#### ATTACHMENT II

Amendment No. 1
Agreement No.421021

#### AMENDMENT TO THE GRANT AGREEMENT



# THE STATE OF ILLINOIS, ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY AND DUPAGE COUNTY

The State of Illinois (State), acting through the undersigned agency (Grantor) and DuPage County (Grantee) (collectively, the "Parties" and individually, a "Party") agree that this Amendment (Amendment) will amend the Grant Agreement (Agreement) referenced herein. All terms and conditions set forth in the original Agreement and any subsequent amendment, but not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Amendment shall prevail.

The Parties or their duly authorized representatives hereby execute this Amendment.

LLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY	DuPage County				
Ву:	By:				
Delrice Adams, Executive Director	Jeffery Martynowicz, CFO				
Date:	Date:				
	By: Signature on file By: 1  Deborah Conroy, County Board Chair Date: 9/9/2024   4:12:56 PM CDT				
	Signature quality;				
	By:				
	Robert B. Berlin, DuPage County State's Attorney 9/10/2024   8:50:33 AM CDT				

# ARTICLE I AWARD AND AMENDMENT INFORMATION AND CERTIFICATION

1.1. to <b>09/30/2024</b> .		nt, numbered <b>421021</b> , has an original term from <b>10/01/2023</b>
1.2. none): N/A	<u>Prior Amendments</u> . Below is the li	st of all prior amendments to the Agreement (mark N/A if
1.3. the Agreement.		eement expires on <b>09/30/2024</b> , unless terminated pursuant to
X Exhibi  Exhib  X Exhib	Item(s) Altered. Identify which of to bit A (Project Description) to B (Deliverables/Milestones) bit C (Contact Information) it D (Performance Measures/Stds.) bit E (Specific Conditions)	The following Agreement elements are amended herein (check  X Award Term  X Award Amount  PART TWO (Grantor-Specific Terms)  PART THREE (Project-Specific Terms)  X Budget  Funding Source  Other (specify): Identification Numbers
1.5.	Effective Date. This Amendment s	hall be effective upon the last dated signature of the Parties.
purpose(s) desc	rect and (2) all Grant Funds awarde ribed therein, including all subseque	er oath that (1) all representations made in this Amendment of pursuant to the Agreement shall be used only for the ent amendments. Grantee acknowledges that the Award is se statements, misrepresentations, or material omissions shall

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be the basis for immediate termination of the Agreement and repayment of all Grant Funds.

# ARTICLE II AMENDMENTS

- 2.1. <u>Term Changes</u>. This Agreement is effective on October 1, 2023 and expires on December 31, 2024 (the Term), unless terminated pursuant to this Agreement.
- 2.2. <u>Amount of Agreement Changes</u>. Grant Funds must not exceed \$187,500, of which \$187,500 are federal funds from JAG FFY21. Grantee agrees to accept Grantor's payment as specified in the Exhibits and attachments incorporated herein as part of this Agreement.
- 2.3. <u>Exhibit B Deliverables and Milestones</u>. Exhibit B is amended as detailed in the attached new Exhibit B.
- 2.4. <u>Exhibit D Performance Metrics and Standards Changes</u>. Exhibit D is amended as detailed in the attached new Exhibit D.
  - 2.5. <u>Budget Changes.</u> The Budget is amended as detailed in the attached new Budget.
- 2.6. <u>Identification Numbers and Funding Source Changes.</u>
  If applicable, the Federal Award Identification Number (FAIN) is 15PBJA-21-GG-00271-JAGX, the federal awarding agency is U.S. Department of Justice Programs, Bureau of Justice Assistance, and the Federal Award date is September 22, 2021. The Catalog of Federal Domestic Assistance (CFDA) Name is the 2021 BJA Edward Byrne Memorial Justice Assistance Grant (JAG) Program State Solicitation and the Assistance Listing Number is 16.738. The Catalog of State Financial Assistance (CSFA) Number is 546-00-2094. The State Award Identification Number is 2094-44179.

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# EXHIBIT B DELIVERABLES OR MILESTONES

Task	Staff Position	Due Date
Submit quarterly Fiscal Report and	Office Administrator	January 15, 2024
Data Reports to the Authority.		April 15, 2024
		July 15, 2024
		October 15, 2024
		January 15, 2025
Submit quarterly Data Report to	Office Administrator	January 15, 2024
the Authority.		April 15, 2024
		July 15, 2024
		October 15, 2024
		January 15, 2025
	Office Administrator	January 15, 2024
Complete DIA DAAT reports		April 15, 2024
Complete BJA PMT reports		July 15, 2024
through <a href="https://bjapmt.ojp.gov.">https://bjapmt.ojp.gov.</a>		October 15, 2024
		January 15, 2025
Submit all FINAL Fiscal and	Office Administrator	January 30, 2025
Program Closeout reports to the		
Authority.		

