



Note: Date of notification should be the date submitted to Geoff for review

Grant Proposal Notification

GPN Number: 001-24
(Completed by Finance Department)

Date of Notification: 12/21/2023
(MM/DD/YYYY)

Parent Committee Agenda Date: 01/16/2024
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 11/30/2023
(MM/DD/YYYY)

Name of Grant: Community Services Block Grant PY24

Name of Grantor: IL Dept. of Commerce and Economic Opportunity

Originating Entity: US Dept of Health & Human Services
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Community Services

Department Contact: Gina Strafford-Ahmed, Administrator of I & R, x6444
(Name, Title, and Extension)

Parent Committee: HS

Grant Amount Requested: \$ 1,196,614.00

Type of Grant: Formula
(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)

Is this a new non-recurring Grant: ☐ Yes ☒ No

Source of Grant: ☒ Federal ☐ State ☐ Private ☐ Corporate

If Federal, provide CFDA: 93.569

If State, provide CSFA: 420-70-0091

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

Provides funding to address the needs of low-income county residents for the following services: emergency shelter for homeless residents in times of disaster or eviction; clothing and household items for those impacted by disaster; staff that conduct comprehensive assessments for all programs in Community services; provides funding for low income residents to prevent homelessness via rent or mortgage assistance; provides funding for case management services for subgrantees and the Family Self-Sufficiency; scholarships to low income residents to attend college or technical schools to obtain a degree or certification; information and referral services; financial counseling and debt management program via a subgrantee.

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

Customer Service - The grant funds enable DuPage County Community Services to provide the residents of DuPage County a connection between those in need and the resources that support them.

Quality of Life - The funding supports the programs, services, and partnerships that keep people safe in their home, environment, and relationships. The funding helps residents of DuPage County escape poverty, maintain independence and achieve economic self-sufficiency.

3. What is the period covered by the grant?

01/01/2024 to: 12/31/2024
 (MM/DD/YYYY) (MM/DD/YYYY)

3.1. If period is unknown, estimate the year the project or project phase will begin and anticipated duration:

3.1.1. _____ and _____
 (MM/YY) (Duration)

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

No

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

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

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

5.2. After expenditure of costs (reimbursement-based) ☒



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6. Does the grant allow for Personnel Costs? (Yes or No) Yes
- 6.1. If yes, what are the total projected salary and fringe benefit costs of personnel charging time to the grant for the entire term of the grant? Compute County-provided benefits at 40%.
- 6.1.1. Total salary \$539,014.00 Percentage covered by grant 100%
- 6.1.2. Total fringe benefits \$190,736.00 Percentage covered by grant 100%
- 6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or No): No
- 6.1.3.1. If yes, which ones are disallowed?
- 6.1.3.2. If the grant does not cover 100% of the personnel costs, from what Company-Accounting Unit will the deficit be paid?
- 6.2. Will receipt of this grant require the hiring of additional staff? (Yes or No): No
- 6.2.1. If yes, how many new positions will be created?
- 6.2.1.1. Full-time _____ Part-time _____ Temporary _____
- 6.2.1.2. Will the headcount of the new position(s) be placed in the grant accounting unit? _____
(Yes or No)
- 6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed?

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|--|---------------------------|
| <p>6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No)</p> | <p><u>No</u></p> |
| <p>6.3.1. If yes, please answer the following:</p> | |
| <p>6.3.1.1. How many years beyond the grant term?</p> | <p>_____</p> |
| <p>6.3.1.2. What Company-Accounting Unit(s) will be used?</p> | <p>_____</p> |
| <p>6.3.1.3. Total annual salary</p> | <p>_____</p> |
| <p>6.3.1.4. Total annual fringe benefits</p> | <p>_____</p> |
| <p>7. Does the grant allow for direct administrative costs? (Yes or No)</p> | <p><u>Yes</u></p> |
| <p>7.1. If yes, please answer the following:</p> | |
| <p>7.1.1. Total estimated direct administrative costs for project</p> | <p><u>\$49,139.00</u></p> |
| <p>7.1.2. Percentage of direct administrative costs covered by grant</p> | <p><u>100%</u></p> |
| <p>7.1.3. What percentage of the grant total is the portion covered by the grant</p> | <p><u>4.2%</u></p> |
| <p>8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost?</p> | <p><u>35%</u></p> |
| <p>9. Are matching funds required? (Yes or No):</p> | <p><u>No</u></p> |
| <p>9.1. If yes, please answer the following:</p> | |
| <p>9.1.1. What percentage of match funding is required by granting entity?</p> | <p>_____</p> |
| <p>9.1.2. What is the dollar amount of the County's match?</p> | <p>_____</p> |



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9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? _____

10. What amount 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 total project cost (Grant Award + Match + Other Allocated Funding)? \$1,196,614.00