GPN Number: 008-24			Date of Notification:	01/24/202	
(Completed by Finance Departmen			(MM/DD/YYYY)		
Parent Committee Agenda Date (Completed by Finance Departmen			oplication Due Date: _	e: 12/15/202 (MM/DD/YYYY	
Name of Grant:	FY 2025-2029 Surface Transportation Program (STP)				
Name of Grantor:	Illinois Department of Transportation				
Originating Entity:	U.S. DOT - Federal Highway Administration  (Name the entity from which the funding originates, if Grantor is a pass-thru entity)				
County Department:	Division of Transportation				
Department Contact:	Lee Rivera, Project Engineer, Ext. 6916  (Name, Title, and Extension)				
Parent Committee:	Transportation				
Grant Amount Requested:	\$ 4,413,920.00				
Type of Grant:	Competitive  (Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)				
Is this a new non-recurring Gran	_	_	eer dyment, Gener 110	suse speeny,	
Source of Grant:	<b>✓</b> Fed	deral State	Private	Corporate	
If Federal, provide CFDA:20	10.205 If State, provide CSFA: 494-42-0495				

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

	IL Rt 38 (Roosevelt Rd) at CH23 (Naperville Rd) - Intersection is northbound and southbound dual left turn lanes on Napervill and westbound left turn lanes on Roosevelt Road, reconfiguration Road and Washington Street, right of way acquisition for a fur modernization will reduce traffic delays and reduce rear-end	e Road, lengthening bo ation of the intersection ture shared-use path a	oth the eastbound n of Roosevelt
2.	Based on the County's Strategic Plan, which strategic imperative(s) brief explanation.	correlate with funding o	pportunity. Provide a
	Quality of Life - The proposed project addresses the specific need deficiencies. The purpose of the project is to provide safe and expected as (Roosevelt Road) intersection with Naperville Road (Charlemand. By widening the existing pavement and adding the professervice will allow for better and safer traffic flow through	fficient vehicular operati I 23) for the existing and pposed auxiliary turn lan	ions at the Illinois I anticipated
3.	What is the period covered by the grant?	10/01/2024	to: $\frac{09/30/2028}{(MM/DD/YYYY)}$
	, ,	(MM/DD/YYYY)	(MM/DD/YYYY)
	3.1. If period is unknown, estimate the year the project or project	phase will begin and antion	cipated duration:
	3.1.1 and (Duration)		
4.	Will the County provide "seed" or startup funding to initiate grant p	project? (Yes or No)	No
	4.1. If yes, please identify the Company-Accounting Unit used for t	he funding	
5.	If grant is awarded, how is funding received? (select one):		
	5.1. Prior to expenditure of costs (lump-sum reimbursement upfro	nt)	
	5.2. After expenditure of costs (reimbursement-based)	$\checkmark$	

6.	Does the grant allo	ow for Personnel C	osts? (Yes or No)			No
	•		ted salary and fringe be Empute County-provide	enefit costs of personnel charg d benefits at 40%.	ing time to th	e grant for
	6.1.1. Total salary			Percentage covered by grant		
	6.1.2. Total fri	nge benefits		Percentage covered by grant		
	6.1.3. Are any	of the County-pro	vided fringe benefits di	sallowed? (Yes or No):		
	6.1.3.1.	If yes, which one	es are disallowed?			
	6.1.3.2.	If the grant does will the deficit be		personnel costs, from what Co	ompany-Acco	unting Unit
	6.2. Will receipt o	f this grant require	the hiring of additiona	ıl staff? (Yes or No):	No	
	6.2.1. If yes, h	ow many new posi	tions will be created?			
	6.2.1.1.	Full-time	Part-time	Temporary		
	6.2.1.2.	Will the headcou	unt of the new position	(s) be placed in the grant acco	unting unit?	(Yes or No)
	6.2.1.2	2.1. If no, in	what Company-Accoun	ting Unit will the headcount(s	be placed?	(162 01 140)

	6.3. Does the grant 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	ow for direct administrative costs? (Yes or No)		No
7.1. If yes, please answer the following:				
7.1.1. Total estimated direct administrative costs for project				
7.1.2. Percentage of direct administrative costs covered by grant				
	7.1.3. What pe	ercentage of the grant total is the portion covered by the grant		
3.	What percentage of	of the grant funding is non-personnel cost / non-direct administr	ative cost?	100%
Э.	Are matching fund	s required? (Yes or No):		Yes
	9.1. If yes, please	answer the following:		
	9.1.1. What pe	ercentage of match funding is required by granting entity?		30%
	9.1.2. What is the dollar amount of the County's match?		80.00	

9.1.3.	What Company-Accounting Unit(s) will provide the matching requirement?	Internal DOT Budget	
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): Yes	
11. What is th	\$6,305,600.00		