## Resolution # 12 - 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, this grant will allow County Board
 to provide

 the installation of a Route 66 sign and Event Digital Display Board at Gate 2 of the IL State Fairgrounds
 ; and

WHEREAS, as documented by the approval of this resolution, the Finance Committee has approved the <u>County Board</u> Department's request to apply for the <u>IL Department of Commerce and Economic Opportunity</u> grant and the committee recommends that the County Board approve the acceptance of this grant, if awarded by the Illinois Department of Commerce and Economic Opportunity.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this <u>9th</u> day of <u>May</u>, <u>2023</u>, approves the acceptance of the <u>IL Department of Commerce and Economic Opportunity</u> grant, which is detailed above, if the grant is awarded to the County by <u>the Illinois Department of Commerce and Economic Opportunity</u>. 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 May 9 , 2023



MAY 0 4 2023

Don / King Sangamon County Cl

\_\_\_\_\_, Chairman

## SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: County Boa	ard Office		
Grant Program Title: Illinois State Fai		leon Sign/Digital Display	
This request is for: 🕅 a new grant 🦳 renewal or extension of an existing grant			
Grantor: Illinois Department of Com			
Brief description of the grant program			
Funds will be used to update and re a custom Route 66 Neon Sign and a		e at Gate 2 of the Illinois Sta	te Fairgrounds to include
Anticipated Grant Revenue Amount::	\$99,344.28		
Are matching funds required?	Yes 🗶 No		
If yes, please state the amount and th	he source of matching funds:		
If this grant is approved, will any new point <b>Yes, please indicate the number an</b> Are there any <i>indirect</i> costs or <i>legal</i> requirements to continue specific programmers <b>If Yes, please provide details. Include</b> Number of Employees	d cost of personnel: quirements associated with this g rams after grant periods, etc.):	INO rant (i.e., increased workload of the second secon	on existing staff, Current FY + 2
Personnel Costs (in dollars)			
Fringe Benefit Cost			
Other Costs (Equipment, etc) Total Cost			
Requested by:	(Department Head Signature)	APR 2820	Date: <u>5-2-23</u>
		Andy Gole	eman

SANGAMON COUNTY AUDITOR



