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 Public Health	wishes to apply
for and accept an a grant from Illinois Department of I	Public Health
for the Disease Intervention Specialist (DIS)Workforce De	evelopment Support program in the amount of
approximately \$350,000.00; and	
WHEREAS, this grant will allow Public Health	to provide
full time position for infectious disease	; and
WHEREAS, as documented by the approval of thi	s resolution - Public Health
•	Committee have approved the
Public Health	Department's request to apply for the
DIS Workforce Development Support	grant and the committees recommend that the
County Board approve the acceptance	e of this grant, if awarded by
Illinois Department of Public Health	·
NOW, THEREFORE, BE IT RESOLVED that	the Sangamon County Board, in session this
14th day of June , 2022 ,	approves the acceptance of the
DIS Workforce Development Support	grant, which is detailed above, if the grant is
awarded to the County by Illinois Department of Po	
The County Administrator is authorized to sig	gn required grant documents to execute the
agreement for this grant.	
ATTEST:	
County Clerk	Chairman, Sangamon County Board
Approved by the Public Health	Committee <u>5/23</u> ,2022
	mone 16
	Chairman, Chairman
Dapproved by the Fiftance Committee 3/17	, 2022
market 2660	
MAY 1 8 0002 MAY 2 5 2022	, Chairman
SANGAMUN COUNTY AUDITOR Sangamon County Clerk	

SANGAMON COUNTY - GRANT APPROVAL FORM

14,2

Requested by:	flect		Date: 05/17/2022
Requested by:	1. i.		
Total Cost			
Other Costs (Equipment, etc)			
Fringe Benefit Cost			
Personnel Costs (in dollars)			
Number of Employees			
	Current FY	Current FY + 1	Current FY + 2
If Yes, please provide details. Include			
Are there any indirect costs or legal req requirements to continue specific progr	uirements associated with this ams after grant periods, etc.):	grant (i.e., increased workload or Yes 🔻 No	n existing staff,
1 full time Disease Intervention Specialis	t		
If Yes, please indicate the number and	_		
If this grant is approved, will any new pe		No	
If yes, please state the amount and th	bases of		
Anticipated Grant Revenue Amount:: Are matching funds required?	\$350,000.00 Yes 🗷 No	-	
	\$250,000,00		
The primary purpose of the funding is support part time DIS positions to be CDC does not want to have LHDs to LHD funds) since the purpose of the initally funded for 3 1/2 years: July - \$100,000.00; January 1, 2025 - De	full time positions in responsible support currently full time extending is to increase head 1, 2022 - December 31, 2023	se to infectious disease (i.e., Coxisting DIS positions funded throcount of new full-time DIS in th 3 - \$150,000.00; January 1, 202	OVID-19, STIs, etc). ough other sources (i.e., e state. This will be
Brief description of the grant program a	nd its benefits to Sangamon C	ounty:	
Grantor: Illinois Department of Public			
This request is for: 🗷 a new grant 🗌	renewal or extension of an ex	isting grant	
Grant Program Title: <u>Disease Interven</u>			
Requesting Department: Public Health	1		