



## Grant Proposal Notification

GPN Number: 012-25  
(Completed by Finance Department)

Date of Notification: 04/09/2025  
(MM/DD/YYYY)

Parent Committee Agenda Date: 05/06/2025  
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 03/28/2025  
(MM/DD/YYYY)

Name of Grant: Powering Safe Communities

Name of Grantor: Metropolitan Mayors Caucus

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

County Department: Facilities Management

Department Contact: Joy Hinz  
(Name, Title, and Extension)

Parent Committee: Public Works

Grant Amount Requested: \$ 10,000.00

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: \_\_\_\_\_



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

At the request of the Public Works and Environmental Committees, FM is planning to install electric vehicle charging stations on the campus. FM will be placing one level 2 charging station at the Care Center and one level 3 charging station adjacent to the Care Center near the SWAP building. The grant will partially reimburse the effort which has consisted of placing a concrete pad, directionally boring under Care Center parking lot, installing an EV dedicated electric panel and the associated cabling.

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

5. Environmental Stewardship - Advance County facility projects and fleet investments that lower the County's emissions, enhance beneficial reuse, and improve efficiency.

An EV charging stations reduces transportation emissions. The Board recently adopting a model that will reimburse the County for expenses.

3. What is the period covered by the grant?

07/01/2025 to: 03/31/2026  
(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) 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): 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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6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or 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? 100

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

9.1. If yes, please answer the following:

9.1.1. What percentage of match funding is required by granting entity? 50

9.1.2. What is the dollar amount of the County's match? \$5,000.00



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- 9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? 6000-1220
10. What amount of funding is already allocated for the project? \$90,000.00
- 10.1. If allocated, in what Company-Accounting Unit are the funds located? 6000-1220
- 10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No): Yes
11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$90,000.00