

Illinois State and Local Cybersecurity Grant - Consent and Acknowledgment Form

Name of Local Entity: Town of Cortland Contact Person: Cheryl "Cookie" Aldis
Email Address: townclerk@Cortlandil.org Phone Number: 815-756-9041

I, the undersigned representative of the above-mentioned Local Entity, hereby acknowledge and consent to the terms outlined below to receive services funded by the approved Illinois plan for State and Local Cyber Security Grant Program (SLCGP) approved by the Federal Emergency Management Agency (FEMA) and the Cybersecurity and Infrastructure Security Agency (CISA).

1. I acknowledge that my organization will be provided federally funded services and licenses as a part of the SLCGP grant funding. This benefit to local government is a part of the 80% local government requirement for SLCGP funding.
2. I understand that the State Security Operations Center (SOC) has defined responsibilities and limitations regarding the monitoring and support of the CrowdStrike Falcon Complete services provided to my local entity.
 - a. I understand the scope and offerings of the CrowdStrike Falcon Complete services that will be provided to my unit of government as part of the grant. I acknowledge that these services include (but are not limited to):
 - i. CrowdStrike Falcon Complete end point protection with DoIT SOC analysis and Cyber Navigator Support.
3. I understand and acknowledge that my local entity is responsible for all systems, applications, and risks within our jurisdiction.
 - a. The grant funded services provided to us by the SLCGP is intended to help us operate more securely but do not replace our responsibility to securely maintain our systems and programs and perform our own due diligence.

I understand access to any data is for the official use only and related to my entities business purposes. These elevated privileges are not to be used for any purpose other than the use intended and to fulfill assigned duties. I hereby acknowledge that I have read and understood the terms and conditions mentioned above. By signing this form, I confirm my agreement to these terms and provide my consent for my local entity to participate in the Illinois State and Local Cybersecurity Grant Program under the specified conditions.

Local Entity

Signature: 

Printed Name: Mark Pietrowski

Date: 8-21-2025

Department of Innovation & Technology

Signature: _____

Printed Name: _____

Date: _____