

GOVERNMENT

## **Grant Proposal Notification**

GPN Number: 016-25	Date of Notification: 06/09/2025				
(Completed by Finance Department	t) (MM/DD/YYYY)				
Parent Committee Agenda Date					
(Completed by Finance Department	t) (MM/DD/YYYY) (MM/DD/YYYY)				
Name of Grant:	DuPage County Adult Redeploy Illinois Programs SFY26				
Name of Grantor:	Grantor: Illinois Criminal Justice Information Authority				
Originating Entity:	(Name the entity from which the funding originates, if Grantor is a pass-thru entity)				
County Department:	Probation and Court Services				
Department Contact:	Sharon Donald, Finance Manager - Ext. 8413				
	(Name, Title, and Extension)				
Parent Committee:	Judicial and Public Safety				
Grant Amount Requested:	\$ 429,853.00				
Type of Grant:	Renewal Application				
	(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)				
Is this a new non-recurring Gran	t: Yes 🖌 No				
Source of Grant:	Federal 🖌 State Private Corporate				
If Federal, provide CFDA:	f Federal, provide CFDA: If State, provide CSFA:				
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1. Justify the department's need for this grant.

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The Adult Redeploy Program goal is to reduce the number of probation violators committed to the Illinois Department of Corrections (IDOC). Our Department implemented a "probation violator" caseload structured as an enhancement to the Department's Administrative Sanctions Program. The caseload offers probationers facing technical violations the opportunity to participate in intensive cognitive behavioral services and increased frequency of supervision and an alternative to incarceration.

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

Safe Community: DuPage County Department of Probation seeks support from Illinois Criminal Justice Information Authority Adult Redeploy program to provide continued local, community-based sanctions and alternatives for offenders who would likely be incarcerated if these local services and sanctions were unavailable.

3. What is the period covered by the grant?

<u>07/01/2025</u> to: <u>06/30/2026</u> (MM/DD/YYYY) to: (MM/DD/YYYY)

No

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)

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)
  - 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%.

Yes

6.1.1. Total salary		\$270,363.00	Percentage covered by grant	100%	
6.1.2. Total fringe benefits		\$84,396.00	Percentage covered by grant	100%	
6.1.3. Are any of	f the County-	provided fringe benefits d	isallowed? (Yes or No):	Yes	
6.1.3.1.	If yes, which	ones are disallowed?			
Tuition reimbursement, and FMLA payouts are not allowable expenses through the grant.					
	If the grant c will the defic		e personnel costs, from what Com	pany-Accoi	unting Unit
6.2. Will receipt of t	his grant req:	uire the hiring of addition	al staff? (Yes or No):	No	
6.2.1. If yes, how	v 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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	6.3. Does the grant	t 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 allo	w for direct administrative costs? (Yes or No)	N/A		
	7.1. If yes, please answer the following:				
	7.1.1. Total est	imated direct administrative costs for project			
	7.1.2. Percenta	ge of direct administrative costs covered by grant			
	7.1.3. What pe	rcentage of the grant total is the portion covered by the grant			
8.	What percentage o	f the grant funding is non-personnel cost / non-direct administrative cost?	17.5%		
9.	Are matching funds	s required? (Yes or No):	No		
	9.1. If yes, please a	answer the following:			
	9.1.1. What pe	rcentage of match funding is required by granting entity?			
	9.1.2. What is t	he dollar amount of the County's match?			



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	9.1.3. V	Nhat Company-Accounting Unit(s) will provide the matching requirement?		
10.	What amou	unt 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	e total project cost (Grant Award + Match + Other Allocated Funding)?	\$429,853	3.00