#### **EXHIBIT D** PERFORMANCE MEASURES

prosecution of drug traffickers.	and economic cost of narcotics use through specialized
Process Objectives	Performance Measures
Hire specialized narcotics prosecutor by the first month of the program.	> N/A
Attend 3 specialized training to further educate prosecution unit staff with up-to-date laws and procedures.  Hold 5 training with law enforcement.	<ul> <li>Number of training sessions/seminars attended.</li> <li>Number of prosecutors attending.</li> <li>Number of training sessions held with law enforcement.</li> <li>Number of law enforcement officers attending trainings.</li> </ul>
Hold 30 meetings with law enforcement to collaborate on building cases for prosecution.	<ul> <li>Number of meeting sessions held with law enforcement.</li> <li>Number of law enforcement officers attending meeting.</li> </ul>
Provide prosecutorial support to 124 investigations that target or lead to unlawful drug manufacture and distribution.	Number of investigations that target or lead to drug manufacture and distribution for which prosecutorial support is provided.
File charges in/accept for prosecution 90% of drug manufacturing or distributions cases referred for prosecution.	<ul> <li>Number of cases referred for prosecution.</li> <li>Number of cases of drug manufacture and distribution for which charges are filed and accepted for prosecution.</li> </ul>
Outcome Objectives	Performance Measures
Obtain a 95% conviction rate for drug manufacturing or distribution cases that were accepted for prosecution.	<ul> <li>Number of cases prosecuted.</li> <li>Number of cases in which a conviction was obtained.</li> <li>Number of offenders prosecuted for drug manufacturing or distribution by drug type and offense class.</li> <li>Number of offenders convicted of drug manufacturing or distribution by drug type and offense class.</li> </ul>
Track number of weapons confiscated	> Number of weapons confiscated
Track number of offenders prosecuted by offense class	Number of Misdemeanors Class 1, 2, 3, 4, X and SX cases prosecuted
Track number of manufacturing or distribution or trafficking prosecutions and convictions	Number of manufacturing or distribution or trafficking prosecutions

State of Illinois

	<ul> <li>Number of manufacturing or distribution or trafficking convictions</li> </ul>
Track number of convictions by offense class	Number of Misdemeanors Class 1, 2, 3, 4, X and SX convictions
Track number of prosecutions and convictions by drug type	Number of prosecutions for Cannabis Meth Ecstasy Amphetamines Cocaine Heroin Fentanyl Hydrocodone Codeine Opiates Hallucinogens Benzodiazepines Look a Likes Drug Homicide Paraphernalia all other drugs not listed
	Number of convictions for Cannabis Meth Ecstasy Amphetamines Cocaine Heroin Fentanyl Hydrocodone Codeine Opiates Hallucinogens Benzodiazepines Look a Likes Drug Homicide Paraphernalia and all other drugs not listed

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cusign Envelope ID: 7B1855A8-9324-4B83-AB42-4174E7A921E9						
STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA)		AGENCY: Illinois Criminal Justice Information Authority			
Implementing Agency Name: DuPage, County of	UEI#: WZKRN7E54898		NOFO ID: 2094-1397	Grant #: 421021		
CFSA Number: 546-00-2094	CSFA Short Description: Ju	stice Assistance Grant	State Fiscal Year(s): 2024 - 2025	Project Period: 10/1/2023 - 12/30/2024		
All applicants must complete the cells highlighted in blue. The remain should complete the column under "Year 1." Please read all instruc	tions before completing form.			ruesting funding for only one year		
SEC	CTION A FEDERAL	STATE OF ILLINOIS	FUNDS			
Revenues	Year 1					
(a). State of Illinois Grant Amount Requested	\$ 187,500					
BUDG	GET SUMMARY - FEDER	AL/STATE OF ILLINO	IS FUNDS			
Budget Expenditure Categories  OMB Uniform Guidance Federal Awards Reference 2 CFR 200	Year 1					
1. Personnel (Salaries & Wages) 200.430	\$ 187,500					
2. Fringe Benefits 200.431	\$ -					
3. Travel 200.474	\$ -					
4. Equipment 200.439	\$ -					
5. Supplies 200.94	s -					
6. Contractual Services (200.318) & Subawards (200.92)	s -					
16. Total Direct Costs (lines 1-15) 200.413	\$ 187,500		la.			
17. Indirect Costs* (see below) 200.414						
Rate:% Base: \$	s -					
18. Total Costs State Grant Funds (lines 16 and 17)	\$ 187,500					

