

ARTICLE I
AWARD AND AMENDMENT INFORMATION AND CERTIFICATION

1.1. Original Agreement. The Agreement, numbered **421021**, has an original term from **10/01/2023** to **09/30/2024**.

1.2. Prior Amendments. Below is the list of all prior amendments to the Agreement (mark N/A if none): N/A

1.3. Current Agreement Term. The Agreement expires on **09/30/2024**, unless terminated pursuant to the Agreement.

1.4. Item(s) Altered. Identify which of the following Agreement elements are amended herein (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Exhibit A (Project Description) | X Award Term |
| X Exhibit B (Deliverables/Milestones) | X Award Amount |
| <input type="checkbox"/> Exhibit C (Contact Information) | <input type="checkbox"/> PART TWO (Grantor-Specific Terms) |
| X Exhibit D (Performance Measures/Std.) | <input type="checkbox"/> PART THREE (Project-Specific Terms) |
| <input type="checkbox"/> Exhibit E (Specific Conditions) | X Budget |
| | <input type="checkbox"/> Funding Source |
| | <input type="checkbox"/> Other (specify): Identification Numbers |

1.5. Effective Date. This Amendment shall be effective upon the last dated signature of the Parties.

1.6. Certification. Grantee certifies under oath that (1) all representations made in this Amendment are true and correct and (2) all Grant Funds awarded pursuant to the Agreement shall be used only for the purpose(s) described therein, including all subsequent amendments. Grantee acknowledges that the Award is made solely upon this certification and that any false statements, misrepresentations, or material omissions shall be the basis for immediate termination of the Agreement and repayment of all Grant Funds.

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**ARTICLE II
AMENDMENTS**

2.1. Term Changes. This Agreement is effective on October 1, 2023 and expires on December 31, 2024 (the Term), unless terminated pursuant to this Agreement.

2.2. Amount of Agreement Changes. 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. Exhibit B Deliverables and Milestones. Exhibit B is amended as detailed in the attached new Exhibit B.

2.4. Exhibit D Performance Metrics and Standards Changes. Exhibit D is amended as detailed in the attached new Exhibit D.

2.5. Budget Changes. The Budget is amended as detailed in the attached new Budget.

2.6. Identification Numbers and Funding Source Changes.

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 Data Reports to the Authority.	Office Administrator	January 15, 2024 April 15, 2024 July 15, 2024 October 15, 2024 January 15, 2025
Submit quarterly Data Report to the Authority.	Office Administrator	January 15, 2024 April 15, 2024 July 15, 2024 October 15, 2024 January 15, 2025
Complete BJA PMT reports through https://bjapmt.ojp.gov .	Office Administrator	January 15, 2024 April 15, 2024 July 15, 2024 October 15, 2024 January 15, 2025
Submit all FINAL Fiscal and Program Closeout reports to the Authority.	Office Administrator	January 30, 2025

**EXHIBIT D
PERFORMANCE MEASURES**

Goal: Increase public safety and reduce the large social and economic cost of narcotics use through specialized prosecution of drug traffickers.	
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. Hold 30 meetings with law enforcement to collaborate on building cases for prosecution.	<ul style="list-style-type: none"> ➤ Number of training sessions/seminars attended. ➤ Number of prosecutors attending. ➤ Number of training sessions held with law enforcement. ➤ Number of law enforcement officers attending trainings. ➤ Number of meeting sessions held with law enforcement. ➤ Number of law enforcement officers attending meeting.
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 style="list-style-type: none"> ➤ Number of cases referred for prosecution. ➤ Number of cases of drug manufacture and distribution for which charges are filed and accepted for prosecution.
Outcome Objectives	Performance Measures
Obtain a 95% conviction rate for drug manufacturing or distribution cases that were accepted for prosecution.	<ul style="list-style-type: none"> ➤ Number of cases prosecuted. ➤ Number of cases in which a conviction was obtained. ➤ Number of offenders prosecuted for drug manufacturing or distribution by drug type and offense class. ➤ Number of offenders convicted of drug manufacturing or distribution by drug type and offense class.
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

	<ul style="list-style-type: none"> ➤ Number of manufacturing or distribution or trafficking convictions
Track number of convictions by offense class	<ul style="list-style-type: none"> ➤ Number of Misdemeanors Class 1, 2, 3, 4, X and SX convictions
Track number of prosecutions and convictions by drug type	<ul style="list-style-type: none"> ➤ 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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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: Justice 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 remaining cells will be automatically filled as you complete the Budget Worksheets. Eligible applicants requesting funding for only one year should complete the column under "Year 1." Please read all instructions before completing form.

