

Resolution # 13-1

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 Circuit Clerk wishes to apply for and accept an a grant from IL Department of Healthcare and Family Services for the Title IV-D Child Support program in the amount of approximately \$41,753.00; and

WHEREAS, this grant will allow Circuit Clerk to provide the entry of Child Support orders into the State's Child Support System (KIDS); and

WHEREAS, as documented by the approval of this resolution, the Courts Committee and the Finance Committee have approved the Circuit Clerk Department's request to apply for the Title IV-D Child Support grant and the committees recommend that the County Board approve the acceptance of this grant, if awarded by IL Department of Healthcare and Family Services.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 8 day of April, 2019, approves the acceptance of the Title IV-D Child Support grant, which is detailed above, if the grant is awarded to the County by IL Department of Healthcare and Family Services. The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.

Approved by the the Courts Finance Committee

[Signature], Chairman

[Signature], Member

[Signature], Member

[Signature], Member

[Signature]

[Signature], Member

[Signature], Member

[Signature], Member

[Signature], Member

[Signature]

ANDY GOLEMAN
SANGAMON COUNTY AUDITOR

RECEIVED
2660
MAR 05 2019

FILED

MAR 27 2019

[Signature]
Sangamon County Clerk

13-2

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Circuit Clerk

Grant Program Title: Title IV-D Child Support

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

Grantor: IL Department of Healthcare and Family Services

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

The Circuit Clerk will be reimbursed \$21.00 per Title IV-D child support orders entered into the State's Child Support System (KIDS) and reimbursed for access to electronic docket sheets and data within the Clerk's system.

Anticipated Grant Revenue Amount: \$41,753.00

Are matching funds required? Yes No

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

[Empty box for matching funds details]

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

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

[Empty box for personnel details]

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:

[Empty box for indirect costs details]

	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: _____
(Department Head Signature)

Date: 3-5-19

STATE OF ILLINOIS

13-3

RENEWAL OF INTERGOVERNMENTAL AGREEMENT

between

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

and

Sangamon County Circuit Clerk

Agreement No. 2018-55-007-KP

WHEREAS, the parties to Intergovernmental Agreement 2018-55-007, acting by and through the Illinois Department of Healthcare And Family Services ("Department") located at 201 South Grand Avenue East, Springfield, Illinois 62703 and the Sangamon County Circuit Clerk (hereinafter referred to as Contractor) located at 200 South Ninth Street, Room 405 Springfield, Illinois 62705, desire to renew this Agreement, and

WHEREAS, pursuant to Article 2.2 (Renewal), the Agreement may be renewed for additional periods;

NOW THEREFORE, the Intergovernmental Agreement is renewed for the period July 1, 2019 through June 30, 2020.

All other terms and conditions shall remain in effect.

In Witness Whereof, the parties have hereunto caused this Renewal to be executed by their duly authorized representatives.

THE STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE
AND FAMILY SERVICES

SANGAMON COUNTY, ILLINOIS

By: _____
Theresa A. Eagleson, Director

By: _____
Paul Palazzolo, Circuit Clerk

Date: _____

Date: _____

13-4

Attachment A

Taxpayer Identification Certification

- A. Contractor certifies that:
1. The number shown on this form is Contractor's correct taxpayer identification number (or Contractor is waiting for a number to be issued to Contractor); **and**
 2. Contractor is not subject to backup withholding because:
 - (a) Contractor is exempt from backup withholding, or
 - (b) Contractor has not been notified by the Internal Revenue Service (IRS) that Contractor is subject to backup withholding as a result of a failure to report all interest or dividends, or
 - (c) The IRS has notified Contractor that Contractor is no longer subject to backup withholding, **and**
 3. Contractor is a U.S. person (including a U.S. resident alien).

B. Contractor's Name: **Sangamon County Circuit Clerk**

C. Contractor's Taxpayer Identification Number:

Social Security Number (SSN): _____

or

Employer Identification Number (EIN): **37-6002039**

(If Contractor is an individual, enter Contractor's name and SSN as it appears on Contractor's Social Security Card. If Contractor is completing this certification for a sole proprietorship, enter the owner's name followed by the name of the business and the owner's SSN or EIN. For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.)

D. Contractor's Legal Status (check one):

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Governmental |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Nonresident alien |
| <input type="checkbox"/> Partnership/Legal Corporation | <input type="checkbox"/> Estate or trust |
| <input type="checkbox"/> Tax-exempt Corporation providing or billing medical or health care services | <input type="checkbox"/> Pharmacy (Non-Corp.) |
| | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp) |
| <input type="checkbox"/> Corporation NOT providing or billing medical or health care services | <input type="checkbox"/> Other: |

THE UNDERSIGNED AFFIRMS, UNDER PENALTIES OF PERJURY, THAT HE OR SHE IS AUTHORIZED TO EXECUTE THIS CERTIFICATION ON BEHALF OF SANGAMON COUNTY CIRCUIT CLERK.

Signature

Paul Palazzolo
Sangamon County Circuit Clerk

Date