



Grant Proposal Notification

GPN Number: 033-24
(Completed by Finance Department)

Date of Notification: 08/13/2024
(MM/DD/YYYY)

Parent Committee Agenda Date: 09/03/2024
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 09/06/2024
(MM/DD/YYYY)

Name of Grant: PY26 Continuum of Care Program Competition - HMIS CE

Name of Grantor: U.S. Department of Housing and Urban Development

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

County Department: Community Services

Department Contact: Julie Burdick, HMIS Manager, x6462
(Name, Title, and Extension)

Parent Committee: Human Services Committee

Grant Amount Requested: \$ 80,000.00

Type of Grant: Competitive, Continuation, Project
(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: 14.267 If State, provide CSFA: _____



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

Requesting funding to cover the costs of a full-time HMIS System Administrator to manage Coordinated Entry activities, including assessments, reporting, data collection, referral coordination, monitoring, and training. Participate in the Coordinated Entry Committee and related groups for overall system improvement in DuPage County.

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

Priority 1 Community Well-Being #1 and 2. This role supports Coordinated Entry activities, as described in the Federal Strategic Plan to End and Prevent Homelessness, for the DuPage County Continuum of Care. Coordinated Entry standardizes and prioritizes access to the limited housing resources dedicated to persons experiencing homelessness to those who are the most vulnerable.

3. What is the period covered by the grant?

09/01/2025 to: 08/31/2026
(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) 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 \$64,109.00 Percentage covered by grant 88%

6.1.2. Total fringe benefits \$26,560.00 Percentage covered by grant 88%

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?

1000-1750

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? 1000-1750
10. What amount of funding is already allocated for the project? _____
- 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)? \$100,000.00