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# SECTION - A (continued) Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

1)		agreement will be provided to the State of Illino	Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.								
		NOTE: (If this option is selected, please	provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)								
Your Illino	Org	anization may <u>not</u> have a Federally Negotiated Indirector Organization must either:	ect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of								
	A.	Negotiate an Indirect Cost Rate with the State of II	llinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis.								
	B.	Elect to use the de minimis rate of 10% modified to	otal direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.								
	C.	Use a Restricted Rate designated by programmatic	or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)								
2a)		Our Organization currently has a Negotiated Inc based or programmatic restrictions or limitation the close of each fiscal year (2 CFR 200 Append	direct Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rules. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after dix IV (C)(2)(c).								
		NOTE: (If this option is selected, please	provide basic Indirect Cost Rate information in area designated below)								
2b)		Proposal (ICRP) immediately after our Organiz	gotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our <u>initial</u> Indirect Cost Rate ation is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.								
		NOTE: (Check with your State of Illinoi	is Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)								
3)		Our Organization has never received a Negotiat rate of 10% modified total direct cost (MTDC)	ted Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68).								
		NOTE: (Your Organization must be elig Indirect Costs)	rible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under								
		For Restricted Rate Programs (check one) Ou	or Organization is using a restricted indirect cost rate that:								
4)			al Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;								
			atutory policies (please specify):								
		The Restricted Hullett Cost Rate is	70								
5)	7	No reimbursement of Indirect Cost is being requ	uested. (Please consult your program office regarding possible match requirements)								
			Period Covered by the NICRA:								
Basi	c Ne	gotiated Indirect Cost Rate Agreement information	Approving Fed/State Agency (please specify):								
		if Option (1) or (2a) is selected	The Indirect Cost Rate is:								
			Section A -Theditional Base is:								

STATE OF ILLINOIS		BUDGET TEMPLATE d by ICJIA)	AGENCY: Illinois Crim	inal Justice Information Authority
Implementing Agency Name: DuPage, County of	UEI#: WZKKN/E54898		NOFO ID: 2094-1397	Grant #: 421021
CFSA Number: 546-00-2094	CSFA Short Description:	Justice Assistance Grant	State Fiscal Year(s): 2024 - 2025	Project Period: 10/1/2023 - 12/30/2024
If you are required to provide or volunteer to provide cost-sharing, mai must complete the cells highlighted in blue. The remaining cells will be column under " Year 1." Please read all instructions before completin	automatically filled as you comp ig form.	olete the Budget Worksheets. Eli	should be shown for each applic gible applicants requesting fundi	able budget category. All applicants ng for only one year should complete the
	SECTION B	MATCH FUNDS		
Program Revenues	Year 1			
Grantee Match Requirement:% (ICJIA to populate only if match is required)				
(b)Cash				
(c)Non-cash				
(d). Other Funding & Contributions				
NON-STATE Funds Tota	1 S .			
	BUDGET SUMMA	ARY MATCH FUNDS		
Budget Expenditure Categories OMB Uniform Guidance Federal Awards Reference 2 CFR 200	Year 1			
1. Personnel (Salaries & Wages) 200.430	\$			
2. Fringe Benefits 200.431	\$			
3. Travel 200.474	\$ .			
4. Equipment 200.439	s -			
5. Supplies 200.94	\$ -			
6. Contractual Services (200.318) & Subawards (200.92)	s -			
	_			
16. Total Direct Costs (lines 1-15) 200.413	\$ -			
17. Indirect Costs* (see below) 200.414				
Rate: % Base:	\$ -			
18. Total Costs NON-ICJIA (Match) Funds (lines 16 and 17)	\$ -			

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STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA)	AGENCY: Illinois Criminal J	ustice Information Authority
Implementing Agency Name: DuPage, County of	UEI#: WZKKN/E54898	NOFO ID: 2094-1397	Grant #: 421021
	CSFA Short Description: Justice Assistance Grant		Project Period: 10/1/2023 - 12/30/2024

Note: Please see ICJIA Specific Instructions tab for additional information about filling out this sheet.

