



**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			



**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

**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.



**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

**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





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

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



**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). 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
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 Travel	N/A

**Travel Narrative (State):**

N/A

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

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

**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



**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

**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



**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

**(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



**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

**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



**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

**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
<b>Non-State: Item data NOT entered for this category</b>						
						Non-State Total
						Total Consultant Expenses

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

N/A

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

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

**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





**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

**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



**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

**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



**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

**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



**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

**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



**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

**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



**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

**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



**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

**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.