

RESOLUTION NO. 8-1

WHEREAS, the Sangamon County Department of Community Resources has been granted funds from Healthcare and Family Services (HFS); and,

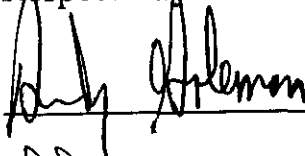
WHEREAS, the Grand funds are to be used for purchase of a vehicle for Weatherization (WX) services in Sangamon County; and,

WHEREAS, HFS has approved and provided funds in the amount of \$22,532.00 to Sangamon County Community Resources for purchase of said vehicle; and,

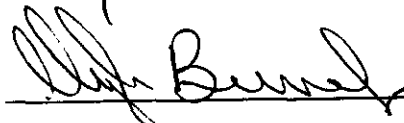
WHEREAS, the Sangamon County Community Resources Committee of the Sangamon County Board has reviewed and approved the purchase as agreed in the HFS Grant.

Be It Resolved That The Sangamon County Board Approves Same.

Respectfully submitted:

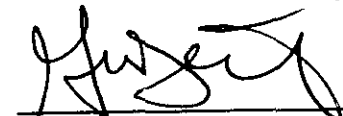


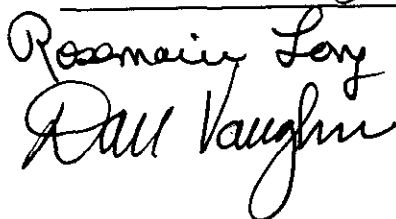












Rosemary Long

Paul Vaughn

RECEIVED

SEP 12 2006

Paul Palazzo
SANGAMON COUNTY AUDITOR


FILED

SEP 27 2006



Respectfully Submitted:
Community Resource Committee

Cathy Scife Chairman

William Moore

Louis Turner

Miss Jell

PAYMENT REQUISITION

REQ DATE	VENDOR NUMBER	RETURN CHECK TO	COMMITTEE NAME			
08-Sep-2006	262	YES	COMMUNITY RESOURCES			
REQ #	AUDITOR APPROVAL	FUND DEPT	ACCT.	DEPARTMENT NAME		
06E09007		018 045	600.000	COMMUNITY RESOURCES		
VENDOR NAME		VENDOR ADDRESS	VENDOR CITY	STATE	ZIP	
LANDMARK FORD		2401 PRAIRIE CROSSING	SPRINGFIELD	IL	62711	
PROGRAM	CATEGORY	VENDOR	DESCRIPTION	AMOUNT	P.O.#	INV #
6WXD	404		VEHICLE	\$22,532.00		
TOTAL				\$22,532.00		

PREPARED BY: *Deanne Beall*

DATE: 9-8-05

SUPERVISOR: _____

DATE: _____

APPROVED: _____ DENIED: _____

APPROVED: _____ DENIED: _____

FISCAL SIGN.: _____

DATE: _____

CK.#: _____

DATE: _____

TOTAL \$22,532.00

COMMITTEE APPROVAL
X _____

Shirley...
DEPARTMENT HEAD/EXECUTIVE DIRECTOR

Sarah Musgrave
Deanne Beall
William Thomas

COMMITTEE CHAIRPERSON
Cathy Seife

**SANGAMON COUNTY
FIXED ASSET CONTROL FORM**

ADDITIONS

ASSET # (Assigned by Auditor's Office): _____

Description: _____

Make/Model: _____ Serial Number: _____

Classification: _____ Asset Type: _____

Vendor: _____

Date Received: _____ Cost: \$ _____ Value: \$ _____

Dept: _____ Location: _____ Floor: _____ Room: _____

Acquisition Method (Purchased, Donated, Transferred-in, etc.): _____

Requisition Fund/Dept/Account: _____ / _____ / _____ / _____

TRANSFERS

ASSET #: _____

From Department: _____ Date: _____

To Dept: _____ Location: _____ Floor: _____ Room: _____

Approval Signatures: _____
Transferring Department Receiving Department

DISPOSALS

Purchase Date 5-15-01

ASSET #: VIN - 2B7H57L911K546779

Disposal Type (Sold, Traded-in, Donated, Cannibalized, Discarded, etc.): Sold

Receiving Entity (If Applicable): Kevin Hayne

Trade-in Value Received (If Applicable): 500.00

Disposal Date: 9/11/06 Department Approval Signature: [Signature]

Sale or Donation Approval Signature (Sale of items < \$5,000 requires oversight committee approval, sale of items > \$5,000 requires oversight committee and County Board approval; donation of items requires County Board Chairman approval):
X [Signature]

***** Auditor's Office Use *****

Transaction Entered Into Fixed Asset System.....Initials: _____ Date: _____