Resolution # 21-1

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 Circuit Clerk _____ wishes to apply for and accept an a grant from Illinois Department of Healthcare and Family Services _____

for the IV-D child support reimbursement _____ program in the amount of approximately $41,753.00 ; and

WHEREAS, this grant will allow Circuit Clerk _____ to provide child support orders to be entered into the State Child Support System (KIDS) ; and

WHEREAS, as documented by the approval of this resolution, Courts _____ Committee and the Finance Committee have approved the Circuit Clerk _____ Department's request to apply for the IV-D child support _____ grant and the committees recommend that the County Board approve the acceptance of this grant, if awarded by Illinois Department of Healthcare and Family Services _____.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 11 day of June , 2024 , approves the acceptance of the IV-D child support _____ grant, which is detailed above, if the grant is awarded to the County by Illinois Department of Healthcare and Family Services _____.

The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.

FILED

JUN 07 2024

ATTEST:

_____
County Clerk

Don / Gray Chairman, Sangamon County Board
Sangamon County Clerk

Approved by the Courts _____ Committee June 6 , 2024

Amy V. Sheppard , Chairman

Approved by the Finance Committee June 11 , 2024

_____ , Chairman

Andy Goleman

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Circuit Clerk

Grant Program Title: IV-D (Healthcare and Family Services)

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

Grantor: Illinois Department of Healthcare and Family Services

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

A grant for reimbursement of $21.00 per Title IV-D child support order entered into the State's Child Support System (KIDS).

Anticipated Grant Revenue Amount:: $41,753.00

Are matching funds required? ☐ Yes ☒ No

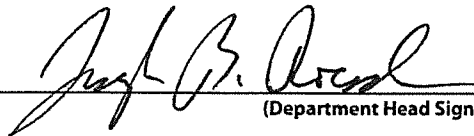**If yes, please state the amount and the source of matching funds:**

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

Requested by: _____
(Department Head Signature)

Date: 5-7-24

21-3

Department Project/Grant Information

Department: Circuit Clerk

Project/Grant Description	Grant ID	Grantor Code (see list)	Type (Fed, State, Local, Other)	Direct Grant (Y/N)	Pass thru	Recoverable Funds? (Y/N)	CFDA# (if applicable)	Project /Grant Amount	Program Title	Project /Grant Starting Date	Project /Grant Ending Date	Project Number (IS will assign)	SubProj Grant Code (IS will assign)
IV-D child support order reimbursement	2024-55-007-2	IHFS	Fed	N	Yes	N		$41,753.00	IV-D child support	7/1/2024	6/30/2025		

Project/Grant Contact Person & Phone Number: _Erin Tozer_   217-535-3163

Project/Grant Description – description of project/grant
Grant ID – From the grant paperwork
Grantor Code – see list on page 2, Original grantor
Grant Type – F - Federal, S - State, L - Local, O - Other
Direct Grant – Y/N; Y = direct from grantor, no passthru, otherwise N
Pass Thru – see list on page 2, Agency that grant passed thru from original grantor
Recoverable Funds - Y/N Usually N; Y if funds have to be returned under certain terms
CFDA# - required if Federal grant; a grant may have several CFDA's, if so use separate lines for each, each will have a different dollar amount.
Amount – Grant amount