## Mandatory Disclosure

Award applicants and recipients of awards from the State of Illinois (collectively referred to herein as "Grantee") must disclose, in a timely manner and in writing to the State awarding agency, all violations of State or federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the award. *See* 30 ILCS 708/40; 44 Ill. Admin. Code § 7000.40(b)(4); 2 CFR § 200.113. Failure to make the required disclosures may result in remedial action.

	any violations of State or federal criminal law the awarding of a grant to your organization?		bery, or gratuity violations potentially
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	nas a continuing duty to disclose to the Depar nent") all violations of criminal law involving fr ard.		
By signin	g this document, below, as the duly authorize	ed representative of t	the Grantee, I hereby certify that:
•	All of the statements in this Mandatory Discl my knowledge. I am aware that any false, t me to criminal, civil or administrative penalt	fictitious, or fraudule	ent statements or claims may subject
•	There is no action, suit or proceeding at law or in equity pending, nor to the best of Grantee's knowledge, threatened, against or affecting the Grantee, before any court or before any governmenta or administrative agency, which will have a material adverse effect on the performance required by the grant award.		
•	Grantee is not currently operating under or subject to any cease and desist order, or subject to any informal or formal regulatory action, and, to the best of the Grantee's knowledge, it is not currently the subject of any investigation by any state or federal regulatory, law enforcement or legal authority.		
•	If Grantee becomes the subject of an action, suit or proceeding at law or in equity that would have a material adverse effect on the performance required by an award, or an investigation by any state or federal regulatory, law enforcement or legal authority, Grantee shall promptly notify the Department in writing.		
Grantee	Organization (Company Name)		
	Signature of Authorized Representat	ive	Date
	Printed Name (Authorized Signator Na	ame)	_

Printed Title (Authorized Signator Title)

**CFSA Number**