



Grant Proposal Notification

GPN Number: 004-24
(Completed by Finance Department)

Date of Notification: 01/08/2024
(MM/DD/YYYY)

Parent Committee Agenda Date: 01/16/2024
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 04/01/2024
(MM/DD/YYYY)

Name of Grant: HOME Investment Partnership Program FY24

Name of Grantor: U.S.Department of Housing and Urban Development

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

County Department: Community Services

Department Contact: Amish Kadakia, Sr Accountant, x6605
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 1,860,190.00

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: 14.239 If State, provide CSFA: _____



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

The HOME grant, now entering its 33rd year is beneficial to the residents of DuPage County by providing funding for activities such as: 1.) Construction of units of affordable and accessible housing, including housing units for seniors. 2.) Rehabilitation, enabling residents to maintain their property and remain in their homes. 3.) Tenant Based Rental Assistance, available to DuPage County residents for up to two years.

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

County Imperative: The County must undertake comprehensive financial planning to ensure a sound and sustainable future.

Community Services Imperative: Community Development assesses community needs, measures outcomes, selects activities to achieve those outcomes while being fiscally responsible.

3. What is the period covered by the grant?

04/01/2024 to: 03/31/2025
(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) Yes

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 \$110,000.00 Percentage covered by grant 100%

6.1.2. Total fringe benefits \$44,000.00 Percentage covered by grant 100%

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

6.1.3.1. If yes, which ones are disallowed?

Payout of retention benefits.

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?

1000-1750

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?

N/A - Match requirement passed to subrecipient

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):

No

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)?

\$1,860,190.00