GPN Number: 003-24	Date of Notification:	01/08/202	
(Completed by Finance Departmen	<u> </u>	(MM/DD/YYYY)	
Parent Committee Agenda Date (Completed by Finance Departmen		04/01/202	
		, , , ,	
Name of Grant:	Community Development Block Grant F	<u>'Y24</u>	
Name of Grantor:	U.S. Department of Housing and Urban Deve	lopment	
Originating Entity:	(Name the entity from which the funding originates, if Grantor is a pass-th	ru entity)	
County Department:	Community Services		
Department Contact:	Amish Kadakia, Sr Accountant, x6605 (Name, Title, and Extension)		
Parent Committee:	Human Services		
Grant Amount Requested:	\$ 3,663,480.00		
Type of Grant:	Formula (Competitive, Continuation, Formula, Project, Direct Payment, Other – Ple	 rase Specify)	
Is this a new non-recurring Gran	<u>_</u>		
Source of Grant:	✓ Federal State Private	Corporate	
If Federal, provide CFDA:14	1.218 If State, provide CSFA:		

1.	Justify the department's need for this grant.				
	The Community Development Block Grant (CDBG) enters its 50th year serving reside County by providing funding for activities such as 1.) Infrastructure and Accessibility municipalities. 2.) Public Service. 3). Affordable housing-benefiting families and sent housing. 3.) Rehabilitation - assisting homeowners and group homes to maintain the and prevent blight. 4.) Accessibility projects throughout DuPage County.	y benefiting eniors with qua	entire ality		
2.	Based on the County's Strategic Plan, which strategic imperative(s) correlate with funding obrief explanation.	opportunity. P	rovide a		
	County Imperative: The County must undertake comprehensive financial planning to ensure a sound and sustainable future.				
	Community Services Imperative: Community Development assesses community neoutcomes, selects activities to achieve those outcomes while being fiscally respons		2 S		
3.	What is the period covered by the grant? $\frac{04/01/2024}{(MM/DD/YYYY)}$	to: 03/3	1/2025		
	(MM/DD/YYYY)	(MM/	DD/YYYY)		
	3.1. If period is unknown, estimate the year the project or project phase will begin and ant	icipated durat	tion:		
	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)				

6.	Does the grant all	ow for Personr	nel Costs? (Yes or No)		Ye	S
			ojected salary and fringe t? Compute County-prov	e benefit costs of personnel chargi rided benefits at 40%.	ng time to the grant f	or
	6.1.1. Total sa	lary	\$425,000.00	Percentage covered by grant	100%	
	6.1.2. Total fri	nge benefits	\$170,000.00	Percentage covered by grant	_100%	
	6.1.3. Are any	of the County	-provided fringe benefit	s disallowed? (Yes or No):	Yes	
	6.1.3.1.	•	n ones are disallowed? retention benefits			
	6.1.3.2.	If the grant o		the personnel costs, from what Co	mpany-Accounting U	nit
	6.2. Will receipt o	of this grant red	quire the hiring of additi	onal staff? (Yes or No):	No	
	6.2.1. If yes, h	ow many new	positions will be created	1?		
	6.2.1.1.	Full-time	Part-time	Temporary		
	6.2.1.2. 6.2.1.			ion(s) be placed in the grant accounturing Unit will the headcount(s)	(Yes or	 No)

	6.3. Does the gran	nt award require the positions to be retained beyond the grant to	erm? (Yes or No)	N/A
	6.3.1. If yes, please answer the following:			
	6.3.1.1.	How many years beyond the grant term?		
	6.3.1.2.	What Company-Accounting Unit(s) will be used?		
	6.3.1.3.	Total annual salary _		
	6.3.1.4.	Total annual fringe benefits		
7.	Does the grant allo	ow for direct administrative costs? (Yes or No)		Yes
	7.1. If yes, please	1. If yes, please answer the following:		
	7.1.1. Total es	timated direct administrative costs for project	\$732,690	o.00
	7.1.2. Percent	age of direct administrative costs covered by grant		100%
	7.1.3. What pe	ercentage of the grant total is the portion covered by the grant		20%
8.	What percentage	of the grant funding is non-personnel cost / non-direct administr	ative cost?	80%
9.	Are matching fund	ls required? (Yes or No):		No
	9.1. If yes, please	answer the following:		
	9.1.1. What pe	ercentage of match funding is required by granting entity?		
	9.1.2. What is	the dollar amount of the County's match?		

9.1.3.	What Company-Accounting Unit(s) will provide the matching requirement? _	
10. What amo	ount 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 N	o): No
11. What is th	e total project cost (Grant Award + Match + Other Allocated Funding)?	\$3,663,480.00