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Resolution	#	-	- 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 Community Resources wishes to apply
for and accept an a grant from DCEO
for the 2023 Community Services Block Grant program in the amount of
approximately \$507,409.00; and
WHEREAS, this grant will allow Community Resources to provide
Rental assistance, employment support & food box program to lower income residents of Sangamon Co. ; and
WHEREAS, as documented by the approval of this resolution, Community Resources
Committee and the Finance Committee have approved the
Community Resources Department's request to apply for the
2023 Community Services Block Grant grant and the committees recommend that the
County Board approve the acceptance of this grant, if awarded by
DCEO .
NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this
day of Sept , 2022 , approves the acceptance of the
2023 Community Services Block Grant grant, which is detailed above, if the grant is
awarded to the County by DCEO
The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.
ATTEST:
County Clerk Chairman, Sangamon County Board
Approved by the Community Resources Committee 8/23, 2022
Linda K. Fulgen zi, Chairman
Approved by the Finance Committee,
Sangamon County Clerk , Chairman

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Community	Resources		
Grant Program Title: 2023 Community	y Services Block Grant		
This request is for: 🔲 a new grant 🕱	renewal or extension of an ex	kisting grant	
Grantor: DCEO			
Brief description of the grant program a	and its benefits to Sangamon C	ounty:	
Provide low income residents of Sar training, food box program & youth s		ssistance, employement suppo	rt services, CNA
Anticipated Grant Revenue Amount:: 4		_	
Are matching funds required? If yes, please state the amount and th	Yes 🗷 No		
f this grant is approved, will any new perif Yes, please indicate the number and Are there any indirect costs or legal requirements to continue specific program f Yes, please provide details. Include	uirements associated with this ams after grant periods, etc.):		n existing staff,
	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: 8/12/22

AUG 1 2 2022

Andy Goleman SANGAMON COUNTY AUDITOR