

FILED

DEC 15 2023

Don Hays
Sangamon County Clerk

Resolution # 44-1

WHEREAS, County policies and procedures require both the assigned oversight committee and the Finance Committee to approve all requests to apply for grants from Federal and State agencies, as well as grants from all other entities; and,

WHEREAS, County policies and procedures require that the acceptance of grants of \$30,000 or more must be approved by the full County Board;

WHEREAS, the Department of Community Resources wishes to apply for and accept an a grant from DCEO for the Liheap - HHS program in the amount of approximately \$1,829,451.00; and

WHEREAS, this grant will allow Community Resources to provide _____; and

WHEREAS, as documented by the approval of this resolution, CSBG Oversight Committee and the Finance Committee have approved the Community Resources Department's request to apply for the Liheap - HHS grant and the committees recommend that the County Board approve the acceptance of this grant, if awarded by DCEO.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 19th day of December, 2023, approves the acceptance of the Liheap - HHS grant, which is detailed above, if the grant is awarded to the County by DCEO. The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.

ATTEST:

County Clerk

Chairman, Sangamon County Board

Approved by the CSBG Oversight Committee December 18, 2023

_____, Chairman

Approved by the Finance Committee December 19, 2023

_____, Chairman

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Community REsources

Grant Program Title: Liheap - HHS

This request is for: a new grant renewal or extension of an existing grant

Grantor: DCEO

Brief description of the grant program and its benefits to Sangamon County:

Through the Low Income Home Energy Assistance Program (LIHEAP) shall 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.

Anticipated Grant Revenue Amount:: \$1,829,451.00

Are matching funds required? Yes No

If yes, please state the amount and the source of matching funds:

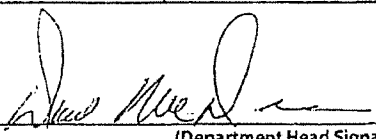
If this grant is approved, will any new personnel be hired: Yes No

If Yes, please indicate the number and cost of personnel:

Are there any *indirect* costs or *legal* requirements associated with this grant (i.e., increased workload on existing staff, requirements to continue specific programs after grant periods, etc.): Yes No

If Yes, please provide details. Include attachment if needed:

	Current FY	Current FY + 1	Current FY + 2
Number of Employees	4		
Personnel Costs (in dollars)	\$60,687.00		
Fringe Benefit Cost	\$21,240.00		
Other Costs (Equipment, etc)	\$65,213.00		
Total Cost	\$147,140.00		

Requested by: 
(Department Head Signature)

Date: 12/12/23