SECTION A -- FEDERAL/STATE OF ILLINOIS FUNDS

Revenues	Year 1			
(a). State of Illinois Grant Amount Requested	\$ 187,500			

BUDGET SUMMARY - FEDERAL/STATE OF ILLINOIS FUNDS

Budget Expenditure Categories <i>OMB Uniform Guidance Federal Awards Reference 2 CFR 200</i>	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	\$ -			
6. Contractual Services (200.318) & Subawards (200.92)	\$ -			
16. Total Direct Costs (lines 1-15) 200.413	\$ 187,500			
17. Indirect Costs* (see below) 200.414				
Rate: ___% Base: \$___	\$ -			
18. Total Costs State Grant Funds (lines 16 and 17)	\$ 187,500			

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) 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 Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A. Negotiate an Indirect Cost Rate with the State of Illinois' 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 total 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 Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

NOTE: (If this option is selected, please provide basic Indirect Cost Rate information in area designated below)

2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization 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 award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or the State of Illinois and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).

NOTE: (Your Organization must be eligible, see 2 CFR 200.414 (f), and submit documentation on the calculation of MTDC within your Budget Narrative under Indirect Costs)

4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:

Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200Appendix IV (5) Or;
 Complies with other statutory policies (please specify) :

The Restricted Indirect Cost Rate is _____ %

5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected

Period Covered by the NICRA: _____

Approving Fed/State Agency (please specify): _____

The Indirect Cost Rate is: _____ %

Section A - Indirect Cost Base is: _____

STATE OF ILLINOIS	UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA)	AGENCY: Illinois Criminal Justice Information Authority	
Implementing Agency Name: DuPage, County of	CEL#: WZKKN7E54898	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

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). "

Implementing Agency

Program Agency

County of DuPage

Name of Applicant Institution/Organization

Signature

Jeffrey Martynowicz

Name of Official

Chief Financial Officer

Title

Chief Financial Officer (or equivalent)

Date of Signature

County of DuPage

Name of Applicant Institution/Organization

Signed by:

Signature on file

Signature

Deborah Conroy

Name of Official

County Board Chair

Title

Executive Director (or equivalent)

9/9/2024 | 4:12:56 PM CDT

Date of Signature

DuPage County State's Atty's Office

Institution/Organization

DocuSigned by:

Signature on file

Signature

Robert B. Berlin

Name of Official

DuPage County State's Attorney

Title

Executive Director (or equivalent)

9/10/2024 | 8:50:33 AM CDT

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) UEI:		WZKRN7E54898			
Grantee (or Subgrantee) Name:		DuPage, County of			
Grantee (or Subgrantee) DBA:		County of DuPage			
Grantee (or Subgrantee) Address:		421 N. County Farm Road			
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 <input type="checkbox"/> If yes, must answer Q2 below.					
No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> If yes, you are not required to provide data.					
No <input type="checkbox"/> 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:			

