explanation for all "YES" responses to question 2.4. The Village has suffered from a reduction in Sales Tax revenue generated due to Covid-19.

2.6. Does the organization utilize a sub-grantee/sub-recipient / sub-award to manage, administer or complete a project? YES/ NO If NO, go to question 2.10.

2.7. What responsibilities does the sub-grantee/sub-recipient/sub-award perform?

- a. Participant eligibility determination YES/ NO
- b. Performance reporting YES/ NO
- c. Program delivery functions YES/ NO
- d. Financial reporting YES/ NO
- e. Other YES/ NO

2.8. What percentage of grant funds does the organization pass on to sub-grantees/sub-recipients/sub-awards?

- Less than 10%
- 10-20%
- More than 20%

2.9. Does your organization have an implemented policy for sub-grantee monitoring? YES/ NO
If NO, go to 2.10. If YES, does it include:

- on-site review
- review of prior monitoring
- desk / quantitative review

2.10 Do you obtain prior written approval from the funding agency when:

- a. The scope or objective of the program changes YES/ NO
- b. Key personnel specified in the application change YES/ NO
- c. The approved project director disengages for more than 3 months or reduces 25% of time devoted to the project YES/ NO

Question is not applicable because organization has not been subject to these requirements

2.11 Does your organization have performance measurements that tie to financial data?

- YES/ NO

3. Reports and findings from audits performed under Subpart F—Audit Requirements of this part or the reports and findings of any other available audit

3.1. During the last two fiscal years, has your organization been out of compliance with *programmatic* terms and conditions of awards?

- Organization has not been audited; Go to Question 3.6
- No occurrences of non-compliance; Go to Question 3.6
- One to three occurrences of non-compliance
- Four or more occurrences of non-compliance

3.2. If your organization had at least one occurrence of non-compliance with programmatic terms and conditions, summarize each occurrence. (Text response)

3.3. Have corrective actions been implemented within the specified timeframe? YES/ NO

3.4. Provide explanation for any corrective actions that were not implemented within the timeframe specified and for any corrective actions that remain open. (Text response)

3.5. Have there been conflict of interest-related findings within the last two fiscal years? YES/ NO

- a. If NO, go to question 3.6
- b. If YES, specify the conflict of interest-related finding and your response to the finding.
(Text response)

3.6. Has your organization been subject to conditional approvals due to program issues? YES/ NO

- a. If NO, to go question 4.1.
- b. If YES, specify the terms of the special condition and whether or not the special condition is still applicable. (Text response)

4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.

4.1. To what extent does your organization have policies to ensure programmatic expenses are reasonable, necessary and prudent (allowable)?

- Policies are implemented and followed
- Policies are not fully implemented
- The organization does not currently have these types of policies

4.2. To what extent does your organization have policies to ensure programmatic activities are allowable?

- Policies are implemented and followed
- Policies are not fully implemented
- The organization does not currently have these types of policies

4.3. To what extent is your organization able to comply with all statutory requirements of this program?

- Fully able to comply with all statutory requirements
- With the following exception(s), the organization is able to comply: Text response of exception(s)

4.4. Has the organization been out of compliance with any statutory, regulatory or other requirements of grant funding within the last two fiscal years? YES/ NO

If YES, provide explanation. (Text response)

Certification Section

Authorized Signature

Date



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

This form is used to apply to individual State of Illinois discretionary grant programs. Applicants should submit budgets 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 Template.

Section A – Budget Summary STATE OF ILLINOIS FUNDS

All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-17. Eligible applicants requesting funding for only one year should complete the column under " Year 1." Eligible applicants requesting funding for multi-year grants should complete all applicable columns. **Please read all instructions before completing form.**

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

All applicants must complete Section A and provide a break-down by the applicable budget categories shown in lines 1-17.

Line 18: Show the total budget request for each fiscal year for which funding is requested.

Please use detail worksheet and narrative section for further descriptions and explanations of budgetary line items.

Section A (continued) Indirect Cost Information: *(This information should be completed by the applicant's Business Office).* If the applicant is requesting reimbursement for indirect costs on line 17, the applicant's Business Office must select one of the options listed on the Indirect Cost Information page under Section-A Indirect Cost Information (1-4).

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).**



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Section A – Budget Summary (continued)

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”.*

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.)*

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

NON-STATE OF ILLINOIS FUNDS: 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

If the applicant is required to provide or volunteers to provide ost-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 1017 of Section B.

Lines 1-17: For each project year, for which matching funds or other contributions are provided, show the total contribution for each applicable budget category.

Line 18: Show the total matching or other contribution for each fiscal year.

Please see detail worksheet and narrative section for further descriptions and explanations of budgetary line items.



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

Section C – Budget Worksheet & Narrative

[Attach separate sheet(s)]

Pay attention to applicable program specific instructions, if attached.

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, and justification by project year, for each budget category listed in Sections A and B.
2. For non-State of Illinois funds 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 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.



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

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.
- Each of the major components should be subtotaled with a grand total at the end.

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.



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

State Agency: Illinois Department of Transportation

Organization Name: Village of Forest Park

Notice of Funding Opportunity (NOFO) Number: 21-1000-01

Data Universal Number System (DUNS) Number (enter numbers only) : 76891365

Catalog of State Financial Assistance (CSFA) Number:

CSFA Short Description:

Section A: State of Illinois Funds

Fiscal Year:

REVENUES			Total Revenue
State of Illinois Grant Requested		\$	
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200		Total Expenditures
1. Personnel (Salary and Wages)	200.430	\$	
2. Fringe Benefits	200.431	\$	
3. Travel	200.474	\$	
4. Equipment	200.439	\$	
5. Supplies	200.94	\$	
6. Contractual Services and Subawards	200.318 & 200.92	\$	
7. Consultant (Professional Service)	200.459	\$	20,250.00
8. Construction		\$	81,000.00
9. Occupancy (Rent and Utilities)	200.465	\$	
10. Research and Development (R&D)	200.87	\$	
11. Telecommunications		\$	
12. Training and Education	200.472	\$	
13. Direct Administrative Costs	200.413 (c)	\$	
14. Miscellaneous Costs		\$	
15. A. Grant Exclusive Line Item(s)		\$	
15. B. Grant Exclusive Line Item(s)			
16. Total Direct Costs (add lines 1-15)	200.413	\$	101,250.00
17. Total Indirect Costs	200.414	\$	
Rate %: <input style="width: 100px;" type="text"/>			
Base: <input style="width: 100px;" type="text"/>			
18. Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE		\$	101,250.00

Instructions found at end of document.



