



# DU PAGE COUNTY

421 N. COUNTY FARM ROAD  
WHEATON, IL 60187  
www.dupagecounty.gov

## Human Services

### Final Regular Meeting Agenda

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Tuesday, May 21, 2024

9:30 AM

Room 3500A

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1. CALL TO ORDER

2. ROLL CALL

3. PUBLIC COMMENT

4. CHAIR REMARKS - CHAIR SCHWARZE

5. APPROVAL OF MINUTES

5.A. [24-1572](#)

Human Services Committee - Regular Meeting - Tuesday, May 7, 2024

6. COMMUNITY SERVICES - MARY KEATING

6.A. [FI-R-0089-24](#)

Acceptance and appropriation of additional funding for the Illinois Department of Human Services (IDHS) Supportive Housing Grant PY24 inter-governmental agreement No. FCSCH00352, Company 5000 - Accounting Unit 1760, from \$154,180 to \$167,996, an increase of \$13,816. (Community Services)

7. TRAVEL

7.A. [24-1573](#)

Community Services administrator to attend the National Association of County Community & Economic Development (NACCED) Summer Meeting in Tampa, Florida, from July 10, 2024 through July 13, 2024. Expenses to include transportation, lodging, and per diems, for approximate total of \$2,717. Community Development Block Grant funded.

8. INFORMATIONAL

8.A. [24-1574](#)

GPN 019-24 Low Income Home Energy Assistance Program (LIHEAP) Grant PY25, Illinois Department of Commerce and Economic Opportunity, U.S. Department of Health and Human Services - \$3,487,312. (Community Services)

8.B. [24-1575](#)

GPN 020-24 Low Income Home Energy Assistance Program (LIHEAP) State Supplemental Grant PY25, Illinois Department of Commerce and Economic Opportunity - \$3,681,051. (Community Services)

- 8.C. [24-1576](#)  
GPN 021-24 Weatherization DOE Grant PY25, Illinois Department of Commerce and Economic Opportunity, U.S. Department of Energy - \$734,681. (Community Services)
- 8.D. [24-1577](#)  
GPN 022-24 Weatherization HHS Grant PY25, Illinois Department of Commerce and Economic Opportunity, U.S. Department of Health and Human Services - \$967,886. (Community Services)
- 8.E. [24-1578](#)  
GPN 023-24 Weatherization State Grant PY25, Illinois Department of Commerce and Economic Opportunity - \$426,227. (Community Services)

- 9. RESIDENCY WAIVERS - JANELLE CHADWICK**
- 10. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK**
- 11. COMMUNITY SERVICES UPDATE - MARY KEATING**  
Discussion of 2nd round of food pantry infrastructure grants
- 12. OLD BUSINESS**
- 13. NEW BUSINESS**
- 14. ADJOURNMENT**



# Minutes

421 N. COUNTY FARM  
ROAD  
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[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**File #:** 24-1572

**Agenda Date:** 5/21/2024

**Agenda #:** 5.A.

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# DU PAGE COUNTY

421 N. COUNTY FARM ROAD  
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## Human Services

### Final Summary

**Tuesday, May 7, 2024**

**9:30 AM**

**Room 3500A**

**1. CALL TO ORDER**

9:30 AM meeting was called to order by Chair Greg Schwarze at 9:31 AM.

**2. ROLL CALL**

Chair Schwarze appointed County Board Member Patty Gustin to the Human Services Committee meeting for purposes of a quorum.

Other Board members present: Member Patty Gustin and Member Yeena Yoo.

Staff in attendance: Renee Zerante (State's Attorneys Office), Mary Catherine Wells, Keith Jorstad, Tabassum Haleem, and Katrina Holman (Finance), and Natasha Belli (Senior Services). Both Mary Keating and Janelle Chadwick attended remotely.

<b>PRESENT</b>	Childress, LaPlante, Schwarze, and Gustin
<b>ABSENT</b>	DeSart
<b>LATE</b>	Galassi, and Garcia

**3. PUBLIC COMMENT**

No public comments were offered.

**4. CHAIR REMARKS - CHAIR SCHWARZE**

Chair Schwarze announced that the DuPage Care Center Foundation's Annual Golf Outing is on June 28th. Playing golf is not required. Individuals can attend the dinner only at 6:00 p.m. The fundraiser benefits the 300 plus residents at the DuPage Care Center.

Chair Schwarze followed up on the discussion at the April 16 Human Services meeting regarding the township food pantries that previously opted out of food deliveries and sent emails and letters to the supervisors of the Addison, Bloomingdale, and York Townships. The York Township is requesting to re-enter the food delivery. The Addison and Bloomingdale Townships have not yet responded. Chair Schwarze sent the Addison and Bloomingdale Township Supervisors reminders this morning to respond to the request.

**5. APPROVAL OF MINUTES**

5.A. [24-1432](#)

Human Services Committee - Regular Meeting - Tuesday, April 16, 2024

**RESULT:** APPROVED  
**MOVER:** Patty Gustin  
**SECONDER:** Lynn LaPlante

**6. COMMUNITY SERVICES - MARY KEATING**

6.A. [FI-R-0077-24](#)

Acceptance and appropriation of the Income Eligible Retrofits Program Grant PY24, Company 5000 - Accounting Unit 1555, \$976,668. (Community Services)

**RESULT:** APPROVED AND SENT TO FINANCE  
**MOVER:** Patty Gustin  
**SECONDER:** Lynn LaPlante

6.B. [HS-R-0012-24](#)

Authorization to apply for FY2025 Title IIIB Aging and Disability Resource Network Services Grant Funds and FY2025 Title IIIB Transportation Grant Funds from AgeGuide NorthEastern Illinois. (Community Services)

**RESULT:** APPROVED AT COMMITTEE  
**MOVER:** Patty Gustin  
**SECONDER:** Lynn LaPlante

**7. DUPAGE CARE CENTER - JANELLE CHADWICK**

7.A. [FI-R-0080-24](#)

Additional appropriation for the DuPage Care Center Foundation Music Therapy Grant PY22, Company 5000 - Accounting Unit 2120, from \$67,587 to \$82,263, an increase of \$14,676. (DuPage Care Center)

**RESULT:** APPROVED AND SENT TO FINANCE  
**MOVER:** Lynn LaPlante  
**SECONDER:** Patty Gustin

Member Galassi arrived from a prior committee meeting at 9:36 a.m.

7.B. [24-1433](#)

HS-P-0009B-23 - Amendment to Resolution HS-P-0009A-23, issued to Lifescan Labs, for patient phlebotomy and lab services, for the DuPage Care Center, for the period September 20, 2022 through April 17, 2024, to increase encumbrance in the amount of \$5,600, for a new contract amount of \$62,838.39, a 9.78% increase. (6005-0001 SERV)

<b>RESULT:</b>	APPROVED AND SENT TO FINANCE
<b>MOVER:</b>	Lynn LaPlante
<b>SECONDER:</b>	Kari Galassi

8. BUDGET TRANSFERS

8.A. [24-1434](#)

Budget transfer to transfer funds under the Community Development Block Grant (CDBG) to the newly created Capital Policy IT Equipment - Capital Lease line, for copier lease costs, \$3,500 from Printing (5000-1440-53800) to \$3,500 IT Equipment - Capital Lease (5000-1440-54100-0700).

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Lynn LaPlante
<b>SECONDER:</b>	Kari Galassi

9. TRAVEL

9.A. [24-1435](#)

Community Services Administrator to attend the National Alliance to End Homelessness Conference in Washington, DC, from July 7, 2024 through July 11, 2024. Expenses to include registration, transportation, lodging, and per diems for approximate total of \$3,315.