#### (2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s)."

Implem	nenting Agency	Program Agency		
County of DuPage	County of DuPage	DuPage County State's Atty's Office		
Name of Applicant Institution/Organization	Name of Applicant Institution/Organization	Institution/Organization		
	Signature on file	Signature on file		
Signature	Signature	Signature		
Jeffrey Martynowicz	Deborah Conroy	Robert B. Berlin		
Name of Official	Name of Official	Name of Official		
Chief Financial Officer	County Board Chair	DuPage County State's Attorney		
Title	Title	Title		
Chief Financial Officer (or equivalent)	Executive Director (or equivalent)	Executive Director (or equivalent)		
	9/9/2024   4:12:56 PM CDT	9/10/2024   8:50:33 AM CDT		
Date of Signature	Date of Signature	Date of Signature		

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

### FFATA Data Collection Form (See instructions below to determine if this form needs to be completed)

Under FFATA, any implementing agency that receives \$25,000 or more from federal funds for this award must provide the following information for federal reporting. Please fill out the following form accurately and completely. To confirm whether federal funds are part of this award, please refer to the CFDA number on the Notice of Funding Opportunity. If there is no CFDA number, then this award does not include federal funds.

Grantee (or Subgrantee) Name:   DuPage, County of BuPage   County of DuPage   County of D	Grantee (or Subgrantee) UEI:	WZKRN7E5489	8				
Grantee (or Subgrantee) Address:   421 N. County Farm Road   21 N. County Farm Road   22 N. County Farm Road   22 N. County Farm Road   23 N. County Farm Road   24 N. County Farm Road   25 N. Coun	Grantee (or Subgrantee) Name:	DuPage, County	of				
City: Wheaton State: IL Zip+4: 601873978 Congressional District: 6  Grantee (or Subgrantee) Principal Place of Performance:  City: Wheaton State: IL Zip+4: 601873942 Congressional District: 6  Grant #: 421021 Award Amount: \$ 187,500 Project Period: 10/1/2023 - 12/30/2024  State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority  CSFA Short Description: Justice Assistance Grant  Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions:  Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?  Yes If yes, must answer Q2 below.  No If no, you are not required to provide data.  Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?  Yes If yes, you are not required to provide data.  No If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Amount:  Amount:  Amount:  Amount:  Amount:  Amount:	Grantee (or Subgrantee) DBA:	County of DuPag	ge				
Grantee (or Subgrantee) Principal Place of Performance:  City: Wheaton State: IL Zip+4: 601873942 Congressional District: 6  Grant #: 421021 Award Amount: \$ 187,500 Project Period: 10/1/2023 - 12/30/2024  State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority  CSFA Short Description: Justice Assistance Grant Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions:  Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?  Yes If yes, must answer Q2 below.  No If no, you are not required to provide data.  Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?  Yes If yes, you are not required to provide data.  No If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Name: Amount:  Name: Amount:  Name: Amount:  Name: Amount:  Name: Amount:	Grantee (or Subgrantee) Address:	421 N. County F	arm Road				
City: Wheaton State: IL Zip+4: 601873942 Congressional District: 6  Grant #: 421021 Award Amount: \$ 187,500 Project Period: 10/1/2023 - 12/30/2024  State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority  CSFA Short Description: Justice Assistance Grant  Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions:  Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?  Yes If yes, must answer Q2 below.  No If no, you are not required to provide data.  Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?  Yes If yes, you are not required to provide data.  No If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Name: Amount:  Name: Amount:  Amount:  Amount:  Amount:  Amount:  Amount:	City: Wheaton	State:	IL	Zip+4:	601873978	Congressional District:	6
Grant #: 421021 Award Amount: \$ 187,500 Project Period: 10/1/2023 - 12/30/2024  State of Illinois Awarding Agency: Illinois Criminal Justice Information Authority  CSFA Short Description: Justice Assistance Grant  Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions:  Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?  Yes□ If yes, must answer Q2 below.  No □ If no, you are not required to provide data.  Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?  Yes□ If yes, you are not required to provide data.  No□ If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Name: Amount:  Name: Amount:  Name: Amount:  Name: Amount:  Name: Amount:	Grantee (or Subgrantee) Principal	Place of Perform	ance:				
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CSFA Short Description: Justice Assistance Grant Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions:  Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?  Yes If yes, must answer Q2 below.  No If no, you are not required to provide data.  Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?  Yes If yes, you are not required to provide data.  No If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Name: Amount:  Name: Amount:  Name: Amount:  Name: Amount:  Name: Amount:  Name: Amount:	Grant #: 421021 Award Amoun	t: \$	187,500	Project Peri	od: 10/1/2023		
