

AMENDMENT TO THE GRANT AGREEMENT



BETWEEN
THE STATE OF ILLINOIS, DEPARTMENT OF HUMAN SERVICES
AND
DUPAGE COUNTY DEPARTMENT OF

he State of Illinois (State), acting through the undersigned agency (Grantor) and

DUPAGE COUNTY DEPARTMENT OF _____ (Grantee)

(collectively, the "Parties" and individually, a "Party") agree that this Amendment (Amendment) will amend the Grant Agreement (Agreement) referenced herein. All terms and conditions set forth in the original Agreement and any subsequent amendment, but not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Amendment shall prevail.

The Parties or their duly authorized representatives hereby execute this Amendment.

DEPARTMENT OF HUMAN SERVICES

DUPAGE COUNTY DEPARTMENT OF

By: _____

Signature of Dulce Quintero, Secretary

Date: _____

Designee Name: _____

Designee Title: Contract Obligations Analyst

By: _____

Signature of Second Grantor Approver, if applicable

Date: _____

Printed Name: _____

Printed Title: _____

Second Grantor Approver

By: _____

Signature of Authorized Representative

Date: _____

Printed Name: _____

Printed Title: _____

E-mail: _____

FEIN: 366006551

By: _____

Signature of Second Grantee Approver, if Applicable

Date: _____

Printed Name: _____

Printed Title: _____

Second Grantee Approver
(optional at Grantee's discretion)



State of Illinois
UNIFORM GRANT BUDGET TEMPLATE

Agreement Numbers. FCSDH00352

State Agency Illinois Department of Human Services

FY. 2025

Grantee DUPAGE COUNTY DEPARTMENT OF

Notice of Funding Opportunity (NOFO) Number. N/A

Data Universal Number System (DUNS) Number 135836026

FEIN 366006551

Catalog of State Financial Assistance (CSFA) Number 444-80-0658

CSFA Short Description. SUPPORTIVE HOUSING

Catalog of Federal Domestic Assistance (CFDA) Number see linked Agreement Exhibit-A

CFDA Short Description. see linked Agreement Exhibit-A

Section A: State of Illinois Funds

REVENUES	Total
State of Illinois Requested:	\$168,180.00
Budget Expenditure Categories	
1. Personnel (200.430)	\$118,410.71
2. Fringe Benefits (200.431)	\$34,422.29
3. Travel (200.475)	N/A
4. Equipment (200.439 and 200.436(a))	N/A
5. Supplies (200.1 and 200.453)	N/A
6. Contractual Services/Subawards (200.318 and 200.1)	N/A
7. Consultant (200.459)	N/A
8. Construction	N/A
9. Occupancy - Rent and Utilities (200.465 and 200.436(a))	N/A
10. Research and Development (R & D) (200.1)	N/A
11. Telecommunications	N/A
12. Training and Education (200.473)	N/A
13. Direct Administrative Costs (200.413)	N/A
14. Other or Miscellaneous Costs	N/A
15. Grant Exclusive Line Item(s)	\$15,347.00
16. Total Direct Costs (add lines 1-15) (200.413)	\$168,180.00
17. Indirect Cost (200.414)	N/A
Rate %: N/A	
Base: N/A	
18. Total Costs State Grant Funds Lines 16 and 17 MUST EQUAL REVENUE TOTALS ABOVE	\$168,180.00
Note: Total may be adjusted for rounding.	

Contract Published Date Time: 2025.06.12.08.02.49 290



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Section B: Non-State of Illinois Funds

REVENUES	Total
Grantee Match Requirement %: 25.00	
b) Cash	\$42,045.00
c) Non-Cash	N/A
d) other Funding and Contributions	N/A
Total Non-State Funds (lined b through d)	\$42,045.00
Budget Expenditure Categories	
1. Personnel (200.430)	\$30,709.02
2. Fringe Benefits (200.431)	\$11,336.56
3. Travel (200.475)	N/A
4. Equipment (200.439 and 200.436(a))	N/A
5. Supplies (200.1 and 200.453)	N/A
6. Contractual Services/Subawards (200.318 and 200.1)	N/A
7. Consultant (200.459)	N/A
8. Construction	N/A
9. Occupancy - Rent and Utilities (200.465 and 200.436(a))	N/A
10. Research and Development (R & D) (200.1)	N/A
11. Telecommunications	N/A
12. Training and Education (200.473)	N/A
13. Direct Administrative Costs (200.413)	N/A
14. Other or Miscellaneous Costs	N/A
15. Grant Exclusive Line Item(s)	N/A
16. Total Direct Costs (add lines 1-15) (200.413)	\$42,045.58
17. Indirect Cost (200.414)	N/A
Rate %: N/A	
Base: N/A	
18. Total Costs Non-State Grant Funds Lines 16 and 17 MUST EQUAL REVENUE TOTALS ABOVE	\$42,045.00
Note: Total may be adjusted for rounding.	

