Resolution # 14-1

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 \$48,377.00 ; and	
WHEREAS, this grant will allow Court Services	to provide
a forum to improve the institutional, professional and commu	unity response to family violence ; and
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WHEREAS, as documented by the approval of this Committee and the Finance (resolution, Court Services Committee have approved the
Court Services	Department's request to apply for the
Family Violence Coordinating Council g	
County Board approve the acceptance	
Illinois Criminal Justice Information Authority	
NOW, THEREFORE, BE IT RESOLVED that the state of the stat	approves the acceptance of the grant, which is detailed above, if the grant is
County Clerk	Chairman, Sangamon County Board
Approved by the Court Services	Committee February 6, 2025
	May Mappul, Chairman
Approved by the Finance Committee Fibruar	y 11 , 2025
FEB 0 7 2025	, Chairman

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Court Ser			
Grant Program Title: Illinois Family	्राज्यस्य vilence Coordinating Council		
This request is for: a new grant	renewal or extension of an existi	ng grant	
Grantor: Illinois Grinimal Justice Info	ormation Authority		
Brief description of the grant program	and its benefits to Sangamon Cou	nty:	
This grant allows the 7th Judicial C improve the institutional, profession	ircuit Family Violence Coordinatination in a second in	ng Council to continue to pomily violence.	ovide a forum to
Anticipated Grant Revenue Amount:	\$48,377.00 Yes 🗷 No		
Are matching funds required? If yes, please state the amount and t	-		
If this grant is approved, will any new part of the second	quirements associated with this graps after grant periods, etc.): e attachment if needed:	Yes 🗷 No	
	Current FY	Current FY + 1	Current FY + 2
Number of Employees			
Personnel Costs (in dollars)	\$29,389.00		
Fringe Benefit Cost	\$1,221.00		
Other Costs (Equipment, etc)	\$17,767.00		
Total Cost	\$48,377.00		
Requested by:	(Department Head Signature)	h bacial	Date: 1/31/a5
		2660	, — <u>U</u>

JAN 3 1 2025

Andy Goleman sangamon county auditor