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Lynn LaPlante
<b>SECONDER:</b>	Kari Galassi

**10. CONSENT ITEMS**

Motion to Combine Items

Member Galassi moved and Member LaPlante seconded a motion to combine items 10.A. through 10.D. The motion was approved on voice vote, all "ayes".

10.A. [24-1436](#)

Fox River Foods dba Performance Foodservice Chicago - PO 6330-0001 SERV, this purchase order is decreasing in the amount of \$34,964.54 and closing due to the purchase order expiring.

10.B. [24-1437](#)

Pulmonary Exchange, LTD - PO 6103-0001 SERV, this purchase order is decreasing in the amount of \$23,500 and closing due to the purchase order expiring.

10.C. [24-1438](#)

United Pharmacy Staffing - PO 6307-0001 SERV, this purchase order is decreasing in the amount of \$19,160.25 and closing due to the purchase order expiring.

10.D. [24-1439](#)

Advacare Systems - PO 6231-0001 SERV, this purchase order is decreasing in the amount of \$28,280.61 and closing due to the purchase order expiring.

<b>RESULT:</b>	APPROVED THE CONSENT AGENDA
<b>MOVER:</b>	Lynn LaPlante
<b>SECONDER:</b>	Kari Galassi
<b>AYES:</b>	Childress, Galassi, LaPlante, and Schwarze
<b>ABSENT:</b>	DeSart
<b>LATE:</b>	Garcia

**11. INFORMATIONAL**

**11.A. [FM-P-0017-24](#)**

Recommendation for the approval of a contract to ComEd, for electric utility supply and distribution services for the connected County facilities, for Facilities Management, for the period May 1, 2024 through April 30, 2025, for a total contract amount not to exceed \$4,374,742. Per 55 ILCS 5/5-1022 (c) not suitable for competitive bids – Public Utility. (\$3,169,299 for Facilities Management, \$22,797 for Animal Services, \$794,041 for the Care Center, \$131,380 for the Division of Transportation, and \$257,225 for the Health Department)

<b>RESULT:</b>	ACCEPTED AND PLACED ON FILE
<b>MOVER:</b>	Lynn LaPlante
<b>SECONDER:</b>	Kari Galassi

**12. RESIDENCY WAIVERS - JANELLE CHADWICK**

No residency waivers were offered.

**13. DUPAGE CARE CENTER UPDATE - JANELLE CHADWICK**

Janelle Chadwick, Administrator to the DuPage Care Center, stated the Care Center has submitted everything required for temporary occupancy of the 4N wing of the Care Center to the Illinois Department of Public Health (IDPH). The IDPH acknowledged the request via a telephone call. The Care Center is now waiting for a call from the surveyor at IDPH to schedule the date they will visit the Care Center.

Currently, the front entrance and lobby construction work is well underway. The front entrance is all dug up and the lobby is gutted.

This week is National Nurses Week. The Care Center is celebrating each day all week long. Today the theme for the nursing team is “Thanks to the nursing team for keeping us afloat”. All three shifts will be enjoying root beer floats today.

Chair Schwarze asked if there is anything on social media regarding the celebration of National Nurses Week. Ms. Chadwick responded that they post activities after the fact, but she would look into the social media announcements.



**14. COMMUNITY SERVICES UPDATE - MARY KEATING**

Mary Keating, Director of Community Services, stated that the final applications for the second round of the food pantry infrastructure grants are due on May 15, 2024. She has sent two reminder emails and will send one more, probably on May 13. Currently, there are 17 applications for approximately \$495,000. Ms. Keating will be working with Finance to determine which agency recipients to bring forth for funding and will let the committee members know if there are any issues or concerns with any applications.

Member DeaconGarcia arrived from a prior meeting at 9:47 a.m.

**15. OLD BUSINESS**

No old business was discussed.

**16. NEW BUSINESS**

Member Gustin referred to the travel approved at the meeting for the National Alliance to End Homelessness Conference and asked if attendees come back from conferences and report their findings to the committee. Ms. Gustin noted this conference seemed particularly interesting to her.

Chair Schwarze replied that on occasion they do. Ms. Keating added that she will ask the Administrator attending the conference to provide an update to the committee after the conference regarding homelessness on the national level.

**17. ADJOURNMENT**

There being no further business, Chair Schwarze requested a motion to adjourn at 9:50 a.m.

<b>RESULT:</b>	APPROVED
<b>MOVER:</b>	Lynn LaPlante
<b>SECONDER:</b>	Kari Galassi



## Finance Resolution

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
www.dupagecounty.gov

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**File #:** FI-R-0089-24

**Agenda Date:** 5/21/2024

**Agenda #:** 6.A.

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ACCEPTANCE AND APPROPRIATION OF ADDITIONAL FUNDING  
FOR THE ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS)  
SUPPORTIVE HOUSING GRANT PY24  
INTER-GOVERNMENTAL AGREEMENT NO. FCSCH00352  
COMPANY 5000 - ACCOUNTING UNIT 1760  
FROM \$154,180 to \$167,996  
(AN INCREASE OF \$13,816)

(Under the administrative direction of the Community Services Department)

WHEREAS, the County of DuPage heretofore accepted and appropriated the IDHS Supportive Housing Grant PY24, Company 5000 - Accounting Unit 1760, pursuant to Resolution FI-R-0169-23 for the period July 1, 2023 through June 30, 2024; and

WHEREAS, the County of DuPage has been notified by the Illinois Department of Human Services (IDHS) that additional grant funds in the amount of \$13,816 (THIRTEEN THOUSAND, EIGHT HUNDRED SIXTEEN AND NO/100 DOLLARS) are available to assist low-income eligible families with supportive services; and

WHEREAS, to receive said grant funds, the County of DuPage must enter into amended Grant Agreement No. FCSCH00352 with the Illinois Department of Human Services, a copy of the amended approved budget is attached to and incorporated as a part of this resolution by reference (ATTACHMENT II); and

WHEREAS, no additional County funds are required to receive the additional funding; and

WHEREAS, acceptance of the additional funding does not add any additional subsidy from the County; and

WHEREAS, the County of DuPage finds that the need to appropriate said additional funds creates an emergency within the meaning of the Counties Act, Budget Division, (55 ILCS 5/6-1003).

NOW, THEREFORE, BE IT RESOLVED by the DuPage County Board that the additional funding in the amount of \$13,816 (THIRTEEN THOUSAND, EIGHT HUNDRED SIXTEEN AND NO/100 DOLLARS) be and is hereby accepted; and

BE IT FURTHER RESOLVED that the additional appropriation on the attached sheet (ATTACHMENT I) in the amount of \$13,816 (THIRTEEN THOUSAND, EIGHT HUNDRED SIXTEEN AND NO/100 DOLLARS) be made and added to the IDHS Supportive Housing Grant PY24, Company 5000 - Accounting Unit 1760, and that the program continue as originally approved in all other respects; and

BE IT FURTHER RESOLVED by the DuPage County Board that the Director of Community Services is approved as the County's Authorized Representative; and

BE IT FURTHER RESOLVED that should state and/or federal funding cease for this grant, the Human Services Committee shall review the need for continuing the specified program and related head count; and

BE IT FURTHER RESOLVED that should the Human Services Committee determine the need for other funding is appropriate, it may recommend action to the County Board by Resolution.

Enacted and approved this 28th of May, 2024 at Wheaton, Illinois.

