Resolution # \Q-\

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	Human Services
for the WIC Breastfeeding Peer Counselor	program in the amount of
approximately \$55,968.00; and	
WHEREAS, this grant will allow Public Health	to provide
breastfeeding education and support to at risk pregnant m	others in the WIC program ; and
WHEREAS, as documented by the approval of the Committee and the Finance	Committee have approved the
Public Health	Department's request to apply for the
	grant and the committees recommend that the
County Board approve the acceptance	
Illinois Department of Human Services	· ·
NOW, THEREFORE, BE IT RESOLVED that 14th day of June , 2022 , WIC Breastfeeding Peer Counselor awarded to the County by Illinois Department of H The County Administrator is authorized to sign	approves the acceptance of the grant, which is detailed above, if the grant is duman Services
agreement for this grant. ATTEST:	
County Clerk	Chairman, Sangamon County Board
Approved by the Public Health	Committee $5/23$, 2022
	Chairman, Chairman
SANGAMON COUNTY AUDITOR Committee 5/26 MAY 25 2022 SANGAMON COUNTY AUDITOR Don May	, <u>2022</u> , Chairman

SANGAMON COUNTY - GRANT APPROVAL FORM

19-2

Requested by:	(Department Head Signature)		Date: <u>05/17/2022</u>
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. Includ	e attachment if needed:		
Are there any indirect costs or legal recrequirements to continue specific prog	rams after grant periods, etc.):	grant (i.e., increased workload	on existing staff,
If this grant is approved, will any new p If Yes, please indicate the number ar		⋉ No	
If yes, please state the amount and t	he source of matching funds:		
Are matching funds required?	Yes 🗷 No		
Anticipated Grant Revenue Amount::	\$55,968.00		
The WIC Breastfeeding Peer Couns rates, reduce infant mortality, impro incidence of obesity in childhood ar encouragement and support to preg	ve long term health benefits of ad later life. The program provide	women, infants and children les specialized breastfeedin	n, and to reduce the
Brief description of the grant program	and its benefits to Sangamon Co	unty:	
Grantor: Illinois Department of Hum	an Services		
This request is for: a new grant		iting grant	
Grant Program Title: WIC Breastfeed			
Requesting Department: Public Heal	th		