Resolution # 23-1

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 Illinois Department of Co | mmerce & Economic Opportunity |
| for the _Weatherization | program in the amount of |
| approximately \$652,218.00; and | |
| WHEREAS, this grant will allow Community Resor | urces to provide |
| weatherization services to homes in Sangamon and Macon | |
| WHEREAS, as documented by the approval of this | resolution Community Resources Oversight |
| • | ommittee have approved the |
| | Department's request to apply for the |
| DCEO Weatherization Grant #24-221038 gr | |
| County Board approve the acceptance | |
| Illinois Department of Commerce & Economic Opportunity | |
| NOW, THEREFORE, BE IT RESOLVED that the 13-th day of August, Loth, DCEO Weatherization Grant #24-221038 grawarded to the County by Illinois Department of Control The County Administrator is authorized to sign agreement for this grant. | approves the acceptance of the ant, which is detailed above, if the grant is merce & Economic Opportunity . |
| ATTEST: | |
| | ` |
| County Clerk | Chairman, Sangamon County Board |
| Approved by the Community Resources Oversight | Committee July 23, 2029 Chairman |
| Approved by the Finance Committee August | 13, 2024 |
| AUG 0 9 2024 — | , Chairman |

Don / Shay

SANGAMON COUNTY - GRANT APPROVAL FORM

| Requesting Department: Community R | | | |
|---|--------------------------------|--|--------------------|
| Grant Program Title: Weatherization Gr | | | |
| This request is for: a new grant x | | | |
| Grantor: Illinois Department of Comme | | | |
| Brief description of the grant program and | | | |
| Weatherization services for low incom | e clients that live in Sangam | on and Macon Counties. | |
| | | | |
| | | | |
| | | | |
| Anticipated Grant Revenue Amount:: | 652,218.00 | | |
| Are matching funds required? | es 🗷 No | | |
| If yes, please state the amount and the | source of matching funds: | | |
| | | | |
| | | | |
| If this grant is approved, will any new pers | onnel be hired: Yes | x No | |
| If Yes, please indicate the number and o | | | |
| | ** | new restauration and the designation of the second section of the section of | |
| | | | |
| Are there any <i>indirect</i> costs or <i>legal</i> requit requirements to continue specific progran | rements associated with this g | rant (I.e., increased workload | on existing staff, |
| | • , | | |
| If Yes, please provide details. Include a | ttacnment ir needed: | | |
| | | | |
| | Current FY | Current FY + 1 | Current FY + 2 |
| Number of Employees | 4 | | |
| Personnel Costs (in dollars) | \$97,924.00 | | |
| Fringe Benefit Cost | \$34,273.00 | | |
| Other Costs (Equipment, etc) | \$520,021.00 | | |
| Total Cost | \$652,218.00 | | |
| | \cap | | , |
| | M. (/ | | 7/2/21 |
| Requested by: | (Department Head Signature) | | Date: |
| | (mehartment nead signature) | | |