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DEBORAH A. CONROY, CHAIR  
DU PAGE COUNTY BOARD

Attest: \_\_\_\_\_

JEAN KACZMAREK, COUNTY CLERK

ATTACHMENT I

APPROPRIATION OF ADDITIONAL FUNDING  
FOR THE ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS)  
SUPPORTIVE HOUSING GRANT PY24  
INTER-GOVERNMENTAL AGREEMENT NO. FCSCH00352  
COMPANY 5000 – ACCOUNTING UNIT 1760  
\$13,816

REVENUE

41400-0002 - State Operating Grant - IDHS \$ 13,816

TOTAL ANTICIPATED REVENUE \$ 13,816

EXPENDITURES

PERSONNEL

50000-0000 - Regular Salaries \$ 10,379  
51000-0000 - Benefit Payments 1,212  
51010-0000 - Employer Share I.M.R.F. 1,186  
51030-0000 - Employer Share Social Security 598  
51040-0000 - Employee Med & Hosp Insurance 441

TOTAL PERSONNEL \$ 13,816

CONTRACTUAL

53815-0003 - IDHS Education \$ 410  
53815-0004 - IDHS Childcare (1,000)  
53815-0005 - IDHS Transportation 590

TOTAL CONTRACTUAL \$ 0

TOTAL ADDITIONAL APPROPRIATION \$ 13,816



**ATTACHMENT II**  
**State of Illinois**  
**UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. N/A

**State Agency** Illinois Department of Human Services

**FY.** 2024

**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** N/A

**CFDA Short Description.** N/A

**Section A: State of Illinois Funds**

<b>REVENUES</b>	<b>Total</b>
State of Illinois Requested:	\$167,996.00
<b>Budget Expenditure Categories</b>	
1. Personnel (200.430)	\$123,109.28
2. Fringe Benefits (200.431)	\$34,714.72
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)	\$10,172.00
16. Total Direct Costs (add lines 1-15) (200.413)	\$167,996.00
17. Indirect Cost (200.414)	N/A
Rate %: N/A	
Base: N/A	
18. Total Costs State Grant Funds Lines 16 and 17 <b>MUST EQUAL REVENUE TOTALS ABOVE</b>	\$167,996.00



State of Illinois  
UNIFORM GRANT BUDGET TEMPLATE

Agreement Numbers. N/A

State Agency Illinois Department of Human Services

FY. 2024

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 N/A

CFDA Short Description. N/A

**SECTION A - (Continued) - Indirect Cost Rate Information**

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

- 1. Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

*NOTE: (If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information in area designated below)*

**Your organization may not have a Federally Negotiated Cost Rate Agreement. Therefore, in order for your organization to be reimbursed for the Indirect Costs from the State of Illinois your organization must either:**

- A. Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis;**
- B. (Local Government Unit only) Submit a copy of your Federal Rate Maintained Internally (State FRMI) with the State of Illinois' Indirect Cost Unit with guidance from your State Cognizant Agency on an annual basis;**
- C. Elect to use the de minimis rate of 10% modified for total direct costs (MTDC) which may be used indefinitely on State of Illinois awards; or**
- D. Use a Restricted Rate designated by programmatic or statutory policy (see Notice of Funding Opportunity for Restricted Rate Programs).**

- 2a) Our Organizations currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois that will be accepted by all State of Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).

*NOTE: (If this option is selected, please provide basic Indirect Cost Rate Agreement information in area designated below)*

- 2b) Our unit of Local Government currently has a Federal Rate Maintained Internally (FRMI) with the State of Illinois that will be accepted by all State of Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our unit of Local Government is required to submit a new State FRMI to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix VII (D)(1)(d)).

*NOTE: (If this option is selected, please provide basic Indirect Cost Rate Agreement information in area designated below)*

- 2c) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois. Our organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost unit.

*NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)*

- 2d) Our unit of Local Government receives less that \$35 million in direct federal funding and currently does not have a Federal Rate Maintained Internally (FRMI) with the State of Illinois. Our unit of Local Government will complete the State FRMI submission immediately after our organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award. The initial State FRMI will be sent to the State of Illinois' Indirect Cost unit.

*NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)*



State of Illinois  
UNIFORM GRANT BUDGET TEMPLATE

Agreement Numbers. N/A

State Agency Illinois Department of Human Services

FY. 2024

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 N/A

CFDA Short Description. N/A

- 3) Our Organization elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414(f) & (200.1)).

*NOTE: (Your Organization must be eligible, (see 2 CFR 200.414 (f), 2 CFR 200.VII (D)(1)(b), and 2 CFR 200.414(c)(1)) and submit documentation on the calculation of MTDC (2 CFR 200.1) within your Budget Narrative under Indirect Costs)*

- 4) For Restricted Rate Programs, our Organization is using a restricted indirect cost rate that:
- Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200 Appendix IV (B)(5) ); Or
  - Complies with other statutory policies (please specify in the Narrative section of the Indirect Cost Category Page).

The Restricted Indirect Cost Rate is: N/A %

- 5) No reimbursement of Indirect Cost is being requested. (Please consult your program office regarding possible match requirements)

**Basic Negotiated Indirect Cost Rate Agreement information if Option (1) or (2a) is selected**

Period Covered by NICRA: From: N/A To: N/A (mm/dd/yyyy)

Approving Federal/State agency (please specify): N/A

The Indirect Cost Rate is N/A %

**The Distribution Base is:**

N/A



**State of Illinois  
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. N/A

**State Agency** Illinois Department of Human Services

**FY.** 2024

**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** N/A

**CFDA Short Description.** N/A

**Section B: Non-State of Illinois Funds**

REVENUES	Total
Grantee Match Requirement %: 25.00	
b) Cash	\$41,999.00
c) Non-Cash	N/A
d) other Funding and Contributions	N/A
Total Non-State Funds (lined b through d)	\$41,999.00
<b>Budget Expenditure Categories</b>	
1. Personnel (200.430)	\$32,086.08
2. Fringe Benefits (200.431)	\$9,912.92
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)	\$41,999.00
17. Indirect Cost (200.414)	N/A
Rate %: N/A	
Base: N/A	
18. Total Costs Non-State Grant Funds Lines 16 and 17 <b>MUST EQUAL REVENUE TOTALS ABOVE</b>	\$41,999.00





State of Illinois  
UNIFORM GRANT BUDGET TEMPLATE

Agreement Numbers. N/A

State Agency Illinois Department of Human Services

FY. 2024

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 N/A

CFDA Short Description. N/A

.....  
By Signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and that any false, fictitious or fraudulent information or the omission of any material fact could result in the immediate termination of my grant award(s).

**Note: The State Awarding Agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter onto contractual agreements on the behalf of the organization.**

**Grantee Approval:**

--Awaiting Signatures--



**State of Illinois  
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. N/A

**State Agency** Illinois Department of Human Services

**FY.** 2024

**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** N/A

**CFDA Short Description.** N/A

**FFATA Data Collection Form (if needed by agency)**

Under FFATA, all sub-recipients who receive \$30,000 or more must provide the following information for federal reporting. Please fill out the following form accurately and completely.

