

FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

Grantee (or Subgrantee) DUNS: 007660764	
Grantee (or Subgrantee) Name: Will County Sheriff	
Grantee (or Subgrantee) DBA:	
Grantee (or Subgrantee) Address: 11169 Laraway Road	
City: Joliet	State: IL Zip+4: 60432 Congressional District: 11
Grantee (or Subgrantee) Principal Place of Performance:	
City: Joliet	State: IL Zip+4: 60432 Congressional District: 11
Grant #: 319004	Award Amount: \$ 79,100 Project Period: 1/1/2019-6/30/2019
State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority	
CSFA Short Description: Will County Sheriff Community Law Enforcement Deflection Program	
Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two 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 all 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"/> If yes, you are not required to provide data.	
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:

Worker/Case Manager and Substance Use Disorder Counselor will be hired as a consultants in the Will County Sheriff's Department. The rationale to hire as a consultant as opposed to a full time employee is because this is a 6 month position. The SW will be housed in the Sheriff's office and will provide direct intervention services for clients, will serve as the PC for this project and will work directly with the ICJIA regarding reporting, project monitoring and evaluation. This person will also be the primary liaison with Family Counseling Centers when referrals to treatment are required. This person will report directly to the sheriff's office. The salary will be based on a full time position (40 hours per week) . \$40,000 for 6 months working 40 hours per week @ 41.61 per hour @ \$6,667 per month

A Family Guidance Centers Substance Use Disorder Counselor will be employed via a sub contract to provide substance abuse initial assessment and referral services for clients. Salary is \$18.00 per hour x 833.33 hours dedicated (for counseling services) on the project for the \$15,000.00.

The need for public awareness is vital to the success of this program. It is estimated that the weekly total of viewings/listenings will reach over 205,000 people.

Schedule airs weekly on Star, WJOL and QRock, and WCCQ You receive weekly on Star 95.7

- (6) :60 second on air commercials per week Mon-Sat 6a-8p
- (6) :60 second on air BONUS ads per week Mon-Sun 12a - 12a You receive weekly on 1340 WJOL
- (5) :60 second on air commercials per week Mon-Fri 5:30a-10a
- (5) :60 second on air BONUS ads per week Mon-Fri 5a-1a You receive weekly on 100.7 QRock
- (5) :60 second on air commercials per week Mon-Fri 3p - 7p
- (5) :60 second on air BONUS ads per week Mon-Sun 12a - 12a

Total weekly amount: \$922 Schedule runs 10 weeks between 1/21 - 6/30/18

Total amount: \$9,200

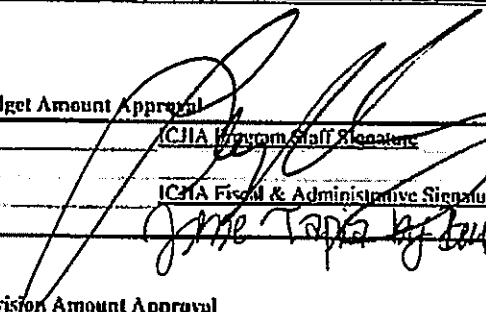
Two Billboards:

Billboards: \$5000 for board #9 for two months (\$2500 x 2 months), \$1900 for board #10 (\$1900) = \$6900

ICJIA Agency Approval		STATE OF ILLINOIS		AGENCY:	
		UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA)		Illinois Criminal Justice Information Authority	
Implementing Agency Name: Will County Sheriff		DUNS#: 007660764		NOFO ID: 1705-572	
CFSA Number: 546-00-1705		CSFA Short Description: Will County Sheriff Community Law Enforcement Deflection Program		Grant #: 319004	
				Project Period: 1/1/2019-6/30/2019	

FOR ICJIA USE ONLY

Final Budget Amount Approval

<u>Final Total Budget Amount</u>	<u>ICJIA Program Staff Name</u>	<u>ICJIA Program Staff Signature</u>	<u>Date</u>
\$ 79,100.00	Lajuana Murphy		6/16/19
<u>Final Total Award Amount (if different)</u>	<u>ICJIA Fiscal & Administrative Staff Name</u>	<u>ICJIA Fiscal & Administrative Signature</u>	<u>Date</u>
\$ 80,000.00	Jesse Tapia by Barbara King	Jesse Tapia by Barbara King	6/16/19

Budget Revision Amount Approval

<u>Final Revised Budget Amount</u>	<u>ICJIA Program Staff Name</u>	<u>ICJIA Program Staff Signature</u>	<u>Date</u>
<u>Final Total Award Amount (if different)</u>	<u>ICJIA Fiscal & Administrative Staff Name</u>	<u>ICJIA Fiscal & Administrative Signature</u>	<u>Date</u>

Budget Revision Amount Approval

<u>Final Revised Budget Amount</u>	<u>ICJIA Program Staff Name</u>	<u>ICJIA Program Staff Signature</u>	<u>Date</u>
<u>Final Total Award Amount (if different)</u>	<u>ICJIA Fiscal & Administrative Staff Name</u>	<u>ICJIA Fiscal & Administrative Signature</u>	<u>Date</u>

§200.308 Revision of budget and program plans

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

STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA)	AGENCY: Illinois Criminal Justice Information Authority	
Implementing Agency Name: Will County Sheriff	DUNS#: 007660764	NOFO ID: 1705-572	Grant #: 319004
CPSA Number: 546-00-1705	CSFA Short Description: Will County Sheriff Community Law Enforcement Deflection Program	State Fiscal Year(s): 2019	Project Period: 1/1/2019-6/30/2019

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s)."

Implementing Agency

Program Agency

Will County

Name of Applicant Institution/Organization

Lawrence M. Walsh

Signature

Lawrence Walsh

Name of Official

Chairman

Title

January 15, 2019

Date of Signature

Will County

Name of Applicant Institution/Organization

Karen Hennessy

Signature

Karen Hennessy

Name of Official

Will County Finance Director

Title

1-14-19

Date of Signature

Will County Sheriff's Office

Institution/Organization

Mike Kelly

Signature

Mike Kelly

Name of Official

Will County Sheriff

Title

1/11/19

Date of Signature

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

Applicant Certification