

Resolution # 5-1

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 also require both the assigned oversight committee and the Finance Committee to approve the acceptance of grants when the total value of the grant award is less than \$30,000; and,

WHEREAS, the Department of COMMUNITY RESOURCES wishes to apply for and accept a/an CSBG(COMMUNITY SERVICES BLOCK GRANT) grant from DCEO for RENTAL ASSISTANCE, FOOD ASSISTANCE, EMPLOYMENT SUPPORT AND HOMELESSNESS. This will include FEDERAL GRANT FUNDS in the amount of \$505,871. Additional information concerning this grant is attached.

NOW, THEREFORE, BE IT RESOLVED that the COMMUNITY RESOURCES Committee and Finance Committee of the Sangamon County Board, authorize the Department of COMMUNITY RESOURCES to apply for the attached grant from DCEO in the amount of \$505,871. The Committees also authorize the County Administrator to accept this grant, if awarded to the County, and to sign required grant documents to execute the grant.

ATTEST:

\_\_\_\_\_  
County Clerk

\_\_\_\_\_  
Chairman, Sangamon County Board

Approved by the COMMUNITY RESOURCES Committee 9/28, 2021

*Linda R. Selgeby*, Chairman

Approved by the Finance Committee \_\_\_\_\_

\_\_\_\_\_, Chairman

**FILED**

SEP 29 2021

*Don Hays*  
Sangamon County Clerk

### SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: COMMUNITY RESOURCES

Grant Program Title: CSBG (COMMUNITY SERVICES BLOCK GRANT)

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

Grantor: DCEO

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

THIS GRANT WILL ALLOW US TO PROVIDE RENTL ASSISTANCE, FOOD ASSISTANCE, EMPLOYMENT SUPPORT & PROVIDE RESOURCES FOR HOMELESSNESS IN SANGAMON COUNTY

Anticipated Grant Revenue Amount:: \$505,871.00

Are matching funds required?  Yes  No

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

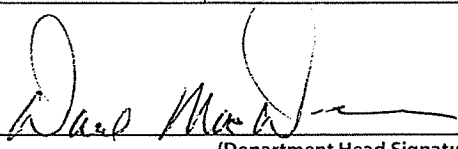
If this grant is approved, will any new personnel be hired:  Yes  No

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: 9/21/2019

**RECEIVED**  
2660  
21

SEP 21 2021

Andy Goleman  
SANGAMON COUNTY AUDITOR