



Grant Proposal Notification

GPN Number: 022-25
(Completed by Finance Department)

Date of Notification: 09/05/2025
(MM/DD/YYYY)

Parent Committee Agenda Date: 09/16/2025
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 06/20/2025
(MM/DD/YYYY)

Name of Grant: Local Highway Safety Improvement Program

Name of Grantor: Illinois Department of Transportation

Originating Entity: U.S. DOT - Federal Highway Administration
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Division of Transportation

Department Contact: Stephen Zulkowski, Traffic Engineer, Ext. 6885
(Name, Title, and Extension)

Parent Committee: Transportation

Grant Amount Requested: \$ 2,247,000.00

Type of Grant: Competitive Project
(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: 20.205 If State, provide CSFA: 494-00-1004



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

County DOT staff performed an evaluation of crash history at several signalized intersections along 63rd Street and opportunities to improve safety was identified. The work associated with implementing safety enhancements trigger substantial reconstruction of traffic signals leading to a relatively higher cost to construct. This is a complementary project to a prior successful grant that continues the same proposed improvements but in a western 2nd project, adjacent to the prior successful grant award.

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

Thriving Economy - Purpose is to address safety at the intersections, relieve congestion, improve riding surface.

3. What is the period covered by the grant? _____ to: _____
(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. 10/25 and 11/28
(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?



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6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No)	NA
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?	100%
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?	10%
9.1.2. What is the dollar amount of the County's match?	\$250,000.00



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- 9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? 1500-3500
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)? \$2,497,000.00