GPN Number: 046-24			Date of Notification:	11/13/202
(Completed by Finance Department	()			(MM/DD/YYYY)
Parent Committee Agenda Date:		Grant A	Grant Application Due Date:	
(Completed by Finance Department) (MM/DD/YYYY)			(MM/DD/YYYY
Name of Grant:	Polling Place Accessibility Federal Grant PY25			
Name of Grantor:	Illinois State Board of Elections			
Originating Entity:	U.S. Election Assistance Commission (Name the entity from which the funding originates, if Grantor is a pass-thru entity)			
County Department:	County Clerk - Election Division			
Department Contact:	Jean Kaczmarek, County Clerk (630) 407-5572 (Name, Title, and Extension)			
Parent Committee:	Finance			
Grant Amount Requested:	\$ 675,233.88			
Type of Grant:	Formula			
	(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)			
ls this a new non-recurring Gran	t: Yes	✓ No		
Source of Grant:	✓ Feder	al State	Private] Corporate
If Federal, provide CFDA:90).404 If State, p	ovide CSFA:		

Page 1 of 5

1.	Justify the department's need for this grant.			
	The county will utilize the grant funds to convert existing parking are Central Athletic Complex Building (Wheaton Park District). The fund permitting, and construction costs related to these projects. Other i requested are for signage, and barricades used around the county at	ding will cover er included costs ir	ngineering, In the grant a	
2.	Based on the County's Strategic Plan, which strategic imperative(s) correlabilities brief explanation.	te with funding o	pportunity. P	rovide a
	Community Well-Being: Partner with the nonprofit sector, optimize federal and implement locally funded initiatives to ensure all County residents are able to a to independent and healthy lives.			
	To ensure that residents of DuPage County with disabilities have a full and equa	al opportunity to v	ote-ADA com	oliant.
3.	What is the period covered by the grant?	7/01/2024 MM/DD/YYYY)	to: 06/3	0/2025
	1)	MM/DD/YYYY)	(MM/	DD/YYYY)
	3.1. If period is unknown, estimate the year the project or project phase w	vill begin and anti	cipated durat	ion:
	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 fund	ling _		
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)	✓		

6.	Does the grant allo	ow for Personnel C	osts? (Yes or No)			No
	• •		ed salary and fringe be mpute County-provide	enefit costs of personnel charged benefits at 40%.	ing time to the	e grant for
	6.1.1. Total sa	lary		Percentage covered by grant		
	6.1.2. Total fri	nge benefits		Percentage covered by grant		
	6.1.3. Are any	of the County-prov	vided fringe benefits di	sallowed? (Yes or No):		
	6.1.3.1.	If yes, which one	s are disallowed?			
	6.1.3.2.	If the grant does will the deficit be		personnel costs, from what Co	ompany-Acco	unting Unit
	6.2. Will receipt o	f this grant require	the hiring of additiona	al staff? (Yes or No):	No	
	6.2.1. If yes, h	ow many new posi	tions will be created?			
	6.2.1.1.	Full-time	Part-time	Temporary		
	6.2.1.2.	Will the headcou	ınt of the new position	(s) be placed in the grant acco	unting unit?	(Yes or No)
	6.2.1.2	2.1. If no, in v	what Company-Accour	iting Unit will the headcount(s	be placed?	(162 01 140)

	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 allo	ow for direct administrative costs? (Yes or No)		No
	7.1. If yes, please	answer the following:		
	7.1.1. Total es	timated direct administrative costs for project		
	7.1.2. Percent	age of direct administrative costs covered by grant		
	7.1.3. What pe	ercentage of the grant total is the portion covered by the grant		
8.	What percentage	of the grant funding is non-personnel cost / non-direct administr	rative cost?	100%
9.	Are matching fund	ls required? (Yes or No):		No
	9.1. If yes, please	answer the following:		
	9.1.1. What pe	ercentage of match funding is required by granting entity?		
	9.1.2. What is	the dollar amount of the County's match?		

9.1.3.	What Company-Accounting Unit(s) will provide the matching requirement?	
10. What amo	\$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 N	lo):
11. What is th	\$675,233.88	