

Resolution # 10-1

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 SMART wishes to apply for and accept an a grant from Illinois Department of Transportation for the Downstate Operating Assistance Program (DOAP) program in the amount of approximately \$779,500.00; and

WHEREAS, this grant will allow SMART to provide Rural Transportation for Sangamon and Menard County; and

WHEREAS, as documented by the approval of this resolution, the Finance Committee has approved the SMART Department's request to apply for the Downstate Operating Assistance Program (DOAP) grant and the committee recommends that the County Board approve the acceptance of this grant, if awarded by Illinois Department of Transportation.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 12th day of March, 2024, approves the acceptance of the Downstate Operating Assistance Program (DOAP) grant, which is detailed above, if the grant is awarded to the County by Illinois Department of Transportation.

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

RECEIVED
2660

MAR 7 2024

Andy Goleman
SANGAMON COUNTY AUDITOR

ATTEST:

County Clerk

Chairman, Sangamon County Board

Approved by the Finance Committee March 12, 2024

FILED

MAR 07 2024

Don Hays
Sangamon County Clerk

_____, Chairman

10-2

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: SMART

Grant Program Title: Downstate Operating Assistance Program (DOAP)

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

Grantor: Illinois Dept of Transportation

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

Money to support rural transit for Sangamon and Menard County

Anticipated Grant Revenue Amount: \$779,500.00

Are matching funds required? Yes No

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

5311-\$152,586.00, ICR of \$130,892.00, 162,436.72 fares, contracts and county

If this grant is approved, will any new personnel be hired: Yes No

If Yes, please indicate the number and cost of personnel:

1 person to cover office and driver time off and over flow and 1 driver position

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	7	9	
Personnel Costs (in dollars)	409697	471210	
Fringe Benefit Cost	176919.72	189864.23	
Other Costs (Equipment, etc)	612613.73	564340.49	
Total Cost	1199229.98	1225414.72	

Requested by: _____
(Department Head Signature)

Date: _____