



Grant Proposal Notification

GPN Number: 016-26
(Completed by Finance Department)

Date of Notification: 04/08/2026
(MM/DD/YYYY)

Parent Committee Agenda Date: 04/21/2026
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 04/10/2026
(MM/DD/YYYY)

Name of Grant: LIHEAP State Supplemental Grant PY27

Name of Grantor: IL Dept. of Commerce and Economic Opportunity

Originating Entity: _____
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Community Services

Department Contact: Gina Strafford-Ahmed, Administrator x6444
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 4,699,341.00

Type of Grant: Formula
(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)

Is this a new non-recurring Grant: Yes No

Source of Grant: Federal State Private Corporate

If Federal, provide CFDA: _____ If State, provide CSFA: 420-70-0090



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

The Low Income Home Energy Assistance (LIHEAP) Program, funded through U.S. Department of Health and Human Services and the Supplemental Low Income Energy Assistance Fund (SLIHEAP) allows DuPage County to provide services to eligible low income households in DuPage County. The client assistance funds available through this grant program assist eligible households with the costs of home energy by incorporating fuel assistance, home weatherization, and other related measures in accordance with the current LIHEAP regulations and requirements.

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

Community Well-Being:

Collaborate with non-profits and use federal and state funds to help residents lead healthier, more independent lives.

3. What is the period covered by the grant?

06/01/2026 to: 08/31/2027
(MM/DD/YYYY) (MM/DD/YYYY)

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)

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%.

6.1.1. Total salary \$1,179,050.00 Percentage covered by grant 43%

6.1.2. Total fringe benefits \$423,871.00 Percentage covered by grant 45%

6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or No): No

6.1.3.1. If yes, which ones are disallowed?

6.1.3.2. If the grant does not cover 100% of the personnel costs, from what Company-Accounting Unit will the deficit be paid?

5000-1420 HHS

6.2. Will receipt of this grant require the hiring of additional staff? (Yes or No): No

6.2.1. If yes, how 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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9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? _____

10. What amount of funding is already allocated for the project? _____

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): _____

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$4,699,341.00