Resolution	#	7-1	
Resolution	#	1-	

WHEREAS, County policies and procedures requests to a second as well as grants from all other entities; and,	
WHEREAS, County policies and procedures requestions are more must be approved by the full County Board;	
WHEREAS, the Department of the Sheriff's Office	wishes to apply
for and accept an a grant from Illinois Department of I	Human Services / Health Management Associates
for the Medication Assisted Recovery and Recovery Orie	nted Systems of Care program in the amount of
approximately 50,000; and	
WHEREAS, this grant will allow the Sheriff's Office	
expanded access to community services	; and
WHEREAS, as documented by the approval of thi	is resolution, the Jail
Committee and the Finance	Committee have approved the
the Sheriff's Office	Department's request to apply for the
MAR	grant and the committees recommend that the
County Board approve the acceptance	e of this grant, if awarded by
Illinois Department of Human Services / Health Manageme	ent Associates .
NOW, THEREFORE, BE IT RESOLVED that	the Sangamon County Board, in session this
12day of July , 2022 ,	approves the acceptance of the
MAR	grant, which is detailed above, if the grant is
awarded to the County by Illinois Department of H	uman Services / Health Management Associates .
The County Administrator is authorized to sig	
agreement for this grant.	
ATTEST:	
County Clerk	Chairman, Sangamon County Board
County Clerk	Chairman, Bangamon County Board
Approved by the the Jail	Committee June 21 , 2022
	Someone , Chairman
Approved by the Finance Committee June 28	2022
Approved by the Finance Committee June 28	

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JUN 2 9 2022

SANGAMON COUNTY - GRANT APPROVAL FORM

7-2

Requesting Department: Sheriff's Offi	ce				
Grant Program Title: Medication Assisted Recovery Prog/Recovery Oriented Systems of Care					
This request is for: a new grant renewal or extension of an existing grant					
Grantor: Illinois Learning Collaborative, Helath Management Associates					
Brief description of the grant program and its benefits to Sangamon County:					
Opiate Recovery Program					
 Expanded access to community res Additional services and options ava Enhanced public safety and lower res 	ailable for drug court operations				
Anticipated Grant Revenue Amount::	50,000				
Are matching funds required? \Box	Yes 🗷 No				
If yes, please state the amount and th	e source of matching funds:				
If this grant is approved, will any new pe	ersonnel be hired: Yes	 ⊠ No			
If Yes, please indicate the number and		Z No			
	- cotto, personnen				
Are there any <i>indirect</i> costs or <i>legal</i> req	uirements associated with this g	rant (i.e., increased workload	d on existing staff.		
requirements to continue specific progr		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)	13-21-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Date:		
RECEIVED 2660					

JUN 16 2022

Andy Goleman sangamon county auditor