Resolution # 13-

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 Sangamon/ Menard Area Regional Transit (SMART) wishes to apply
for and accept an a grant from Illinois Dept of Transportation
for the Downstate Operating Assistance Program (DOAP) program in the amount of
approximately 779,500.00; and
WHEREAS, this grant will allow Sangamon/Menard Area Regional Transit (SMART) to provide
transportation to rural Sangamon and Menard County ; and
WHEREAS, as documented by the approval of this resolution, the Finance Committee has
approved the Sangamon/ Menard Area Regional Transit (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 Dept of Transportation
NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this
11th day of March, 2025, 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 Dept of Transportation
The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.
ATTEST:
County Clerk Chairman, Sangamon County Board
Approved by the Finance Committee March 11, 2025
FILED, Chairman
MAR 0 7 2025

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: SMART			
Grant Program Title: Downstate Ope	erating Assistance Program		
This request is for: a new grant [renewal or extension of an exist	ing grant	
Grantor: IDOT			
Brief description of the grant program	and its benefits to Sangamon Cou	nty:	
Public Transportation in rural Sang	amon and Menard County		
Anticipated Grant Revenue Amount::	\$779,500.00		······
	Yes No		
If yes, please state the amount and t	he source of matching funds:		
5311, fares, ICR and possible contracts			
If this grant is approved, will any new p	ersonnel be hired: Yes	⋉ No	
If Yes, please indicate the number ar	id cost of personnel:		
2 driving positions are unfilled			
Are there any <i>indirect</i> costs or <i>legal</i> rec requirements to continue specific prog If Yes, please provide details. Includ	rams after grant periods, etc.): e attachment if needed:	ant (i.e., increased workload o	n existing staff,
	Current FY	Current FY + 1	Current FY + 2
Number of Employees	9		
Personnel Costs (in dollars)	\$490,274.00		
ringe Benefit Cost	\$224,418.00		
Other Costs (Equipment, etc)	\$579,948.00		
otal Cost	\$1,294,640.00		
Requested by: <u>Kate</u> d	Dowwy (Department Head Signature)		Date: 03/03/25
			eeo D

MAR 0 5 2025

Andy Goleman SANGAMON COUNTY AUDITOR



Project/Grant Request

Department Name SMART Project/Grant Contact Person Kate Downing		
Contact Phone Number	217679-5009	
Project/Grant Info	rmation	
Is this a new Project/Gr	ant? Yes) No
New Project/Grant Sugg	jested Name	
Is this a recurring Project)
Current Project/Grant Co	\sim	
Project/Grant Descriptio	n_Transportation	for Rural area of Sangamon an Menard County
Type: Federal •	State C Local	Other
Start Date 7.1.25	End Da	te_6.30.26
	t Amount: \$ 779,	500.00 (Please whole dollar amounts only)
roject/Grant Full Budge		
Subprojects:	Budget:	New or Existing Revenue Code:
Subprojects: 1.	\$	1.
Subprojects: 1. 2.	\$ \$	1. 2.
Subprojects: 1. 2. 3.	\$ \$ \$	1. 2. 3.
	\$ \$ \$ \$	1. 2.

Code Name: AB064.1600.10000 4225.300



Project/Grant Request

If a New Revenue/Payment Code is needed, list Employees who will need to be given access to the New Revenue Code:

1. 2. 3.	4.
2.	5.
3.	6.
GL Account for Revenue Code	
	ded to E-timesheets? Yes No
	eed to be removed from deposit detail or e-time sheets, please
Notes:	