Under certain circumstances, grantee (or subgrantee) must provide names and total compensation of its top 5 highly compensated officials. Please answer the following two questions and follow the instructions:  Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?  Yes If yes, must answer Q2 below.  No If no, you are not required to provide data.  Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?  Yes If yes, you are not required to provide data.  No If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Name: Amount:  Name: Amount:  Name: Amount:  Name: Amount:  Name: Amount:	State of Illinois Awarding Agency:	Illinois Criminal.	Justice Info	rmation Auth	ority		
Officials. Please answer the following two questions and follow the instructions:  Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?  Yest If yes, must answer Q2 below.  No If no, you are not required to provide data.  Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?  Yest If yes, you are not required to provide data.  No If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Name: Amount:  Name: Amount:  Amount:  Name: Amount:  Amount:  Amount:					•		
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and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?  Yes If yes, must answer Q2 below.  No If no, you are not required to provide data.  Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?  Yes If yes, you are not required to provide data.  No If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Name:  Amount:  Amount:  Name:  Amount:  Amount:  Amount:  Amount:  Amount:  Amount:	officials. Please answer the following	ng two questions	and follow	the instruct	tions:		
and all affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?  Yes If yes, must answer Q2 below.  No If no, you are not required to provide data.  Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?  Yes If yes, you are not required to provide data.  No If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Name:  Amount:  Amount:  Name:  Amount:  Amount:  Amount:  Amount:  Amount:  Amount:	Q1. In your business or organization	's previous fiscal	year, did yo	our business	or organization	n (including parent organizati	ion, all branches
subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?  Yes□ If yes, must answer Q2 below.  No □ If no, you are not required to provide data.  Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?  Yes□ If yes, you are not required to provide data.  No□ If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Name: Amount:	and all affiliates worldwide) receive	(1) 80% or more	of your ann	ual gross rev	enues in U.S.	federal contracts, subcontrac	ts. loans, grants
loans, grants, subgrants and/or cooperative agreements?  Yes□ If yes, must answer Q2 below.  No □ If no, you are not required to provide data.  Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?  Yes□ If yes, you are not required to provide data.  No□ If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Name: Amount:  Name: Amount:  Name: Amount:  Name: Amount:  Name: Amount:  Name: Amount:	subgrants and/or cooperative agreem	ents and (2) \$25,0	000,000 or	more in annu	al gross reven	ue from U.S. federal contrac	ts. subcontracts.
No   If no, you are not required to provide data.  Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?  Yes If yes, you are not required to provide data.  No If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Name: Amount: Amount:  Name: Amount: Amount:  Name: Amount: Amount:	loans, grants, subgrants and/or cooper	rative agreements	?		Ü		io, one community,
Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?  Yes If yes, you are not required to provide data.  No If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Name: Amount: Amount:  Name: Amount: Amount:  Name: Amount:	Yes□ If yes, must answer Q2 be	elow.					
(including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?  Yes If yes, you are not required to provide data.  No□ If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Name: Amount: Amount:  Name: Amount: Amount:  Name: Amount: Amount:	No ☑ If no, you are not required	to provide data.				70War	
(including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?  Yes If yes, you are not required to provide data.  No□ If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Name: Amount: Amount:  Name: Amount: Amount:  Name: Amount: Amount:	O2. Does the public have access t	to information ab	out the cor	mnensation (	of the conjun	avacutivas in vaus businssa	
Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?  Yes If yes, you are not required to provide data.  No If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Name: Amount:  Name: Amount:  Name: Amount:  Name: Amount:	(including parent organization all br	anches and all aff	iliates work	dwide) throu	gh periodic re	corts filed under section 12/s	or organization
Yes If yes, you are not required to provide data.  No□ If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Name: Amount: Amount:  Name: Amount: Amount:  Name: Amount: Amount:	Security Exchange Act of 1934 (5 II	S C 78m(a) 78a(	d)) or section	awide) illiou	gii periodic rej	ports filed under section 13(a	) or 15(a) of the
No□ If no, you must provide the data. Please fill out the rest of this form.  Please provide names and total compensation of the top five officials:  Name: Amount: Amount:  Name: Amount: Amount:  Name: Amount: Amount:	Exchange Act of 1934 (5 0.	S.C. 76III(a), 760(	u)) of section	311 0104 01 th	e internal Kev	enue code of 1986 (i.e., on Ir	(S Form 990)?
Please provide names and total compensation of the top five officials:  Name:	Yes If yes, you are not required	to provide data.					
Name:         Amount:           Name:         Amount:           Name:         Amount:           Name:         Amount:	No ☐ If no, you must provide the	data. Please fill o	out the rest	of this form.			
Name: Amount: Name: Amount: Name: Amount: Name: Amount:	Please provide names and total con	npensation of the	top five of	ficials:			
Name: Amount: Name: Amount:	Name:				Amount:		
Name: Amount:	Name:						
Name: Amount:	Name:				Amount:		
NT .	Name:						
	Name:				-		

