Resolution # (0-)

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 Public Health
for the Public Health Emergency Preparedness - Sanga	mon program in the amount of
approximately \$114,032.00 ; and	
WHEREAS, this grant will allow Public Health	to provide
emergency preparedness plans for public health emerger	ncies ; and
WHEREAS, as documented by the approval of the	nis resolution. Public Health
Committee and the Finance	Committee have approved the
Public Health	Department's request to apply for the
Public Health Emergency Preparedness - Sangamon	
County Board approve the acceptance	. •
Illinois Department of Public Health	
NOW, THEREFORE, BE IT RESOLVED that 13th day of August , 2024 Public Health Emergency Preparedness - Sangamon awarded to the County by Illinois Department of Filter The County Administrator is authorized to significant agreement for this grant. ATTEST:	, approves the acceptance of the grant, which is detailed above, if the grant is
County Clerk	Chairman, Sangamon County Board
Approved by the Public Health	Committee July 10, 2024 Me Achen, Chairman
Approved by the Finance Committee July JUL 2 4 2024 Don May	13, 2024 , Chairman

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Hea		note that and other than the state of the st	
Grant Program Title: Public Health E			
This request is for: a new grant		kisting grant	
Grantor: Illinois Department of Pub			
Brief description of the grant program	and its benefits to Sangamon C	ounty:	
To assess, prioritize, build, and exc Public Health Emergency Prepared hazards to the Grantee's public her or sustain Capabilities which are H	Iness Capabilities National Sta alth and healthcare system by	andards to prevent, mitigate,	and recover from top
Anticipated Grant Revenue Amount::	\$114,032.00	DECEN	A B D
Are matching funds required?	Yes No	2660	
If yes, please state the amount and t	he source of matching funds:	JUL 8 2	n74
10% match - Direct Administrative Cos	S	,	024
		Andy Gole	eman
If Yes, please indicate the number and a second sec	quirements associated with this grams after grant periods, etc.):	grant (i.e., increased workload	on existing staff,
res, please provide details. Illeida	e attachment ii needed.		
	Current FY	Current FY + 1	Current FY + 2
Number of Employees			
ersonnel Costs (in dollars)			
ringe Benefit Cost			
Other Costs (Equipment, etc)			
otal Cost			
Requested by:			Date: 07/05/2024