

Resolution # 1-1

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 Land of Lincoln Workforce Alliance wishes to apply for and accept an a grant from Illinois Department of Commerce and Economic Opportunity for the 1E (Emergency) Grant in response to COVID19 program in the amount of approximately \$150,000; and

WHEREAS, this grant will allow Land of Lincoln Workforce Alliance to provide financial support to businesses, specifically manufacturers, related to losses under COVID19; and

WHEREAS, as documented by the approval of this resolution, the Finance Committee has approved the Land of Lincoln Workforce Alliance Department's request to apply for the 1E (Emergency) Grant grant and the committee recommends that the County Board approve the acceptance of this grant, if awarded by Illinois Department of Commerce and Economic Opportunity.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this _____ day of _____, _____, approves the acceptance of the 1E (Emergency) Grant grant, which is detailed above, if the grant is awarded to the County by Illinois Department of Commerce and Economic Opportunity. The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.

ATTEST:

County Clerk

Chairman, Sangamon County Board

FILED

MAY 01 2020

Don J. Hayes

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Land of Lincoln Workforce Alliance

Grant Program Title: 1E (Emergency) Grant due to COVID19

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

Grantor: IL DCEO

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

This grant will provide funding to businesses, specifically manufacturers, who have been required to adjust how they operate due to COVID19.

Anticipated Grant Revenue Amount: \$150,000.00

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: Sarah Graham

Sarah Graham
(Department Head Signature)

Date: 04/22/2020

FILED

MAY 01 2020

Don May
Sangamon County Clerk

RECEIVED
2660

APR 23 2020

Andy Goleman
SANGAMON COUNTY AUDITOR