



Grant Proposal Notification

GPN Number: 026-26
(Completed by Finance Department)

Date of Notification: 04/07/2026
(MM/DD/YYYY)

Parent Committee Agenda Date: 08/04/2026
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 04/03/2026
(MM/DD/YYYY)

Name of Grant: Family Violence Coordinating Council SFY27

Name of Grantor: Illinois Criminal Justice Information Authority

Originating Entity: _____
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: 18th Judicial Circuit Court

Department Contact: Suzanne Armstrong, Court Administrator, 8888
(Name, Title, and Extension)

Parent Committee: Judicial and Public Safety

Grant Amount Requested: \$ 52,000.00

Type of Grant: Competitive
(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: _____ If State, provide CSFA: 546-00-2096



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

Grant funds received from the Illinois Criminal Information Authority are used to pay for the professional services of a local council coordinator. The purpose of the Coordinating Council is to increase the awareness & education in child abuse, partner abuse and elder abuse. Through the council, multi-disciplinary committees are established involving judicial, police, probation, treatment providers and existing programs in a collaborative effort throughout the community.

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

Community Well-Being The purpose of the Coordinating Council is to increase awareness and educate throughout the community in child abuse, partner abuse, and elder abuse; with the goal of keeping people safe.

3. What is the period covered by the grant?

07/01/2026 to: 06/30/2027
(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) ☒



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6. Does the grant allow 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 salary _____ Percentage covered by grant _____

6.1.2. Total fringe benefits _____ Percentage covered by grant _____

6.1.3. Are any 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-Accounting Unit will the deficit be paid?

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?





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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)? \$52,000.00