

**VILLAGE OF DOWNERS GROVE**  
**COUNCIL ACTION SUMMARY**

**INITIATED:** Grants Coordinator      **DATE:** August 19, 2003  
(Name)

**RECOMMENDATION FROM:** \_\_\_\_\_ **FILE REF:** \_\_\_\_\_  
(Board or Department)

**NATURE OF ACTION:**

- Ordinance
- Resolution
- Motion
- Other

**STEPS NEEDED TO IMPLEMENT ACTION:**

Motion to Adopt "A RESOLUTION AUTHORIZING SUBMITTAL OF GRANT APPLICATION TO THE BUREAU OF JUSTICE ASSISTANCE FOR FY 2003 LOCAL LAW ENFORCEMENT BLOCK GRANTS", as presented.



**SUMMARY OF ITEM:**

Adoption of the attached resolution will authorize submittal of a grant application to the Bureau of Justice Assistance for FY 2003 for the purpose of reducing crime and improving public safety.

**RECORD OF ACTION TAKEN:**

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**RESOLUTION NO. \_\_\_\_\_**

**A RESOLUTION AUTHORIZING SUBMITTAL OF GRANT APPLICATION TO THE  
BUREAU OF JUSTICE ASSISTANCE FOR FY 2003  
LOCAL LAW ENFORCEMENT BLOCK GRANTS**

WHEREAS, the Village of Downers Grove, an Illinois municipal corporation, has developed grant application FY 2003 Local Law Enforcement Block Grants for financial assistance in funding a project to reduce crime and improve public safety; and

WHEREAS, the Village Council has reviewed said grant application and agreement conditions, and has authorized the filing of said application with the Bureau of Justice Assistance.

NOW, THEREFORE, be it resolved by the Village of Downers Grove, DuPage County, Illinois, as follows:

1. That the Village of Downers Grove submit the FY 2003 Local Law Enforcement Block Grants application of the Village of Downers Grove for a project to reduce crime and improve public safety to the Bureau of Justice Assistance.
2. That the Village of Downers Grove agrees to the conditions and requirements listed in the grant agreement.
3. That this resolution shall be in full force and effect from and after its passage as provided by law.

\_\_\_\_\_  
Mayor

Passed:

Attest: \_\_\_\_\_  
Village Clerk



**FY 2003 Local Law Enforcement Block Grants Program**  
Downers Grove Village, IL



[Application](#)   
 [Award](#)   
 [RFD](#)   
 [Grant Changes](#)   
 [Final Grant Report](#)   
 [Correspondence](#)   
 [Switch to ...](#)

**Grant Handbook**

**CEO Information**

[Overview](#)

Please provide or update information about the Chief Executive Officer (CEO) of your jurisdiction (i.e., Mayor, City Manager, County Commissioner, etc.). Use appropriate uppercase and lowercase letters throughout this application. What you enter on these screens will appear on all official grant documents.

[CEO Information](#)

[Program Contact Information](#)

Please note that Public Safety Directors, Police Chiefs, and sheriffs (except in Louisiana) are not defined as CEOs of jurisdictions.

[Certifications](#)

Downers Grove Village, Illinois has at least one accepted award for a different fiscal year. Changing the CEO information will cause a Grant Adjustment Notice (GAN) to be generated for the other grant (s). This GAN will be created upon approval by BJA.

[Award and Match](#)

[Submit Application](#)

[Decline Funds](#)

[Help/Frequently Asked Questions](#)

[LLEBG Home](#)

[Log-Off](#)

*Title	Village Manager
*Prefix	Mr. <input type="checkbox"/>
*First Name	Riccardo
*Last Name	Ginex
*Address Line 1	801 Burlington Avenue
Address Line 2	
*City	Downers Grove
State	Illinois
*Zip Code	60515 - 4776 <small>Need help for ZIP+4?</small>
*Phone	630 - 434 - 5525
Extension	
Fax	630 - 434 - 5571
*E-mail	rginex@vil.downers-grv
*Is the person currently completing this application the CEO?	
<input type="radio"/> Yes <input checked="" type="radio"/> No	

**Save and Continue**



**FY 2003 Local Law Enforcement Block Grants Program**  
*Downers Grove Village, IL*



[Application](#)  
 [Award](#)  
 [RFD](#)  
 [Grant Changes](#)  
 [Final Grant Report](#)  
 [Correspondence](#)  
 Switch to ... ▾

**Grant Handbook    Program Contact Information**

[Overview](#)

The Program Contact person is the individual officially designated by the CEO to serve as the day-to-day contact on all program related matters, including completing this application, and responding to all program related questions from BJA. As the officially designated Program Contact, this individual has the ability to bind the jurisdiction to all terms and conditions related to this grant.