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

Organization Name: Village of Forest Park

NOFO Number: 21-1000-01

SECTION A - Continued - Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options

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 in area designated below.)**

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

- a. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis;
- b. Elect to use the de minimis rate of 10% modified for total direct costs (MTDC) which may be used indefinitely on State of Illinois awards; or
- c. Use a Restricted Rate designated by programmatic or statutory policy (see Notice of Funding Opportunity for Restricted Rate Programs).

- 2a. Our Organizations currently has a Negotiated Indirect Cost Rate Agreement (NICRA) 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 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.)**

- 2b. Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement (NICRA) 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 no later than three (3) months after the effective date of the State award [2 CFR 200 Appendix (C)(2)(b)]. The initial ICRP will be sent to the State of Illinois Indirect Cost unit. **Note: (Check with you State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated.)**

3. Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State or 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) and 200.68.] **[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.]**

4. For Restricted Rate Programs, our Organization is using a restricted indirect cost rate that:
- is included as a "Special Indirect Cost Rate" in the NICRA, pursuant to 2 CFR 200 Appendix IV(5); or
 - complies with other statutory policies.

The Restricted Indirect Cost Rate is: _____ %

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

Basic Negotiated Indirect Cost Rate Information (Use only if option 1 or 2(a), above is selected.)

Period Covered by NICRA: From: To: Approving Federal or State Agency:

Indirect Cost Rate: % The Distribution Base Is:



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Organization Name: Village of Forest Park

NOFO Number: 21-1000-01

Section B: Non-State of Illinois Funds

Fiscal Year: 01/01/2021

REVENUES			Total Revenue
Grantee Match Requirement %:	20	(Agency to Populate)	
b) Cash		\$	25,320.00
c) Non-Cash		\$	
d) other Funding and Contributions		\$	
Total Non-State Funds (lined b through d)		\$	25,320.00

Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference 2 CFR 200		Total Expenditures
1. Personnel (Salaries and Wages)	200.430	\$	
2. Fringe Benefits	200.431	\$	
3. Travel	200.474	\$	
4. Equipment	200.439	\$	
5. Supplies	200.94	\$	
6. Contractual Services and Subawards	200.318 & 200.92	\$	
7. Consultant (Professional Services)	200.459	\$	5,070.00
8. Construction		\$	20,250.00
9. Occupancy (Rent and Utilities)	200.465	\$	
10. Research and Development (R&D(200.87	\$	
11. Telecommunications		\$	
12. Training and Education	200.472	\$	
13. Direct Administrative Costs	200.413 (c)	\$	
14. Miscellaneous Costs		\$	
15. A. Grant Exclusive Line Item(s)		\$	
15. B. Grant Exclusive Line Item(s)		\$	
16. Total Direct Costs (add lines 1-15)	200.413	\$	25,320.00
17. Total indirect Costs	200.414	\$	
Rate %:	<input type="text"/>		
Base:	<input type="text"/>		
18. Total Costs State Grant Funds (Lines 16 and 17) MUST EQUAL REVENUE TOTALS ABOVE		\$	25,320.00



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Organization Name: Village of Forest Park

NOFO Number: 21-1000-01

Data Universal Number System (DUNS) Number (enter numbers only) : 76891365

Fiscal Year: 01/01/2021

Catalog of State Financial Assistance (CSFA) Number: 20.205

CSFA Short Description: HIGHWAY PLANNING AND CONSTRUCTION (Federal-A

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).

Village of Forest Park

Institution/Organization Name:

Village of Forest Park

Institution/Organization Name:

Mayor

Title (Chief Financial Officer or equivalent):

Village Administrator

Title (Executive Director or equivalent):

Rory E. Hoskins

Printed Name (Chief Financial Officer or equivalent):

Tim Gillian

Printed Name (Executive Director or equivalent):

Signature (Chief Financial Officer or equivalent):

Signature (Executive Director or equivalent):

Date of Execution (Chief Financial Officer):

Date of Execution (Executive Director):

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 onto contractual agreements on the behalf of the organization.



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

FFATA Data Collection Form (if needed by agency)

Under FFATA, all sub-recipients who receive \$30,000 or more must provide the following information for federal reporting. Please fill out the following form accurately and completely.

4-digit extension if applicable:			
Sub-recipient DUNS: 76891365		Sub-recipient Parent Company DUNS:	
Sub-recipient Name: Village of Forest Park			
Sub-recipient DBA Name: Forest Park			
Sub-recipient Street Address: 517 Desplaines Avenue			
City: Forest Park	State: Illinois	Zip-Code: 60130	Congressional District: 7
Sub-recipient Principal Place of Performance: 517 Desplaines Avenue			
City: Forest Park	State: Illinois	Zip-Code: 60130	Congressional District: 7
Contract Number (if known):	Award Amount:	Project Period: From:	Project Period: To:
		Jan 1, 2021	Aug 1, 2022
State of Illinois Awarding Agency and Project Detail Description:			
Project consists of installing bicycle commuter appurtenances such as racks and pedestrian lighting near two high volume CTA Blue Line stops. In addition to the appurtenances, some combination curb and gutter, sidewalks, and high visibility crosswalk pavement markings will be installed.			
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 <input type="checkbox"/> If Yes, must answer Q2 below. No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> 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:			
Name:			Amount:
Name:			Amount:
Name:			Amount:
Name:			Amount:
Name:			Amount:



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

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. 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.

Name	Position	Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of Time	Personnel Cost	Add/Delete Row
				%			Add Delete
State Total							
				%			Add Delete
NON-State Total							
Total Personnel							
Personnel Narrative (State):							
Personnel Narrative (Non-State): (i.e. "Match" or "Other Funding")							



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

2). Fringe Benefits (2 CFR 200.431)

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.

