

AMENDMENT TO THE GRANT AGREEMENT



BETWEEN
THE STATE OF ILLINOIS, DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY
AND
DuPage County

The State of Illinois (State), acting through the undersigned agency (Grantor) and DuPage County (Grantee) (collectively, the "Parties" and individually, a "Party") agree that this Amendment (Amendment) will amend the Grant Agreement (Agreement) referenced herein. All terms and conditions set forth in the original Agreement and any subsequent amendment, but not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Amendment shall prevail.

The Parties or their duly authorized representatives hereby execute this Amendment.

**ILLINOIS DEPARTMENT OF COMMERCE AND
ECONOMIC OPPORTUNITY**

DuPage County

Signature on File

Digitally signed by Kristin A.
Richards by Megan L. Street, Cash
Desk Manager
Date: 2025.09.12 09:18:11 -05'00'

By: _____
Signature of Kristin A. Richards, Director

Date: _____

By: _____
Signature of Designee

Date: _____

Printed Name: _____

Printed Title: _____

Designee

By: _____
Signature of Second Grantor Approver, if applicable

Date: _____

Printed Name: _____

Printed Title: _____

Second Grantor Approver

By: Unilateral Amendment – No Signature Required
Signature of Authorized Representative

Date: _____

Printed Name: _____

Printed Title: _____

Email: _____

By: _____
Signature of Second Grantee Approver, if applicable

Date: _____

Printed Name: _____

Printed Title: _____

Second Grantee Approver
(optional at Grantee's discretion)

By: _____
Signature of Third Grantor Approver, if applicable

Date: _____

Printed Name: _____

Printed Title: _____
Third Grantor Approver

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ARTICLE I
AWARD AND AMENDMENT INFORMATION AND CERTIFICATION

1.1. Original Agreement. The Agreement, numbered **25-224028**, has an original term from **10/01/2024** to **08/31/2026**.

1.2. Prior Amendments. Below is the list of all prior amendments to the Agreement (mark N/A if none):

Amendment Number	Effective Date (MM/DD/YYYY)
N/A	N/A

1.3. Current Agreement Term. The Agreement expires on **08/31/2026**, unless terminated pursuant to the Agreement.

1.4. Item(s) Altered. Identify which of the following Agreement elements are amended herein (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Exhibit A (Project Description) | <input type="checkbox"/> Award Term |
| <input type="checkbox"/> Exhibit B (Deliverables/Milestones) | <input checked="" type="checkbox"/> Award Amount |
| <input type="checkbox"/> Exhibit C (Contact Information) | <input type="checkbox"/> PART TWO (Grantor-Specific Terms) |
| <input type="checkbox"/> Exhibit D (Performance Measures/Std.s.) | <input type="checkbox"/> PART THREE (Project-Specific Terms) |
| <input type="checkbox"/> Exhibit E (Specific Conditions) | <input type="checkbox"/> Budget |
| | <input checked="" type="checkbox"/> Budget (Unilateral) |
| | <input type="checkbox"/> Funding Source |
| | <input type="checkbox"/> Other (specify): |

1.5. Effective Date. This Amendment shall be effective on ____ N/A _____. If an effective date is not identified in this Paragraph, the Amendment shall be effective upon the last dated signature of the Parties.

1.6. Certification. Grantee certifies under oath that (1) all representations made in this Amendment are true and correct and (2) all Grant Funds awarded pursuant to the Agreement shall be used only for the purpose(s) described therein, including all subsequent amendments. Grantee acknowledges that the Award is made solely upon this certification and that any false statements, misrepresentations, or material omissions shall be the basis for immediate termination of the Agreement and repayment of all Grant Funds.

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**ARTICLE II
AMENDMENTS**

Budget Adjustment --

2.1 The first sentence of Paragraph 2.2 of the Agreement is amended as follows: Grant Funds shall not exceed \$4,050,265.00, of which \$4,050,265.00 are federal funds.

2.2 The Budget is amended by increasing the Grant Funds as detailed in the attached revised Budget. This unilateral amendment is in accordance with Article XXXVII or paragraph 30.3 of the Agreement.

