Resolution	#	9-	

WHEREAS, County policies and procedures requ the Finance Committee to approve all requests to ap as well as grants from all other entities; and,	_	
WHEREAS, County policies and procedures requ more must be approved by the full County Board;	ire that the acceptance of gra	ants of \$30,000 or
WHEREAS, the Department of Elections		wishes to apply
for and accept an a grant from State of Illinois (distribu	uted by IL State Board of Elections	s)
for the 2021 Illinois Voter Registration State Grant (IVRS)	program	n in the amount of
approximately \$195,420 ; and		
WHEREAS, this grant will allow Elections		to provide
	otrotion evetom	; and
maintenance and other costs associated with the voter regi	Stration System	, ard
WHEREAS, as documented by the approval of this	· •	
Committee and the Finance	Committee have a	approved the
Elections	Department's request to	apply for the
2021 Illinois Voter Registration State Grant (IVRS)	grant and the committees rec	commend that the
County Board approve the acceptance	of this grant, if	awarded by
State of Illinois (distributed by IL State Board of Elections)	•	
NOW, THEREFORE, BE IT RESOLVED that 19th day of March, 2021, 2021 Illinois Voter Registration State Grant (IVRS)	approves the accept	tance of the
awarded to the County by State of Illinois (distributed The County Administrator is authorized to significant agreement for this grant.		
ATTEST:		
County Clerk	Chairman, Sangamon C	County Board
Approved by the Election Oversight	Committee March 9th	, 2021
		, Chairman
Approved by the Finance Committee March 9th	, 2021	
		Ohai-mar-
FFD 0.0		, Chairman

FEB 2 2 2021

Sangamon County Clerk

9-2

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Elections			
Grant Program Title: 2021 Illinois Vo	oter Registration State Grant (IV	RS)	
This request is for: a new grant	renewal or extension of an exis	sting grant	
Grantor: State of Illinois - Distribute		······································	
Brief description of the grant progran	n and its benefits to Sangamon Co	unty:	
Assist in the maintenance and othe with the Centralized Statewide Vot		er registration system in ord	er for it to communicate
Anticipated Grant Revenue Amount:: Are matching funds required?	Yes ⋉ No		
If yes, please state the amount and	tne source of matching funds:		· ·
			,
If Yes, please indicate the number a Are there any indirect costs or legal requirements to continue specific pro	equirements associated with this organise after grant periods, etc.):	grant (i.e., increased workload	on existing staff,
ir res, please provide details. Inclu	ue attacimient ii 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			
1001	[hereater and a second	1	
Requested by:	Allu Mu— (Department Head Signature)		Date: 2/19/21