



Illinois
Department of Commerce
& Economic Opportunity

September 25, 2023

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

Re: Grant No. 23-274028

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

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

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

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

AMENDMENT TO THE GRANT AGREEMENT



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

The State of Illinois (State), acting through the undersigned agency (Grantor) and DuPage County (Grantee) (collectively, the "Parties" and individually, a "Party") agree that this Amendment (Amendment) will amend the Grant Agreement (Agreement) referenced herein. 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 conflict, the terms of this Amendment shall prevail.

The Parties or their duly authorized representatives hereby execute this Amendment.

ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY
Signature on File

DuPage County

Signature on File

By
Philip M. Keshen
Chief Financial Officer

By: _____
Signature of Kristin A. Richards, Director

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

Date: 9/20/2023

Date: _____

By: _____
Signature of Designee

Printed Name: _____

Date: _____

Printed Title: _____

Printed Name: _____

Email: _____

Printed Title: _____

Designee

By: _____
Signature of Second Grantor Approver, if applicable

By: _____
Signature of Second Grantee Approver, if applicable

Date: _____

Date: _____

Printed Name: _____

Printed Name: _____

Printed Title: _____

Second Grantor Approver

Printed Title: _____

Second Grantee Approver
(optional at Grantee's discretion)

By: _____
Signature of Third Grantor Approver, if applicable

Date: _____

Printed Name: _____

Printed Title: _____
Third Grantor Approver

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**ARTICLE I
AWARD AND AMENDMENT INFORMATION AND CERTIFICATION**

1.1. Original Agreement. The Agreement, numbered **23-274028**, has an original term from **03/01/2023** 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 type="checkbox"/> Exhibit C (Contact Information) | <input type="checkbox"/> PART TWO (Grantor-Specific Terms) |
| <input type="checkbox"/> Exhibit D (Performance Measures/Std.) | <input type="checkbox"/> PART THREE (Project-Specific Terms) |
| <input type="checkbox"/> Exhibit E (Specific Conditions) | <input type="checkbox"/> Budget |
| | <input checked="" type="checkbox"/> Budget (Unilateral) |
| | <input type="checkbox"/> Funding Source |
| | <input checked="" type="checkbox"/> Other (specify): Exhibit C (Payment) for FY23 Grant Agreement |

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.