Name	Position(s)	Base	Rate (%)	Fringe Benefit Cost	Add/Delete Rows
			%		Add
					Delete
State Total					
			%		Add
					Delete
Non-State Total					
Total Fringe Benefits					

Fringe Benefits Narrative (State):

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



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

3). Travel (2 CFR 200.474)

Travel should include: origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. In 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 source of Travel Policies applied, Applicant or State of Illinois Travel Regulations. NOTE: Dollars 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 and etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category.

Purpose of Travel/Items	Location	Cost Rate	Basis	Quantity	Number of Trips	Travel Cost	Add/Delete Row
							Add
							Delete
State Total							
							Add
							Delete
NON-State Total							
Total Travel							

Travel Narrative (State):

Travel Narrative (Non-State): (i.e..e "Match" of "Other Funding")



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

4). Equipment (2 CFR 200.439)

Provide justification for the use of each item and relate them to specific program objectives. Provide both the annual (for multiyear awards) and total for equipment. Equipment is defined as 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 applicant 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). Applicants 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. Attach a narrative describing the procurement method to be used.

Item	Quantity	Cost Per Item	Equipment Cost	Add/Delete Rows
				Add
				Delete
State Total				
				Add
				Delete
Non-State Total				
Total Equipment				

Equipment Narrative (State):

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



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

5). Supplies (2 CFR 200.94)

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.

Item	Quantity/Duration	Cost Per Item	Supplies Cost	Add/Delete Rows
				Add
				Delete
State Total				
				Add
				Delete
Non-State Total				
Total Supplies				

Supplies Narrative (State):

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



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

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 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	Contractual Services Cost	Add/Delete Rows
			Add
			Delete
	State Total		
			Add
			Delete
	Non-State Total		
	Total Contractual Services		

Contractual Services Narrative (State):

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



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

7). Consultant Services and Expenses (2 CFR 200.459)

Consultant Services (Fees): For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project.

Consultant Expenses: List all expenses to be paid from the grant to the individual consultant in addition to their fees (i.e., travel, meals, lodging, etc.) Consultant-Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisitions Policy is used.

Consultant Services (Fees)	Services Provided	Fee	Basis	Quantity	Consultant Services (Fee) Cost	Add/Delete Row
Engineering Consultant	Design Engineering - Phase 1	\$4,050.00	LSUM	1	\$4,050.00	Add Delete
Engineering Consultant	Design Engineering - Phase 2	\$8,100.00	LSUM	1	\$8,100.00	Add Delete
Engineering Consultant	ConstructionEngineering	\$8,100.00	LSUM	1	\$8,100.00	Add Delete
State Total					\$20,250.00	
Engineering Consultant	Design Engineering - Phase 1	\$1,010.00	LSUM	1	\$1,010.00	Add Delete
Engineering Consultant	Design Engineering - Phase 2	\$2,030.00	LSUM	1	\$2,030.00	Add Delete
Engineering Consultant	ConstructionEngineering	\$2,030.00	LSUM	1	\$2,030.00	Add Delete
NON-State Total					\$5,070.00	
Total Consultant Services (Fees)					\$25,320.00	

Consultant Services Narrative (State):
The State to fund 80% of the design and construction engineering costs.

Consultant Services Narrative (Non-State):
The Village to fund 20% of the design and construction engineering costs.

Consultant Expenses - Items	Location	Cost Rate	Basis	Quantity	Number of Trips	Consultant Expenses Cost	Add/Delete Row
							Add Delete
State Total							
							Add Delete



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

Consultant Expenses - Items	Location	Cost Rate	Basis	Quantity	Number of Trips	Consultant Expenses Cost	Add/Delete Row
NON-State Total							
Total Consultant Expenses							
Consultant Expenses Narrative (State):							
Consultant Expenses Narrative (Non-State): (i.e. "Match" or "Other Funding")							



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

8). Construction

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.

Purpose	Description of Work	Construction Cost	Add/Delete Rows
Construction	Commuter Bike Facility Construction	\$81,000.00	Add
			Delete
State Total		\$81,000.00	
Construction	Commuter Bike Facility Construction	\$20,250.00	Add
			Delete
Non-State Total		\$20,250.00	
Total Construction		\$101,250.00	

Construction Narrative (State):

The State to fund 80% of the construction costs.

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

The Village to fund 20% of the construction costs.



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

9). Occupancy - Rent and Utilities (2 CFR 200.465)

List items and descriptions by major type and the basis of the computation. 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. **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 the Budget worksheet and narrative. Maintenance and repair costs may be included here if directly allocated to program.

Description	Quantity	Basis	Cost	Length of Time	Occupancy Cost	Add/Delete Row
						Add
						Delete
State Total						
						Add
						Delete
NON-State Total						
Total Occupancy - Rent and Utilities						

Occupancy - Rent and Utilities Narrative (State):

Occupancy - Rent and Utilities Narrative (Non-State): (i.e. "Match" or "Other Funding")



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

10). Research & Development (R&D) (2 CFR 200.87)

Definition: 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. Provide a description of the research and development project and an estimate of the costs. Consult with the program office before budgeting funds in this category.

Purpose	Description of Work	Research and Development Cost	Add/Delete Rows
			Add Delete
State Total			
			Add Delete
Non-State Total			
Total Research and Development			

Research and Development Narrative (State):

Research and Development Narrative (Non-State): (i.e. "Match" or "Other Funding")



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

11). Telecommunications

List items and descriptions by major type and the basis of the computation. Explain how telecommunication expenses are allocated for distribution as an expense to the program/service. NOTE: This budgetary line item is 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 worksheet and narrative.

Description	Quantity	Basis	Cost	Length of Time	Telecommunications Cost	Add/Delete Row
						Add
						Delete
State Total						
						Add
						Delete
NON-State Total						
Total Telecommunications						

Telecommunications Narrative (State):

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



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

12). Training and Education (2 CFR 200.472)

Describe the training and education cost associated with employee development. Include rental space for training (if required), training materials, speaker fees, substitute teacher fees, and 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 below.

Description	Quantity	Basis	Cost	Length of Time	Training and Education Cost	Add/Delete Row
						Add
						Delete
State Total						
						Add
						Delete
NON-State Total						
Total Training and Education						

Training and Education Narrative (State):

Training and Education Narrative (Non-State): (i.e. "Match" or "Other Funding")



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

13). Direct Administrative Costs (2 CFR 200.413 (c))

The salaries of administrative and clerical staff should normally be treated as indirect (F&A) costs. Direct charging of these costs may be appropriate only 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.

