



Property Committee Agenda
Room 400, Government Center
Thursday, March 6, 2014
4:45 p.m.

1. Roll Call
2. Chairman's Approval of Minutes – February 6, 2014
January 21, 2014 Stand-Up
3. Appearance by Members of the Public
4. Departmental Matters:
 - A. Jack Moody, Director, Facilities Management
 - 1) Items to be Presented for Action:
 - a) Request Approval to Apply for and Accept an Illinois Department of Natural Resources, Illinois Public Museums Capital Grant Program 2014 1
 - 2) Items to be Presented for Information:
 - a) General Report
 - b) Other
 - B. Mike Steffa, Director, Parks and Recreation Department
 - 1) Items to be Presented for Action:
 - a) Request Approval to Apply for and Accept an Illinois Department of Public Health Heartsaver AED (Automated External Defibrillator) Grant 2014 Program 2-3
 - 2) Items to be Presented for Information:
 - a) General Report
 - b) Other
5. Other Business and Communications
6. Recommend Payment of Bills and Transfers, if any, to County Board
7. Adjournment

McLEAN COUNTY – GRANT INFORMATION FORM

1

General Grant Information

Requesting Agency or Department: Facilities Management		This request is for: <input checked="" type="checkbox"/> A New Grant <input type="checkbox"/> Renewal/Extension of Existing Grant	
Granting Agency: Illinois Department of Natural Resources, Illinois Public Museums Capital Grant Program 2014		Grant Type: <input type="checkbox"/> Federal, CFDA #: <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Grant Date: Start: End: Unknown, waiting for approval
Grant Title: Renovation of basement 1965 restrooms and renovation of interior lighting at old Courthouse Museum.			
Grant Amount: \$254,800.00		Grant Funding Method: <input type="checkbox"/> Reimbursement, Receiving Cash Advance <input type="checkbox"/> <input checked="" type="checkbox"/> Pre-Funded Expected Initial Receipt Date: 2-3 weeks after completion.	
Match Amount (if applicable): Required Match :\$ No matching funds needed Overmatch: \$		Source of Matching Funds (if applicable):	
Grant Total Amount: \$254,800.00		Equipment Pass Through? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Monetary Pass Through? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Will it be likely to obtain this grant again next FY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Grant Costs Information

Will personnel be supported with this grant: <input type="checkbox"/> Yes (complete personnel portion below) <input checked="" type="checkbox"/> No		A new hire will be responsible for financial reporting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
<table border="1"> <thead> <tr> <th colspan="2">Grant Expense Chart</th> </tr> <tr> <th>Personnel Expenses</th> <th>Costs</th> </tr> </thead> <tbody> <tr> <td>Number of Employees:</td> <td></td> </tr> <tr> <td>Personnel Cost</td> <td>\$</td> </tr> <tr> <td>Fringe Benefit Cost</td> <td>\$</td> </tr> <tr> <td>Total Personnel Cost</td> <td>\$</td> </tr> <tr> <td>Additional Expenses</td> <td></td> </tr> <tr> <td>Subcontractors</td> <td>\$</td> </tr> <tr> <td>Equipment</td> <td>\$</td> </tr> <tr> <td>Other</td> <td>\$</td> </tr> <tr> <td>Total Additional Expenses</td> <td>\$</td> </tr> <tr> <td>GRANT TOTAL</td> <td>\$</td> </tr> </tbody> </table>		Grant Expense Chart		Personnel Expenses	Costs	Number of Employees:		Personnel Cost	\$	Fringe Benefit Cost	\$	Total Personnel Cost	\$	Additional Expenses		Subcontractors	\$	Equipment	\$	Other	\$	Total Additional Expenses	\$	GRANT TOTAL	\$	Description of equipment to be purchased: Materials and labor to remodel the basement restrooms and to renovate the interior lighting to energy efficient fixtures and bulbs. Description of subcontracting costs: The entire project, consisting of two separate projects, will be bid and bid results presented to Property Committee and the Museum Board for approval if awarded. Other requirements or obligations: We have been awarded funds before for the Museum through this IDNR grant program when it has been offered.	
Grant Expense Chart																											
Personnel Expenses	Costs																										
Number of Employees:																											
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GRANT TOTAL	\$																										

