Resolution # \\ \\

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 Sheriff's Office	wishes to apply
for and accept an a grant from the Illinois Department	of Transportation
for the Sustained Traffic Enforcement Program (STEP)	program in the amount of
approximately 38,161.77; and	
WHEREAS, this grant will allow the Sheriff's Office	
High Visibility Enforcement (HVE) on specific times anddate	es of the year ; and
	Committee have approved the
the Sheriff's Office	Department's request to apply for the
(1 151) 1 Ph. (2 Ph.	grant and the committees recommend that the of this grant, if awarded by
NOW, THEREFORE, BE IT RESOLVED that to the day of March, 2023, Sustained Traffic Enforcement Program (STEP)	approves the acceptance of the
awarded to the County by the Illinois Department of the County Administrator is authorized to significant agreement for this grant.	
ATTEST:	
County Clerk	Chairman, Sangamon County Board
Approved by the the Jail	Committee February 21 , 2023
	, Chairman
Approved by the Finance Committee February 28	, 2023
MAR 02 2023	Chairman

Don / Shay

8-2

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Sheriff's Office	ce		
Grant Program Title: Sustained Traffic	Enforcement Program (STE	P)	
This request is for: a new grant 🗷	renewal or extension of an ex	isting grant	
Grantor: NHTSA Section 402, Section			
Brief description of the grant program ar	nd its benefits to Sangamon Co	ounty:	
The Sustained Traffic Enforcement P dates of the year. The enforcement e times of the year for vehicle travel.	rogram (STEP) focuses on F fforts are designed to reduce	ligh Visibility Enforcement (He fatalities and serious injuries	VE) on specific times and s at some of the deadliest
	38,161.77 Yes 🗷 No		
f yes, please state the amount and the	source of matching funds:		
f Yes, please indicate the number and Are there any indirect costs or legal requiequirements to continue specific program f Yes, please provide details. Include a	rements associated with this g ms after grant periods, etc.):	grant (i.e., increased workload c	on existing staff,
	Current FY	Current FY + 1	Current FY + 2
lumber of Employees			
ersonnel Costs (in dollars)	485.11	5336.18	
ringe Benefit Cost	1020.07	11220.80	
ther Costs (Equipment, etc)			
otal Cost			
Requested by:	Completed (Department Head Signature)		Date: 02/14/23
\mathcal{J}	(pepartment nead Signature)	1 mm () 1 mm 7 m 4 7	

FEB 1 4 2023