## Resolution # 18-1

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 <u>CHILD ADVOCACY</u> wishes to apply for and accept an a grant from <u>IL DEPARTMENT OF CHILDREN AND FAMILY</u> <u>SERVICES</u> for the <u>CHILD ADVOCACY CENTER</u> program in the amount of approximately \$114,456.00; and

WHEREAS, this grant will allow <u>THE CHILD ADVOCACY CENTER</u> to provide <u>DIRECT PROGRAMS AND SERVICES TO VICTIMS OF CHILD ABUSE</u>; and

WHEREAS, as documented by the approval of this resolution, the <u>FINANCE</u> <u>COMMITTEE</u> has approved the <u>CHILD ADVOCACY</u> Department's request to apply for the <u>IL DEPARTMENT OF CHILDREN AND FAMILY SERVICES</u> grant and the committees recommend that the County Board approve the acceptance of this grant, if awarded by <u>IL DEPARTMENT OF CHILDREN AND FAMILY</u> SERVICES.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 8<sup>TH</sup> day of JANUARY, 2019, approves the acceptance of the IL DEPARTMENT OF CHILDREN AND FAMILY SERVICES, grant, which is detailed above, if the grant is awarded to the County by IL DEPARTMENT OF CHILDREN AND FAMILY SERVICES. The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.

FILED

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JAN \$3 2019

Andy Goleman SANGAMON COUNTY AUDITOR

## IL DEPARTMENT OF CHILDREN AND FAMILY SERVICES Grant

## Approved by the Finance Committee <u>January 8, 2019</u>

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## **SANGAMON COUNTY - GRANT APPROVAL FORM**

18-3

Requesting Department: Child Adv	ocacy/		
Grant Program Title: Department o	of Children and Family Services Con	tract Grant	
This request is for: 🔲 a new grant			
Grantor: Department of Children a	nd Family Services		-
Brief description of the grant progra	am and its benefits to Sangamon Co	ounty:	
This is the continuation grant that value is the grant amount remain	we have received for over 20 years as the same from year to year.	through the Illinois Departme	ent of Children and Family
Anticipated Grant Revenue Amount	::: <u>\$114,456.00</u>		A A A A A A A A A A A A A A A A A A A
Are matching funds required?	Yes 🗷 No	•	
f yes, please state the amount an	d the source of matching funds:		
equirements to continue specific p	rograms after grant periods, etc.):	grant (i.e., increased workload ☐ Yes 😨 No	d on existing staff,
equirements to continue specific p	rograms after grant periods, etc.):  ude attachment if needed:	☐ Yes 🗵 No	
equirements to continue specific particular particular particular provide details. Incl	rograms after grant periods, etc.):		Current FY + 2
equirements to continue specific portion of Yes, please provide details. Incl	rograms after grant periods, etc.):  ude attachment if needed:	☐ Yes 🗵 No	
equirements to continue specific portion of Yes, please provide details. Including the second of Employees ersonnel Costs (in dollars)	rograms after grant periods, etc.):  ude attachment if needed:	☐ Yes 🗵 No	
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equirements to continue specific professional forms of the following provide details. Including the following provide details. Including the following provides are some forms of the following provides the f	Current FY	☐ Yes 🗵 No	Current FY + 2
ringe Benefit Cost ther Costs (Equipment, etc) total Cost  Requested by:	Current FY	☐ Yes 🗵 No	Current FY + 2
Are there any indirect costs or legal equirements to continue specific professional freedom of the provide details. Including the provide details the provide details. Including the provide details the prov	Current FY  Current FY  (Department Head Signature)	☐ Yes 🗵 No	Current FY + 2
ringe Benefit Cost ther Costs (Equipment, etc) total Cost  Requested by:	Current FY  Current FY  (Department Head Signature)	Current FY + 1	Current FY + 2  Date:
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equirements to continue specific process. Inclinately, please provide details. Inclin	Current FY  Current FY  (Department Head Signature)  (Grant Administrator Signature)  FINANCE COMMIT  , Chairman  , Member	Current FY + 1	Current FY + 2  Current FY + 2  Date:  Date:  , Member , Member
ringe Benefit Cost ther Costs (Equipment, etc) otal Cost Requested by:  Reviewed by:	Current FY  Current FY  (Department Head Signature)  (Grant Administrator Signature)  FINANCE COMMIT  , Chairman  , Member  , Member	Current FY + 1	Current FY + 2  Current FY + 2  A part of the control of the contr
equirements to continue specific process. Inclinately and the specific process of the cost	Current FY  Current FY  (Department Head Signature)  (Grant Administrator Signature)  FINANCE COMMIT  , Chairman  , Member  , Member  , Member	Current FY + 1	Current FY + 2  Current FY + 2  Date:  Date:  , Member , Member