

Resolution # 14-1

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 the Coroner's Office wishes to apply for and accept an a grant from U.S. Department of Justice for the Strengthening the Medical Examiner-Coroner System program in the amount of approximately 100,000; and

WHEREAS, this grant will allow the Coroner's Office to provide Medical Examiner Coroner Office Accreditation; and

WHEREAS, as documented by the approval of this resolution, the Jail Committee and the Finance Committee have approved the the Coroner's Office Department's request to apply for the Strengthening the Medical Examiner-Coroner System grant and the committees recommend that the County Board approve the acceptance of this grant, if awarded by U.S. Department of Justice.

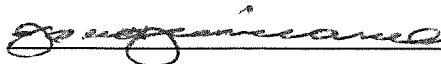
NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 8th day of April, 2024, approves the acceptance of the Strengthening the Medical Examiner-Coroner System grant, which is detailed above, if the grant is awarded to the County by U.S. Department of Justice. The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.

ATTEST:

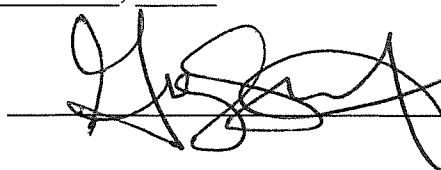
County Clerk

Chairman, Sangamon County Board

Approved by the the Jail Committee March 19, 2024

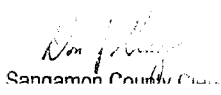
 Chairman

Approved by the Finance Committee March 26, 2024

 Chairman

FILED

MAR 19 2024


Sangamon County Clerk

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Coroner's Office

Grant Program Title: Strengthening the Medical Examiner-Coroner System

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

Grantor: U.S. Department of Justice

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

This grant will allow for Medical Examiner Coroner Office Accreditation.

Anticipated Grant Revenue Amount: \$100,000

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			
Personnel Costs (in dollars)			
Fringe Benefit Cost			
Other Costs (Equipment, etc)			
Total Cost			

Requested by: 
(Department Head Signature)

Date: 3/14/2024