



Grant Proposal Notification

GPN Number: 049-23
(Completed by Finance Department)

Date of Notification: 07/27/2023
(MM/DD/YYYY)

Parent Committee Agenda Date: 08/01/2023
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 08/01/2023
(MM/DD/YYYY)

Name of Grant: ACCESS TO JUSTICE IMPROVEMENT GRANT 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-thru 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 – 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: _____



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

The self help center is in need of updating. There is also a need to expand access to the resources available at the law library. This grant will provide resources to do both, through purchases and funding for community outreach.

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

Customer service, as it will provide additional tools and guidance to Law Library patrons especially those who are self-representing.

3. What is the period covered by the grant?

08/01/2023 to: 07/31/2024
(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) 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 _____ Percentage covered by grant _____

6.1.2. Total fringe benefits _____ Percentage covered by grant _____

6.1.3. Are any of the County-provided fringe benefits disallowed? (Yes or 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?

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?

