Resolution # 33-\

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;

wishes to apply	WHEREAS, the Department of Child Advocacy		
	for and accept an a grant from Illinois Criminal Justice Inform		
program in the amount of	for the CASA Program		
	approximately \$134,990 ; and		
to provide	WHEREAS, this grant will allow Child Advocacy		
; and			
esolution, the Finance Committee has	WHEREAS, as documented by the approval of this		
Department's request to apply for	approved the Child Advocacy		
at and the committee recommends that			
of this grant, if awarded by	the County Board approve the acceptance		
-	Illinois Criminal Justice Information Authority		
gamon County Board, in session this	NOW, THEREFORE, BE IT RESOLVED that the Sa		
oves the acceptance of the			
which is detailed above, if the grant is			
, ,	awarded to the County by Illinois Criminal Justice Informa		
	The County Administrator is authorized to sign requ		
	agreement for this grant.		
NOV 27 2024	ţ,		
Din Mary Sangamon Occal (1900)			
and which is a second of the s	ATTEST:		

, Chairman

33-2

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Child Adv Grant Program Title: VOCA	ocacy CASA		
This request is for: a new grant	renewal or extension of an ex	isting grant	
Grantor: Illinois Criminal Justice In	formation Authority		
Brief description of the grant program	m and its benefits to Sangamon Co	ounty:	
The Victims of Crime Act is funde services to victims of crime. The Aviolence, child abuse, and other g This program benefits Sangamon difficult road ahead of them. CASA	Act requires that priority be giver roups identified by the state as on County by providing assistance	n to services for victims of sex underserved victims of crime, to children in care and helpir	rual assault, domestic
Anticipated Grant Revenue Amount::	\$134,990.00		
Are matching funds required?	× Yes No		
If yes, please state the amount and	the source of matching funds:		
Volunteer Hours If this grant is approved, will any new	personnel be hired: Yes	K No	
If Yes, please indicate the number a			
Are there any indirect costs or legal requirements to continue specific pro		grant (i.e., increased workload o	on existing staff,
If Yes, please provide details. Inclu	de attachment if needed:		
		1	
	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:	Jerry		Date: