

GOVERNMENT

Grant Proposal Notification

GPN Number: 028-2	3	Da	ate of Notification:	03/07/2023
(Completed by Finance Departm	ent)			(MM/DD/YYYY)
Parent Committee Agenda Da		Grant Application Due Date.		04/21/2023
(Completed by Finance Departm	ent) (MM/DD/YYYY)			(MM/DD/YYYY)
LIHEAP State Supplemental Grant PY24				
Name of Grantor:	IL Dept. of Comm	erce and Ec	onomic Oppo	ortunity
Originating Entity:	Name the entity from which the	e funding originates,	if Grantor is a pass-th	nru entity)
County Department:	epartment: Community Services			
Department Contact: Gina Strafford-Ahmed, Administrator x6444			6444	
Parent Committee:	(Name, Title, and Extension) Human Services			
Grant Amount Requested:	\$ 5,528,383.00			
Type of Grant:	Formula (Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)			
Is this a new non-recurring Grant: Yes 🗸 No				
Source of Grant:	E Federal	✓ State	Private] Corporate
If Federal, provide CFDA: If State, provide CSFA:				
Page 1 of 5				



Grant Proposal Notification

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

GOVERNMENT

The Low Income Home Energy Assistance (LIHEAP) Program, funded through U.S. Department of Health and Human Services and the Supplemental Low Income Energy Assistance Fund (SLIHEAP) allows DuPage County to provide services to eligible low income households in DuPage County. The client assistance funds available through this grant program assist eligible households with the costs of home energy by incorporating fuel assistance, home weatherization, and other related measures in accordance with the current LIHEAP regulations and requirements.

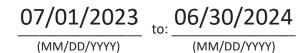
2. Based on the County's Strategic Plan, which strategic imperative(s) correlate with funding opportunity. Provide a brief explanation.

Imperative 1: Quality of Life:

1.2 Maintain the county-wide safety net to help people escape poverty, maximize independence, and achieve economic self-sufficiency.

1.2.2 Provide services that help residents escape poverty, maximize independence and achieve economic self-sufficiency.

3. What is the period covered by the grant?



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



Grant Proposal Notification

- 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	\$1,391,757.00	Percentage covered by grant	43%
6.1.2. Total fringe benefits	\$352,838.00	Percentage covered by grant	43%
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?

5000-1420 HHS

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 account	
6.2.1.2.1. If no, in what Company-Accounting Unit will the headcount(s) be	(Yes or No) placed?



GOVERNMENT

Grant Proposal Notification

	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 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 \$442,27		1.00	
	7.1.2. Percenta	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		8%
8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost?			86%	
9.	Are matching fund	s 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?		



Grant Proposal Notification

	9.1.3. \	Vhat Company-Accounting Unit(s) will provide the matching requirement?		
10.	What amou	unt of funding is already allocated for the project?	\$0.0	0
	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)?	\$5,528,3	83.00