

GOVERNMENT

Grant Proposal Notification

GPN Number: 029-23	Date of Notification: 05/09/2023				
(Completed by Finance Department					
Parent Committee Agenda Date					
(Completed by Finance Department	t) (MM/DD/YYYY) (MM/DD/YYYY)				
ame of Grant: DuPage County Adult Redeploy Illinois Programs SFY24					
Name of Grantor:	Illinois Criminal Justice Information Authority				
Originating Entity:	(Name the entity from which the funding originates, if Grantor is a pass-thru entity)				
County Department:	Probation and Court Services				
Department Contact:	Sharon Donald, Finance Manager - Ext. 8413				
	(Name, Title, and Extension)				
Parent Committee:	Judicial and Public Safety				
Grant Amount Requested:	\$ 450,514.85				
Type of Grant:	Initial Announcement - New Application (Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)				
Is this a new non-recurring Gran	nt: Yes 🖌 No				
Source of Grant:	☐ Federal 🗹 State ☐ Private ☐ Corporate				
If Federal, provide CFDA: If State, provide CSFA:					
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1. Justify the department's need for this grant.

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The Adult Redeploy Program goal is to reduce the number of probation violators committed to the Illinois Department of Corrections (IDOC). Our Department implemented a "probation violator" caseload structured as an enhancement to the Department's Administrative Sanctions Program. The caseload offers probationers facing technical violations the opportunity to participate in intensive cognitive behavioral services and increased frequency of supervision and an alternative to incarceration.

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

Quality of Life. DuPage County Department of Probation seeks support from Illinois Criminal Justice Information Authority Adult Redeploy program to provide continued local, community-based sanctions and alternatives for offenders who would likely be incarcerated if these local services and sanctions were unavailable.

3. What is the period covered by the grant?

<u>07/01/2023</u> to: <u>06/30/2024</u> (MM/DD/YYYY) to: (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)
 - 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)

No



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- 6. Does the grant allow for Personnel Costs? (Yes or No)
 - 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%.

Yes

6.1.1. Total salary		\$271,009.00	Percentage covered by grant	100%	_		
6.1.2. Total fringe benefits		\$81,657.05	Percentage covered by grant	100%	_		
6.1.3. Are any o	of the County-	provided fringe benefits d	isallowed? (Yes or No):	Yes	_		
6.1.3.1.	If yes, which	ones are disallowed?					
	Tuition rein through the		payouts are not allowable expe	enses			
6.1.3.2.	If the grant c will the defic		e personnel costs, from what Com	pany-Accou	nting Unit		
6.2. Will receipt of	this grant req	uire the hiring of addition	al staff? (Yes or No):	No			
6.2.1. If yes, ho	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?							
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)					
	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	w for direct administrative costs? (Yes or No)	N/A			
	7.1. If yes, please a	answer the following:				
	7.1.1. Total est	imated direct administrative costs for project				
	7.1.2. Percenta	ge of direct administrative costs covered by grant				
	7.1.3. What pe	rcentage of the grant total is the portion covered by the grant				
8.	What percentage o	f the grant funding is non-personnel cost / non-direct administrative cost?	21.72%			
9.	Are matching funds	s required? (Yes or No):	No			
	9.1. If yes, please a	answer the following:				
	9.1.1. What pe	rcentage of match funding is required by granting entity?				
	9.1.2. What is t	he dollar amount of the County's match?				



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	9.1.3. V	Vhat Company-Accounting Unit(s) will provide the matching requirement?		
10.	What amou	int 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 the	total project cost (Grant Award + Match + Other Allocated Funding)?	\$450,514	4.85