

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 Circuit Clerk wishes to apply for and accept an a grant from Illinois Department of Healthcare and Family Service for the Title IV-D Child Support program in the amount of approximately 41,753.00; and

WHEREAS, this grant will allow Circuit Clerk to provide the entry of Child Support orders into the State's Child Support System (KIDS); and

WHEREAS, as documented by the approval of this resolution, the Courts Committee and the Finance Committee have approved the Circuit Clerk Department's request to apply for the Title IV-D Child Support grant and the committees recommend that the County Board approve the acceptance of this grant, if awarded by Illinois Department of Healthcare and Family Service.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 8th day of June, 2021, approves the acceptance of the Title IV-D Child Support grant, which is detailed above, if the grant is awarded to the County by Illinois Department of Healthcare and Family Service. The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.

ATTEST:

County Clerk

Chairman, Sangamon County Board

Approved by the the Courts

Committee June 3, 2021

_____, Chairman

Approved by the Finance Committee

June 8, 2021

_____, Chairman

FILED

MAY 26 2021

Don Hays
Sangamon County Clerk

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SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Circuit Clerk

Grant Program Title: Title IV-D Child Support

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

Grantor: Illinois Department of Healthcare and Family Services

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

The Circuit Clerk will be reimbursed \$21.00 per Title IV-D child support orders entered into the State's Child Support System (KIDS).

Anticipated Grant Revenue Amount: 41,753

Are matching funds required? Yes No

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

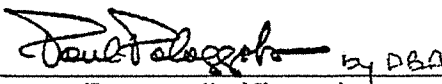
If this grant is approved, will any new personnel be hired: Yes No

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

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:

	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:  by DBA Date: 5-26-2021
(Department Head Signature)

RECEIVED
2660

MAY 26 2021

Andy Goleman
SANGAMON COUNTY AUDITOR

STATE OF ILLINOIS

RENEWAL & AMENDMENT OF INTERGOVERNMENTAL AGREEMENT

between

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

and

Sangamon County Circuit Clerk

Agreement No. 2021-55-007-2-H

WHEREAS, the parties to Intergovernmental Agreement 2021-55-007-2, acting by and through the Illinois Department of Healthcare And Family Services ("Department") located at 201 South Grand Avenue East, Springfield, Illinois 62703 and the Sangamon County Circuit Clerk (hereinafter referred to as Contractor) located at 200 South Ninth Street, Room 405 Springfield, Illinois 62705, desire to renew this Agreement, and

WHEREAS, pursuant to Article 2.2 (Renewal), the Agreement may be renewed for additional periods; and

WHEREAS, pursuant to Article 7.1 (Amendments), the Agreement may be amended or modified by the mutual consent of the parties at any time during its term;

NOW THEREFORE, the Intergovernmental Agreement is renewed for the period July 1, 2021 through June 30, 2022 and is amended in Article 6.1 to state the estimated amount of the Department's obligation under this agreement is \$41,753 annually per Appendix A.

All other terms and conditions shall remain in effect.

In Witness Whereof, the parties have hereunto caused this Renewal to be executed by their duly authorized representatives.

THE STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE
AND FAMILY SERVICES

SANGAMON COUNTY, ILLINOIS

By: _____
Theresa Eagleson, Director

By: _____
Paul Palazzolo, Circuit Clerk

Date: _____

Date: _____

**APPENDIX A
SANGAMON COUNTY CIRCUIT CLERK'S BUDGET**

ACCESS TO ELECTRONIC DOCKET SHEETS AND DATA WITHIN THE CLERK'S SYSTEM

Costs for access to electronic docket sheets and access to docketing and record keeping system, including archive and retrievable system where available are defined as one-time costs associated with development and implementation activities as approved by the Department and / or ongoing maintenance costs for access to electronic docket sheets/court system.

Total annual actual costs reimbursable for such access shall not exceed **\$2,000**.

