



Grant Proposal Notification

GPN Number: 010-24
(Completed by Finance Department)

Date of Notification: 03/05/2024
(MM/DD/YYYY)

Parent Committee Agenda Date: 03/19/2024
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 04/05/2024
(MM/DD/YYYY)

Name of Grant: Family Violence Coordinating Council SFY25

Name of Grantor: Illinois Criminal Justice Information Authority

Originating Entity: _____
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: 18th Judicial Circuit Court

Department Contact: Suzanne Armstrong, Court Administrator, 8888
(Name, Title, and Extension)

Parent Committee: Judicial and Public Safety

Grant Amount Requested: \$ 49,000.00

Type of Grant: Competitive
(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: _____ If State, provide CSFA: 546-00-2096

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

Grant funds received from the Illinois Criminal Information Authority are used to pay for the professional services of a local council coordinator. The purpose of the Coordinating Council is to increase the awareness & education in child abuse, partner abuse and elder abuse. Through the council, multi-disciplinary committees are established involving judicial, police, probation, treatment providers and existing programs in a collaborative effort throughout the community.

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

Quality of Life. The purpose of the Coordinating Council is to increase awareness and educate throughout the community in child abuse, partner abuse, and elder abuse; with the goal of keeping people safe.

3. What is the period covered by the grant?

07/01/2024 to: 06/30/2025
(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) _____ **No** _____

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 _____ Percentage covered by grant _____

6.1.2. Total fringe benefits _____ Percentage covered by grant _____

6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or 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?