Name	Position	Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of Time	Direct Administrative Cost	Add/Delete Row
				%			Add
							Delete
State Total							
				%			Add
							Delete
NON-State Total							
Total Direct Administrative Costs							

Direct Administrative Costs Narrative (State):

Direct Administrative Costs Narrative (Non-State): (i.e. "Match" or "Other Funding")



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

14). Other or Miscellaneous Costs

This category contains items not included in the previous categories. List items by type of material or nature of expense, break down costs by quantity and cost per unit if applicable, state the necessity of other costs for successful completion of the project and exclude unallowable costs (e.g., Printing, Memberships & subscriptions, recruiting costs, etc.)

Description	Quantity	Basis	Cost	Length of Time	Other or Miscellaneous Cost	Add/Delete Row
						Add
						Delete
State Total						
						Add
						Delete
NON-State Total						
Total Other or Miscellaneous Costs						

Other or Miscellaneous Costs Narrative (State):

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



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

15). GRANT EXCLUSIVE LINE ITEM

Grant Exclusive Line Item Description: _____

Costs directly related to the service or activity of the program that is an integral 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). (Note: Use columns within table as needed for the item being reported. Leave blank those columns that are not applicable. This table does NOT auto-calculate each line. You must enter the line totals. The table will auto-calculate the State, Non-State, and Total Grant Exclusive Line Item amounts based on your line entries. The State, Non-State and Total Grant Exclusive Line Item amounts will NOT carry forward to the Budget Narrative Summary table. You will have to enter the State and Non-State Totals for ALL Grant Exclusive Line Items in the Budget Narrative Summary table. Use the "Add New Grant Exclusive Line Item" button below to add additional tables as needed.)

Description	Quantity	Basis	Cost	Length of Time	Grant Exclusive Line Item Cost	Add/Delete Row
						Add
						Delete
State Total						
						Add
						Delete
NON-State Total						
Total Grant Exclusive Line Item						

Grant Exclusive Line Item Narrative (State):

Grant Exclusive Line Item Narrative (Non-State): (i.e. "Match" or "Other Funding")

Add New Grant Exclusive Line Item	Delete Grant Exclusive Line Item
-----------------------------------	----------------------------------



**State of Illinois
UNIFORM GRANT BUDGET TEMPLATE**

16). Indirect Cost (2 CFR 200.414)

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.

Description	Base	Rate	Indirect Cost	Add/Delete Rows
				Add
				Delete
State Total				
				Add
				Delete
Non-State Total				
Total Indirect Costs				

Indirect Costs Narrative (State):

Indirect Costs Narrative (Non-State):



State of Illinois UNIFORM GRANT BUDGET TEMPLATE

Budget Narrative Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-State funds that will support the project.. (Note: The State, Non-State, and Total cost amounts for each line item below are auto-filled based upon the entries in the preceding budget tables 1-14 and 16. The State and Non-State Total amounts from Table 15 above, Grant Exclusive Line Item(s), must be entered into this table by hand due to the possibility of there being more than one Grant Exclusive Line Item table. Once the Grant Exclusive Line Item(s) amounts are entered into this table, the State Request amount, Non-State Amount and the Total Project Costs will be calculated automatically. It is imperative that the summary tables be completed accurately for the Budget Narrative Summary to be accurate.)

Budget Category	State	Non-State	Total
1. Personnel			
2. Fringe Benefits			
3. Travel			
4. Equipment			
5. Supplies			
6. Contractual Services			
7. Consultant (Professional Services)	\$20,250.00	\$5,070.00	\$25,320.00
8. Construction	\$81,000.00	\$20,250.00	\$101,250.00
9. Occupancy (Rent and Utilities)			
10. Research and Development (R & D)			
11. Telecommunications			
12. Training and Education			
13. Direct Administrative Costs			
14. Other or Miscellaneous Costs			
15. GRANT EXCLUSIVE LINE ITEM(S)			
16. Indirect Costs			
State Request	\$101,250.00		
Non-State Amount		\$25,320.00	
TOTAL PROJECT COSTS			\$126,570.00



State of Illinois
UNIFORM GRANT BUDGET TEMPLATE

For State Use Only

Grantee: Village of Forest Park
Data Universal Number System (DUNS) Number (enter numbers only) : 76891365
Catalog of State Financial Assistance (CSFA) Number: 20.205 CSFA Short Description: HIGHWAY PLANNING AND CONSTRUCTION (Federal-A)
Notice of Funding Opportunity (NOFO) Number: 21-1000-01
Fiscal Year(s):

Initial Budget Request Amount:
Prior Written Approval for Expense Line Item:
Statutory Limits or Restrictions:
Checklist:

Final Budget Amount Approved:

Program Approval Name Program Approval Signature Date
Fiscal & Administrative Approval Name Fiscal & Administrative Approval Signature Date

Budget Revision Approved:

Program Approval Name Program Approval Signature Date
Fiscal & Administrative Approval Signature Fiscal & Administrative Approval Signature Date

§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.



Uniform Grant Agreement Affidavit of Disclosure of Conflicts of Interest-Grantee



Agreement No.

Employee Name

Tim Gillian

Position of Employee

Village Administrator

Grantee's disclosure of the information contained in this Form is required by the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards published in Title 2, Part 200 of the Code of Federal Regulations, 2 CFR 200.112, and 44 Ill. Admin Code 7000.40(b)(3). As an Employee or Officer of Grantee, I will remain bias-free before, during and after the award process of the Grant Agreement. Pursuant to the above referenced Uniform Guidance and Administrative Rules, I have identified below any relationship I have, or have had, of a family, political, financial, or social nature with any of Grantor's employees related to this Grant Agreement, and wait for direction from the Grants Unit Manager and the Department's Ethics Officer before proceeding to participate with Grantor in the award process. After submittal of this Disclosure to the Department's Bureau of Business Services, the Bureau of Business Services will provide this form to the Ethics Officer if a conflict is noted.

Check statement 1 or 2. If you check statement 1, please sign and date the form. If you check statement 2, please complete the information and then sign and date the form.