[CEO Information](#)

[Program Contact Information](#)

Only public officials have the ability to bind the jurisdiction legally to the terms of the LLEBG Program. **A CEO may not delegate this responsibility to a non-public official or a public official outside his/her jurisdiction.** A jurisdiction may use whatever assistance it deems appropriate to gather needed information for the completion of the LLEBG on-line application and payment acceptance processes; however, it may delegate only to a public official within the applicant jurisdiction the responsibility for actually completing the on-line processes. Any applying jurisdiction violating these requirements will be subject to formal action, including nullification of the FY 2003 LLEBG application as well as eligibility for the future LLEBG funding cycles.

[Certifications](#)

[Award and Match](#)

[Submit Application](#)

[Decline Funds](#)

Downers Grove Village, IL has at least one accepted award for a different fiscal year. Changing the Program Contact information will automatically update this information for all of your active LLEBG grants. No GAN will be issued to document this change.

[Help/Frequently Asked Questions](#)

[LLEBG Home](#)

[Log-Off](#)

*Title	Deputy Chief		
*Prefix	Mrs. ▾		
*First Name	Pam		
*Last Name	Church		
*Address Line 1	801 Burlington Avenue		
Address Line 2	825 Burlington Avenue		
*City	Downers Grove		
State	Illinois		
*Zip Code	60515	- 4776	<small>Need help for ZIP+4?</small>
*Phone	630	- 434	- 5621
Extension			
Fax	630	- 434	- 5690
*E-mail	pchurch@vil.downers-g This e-mail address should be different from the CEO's e-mail address		

Save and Continue



**FY 2003 Local Law Enforcement Block Grants Program**  
Downers Grove Village, IL



[Application](#)   
 [Award](#)   
 [RFD](#)   
 [Grant Changes](#)   
 [Final Grant Report](#)   
 [Correspondence](#)   
 [Switch to ...](#)

[Grant Handbook](#)   
 [Trust Fund Requirement](#)   
 [PSOHB Requirement](#)   
 [SPOC Review](#)   
 [SAA Review](#)

[Overview](#)

### The LLEBG Trust Fund Requirement

[CEO Information](#)

All direct LLEBG recipients and State subrecipients must establish a **trust fund** in which to deposit LLEBG Program funding. The trust fund may or may not be an interest bearing account. Regardless of the type of account selected, the trust fund must protect the principal. The trust fund must be established by the the recipient jurisdiction, not by the implementing agency/ies. For example, in the case of a city award, the city manager or mayor's office must establish the trust fund, not the police department. In some jurisdictions, the term "Special Revenue Fund" may denote the same attributes as the definition for trust fund under the LLEBG Program.

[Program Contact Information](#)

[Certifications](#)

[Award and Match](#)

An LLEBG recipient's trust fund must include the following four features:

[Submit Application](#)

1. The fund may earn interest, but any earned interest must be used for program purposes. The trust fund does not have to be an interest bearing fund.
2. The recipient must be able to account for the Federal award amount,
3. The recipient must be able to account for the local match amount,
4. The recipient must be able to account for any interest earned,
5. The recipient must be able to account for all LLEBG Program funds (federal, local match and any program income/interest earned/on federal funds) by individual grant year.
6. All program income including interest earned on federal funds should be expended as it is accrued.

[Decline Funds](#)

[Help/Frequently Asked Questions](#)

[LLEBG Home](#)

[Log-Off](#)

I have read the above requirement.

