



Grant Proposal Notification

GPN Number: 010-23
(Completed by Finance Department)

Date of Notification: 02/09/2023
(MM/DD/YYYY)

Parent Committee Agenda Date: 03/01/0223
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 02/17/2023
(MM/DD/YYYY)

Name of Grant: Sustained Traffic Enforcement Program

Name of Grantor: Illinois Department of Transportation

Originating Entity: U.S. Department of Transportation
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Sheriff's Office

Department Contact: Lt. Frank Bibbiano x2084
(Name, Title, and Extension)

Parent Committee: Judicial Public Safety

Grant Amount Requested: \$ 40,776.88

Type of Grant: Formula
(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)

Is this a new non-recurring Grant: ☒ Yes ☐ No

Source of Grant: ☒ Federal ☐ State ☐ Private ☐ Corporate

If Federal, provide CFDA: 20.600

If State, provide CSFA: 494-10-0343



Grant Proposal Notification

1. Justify the department's need for this grant.

The Sustained Traffic Enforcement Program will allow the Sheriff's Office to do directed traffic, DUI, and occupant safety campaigns at no cost to the County. Thus making roadways and travel safer for those who live and work in DuPage County.

2. Based on the County's Strategic Plan, which strategic imperative(s) correlate with funding opportunity. Provide a brief explanation.

This initiative will further the strategic plan of DuPage County by making vehicle travel safer for all who live and work in DuPage County thus making it a more desirable place to live, work, and raise a family in DuPage. It will further the effort to improve the quality of life in DuPage County.

3. What is the period covered by the grant?

10/01/2023 to 09/30/2024
(MM/DD/YYYY) (MM/DD/YYYY)

- 3.1. If period is unknown, estimate the year the project or project phase will begin and anticipated duration:

3.1.1. _____ and _____
(MM/YY) (Duration)

4. Will the County provide "seed" or startup funding to initiate grant project? (Yes or No)

No

- 4.1. If yes, please identify the Company-Accounting Unit used for the funding

5. If grant is awarded, how is funding received? (select one):

5.1. Prior to expenditure of costs (lump-sum reimbursement upfront) ☐

5.2. After expenditure of costs (reimbursement-based) ☒

Grant Proposal Notification

6. Does the grant allow for Personnel Costs? (Yes or No) Yes
- 6.1. If yes, what are the total projected salary and fringe benefit costs of personnel charging time to the grant for the entire term of the grant? Compute County-provided benefits at 40%.
- | | | | |
|------------------------------|--------------------|-----------------------------|-------------|
| 6.1.1. Total salary | <u>\$39,026.88</u> | Percentage covered by grant | <u>100%</u> |
| 6.1.2. Total fringe benefits | <u>\$15,610.75</u> | Percentage covered by grant | <u>0%</u> |
- 6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or No): Yes
- 6.1.3.1. If yes, which ones are disallowed?
- The only fringe benefits covered are those for non-enforcement part-time employees. They would be covered commensurate with the percentage of time that employee works on the grant. No non-enforcement part-time employees are anticipated to be working on this grant.
- Since no part-time employees will be working on the grant all other fringe is disallowed.
- 6.1.3.2. If the grant does not cover 100% of the personnel costs, from what Company-Accounting Unit will the deficit be paid?
- 100-4400
- 6.2. Will receipt of this grant require the hiring of additional staff? (Yes or No): No
- 6.2.1. If yes, how many new positions will be created?
- 6.2.1.1. Full-time _____ Part-time _____ Temporary _____
- 6.2.1.2. Will the headcount of the new position(s) be placed in the grant accounting unit?
- (Yes or No)
- 6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed?



Grant Proposal Notification

6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No) No

6.3.1. If yes, please answer the following:

6.3.1.1. How many years beyond the grant term? _____

6.3.1.2. What Company-Accounting Unit(s) will be used? _____

6.3.1.3. Total annual salary _____

6.3.1.4. Total annual fringe benefits _____

7. Does the grant allow for direct administrative costs? (Yes or No) No

7.1. If yes, please answer the following:

7.1.1. Total estimated direct administrative costs for project _____

7.1.2. Percentage of direct administrative costs covered by grant _____

7.1.3. What percentage of the grant total is the portion covered by the grant _____

8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost? 4.29%

9. Are matching funds required? (Yes or No): No

9.1. If yes, please answer the following:

9.1.1. What percentage of match funding is required by granting entity? _____

9.1.2. What is the dollar amount of the County's match? _____



Grant Proposal Notification

9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? _____

10. What amount of funding is already allocated for the project? \$0.00

10.1. If allocated, in what Company-Accounting Unit are the funds located? _____

10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No): No

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$40,776.88