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	Position	Computation				Federal/State Amount	Match	Total Cost
		Salary or Wage	Basis (Yr./Mo./Hr.)	% of Time	Quantity (based on Yr/Mo/Hr)			
DuPage State's Attorney's Office #1	Senior Paralegal (10/23 - 9/24)	\$ 53,010	Yr	44.03%	1	\$ 23,342	\$ -	\$ 23,342
DuPage State's Attorney's Office #2	Criminal Investigator (10/23 - 9/24)	\$ 77,656	Yr	44.03%	1	\$ 34,194	\$ -	\$ 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	\$ -	\$ 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	\$ -	\$ 45,623
DuPage State's Attorney's Office #1	Senior Paralegal (10/24 - 12/24)	\$ 53,269	Yr	44.63%	0.25	\$ 5,943		\$ 5,943
DuPage State's Attorney's Office #2	Criminal Investigator (10/24 - 12/24)	\$ 78,035	Yr	44.63%	0.25	\$ 8,707		\$ 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		\$ 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		\$ 11,617
						\$ -		\$ -
						\$ -		\$ -
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, 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 these 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
Sr. Paralegal	(Sydney Markley)	23,342	<u>44.0328%</u>	5,943	29,285
Criminal Investigator	(William Sarles)	34,194	<u>44.63%</u>	8,707	42,901
Sr. Assistant State's Atty #1	(Alexandria Levan)	46,841		11,233	58,074
Sr. Assistant State's Atty #2	(Alysa Feld)	<u>45,623</u>		<u>11,617</u>	<u>57,240</u>
		150,000		37,500	187,500

Implementing Agency Name: DuPage, County of

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.

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

Name	Position	Fringe Costs										Federal/State Amount	Match	Total Cost
		Calculated Salary	FICA	Other	Other	Other	Other	Other	Flat Rate Fringe					
			7.6500%	(Please specify)	(Please specify)	(Please specify)	(Please specify)	(Please Specify)	(If applicable)					
N/A			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -

		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
													\$ -	\$ -

Fringe Narrative:

Implementing Agency Name: DuPage, County of

Grant #: 421021

Section C - Budget Worksheet & Narrative

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.

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

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

Contractual Narrative:

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		Federal/State Amount	Match	Total Cost
	Base	Rate			
			\$ -		\$ -

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
Institution/Organization

Signature

Jeffrey Martynowicz
Name of Official

Chief Financial Officer
Title

Chief Financial Officer (or equivalent)

Date of Signature

DuPage County
Institution/Organization

Signed by: _____
Signature on file
Signature

Deborah Conroy
Name of Official

County Board Chair
Title

Executive Director (or equivalent)

9/9/2024 | 4:12:56 PM CDT
Date of Signature

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-State funds that will support the project.

<i>Budget Category</i>	<i>Federal/State Amount</i>	<i>Match Amount</i>	<i>Total Amount</i>
1. Personnel	\$ 187,500.00	\$ -	\$ 187,500.00
2. Fringe Benefits	\$ -	\$ -	\$ -
3. Travel	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -
6. Contractual Services	\$ -	\$ -	\$ -
16. Indirect Costs	\$ -	\$ -	\$ -
TOTAL PROJECT COSTS	\$ 187,500.00	\$ -	\$ 187,500.00

ICJIA Agency Approval		STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE (updated by ICJIA)	AGENCY: Illinois Criminal Justice Information Authority	
Implementing Agency Name: DuPage, County of		UEL#: WZKRN7E54898	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

FOR ICJIA USE ONLY

Final Budget Amount Approval

<u>Final Total Budget Amount</u>	<u>ICJIA Program Staff Name</u>	<u>ICJIA Program Staff Signature</u>	<u>Date</u>
\$ 187,500.00	Adrian Hernandez		
<u>Final Total Award Amount (if different)</u>	<u>ICJIA Fiscal & Administrative Staff Name</u>	<u>ICJIA Fiscal & Administrative Signature</u>	<u>Date</u>
	Darryl Williams	<small>Digitally signed by Signature on file 14817996221408</small>	9/9/2024 3:43:21 PM

Budget Revision Amount Approval

<u>Final Revised Budget Amount</u>	<u>ICJIA Program Staff Name</u>	<u>ICJIA Program Staff Signature</u>	<u>Date</u>
<u>Final Total Award Amount (if different)</u>	<u>ICJIA Fiscal & Administrative Staff Name</u>	<u>ICJIA Fiscal & Administrative Signature</u>	<u>Date</u>

Budget Revision Amount Approval

<u>Final Revised Budget Amount</u>	<u>ICJIA Program Staff Name</u>	<u>ICJIA Program Staff Signature</u>	<u>Date</u>
<u>Final Total Award Amount (if different)</u>	<u>ICJIA Fiscal & Administrative Staff Name</u>	<u>ICJIA Fiscal & Administrative Signature</u>	<u>Date</u>

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(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.