IV-D CHILD SUPPORT ORDER & NOTICES OF PAYMENT PATH CHANGE (PPC) OR IV-D PARTICIPATION (PPC) NOTICES

The Circuit Clerk will be paid **\$21.00** per Title IV-D child support order entered into the State's Child Support System (KIDS) based upon predefined criteria as provided by the Department and/or per each Payment Path Change Notice or IV-D Participation Notice to offset costs associated with providing child support records, Title IV-D customer Services, Title IV-D applications and scheduling Title IV-D dockets. Payment will be made quarterly based upon the Department's Quarterly Activity Reports.

Total annual IV-D child support orders Allowance is estimated at **\$39,753**.

ANNUAL AMOUNTS PAYABLE

Access to electronic docket sheets and Data in the Clerk's system (maximum amount)	\$2,000
IV-D Child Support Order & PPC Allowance (estimated amount)	\$39,753
Total	\$41,753

Attachment A

Taxpayer Identification Certification

- A. Contractor certifies that:
 - 1. The number shown on this form is Contractor's correct taxpayer identification number (or Contractor is waiting for a number to be issued to Contractor); **and**
 - 2. Contractor is not subject to backup withholding because:
 - (a) Contractor is exempt from backup withholding, or
 - (b) Contractor has not been notified by the Internal Revenue Service (IRS) that Contractor is subject to backup withholding as a result of a failure to report all interest or dividends, or
 - (c) The IRS has notified Contractor that Contractor is no longer subject to backup withholding, **and**
 - 3. Contractor is a U.S. person (including a U.S. resident alien).

B. Contractor's Name: **Sangamon County Circuit Clerk**

C. Contractor's Taxpayer Identification Number:

Social Security Number (SSN): _____

or

Employer Identification Number (EIN): **37-6002039**

(If Contractor is an individual, enter Contractor's name and SSN as it appears on Contractor's Social Security Card. If Contractor is completing this certification for a sole proprietorship, enter the owner's name followed by the name of the business and the owner's SSN or EIN. For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.)

D. Contractor's Legal Status (check one):

- | | |
|---|--|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Governmental |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Nonresident alien |
| <input type="checkbox"/> Partnership/Legal Corporation | <input type="checkbox"/> Estate or trust |
| <input type="checkbox"/> Tax-exempt | <input type="checkbox"/> Pharmacy (Non-Corp.) |
| <input type="checkbox"/> Corporation providing or billing medical or health care services | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp) |
| <input type="checkbox"/> Corporation NOT providing or billing medical or health care services | <input type="checkbox"/> Other: |

THE UNDERSIGNED AFFIRMS, UNDER PENALTIES OF PERJURY, THAT HE OR SHE IS AUTHORIZED TO EXECUTE THIS CERTIFICATION ON BEHALF OF SANGAMON COUNTY CIRCUIT CLERK.

Signature

Paul Palazzolo
Sangamon County Circuit Clerk

Date

Department Project/Grant Information

Department:

Project/Grant Description	Grant ID	Grantor Code (see list)	Type (Fed, State, Local, Other)	Direct Grant (Y/N)	Pass thru	Recoverable Funds? (Y/N)	CFDA# (if applicable)	Project /Grant Amount	Program Title	Project /Grant Starting Date	Project /Grant Ending Date	Project Number (Auditor will assign)	Subproj Grant Code (Auditor will assign)
Title IV-D Child Support	2021-55-007-2-H	IHFS	S	N	IHFS	N		\$41,753.00	IV-D Grant	7/1/2021	6/30/2020		

Project/Grant Contact Person & Phone Number:

Project/Grant Description – description of project/grant
 Grant ID – From the grant paperwork
 Grantor Code – see list on page 2, Original grantor
 Grant Type – F - Federal, S - State, L - Local, O - Other
 Direct Grant – Y/N; Y = direct from grantor, no passthru, otherwise N
 Pass Thru – see list on page 2, Agency that grant passed thru from original grantor
 Recoverable Funds - Y/N Usually N; Y if funds have to be returned under certain terms
 CFDA# - required if Federal grant; a grant may have several CFDA's, if so use separate lines for each, each will have a different dollar amount.
 Amount – Grant amount

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