4-digit extension if applicable:			
Sub-recipient DUNS:	135836026	Sub-recipient Parent Company DUNS:	
Sub-recipient Name: DUPAGE COUNTY DEPARTMENT OF			
Sub-recipient DBA Name: DUPAGE COUNTY DEPARTMENT OF			
Sub-recipient Address: 421 N County Farm Rd			
City: Wheaton	State: IL	Zip-Code: 60187-3978	Congressional District: 03
Sub-recipient Principal Place of Performance: N/A			
Sub-recipient Principal Place of Performance Street Address: N/A			
City: N/A	State: N/A	Zip-Code: N/A	Congressional District:
Contract Number (if known): N/A			
Award Amount: N/A	Project Period: From: N/A	Project Period: To: N/A	
State of Illinois Awarding Agency and Project Detail Description:			
N/A			
<b>Under certain circumstances, sub-recipient must provide names and total compensation of its top 5 highly compensated officials. Please answer the following questions and follow the instructions.</b>			
Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?			
Yes	<input type="checkbox"/>	If Yes, must answer Q2 below.	No <input checked="" type="checkbox"/> If No, you are not required to provide data.
Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?			
Yes	<input type="checkbox"/>	No <input type="checkbox"/>	If No, you must provide the data. Please fill out the rest of this form.
<b>Please provide names and total compensation of the top five officials:</b>			
N/A			



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**FEIN** 366006551

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**CSFA Short Description.** SUPPORTIVE HOUSING

**Catalog of Federal Domestic Assistance (CFDA) Number** N/A

**CFDA Short Description.** N/A

**1). Personnel (2 CFR 200.430)**

List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also, provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Name	Position	Salary Or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of Time	Personnel Cost
Tiffany Owens	Case Manager	\$59,083.400	Yearly	97.890	1.000	\$57,836.740
Flora Spencer-Turcios	Case Manager	\$65,272.540	Yearly	100.000	1.000	\$65,272.540
State Total						\$123,109.28
Tiffany Owens	Case Manager	\$59,083.400	Yearly	2.110	1.000	\$1,246.660
Carrie Fiore	Manager	\$86,766.800	Yearly	9.900	1.000	\$8,589.913
Angelica Diaz	Case Manager Coordinator	\$66,915.820	Yearly	33.250	1.000	\$22,249.510
Non-State Total						\$32,086.08
Total Personnel						\$155,195.36

**Personnel Narrative (State):**

Provide 100% of one full-time case manager and 78% of a second to provide case management and supportive services to households who are currently homeless, at risk of homelessness or previously homeless.  
 - Revised budget to add \$13,618 to salary per email to the grant manager. Two case managers, one at 100% and second one at 97.89%

**Personnel Narrative (Non-State): (i.e. "Match" or "Other Funding")**

Provide 22% of a full-time case manager & 30% of a case manager coordinator to provide case management and supportive services to households who are currently homeless, at risk of homelessness or previously homeless.  
 - With the salary revision, the matches will be 32.66% of a case manager coordinator, 9.94% of a manager and 2.11% for a case manager.



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**CFDA Short Description.** N/A

**2). Fringe Benefits (2 CFR 200.431)**

Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in category (1) direct salaries and wages, and only for the percentage of time devoted to the project. Provide the fringe benefit rate used and a clear description of how the computation of fringe benefits was done. Provide both the annual (for multiyear awards) and total. If a fringe benefit rate is not used, show how the fringe benefits were computed for each position. The budget justification should be reflected in the budget description. Elements that comprise fringe benefits should be indicated.

Name	Position(s)	Base	Rate (%)	Fringe Benefit Cost
Tifany Owens-FICA	Case Manager	\$57,836.740	7.650	\$4,424.511
Tifany Owens-IMRF	Case Manager	\$57,836.740	8.220	\$4,754.180
Tifany Owens-Medical Insurance	Case Manager	\$6,784.710	100.000	\$6,784.710
Flora Spencer-Turcios-IMRF	Case Manager	\$65,272.540	8.220	\$5,365.403
Flora Spencer-Turcios-FICA	Case Manager	\$65,272.540	7.650	\$4,993.349
Flora Spencer-Turcios-Medical Insurance	Case Manager	\$8,392.570	100.000	\$8,392.570
State Total				\$34,714.72
Tifany Owens-IMRF	Case Manager	\$1,246.660	8.220	\$102.475
Tifany Owens-Medical Insurance	Case Manager	\$369.200	100.000	\$369.200
Tifany Owens-FICA	Case Manager	\$1,246.660	7.650	\$95.369
Carrie Fiore-Medical Insurance	Manager	\$1,733.600	100.000	\$1,733.600
Carrie Fiore-FICA	Manager	\$8,589.900	7.650	\$657.127
Carrie Fiore-IMRF	Manager	\$8,589.900	8.220	\$706.090
Angelica Arias-IMRF	Case Manager Coordinator	\$22,249.510	8.220	\$1,828.910
Angelica Arias-FICA	Case Manager Coordinator	\$22,249.510	7.650	\$1,702.088
Angelica Arias-Insurance	Case Manager Coordinator	\$2,718.060	100.000	\$2,718.060
Non-State Total				\$9,912.92
Total Fringe Benefits				\$44,627.64

**Fringe Benefits Narrative (State):**

Provide the FICA, IMRF, and Health Care Insurance costs for 100% of one full-time case manager and 78% of a second to provide case management and supportive services to households who are currently homeless, at risk of homelessness or previously homeless.

-The FICA, IMRF and medical insurance costs are based on 100% of a full-time case manager and 97.89% of a second case manager per revised budget.

**Fringe Benefits Narrative (Non-State): (i.e. "Match" or "Other Funding")**

Provide the FICA, IMRF, and Health Care Insurance costs for 2.11% of a full-time case manager & 33.25% of a case manager coordinator and 9.9% of a manager to provide case management and supportive



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.....  
services to households who are currently homeless, at risk of homelessness or previously homeless (revised budget).



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**3). Travel (2 CFR 200.475)**

Travel should include: origin and destination, estimated costs and type of transportation, number of travelers, related lodging and per diem costs, brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project. In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." Indicate source of Travel Policies applied, Applicant or State of Illinois Travel Regulations. NOTE: Dollars requested in the travel category should be for staff travel only. Travel for consultants should be shown in the consultant category along with the consultant's fee. Travel for training participants, advisory committees, review panels and etc., should be itemized the same way as indicated above and placed in the "Miscellaneous" category

Name	Position	Cost Rate	Basis	Quantity	Number of Trips	Travel Cost	
<b>State: Item data NOT entered for this category</b>						State Total	N/A
<b>Non-State: Item data NOT entered for this category</b>						Non-State Total	N/A
						<b>Total Travel</b>	N/A

**Travel Narrative (State):**

N/A

**Travel Narrative (Non-State): (i.e. "Match" or "Other Funding")**

N/A



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**CFDA Short Description.** N/A

**4). Equipment (200.439 and 200.436(a))**

Provide justification for the use of each item and relate them to specific program objectives. Provide both the annual (for multiyear awards) and total for equipment. Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than \$5,000. (Note: The organization's own capitalization policy for classification of equipment must be used if the organization's capitalization threshold is less than \$5,000). Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used

Item	Quantity	Cost Per Item	Equipment Cost
<b>State: Item data NOT entered for this category</b>			
State Total			N/A
<b>Non-State: Item data NOT entered for this category</b>			
Non-State Total			N/A
Total Equipment			N/A

**Equipment Narrative (State):**

N/A

**Equipment Narrative (Non-State): (i.e. "Match" or "Other Funding")**

N/A



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**5). Supplies (200.1 and 200.453)**

List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Item	Quantity/Duration	Cost Per Item	Supplies Cost
<b>State: Item data NOT entered for this category</b>			
			State Total
			N/A
<b>Non-State: Item data NOT entered for this category</b>			
			Non-State Total
			N/A
			Total Supplies
			N/A

**Supplies Narrative (State):**

N/A

**Supplies Narrative (Non-State): (i.e. "Match" or "Other Funding")**

N/A





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**(6). Contractual Services (2 CFR 200.318) & Subawards (200.1)**

Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole contracts in excess of the Simplified Acquisition Threshold (SAT) (See 2 CFR 200.1).

NOTE : this budget category may include subawards. Provide separate budgets for each subaward or contract, regardless of the dollar value and indicate the basis for the cost estimates in the narrative. Describe products or services to be obtained and indicate the applicability or necessity of each to the project.

*Please also note the differences between subaward, contract, and contractor (vendor):*

- 1) Subaward (200.1) means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal/State award, including a portion of the scope of work or objectives. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal/State program.
- 2) Contract (200.1) means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward.
- 3) "Vendor" or "Contractor" is generally a dealer, distributor or other seller that provides supplies, expendable materials, or data processing services in support of the project activities.

