

Resolution # 11-1

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;

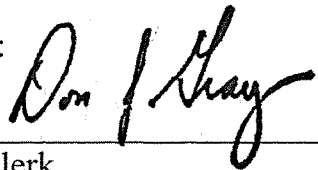
WHEREAS, the Department of SMART wishes to apply for and accept an a grant from Illinois Depoartment of Transportation for the Rebuild Illinois program in the amount of approximately _____; and

WHEREAS, this grant will allow SMART to provide capital assests _____; and

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

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 14th day of Sept, 2021, approves the acceptance of the Rebuild Illinois grant, which is detailed above, if the grant is awarded to the County by Illinois Depoartment of Transportation. The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.

ATTEST:



County Clerk

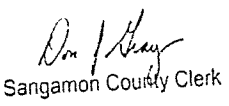


Chairman, Sangamon County Board

FILED

Approved by the Finance Committee 9/14 / 2021

SEP 10 2021


Sangamon County Clerk

, Chairman

11-2

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: SMART

Grant Program Title: Rebuild Illinois

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:

This money is available for shovel ready projects and Capital assets. This could be combined with other County projects to make travel more accessible and central for riders. This would be a forward looking project that would allow for more long term growth and asset management. No match is required

Anticipated Grant Revenue Amount: undecided

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:

Not initially

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:

possibly building and grounds

| | 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: _____ Date: _____
(Department Head Signature)