Resolution # $\sqrt{2-1}$

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 Court Services	wishes to apply
for and accept an a grant from Illinois Criminal Justice	Information Authority
for the Family Violence Coordinating Council	program in the amount of
approximately \$38,000.00; and	
WHEREAS, this grant will allow Court Services	to provide
a forum to improve the institutional, professional and comm	1
WHEREAS, as documented by the approval of this Committee and the Finance	S resolution, Court Services Committee have approved the
Court Services and the Finance Court Services	Department's request to apply for the
	grant and the committees recommend that the
County Board approve the acceptance	
Illinois Criminal Justice Information Authority	•
NOW, THEREFORE, BE IT RESOLVED that to 12th day of March, 2024, Family Violence Coordinating Council sawarded to the County by Illinois Criminal Justice In The County Administrator is authorized to sign agreement for this grant. ATTEST: County Clerk	approves the acceptance of the grant, which is detailed above, if the grant is information Authority
Approved by the Court Services	Committee March 7, 2024 My Mapparl, Chairman
Approved by the Finance Committee March	-12,2024
MAR 08 2024	, Chairman

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Court Serv		And the state of t	
Grant Program Title: Family Violence			
This request is for: a new grant	. 	ting grant	
Grantor: Illinois Criminal Justice Info		1 to \$1.00	
Brief description of the grant program	_		
This grant allows the 7th Judicial Ci the institutional, professional and co			provide a forum to improve
Anticipated Grant Revenue Amount::	\$38,000.00		
Are matching funds required?	Yes 🗷 No		
If yes, please state the amount and t	ne source of matching funds:		
If this grant is approved, will any new p If Yes, please indicate the number an		□ No	
Are there any <i>indirect</i> costs or <i>legal</i> recrequirements to continue specific prog	rams after grant periods, etc.):	ant (i.e., increased workload	I on existing staff,
	Current FY	Current FY + 1	Current FY + 2
Number of Employees	1		
Personnel Costs (in dollars)	\$21,240.00		
Fringe Benefit Cost	\$7,646.00		
Other Costs (Equipment, etc)	\$9,114.00		
Total Cost	\$38,000.00		
Requested by:	(Department Head Signature)		Date: 2/29/24



Andy Goleman