Item	Contractual Services Cost
<b>State: Item data NOT entered for this category</b>	
State Total	N/A
<b>Non-State: Item data NOT entered for this category</b>	
Non-State Total	N/A
Total Contractual Services	N/A

**Contractual Services & Subawards Narrative (State):**

N/A

**Contractual Services & Subawards Narrative (Non-State): (i.e. "Match" or "Other Funding")**

N/A



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**7). Consultant Services and Expenses (2 CFR 200.459)**

Consultant Services (Fees): For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project.

Consultant Services (Fees)	Services Provided	Fee	Basis	Quantity	Consultant Services (Fee) Cost
State: Item data NOT entered for this category					
State Total					N/A
Non-State: Item data NOT entered for this category					
Non-State Total					N/A
Total Consultant Services (Fees)					N/A

**Consultant Services and Expenses Narrative (State):**

N/A

**Consultant Services and Expenses Narrative (Non-State): (i.e. "Match" or "Other Funding")**

N/A



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**7). Consultant Services and Expenses (2 CFR 200.459)**

Consultant Expenses: List all expenses to be paid from the grant to the individual consultant in addition to their fees (i.e., travel, meals, lodging, etc.) Consultant-- Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisitions Policy is used.

Consultant Expenses - Items	Location	Cost Rate	Basis	Quantity	Number of Trips	Consultant Expenses Cost	
<b>State: Item data NOT entered for this category</b>							
						State Total	N/A
<b>Non-State: Item data NOT entered for this category</b>							
						Non-State Total	N/A
						Total Consultant Expenses	N/A

**Consultant Service and Expenses Narrative (State):**

N/A

**Consultant Service and Expenses Narrative (Non-State): (i.e. "Match" or "Other Funding")**

N/A



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**8). Construction**

Provide a description of the construction project and an estimate of the costs. As a rule, construction costs are not allowable unless with prior written approval. In some cases, minor repairs or renovations may be allowable. Consult with the program office before budgeting funds in this category. Estimated construction costs must be supported by documentation including drawings and estimates, formal bids, etc. As with all other costs, follow the specific requirements of the program, the terms and conditions of the award, and applicable regulations.

Purpose	Description of Work	Construction Cost
<b>State: Item data NOT entered for this category</b>		
	State Total	N/A
<b>Non-State: Item data NOT entered for this category</b>		
	Non-State Total	N/A
	Total Construction	N/A

**Construction Narrative (State):**

N/A

**Construction Narrative (Non-State): (i.e. "Match" or "Other Funding")**

N/A



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**9). Occupancy - Rent and Utilities (200.465 and 200.436(a))**

List items and description by major type and the basis of the computation. Explain how direct charges for rental/depreciation and utility expenses are allocated for distribution as an expense to the program/service. For example, provide the square footage and the cost per square foot rent/depreciation, and utility, and provide a monthly rental/depreciation and utility cost and how many months to rent. NOTE: This budgetary line item is to be used for direct program rent/depreciation and utilities, all other indirect or administrative occupancy costs should be listed in the indirect expense section of the Budget worksheet and narrative. Maintenance and repair costs may be included here if directly allocated to program.

Description	Quantity	Basis	Cost	Length of Time	Occupancy Cost
<b>State: Item data NOT entered for this category</b>					
State Total					N/A
<b>Non-State: Item data NOT entered for this category</b>					
Non-State Total					N/A
Total Occupancy - Rent and Utilities					N/A

**Occupancy Narrative (State):**

N/A

**Occupancy Narrative (Non-State): (i.e. "Match" or "Other Funding")**

N/A



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**10. Research and Development (R & D) (2 CFR 200.1)**

Definition: All research activities, both basic and applied, and all development activities that are performed by non-Federal entities directed toward the production of useful materials, devices, systems, or methods, including design and development of prototypes and processes. Provide a description of the research and development project and an estimate of the costs. Consult with the program office before budgeting funds in this category.

Purpose	Description of Work	Research and Development Cost
<b>State: Item data NOT entered for this category</b>		
	State Total	N/A
<b>Non-State: Item data NOT entered for this category</b>		
	Non-State Total	N/A
	Total Research and Development	N/A

**Research and Development Narrative (State):**

N/A

**Research and Development Narrative (Non-State): (i.e. "Match" or "Other Funding")**

N/A



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**11). Telecommunications**

List items and descriptions by major type and the basis of the computation. Explain how telecommunication expenses are allocated for distribution as an expense to the program/service. NOTE: This budgetary line item is to be used for direct program telecommunications. All other indirect or administrative telecommunication costs should be listed in the indirect expense section of the Budget worksheet and narrative.

Description	Quantity	Basis	Cost	Length of Time	Telecommunications Cost
<b>State: Item data NOT entered for this category</b>					
State Total					N/A
<b>Non-State: Item data NOT entered for this category</b>					
Non-State Total					N/A
Total Telecommunications					N/A

**Telecommunications Narrative (State):**

N/A

**Telecommunications Narrative (Non-State): (i.e. "Match" or "Other Funding")**

N/A



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**12). Training and Education (2 CFR 200.473)**

Describe the training and education cost associated with employee development. Include rental space for training (if required), training materials, speaker fees, substitute teacher fees, and any other applicable expenses related to the training. When training materials (pamphlets, notebooks, videos, and other various handouts) are ordered for specific training activities, these items should be itemized below.

Description	Quantity	Basis	Cost	Length of Time	Training and Education Cost
<b>State: Item data NOT entered for this category</b>					
State Total					N/A
<b>Non-State: Item data NOT entered for this category</b>					
Non-State Total					N/A
Total Training and Education					N/A

**Training and Education Narrative (State):**

N/A

**Training and Education Narrative (Non-State): (i.e. "Match" or "Other Funding")**

N/A





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**13). Direct Administrative Costs (2 CFR 200.413)**

The salaries of administrative and clerical staff should normally be treated as indirect (F&A) costs. Direct charging of these costs may be appropriate only if all of the following conditions are met: (1) Administrative or clerical services are integral to a project or activity; (2) Individuals involved can be specifically identified with the project or activity; (3) Such costs are explicitly included in the budget or have the prior written approval of the State awarding agency; and (4) The costs are not also recovered as indirect costs.

Name	Position	Salary Or Wage	Basis (Yr./Mo./Hr.)	% of Time	Length of Time	Direct Administrative Cost
<b>State: Item data NOT entered for this category</b>						
State Total						N/A
<b>Non-State: Item data NOT entered for this category</b>						
Non-State Total						N/A
Total Direct Administrative Costs						N/A

**Direct Administrative Costs Narrative (State):**

N/A

**Direct Administrative Costs Narrative (Non-State): (i.e. "Match" or "Other Funding")**

N/A



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**14. Other or Miscellaneous Costs**

This category contains items not included in the previous categories. List items by type of material or nature of expense, break down costs by quantity and cost per unit if applicable, state the necessity of other costs for successful completion of the project and exclude unallowable costs (eg. Printing, Memberships & subscriptions, recruiting costs, etc.)

Description	Quantity	Basis	Cost	Length of Time	Other or Miscellaneous Cost	
<b>State: Item data NOT entered for this category</b>						
					State Total	N/A
<b>Non-State: Item data NOT entered for this category</b>						
					Non-State Total	N/A
					Total Other or Miscellaneous Costs	N/A

**Other or Miscellaneous Costs Narrative (State):**

N/A

**Other or Miscellaneous Costs Narrative (Non-State): (i.e. "Match" or "Other Funding")**

N/A



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**State Agency** Illinois Department of Human Services

**FY.** 2024

**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** N/A

**CFDA Short Description.** N/A

**15). Grant Exclusive Line Item(s)**

Grant Exclusive Line Item Description: Program Participant Assistance - Transportation and Education

Costs directly related to the service or activity of the program that is an intergal line item for budgetary purposes. To use this budgetary line item, an applicant must have Program approval. (Please cite reference per statute for unique costs directly related to the service or activity of the program).

