

Resolution # 8-1

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 Department of Transportation for the Downstate Operating Assistance program in the amount of approximately 799,500.00; and

WHEREAS, this grant will allow Sangamon County to provide rural transportation for Sangamon & Mehard Co; and

WHEREAS, as documented by the approval of this resolution, the Finance Committee has approved the SMART Department's request to apply for the DOAP 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 _____ grant, which is detailed above, if the grant is awarded to the County by _____.

The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.

FILED

MAR 04 2022

ATTEST:

Don / May
County Clerk

Don / May
Sangamon County Clerk

A. Sam Stone
Chairman, Sangamon County Board

Approved by the Finance Committee 3/8

[Signature] 2022, Chairman

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: SMART

Grant Program Title: Downstate Operating Assistance Program

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: 199,500.00

Are matching funds required? Yes No

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

matching funds will come from fares, 5311 and CARES if 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:

ICR cost will be reimbursed at 17% of salaries/benefits

	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>799,500.00</u>		

Requested by: Kate Downing
(Department Head Signature)

Date: 2/28/22