## Resolution # 18 -\

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;

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

18-2

Requesting Department: Public Hea			
Grant Program Title: WIC Suppleme			
This request is for: 🔲 a new grant [	renewal or extension of an exis	ting grant	
Grantor: Illinois Department of Hum			
Brief description of the grant program	and its benefits to Sangamon Col	unty:	
To provide low-income pregnant, b be at nutritional risk, at no cost, supservices.	reastfeeding and postpartum wo	omen, infants, and children ition education, and referra	to age five determined to ls to health and social
LAnticipated Grant Revenue Amount:: Are matching funds required?	\$589,745.00 Yes 🗷 No		
f yes, please state the amount and t	the source of matching funds:		
f this grant is approved, will any new of Yes, please indicate the number and the first there any indirect costs or legal resequirements to continue specific proof Yes, please provide details. Include	equirements associated with this grams after grant periods, etc.):	I No Frant (i.e., increased workload Yes I No	on existing staff,
	Current FY	Current FY + 1	Current FY + 2
Number of Employees			
Personnel Costs (in dollars)			
ringe Benefit Cost			
Other Costs (Equipment, etc)			
Fotal Cost			
Requested by:			