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**ARTICLE II
AMENDMENTS**

- 2.1. The first line of Exhibit C is amended as follows: Grantee shall receive \$1,949,787 under this Agreement.
- 2.2. The first sentence of Paragraph 1.2 of the Agreement is amended as follows: Grant Funds shall not exceed \$1,949,787, of which \$1,949,787 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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Organization Name:	Dupage County	UEI#	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 #	23-274028
Revenues				TOTAL REVENUE	
(a). State of Illinois Modification Amount Requested (Total Modification Allocation)				\$ 831,787.00	
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	\$ -	\$ 122,484.00	\$ 122,484.00	
102 Fringe Benefits	200.431	\$ -	\$ 15,999.00	\$ 15,999.00	
103 Travel	200.474	\$ -	\$ -	\$ -	
104 Equipment (Not PCs and Laptops)	200.439	\$ -	\$ -	\$ -	
105 Supplies	200.94	\$ -	\$ -	\$ -	
106 Contractual Services & Subawards	200.318 & 200.92	\$ -	\$ 17,500.00	\$ 17,500.00	
107 Consultant (Professional Services)	200.459	\$ -	\$ -	\$ -	
109 A Occupancy (Rent)	200.465	\$ -	\$ -	\$ -	
109 B Occupancy (Utilities)	200.452	\$ -	\$ -	\$ -	
<i>Subtotal 109 (Occupancy Rent & Utilities)</i>		\$ -	\$ -	\$ -	
111 Telecommunications		\$ -	\$ -	\$ -	
112 Training & Education	200.472	\$ -	\$ -	\$ -	
114 Miscellaneous Costs		\$ -	\$ -	\$ -	
SUBTOTAL 100s (Program Support)		\$ -	\$ 155,983.00	\$ 155,983.00	
CLIENT BENEFITS					
201 Client Benefits		\$ 1,118,000.00	\$ 558,817.00	\$ 1,676,817.00	
202 Assurance 16--N/A for LIHEAP CARES or LIHEAP State		\$ -	\$ -	\$ -	
SUBTOTAL 200s (Client Benefits)		\$ 1,118,000.00	\$ 558,817.00	\$ 1,676,817.00	
ADMINISTRATION					
	200.413				
301 Direct Admin--Personnel (Salaries & Wages)	200.413 (c) & 200.430	\$ -	\$ 100,910.00	\$ 100,910.00	
302 Direct Admin--Fringe Benefits	200.431	\$ -	\$ 16,077.00	\$ 16,077.00	
303 Direct Admin--Travel	200.474	\$ -	\$ -	\$ -	
304 Direct Admin--Equipment (Not PCs and Laptops)	200.439	\$ -	\$ -	\$ -	
305 Direct Admin--Supplies	200.94	\$ -	\$ -	\$ -	
306 Direct Admin--Contractual Services & Subawards	200.318 & 200.92	\$ -	\$ -	\$ -	
307 Direct Admin--Consultant (Professional Services)	200.459	\$ -	\$ -	\$ -	
309 A Direct Admin--Occupancy (Rent)	200.465	\$ -	\$ -	\$ -	
309 B Direct Admin--Occupancy (Utilities)	200.452	\$ -	\$ -	\$ -	
<i>Subtotal 309 (Occupancy Rent & Utilities)</i>		\$ -	\$ -	\$ -	
311 Direct Admin--Telecommunications		\$ -	\$ -	\$ -	
312 Direct Admin--Training & Education	200.472	\$ -	\$ -	\$ -	
314 Direct Admin--Miscellaneous Costs		\$ -	\$ -	\$ -	
Total Direct Admin Costs		\$ -	\$ 116,987.00	\$ 116,987.00	
317 Indirect Costs* (see below)	200.414	\$ -	\$ -	\$ -	
Rate %:					
Base Calculation Method:					
SUBTOTAL 300s (Administration)		\$ -	\$ 116,987.00	\$ 116,987.00	
SPECIAL -- only with OCA Fiscal Pre-Approval					
406 Special Project Program		\$ -	\$ -	\$ -	
Total Direct Costs		\$ 1,118,000.00	\$ 831,787.00	\$ 1,949,787.00	
Total Indirect Costs		\$ -	\$ -	\$ -	
Total Costs for State Grant Funds		\$ 1,118,000.00	\$ 831,787.00	\$ 1,949,787.00	

GRANTEE CERTIFICATION

STATE OF ILLINOIS
UNIFORM GRANT BUDGET TEMPLATE

AGENCY: Commerce & Economic Opportunity

Organization Name:	DuPage County	CSFA Description:	Low Income Home Energy Assistance -- HHS	NOFO #:	N/A
CSFA #:	420-70-0090	UEI #:	135836026	Fiscal Year(s):	2023
Grant #:	23-274028				

(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 on File

Signature

Jeffrey Martynowicz

Name of Official

Chief Financial Officer

Title

Chief Financial Officer (or equivalent)

2/14/23

Date of Execution

DuPage County

Institution/Organization

Signature on File

Signature

Mary Keating

Name of Official

Director, DuPage County Community Services

Title

Executive Director (or equivalent)

7/17/23

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.

From: [Vaughn, Garrett](#)
To: [mary.keating](#); [Martynowicz, Jeffrey](#); [Kinczyk, Geoffrey](#); [gina.stratford](#)
Cc: [Moore, Ben](#); [Devos, Amy L.](#)
Subject: DuPage County Dept. of Human Resources 23-274028 Grant Modification to Increase Funds **Documents to be completed**
Date: Monday, July 10, 2023 1:19:00 PM
Attachments: [23-274 MOD Budget Template.xlsx](#)
[23-274 MTDC Calculator.xlsx](#)
[MOD Budget Template Instructions_4.17.20.docx](#)
[23-274 Indirect Calculator for Negotiated Rates.xlsx](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image006.png](#)
[image007.png](#)
Importance: High

To provide additional funds to serve LIHEAP customers in your service area, we will be processing a grant modification for your 23-274028 grant. The intent of these funds is to address additional need for services identified in your service territory for the 2024 LIHEAP Program Year and provide the Program Support and Admin portion corresponding to the initial 23-274 grant award Client Assistance allocations. 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 Monday, July 17th, 2023.

Agency:

-HHS LIHEAP Supplemental Increase Mod Amount- (23-274)

Category:

0100 Program Support	\$	155,983
0200 Client Assistance	\$	558,817
0300 Administration	\$	<u>116,987</u>
HHS Total:	\$	831,787

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
www.illinois.gov/dceo



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