Grant Total must match "Grant Total Amount" from General Grant Information

Responsible Personnel for Grant Reporting and Oversight:

Jack Moody Department Head Signature Date 2/3/14
Jack Moody Grant Administrator/Coordinator Signature (if different) Date 2/3/14

OVERSIGHT COMMITTEE APPROVAL	
_____	_____
Chairman	Date

Form Date: 4/21/06



DEPARTMENT OF PARKS AND RECREATION
(309)726-2022 FAX (309)726-2025 www.mcleancountyil.gov
13001 Recreation Area Dr. Hudson, IL 61748-7594

TO: Honorable Chairman and Members, Property Committee

FROM: Michael J. Steffa, Director of Parks and Recreation

DATE: February 26, 2014

RE: Illinois Department of Public Health – Heartsaver AED Grant 2014

The AED or Automated External Defibrillator machine is an extremely important piece of medical equipment to have at the Park's Department with all of the visitors that are attracted to COMLARA Park/Evergreen Lake. The AED is most utilized at F.R. Glasener Beach during the summer months, but could be used in the entire park. During non-swimming times the AED is kept at the Park's Visitor Center. The current AED is nearly ten years old and nearing its life expectancy. All park staff is trained on how to use these machines.

Recently, the Illinois Department of Public Health announced that it is now accepting grant applications for its Heartsaver AED Grant 2014 Program. This grant program is a 50/50 match grant to purchase a new AED machine. The approximate cost of this machine is \$900.00. The Park's Department would be responsible for \$450.00, as well as, the Illinois Department of Public Health. Funding from the Park's Department for this grant would come from the Non-Major Equipment budget line 0001-0040-0042-0621-0001.

The application deadline is April 14, 2014 and notification of grant awards will be June 1, 2014. Therefore, the Park's Department is requesting authorization to apply for the Heartsaver AED Grant 2014 from the Illinois Department of Public Health.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "M. Steffa", is written over a horizontal line.

Michael J. Steffa
Director of Parks & Recreation

Attached: McLean County – Grant Information Form

McLEAN COUNTY - GRANT INFORMATION FORM

General Grant Information

Requesting Agency or Department: McLEAN COUNTY DEPT. OF PARKS		This request is for: <input checked="" type="checkbox"/> A New Grant <input type="checkbox"/> Renewal/Extension of Existing Grant	
Granting Agency: ILLINOIS DEPT. OF PUBLIC HEALTH		Grant Type: <input type="checkbox"/> Federal, CFDA #: <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Grant Date: Start: APRIL 14, 2014 End: JUNE 30, 2014
Grant Title: HEARTSAVER AED GRANT 2014			
Grant Amount: \$ 450.00		Grant Funding Method: <input checked="" type="checkbox"/> Reimbursement, Receiving Cash Advance <input type="checkbox"/> <input checked="" type="checkbox"/> Pre-Funded Expected Initial Receipt Date:	
Match Amount (if applicable): Required Match: \$ 450.00 Overmatch: \$			
Grant Total Amount: \$ 450.00		Source of Matching Funds (if applicable): NON-MAJOR EQUIPMENT PARK'S BUDGET FUND 0001 0040 0042 0621 0001	
Will it be likely to obtain this grant again next FY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Equipment Pass Through? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Monetary Pass Through? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Grant Costs Information

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GRANT TOTAL	\$ 450.00																										

Responsible Personnel for Grant Reporting and Oversight:

Michael J. Steffen _____ Date 2/26/14
 Department Head Signature

SAME _____ Date 2/26/14
 Grant Administrator/Coordinator Signature (if different)

OVERSIGHT COMMITTEE APPROVAL	
_____	_____
Chairman	Date