

## SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: State's Attorney

Grant Program Title: Child Support

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

Grantor: IL Department of Healthcare and Family Services

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

This grant provides funding for the Sangamon County Child Support Division of the State's Attorney's Office which provides paternity establishment and child support enforcement services.

Anticipated Grant Revenue Amount: 1,959,544 over 5 years

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

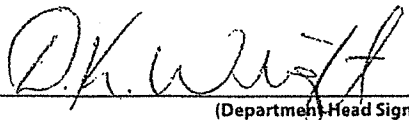
If Yes, please indicate the number and cost of personnel:

We currently have two open ASA positions to be filled

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	5.5	6	6
Personnel Costs (in dollars)	216,953	272,251	277,696
Fringe Benefit Cost	57,222	92,565	94,417
Other Costs (Equipment, etc)	15,336	12,205	12,205
<b>Total Cost</b>	<b>289,511</b>	<b>377,021</b>	<b>384,318</b>

Requested by:   
(Department Head Signature)

Date: 9/13/19

FILED

OCT 04 2019

  
Sangamon County Clerk

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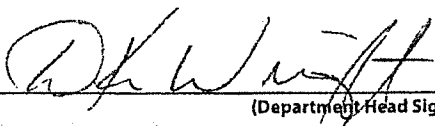
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If Yes, please provide details. Include attachment if needed:

	Current FY + 3	Current FY + 4	Current FY + 5
Number of Employees	6	6	6
Personnel Costs (in dollars)	283,250	288,915	294,693
Fringe Benefit Cost	96,305	98,231	100,196
Other Costs (Equipment, etc)	12,205	12,205	12,205
<b>Total Cost</b>	<b>391,760</b>	<b>399,351</b>	<b>407,094</b>

Requested by:   
 (Department Head Signature)

Date: 9/13/19

FILED

OCT 04 2019

  
 Sangamon County Clerk

Resolution # \_\_\_\_\_

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,

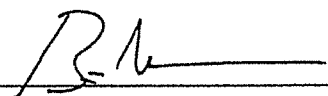
WHEREAS, County policies and procedures require that the acceptance of grants of \$30,000 or more must be approved by the full County Board;

WHEREAS, the Department of the State's Attorney's Office wishes to apply for and accept an a grant from IL Department of Healthcare and Family Services for the Child Support program in the amount of approximately \$1,959,544.00 ; and

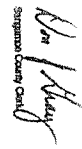
WHEREAS, this grant will allow the State's Attorney's Office to provide paternity establishment and child support enforcement services for FY 21-FY25 ; and

WHEREAS, as documented by the approval of this resolution, \_\_\_\_\_ Committee and the Finance Committee have approved the the State's Attorney's Office Department's request to apply for the State's Attorney Child Support Divison grant and the committees recommend that the County Board approve the acceptance of this grant, if awarded by IL Department of Healthcare and Family Services .

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this \_\_\_\_\_ day of \_\_\_\_\_, 2019, approves the acceptance of the State's Attorney Child Support Divison grant, which is detailed above, if the grant is awarded to the County by IL Department of Healthcare and Family Services . The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.

Approved by the  Committee

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

  
Sangamon County Clerk

OCT 04 2019

FILED

Approved by the Finance Committee

\_\_\_\_\_ , \_\_\_\_\_

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

\_\_\_\_\_, Member      \_\_\_\_\_, Member

\_\_\_\_\_, Member      \_\_\_\_\_, Member

\_\_\_\_\_, Member      \_\_\_\_\_, Member

\_\_\_\_\_, Member      \_\_\_\_\_, Member

\_\_\_\_\_, Member      \_\_\_\_\_, Member

\_\_\_\_\_, Member