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STATE OF ILLINOIS	UNIFORM GRANT MODIFICATION BUDGET TEMPLATE			Commerce & Economic Opportunity	
Organization Name:	DuPage, County of	UEI #	W7KRN7E54898	NOFO #	N/A
CSFA Number:	420-70-0090	CSFA Description:	Low Income Home Energy Assistance – HHS	Fiscal Year:	2025
SECTION A -- STATE OF ILLINOIS FUNDS				Grant #	25-224028
Revenues				TOTAL REVENUE	
(a). State of Illinois Modification Amount Requested (Total Modification Allocation)				\$ 562,953.00	
BUDGET SUMMARY STATE OF ILLINOIS FUNDS					
Budget Expenditure Categories	OMB Uniform Guidance Federal Awards Reference: 2 CFR	Current Approved Budget	Modification Amount	New Modified Budget	
PROGRAM SUPPORT					
101 Personnel (Salaries & Wages)	200.430	\$ 215,582.00	\$ 9,438.00	\$ 225,020.00	
102 Fringe Benefits	200.431	\$ 54,751.00	\$ 1,563.00	\$ 56,314.00	
103 Travel	200.474	\$ 499.00	\$ -	\$ 499.00	
104 Equipment (Not PCs and Laptops)	200.439	\$ -	\$ -	\$ -	
105 Supplies	200.94	\$ 552.00	\$ -	\$ 552.00	
106 Contractual Services & Subawards	200.318 & 200.92	\$ -	\$ 34,035.00	\$ 34,035.00	
107 Consultant (Professional Services)	200.459	\$ -	\$ -	\$ -	
109 A Occupancy (Rent)	200.465	\$ -	\$ -	\$ -	
109 B Occupancy (Utilities)	200.452	\$ -	\$ -	\$ -	
Subtotal 109 (Occupancy Rent & Utilities)		\$ -	\$ -	\$ -	
111 Telecommunications		\$ -	\$ -	\$ -	
112 Training & Education	200.472	\$ -	\$ -	\$ -	
114 Miscellaneous Costs		\$ 7,601.00	\$ -	\$ 7,601.00	
SUBTOTAL 100s (Program Support)		\$ 278,985.00	\$ 45,036.00	\$ 324,021.00	
CLIENT BENEFITS					
201 Client Benefits		\$ 2,999,088.00	\$ 484,140.00	\$ 3,483,228.00	
SUBTOTAL 200s (Client Benefits)		\$ 2,999,088.00	\$ 484,140.00	\$ 3,483,228.00	
ADMINISTRATION					
301 Direct Admin--Personnel (Salaries & Wages)	200.413 (c) & 200.430	\$ 152,032.00	\$ 6,900.00	\$ 158,932.00	
302 Direct Admin--Fringe Benefits	200.431	\$ 41,920.00	\$ 2,346.00	\$ 44,266.00	
303 Direct Admin--Travel	200.474	\$ 2,675.00	\$ -	\$ 2,675.00	
304 Direct Admin--Equipment (Not PCs and Laptops)	200.439	\$ -	\$ -	\$ -	
305 Direct Admin--Supplies	200.94	\$ 479.00	\$ -	\$ 479.00	
306 Direct Admin--Contractual Services & Subawards	200.318 & 200.92	\$ 8,841.00	\$ 24,531.00	\$ 33,372.00	
307 Direct Admin--Consultant (Professional Services)	200.459	\$ -	\$ -	\$ -	
309 A Direct Admin--Occupancy (Rent)	200.465	\$ -	\$ -	\$ -	
309 B Direct Admin--Occupancy (Utilities)	200.452	\$ -	\$ -	\$ -	
Subtotal 309 (Occupancy Rent & Utilities)		\$ -	\$ -	\$ -	
311 Direct Admin--Telecommunications		\$ 504.00	\$ -	\$ 504.00	
312 Direct Admin--Training & Education	200.472	\$ 1,142.00	\$ -	\$ 1,142.00	
314 Direct Admin--Miscellaneous Costs		\$ 1,646.00	\$ -	\$ 1,646.00	
Total Direct Admin Costs		\$ 209,239.00	\$ 33,777.00	\$ 243,016.00	
317 Indirect Costs* (see below)	200.414	\$ -	\$ -	\$ -	
Rate %:					
Base Calculation Method:					
SUBTOTAL 300s (Administration)		\$ 209,239.00	\$ 33,777.00	\$ 243,016.00	
SPECIAL -- only with OCA Fiscal Pre-Approval					
406 Special Project Program		\$ -	\$ -	\$ -	
SUBTOTAL 400s (ADDITIONAL Special)		\$ -	\$ -	\$ -	
Total Direct Costs		\$ 3,487,312.00	\$ 562,953.00	\$ 4,050,265.00	
Total Indirect Costs		\$ -	\$ -	\$ -	
Total Costs for State Grant Funds		\$ 3,487,312.00	\$ 562,953.00	\$ 4,050,265.00	

