



**Illinois**  
**Department of Commerce**  
& Economic Opportunity

April 10, 2023

Ms. Mary Keating  
Executive Director  
DUPAGE COUNTY  
421 N COUNTY FARM RD  
Wheaton, IL 60187-3978

Re: Grant No. 23-224028

Dear Ms. Keating:

Enclosed is your fully executed copy of the modification/waiver to the above referenced grant agreement (the "Agreement"). Please retain this copy in your files for reference during the administration of the grant and for future audit and monitoring purposes.

Please be advised that the requested modification/waiver was approved based on information provided by your agency/organization. Pursuant to Section 3.7 of the pre-GATA Agreement, or Article XII of the post-GATA Agreement, as applicable, you are hereby reminded that: (i) during the time period specified in the Agreement, the Grantee is required to maintain books, records and supporting documents related to all disbursements of funds provided under the Agreement, including those which are the subject of the modification/waiver; and (ii) the Grantee's failure to maintain and provide such records during a subsequent monitoring or audit conducted in accordance with applicable provisions of the Agreement, shall establish a presumption in favor of the Department for the recovery of funds for which adequate documentation is not available.

Should you have any questions regarding the modification/waiver, please contact your DCEO Grant Manager.

Sincerely,

Signature on File

Kristin A. Richards  
Director

cc: DCEO Grant Manager

[www.ildceo.net](http://www.ildceo.net)

500 East Monroe  
Springfield, Illinois 62701-1643  
217/782-7500 · TDD: 800/785-6055

100 West Randolph Street, Suite 3-400  
Chicago, Illinois 60601-3219  
312/814-7179 · TDD: 800/785-6055

2309 West Main, Suite 118  
Marion, Illinois 62959-1180  
618/997-4394 · TDD: 800/785-6055

AMENDMENT TO THE GRANT AGREEMENT



BETWEEN  
THE STATE OF ILLINOIS, DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY  
AND  
DuPage County

The Illinois Department of Commerce and Economic Opportunity (Grantor) with its principal office at 607 E Adams St, Springfield, IL 62701, and DuPage County (Grantee), with its principal office at 421 North County Farm Road, Wheaton, IL 60187-3978, and payment address (if different than principal office) at N/A, hereby agree that the following amendment (Amendment) shall amend the Grant Agreement (Agreement), which is described below. Grantor and Grantee are collectively referred to herein as "Parties" or individually as a "Party."

All terms and conditions set forth in the original Agreement and any subsequent amendment, but not amended herein, shall remain in full force and effect as written. In the event of a conflict, the terms of this Amendment shall prevail. This Amendment is authorized by Paragraph 26.5 of the Agreement.

WHEREAS, it is the intent of the Parties to perform consistent with all terms herein and pursuant to the duties and responsibilities imposed by Grantor under the laws of the State of Illinois and in accordance with the terms, conditions and provisions hereof.

NOW, THEREFORE, in consideration of the foregoing and the mutual agreements contained in the Agreement and herein, and for other good and valuable consideration, the value, receipt and sufficiency of which are acknowledged, the Parties hereto agree as follows:

ARTICLE I  
AWARD AND AMENDMENT INFORMATION AND CERTIFICATION

1.1. Original Agreement. The Agreement, numbered 23-224028, has an original term from 10/01/2022 to 06/30/2024.

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

Amendment Number	Effective Date (MM/DD/YYYY)
N/A	

1.3. Current Agreement Term. The Agreement expires on 06/30/2024, unless terminated pursuant to the Agreement.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Exhibit A (Project Description)     | <input type="checkbox"/> Award Term                          |
| <input type="checkbox"/> Exhibit B (Deliverables/Milestones) | <input checked="" type="checkbox"/> Award Amount             |
| <input checked="" type="checkbox"/> Exhibit C (Payment)      | <input type="checkbox"/> PART TWO (Grantor-Specific Terms)   |
| <input type="checkbox"/> Exhibit D (Contact Information)     | <input type="checkbox"/> PART THREE (Project-Specific Terms) |
| <input type="checkbox"/> Exhibit E (Performance Measures)    | <input type="checkbox"/> Budget                              |
| <input type="checkbox"/> Exhibit F (Performance Standards)   | <input checked="" type="checkbox"/> Budget (Unilateral)      |

☐ Exhibit G (Specific Conditions)

☐ Funding Source

☐ Other (specify):

- 1.5. Effective Date. This Amendment shall be effective on N/A. If an effective date is not identified in this Paragraph, the Amendment shall be effective upon the last dated signature of the Parties.
- 1.6. Certification. Grantee certifies under oath that (1) all representations made in this Amendment are true and correct and (2) all Grant Funds awarded pursuant to the Agreement shall be used only for the purpose(s) described therein, including all subsequent amendments. Grantee acknowledges that the Award is made solely upon this certification and that any false statements, misrepresentations, or material omissions shall be the basis for immediate termination of the Agreement and repayment of all Grant Funds.
- 1.7. Signatures. In witness whereof, the Parties hereto have caused this Amendment to be executed by their duly authorized representatives.

