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 Sangamon/Menard Area Regional Transit (SMART) wishes to apply
for and accept an a grant from Illinois Dept of Transportation
for the 5311-for Rural Transportation program in the amount of
approximately 132,109.00; and
WHEREAS, this grant will allow Sangamon/Menard Area Regional Transit (SMART) to provide
Rural Public Transportation ; and
WHEREAS, as documented by the approval of this resolution, the Finance Committee has approved the Sangamon/Menard Area Regional Transit (SMART) Department's request to apply for
the 5311- for Rural Transportation grant and the committee recommends that
the County Board approve the acceptance of this grant, if awarded by
Illinois Dept of Transportation .
NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this
5th day of March , 2019 , approves the acceptance of the
5311- for Rural Transportation grant, which is detailed above, if the grant is
awarded to the County by Illinois Dept of Transportation .
The County Administrator is authorized to sign required grant documents to execute the
agreement for this grant

FILED

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See See

FEB 2-8 2019

Andy Goleman sangamon county auditor

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Sangamon/Me	enard Area Regional Transit (SMART)	
Grant Program Title: 5311			
This request is for: 🔲 a new grant 🕟 1	renewal or extension of an exist	ting grant	
Grantor: Illinois Dept of Transportation			
Brief description of the grant program an	d its benefits to Sangamon Cou	ınty:	-
Transportation for rural areas of Sanga	amon and all of Menard Cour	nty	
Anticipated Grant Revenue Amount::\$	132,109.00		
Are matching funds required?	ſes 🗌 No		
If yes, please state the amount and the	source of matching funds:		
Match is comprised of another grant fares,	and county funds		
If this grant is approved, will any new persons of the number and		∏ No	
Are there any <i>indirect</i> costs or <i>legal</i> requirequirements to continue specific programations, please provide details. Include a	ms after grant periods, etc.):	rant (i.e., increased workloa	d on existing staff,
	Current FY	Current FY + 1	Current FY + 2
Number of Employees	12		
Personnel Costs (in dollars)	\$360,500.00		
Fringe Benefit Cost	\$198,900.00		
Other Costs (Equipment, etc)	\$530,600.00		
Total Cost	\$1,090,000.00		

Kate Driving Date: 2/28/19
(Department Head Signature)



FEB 2 8 2019