Description	Quantity	Basis	Cost	Length of Time	Grant Exclusive Line Item Cost
Program Participant Assistance - Child Care	3.000	People	\$333.330	1.000	\$1,000.000
Program Assistane_Childcare	1.000	People	\$333.330	1.000	\$-1,000.000
Program Participant Assistance - Education	3.000	People	\$333.330	1.000	\$1,410.000
Program Participant Assistance - Transportation	4.000	Households	\$2,042.930	1.000	\$8,762.000
State Total					\$10,172.00
<b>Non-State: Item data NOT entered for this category</b>					
Non-State Total					
Total Grant Exclusive Line Item(s)					\$10,172.00

**Grant Exclusive Line Item Narrative (State):**

Assistance to enrolled households for transportation and childcare expenses related to program plan. Revised budget per 4/16/24 email to the grant manager.

**Grant Exclusive Line Item Narrative (Non-State): (i.e. "Match" or "Other Funding")**



**State of Illinois  
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. N/A

**State Agency** Illinois Department of Human Services

**FY.** 2024

**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** N/A

**CFDA Short Description.** N/A

**16. Indirect Cost (2 CFR 200.414)**

Provide the most recent indirect cost rate agreement information with the itemized budget. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a program budget. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s). After the amount of indirect costs is determined for the program, a breakdown of the indirect costs should be provided in the budget worksheet and narrative below.

Description	Base	Rate (%)	Indirect Cost
<b>State: Option 6 - No reimbursement of Indirect Cost is being requested. (See Indirect Cost Rate Information.)</b>			
		State Total	N/A
<b>Non-State: Option 6 - No reimbursement of Indirect Cost is being requested. (See Indirect Cost Rate Information.)</b>			
		Non-State Total	N/A
		Total Indirect Cost	N/A

**Indirect Cost Narrative (State):**

N/A

**Indirect Cost Narrative (Non-State):**

N/A



**State of Illinois  
UNIFORM GRANT BUDGET TEMPLATE**

Agreement Numbers. N/A

**State Agency** Illinois Department of Human Services

**FY.** 2024

**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** N/A

**CFDA Short Description.** N/A

**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.

<b>Budget Category</b>	<b>State</b>	<b>Non-State</b>	<b>Total</b>
1. Personnel	\$123,109.28	\$32,086.08	\$155,195.36
2. Fringe Benefits	\$34,714.72	\$9,912.92	\$44,627.64
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)	\$10,172.00	N/A	\$10,172.00
16. Total Direct Costs (add lines 1-15) (200.413)	\$167,996.00	\$41,999.00	\$209,995.00
17. Indirect Cost	N/A	N/A	N/A
State Request	\$167,996.00		
Non-State Amount		\$41,999.00	
<b>TOTAL PROJECT COSTS</b>			\$209,995.00



State of Illinois  
UNIFORM GRANT BUDGET TEMPLATE

Agreement Numbers. N/A

State Agency Illinois Department of Human Services  
Grantee DUPAGE COUNTY DEPARTMENT OF  
Data Universal Number System (DUNS) Number 135836026  
Catalog of State Financial Assistance (CSFA) Number 444-80-0658  
Catalog of Federal Domestic Assistance (CFDA) Number N/A

FY. 2024  
Notice of Funding Opportunity (NOFO) Number. N/A  
FEIN 366006551  
CSFA Short Description. SUPPORTIVE HOUSING  
CFDA Short Description. N/A

**For STATE Use Only:**

Initial Budget Request Amount: \$167,996.00  
Prior Written Approval for Expense Line Item: N/A  
Statutory Limits or Restrictions: N/A  
Checklist: N/A

**Final Budget Amount Approved:** \$0.00

**Program Approval:**

--Awaiting Signatures--

**Fiscal & Administrative Approval:**

--Awaiting Signatures--

**Budget Revision Approved:**

**Program Approval:**

Budget verison: 1.0.4 - Signed off as Program by Angela Campo on 06/27/2023 06:37:30 AM

**Fiscal & Administrative Approval:**

Budget verison: 1.0.3 - Signed off as Fiscal Admin by Kristy Sommer on 06/11/2023 05:07:50 PM

200.308 Revision of budget and program plans

(e) The Federal/State awarding agency may, at its option, restrict the transfer of funds among direct cost categories or programs, functions and activities for Federal/State awards in which the Federal/State share of the project exceeds the Simplified Acquisition Threshold and the cumulative amount of such transfers exceeds or is expected to exceed 10 percent or \$1,000 per detail line item, whichever is greater of the total budget as last approved by the Federal/State awarding agency. The Federal/State awarding agency cannot permit a transfer that would cause any Federal/State appropriation to be used for purposes other than those consistent with the appropriation.



## Authorization to Travel

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**File #:** 24-1573

**Agenda Date:** 5/21/2024

**Agenda #:** 7.A.

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# DuPage County Employee Overnight Business Travel Expense Reimbursement Request

This expense form is used to request advance approval for County reimbursement of **overnight travel expenses**. Advance approval is required for County reimbursement for all overnight travel whether in-state or out-of-state. After travel is completed, a separate [Overnight Business Travel Report Form](#) must be completed and submitted to receive reimbursement for travel expenses.

Elected Officials subject to 50 ILCS 150/15 should not use this Overnight Business Travel Request Form. [Applicable form for Elected Officials subject to 50 ILCS 150/15.](#)

Do not use this form for travel that does not include an overnight stay. Advance approval is not required for travel that does not include an overnight stay.

Written documentation is not required for approval prior to travel. However, complete itemized documentation is required for reimbursement after travel.

Please review the [County's Business Travel Expense Policy](#) before completing this form.

The County's Business Travel Expense Policy : ["Yes"]

Employee Name: .

Employee Email Address: j @dupagecounty.gov

Department: Community Services

Supervisor Email: mary.keating@dupagecounty.gov

## Description of the Requested Business Travel

Description of conference, training or other out of town event: Community Development Administrator to attend the National Association of County Community & Economic Development Summer Meeting at the National Association of Counties Annual Conference. The conference takes place at the Tampa Convention Center in Tampa, FL.

Start date of conference, training or other out of town event: 07-11-2024

End date of conference, training or other out of town event: 07-13-2024

Departure travel date: 07-10-2024

Return travel date: 07-13-2024

If travel dates extend before or after the dates related to the purpose of travel, explain why the additional travel days are necessary: Meeting events begin at 9 am 07/11/2024. Requesting to arrive the day before to ensure participation.



## Estimate of costs for the requested business travel

Budget Account Code: 5000-1440

Registration fees for conference, training or event: \$0

Form of Payment:

Estimated transportation cost to and from location: \$900

Describe methods of transportation to and from location: Airfare: Departure from Chicago O'Hare International Airport to Tampa International Airport and Arrival from Tampa International Airport to Chicago O'Hare International Airport estimated at \$600, which includes flight insurance. Ground transportation from home to O'Hare and from O'Hare back home estimated at \$75 per trip (\$150 total). Ground transportation from Tampa International Airport to Hotel and from Hotel to Tampa International Airport estimated at \$75 per trip (\$150 total).  
Rental Vehicle request:

Provide estimated rental car cost: \$

Describe reason(s) for vehicle rental:

Business Travel Expense Policy - Supplemental Insurance:

Total Estimated Lodging Costs: \$1575

Description of lodging needs, including number of nights and cost per night: Lodging includes three nights at an approximate total of \$525 per night. Cost includes room charges ranging from \$344 - \$474 per night as well as taxes and fees of approximately 187, as well as destination fees of approximately \$96.

