| GPN Number: 014-23 | | | ı | Date of Notification: | 02/24/202 |
|----------------------------------|--|--------------|-----------------------------|-----------------------|--------------|
| (Completed by Finance Department | :) | | • | | (MM/DD/YYYY) |
| Parent Committee Agenda Date | | 3 | Grant Application Due Date: | | |
| (Completed by Finance Department | :) (MM/DD/YYYY) | YYYY) | | | (MM/DD/YYYY |
| Name of Grant: | Congestion Mitigation and Air Quality Improvement Program | | | | |
| Name of Grantor: | Illinois Department of Transportation | | | | |
| Originating Entity: | U.S. DOT - Federal Highway Administration (Name the entity from which the funding originates, if Grantor is a pass-thru entity) | | | | |
| County Department: | Division of Transportation | | | | |
| Department Contact: | Dan Nowak, Principal Civil Engineer, Ext. 6909 (Name, Title, and Extension) | | | | |
| Parent Committee: | Transportation | | | | |
| Grant Amount Requested: | | \$ | 10,649,92 | 0.00 | |
| Type of Grant: | Competitive | | | | |
| | (Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify) | | | | |
| Is this a new non-recurring Gran | t: ✓ |] Yes | No | | |
| Source of Grant: | | Federal | State | Private |] Corporate |
| If Federal, provide CFDA:2(| 0.205 If S | tate, provid | e CSFA: 494-0 | 00-1003 | |

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

| | widening for westbound dual left turn lanes on Illinois Route and right turn lanes on Winfield Road, raised median along Ill removal and replacement on south leg of Winfield Road, new modernization. IDOT will be paying the 20% match (\$2,129,984). | llinois Route 38, timb | er retaining wall |
|----|--|--|---|
| 2. | Based on the County's Strategic Plan, which strategic imperative(s brief explanation. |) correlate with fundin | g opportunity. Provide a |
| | Quality of Life - The proposed project addresses the specific needs of safety the project is to provide safe and efficient vehicular operations at the Illinois Winfield Road for the existing and anticipated demand. By reconstructing the auxiliary turn lanes, the new level-of-service will allow for better and safer this part of a larger project to improve the safety and operations of Illinois Road and is included in IDOT's FY 2021-2026 Multi-Year Program. | s Route 38 (Roosevelt Roa he existing pavement and raffic flow through the pro | d) intersection with adding the proposed oject corridor. This project |
| 3. | What is the period covered by the grant? | 10/01/202 | $\frac{4}{1}$ to: $\frac{09/30/2028}{(MM/DD/YYYY)}$ |
| | | (2.22.45.5.45.00.0) | |
| | | (MM/DD/YYYY) | (MM/DD/YYYY) |
| | 3.1. If period is unknown, estimate the year the project or project 3.1.1 and | | |
| | 3.1. If period is unknown, estimate the year the project or project 3.1.1 and (Duration) | | anticipated duration: |
| 4. | | phase will begin and a | |
| 4. | 3.1.1 and (MM/YY) (Duration) | phase will begin and a project? (Yes or No) | anticipated duration: |
| | 3.1.1 and (Duration) Will the County provide "seed" or startup funding to initiate grant | phase will begin and a project? (Yes or No) | anticipated duration: |
| | 3.1.1 and (Duration) Will the County provide "seed" or startup funding to initiate grant 4.1. If yes, please identify the Company-Accounting Unit used for | phase will begin and a project? (Yes or No) the funding | anticipated duration: |

| 6. | Does the grant al | Illow for Personnel Costs? (Yes or No) | No | | |
|----|--|---|---------------|--|--|
| | 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 sa | salary Percentage covered by grant | | | |
| | 6.1.2. Total fr | fringe benefits Percentage covered by grant | | | |
| | 6.1.3. Are any | ny of the County-provided fringe benefits disallowed? (Yes or No): | | | |
| | 6.1.3.1. | If yes, which ones are disallowed? | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 6.1.3.2. | If the grant does not cover 100% of the personnel costs, from what Company-Ac will the deficit be paid? | counting Unit | | |
| | | | | | |
| | 6.2. Will receipt | of this grant require the hiring of additional staff? (Yes or No): | <u> </u> | | |
| | 6.2.1. If yes, h | 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 | 1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed | • | | |

| | 6.3. Does the gran | t 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 allo | ow for direct administrative costs? (Yes or No) | - | No |
| 7.1. If yes, please answer the following: | | | | |
| | 7.1.1. Total est | imated direct administrative costs for project | | |
| | 7.1.2. Percenta | age of direct administrative costs covered by grant | - | |
| | 7.1.3. What pe | rcentage of the grant total is the portion covered by the grant | - | |
| 8. | What percentage of | of the grant funding is non-personnel cost / non-direct administrative | cost? _ | 100 |
| 9. | Are matching fund | s required? (Yes or No): | - | Yes |
| | 9.1. If yes, please | answer the following: | | |
| | 9.1.1. What pe | rcentage of match funding is required by granting entity? | - | 20% |
| | 9.1.2. What is the dollar amount of the County's match? | | \$0.00 | |
| | | | | |

| 9.1.3. | What Company-Accounting Unit(s) will provide the matching requirement? | 0 | |
|----------------|---|-----------------|--|
| 10. What amo | unt 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 th | e total project cost (Grant Award + Match + Other Allocated Funding)? | \$13,312,400.00 | |