- 1. I do not have, nor have I had, any relationship described above nor any other conflict of interest with any of Grantor's employees for this Grant Agreement.
- 2. I have, or have had, a relationship described above or other conflict of interest with the following employees of Grantor for this Grant Agreement.

Name of Grantor's employee or officer

Nature of Potential Conflict

By checking this box and typing my name below, I verify this document has been reviewed and approved by the owner and myself.

Approver Name

Date

Conflict of Interest and Financial Disclosures

Authoritative Sources

18 U.S.C. 208, GATA 30 ILCS 708/35, 708/40 and 708/60, 2 CFR 200, 2 CFR part 180 and 31 U.S.C. 3321, 5 CFR, 5 ILCS 430, and the specific CFR regulations that govern the grant program

State Agency staff and Grantees for Federal, Federal Pass-through and State grants must disclose any conflicts of interest or apparent conflict of interest which may impair the fairness and impartiality of the grant process. The awarding agency's Chief Accountability Officer (CAO) shall be notified immediately. The CAO shall work with the awarding agency's Ethics Officer to assure any conflicts are mitigated.

Conflict of Interest – Examples

Examples of situations which may be prohibited or represent a potential conflict of interest may include, but are not limited to:

- (1) Financial interest, including ownership of stocks and bonds, in a firm which submits, or is expected to submit, an application in response to the funding opportunity;
- (2) Outstanding financial commitments to any applicant or potential applicant;
- (3) Employment in any capacity, even if otherwise permissible, by any applicant, applicant officers or potential applicant;
- (4) Employment within the last 12 months by any applicant, applicant officers or potential applicant;
- (5) Any non-vested pension or reemployment rights, or interest in profit sharing or stock bonus plan, arising out of the previous employment by an applicant or potential applicant;
- (6) Employment of any member of the immediate family by any applicant or potential applicant;
- (7) Positions of trust that may include employment, past or present, as an officer, director, trustee, general partner, agent, attorney, consultant, or contractor;
- (8) A close personal relationship that may include a spouse, dependent child or member of the proposal evaluator's household that may compromise or impair the fairness and impartiality of the proposal evaluator or advisor and grants officer during the proposal evaluation and award selection process, and the management of an award; and
- (9) Negotiation of outside employment with any applicant or potential applicant.

(10) Related-party status between grantees and grant-making agencies, i.e. spouse, dependent child, family member, or member of household with a relationship that may compromise or impair the fairness and impartiality of the grantee and grant-making agency in the selection and award process of a grant.

(11) Related-party status of grantee organization senior management and relationship with contracted vendors that may compromise or impair the fairness and impartiality of a grant award.

Mandatory Disclosure - Financial assistance

The non-Federal entity or applicant for a Federal award must disclose in writing, in a timely manner, to the Federal awarding agency or pass-through entity all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures can result in any of the remedies described in 2 CFR 200.338 (see also 2 CFR part 180 and 31 U.S.C. 3321).

A non-Federal entity or applicant for a the Department award must disclose, in a timely manner, in writing to the Department awarding agency or pass-through entity, and to the Department's Office of Inspector General, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award.