### Meal Per Diem Policy

See Business Travel Expense Policy Section 6.0 regarding meal per diems. Individual meals, including room service, are not reimbursable and meal receipts are not required or accepted. Tips are included in the per diem and are not reimbursable. Per diems are paid at 100% of applicable GSA CONUS rates for non-travel days and at 75% of applicable GSA CONUS rates for the travel day at the beginning of the trip and the travel day for returning from the trip.

See the per diem rates at <https://www.gsa.gov/travel/plan-book/per-diem-rates>.

Estimate Total Per Diem expenses: \$242

Estimate such additional expenses: \$0

Describe expected additional expenses:

Estimated total cost of the requested Overnight Business Travel: \$2717

## Confirmation and Submission

By typing my name below, the employee submitting this request certifies that the information provided herein accurately describes the proposed business travel and the requested travel expenses are my best estimate of the costs and expenses related to that travel. I understand that this request requires advance approval by my Department Head and the Parent Committee Chair (if the total is not more than \$2,500) or the Parent Committee (if the total is more than \$2,500).

Employee Name: .

Instructions for Immediate Supervisor other than Department Head

Please review this Overnight Business Travel Request Form. If you approve the requested travel, please forward the form by email to the Department Head and indicate your approval.

### Instructions for Department Head

Please review this Overnight Business Travel Request Form. If you approve the requested travel, please print this form, sign below, scan and email to the Chair of the relevant Parent Committee.

### Instructions for Parent Committee Chair

Please review this Overnight Business Travel Request Form. If \$2,500 or less, and you approve the requested travel, please print this form, sign below, scan, and return via email to the Department Head. If more than \$2,500, place this item on the agenda of the relevant Parent Committee. After approval by the Parent Committee, please print this form, sign below, scan, and return via email to the Department Head.

REVIEWED BY AND DATE APPROVED:

Signature on File

Department Head: \_\_\_\_\_

Date: 5/13/24 \_\_\_\_\_

Committee Chair: \_\_\_\_\_

Date: \_\_\_\_\_

If the request is over \$2,500 the Committee Chair certifies that the travel was approved by a majority vote at a scheduled meeting of the Parent Committee

Committee Name: \_\_\_\_\_

Meeting Date: \_\_\_\_\_



## Grant Proposal Notifications

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**File #:** 24-1574

**Agenda Date:** 5/21/2024

**Agenda #:** 8.A.

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# Grant Proposal Notification

GPN Number: 019-24  
(Completed by Finance Department)

Date of Notification: 04/18/2024  
(MM/DD/YYYY)

Parent Committee Agenda Date: 05/21/2024  
(Completed by Finance Department) (MM/DD/YYYY)

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

Name of Grant: LIHEAP HHS Grant PY25

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

Originating Entity: U.S. Dept. of Health and 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 x6444  
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 3,487,312.00

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: 93.568

If State, provide CSFA: 420-70-0090



# Grant Proposal Notification

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

The Low Income Home Energy Assistance (LIHEAP} Program, funded through U.S. Department of Health and Human Services and the Supplemental Low Income Energy Assistance Fund (SLIHEAP} allows DuPage County to provide services to eligible low income households in DuPage County. The client assistance funds available through this grant program assist eligible households with the costs of home energy by incorporating fuel assistance, home weatherization, and other related measures in accordance with the current LIHEAP regulations and requirements.

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

Imperative 1: Quality of Life:

1.2 Maintain the county-wide safety net to help people escape poverty, maximize independence, and achieve economic self-sufficiency.

1.2.2 Provide services that help residents escape poverty, maximize independence and achieve economic self-sufficiency.

3. What is the period covered by the grant?

10/01/2024 to: 08/31/2026  
(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)

## Grant Proposal Notification

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6. Does the grant allow for Personnel Costs? (Yes or 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           \$1,194,646.00           Percentage covered by grant           31%          

6.1.2. Total fringe benefits           \$341,311.00           Percentage covered by grant           28%          

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?

## Grant Proposal Notification

6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No) No

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 allow for direct administrative costs? (Yes or No) Yes

7.1. If yes, please answer the following:

7.1.1. Total estimated direct administrative costs for project \$209,239.00

7.1.2. Percentage of direct administrative costs covered by grant 100%

7.1.3. What percentage of the grant total is the portion covered by the grant 6%

8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost? 86%

9. Are matching funds required? (Yes or No): No

9.1. If yes, please answer the following:

9.1.1. What percentage of match funding is required by granting entity? \_\_\_\_\_

9.1.2. What is the dollar amount of the County's match? \_\_\_\_\_







## Grant Proposal Notifications

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**File #:** 24-1575

**Agenda Date:** 5/21/2024

**Agenda #:** 8.B.

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# Grant Proposal Notification

GPN Number: 020-24  
(Completed by Finance Department)

Date of Notification: 04/18/2024  
(MM/DD/YYYY)

Parent Committee Agenda Date: 05/21/2024  
(Completed by Finance Department) (MM/DD/YYYY)

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

Name of Grant: LIHEAP State Supplemental Grant PY25

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

Originating Entity: \_\_\_\_\_  
(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 x6444  
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 3,681,051.00

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: \_\_\_\_\_ If State, provide CSFA: 420-70-0090



# Grant Proposal Notification

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

The Low Income Home Energy Assistance (LIHEAP} Program, funded through U.S. Department of Health and Human Services and the Supplemental Low Income Energy Assistance Fund (SLIHEAP} allows DuPage County to provide services to eligible low income households in DuPage County. The client assistance funds available through this grant program assist eligible households with the costs of home energy by incorporating fuel assistance, home weatherization, and other related measures in accordance with the current LIHEAP regulations and requirements.

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

Imperative 1: Quality of Life:  
1.2 Maintain the county-wide safety net to help people escape poverty, maximize independence, and achieve economic self-sufficiency.  
1.2.2 Provide services that help residents escape poverty, maximize independence and achieve economic self-sufficiency.

3. What is the period covered by the grant?

06/01/2024 to: 08/31/2025  
(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)



# Grant Proposal Notification

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 \$1,194,646.00 Percentage covered by grant 37%

6.1.2. Total fringe benefits \$341,311.00 Percentage covered by grant 34%

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?

5000-1420 HHS

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?







## Grant Proposal Notifications

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**File #:** 24-1576

**Agenda Date:** 5/21/2024

**Agenda #:** 8.C.

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# Grant Proposal Notification

GPN Number: 021-24  
(Completed by Finance Department)

Date of Notification: 05/14/2024  
(MM/DD/YYYY)

Parent Committee Agenda Date: 05/21/2024  
(Completed by Finance Department) (MM/DD/YYYY)

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

Name of Grant: Weatherization DOE Grant PY25

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

Originating Entity: U.S. Dept. of Energy  
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Community Services

Department Contact: Gina Strafford-Ahmed, Intake Administrator x6444  
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 734,681.00

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: 81.042

If State, provide CSFA: 420-70-0087





# Grant Proposal Notification

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

The Weatherization DoE Grant is funded through the U.S. Department of Energy and passed through the IL Department of Commerce and Economic Opportunity to DuPage County Community Services. The Weatherization Department utilizes 63% of this grant to provide client services by our contractors to low income households to install energy conservation measures to permanently reduce their energy bills. Conservation measures include, but are not limited to, air – sealing, insulation of attics and walls, caulking and weather-stripping, installation of high efficiency furnaces, and baseload measures such as Energy Star Refrigerators and LED light bulbs. In addition, the grant funding addresses Health& Safety concerns by providing smoke detectors, carbon monoxide detectors and proper ventilation to improve indoor air quality. Under the guidance of the Illinois Home Weatherization Assistance Program (IHWAP), these improvements are provided at no cost to income eligible households that would not otherwise be able to afford them. The remainder of the funding from this grant covers the cost of administering the Weatherization Program, including but not limited to staff salary and benefits, office and operating supplies, mileage and travel expense and training expense.

