GPN Number: 011-24				Date of Notification: _	03/20/202
(Completed by Finance Department	t)				(MM/DD/YYYY)
Parent Committee Agenda Date			Grant Application Due Date:		06/30/202
(Completed by Finance Department	t) (MM/DD/YYYY)			(MM/DD/YYYY
Name of Grant:	Paul Coverdell Forensic Science/NFSIA FFY 23				
Name of Grantor:	Illinois Crim	ninal Just	tice Inform	nation Authori	ty (ICJIA)
Originating Entity:	/None of the continue for		DOJ/OJP/		
	(Name the entity fro	om which the	tunding originate	es, if Grantor is a pass-th	nru entity)
County Department:	Sheriff's Office - Crime Lab				
Department Contact:	Claire Dragovich, Laboratory Director x2101 (Name, Title, and Extension)				
Parent Committee:			JPS		
Grant Amount Requested:			\$ 75,000.	00	
Type of Grant:	Continuation				
	(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)				
s this a new non-recurring Gran	t: [Yes	√ No		
Source of Grant:	_	Federal	✓ State	Private] Corporate
If Federal, provide CFDA:16	5.742 _{If}	State, provid	de CSFA:	00-1742	

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

The purpose of this grant is to improve the quality and timeliness of forensic science. Additionally for this solicitation it also requires at least 65% must be spent specifically on opioid-related activities. The laboratory receives funding through Sheriff's Office general funds and crime lab fees (only assessed for convictions in drug cases). The grant provides funding for continuing accreditation, proficiency tests, replacement and update of obsolete equipment and continuing education. Specifically opioid-related the plan includes funding for a document scanner, flammable fridge/freezers, supplies, proficiency tests and a custom report from our LIMS provider.

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

This funding opportunity correlates with the County's plan for quality of life, specifically '1.1 Keep people safe in their homes and provide a safe environment for all who live and work in DuPage County' and '1.2.6 Continue combating the County's heroin crisis by working with local officials and community partners'. The laboratory provides accredited forensic services to any law enforcement agency working within DuPage County. The laboratory is responsive to our customer needs by expediting analysis in cases involving suspected overdose, violent crime by unknown subject, threat to life by unknown subject and pending court date.

3.	What is the period covered by the grant?	to:		
	, , ,	(MM/DD/YYYY)		/DD/YYYY)
	3.1. If period is unknown, estimate the year the project or project pha	ase will begin and an	ticipated dura	tion:
	3.1.1 and 1 year			
4.	Will the County provide "seed" or startup funding to initiate grant pro	ject? (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)			

6.	Does the grant allo	w for Personnel	Costs? (Yes or No)				Y <u>es</u>
	6.1. If yes, what are the total projected salary and fringe benefit costs of personnel charging time to the gentire term of the grant? Compute County-provided benefits at 40%.					grant for	
	6.1.1. Total salary		\$0.00 Percentage covered by gran		ntage covered by grant	0%	_
	6.1.2. Total frir	nge benefits	\$0.00	Perce	ntage covered by grant	0%	_
	6.1.3. Are any	of the County-pro	ovided fringe benefit	ts disallow	ed? (Yes or No):		_
	6.1.3.1.	If yes, which on	es are disallowed?				
	6.1.3.2.	If the grant doe will the deficit l		the perso	nnel costs, from what Com	pany-Accou	nting Unit
	6.2. Will receipt of	f this grant requir	e the hiring of addit	ional staff	? (Yes or No):	No	_
	6.2.1. If yes, ho	ow many new po	sitions will be create	d?			
	6.2.1.1.	Full-time	Part-time _		Temporary		
	6.2.1.2.	Will the headco	ount of the new posit	tion(s) be ¡	placed in the grant accoun	ting unit?	
	6.2.1.2	.1. If no, ir	what Company-Acc	ounting U	nit will the headcount(s) bo	e placed?	(Yes or No)

	6.3. Does the gran	at award require the positions to be retained beyond the grant term? (Yes or No)	No
	6.3.1. If yes, p	ease 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 allo	ow for direct administrative costs? (Yes or No)	Yes
	7.1. If yes, please	answer the following:	
	7.1.1. Total es	timated direct administrative costs for project	
	7.1.2. Percent	age of direct administrative costs covered by grant	
	7.1.3. What pe	ercentage of the grant total is the portion covered by the grant	
8.	What percentage	of the grant funding is non-personnel cost / non-direct administrative cost?	100%
9.	Are matching fund	ls required? (Yes or No):	No
	9.1. If yes, please	answer the following:	
	9.1.1. What pe	ercentage of match funding is required by granting entity?	
	9.1.2. What is	the dollar amount of the County's match?	

9.1.3.	What Company-Accounting Unit(s) will provide the matching requirement?	
10. What amo	ount 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 th	e total project cost (Grant Award + Match + Other Allocated Funding)?	\$75,000.00