Resolution # 251

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 Court Services | wishes to apply |
|---|---|
| for and accept an a grant from Illinois Criminal Justice | e Information Authority |
| for the Adult Redeploy Illinois | program in the amount of |
| approximately \$487,037.00; and | |
| WHEREAS, this grant will allow Court Services | to provide |
| financial support to the County's three (3) Problem-Solving | |
| | |
| WHEREAS, as documented by the approval of the Committee and the Finance | Committee have approved the |
| • | Department's request to apply for the |
| Court Services Adult Redeploy Illinois | grant and the committees recommend that the |
| County Board approve the acceptance | e of this grant, if awarded by |
| Illinois Criminal Justice Information Authority | - |
| NOW, THEREFORE, BE IT RESOLVED that | |
| 11 day of May , 2021 , | |
| Adult Redeploy Illinois | |
| awarded to the County by Illinois Criminal Justice | |
| The County Administrator is authorized to sign | |
| greement for this grant. | |
| | |
| ATTEST: | |
| | |
| County Clerk | Chairman, Sangamon County Board |
| A managed by the Court Courter | Committee May 6, 2021 |
| Approved by the Court Services | Committee |
| | Mairman Chairman |
| | May May , Chamhan |
| Approved by the Finance Committee Man | 11, 2021 |
| | |
| MAY 0 7 2021 | , Chairman |
| | |

227

SANGAMON COUNTY - GRANT APPROVAL FORM

| Requesting Department: Court Services | | | |
|--|--------------------------------|--|----------------------|
| Grant Program Title: Adult Redeploy Illin | nois | | |
| This request is for: a new grant r | enewal or extension of an exis | ting grant | |
| Grantor: Illinois Criminal Justice Inform | | | |
| Brief description of the grant program and | d its benefits to Sangamon Cou | ınty: | |
| This will be the 9th year for this grant. (Drug Court, Mental Health Recovery individuals to the Illinois Department of | Court, and Veterans Court) ir | n order to provide other alte | ernatives to sending |
| F | ii | ta | D D |
| | 487,037.00 'es 🗷 No | | 7 |
| Are matching funds required: | <u></u> | | |
| If yes, please state the amount and the | source of matching funds: | | |
| If this grant is approved, will any new persustives, please indicate the number and of the second se | rements associated with this g | ☑ No rant (i.e., increased workload ☑ Yes ☐ No | |
| | Current FY | Current FY + 1 | Current FY + 2 |
| Number of Employees | 2 | | |
| Personnel Costs (in dollars) | \$132,281.00 | | |
| Fringe Benefit Cost | \$55,521.00 | | |
| Other Costs (Equipment, etc) | \$299,235.00 | | |
| Total Cost | \$487,037.00 | | |
| Requested by: | (Department Head Signature) | | |
| | ibeharment near signarme) | | |

W BOUND

MAY **3** 2021

Andy Goleman sangamon county auditor