Resolution # _____

the Finance Committee to approve all requests to app as well as grants from all other entities; and,	-
WHEREAS, County policies and procedures require more must be approved by the full County Board;	that the acceptance of grants of \$30,000 or
WHEREAS, the Department of Community Resources	wishes to apply
for and accept an a grant from DCEO	
for the LIHEAP State 22 22-254038	program in the amount of
approximately \$398,819; and	
WHEREAS, this grant will allow Community Resour	rces to provide
Utility assistance to lower income residents of Sangamon Cou	
	esolution, Community Resources ommittee have approved the Department's request to apply for the
	ant and the committees recommend that the
County Board approve the acceptance DCEO	of this grant, if awarded by
NOW, THEREFORE, BE IT RESOLVED that the 11 day of May, 2021, LIHEAP State 22 22-254038 graduates.	e Sangamon County Board, in session this approves the acceptance of the ant, which is detailed above, if the grant is
awarded to the County by <u>DCEO</u> The County Administrator is authorized to sign agreement for this grant.	required grant documents to execute the
ATTEST:	
County Clerk	Chairman, Sangamon County Board
Approved by the Community Resources	Committee 4/27, 2021
A : Li d. Finance C. wwitter	Approved (50), Chairman
Approved by the Finance Committee	

, Chairman

Don / Shay Sangamon Could'y Clerk

APR 28 2021

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Community	Resources		
Grant Program Title: LIHEAP STATE	22-254038		
his request is for: 🗷 a new grant 📋			
Grantor: DCEO			
rief description of the grant program a	and its benefits to Sangamon C	ounty:	
Provides utility assistance to lower in	ncome residents of Sangamo	n County	
•	•	•	
Inticipated Grant Revenue Amount:	\$208 810 00 B	13	13
	Yes 🖈 No		21
f yes, please state the amount and th	:	4	
yes, please state the amount and the	ic source of matering rands.		
re there any indirect costs or legal recequirements to continue specific progr	rams after grant periods, etc.):	grant (i.e., increased workload ☐ Yes ☑ No	d on existing staff,
	Current FY	Current FY + 1	Current FY + 2
umber of Employees			
ersonnel Costs (in dollars)			
ringe Benefit Cost			
ther Costs (Equipment, etc)		11	
otal Cost			<u></u>
Requested by:	Max No		Date: 4/12/2021
• •	(Department Head Signature)		

Seeo Seeo Discretives D

APR 1 4 2021

Andy Goleman sangamon county auditor