Forest Park Commuter Bike Facilities

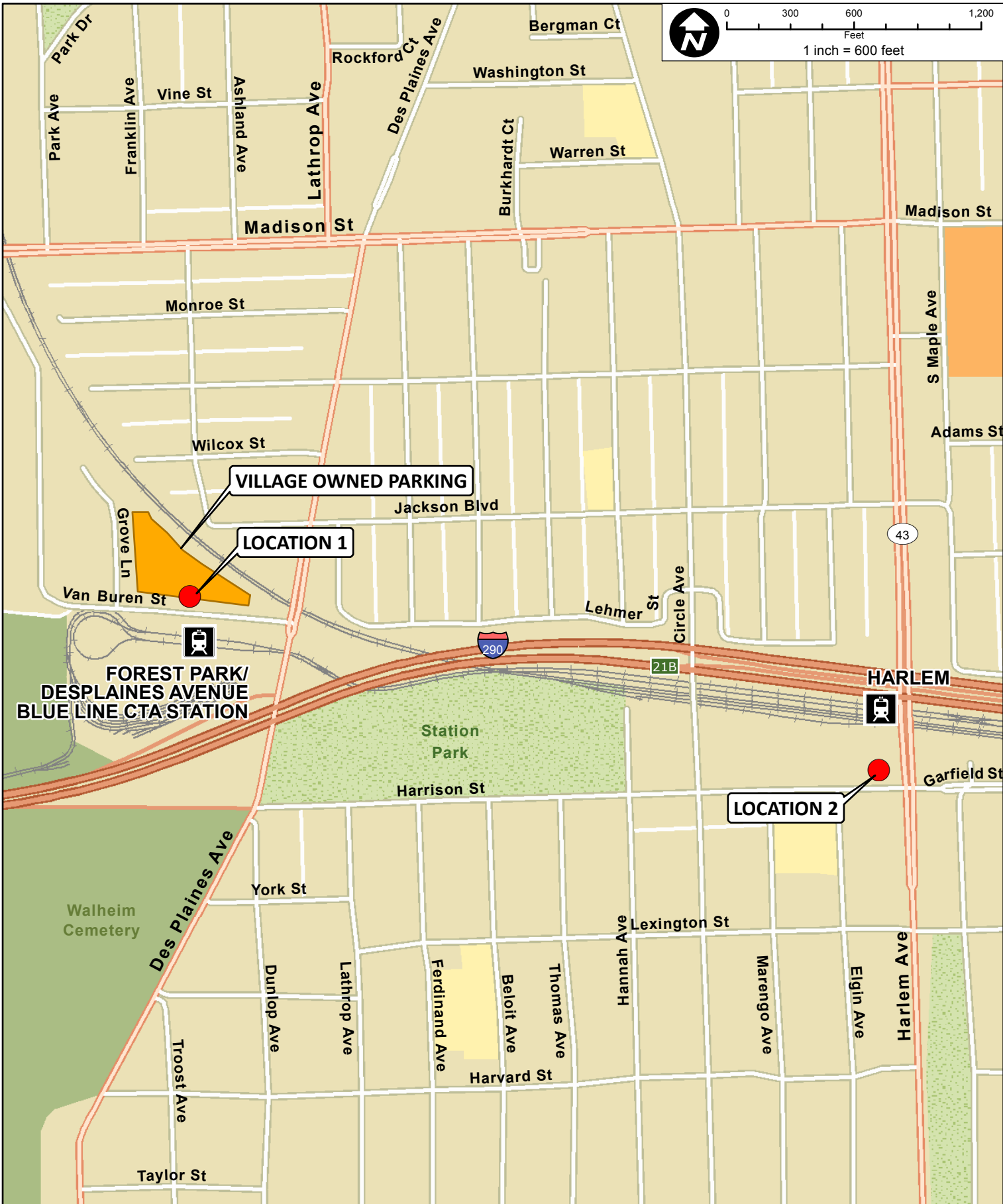
Detailed Cost Estimate

Prepared by Christopher B. Burke Engineering, Ltd.
10/16/2020

80/20 Match

No.	ITEM	UNIT	QUANTITY	PRICE	TOTAL PRICE
1	BENCH (ANCHORED TO PAVEMENT)	EACH	2	\$ 1,500	\$ 3,000
2	HIGH VISIBILITY CROSSWALK MARKINGS	EACH	2	\$ 2,000	\$ 4,000
3	BIKE RACKS	LSUM	2	\$ 7,500	\$ 15,000
4	COMBINATION CURB AND GUTTER, B6.12	LF	150	\$ 30	\$ 4,500
5	COMBINATION CURB & GUTTER REMOVAL	LF	150	\$ 5	\$ 750
6	DETECTABLE WARNINGS	SQ. FT	150	\$ 50	\$ 7,500
7	SIDEWALK REMOVAL	SQ. FT	2500	\$ 1	\$ 2,500
8	SIDEWALK REPLACEMENT	SQ. FT	2500	\$ 8	\$ 20,000
9	PEDESTRIAN LIGHTING UNIT COMPLETE	EACH	4	\$ 11,000	\$ 44,000
Construction Total					\$ 101,250

	Total
PE I&II	\$ 15,190
Const	\$ 101,250
CE	\$ 10,130
Total Project Costs	\$ 126,570



Path: N:\FOREST PARK\0023\GENERAL\2016\ITEP\GIS\Exhibits\Project Location Map.mxd

CLIENT:



TITLE:

FOREST PARK
ITEP GRANT APPLICATION

PROJ. NO. 000023

DATE: 05-17-16

SHEET 1 OF 1

DRAWING NO.



CHRISTOPHER B. BURKE ENGINEERING, LTD.
9575 W. Higgins Road, Suite 600 · Rosemont, Illinois 60018 · (847) 823-0500

DSGN.		SCALE:	1:12000
DWN.		AUTHOR:	DWALTERS
CHKD.		PLOT DATE:	5/18/2016
FILE:	Project Location Map		

EXH 1



6352
pace
UNLIMITED 40
IN SERVICE

STOP
ONE WAY
→

739 8348

806 8660

**NO
PARKING
2:00AM
TO 5:00AM
PROHIBITED
ON ALL
STREETS**



BEGIN





**NO
PARKING
2:00AM
TO 5:00AM
PROHIBITED
ON ALL
STREETS**


BIKE ROUTE

BEGIN





This page must be signed by a representative of the local sponsoring agency
in order for the project to be considered for funding

The project sponsor certifies that it is willing and able to manage, maintain, and operate the project as a highway authority eligible to receive federal funding. The project sponsor possesses legal authority to nominate the transportation enhancement project and to finance, acquire, and construct the proposed project. The sponsor authorizes the nomination of the transportation enhancement project, including all assurances contained therein. The sponsor authorizes the person identified below as the official project representative to act in connection with the nomination and to provide such additional information as may be required. The project sponsor affirms that, if selected, the project will commence within the time periods defined by the Sunset Clause (refer to Section J of the ITEP Guidelines Manual) and in accordance with departmental policies.

I certify that the information contained in this transportation enhancement application, including attachments, is accurate and that I have read and understand the information and agree to the assurances on this form.

Name

Tim Gillian

Title

Village Administrator

Signature

Date

Name of Sponsoring Agency

Village of Forest Park

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING SUBMITTAL OF A GRANT APPLICATION FOR ILLINOIS TRANSPORTATION ENHANCEMENT PROGRAM FUNDS FOR FOREST PARK BIKE COMMUTER FACILITIES.

WHEREAS, federal grant funding is available through the Illinois Transportation Enhancement Program (ITEP) administered by the Illinois Department of Transportation; and

WHEREAS, these ITEP funds are to be utilized to fund projects which enhance the transportation system by serving a transportation need or by providing a transportation use or benefit; and

WHEREAS, the Village of Forest park has plans to construct a Bike Commuter Facilities with a total project cost of \$126,570.00; and

WHEREAS, the proposed project is eligible for funding under ITEP.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND COUNCIL OF THE Village of Forest Park, ILLINOIS:

THAT an application be made to the Illinois Department of Transportation for a financial assistance grant in the amount of \$101,250.00, which is 80 percent of the total estimated cost, under the Illinois Transportation Enhancement Program for the purpose of funding the Forest Park Bike Commuter Facilities; and

THAT the Village of Forest Park will provide the 20 percent local matching funds in the amount of \$25,320.00 for the proposed project; and

THAT the Mayor of the Village of Forest Park is hereby authorized and directed to execute and submit on behalf of the Village of Forest Park such application.

PASSED: _____

APPROVED: _____

Rory E. Hoskins, Mayor

ATTEST:

Vanessa Moritz, Village Clerk

VILLAGE OF FOREST PARK PUBLIC INVOLVEMENT STATEMENT
COMMUTER BIKE FACILITIES

The following steps were taken to involve the Public in this project:

- Active Transportation Plan meetings, discussion, and adoption of plan which included Commuter Bike Facilities
- Village Board meeting held on 10/26/2020 to approve resolution to submit and opportunity for Board and Public comment
- Grant Application available at Village Hall for Public review and comment



ACTIVE
TRANSPORTATION
ALLIANCE

9 West Hubbard Street
Suite 402
Chicago, IL 60654-6545

T 312.427.3325
F 312.427.4907
info@activetrans.org
www.activetrans.org

May 24, 2016

Christy Davis
Illinois Department of Transportation
Illinois Transportation Enhancement Program (ITEP)
Room 307
2300 South Dirksen Parkway
Springfield, IL 62764

Dear Ms. Davis,

I am pleased to write this letter of support for the Village of Forest Park's grant application for the Bicycle Shelters project submitted to the Illinois Transportation Enhancement Program (ITEP). New bicycle shelters will encourage more people to bike to the CTA Blue Line Forest Park Transit Center and the CTA Harlem Avenue Blue Line station and Pace buses.

