



## Grant Proposal Notification

GPN Number: 038-24  
(Completed by Finance Department)

Date of Notification: 09/23/2024  
(MM/DD/YYYY)

Parent Committee Agenda Date: 10/01/2024  
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 09/19/2024  
(MM/DD/YYYY)

Name of Grant: Family Self-Sufficiency Program PY24

Name of Grantor: DuPage Housing Authority

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

County Department: Community Services

Department Contact: Joan Fox, Administrator , Ext 6426  
(Name, Title, and Extension)

Parent Committee: Human Services

Grant Amount Requested: \$ 127,812.00

Type of Grant: 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: 14.896 If State, provide CSFA: \_\_\_\_\_



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

This grant supports the salaries and training needs of Staff in the Family Self-Sufficiency Program. The Family Self-Sufficiency (FSS) program has been increasing economic opportunity low-income and HUD assisted families in DuPage County since 1992. FSS helps participants increase their earned income and financial literacy, reduce or eliminate the need for welfare assistance, and make progress towards economic independence and self-sufficiency. These funds will cover up to 2 FTE Case Manager positions (Program Coordinators) to assist participating families who hold a Housing Choice Voucher.

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

Community Well Being - Implement locally funded initiatives to ensure all County residents are able to access services and programs that lead to independent and healthy lives.

3. What is the period covered by the grant?

01/01/2024 to: 12/31/2024  
(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 \$128,212.84 Percentage covered by grant 74.71

6.1.2. Total fringe benefits \$44,129.63 Percentage covered by grant 72.57

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?

1000-1750

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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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%  
\_\_\_\_\_

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

9.1. If yes, please answer the following:

9.1.1. What percentage of match funding is required by granting entity? \_\_\_\_\_

9.1.2. What is the dollar amount of the County's match? \_\_\_\_\_

