

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 Illinois Dept. of Transportation for the Formula Rural Transportation program in the amount of approximately 132,109.00; and

WHEREAS, this grant will allow Sangamon County to provide rural transportation for Sangamon & 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 5311 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 8th day of March, 2022, approves the acceptance of the 5311 Formula 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**

MAR 04 2022

*Don J. May*  
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: 5311 - Formula Grant for Rural Transportation

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:

to provide rural transportation

Anticipated Grant Revenue Amount: 132,109<sup>00</sup>

Are matching funds required?  Yes  No

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

match will be from fares, DOAP and CARES necessary

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

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

Possible

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          | <u>7</u>                    |                |                |
| Personnel Costs (in dollars) |                             |                |                |
| Fringe Benefit Cost          |                             |                |                |
| Other Costs (Equipment, etc) |                             |                |                |
| Total Cost                   | <u>132,109<sup>00</sup></u> |                |                |

Requested by: Kate Downing  
(Department Head Signature)

Date: 2/28/22