

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 Depoartment of Transportation for the CRRSA (COVID relief) program in the amount of approximately \$400,838.00; and

WHEREAS, this grant will allow SMART to provide Assistance where needed to suppliment transit due to COVID; and

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

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 14th day of Sept, 2021, approves the acceptance of the CRRSA grant, which is detailed above, if the grant is awarded to the County by Illinois Depoartment of Transportation. The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.

ATTEST: Don / May
County Clerk

Ch. Sam. Blatter
Chairman, Sangamon County Board

Approved by the Finance Committee 9/14

FILED

SEP 10 2021

Don / May
Sangamon County Clerk

[Signature], Chairman

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: SMART

Grant Program Title: CRRSA

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

Grantor: IDOT

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

This is money allocated to sangamon County for COVID related transit issues>IDOT is currently looking at expanding how this funding can be used. It can be used in conjunction with the 181,826.00 funding left from previous COVID relief. This combined funding is available until 6/30/24 if need be.

Anticipated Grant Revenue Amount:: \$400,838.00

Are matching funds required? Yes No

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

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

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

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			
Personnel Costs (in dollars)			
Fringe Benefit Cost			
Other Costs (Equipment, etc)			
Total Cost			

Requested by: _____ Date: _____
(Department Head Signature)