| GPN Number: 039-24 | | | Date of Notification: | 09/30/202 |
|---|--|---------------------|-----------------------------|--------------------------|
| (Completed by Finance Departmen | t) | | | (MM/DD/YYYY |
| Parent Committee Agenda Date (Completed by Finance Departmen | | Grant A | pplication Due Date: _ | 09/16/202 (MM/DD/YYYY |
| Name of Grant: | FY25 Suppleme | ental State | Funding for L | WIAs |
| Name of Grantor: | IL Dept of Comm | nerce & Eco | onomic Oppor | tunity |
| Originating Entity: | (Name the entity from which the | e funding originate | es, if Grantor is a pass-tl | hru entity) |
| County Department: | Human Resources- | Workforce | Development | t Division |
| Department Contact: | Lisa Schvach, Directo | or or Workfo | orce Devt. Div (| 955-2066) |
| Parent Committee: | Economic Development | | | |
| Grant Amount Requested: | | \$ 183,635 | .00 | |
| Type of Grant: | Formula (Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify) | | | |
| Is this a new non-recurring Gran | <u>_</u> | √ No | .,, | p 11 |
| Source of Grant: | Federal | ✓ State | ☐ Private ☐ |] Corporate |
| If Federal, provide CFDA: | If State, provi | de CSFA: 420- | 30-3299 | |

| 1. | Justify the department's need for this grant. | | | |
|----|--|---|----------------------------|---|
| | The State of Illinois Fiscal Year 2025 budget includes \$5 million in Funds for the Local Workforce Innovation Areas (LWIAs) to support provided in coordination with the Workforce Innovation and Opport funds will be used to support career services, career exploration, a populations including returning-to-work parents, young adults, no individuals incarcerated within the DuPage County jail. | rt workforce services ortunity Act (WIOA) fu and job training service | es for priority | |
| 2. | Based on the County's Strategic Plan, which strategic imperative(s) correbrief explanation. | elate with funding oppor | rtunity. Provide a | |
| | Imperative 5: Foster continued growth of the DuPage Economy 5.1. Ensure that DuPage County residents have the competitive skills high quality workforce. The grant will allow the DuPage County Workforce Development Divisexperiencing unique barriers to entering the workforce. | | | |
| 3. | What is the period covered by the grant? | 07/01/2024 to: | 06/30/2025 (MM/DD/YYYY) | 5 |
| | 3.1. If period is unknown, estimate the year the project or project phase | | | |
| | 3.1.1 and (MM/YY) (Duration) | | | |
| 4. | Will the County provide "seed" or startup funding to initiate grant project | ct? (Yes or No) | No | |
| | 4.1. If yes, please identify the Company-Accounting Unit used for the fu | nding | | |
| 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 | | |

| Yes |
|-------------|
| e grant for |
| <u>%</u> |
| <u>/</u> |
| _ |
| |
| |
| unting Unit |
| |
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| |
| |
| (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 es | 1.1. Total estimated direct administrative costs for project \$7,3 | | .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 | | 4% |
| 8. | What percentage | of the grant funding is non-personnel cost / non-direct administ | rative cost? | 69.7% |
| 9. | Are matching fund | ds required? (Yes or No): | | No |
| | 9.1. If yes, please | answer the following: | | |
| | 9.1.1. What po | 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)? | \$183,635.00 |