Resolution # _____

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 Justic	e Information Authority
for the Adult Redeploy Illinois	program in the amount of
approximately \$509,956; and	
WHEREAS, this grant will allow Court Services support for the three (3) Sangamon County Problem Solvi	
WHEREAS, as documented by the approval of th	is resolution, Court Services
Committee and the Finance	Committee have approved the
Court Services	Department's request to apply for the
Adult Redeploy Illinois	grant and the committees recommend that the
County Board approve the acceptance Illinois Criminal Justice Information Authority	e of this grant, if awarded by
NOW, THEREFORE, BE IT RESOLVED that	the Sangamon County Board, in session this
7th day of April , 2025 ,	
	grant, which is detailed above, if the grant is
awarded to the County by Illinois Criminal Justice	
The County Administrator is authorized to sign agreement for this grant.	
ATTEST:	
County Clerk	Chairman, Sangamon County Board
Approved by the Court Services	Committee April 3, 2025
Approved by the Finance Committee April	, 2025 , Chairman
ADD 0 / 2025	, Chairman
APR 0 4 2025	

Don / Shay

SANGAMON COUNTY - GRANT APPROVAL FORM

Grantor: Illinois Criminal Justice Ir Brief description of the grant progran		ntv.	
This grant provides support to our by providing treatment services an reduce the number of commitment	three problem-solving courts (Drud other support for individuals wh	g Court, Mental Health C o are in need. The ultima	ourt, and Veterans Court) te goal of this grant is to
Anticipated Grant Revenue Amount::			
Are matching funds required? lf yes, please state the amount and	Yes 🗷 No		
f this grant is approved, will any new f Yes, please indicate the number a		x No	
• ''	nd cost of personnel: equirements associated with this graggrams after grant periods, etc.):		on existing staff,
f Yes, please indicate the number a are there any <i>indirect</i> costs or <i>legal</i> re equirements to continue specific pro-	nd cost of personnel: equirements associated with this gragrams after grant periods, etc.): de attachment if needed:	int (i.e., increased workload	
Yes, please indicate the number a re there any indirect costs or legal re requirements to continue specific profess, please provide details. Include	equirements associated with this gragrams after grant periods, etc.): de attachment if needed: Current FY	int (i.e., increased workload	On existing staff, Current FY + 2
Yes, please indicate the number a rethere any indirect costs or legal requirements to continue specific produces, please provide details. Include the specific produces are provided in the specific produces are provided in the specific produces.	equirements associated with this gragrams after grant periods, etc.): Current FY 2	int (i.e., increased workload	
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re there any <i>indirect</i> costs or <i>legal</i> receptive equirements to continue specific products, please provide details. Include the unit of the equirement of Employees ersonnel Costs (in dollars)	equirements associated with this gragrams after grant periods, etc.): Current FY	int (i.e., increased workload	



Andy Goleman SANGAMON COUNTY AUDITOR