Agency Request for Deviation from the

GATA Framework

*Submit the completed form via email to OMB.GATA.Exceptions@illinois.gov*

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| --- | --- |
| **Program Name** |  |
| **CSFA#** |  |
| **CFDA # (if Federal Program)** |  |
| **Agency Name** |  |
| **Requested By** |  |
| **Contact Information for the Requestor** |  |
| **Reviewed and approved by CAO or Designee** | Name:  Title:  Date: |
| **Date Submitted** |  |

*For Agency Use:*

|  |  |
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| **Code of Federal Regulations Citation – Uniform Guidance** |  |
| **Federal Code of Regulations Citation – Federal Agency Rules** |  |
| **Code of Federal Regulations Citation – Specific Program Regulations** |  |
| **Illinois Compiled Statute Citation** |  |
| **Illinois Administrative Code Citation** |  |
| **Specify the Deviation Requested** |  |
| **Explanation for the Deviation** |  |
| **Certification of Review of All Regulations** | **I have reviewed the Code of Federal Regulations and no exemptions have adopted the Uniform Guidance as a best practice at the Federal Agency or Program level**  Name:  Title:  Date: |
| **Certification of Continued Review of All Regulations** | **I will notify GATU if any rule changes have been made to the State or Federal regulations**  Name:  Title:  Date: |

*For GATU Use:*

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| **Received Date** |  |
| **Follow-up Notes** |  |
| **Approved Date** |  |
| **Denial Date** |  |