ILLINOIS DEPARTMENT OF COMMERCE AND  
ECONOMIC OPPORTUNITY

Signature on File

DuPage County

Signature on File

By: Megan Cochran  
3 Accounting Manager

By: \_\_\_\_\_  
Signature of Kristin A. Richards, Director

By: Unilateral Amendment – No Signature Required  
Signature of Authorized Representative

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

By: \_\_\_\_\_  
Signature of Designee

Printed Name: \_\_\_\_\_

Date: 4/5/2023

Printed Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Email: \_\_\_\_\_

Printed Title: \_\_\_\_\_

Designee

By: \_\_\_\_\_  
Signature of First Other Approver, if Applicable

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

Printed Name: \_\_\_\_\_

Printed Title: \_\_\_\_\_

Other Approver

By: \_\_\_\_\_  
Signature of Second Other Approver, if Applicable

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

Printed Name: \_\_\_\_\_

Printed Title: \_\_\_\_\_

Second Other Approver

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**ARTICLE II**  
**AMENDMENTS**

- 2.1. The first line of exhibit C is amended as follows: Grantee shall receive \$3,291,193 under this Agreement.
- 2.2. The first sentence of Paragraph 1.2 of the Agreement is amended as follows: Grant Funds shall not exceed \$3,291,193, of which \$3,291,193 are federal funds.
- 2.3. The Budget is amended by increasing Grant Funds as detailed in the attached revised Budget. This unilateral amendment is in accordance with Article XLI or paragraph 34.3 of the Agreement.

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STATE OF ILLINOIS		UNIFORM GRANT MODIFICATION BUDGET TEMPLATE		Commerce & Economic Opportunity	
Organization Name:	DuPage County	DUNS#	135836026	NOFO #	N/A
CSFA Number:	420-70-0090	CSFA Description:	Low Income Home Energy Assistance – HHS	Fiscal Year:	2023
SECTION A -- STATE OF ILLINOIS FUNDS				Grant #	23-224028
Revenues				TOTAL REVENUE	
(a). State of Illinois Modification Amount Requested (Total Modification Allocation)				\$ 1,543,000.00	
BUDGET SUMMARY STATE OF ILLINOIS FUNDS					
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards	Current Approved Budget	Modification Amount	New Modified Budget	
PROGRAM SUPPORT					
101 Personnel (Salaries & Wages)	200.430	\$ 104,412.00	\$ 95,400.00	\$ 199,812.00	
102 Fringe Benefits	200.431	\$ 35,242.00	\$ 27,872.00	\$ 63,114.00	
103 Travel	200.474	\$ -	\$ -	\$ -	
104 Equipment (Not PCs and Laptops)	200.439	\$ -	\$ -	\$ -	
105 Supplies	200.94	\$ 201.00	\$ 168.00	\$ 369.00	
106 Contractual Services & Subawards	200.318 & 200.92	\$ -	\$ -	\$ -	
107 Consultant (Professional Services)	200.459	\$ -	\$ -	\$ -	
109 A Occupancy (Rent)	200.465	\$ -	\$ -	\$ -	
109 B Occupancy (Utilities)	200.452	\$ -	\$ -	\$ -	
Subtotal 109 (Occupancy Rent & Utilities)		\$ -	\$ -	\$ -	
111 Telecommunications		\$ -	\$ -	\$ -	
112 Training & Education	200.472	\$ -	\$ -	\$ -	
114 Miscellaneous Costs		\$ -	\$ -	\$ -	
SUBTOTAL 100s (Program Support)		\$ 139,855.00	\$ 123,440.00	\$ 263,295.00	
CLIENT BENEFITS					
201 Client Benefits		\$ 1,503,446.00	\$ 1,326,980.00	\$ 2,830,426.00	
202 Assurance 16--N/A for LIHEAP CARES or LIHEAP State		\$ -	\$ -	\$ -	
SUBTOTAL 200s (Client Benefits)		\$ 1,503,446.00	\$ 1,326,980.00	\$ 2,830,426.00	
ADMINISTRATION					
	200.413				
301 Direct Admin--Personnel (Salaries & Wages)	200.413 (c) & 200.430	\$ 76,190.00	\$ 69,831.00	\$ 146,021.00	
302 Direct Admin--Fringe Benefits	200.431	\$ 22,459.00	\$ 22,749.00	\$ 45,208.00	
303 Direct Admin--Travel	200.474	\$ 285.00	\$ -	\$ 285.00	
304 Direct Admin--Equipment (Not PCs and Laptops)	200.439	\$ -	\$ -	\$ -	
305 Direct Admin--Supplies	200.94	\$ 1,688.00	\$ -	\$ 1,688.00	
306 Direct Admin--Contractual Services & Subawards	200.318 & 200.92	\$ 3,134.00	\$ -	\$ 3,134.00	
307 Direct Admin--Consultant (Professional Services)	200.459	\$ -	\$ -	\$ -	
309 A Direct Admin--Occupancy (Rent)	200.465	\$ -	\$ -	\$ -	
309 B Direct Admin--Occupancy (Utilities)	200.452	\$ -	\$ -	\$ -	
Subtotal 309 (Occupancy Rent & Utilities)		\$ -	\$ -	\$ -	
311 Direct Admin--Telecommunications		\$ 283.00	\$ -	\$ 283.00	
312 Direct Admin--Training & Education	200.472	\$ 259.00	\$ -	\$ 259.00	
314 Direct Admin--Miscellaneous Costs		\$ 594.00	\$ -	\$ 594.00	
Total Direct Admin Costs		\$ 104,892.00	\$ 92,580.00	\$ 197,472.00	
317 Indirect Costs* (see below)	200.414	\$ -	\$ -	\$ -	
Rate %:					
Base Calculation Method:					
SUBTOTAL 300s (Administration)		\$ 104,892.00	\$ 92,580.00	\$ 197,472.00	
SPECIAL -- only with OCA Fiscal Pre-Approval					
406 Special Project Program		\$ -	\$ -	\$ -	
Total Direct Costs		\$ 1,748,193.00	\$ 1,543,000.00	\$ 3,291,193.00	
Total Indirect Costs		\$ -	\$ -	\$ -	
Total Costs for State Grant Funds		\$ 1,748,193.00	\$ 1,543,000.00	\$ 3,291,193.00	