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

Community Well-being for low income residents of DuPage County is significantly improved by reducing excessive energy burdens to those that struggle to cover their monthly utility bills. Health & Safety improvements create a safer and healthier home. Research has shown that the payback from these improvements are many- fold. Households that receive LIHEAP assistance are also weatherized which creates a synergistic effect and leverages funding.

Thriving Economy is stimulated in DuPage County by bringing in state and federal funding to be spent at the local level for the cost of labor and material to install these measures by our Weatherization contractors. In addition, several of the Weatherization staff are residents of DuPage County and spend their earnings locally.

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)



## Grant Proposal Notification

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 \$1,024,392.04 Percentage covered by grant 19.9%

6.1.2. Total fringe benefits \$335,301.06 Percentage covered by grant 18.3%

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?

5000-1555 Retrofits Program

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?

## Grant Proposal Notification

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6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No) No

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 allow for direct administrative costs? (Yes or No) Yes

7.1. If yes, please answer the following:

7.1.1. Total estimated direct administrative costs for project \$55,101.00

7.1.2. Percentage of direct administrative costs covered by grant 100%

7.1.3. What percentage of the grant total is the portion covered by the grant 7.5%

8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost? 63.7%

9. Are matching funds required? (Yes or No): No

9.1. If yes, please answer the following:

9.1.1. What percentage of match funding is required by granting entity? \_\_\_\_\_

9.1.2. What is the dollar amount of the County's match? \_\_\_\_\_

## Grant Proposal Notification

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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)? \$734,681.00



## Grant Proposal Notifications

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
[www.dupagecounty.gov](http://www.dupagecounty.gov)

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**File #:** 24-1577

**Agenda Date:** 5/21/2024

**Agenda #:** 8.D.

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# Grant Proposal Notification

GPN Number: 022-24  
(Completed by Finance Department)

Date of Notification: 05/14/2024  
(MM/DD/YYYY)

Parent Committee Agenda Date: 05/21/2024  
(Completed by Finance Department) (MM/DD/YYYY)

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

Name of Grant: Weatherization HHS Grant PY25

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

Originating Entity: U.S. Dept. of Health and 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-Ahmen, Intake Administrator x6444  
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 967,886.00

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: 93.568

If State, provide CSFA: 420-70-0087



## Grant Proposal Notification

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

The Weatherization HHS Grant is funded through the U.S. Department of Health and Human Services passed through the IL Department of Commerce and Economic Opportunity to DuPage County Community Services. The Weatherization Department utilizes 67% of this grant to provide client services by our contractors to low income households to install energy conservation measures to permanently reduce their energy bills. Conservation measures include, but are not limited to, air – sealing, insulation of attics and walls, caulking and weather-stripping, installation of high efficiency furnaces, and baseload measures such as Energy Star Refrigerators and LED light bulbs. In addition, the grant funding addresses Health& Safety concerns by providing smoke detectors, carbon monoxide detectors and proper ventilation to improve indoor air quality. Under the guidance of the Illinois Home Weatherization Assistance Program (IHWAP), these improvements are provided at no cost to income eligible households that would not otherwise be able to afford them.

The remainder of the funding from this grant covers the cost of administering the Weatherization Program, including but not limited to staff salary and benefits, office and operating supplies, mileage and travel expense and training expense.

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

Community Well-Being for low income residents of DuPage County is significantly improved by reducing excessive energy burdens to those that struggle to cover their monthly utility bills. Health & Safety improvements create a safer and healthier home. Research has shown that the payback from these improvements are many- fold. Households that receive LIHEAP assistance are also weatherized which creates a synergistic effect and leverages funding.

Thriving Economy is stimulated in DuPage County by bringing in state and federal funding to be spent at the local level for the cost of labor and material to install these measures by our Weatherization contractors. In addition, several of the Weatherization staff are residents of DuPage County and spend their earnings locally.

**3. What is the period covered by the grant?** 06/01/2024 to: 09/30/2025  
(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)



## Grant Proposal Notification

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 \$1,024,392.04 Percentage covered by grant 23.7%

6.1.2. Total fringe benefits \$335,301.06 Percentage covered by grant 21.1%

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?

5000-1555 Retrofits Program

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?



## Grant Proposal Notification

6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No) No

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 allow for direct administrative costs? (Yes or No) Yes

7.1. If yes, please answer the following:

7.1.1. Total estimated direct administrative costs for project \$58,073.00

7.1.2. Percentage of direct administrative costs covered by grant 100%

7.1.3. What percentage of the grant total is the portion covered by the grant 6%

8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost? 67.5%

9. Are matching funds required? (Yes or No): No

9.1. If yes, please answer the following:

9.1.1. What percentage of match funding is required by granting entity? \_\_\_\_\_

9.1.2. What is the dollar amount of the County's match? \_\_\_\_\_





## Grant Proposal Notifications

421 N. COUNTY FARM  
ROAD  
WHEATON, IL 60187  
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**File #:** 24-1578

**Agenda Date:** 5/21/2024

**Agenda #:** 8.E.

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# Grant Proposal Notification

GPN Number: 023-24  
(Completed by Finance Department)

Date of Notification: 05/14/2024  
(MM/DD/YYYY)

Parent Committee Agenda Date: 05/21/2024  
(Completed by Finance Department) (MM/DD/YYYY)

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

Name of Grant: Weatherization State Grant PY25

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

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

County Department: Community Services

Department Contact: Gina Strafford-Ahmed, Intake Administrator x6444  
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 426,227.00

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: \_\_\_\_\_ If State, provide CSFA: 420-70-0087

## Grant Proposal Notification

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

The Weatherization State Grant is funded through the IL Department of Commerce and Economic Opportunity to DuPage County Community Services. The Weatherization Department utilizes 68% of this grant to provide client services by our contractors to low income households to install energy conservation measures to permanently reduce their energy bills. Conservation measures include, but are not limited to, air – sealing, insulation of attics and walls, caulking and weather-stripping, installation of high efficiency furnaces, and baseload measures such as Energy Star Refrigerators and LED light bulbs. In addition, the grant funding addresses Health& Safety concerns by providing smoke detectors, carbon monoxide detectors and proper ventilation to improve indoor air quality. Under the guidance of the Illinois Home Weatherization Assistance Program (IHWAP), these improvements are provided at no cost to income eligible households that would not otherwise be able to afford them. The remainder of the funding from this grant covers the cost of administering the Weatherization Program, including but not limited to staff salary and benefits, office and operating supplies, mileage and travel expense and training expense.

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

Community Well-Being for low income residents of DuPage County is significantly improved by reducing excessive energy burdens to those that struggle to cover their monthly utility bills. Health & Safety improvements create a safer and healthier home. Research has shown that the payback from these improvements are many- fold. Households that receive LIHEAP assistance are also weatherized which creates a synergistic effect and leverages funding.

Thriving Economy is stimulated in DuPage County by bringing in state funding to be spent at the local level for the cost of labor and material to install these measures by our Weatherization contractors. In addition, several of the Weatherization staff are residents of DuPage County and spend their earnings locally.

**3. What is the period covered by the grant?**

07/01/2024 to: 09/30/2025  
(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)



# Grant Proposal Notification

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 \$1,024,392.04 Percentage covered by grant 10%

6.1.2. Total fringe benefits \$335,301.06 Percentage covered by grant 8.7%

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?

5000-1555 Retrofits Program

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?



## Grant Proposal Notification

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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)?                     \$426,227.00