GPN Number: 049-23	Date of Notification:	0//2//202		
(Completed by Finance Department	t)	(MM/DD/YYYY)		
Parent Committee Agenda Date	Grant Application Due Date: _	08/01/202		
(Completed by Finance Department	(MM/DD/YYYY)	(MM/DD/YYYY		
Name of Grant:	ACCESS TO JUSTICE IMPROVEMENT GRAN	IT PY24		
Name of Grantor:	ILLINOIS SUPREME COURT COMMISSION ON ACCESS	TO JUSTICE		
Originating Entity:	(Name the entity from which the funding originates, if Grantor is a pass-th	 nru entity)		
County Department:	18TH JUDICIAL CIRCUIT - LAW LIBRARY			
Department Contact:	KATHERINE THOMPSON, DEPUTY COURT ADIMINSTRATOR, X 8788  (Name, Title, and Extension)			
Parent Committee:	JUDICIAL AND PUBLIC SAFETY			
Grant Amount Requested:	\$ 13,000.00			
Type of Grant: direct payment				
	(Competitive, Continuation, Formula, Project, Direct Payment, Other – Ple	ease Specify)		
Is this a new non-recurring Gran	t:			
Source of Grant:	☐ Federal   ✓ State   ☐ Private   ☐	] Corporate		
If Federal, provide CFDA:	If State, provide CSFA:			

1.	Justify the department's need for this grant.  The self help center is in need of updating. There is also a need available at the law library. This grant will provide resources to funding for community outreach.			
2.	Based on the County's Strategic Plan, which strategic imperative(s) cobrief explanation.	orrelate with funding op	portunity. P	rovide a
	Customer service, as it will provide additional tools and guidance those who are self-representing.	ce to Law Library patro	ons especia	illy
		08/01/2022	07/2	1 /2024
3.	What is the period covered by the grant?	$\frac{08/01/2023}{\text{(MM/DD/YYYY)}}$	to:(MM/	<b>1/2024</b> ' 'DD/YYYY)
	3.1. If period is unknown, estimate the year the project or project ph	ase will begin and antic	ipated dura	tion:
	3.1.1 and (MM/YY) (Duration)			
4.	Will the County provide "seed" or startup funding to initiate grant pro	oject? (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-hased)			

6.	Does the grant all	ow for Personnel	Costs? (Yes or No)			no 
			cted salary and fringe be ompute County-provide	nefit costs of personnel chargid d benefits at 40%.	ng time to the	e grant for
	6.1.1. Total sa	lary		Percentage covered by grant		_
	6.1.2. Total fr	nge benefits		Percentage covered by grant		_
	6.1.3. Are any	of the County-pro	ovided fringe benefits di	sallowed? (Yes or No):		
	6.1.3.1.	If yes, which on	es are disallowed?			
	6.1.3.2.	If the grant doe will the deficit b		personnel costs, from what Co	mpany-Acco	unting Unit
	6.2. Will receipt of	of this grant requir	e the hiring of additiona	ll staff? (Yes or No):	no	_
	6.2.1. If yes, h	ow many new pos	sitions will be created?			
	6.2.1.1.	Full-time	Part-time	Temporary	_	
	6.2.1.2.	Will the headco	unt of the new position	(s) be placed in the grant accou	inting unit?	
	6.2.1.	2.1. If no. in	what Company-Accoun	ting Unit will the headcount(s)	be placed?	(Yes or No)

	6.3. Does the gran	nt award require the positions to be retained beyond the grant term? (Yes or I	No) n/a
	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)	n/a
7.1. If yes, please answer the following:			
	7.1.1. Total es	timated direct administrative costs for project	
	7.1.2. Percent	age of direct administrative costs covered by grant	
	7.1.3. What pe	ercentage of the grant total is the portion covered by the grant	
8.	What percentage	of the grant funding is non-personnel cost / non-direct administrative cost?	100%
9.	Are matching fund	ls required? (Yes or No):	no
	9.1. If yes, please	answer the following:	
	9.1.1. What pe	ercentage of match funding is required by granting entity?	
	9.1.2. What is	the dollar amount of the County's match?	

9.1.3.	What Company-Accounting Unit(s) will provide the matching requirement?	
10. What amo	\$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	): 
11. What is th	\$13,000.00	