[Save and Continue](#)

[Go Back](#)



**FY 2003 Local Law Enforcement Block Grants Program**  
*Downers Grove Village, IL*



[Application](#)   [Award](#)   [RFD](#)   [Grant Changes](#)   [Final Grant Report](#)   [Correspondence](#)   [Switch to ...](#)

**Grant Handbook**   [Trust Fund Requirement](#)   [PSOHB Requirement](#)   [SPOC Review](#)   [SAA Review](#)

[Overview](#)

**PSOHB Compliance**

[CEO Information](#)

Please follow these steps to complete this screen:

[Program Contact Information](#)

1. Open and review the [Compliance](#) requirements of the Public Safety Officers' Health Benefits (PSOHB) Provision.
2. Is your jurisdiction in compliance with the PSHOB Provision as of the date of this application?

[Certifications](#)

Yes  No

[Award and Match](#)

[Submit Application](#)

By answering "YES" you certify that your jurisdiction/municipality, **NOT** the implementing agency, provides the same or better level of health insurance benefits to a public safety officer who retires or is separated from service, as a direct or proximate result of personal injury sustained in the line of duty while responding to a hot pursuit or emergency situation, as the officer was receiving while on active duty.

[Decline Funds](#)

[Save and Continue](#)   [Go Back](#)

[Help/Frequently Asked Questions](#)

[LLEBG Home](#)

[Log-Off](#)

**NOTE: You must select "Yes" below and click on the "Save and Continue" button at the bottom of the page before closing this window.**

### **PUBLIC SAFETY OFFICERS' HEALTH BENEFITS (PSOHB) PROVISION**

The provision states that a unit of local government (NOT the implementing agency) must provide the same or better level of health insurance benefits to a public safety officer who retires or is separated from service, as a direct or proximate result of a personal injury sustained in the line of duty while responding to a hot pursuit or emergency situation, as the officer was receiving while on active duty.

A public safety officer is an individual serving a public agency in an official capacity (with or without compensation) as a:

- Law Enforcement officer<sup>(1)</sup>
- Firefighter
- Rescue squad or ambulance crew member

**If a unit of local government is not in compliance with this provision, it is still eligible for funding from BJA, but will forfeit 10 percent of the eligible amount.**

#### **Criteria for Compliance**

To be in compliance, a unit of local government must:

1. Use the definitions provided for public safety officer, law enforcement officer, firefighter and public agency as defined by section 1204 of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as amended.
2. Use State statutory law, or, in the absence of State law, use State case law, local law, or have established written policy for defining "injury suffered as a direct result of a personal injury sustained in the line of duty while responding to an emergency situation or hot pursuit." State law definitions of the terms "emergency situation" and "hot pursuit" must be used.
3. Have an established **written** procedure or process for reviewing cases of injuries suffered in the line of duty.
4. Be able, upon request, to document that the same or better level of health insurance benefits as received while on duty is paid at the time of retirement or separation due to an injury suffered as the direct and proximate result of a personal injury sustained in the line of duty while responding to an emergency situation or hot pursuit.

<sup>(1)</sup> Section 1204(5) of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, defines a **law enforcement officer** as "an individual involved in crime and juvenile delinquency control or reduction, or enforcement of the laws, but not limited, to police, corrections, probation, parole and judicial officers."

If you do not understand this provision, call the GMS Hotline at 1-888-549-9901, option 4. If you do understand, please click "Yes" below.

Yes, I have read and understand the above PSOHB Compliance requirements.

Save and Continue



**FY 2003 Local Law Enforcement Block Grants Program**  
Downers Grove Village, IL



[Application](#)    [Award](#)    [RFD](#)    [Grant Changes](#)    [Final Grant Report](#)    [Correspondence](#)    [Switch to ...](#)

[Grant Handbook](#)    [Trust Fund Requirement](#)    [PSOHB Requirement](#)    [SPOC Review](#)    [SAA Review](#)

[Overview](#)

**Single Point of Contact Review**

[CEO Information](#)

If a Block Grants Program has been selected for review under Executive Order 12372, "Intergovernmental Review of Federal Programs," then the applicant is required to submit a copy of its application to the State Point of Contact (SPOC).

[Program Contact Information](#)

[Click here](#) for a list of all State SPOCs. If your State is not listed, then you are not required to send a copy of your application to a SPOC.

