

Resolution # 13-1

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 Child Advocacy Center wishes to apply for and accept an a grant from Illinois Criminal Justice Authority for the Child Advocacy Center program in the amount of approximately \$30,000; and

WHEREAS, this grant will allow Child Advocacy Center to provide continued services; and

WHEREAS, as documented by the approval of this resolution, the Finance Committee has approved the Child Advocacy Center Department's request to apply for the Coronavirus Emergency Supplemental Fund grant and the committee recommends that the County Board approve the acceptance of this grant, if awarded by Illinois Criminal Justice Authority.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 13th day of October, 2020, approves the acceptance of the Coronavirus Emergency Supplemental Fund grant, which is detailed above, if the grant is awarded to the County by Illinois Criminal Justice Authority. 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

OCT 08 2020

Don J. King
Sangamon County Clerk

SANGAMON COUNTY - GRANT APPROVAL FORM

13-2

Requesting Department: Child Advocacy

Grant Program Title: Coronavirus Emergency Supplemental Fund

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

Grantor: Illinois Criminal Justice Authority

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

This grant is to assist in offsetting the costs CAC's have acquired as a result of COVID-19. The main benefit for our agency is that it will assist us in the Tele-Mental Health program we have had to implement to be able to provide Trauma Focused Counseling services to our clients.

Anticipated Grant Revenue Amount: \$30,000.00

Are matching funds required? Yes No

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

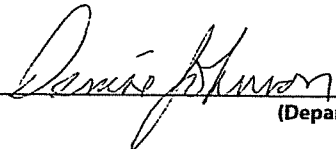
If this grant is approved, will any new personnel be hired: Yes No

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: 
 (Department Head Signature)

Date: 10/8/2020

RECEIVED
2660

OCT 8 2020

Andy Goleman
SANGAMON COUNTY AUDITOR

Coronavirus Emergency Supplemental Fund Grant

Approved by the Finance Committee

_____ , _____

_____, Chairman _____, Member

_____, Member _____, Member

_____, Member _____, Member

_____, Member _____, Member

_____, Member _____, Member

_____, Member _____, Member

_____, Member