Current Approved Budget	Modification Amount	New Modified Budget
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GRANTEE CERTIFICATION		STATE OF ILLINOIS UNIFORM GRANT BUDGET TEMPLATE		AGENCY: Commerce & Economic Opportunity
Organization Name:	DuPage, County of	CSFA Description:	Low Income Home Energy Assistance -- HHS	NOFO #: N/A
CSFA #:	420-70-0090	DUNS #:	W7KRN7E54898	Fiscal Year(s): 2025
Grant #:	25-224028			

(2 CFR 200.415)

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s).

DuPage County
Institution/Organization

Signature on File

Signature

Jeffrey Martynowicz
Name of Official

Chief Financial Officer
Title

Chief Financial Officer (or equivalent)
6/24/2025

Date of Execution

DuPage County
Institution/Organization

Signature on File

Signature

Gina Strafford-Ahmed
Name of Official

Administrator of Intake & Referral
Title

Executive Director (or equivalent)
6/24/2025

Date of Execution

Note: The State awarding agency may change required signers based on the grantee's organizational structure. The required signers must have the authority to enter into contractual agreements on behalf of the organization.

From: [Vaughn, Garrett](#)
To: [mary.keating](#); [Martynowicz, Jeffrey](#); [Kinczyk, Geoffrey](#); [gina.strafford](#); [Stuckey, David](#)
Cc: [Moore, Ben](#); [Maletich, Megan E.](#)
Subject: DuPage County Dept. of Human Resources 25-224028 Grant Modification to Increase Funds **Documents to be completed**
Date: Wednesday, June 18, 2025 4:01:00 PM
Attachments: [25-224 MOD Budget Template.xlsx](#)
[25-224 MTDC Calculator.xlsx](#)
[25-224 Indirect Calculator for Negotiated Rates.xlsx](#)
Importance: High

To provide additional funds to serve LIHEAP customers in your service area, we will be processing a grant modification for your 25-224028 grant. The intent of these funds is to address additional need for services identified in your service territory for the 2026 LIHEAP Program Year. The allocation by line item is listed below.

For us to process the grant modification, you will need to submit the following items listed below. Also attached are the directions for completing the mod budget template.

- The attached Modification Budget Template completed and signed; and
- If applicable, the attached MTDC/NICRA Calculator completed and corresponding with the attached Budget.

Please upload the required documents to the OCA Extranet, C/LAA Grant Application and Document Submissions, PY2025 on or before Friday, June 27th, 2025. It is critical that these modifications be in place by the beginning of the next LIHEAP Program Year to provide start up funds for the year in the transition to the new 26-224 grant series. Please keep your grant processor and I notified if you will be unable to meet the initial deadline for submission of this modification.

Agency:

-HHS LIHEAP Supplemental Increase Mod Amount- (25-224)

Category:

0100 Program Support	\$	45,036
0200 Client Assistance	\$	484,140
0300 Administration	\$	<u>33,777</u>
HHS Total:	\$	562,953

Garrett Vaughn, MPA
Fiscal Grants Coordinator
Office of Community Assistance
Illinois Department of Commerce & Economic Opportunity
Phone: (217) 557-7796
Email: Garrett.Vaughn@illinois.gov
www.illinois.gov/dceo



Illinois
Department of Commerce
& Economic Opportunity
JB Pritzker, Governor