

Resolution # 17-1

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 Sangamon County Child Advocacy Center wishes to apply for and accept an a grant from Department of Children and Family Services for the Child Advocacy program in the amount of approximately \$114,456.00; and

WHEREAS, this grant will allow Sangamon County Child Advocacy Center to provide Forensic Interviewing and Advocacy Services; and


WHEREAS, as documented by the approval of this resolution, the Finance Committee has approved the Sangamon County Child Advocacy Center Department's request to apply for the DCFS grant and the committee recommends that the County Board approve the acceptance of this grant, if awarded by Department of Children and Family Services.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 14th day of May, 2019, approves the acceptance of the DCFS grant, which is detailed above, if the grant is awarded to the County by Department of Children and Family Services.
The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.

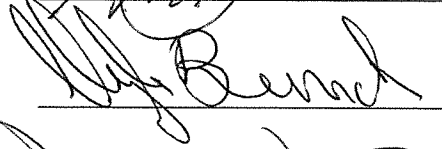
FILED
APR 24 2019
Wm. H. King
Sangamon County Clerk

DCFS _____ Grant

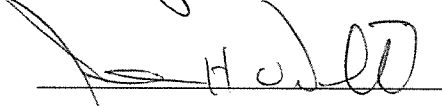
Approved by the Finance Committee

 _____, Chairman

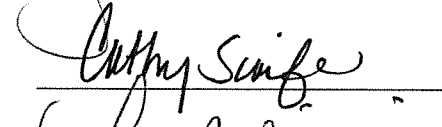
 _____, Member

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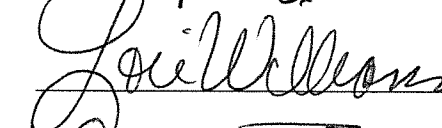
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173

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Child Advocacy Center

Grant Program Title: DCFS

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

Grantor: Illinois Department of Children and Family Services

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

This is a grant to fund forensic and advocacy services to families in Sangamon County and well as provide travel for training and professional development.

Anticipated Grant Revenue Amount: \$114,456.00

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: *Denise Johnson*
(Department Head Signature)

Date: 4/16/19

RECEIVED
2660

APR 16 2019

Andy Goleman
SANGAMON COUNTY AUDITOR