Resolution #	<u>')-\</u>
WHEREAS, County policies and procedures require the Finance Committee to approve all requests to a sawell as grants from all other entities; and,	
WHEREAS, County policies and procedures req more must be approved by the full County Board	
WHEREAS, the Department of Land of Lincoln Wor	rkforce Alliance wishes to apply
for and accept an a grant from Illinois Department of	
for the WIOA Formula Grant for PY' 2024	program in the amount of
approximately \$2,303,071; and	
WHEREAS, this grant will allow Land of Lincoln	Workforce Alliance to provide
Employment, Training, Business, and Support Services to	
County Board approve the acceptance Illinois Department of Commerce and Economic Opportun NOW, THEREFORE, BE IT RESOLVED that 9th day of July , 2024 ,	Committee have approved the Department's request to apply for the grant and the committees recommend that the e of this grant, if awarded by ity the Sangamon County Board, in session this approves the acceptance of the grant, which is detailed above, if the grant is Commerce and Economic Opportunity
ATTEST:	
County Clerk	Chairman, Sangamon County Board
Approved by the The Community Resources	Committee June 25th , 2024
	last lat

2024

JUL 0 2 2024

Sangamon County Clerk

Chairman Shay

Andy Goleman

JUN 2 0 2024

Approved by the Finance Committee July 9th

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Land of Lino	oln Workforce Alliance		
Grant Program Title: PY 24 WIOA For	mula Funding		
This request is for: 🕱 a new grant 🗌	renewal or extension of an ex	isting grant	
Grantor: Illinois Department of Comm			
Brief description of the grant program a	nd its benefits to Sangamon C	ounty:	
Annual formula funds to provide emp businesses (Adults, dislocated worke		and support services to eligil	ole job seekers and
Anticipated Grant Revenue Amount::	2,303,071		
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 per If Yes, please indicate the number and Are there any indirect costs or legal requirements to continue specific programs of Yes, please provide details. Include to the second specific programs of Yes, please provide details.	cost of personnel: direments associated with this after grant periods, etc.):	■ No grant (i.e., increased workload Yes No	on existing staff,
	Current FY	Current FY + 1	Current FY + 2
Number of Employees			
Personnel Costs (in dollars)			
Fringe Benefit Cost			
Other Costs (Equipment, etc)			
Fotal Cost			
Requested by:	(Department Head Signature)	u	Date: (0/18/24