### Section C - Budget Worksheet & Narrative

1). Personnel (Salaries & Wages) (2 CFR 200.430) --List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

Name		Computation							
	Position	Salary or Wage	Basis (Yr/Mo/Hr.)	% of Time	Quantity (based on Yr/Mo/Hr)	Federal/State Amount	Match	To	Total Cost
DuPage State's Attorney's Office #1	Senior Paralegal (10/23 - 9/24)	\$ 53,010	Yr	44.03%	1	\$ 23,342	. s -	S	23,342
DuPage State's Attorney's Office #2	Criminal Investigator (10/23 - 9/24)	\$ 77,656	Yr	44.03%	1	\$ 34,194	S -	S	34,194
DuPage State's Attorney's Office #3	Sr. Asst. State's Attorney #1 (10/23 - 9/24)	\$ 106,377	Yr	44.03%	1	\$ 46,841	s -	S	46,841
DuPage State's Attorney's Office #4	Sr. Asst. State's Attorney #2 (10/23 - 9 /24)	\$ 103,612	Yr	44.03%	1	\$ 45,623	s -	S	45,623
DuPage State's Attorney's Office #1	Senior Paralegal (10/24 - 12/24)	\$ 53,269	Yr	44.63%	0.25	\$ 5,943		2	5,943
DuPage State's Attorney's Office #2	Criminal Investigator (10/24 - 12/24)	\$ 78,035	Yr	44.63%	0.25	\$ 8,707		5	8,707
DuPage State's Attorney's Office #3	Sr. Asst. State's Attorney #1 (10/24 - 12/24)	\$ 100,675	Yr	44.63%	0.25	\$ 11,233		8	11,233
DuPage State's Attorney's Office #3	Sr. Asst. State's Attorney #2 (10/24 - 12/24)	\$ 104,118	Yr	44.63%	0.25	\$ 11,617		s	11,617
						s -		S	-
						s -		S	-
					Total	€ 19750		•	107 500

Total \$ 187,500 \$ - \$ 187,500

#### Personnel Narrative:

Funds totaling \$187,500 from this agreement and extension would pay approximately 44.03-44.63% of the salaries of:

- (2) Assistant State's Attorneys: Assigned to the Narcotics Prosecution Unit, responsible for all cases where a defendant is charged with delivery of/or possession with intent to deliver either controlled substances or cannabis. Provide investigative support by reviewing and approving search warrants, applications for eavesdrops and wires, requests for tracking orders and pen register applications. Prosecute narcotics cases.
- Senior Paralegal: supports staff by preparing and filing court documents for both the Narcotics criminal cases and the asset forfeiture cases that are heard in the civil courts, compiles statistics for grant reporting, acts as a liaison between judges, attorneys, v police departments, and other officials.
- Criminal Investigator: the investigator is assigned to the DuPage County Metropolitan Enforcement Group (DuMEG) and participates in pro-active Narcotics and Asset forfeiture Investigations.
- The balance of theses salaries would be paid from Local Funding.
- The Sr. Asst. State's Attorneys and the Criminal Investigator spend 100% of their time on grant activities. The Senior Paralegal spends 75% percent of their time on grant activities.
- The staff is paid to work 37.5 hours per week and all Fringe Benefits are paid from DuPage County Local contributions. The Assistant State's Attorneys are exempt from overtime. If the criminal investigator or paralegal work overtime, the overtime is paid from the State's Attorney's budget.
- -An equity adjustment effective 8/5/23 is anticipated for the two Sr. ASA's along with a 3% COLA effective 12/9/23 for all 4 employees. The salaries listed above reflect these adjustments. (Salaries after equity adjustment 2 months; Salaries after 3% COLA 10 months

		JAG		JAG extension	JAG Total
	44.0328%		44.63%		
Sr. Paralegal	(Sydney Markley)	23,342		5,943	29,285
Criminal Investigator	(William Sarles)	34,194		8,707	42,901
Sr. Assistant State's Atty #1	(Alelxandria Levan)	46,841		11,233	58,074
Sr. Assistant State's Atty #2	(Alysa Feld)	45,623		11,617	57,240
		150,000		37,500	187,500