Active Trans is a not-for-profit advocacy organization that works with communities throughout Chicagoland to increase safety and access for pedestrians, cyclists and transit users. In 2012, Active Trans partnered with the Village of Forest Park to develop its first Active Transportation Plan. The plan identified numerous strategies for enhancing the bicycle and pedestrian network, with a focus on improving access to local and regional destinations, like the Harlem and Forest Park Blue Line Stations. The plan recommends installing bike shelters at these two stations to provide a safe and secure place for cyclists to park when riding the Blue Line and Forest Park's Pace Bus Routes. This recommendation was supported by the hundreds of residents that participated in the development of the plan and would be a welcome addition to the community.

Active Trans strongly recommends that this project be approved for funding through ITEP. Please don't hesitate to call me at 312.216.0467 should you have any questions. Thank you for your consideration.

Sincerely,

Heather Schady
Senior Transportation Planner



The Illinois Prairie Path

May 26, 2016

Christy Davis
Illinois Department of Transportation
Illinois Transportation Enhancement Program (ITEP)
Room 307
2300 South Dirksen Parkway
Springfield, IL 62764

Dear Ms. Davis,

We are pleased to write this letter of support for the Village of Forest Park's grant application for the Bicycle Shelters project submitted to the Illinois Transportation Enhancement Program (ITEP). New bicycle shelters will encourage more people to bike to the CTA Blue Line Forest Park Transit Center where bicyclists will be able to connect to the CTA Blue line trains and to Pace buses.

The Illinois Prairie Path is the first rails-to-trails conversion in North America that was established, built and maintained by volunteers from 1963-1986. The Village of Forest Park is eastern trailhead of our historic Path. For over 50 years, the volunteer members of the Board of Directors have supported cities, villages and organizations with projects that help us achieve our mission: ***To preserve, enhance and advocate on behalf of the Illinois Prairie Path for current and future generations.***

The Village's commitment to creating multi-modal transportation options and implementing the Forest Park Active Transportation Plan is very important for the community such as Illinois Prairie Path users. We need more facilities like these bike shelters to provide more connections between destinations including the Illinois Prairie Path, transit stations, commercial districts, and parks and to encourage more cycling.

The Illinois Prairie Path strongly recommends that this project be approved for funding through ITEP. **We are honored and pleased that the Village of Forest Park is advocating for Bike Shelters!** Please feel free to contact our Board of Directors if you have any questions. Thank you for considering this worthwhile project.

Sincerely,

Erik Spande, President, Illinois Prairie Path Board of Directors
Erik.Spande@comcast.net / Cell: 630-871-6640

Illinois Prairie Path Board of Directors

Erik Spande, President
Susan Degnan, Vice President
Rob Sperl, Treasurer
Mary Jo Malach, Secretary
John Marconnet
Erik Andersen
Susan Kaley

William P. Kovacs
Heather Mahler
Paul Mooring
Ken McClurg
Sam Pyne
Susan Terwedow



FOREST PARK CHAMBER OF COMMERCE & DEVELOPMENT

7331 WEST ROOSEVELT ROAD
FOREST PARK, ILLINOIS, 60130

CORRESPONDENCE

June 15, 2016

Mr. Tim Gillian
Village Administrator
Village of Forest Park
517 DesPlaines Avenue
Forest Park, Illinois 60130

Re: Forest Park Commuter Bike Facilities
Illinois Transportation Enhancement Program Application

Dear Mr. Gillian,

The Forest Park Chamber of Commerce is pleased to support the Village of Forest Park in its efforts associated with the Forest Park Commuter Bike Facilities and the associated application for the Illinois Transportation Enhancement Program (ITEP) funds.

The project goal of commuter bike facilities is important to the Forest Park Chamber of Commerce. The proposed bike facilities adjacent to the Blue Line CTA stations will enhance access throughout the Village.