**From:** [Vaughn, Garrett](#)  
**To:** [mary.keating](#); [Martynowicz, Jeffrey](#); [Kinczyk, Geoffrey](#); [Halsall, Kerri](#)  
**Cc:** [Moore, Ben](#); [Devos, Amy L.](#)  
**Subject:** DuPage County Dept. of Human Resources 23-224028 Grant Modification to Increase Funds \*\*Documents to be completed\*\*  
**Date:** Friday, February 10, 2023 3:28:00 PM  
**Attachments:** [23-224 MOD Budget Template.xlsx](#)  
[23-224 MTDC Calculator.xlsx](#)  
[MOD Budget Template Instructions 4.17.20.docx](#)  
[23-224 Indirect Calculator for Negotiated Rates.xlsx](#)  
[image002.png](#)  
[image003.png](#)  
[image004.png](#)  
[image005.png](#)  
[image007.png](#)

To provide additional funds to serve LIHEAP customers in your service area, we will be processing a grant modification for your 23-224028 grant. The intent of these funds is to address additional need for services identified in your service territory. The allocation by line item is listed below.

For us to process the grant modification, you will need to submit the following items listed below. Also attached are the directions for completing the mod budget template.

- The attached MOD Budget Template completed and signed; and
- The applicable attached MTDC/NICRA Calculator completed and corresponding with the attached Budget.

Upload the required documents to the OCA Extranet, C/LAA Grant Application and Document Submissions, PY2023 on or before Tuesday, February 21st, 2023.

Agency:

-HHS LIHEAP Increase Mod Amount- (23-224)

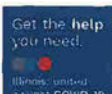
**Category:**

0100 Program Support	\$	123,440
0200 Client Assistance	\$	1,326,980
0300 Administration	\$	<u>92,580</u>
HHS Total:	\$	1,543,000

Garrett Vaughn, MPA  
Fiscal Grants Coordinator  
Office of Community Assistance  
Illinois Department of Commerce & Economic Opportunity  
Phone: (217) 685-0347  
Email: [Garrett.Vaughn@illinois.gov](mailto:Garrett.Vaughn@illinois.gov)  
[www.illinois.gov/dceo](http://www.illinois.gov/dceo)



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GRANTEE CERTIFICATION		STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE		AGENCY: Commerce & Economic Opportunity
Organization Name:		CSFA Description:	Low Income Home Energy Assistance -- HHS	NOFO #: N/A
CSFA #:	420-70-0090	DUNS #:	135836026	Fiscal Year(s): 2023
Grant #:	23-224028			

(2 CFR 200.415)

"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).

DuPage County  
Institution/Organization

Signature \_\_\_\_\_

Jeffrey Martynowicz  
Name of Official

Chief Financial Officer  
Title

Chief Financial Officer (or equivalent)

2/24/2023  
Date of Execution

DuPage County  
Institution/Organization

Signature \_\_\_\_\_

Mary Keating  
Name of Official

Director, DuPage County Community Services  
Title

Executive Director (or equivalent)

2/24/23  
Date of Execution

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 into contractual agreements on behalf of the organization.