



Grant Proposal Notification

GPN Number: 031-24
(Completed by Finance Department)

Date of Notification: 08/21/2024
(MM/DD/YYYY)

Parent Committee Agenda Date: 09/17/2024
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 08/31/2024
(MM/DD/YYYY)

Name of Grant: Emergency Management Performance Grant FFY 2024

Name of Grantor: Illinois Emergency Management Agency

Originating Entity: U.S. Department of Homeland Security
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Office of Homeland Security and Emergency Management

Department Contact: Craig Dieckman, Director, x 2916
(Name, Title, and Extension)

Parent Committee: Judicial and Public Safety Committee

Grant Amount Requested: \$ 564,700.00

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: 97.042

If State, provide CSFA: 588-40-0450



Grant Proposal Notification

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

The DuPage OHSEM develops plans and conducts trainings & exercises to prepare County departments and local first responders for real-world incidents and large planned events. The DuPage OHSEM assists and supports municipalities during emergencies. The DuPage OHSEM also coordinates with local municipalities and first responders to assist with Recovery following emergencies. The DuPage OHSEM complies with the Illinois Emergency Management Agency 301 Admin Code, in addition to supporting local, state, and federal partners.

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

Community Well-Being & Safe Community:

The DuPage OHSEM develops the county-wide emergency operations plan and assists local municipalities with the development of their EOP as well. The DuPage OHSEM participates in local events to increase awareness of emergency preparedness best practices and shares best practices with local first responders and municipal partners.

3. What is the period covered by the grant?

10/01/2024 to: 09/30/2025
(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)



Grant Proposal Notification

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 \$886,637.39 Percentage covered by grant 50%

6.1.2. Total fringe benefits \$240,880.00 Percentage covered by grant 50%

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?

1000-1900

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?



Grant Proposal Notification

6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No) No

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 allow for direct administrative costs? (Yes or No) No

7.1. If yes, please answer the following:

7.1.1. Total estimated direct administrative costs for project _____

7.1.2. Percentage of direct administrative costs covered by grant _____

7.1.3. What percentage 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? 0.2%

9. Are matching funds required? (Yes or No): Yes

9.1. If yes, please answer the following:

9.1.1. What percentage of match funding is required by granting entity? 50%

9.1.2. What is the dollar amount of the County's match? \$564,700.00



Grant Proposal Notification

- 9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? 1000-1900
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): Yes
11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$1,129,400.00