



Grant Proposal Notification

GPN Number: 001-26
(Completed by Finance Department)

Date of Notification: 12/05/2025
(MM/DD/YYYY)

Parent Committee Agenda Date: 01/20/2026
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 12/05/2025
(MM/DD/YYYY)

Name of Grant: Illinois State Opioid Response Criminal Justice Medication Assisted Recover Integration PY26

Name of Grantor: Illinois Department of Human Services/Health Management Associates

Originating Entity: U.S. Department of Helath and Human Services
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Sheriff

Department Contact: Mark Garcia, Chief, X2004
(Name, Title, and Extension)

Parent Committee: _____

Grant Amount Requested: \$ 15,000.00

Type of Grant: Direct Payment
(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: 93.243 If State, provide CSFA: _____



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

DuPage County has been taking active steps to address mental health and substance use issues across the justice system continuum. This includes re-entry and post-incarceration supports for individuals with mental health issues and the administration of Vivitrol prior to release. Collaboration between DuPage County Sheriffs Office and other professional organizations providing continued care would expand the services and opportunities to provide Medicated Assisted Recovery to inmates currently detained in the DuPage County Corrections Facility.

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

The strategic imperative that best correlates with the funding opportunity is quality of life. This funding opportunity will not only assist in combating the heroin crisis by combining resources and providing MAR to inmates, but will also provide connections between those in need with physical and mental health assistance provided in multiple platforms. Services provided will be for incarcerated individuals to ensure continuity of care while in custody. These services will also assist individuals post-incarceration with developing coping mechanisms.

3. What is the period covered by the grant?

07/01/2025 to: 06/30/2026
(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 \$0.00 Percentage covered by grant 0
- 6.1.2. Total fringe benefits \$0.00 Percentage covered by grant 0
- 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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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): _____

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$15,000.00