

Resolution # 9-1

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 SMART wishes to apply for and accept an a grant from IDOT for the Downstate Operating Assistance Program program in the amount of approximately 779500.00; and

WHEREAS, this grant will allow SMART to provide Public Transportation rides for rural Sangamon and Menard Counties; and

WHEREAS, as documented by the approval of this resolution, the Finance Committee has approved the SMART Department's request to apply for the FY 24 DOAP grant and the committee recommends that the County Board approve the acceptance of this grant, if awarded by IDOT.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 10th day of April, 2023, approves the acceptance of the FY 24 DOAP grant, which is detailed above, if the grant is awarded to the County by IDOT

The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.

**FILED**

APR 06 2023

*Don Hayes*  
Sangamon County Clerk

ATTEST:

\_\_\_\_\_  
County Clerk

\_\_\_\_\_  
Chairman, Sangamon County Board

Approved by the Finance Committee \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, Chairman

### SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: SMART

Grant Program Title: Downstate Capital Assistance Program

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

Grantor: IDOT

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

Continued ability to provide Public Transportation rides for Rural Sangamon and Menard Counties

Anticipated Grant Revenue Amount: \$779,500.00

Are matching funds required?  Yes  No

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

Match comes from Federal grant, ICR and fares

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

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

Possible if ridership increases

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:

written notification

	Current FY	Current FY + 1	Current FY + 2
Number of Employees	9		
Personnel Costs (in dollars)	\$409,697.00		
Fringe Benefit Cost	\$176,929.00		
Other Costs (Equipment, etc)	\$612,614.00		
Total Cost	\$1,199,240.00		

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Department Head Signature)