Grant #: 421021

#### Section C - Budget Worksheet & Narrative

2). Fringe Benefits (2 CFR 200.431)—Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in category (1) direct salaries and wages, and only for the percentage of time devoted to the project. Provide the name of the fringe benefit (i.e., Retirement, Insurance, Worker's Comp, etc.), the fringe benefit rate, and a clear description of how the computation of fringe benefits was done. Provide both the annual (for multiyear awards) and total. If a fringe benefit rate is not used, show how the fringe benefits were computed for each position. The budget justification should be reflected in the budget description. Elements that comprise fringe benefits should be indicated.

			Fringe Costs															
Name Position	Calculated Salary	FICA	Other (Please specify)		ther e specify)		ther specify)	Oth (Please		Othe (Please S <sub>l</sub>	r pecify)	Flat Rate Fringe (If applicable)		ral/State nount	Match	Tota	al Cost	
		- Sainty	7.6500%											1				
N/A				s -	8	5253	8	-	S	-	8	-		s			2	-
				s -	S	0.00	8	-	8		S	-		s	-		S	-
				S -	8		8	-	8	-	S			s	-		S	-
				s -	8		8		S	-	S			s			2	

S	-	8		S	-	S	 S		8		8	-	S	-	8	
S	-	8	(J=0)	\$		S	 8	-	8	-	8	-	S	-	S	-

Fringe Narrative:	

Docusign Envelope ID: 7B1855A8-9324-4B83-AB42-4174E7A921E9 Implementing Agency Name: DuPage, County of

Grant #: 421021

## Section C - Budget Worksheet & Narrative

3). Travel (2 CFR 200.474)— Travel should include: origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate source of Travel Policies applied, Applicant or State of Illinois Travel Regulations. NOTE: Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the contractual category along with the consultant's fee. Travel for training participants, advisory committees, review panels and etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category.

Column G ("Basis") defines the quantity being measured. For example, if your expense is two nights in a hotel, the basis is "Nights." If the expense is 300 miles, the basis is "Miles."

Purpose of Travel	Location			Comp	utation			Federal/State				
(brief description)	Document	Items	Cost Rate	Quantity	Basis	# Staff	# of Trips		ount	Match	Tota	al Cost
V/A								\$	-		S	-
								\$	-		S	
								\$	-		S	
								\$			S	
								\$	×=-		S	
								\$	-		S	
								\$			S	
								\$	-		S	
								\$	-		S	
								\$	-		S	
								\$	•		S	
							Total	S	-	s -	S	

Travel Narrative:	

Grant #: 421021

# Section C - Budget Worksheet & Narrative

4). Equipment (2 CFR 200.439) -- Provide justification for the use of each item and relate them to specific program objectives. Provide both the annual (for multiyear awards) and total for equipment. Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than \$5,000. (Note: Organization's own capitalization policy for classification of equipment can be used). Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

		Comput	ation		Match	
Item	Quantity	Cost	Pro-Rated Share (Put 100% if cost is not pro-rated)	Federal/State Amount		Total Cost
N/A				s -		s -
				\$ -		s -
				\$ -		s -
				\$ -		s -
				\$ -		s -
				\$ -		s -
				\$ -		s -
				\$ -		s -

quipment Narrative:			

Grant #: 421021

# Section C - Budget Worksheet & Narrative

5). Supplies (2 CFR 200.94) -- List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

		Computati	on				
Supply Items  N/A	Quantity/ Duration	Cost	Pro-Rated Share (Put 100% if cost is not pro-rated)	Federal/State Amount	Match	Total (	Cost
V/A				\$ -		S	
				\$ -		S	-
				\$ -		S	-
				\$ -		S	-
				s -		S	-
				s -		S	-
				s -		S	
				\$ -		S	-
				s -		S	
				s -		S	

Supplies Narrative:	

# Section C - Budget Worksheet & Narrative

Grant #: 421021

6). Contractual Services (2 CFR 200.318) & Subawards (200.92) — Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. Federal rules require a separate justification must be provided for sole source contracts in excess of \$150,000 (See 2 CFR 200.88). However, ICJIA has additional requirements for sole source contracts of other amounts. The applicant must contact the ICJIA grant monitor or program administrator for additional information. This budget category may include subawards. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

#### Please also note the differences between subaward, contract, and contractor (vendor):

- 1) Subaward (200.92) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.22) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides services in support of the project activities. This can include utilities, leases, computing costs, audit costs, and similar types of costs.

