

GOVERNMENT

## **Grant Proposal Notification**

GPN Number: 044-24	Date of Notification:	10/24/2024			
(Completed by Finance Department	-)				
Parent Committee Agenda Date		10/24/2024			
(Completed by Finance Department	:) (MM/DD/YYYY)	(MM/DD/YYYY)			
Name of Grant:	Jame of Grant:				
Name of Grantor:	DuPage Care Center Foundation				
Originating Entity: (Name the entity from which the funding originates, if Grantor is a pass-thru entity)					
County Department:	DuPage Care Center				
Department Contact: Shauna Berman, Assistant Administrator,x4261 (Name, Title, and Extension)					
Parent Committee:	Human Services				
Grant Amount Requested:	\$ 60,462.00				
Type of Grant:	Grant: (Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)				
Is this a new non-recurring Grant: Yes 🖌 No					
Source of Grant:	☐ Federal	Corporate			
If Federal, provide CFDA: If State, provide CSFA:					
Page 1 of 5					



## **Grant Proposal Notification**

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

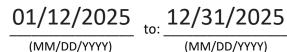
GOVERNMENT

Music Therapy is an established healthcare profession that uses music to address physical, emotional, cognitive, and social needs of individuals of all ages. Music therapy improves the quality of life for persons who are well and meets the needs of children and adults with disabilities or illnesses. Music therapy interventions can be designed to promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication and promote physical rehabilitation. Having a music therapy program enables the Center to enhance services to the residents through the gift of music.

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

Community Well-Being - Improving quality of life for DuPage Care Center residents.

3. What is the period covered by the grant?



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)

Will the County provide "seed" or startup funding to initiate grant project? (Yes or No) 4

4.1. If yes, please identify the Company-Accounting Unit used for the funding

If grant is awarded, how is funding received? (select one): 5.

5.1. Prior to expenditure of costs (lump-sum reimbursement upfront)

5.2. After expenditure of costs (reimbursement-based)



### **Grant Proposal Notification**

- 6. Does the grant allow for Personnel Costs? (Yes or 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%.

No

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 d	isallowed? (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?

	No	nal staff? (Yes or No):	the hiring of addition	of this grant require	6.2. Will receipt
		?	tions will be created	how many new posit	6.2.1. If yes, I
		Temporary _	Part-time	Full-time	6.2.1.1.
	nt accounting unit?	on(s) be placed in the gr	int of the new posit	Will the headcou	6.2.1.2.
(Yes or No)	count(s) be placed?	unting Unit will the hea	what Company-Acco	L.2.1. If no, in v	6.2.1



#### GOVERNMENT

## **Grant Proposal Notification**

. . .

	6.3. Does the grau	nt award require the positions to be retained beyond the grant term? (Yes or No)	NA
	6.3.1. If yes, p	lease 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 all	ow for direct administrative costs? (Yes or No)	No
	7.1. If yes, please	answer the following:	
	7.1.1. Total es	timated direct administrative costs for project	
	7.1.2. Percent	age of direct administrative costs covered by grant	
	7.1.3. What p	ercentage 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 fund	ds required? (Yes or No):	No
	9.1. If yes, please	answer the following:	
	9.1.1. What p	ercentage of match funding is required by granting entity?	
	9.1.2. What is	the dollar amount of the County's match?	



# Grant Proposal Notification

	9.1.3. V	Vhat Company-Accounting Unit(s) will provide the matching requirement?	
10.	What amou	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 the	e total project cost (Grant Award + Match + Other Allocated Funding)?	\$60,462.00