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Agreement Numbers. FCSDH00352

State Agency Illinois Department of Human Services

FY. 2025

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Budget Narrative Summary

When you have completed the budget Category pages, the totals for each category should appear in the corresponding rows below. Additionally, the amount of State requested funds and non-State funds that will support the project are also listed. Verify the amounts and the Total Project Costs.

Budget Category	State	Non-State	Total
1. Personnel	\$118,410.71	\$30,709.02	\$149,119.73
2. Fringe Benefits	\$34,422.29	\$11,336.56	\$45,758.85
3. Travel	N/A	N/A	N/A
4. Equipment	N/A	N/A	N/A
5. Supplies	N/A	N/A	N/A
6. Contractual Services	N/A	N/A	N/A
7. Consultant (Professional Services)	N/A	N/A	N/A
8. Construction	N/A	N/A	N/A
9. Occupancy (Rent and Utilities)	N/A	N/A	N/A
10. Research and Development (R & D)	N/A	N/A	N/A
11. Telecommunications	N/A	N/A	N/A
12. Training and Education	N/A	N/A	N/A
13. Direct Administrative Costs	N/A	N/A	N/A
14. Other or Miscellaneous Costs	N/A	N/A	N/A
15. GRANT EXCLUSIVE LINE ITEM(S)	\$15,347.00	N/A	\$15,347.00
16. Total Direct Costs (add lines 1-15) (200.413)	\$168,180.00	\$42,045.58	\$210,225.58
17. Indirect Cost	N/A	N/A	N/A
State Request	\$168,180.00		
Non-State Amount		\$42,045.00	
TOTAL PROJECT COSTS			\$210,225.00
Note: Total may be adjusted for rounding.			

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ARTICLE I
AWARD AND AMENDMENT INFORMATION AND CERTIFICATION

1.1. Original Agreement. The Agreement, numbered FCSDH00352, with an original term from 07/01/2024 to 06/30/2025.

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

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

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

1.4. Effective Date. This Amendment shall be effective on 07/01/2024. If an effective date is not identified in this Paragraph, the Amendment shall be effective upon the last dated signature of the Parties.

1.5. 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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EXHIBIT A
PROJECT DESCRIPTION

ACCOUNT_LINE(s) SUMMARY:

Acct.Line#: 1
 FY: 2025
 CSFA Number: 444-80-0658
 Appropriation Code: 0001.44480.4900.001800NE
 WBS Element: 444SUPHS25-SSCTH320-SNMT
 Sponed. Prog: SSCT
 Appropriation Amount: \$104,768.00
 These funds are Used/Reported by the Provider as Federal Funds: No
 Use by DHS as Maintenance of Effort (MOE): No
 Use by DHS as Matching Funds: No
 CFDA: - CFDA Name:
 FAIN Number: - FAIN Award Agency:
 FAIN Award Date: N/A

Acct.Line#: 2
 FY: 2025
 CSFA Number: 444-80-0658
 Appropriation Code: 0365.44480.4400.004500NE
 WBS Element: 444SUPHS25-SSCTH320-SNMT
 Sponed. Prog: SSCT
 Appropriation Amount: \$46,979.00
 These funds are Used/Reported by the Provider as Federal Funds: No
 Use by DHS as Maintenance of Effort (MOE): No
 Use by DHS as Matching Funds: No
 CFDA: - CFDA Name:
 FAIN Number: - FAIN Award Agency:
 FAIN Award Date: N/A

Acct.Line#: 3
 FY: 2025
 CSFA Number: 444-80-0658
 Appropriation Code: 0001.44480.4900.002600NE
 WBS Element: 444HMIL025-SSCTH320-SNMT
 Sponed. Prog: SSCT
 Appropriation Amount: \$16,433.00
 These funds are Used/Reported by the Provider as Federal Funds: No
 Use by DHS as Maintenance of Effort (MOE): No
 Use by DHS as Matching Funds: No
 CFDA: - CFDA Name:
 FAIN Number: - FAIN Award Agency:

**ARTICLE II
AMENDMENTS**

Award Amount has been modified. Please see "Exhibit A: CSFA Summary" for the Award Amount modification.

PURPOSE OF AMENDMENT:

Family and Community Services grant for Supportive Housing funding. Increase to continue providing services through the fiscal year.

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EXHIBIT A
PROJECT DESCRIPTION

FAIN Award Date: N/A

----- END OF CFDA SUMMARY -----