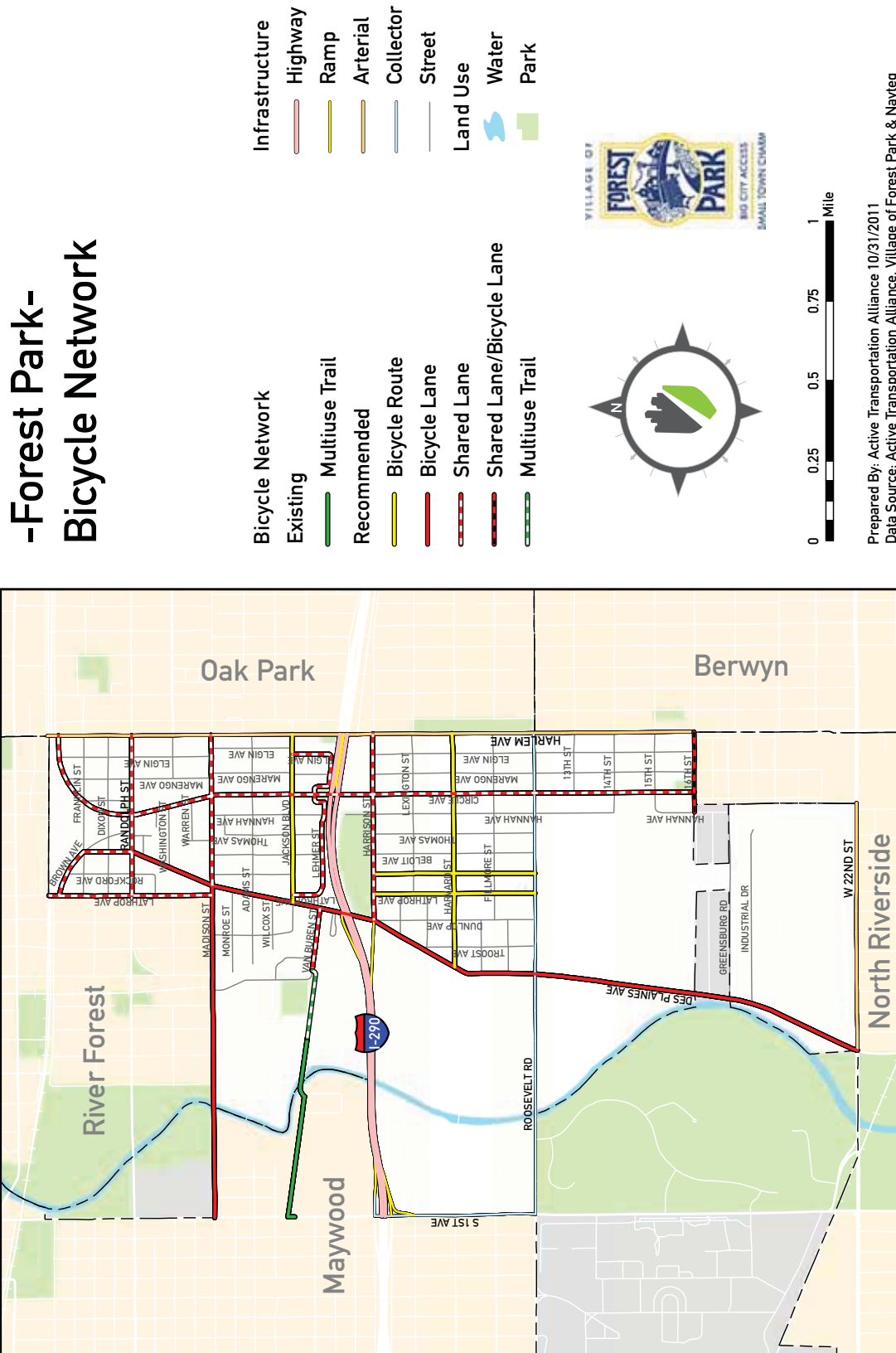
The Forest Park Chamber of Commerce is committed to supporting the Village of Forest Park throughout this important project.

Sincerely,

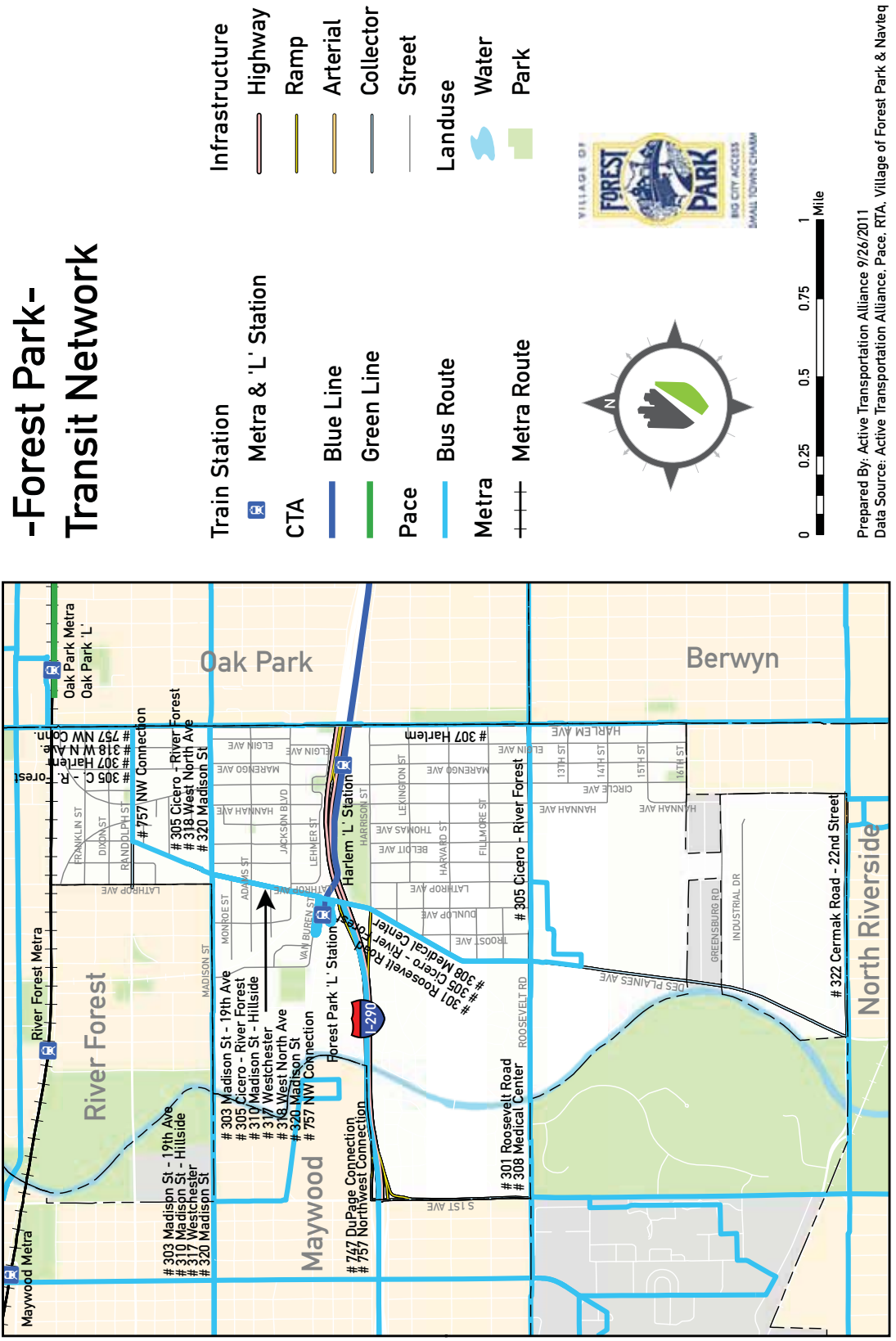
Laurie A. Kokenes
Forest Park Chamber of Commerce

2.5 Bicycle Improvements (continued)

2.5.3 Bicycle Network Map



2.6.4 Transit Network



Prepared By: Active Transportation Alliance 9/26/2011
 Data Source: Active Transportation Alliance, Pace, RTA, Village of Forest Park & Navteq