



# Grant Proposal Notification

GPN Number: \_\_\_\_\_  
(Completed by Finance Department)

Date of Notification: 08/09/2024  
(MM/DD/YYYY)

Parent Committee Agenda Date: \_\_\_\_\_  
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 09/20/2024  
(MM/DD/YYYY)

Name of Grant: FY 2025 Polling Place Accessibility Federal Grant

Name of Grantor: Illinois State Board of Elections

Originating Entity: U.S. Election Assistance Commission  
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: County Clerk-Election Division

Department Contact: Jean Kaczmarek, County Clerk (630) 407-5572  
(Name, Title, and Extension)

Parent Committee: Finance

Grant Amount Requested: \$ 675,233.88

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: 90.404

If State, provide CSFA: \_\_\_\_\_



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

The county will utilize the grant funds to convert existing parking areas at the Blanchard Building and Central Athletic Complex Building (Wheaton Park District). The funding will cover engineering, permitting and construction costs related to these projects. Other included costs in the grant amount requested are for signage and barricades used around the county at different Polling Places.

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

To ensure that the residents of DuPage County with disabilities have a full and equal opportunity to vote-ADA compliant

3. What is the period covered by the grant? 07/01/2024 to: 06/30/2025  
(MM/DD/YYYY) (MM/DD/YYYY)

3.1. If period is unknown, estimate the year the project or project phase will begin and anticipated duration:

3.1.1. \_\_\_\_\_ and \_\_\_\_\_  
(MM/YY) (Duration)

4. Will the County provide “seed” or startup funding to initiate grant project? (Yes or No) No

4.1. If yes, please identify the Company-Accounting Unit used for the funding \_\_\_\_\_

5. If grant is awarded, how is funding received? (select one):

5.1. Prior to expenditure of costs (lump-sum reimbursement upfront)

5.2. After expenditure of costs (reimbursement-based)



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6. Does the grant allow for Personnel Costs? (Yes or No)

No

6.1. If yes, what are the total projected salary and fringe benefit costs of personnel charging time to the grant for the entire term of the grant? Compute County-provided benefits at 40%.

6.1.1. Total salary \_\_\_\_\_ Percentage covered by grant \_\_\_\_\_

6.1.2. Total fringe benefits \_\_\_\_\_ Percentage covered by grant \_\_\_\_\_

6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or No): \_\_\_\_\_

6.1.3.1. If yes, which ones are disallowed?

6.1.3.2. If the grant does not cover 100% of the personnel costs, from what Company-Accounting Unit will the deficit be paid?

6.2. Will receipt of this grant require the hiring of additional staff? (Yes or No):

No

6.2.1. If yes, how many new positions will be created?

6.2.1.1. Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_

6.2.1.2. Will the headcount of the new position(s) be placed in the grant accounting unit? \_\_\_\_\_

(Yes or No)

6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be placed?







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- 9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? \_\_\_\_\_
10. What amount of funding is already allocated for the project? \$0.00
- 10.1. If allocated, in what Company-Accounting Unit are the funds located? \_\_\_\_\_
- 10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No): \_\_\_\_\_
11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$675,233.88