

AMENDMENT TO THE GRANT AGREEMENT



BETWEEN
THE STATE OF ILLINOIS, DEPARTMENT OF HUMAN SERVICES
AND
DUPAGE COUNTY DEPARTMENT OF

The Department of Human Services (Grantor), with its principal office at 100 South Grand Avenue East, Springfield, Illinois 62762, and DUPAGE COUNTY DEPARTMENT OF (Grantee), with its principal office at 421 N County Farm Rd Wheaton, IL 60187-3978 and payment address (if different than principal office) at _____, hereby agree that the following amendment (Amendment) shall amend the Grant Agreement (Agreement), which is described below. Grantor and Grantee are collectively referred to herein as "Parties" or individually as a "Party."

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 a conflict, the terms of this Amendment shall prevail. This Amendment is authorized by Paragraph 26.5 of the Agreement.

WHEREAS, it is the intent of the Parties to perform consistent with all terms herein and pursuant to the duties and responsibilities imposed by Grantor under the laws of the state of Illinois and in accordance with the terms, conditions and provisions hereof.

NOW, THEREFORE, in consideration of the foregoing and the mutual agreements contained in the Agreement and herein, and for other good and valuable consideration, the value, receipt and sufficiency of which are acknowledged, the Parties hereto agree as follows:

ARTICLE I

AWARD AND AMENDMENT INFORMATION AND CERTIFICATION

1.1. Original Agreement. The Agreement, numbered FCSBH00172, with an original term from 07/01/2022 to 06/30/2023.

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

1.3. 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"/> Exhibit F (Performance Standards) |
| <input type="checkbox"/> Exhibit B (Deliverables / Milestones) | <input type="checkbox"/> Exhibit G (Specific Conditions) |
| <input type="checkbox"/> Exhibit C (Payment Terms) | <input type="checkbox"/> PART TWO (Grantor - Specific Terms) |
| <input type="checkbox"/> Exhibit D (Contact Information) | <input type="checkbox"/> PART THREE (Project - Specific Terms) |
| <input type="checkbox"/> Exhibit E (Performance Measures) | <input checked="" type="checkbox"/> Budget |
| <input type="checkbox"/> Award Term | <input type="checkbox"/> Funding Source |
| <input type="checkbox"/> Award Amount | |
| <input type="checkbox"/> Others (specify) | |

1.4. Effective Date. This Amendment shall be effective on 07/01/2022 . If an effective date is not identified in this Paragraph, the Amendment shall be effective upon the last dated signature of the Parties.

1.5. 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.

1.6. Signatures. In witness whereof, the Parties hereto have caused this Amendment to be executed by their duly authorized representatives.

DEPARTMENT OF HUMAN SERVICES**DUPAGE COUNTY DEPARTMENT OF**

By: _____
Signature of Grace B. Hou, Secretary

Date: _____

Designee Name: _____

Designee Title: Contract Obligations Analyst

By: _____
Signature of First Other Approver, if Applicable

Date: _____

Printed Name: _____

Printed Title: _____

Other Approver

By: _____
Signature of Second Other Approver, if Applicable

Date: _____

Printed Name: _____

Printed Title: _____

Second Other Approver

By: _____
Signature of Authorized Representative

Date: _____

Printed Name: _____

Printed Title: _____

E-mail: mary.keating@dupageco.org

FEIN: 366006551

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**ARTICLE II
AMENDMENTS**

Budget is modified. Please see the attached "Budget summary" for the budget revisions made.

PURPOSE OF AMENDMENT:

Family and Community Services grant for Homeless Prevention funding. Added additional funding to grant program.

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**EXHIBIT A
PROJECT DESCRIPTION**

CFDA SUMMARY:

Acct.Line#: 1
FY: 2023
CSFA Number: 444-80-0657
Appropriation Code: 0001.44480.4900.001500NE
WBS Element: 444HMLPV23-HPSPH121-SNMT
Spomed. Prog: HPSP
Appropriation Amount: \$160,000.00
These funds are Used/Reported by the Provider as Federal Funds: No
Use by DHS as Maintenance of Effort (MOE): No
Use by DHS as Matching Funds: No
CFDA: N/A - CFDA Name: N/A
FAIN Number: N/A - FAIN Award Agency: N/A
FAIN Award Date: N/A
Service Code: HOMELESS

Acct.Line#: 2
FY: 2023
CSFA Number: 444-80-0657
Appropriation Code: 0286.44480.4900.000000NE
WBS Element: 444HMLPV23-HPSPH121-SNMT
Spomed. Prog: HPSP
Appropriation Amount: \$53,600.00
These funds are Used/Reported by the Provider as Federal Funds: No
Use by DHS as Maintenance of Effort (MOE): No
Use by DHS as Matching Funds: No
CFDA: N/A - CFDA Name: N/A
FAIN Number: N/A - FAIN Award Agency: N/A
FAIN Award Date: N/A
Service Code: HOMELESS

