

1/3/2017

6-R-17

A RESOLUTION

Authorizing the City Manager to Sign Notifications of Grant Awards To Fund and Operate the City of Evanston Long Term Care Ombudsman Program

WHEREAS, the City of Evanston has made it a priority advocate for residents of long term care facilities; and

WHEREAS, the Parks, Recreation and Community Services Department (the "Department") and Levy Senior Center strives to provide advocacy, as well as community education and consultations services for residents regarding long term care; and

WHEREAS, the Department applied to Department on Aging through the Area Agency on Aging, AgeOptions; and

WHEREAS, the Department received a grant award, worth fifty nine thousand nine hundred twenty two dollars (\$53,922.00), to operate the Long Term Care Ombudsman Program; and

WHEREAS, the grant award will allow residents of long term care facilities to receive advocacy services as well as community residents to receive education and consultation regarding longer term care; and

WHEREAS, the Department plans to operate the Long Term Care Ombudsman Program in the City of Evanston.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EVANSTON, COOK COUNTY, ILLINOIS:

SECTION 1: The foregoing recitals are hereby found as fact and incorporated herein by reference.

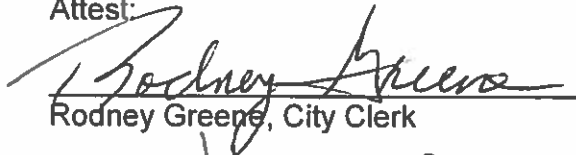
SECTION 2: The City Manager is hereby authorized to sign, and the City Clerk hereby authorized to attest, on behalf of the City of Evanston, the Notifications of Grant Awards attached hereto as Exhibit A, incorporated herein by reference.

SECTION 3: The City Manager is hereby authorized and directed to negotiate any additional conditions of the Grant Awards as he may determine to be in the best interests of the City.

SECTION 4: This Resolution 6-R-17 shall be in full force and effect from and after its passage and approval in the manner provided by law.


Elizabeth B. Tisdahl, Mayor

Attest:


Rodney Greene, City Clerk

Adopted: January 9, 2017

EXHIBIT A

**Illinois Department on Aging (AgeOptions)
Notification of Grant Award**

NOTIFICATION OF GRANT AWARD
 AgeOptions - (Illinois Department on Aging - PSA 13)
 Under Title III-B, Title III-C, Title III-D, Title III-E, & Title VII of the Older Americans
 Act and under the State of Illinois General Revenue Funds

GRANTEE NAME, ADDRESS

City of Evanston
 2100 RIDGE AVENUE
 EVANSTON, IL-60201

Project ID: B3 OMB
 Date: 12/20/2016
 Type of Grant: T3B0 Ombudsman

Approved Costs for Project Period

a. Personnel/Fringe	\$149,849
b. Travel of Persons	\$5,000
c. Equipment & Supplies	\$3,500
d. Other	\$7,500
e. Food-Nutrition Only	
f. Delivery-Nutrition Only	
g. Total	\$165,849

Project Period: 10/1/2016
 To: 9/30/2017

Sub Areas: City of Evanston

Computation of Grant Award

1. Total Cost	\$165,849	10. Original Obligation:	\$53,922
2. Less Anticipated		Revision 1:	\$0
Project Income	\$0	Revision 2:	\$0
3. Net Cost (estimated)	\$165,849		
4. Nonfederal Share	\$111,927	11. Share of Net Cost	
a. Local Cash	\$97,527	a. NonFederal Share	67.49%
b. Local Inkind	\$14,400	b. Local Cash Share	58.80%
5. Area Agency Share	\$14,833	c. Federal/State Share	32.51%
6. Long Term Provider Fund Share	\$10,863		
7. Money Follows the Person Share	\$6,994		
8. General Revenue Fund	\$21,232	10. Application for Funds	
9. New Obligation Awarded	\$53,922	Date:	9/22/2016

The awarded obligation (8) includes the maximum Federal Share and State funds obligated to the grantee provided all conditions are met.

Grantee - I have read all the conditions of this award, and agree to fully comply with all such conditions.

 Name and Title _____
 Date

 Signature

Subscribed and sworn to before me this ____ day of _____, 20____

 Notary Public Signature

AgeOptions (also referred to as Area Agency on Aging)

Signature: _____
 Jonathan Lavin, Chief Executive Officer _____
 Date

NOTE: The attached *Conditions of Award* comply with Federal and State regulations and are an integral component of this Notification of Grant Award.