



*(M) Currently used by State of Illinois for "Match" or "Maintenance of Effort" (MOE) requirements on Federal Funding. Funding is subject to Federal Requirements and may not be used by Grantee for other match requirements on other awards.*

**TERMS AND CONDITIONS**

<b>Uniform Terms</b>	<ul style="list-style-type: none"> <li>• CODE of FEDEARL REGULATIONS Title 2: Grants and Agreements PART 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200)</li> <li>• Grant Accountability and Transparency Act (GATA), 30 ILCS 708/1</li> <li>• Illinois Administrative Code</li> </ul>
<b>Grantor-Specific Term(s)</b>	Auto-populated from Agency Settings screen of the GATA Implementation site.
<b>Project-Specific Term(s)</b>	Auto-populated from the CSFA program page of the GATA Implementation site.

**SPECIFIC CONDITIONS ASSIGNED TO GRANTEE**

**FISCAL AND ADMINISTRATIVE**

<b>1. The nature of the additional requirements</b>	Auto-populated but editable
<b>2. The reason why the additional requirements are being imposed</b>	Auto-populated but editable
<b>3. The nature of the action needed to remove the additional requirements, if applicable</b>	Auto-populated but editable
<b>4. The time allowed for completing the actions if applicable</b>	Auto-populated but editable
<b>5. The method for requesting reconsideration of the additional requirements imposed.</b>	Editable

**MERIT-BASED REVIEW**

**1. The nature of the additional requirements**

Editable

**2. The reason why the additional requirements are being imposed**

Editable

**3. The nature of the action needed to remove the additional requirements, if applicable**

Editable

**4. The time allowed for completing the actions if applicable**

Editable

**5. The method for requesting reconsideration of the additional requirements imposed.**

Editable

**PROGRAMMATIC**

**1. The nature of the additional requirements**

Editable

**2. The reason why the additional requirements are being imposed**

Editable

**3. The nature of the action needed to remove the additional requirements, if applicable**

Editable

**4. The time allowed for completing the actions if applicable**

Editable

**5. The method for requesting reconsideration of the additional requirements imposed.**

Editable

**SIGNATURE**

ACCEPT NOSA     DECLINE NOSA

\_\_\_\_\_  
Institution / Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Official

\_\_\_\_\_  
Title / Chief Financial Officer (or equivalent)

\_\_\_\_\_  
Date of Execution