



Grant Proposal Notification

GPN Number: 008-26
(Completed by Finance Department)

Date of Notification: 01/26/2026
(MM/DD/YYYY)

Parent Committee Agenda Date: 02/17/2026
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 03/01/2026
(MM/DD/YYYY)

Name of Grant: PY26 Homeless System Capacity Expansion Pilot

Name of Grantor: Illinois Department of Human Services

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

County Department: Community Services

Department Contact: Joan Fox, Administrator Housing Supports & Self Sufficiency, 6426
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 90,920.00

Type of Grant: Project/Continuation
(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: 444-80-3520



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

Through this funding we will participate in the Illinois Homelessness Response Collaborative with the goal to increase our homelessness response system to implement best practices and reduce the number of persons experiencing homelessness. This funding will support the reliability of our data systems and expand out capacity to convene stakeholder workgroups to collectively build strategies and steer plans for testing changes that are likely to produce positive statewide results.

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

Community Well-Being: The County ensures everyone can participate and be heard in County government - Through this grant we will expand our efforts to include the voice of persons with lived experience of homelessness.

3. What is the period covered by the grant?

07/01/2025 to: 06/30/2026
(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) 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 \$154,310.00 Percentage covered by grant 21.20%

6.1.2. Total fringe benefits \$57,044.00 Percentage covered by grant 23.77%

6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or No): 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?

