GPN Number: 010-25			ı	Date of Notification:	04/07/202	
(Completed by Finance Department	·)		•		(MM/DD/YYYY	
Parent Committee Agenda Date:	04/15/20	025	Grant Application Due Date:		04/07/202	
(Completed by Finance Department					(MM/DD/YYY)	
Name of Grant:	Weatherization HHS Grant PY26					
Name of Grantor:	IL Dept.	of Comme	erce and E	conomic Oppo	ortunity	
Originating Entity:	U.S. Dept. of Health and Human Services (Name the entity from which the funding originates, if Grantor is a pass-thru entity)					
	(riame the entity		ranama ong mate	is, ii Grantor is a pass a	a cacy,	
County Department:	Community Services					
	Gina Strafford-Ahmen, Intake Administrator x6444					
Department Contact:	(Name, Title, and Extension)					
	traine, ride, and execusion,					
Parent Committee:	Human Services					
Grant Amount Requested:			\$ 974,465	.00		
	Formula					
Type of Grant:	(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)					
		_	_	oct ayment, other in	ease speemy,	
Is this a new non-recurring Gran	t:	Yes	√ No			
Source of Grant:		✓ Federal	State	Private	Corporate	
If Federal, provide CFDA: 93.568 If State, provide CSFA: 420-70-0087						

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

The Weatherization HHS Grant is funded through the U.S. Department of Health and Human Services passed through the IL Department of Commerce and Economic Opportunity to DuPage County Community Services. The Weatherization Department utilizes 67% of this grant to provide client services by our contractors to low income households to install energy conservation measures to permanently reduce their energy bills. Conservation measures include, but are not limited to, air – sealing, insulation of attics and walls, caulking and weather-stripping, installation of high efficiency furnaces, and baseload measures such as Energy Star Refrigerators and LED light bulbs. In addition, the grant funding addresses Health& Safety concerns by providing smoke detectors, carbon monoxide detectors and proper ventilation to improve indoor air quality. Under the guidance of the Illinois Home Weatherization Assistance Program (IHWAP), these improvements are provided at no cost to income eligible households that would not otherwise be able to afford them.

The remainder of the funding from this grant covers the cost of administering the Weatherization Program, including but not limited to staff salary and benefits, office and operating supplies, mileage and travel expense and training expense.

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

Community Well-Being for low income residents of DuPage County is significantly improved by reducing excessive energy burdens to those that struggle to cover their monthly utility bills. Health & Safety improvements create a safer and healthier home. Research has shown that the payback from these improvements are many-fold. Households that receive LIHEAP assistance are also weatherized which creates a synergistic effect and leverages funding.

Thriving Economy is stimulated in DuPage County by bringing in state and federal funding to be spent at the local level for the cost of labor and material to install these measures by our Weatherization contractors. In addition, several of the Weatherization staff are residents of DuPage County and spend their earnings locally.

3.	What is the period covered by the grant?	06/01/2025	to: 09/30/2026	
•	Triates the period covered by the grant.	(MM/DD/YYYY)	(MM/	DD/YYYY)
	3.1. If period is unknown, estimate the year the project or project ph	ase will begin and anti	icipated durat	ion:
	3.1.1 and (MM/YY) (Duration)			
1		oiact2 (Vac ar Na)		No
+.	Will the County provide "seed" or startup funding to initiate grant pro	oject! (res or No)	-	
	4.1. If yes, please identify the Company-Accounting Unit used for the	e 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)	\checkmark		

6.	Does the grant allow fo	r Personnel Co	sts? (Yes or No)			Yes
	6.1. If yes, what are the total projected salary and fringe benefit costs of personnel charging time to the the entire term of the grant? Compute County-provided benefits at 40%.					grant for
	6.1.1. Total salary	\$1	,055,592.56	Percentage covered by grant	22.5%	_
	6.1.2. Total fringe b	penefits\$	307,946.45	Percentage covered by grant	21.9%	_
	6.1.3. Are any of th	e County-provi	ded fringe benefits (disallowed? (Yes or No):	No	_
	6.1.3.1. If y	es, which ones	are disallowed?			
		he grant does n I the deficit be		e personnel costs, from what C	ompany-Accou	nting Unit
		50	000-1555; 5000-14	140		
	6.2. Will receipt of this	grant require t	he hiring of additior	nal staff? (Yes or No):	No	
	6.2.1. If yes, how m	any new positi	ons will be created?			
	6.2.1.1. Ful	l-time	Part-time	Temporary		
	6.2.1.2. Wi	II the headcoun	t of the new positio	n(s) be placed in the grant acco	unting unit?	/\/
	6.2.1.2.1.	If no, in w	hat Company-Accou	nting Unit will the headcount(s) be placed?	(Yes or No

	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, p	lease 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)		Yes
	7.1. If yes, please	answer the following:		
	7.1.1. Total estimated direct administrative costs for project \$58,46		\$58,468 	.00
	7.1.2. Percent	age of direct administrative costs covered by grant		100%
	7.1.3. What pe	ercentage of the grant total is the portion covered by the grant		6%
8.	8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost?			68%
9.	Are matching fund	ds 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	unt 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 th	e total project cost (Grant Award + Match + Other Allocated Funding)?	\$974,465.00