		Compu	tation				Total Cost	
Description	Cost per Basis	Basis	Length of Time	Pro-Rated Share (Put 100% if cost is not pro-rated)	Federal/State Amount	Match		
N/A					\$ -		S	-
					\$ -		S	-
					\$ -		S	-
					\$ -		S	-
					\$ -		S	-
					\$ -		S	-
					s -		S	-
					\$ -		\$	-
					\$ -		S	
					\$ -		S	-
					\$ -		S	
					\$ -		S	
					\$ -		S	
					\$ -		S	
					\$ -		S	-

Contractual Narrative:		

Docusign Envelope ID: 7B1855A8-9324-4B83-AB42-4174E7A921E9 Implementing Agency Name: DuPage, County of

Grant #: 421021

## Section C - Budget Worksheet & Narrative

16). Indirect Cost (2 CFR 200.414) -- Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Note: Please see ICJIA Specific Instructions tab for additional information for completing this section.

Description	Computation		P. V. 1991		
2000.	Base	Rate	Federal/State Amount	Match	Total Cost
			S -		s

Indirect Cost Narrative:

This is to certify that I have reviewed the indirect cost rate proposal and grant agreement budget, and to the best of my knowledge and belief:

- (1) The costs included in the proposal to establish the final indirect costs rate for this project period are not listed in the budget as a direct cost.
- (2) The indirect costs charged to this grant agreement are not included as direct costs in a different grant agreement with the Criminal Justice Information Authority (Authority) or any other grantor.
- (3) The direct costs listed in this budget are not charged as indirect costs in a different grant agreement with the Authority or any other grantor.

Violation of this certification may result in a range of penalties, including suspension of funds under this program, termination of this agreement, suspension or debarment from receiving future grants, recoupment of monies provided under this grant, and all remedies allowed under the Illinois Grant Recovery Act (30 ILCS 708/1 et seq.)

DuPage County	DuPage County
Institution/Organization	Institution/Organization
	Signature on file
Signature	Signature
Jeffrey Martynowicz	Deborah Conroy
Name of Official	Name of Official
Chief Financial Officer	County Board Chair
Title	Title
Chief Financial Officer (or equivalent)	Executive Director (or equivalent)
	9/9/2024   4:12:56 PM CDT
Date of Signature	Date of Signature

Grant #: 421021

# Section C - Budget Worksheet & Narrative

Budget Summary--When you have completed the budget worksheet, transfer the totals for each category to the spaces below to the uniform template provided (SECTION A & B). Verify the total costs and the total project costs. Indicate the amount of State requested funds and the amount of non-Statel funds that will support the project.

Budget Category	Federa	VState Amount	Match	Amount	To	tal Amount
1. Personnel	S	187,500.00	S	() <b>=</b> ()	S	187,500.00
2. Fringe Benefits	S	-	S	10-1	s	,
3. Travel	S	-	S		s	-
4. Equipment	S	-	S		S	
5. Supplies	S	-	S		S	-
6. Contractual Services	S	-	S	•	s	-
		- 11				
	H					
16. Indirect Costs	S	-	s		S	-
TOTAL PROJECT COSTS	S	187,500.00	2		S	187,500.00

ICJIA Agency Approval	STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA)	AGENCY: Illinois Criminal Justice Inform	nation Authority
Implementing Agency Name: DuPage, County of		NOFO ID: 2094-1397	Grant #: 421021
CFSA Number: 546-00-2094			Project Period: 10/1/2023 - 12/30/2024

#### FOR ICJIA USE ONLY

Final Budget Amount Approval

	A Amount Approval	
Final Total Budget Amount ICJIA Program Staff Name Adrian Hernandez	ICJIA Program Staff Signature	Date
3 187,500.00		
Final Total Award Amount (if different) ICJIA Fiscal & Administrative Staff Name	ICJIA Fiscal & Administrative Signature	Date
Darryl Williams	Signature on file	9/9/2024   3:43:21 PM

**Budget Revision Amount Approval** 

Final Revised Budget Amount	ICJIA Program Staff Name	ICJIA Program Staff Signature	Date
Final Total Award Amount (if different	t) ICJIA Fiscal & Administrative Staff Name	ICJIA Fiscal & Administrative Signature	Date

**Budget Revision Amount Approval** 

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Final Total Award Amount (if different)	ICJIA Fiscal & Administrative Staff Name	ICJIA Fiscal & Administrative Signature	Date

#### §200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.