----- END OF CFDA SUMMARY -----



State of Illinois
UNIFORM GRANT BUDGET TEMPLATE

Agreement Numbers. FCSBH00172

State Agency Illinois Department of Human Services

FY. 2023

Grantee DUPAGE COUNTY DEPARTMENT OF

Notice of Funding Opportunity (NOFO) Number. N/A

Data Universal Number System (DUNS) Number 135836026

FEIN 366006551

Catalog of State Financial Assistance (CSFA) Number 444-80-0657

CSFA Short Description. HOMELESS PREVENTION

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

Section A: State of Illinois Funds

REVENUES	Total
State of Illinois Requested:	\$213,600.00
Budget Expenditure Categories	
1. Personnel (200.430)	N/A
2. Fringe Benefits (200.431)	N/A
3. Travel (200.475)	N/A
4. Equipment (200.439 and 200.436(a))	N/A
5. Supplies (200.1 and 200.453)	N/A
6. Contractual Services/Subawards (200.318 and 200.1)	N/A
7. Consultant (200.459)	N/A
8. Construction	N/A
9. Occupancy - Rent and Utilities (200.465 and 200.436(a))	N/A
10. Research and Development (R & D) (200.1)	N/A
11. Telecommunications	N/A
12. Training and Education (200.473)	N/A
13. Direct Administrative Costs (200.413)	\$10,680.00
14. Other or Miscellaneous Costs	N/A
15. Grant Exclusive Line Item(s)	\$202,920.00
16. Total Direct Costs (add lines 1-15) (200.413)	\$213,600.00
17. Indirect Cost (200.414)	N/A
Rate %: N/A	
Base: N/A	
18. Total Costs State Grant Funds Lines 16 and 17 MUST EQUAL REVENUE TOTALS ABOVE	\$213,600.00

Contract Published Date Time: 2023.04.12.09.52.00 211



State of Illinois
UNIFORM GRANT BUDGET TEMPLATE

Agreement Numbers. FCSBH00172

State Agency Illinois Department of Human Services

FY. 2023

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CSFA Short Description. HOMELESS PREVENTION

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

Section B: Non-State of Illinois Funds

REVENUES	Total
Grantee Match Requirement %: N/A	
b) Cash	N/A
c) Non-Cash	N/A
d) other Funding and Contributions	N/A
Total Non-State Funds (lined b through d)	N/A
Budget Expenditure Categories	
1. Personnel (200.430)	N/A
2. Fringe Benefits (200.431)	N/A
3. Travel (200.475)	N/A
4. Equipment (200.439 and 200.436(a))	N/A
5. Supplies (200.1 and 200.453)	N/A
6. Contractual Services/Subawards (200.318 and 200.1)	N/A
7. Consultant (200.459)	N/A
8. Construction	N/A
9. Occupancy - Rent and Utilities (200.465 and 200.436(a))	N/A
10. Research and Development (R & D) (200.1)	N/A
11. Telecommunications	N/A
12. Training and Education (200.473)	N/A
13. Direct Administrative Costs (200.413)	N/A
14. Other or Miscellaneous Costs	N/A
15. Grant Exclusive Line Item(s)	N/A
16. Total Direct Costs (add lines 1-15) (200.413)	N/A
17. Indirect Cost (200.414)	N/A
Rate %: N/A	
Base: N/A	
18. Total Costs Non-State Grant Funds Lines 16 and 17 MUST EQUAL REVENUE TOTALS ABOVE	N/A

Contract Published Date Time: 2023.04.12.09.52.00 211



State of Illinois
UNIFORM GRANT BUDGET TEMPLATE

Agreement Numbers. FCSBH00172

State Agency Illinois Department of Human Services

FY. 2023

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CSFA Short Description. HOMELESS PREVENTION

Catalog of Federal Domestic Assistance (CFDA) Number N/A

CFDA Short Description. N/A

Budget Narrative Summary

When you have completed the budget Category pages, the totals for each category should appear in the corresponding rows below. Additionally, the amount of State requested funds and non-State funds that will support the project are also listed. Verify the amounts and the Total Project Costs.

Budget Category	State	Non-State	Total
1. Personnel	N/A	N/A	N/A
2. Fringe Benefits	N/A	N/A	N/A
3. Travel	N/A	N/A	N/A
4. Equipment	N/A	N/A	N/A
5. Supplies	N/A	N/A	N/A
6. Contractual Services	N/A	N/A	N/A
7. Consultant (Professional Services)	N/A	N/A	N/A
8. Construction	N/A	N/A	N/A
9. Occupancy (Rent and Utilities)	N/A	N/A	N/A
10. Research and Development (R & D)	N/A	N/A	N/A
11. Telecommunications	N/A	N/A	N/A
12. Training and Education	N/A	N/A	N/A
13. Direct Administrative Costs	\$10,680.00	N/A	\$10,680.00
14. Other or Miscellaneous Costs	N/A	N/A	N/A
15. GRANT EXCLUSIVE LINE ITEM(S)	\$202,920.00	N/A	\$202,920.00
16. Total Direct Costs (add lines 1-15) (200.413)	\$213,600.00	N/A	\$213,600.00
17. Indirect Cost	N/A	N/A	N/A
State Request	\$213,600.00		
Non-State Amount		N/A	
TOTAL PROJECT COSTS			\$213,600.00

Contract Published Date Time: 2023.04.12.09.52.00 211