[Certifications](#)

Each applicant must check the box below:

[Award and Match](#)

**If my jurisdiction has a SPOC, then I will send or fax a copy of our application to our SPOC. Documentation supporting this action will be maintained on-site and will be available for review upon request.**

[Submit Application](#)

[Decline Funds](#)

At the end of the application process you will be given an opportunity to print a formal copy of your application.

[Help/Frequently Asked Questions](#)

[Save and Continue](#)

[Go Back](#)

[LLEBG Home](#)

[Log-Off](#)



**FY 2003 Local Law Enforcement Block Grants Program**  
*Downers Grove Village, IL*



[Application](#)   [Award](#)   [RFD](#)   [Grant Changes](#)   [Final Grant Report](#)   [Correspondence](#)   [Switch to ...](#)

**Grant Handbook**   [Trust Fund Requirement](#)   [PSOHB Requirement](#)   [SPOC Review](#)   [SAA Review](#)

[Overview](#)

**State Administrative Agency Review**

[CEO Information](#)

Eligible units of local government must submit a copy of their application to the designated State Administrative Agency (SAA).

[Program Contact Information](#)

[Click here](#) for a list of State Administrative Agencies.

[Certifications](#)

**My jurisdiction will send a copy of our application to our State Administrative Agency. Documentation supporting this action will be maintained on-site and will be available for review upon request.**

[Award and Match](#)

[Submit Application](#)

At the end of the application process you will be given an opportunity to print a formal copy of your application.

[Decline Funds](#)

[Save and Continue](#)

[Go Back](#)

[Help/Frequently Asked Questions](#)

[LLEBG Home](#)

[Log-Off](#)



**FY 2003 Local Law Enforcement Block Grants Program**  
Downers Grove Village, IL



[Application](#)   
 [Award](#)   
 [RFD](#)   
 [Grant Changes](#)   
 [Final Grant Report](#)   
 [Correspondence](#)

Switch to ...

**Grant Handbook**

**Award and Match**

[Overview](#)

The following is the summary information for the total amount of LLEBG funds for which you are applying:

[CEO Information](#)

**Eligible Award Amount**

Your jurisdiction's Eligible Award Amount, **not** including PSOHB compliance status, is reflected in this figure.

[Program Contact Information](#)

**\$12,885**

[Certifications](#)

**Final Award Amount**

The Final Award Amount shown below includes the adjustments to your eligible award amount due to the PSOHB compliance status of your jurisdiction.

[Award and Match](#)

**\$12,885**

[Submit Application](#)

**Match Amount**

[Decline Funds](#)

The LLEBG Program requires a 10 percent **cash** match, calculated as one-ninth of the Final Award Amount, with no waiver provision (except for American Samoa, Guam, Northern Mariana Islands, and U.S. Virgin Islands). Federal funds may not exceed 90 percent of total program costs. Your match amount has been automatically calculated based on the Final Award Amount. Program income/interest earned on federal funds may not be considered as part of a grantee's local match.

**\$1,432**

[Help/Frequently Asked Questions](#)

[LLEBG Home](#)

**Matching Funds Code**

[Log-Off](#)

M1-State and Local Government Units

**Save and Continue**



**FY 2003 Local Law Enforcement Block Grants Program**  
*Downers Grove Village, IL*



[Application](#)   [Award](#)   [RFD](#)   [Grant Changes](#)   [Final Grant Report](#)   [Correspondence](#)

Switch to ...

**Grant Handbook**

**Submit Application**

[Overview](#)

Your jurisdiction can submit the application only when the following checklist is complete. Click on the link to get additional information on each incomplete requirement. A "Continue" button will appear at the bottom of the screen when all the requirements are complete.

[CEO Information](#)

[Program Contact Information](#)

[Certifications](#)

[Award and Match](#)

[Submit Application](#)

[Decline Funds](#)

Status	Requirement
Complete	CEO Information.
Complete	Program Contact Information
Complete	Certifications regarding Trust Fund
Complete	Certifications regarding PSOHB
Complete	Certifications regarding SPOC Review
Complete	Certifications regarding SAA Review
Complete	Award and match amount information
Complete	No pending CEO changes

[Help/Frequently Asked Questions](#)

**Continue**

[LLEBG Home](#)

[Log-Off](#)