Resolution # 8-\

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 Family Case Management	program in the amount of
approximately \$699,600.00; and	
WHEREAS, this grant will allow Public Health	to provide
case management services for pregnant mothers and infa	
WHEREAS, as documented by the approval of th	
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	the Sangamon County Board, in session this
13th day of August , 2024 ,	approves the acceptance of the
Family Case Management	grant, which is detailed above, if the grant is
awarded to the County by Illinois Department of Horne The County Administrator is authorized to sign agreement for this grant.	
ATTEST:	
County Clerk	Chairman, Sangamon County Board
Approved by the Public Health	Committee July 10, 2024
	Jan John Chairman
Approved by the Finance Committee	23,2024
JUL 2 4 2024	, Chairman
Sangamon County Clerk	

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SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Health			
Grant Program Title: Family Case Mana	agement		
This request is for: a new grant x r	enewal or extension of an exi	sting grant	
Grantor: Illinois Department of Human	Services		
Brief description of the grant program and	d its benefits to Sangamon Co	ounty:	
Family Case Management (FCM) is a the health, social, educational, and de (0 -12 months) from low-income familie (FCM) aims to "assess current needs mothers, children, and for reducing informations of the control of	velopmental needs of pregn es in the communities of Illir within the State and provide	ant individuals, postpartum in nois (410 ILCS 212/15). Famil goals and objectives for impr	dividuals, and infants y Case Management
Anticipated Grant Revenue Amount:: \$6	699,600.00		
Are matching funds required?	′es ເ⊠ No	D) TECHETALE	3
If yes, please state the amount and the	source of matching funds: 与	2660	
		JUL 8 2024	
		A . 1 . O . 1	
If this grant is approved, will any new pers		Andy Golemar sangallgon county au	DITOR
Are there any <i>indirect</i> costs or <i>legal</i> requirequirements to continue specific program	ns after grant periods, etc.):	grant (i.e., increased workload o ☐ Yes 🗷 No	n existing staff,
If Yes, please provide details. Include a	ttachment if needed:		
		1	
	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:	(Department Head Signature)		Date: <u>07/05/2024</u>