Resolution #	17-1
$\pi$	, ,

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 F	luman Services
for the Illinois State Opioid Response II (SOR II)	program in the amount of
approximately \$488,000.00; and	
WHEREAS, this grant will allow Public Health	to provide
Opioid Education and Naloxone Kit Distribution Services	
WHEREAS, as documented by the approval of this	resolution Public Health
· · · · · · · · · · · · · · · · · · ·	Committee have approved the
Public Health	Department's request to apply for the
Illinois State Opioid Response II (SOR II)	grant and the committees recommend that the
County Board approve the acceptance	of this grant, if awarded by
Illinois Department of Human Services	•
NOW, THEREFORE, BE IT RESOLVED that t	
14th day of June , 2022 ,	approves the acceptance of the
Illinois State Opioid Response II (SOR II)	
awarded to the County by Illinois Department of Hu The County Administrator is authorized to sign	
agreement for this grant.	required grant documents to execute the
ATTEST:	
County Clerk	Chairman, Sangamon County Board
Approved by the Public Health	Committee $5/23$ , $2022$
ripproved by the <u></u>	
	Told Sant Chairman
DApproved by the Finance Committee 5/24	, 2022
2660 RILLIA	, 2022
	, Chairman
MAY 1 8 2022 MAY 2 5 2022	, Chamman
Andy Goleman  SANGAMON COUNTY AUDITOR  On Many	
SANGAMON COUNTY AUTITOR	

## **SANGAMON COUNTY - GRANT APPROVAL FORM**

17-2

Requesting Department: Public Heal			
Grant Program Title: <u>Illinois State Op</u> This request is for:		ting grant	
Grantor: Illinois Department of Hum		9 9	
Brief description of the grant program		unty:	
This grant will allow Sangamon Couprescription drug and opioid-related grantees shall be responsible for deand distributing FDA-approved nalocomplying with the required data co	I deaths by implementing strate elivering naloxone training active exone; coordinating and conduc	egies designed to prevent Pities for by-standers and firsting outreach and education	DO-related deaths. The st responders; purchasing
Anticipated Grant Revenue Amount::  Are matching funds required?	\$488,000.00 Yes x No		
If yes, please state the amount and t	he source of matching funds:		
If this grant is approved, will any new properties of the number are there any indirect costs or legal receptivements to continue specific programments, please provide details. Including	quirements associated with this grams after grant periods, etc.):	yrant (i.e., increased workload	on existing staff,
	Current FY	Current FY + 1	Current FY + 2
Number of Employees			
Personnel Costs (in dollars)			
Fringe Benefit Cost			
Other Costs (Equipment, etc)			
Total Cost			
Requested by:	Of Lull (Department Head Signature)		Date: <u>05/17/2022</u>