



Grant Proposal Notification

GPN Number: 024-23
(Completed by Finance Department)

Date of Notification: 04/26/2023
(MM/DD/YYYY)

Parent Committee Agenda Date: 05/16/2023
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 05/01/2023
(MM/DD/YYYY)

Name of Grant: FY 2024 Tobacco Grant

Name of Grantor: Illinois Department of Human Services

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

County Department: Sheriff's Office

Department Contact: Lt. Eduardo Castillo X2318
(Name, Title, and Extension)

Parent Committee: Judicial Public Safety

Grant Amount Requested: \$ 6,993.00

Type of Grant: Fixed Rate
(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: 93.959

If State, provide CSFA: 444-26-1565



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

The Sheriff's Office is in need of this grant as it will help cover most, if not all, personnel costs for the enforcement of tobacco sales laws. It will cover the county requirement for checks and enforcement required by county ordinance.

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

This tobacco enforcement program helps assist in limiting substance dependence in DuPage County. The program allows for enforcement on both retailers and buyers of tobacco products to promote health and enforcement.

3. What is the period covered by the grant?

07/01/2023 to: 06/30/2024
(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 \$5,933.81 Percentage covered by grant 100%
- 6.1.2. Total fringe benefits \$1,059.19 Percentage covered by grant 100%
- 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?
- 1000-4400
- 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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9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? _____

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): Yes

11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$6,993.00