GPN Number: 048-23		ı	Date of Notification:	0//18/202	
(Completed by Finance Department)	•		(MM/DD/YYYY	
Parent Committee Agenda Date:	08/15/2023	Grant Ap	Grant Application Due Date:		
(Completed by Finance Department) (MM/DD/YYYY)			(MM/DD/YYYY	
Name of Grant:	Apprenticeship Expansion Grant PY23				
Name of Grantor:	IL Dept of Commerce & Economic Opportunity				
Originating Entity:	Department of Labor (Name the entity from which the funding originates, if Grantor is a pass-thru entity)				
County Department:	Human Resources-Workforce Development Division				
Department Contact:	Lisa Schvach, Director or Workforce Devt. Div (955-2066)				
	(Name, Title, and Extension)				
Parent Committee:	Economic Development				
Grant Amount Requested:		\$ 125,000	.00		
Type of Grant:	Formula (Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)				
	(Competitive, Continuati	on, Formula, Project, Dire	ct Payment, Other – Ple	ease Specify)	
Is this a new non-recurring Gran	t: Ye	s No			
Source of Grant:	✓ Fe	 -	Private] Corporate	
If Federal, provide CFDA:17	7.285 If State	e, provide CSFA: 420-	30-3163		

1.	Justify the department's need for this grant.		
	The purpose of this grant is to support an integrated business expand Registered Apprenticeship Programs (RAPs) in DuPage coordinating employer outreach and communication of apprepartners and stakeholders, and coordinating and expanding workers in DuPage County.	ge County. Grant activiti renticeship models, sup	es will include porting local
2.	Based on the County's Strategic Plan, which strategic imperative(s brief explanation.) correlate with funding o _l	pportunity. Provide a
	Imperative 5: Foster continued growth of the DuPage Economy 5.1. Ensure that DuPage County residents have the competitive high quality workforce. The grant will allow the DuPage County-Workforce Development County businesses to improve their apprenticeship program.		
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 antion	cipated duration:
	3.1.1 and (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 upfro	ont)	
	5.2. After expenditure of costs (reimbursement-based)	\checkmark	

6.	Does the grant allow for Perso	nnel Costs? (Yes or No)		Yes
		projected salary and fringe nt? Compute County-provi	benefit costs of personnel charging ded benefits at 40%.	g time to the grant for
	6.1.1. Total salary	\$121,052.00	_ Percentage covered by grant	51%
	6.1.2. Total fringe benefits	\$37,966.00	Percentage covered by grant	51%
	6.1.3. Are any of the Count	cy-provided fringe benefits	disallowed? (Yes or No):	No
	6.1.3.1. If yes, which	ch ones are disallowed?		
		t does not cover 100% of t ficit be paid?	he personnel costs, from what Con	npany-Accounting Unit
	C	ther WIOA grant under	5000-2840	
	6.2. Will receipt of this grant r	equire the hiring of additio	onal staff? (Yes or No):	No
	6.2.1. If yes, how many new	w positions will be created	?	
	6.2.1.1. Full-time _	Part-time	Temporary	_
	6.2.1.2. Will the he	eadcount of the new position	on(s) be placed in the grant accoun	nting unit?(Yes or No
	6.2.1.2.1. If i	no, in what Company-Acco	unting Unit will the headcount(s) b	•

	6.3. Does the gran	nt 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)		No
7.1. If yes, please answer the following:				
	7.1.1. Total es	timated direct administrative costs for project		
	7.1.2. Percent	age of direct administrative costs covered by grant		
	7.1.3. What pe	ercentage of the grant total is the portion covered by the grant		
3.	What percentage	of the grant funding is non-personnel cost / non-direct administrative of	cost?	36%
Э.	Are matching fund	ds 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?		

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): <u>No</u>
11. What is th	e total project cost (Grant Award + Match + Other Allocated Funding)?	\$125,000.00