

Resolution # 6-1

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 the State's Attorney's Office wishes to apply for and accept an a grant from IL Department of Healthcare and Family Services for the Child Support program in the amount of approximately \$289,511; and

WHEREAS, this grant will allow the State's Attorney's Office to provide paternity establishment and child support enforcement services; and

WHEREAS, as documented by the approval of this resolution, _____ Committee and the Finance Committee have approved the the State's Attorney's Office Department's request to apply for the State's Attorney Child Support Divison 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 5th day of March, 2019, approves the acceptance of the State's Attorney Child Support Divison 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 _____ Committee

FILED

FEB 27 2019

_____, Chairman _____, Member

_____, Member _____, Member

_____, Member _____, Member

_____, Member _____, Member

Don Hay
Sangamon County Clerk

State's Attorney Child Support Divison Grant

Approved by the Finance Committee

_____,' _____

_____, Chairman _____, Member

_____, Member _____, Member

_____, Member _____, Member

_____, Member _____, Member

_____, Member _____, Member

_____, Member _____, Member

_____, Member

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SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: The State's Attorney's Office

Grant Program Title: Child Support Division

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

Grantor: IL Dept. of Healthcare and Family Services

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

This grant provides essential funding for the Child Support division of the Sangamon County State's Attorney's Office. Specifically, this grant funds salaries for prosecutors and support staff, and for non-personnel expenses including office supplies, postage and other basic operating expenses. The Child Support division provides paternity establishment and child support enforcement services to Sangamon County.

Anticipated Grant Revenue Amount: \$289,511.00

Are matching funds required? Yes No

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

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

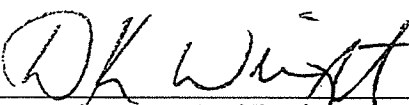
If Yes, please indicate the number and cost of personnel:

Potential position to be filled to replace ASA who retired. Position already approved by employee services.

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:

	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: 2-26-19

RECEIVED
2660
FEB 26 2019

Andy Goleman
SANGAMON COUNTY AUDITOR