

Resolution # 11-1

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 IDOT for the Capital Funds program in the amount of approximately TBD; and

WHEREAS, this grant will allow SMART to provide a dedicated office building and bus barn; and

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

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 12th day of July, 2022, approves the acceptance of the IDOT grant, which is detailed above, if the grant is awarded to the County by IDOT.

The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.

FILED

JUL 08 2022

Don Meyer
Sangamon County Clerk

ATTEST:

County Clerk

Chairman, Sangamon County Board

Approved by the Finance Committee July 12th, 2022

_____, Chairman

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: SMART

Grant Program Title: Grant funding application

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

Grantor: Illinois Department of Transportation

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

To add to previously awarded Capital funding awarded in 2012 which expires in 2023 for an office building bus barn

Anticipated Grant Revenue Amount: TBD on grant award

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	TBD		

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