Resolution # 51

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 wisnes to apply				
for and accept an a grant from Illinois Department of Human Services				
For the WIC Breastfeeding Peer Counselor Grant program in the amount of				
approximately \$59,376.00 ; and				
WHEREAS, this grant will allow Public Health to provide				
education and encouragement to support pregnant and breastfeeding women participating in WIC ; and				
WHEREAS, as documented by the approval of this resolution, Public Health Committee and the Finance Committee have approved the				
Public Health Department's request to apply for the				
WIC Breastfeeding Peer Counselor 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 the Sangamon County Board, in session this				
oth day of July , 2024 , approves the acceptance of the				
WIC Breastfeeding Peer Counselor grant, which is detailed above, if the grant is				
warded to the County by Illinois Department of Human Services The County Administrator is authorized to sign required grant documents to execute the agreement for this grant. ATTEST:				
County Clerk Chairman, Sangamon County Board				
Approved by the Public Health Committee June 12, 2024				
Chairman, Chairman				
Approved by the Finance Committee Juny 23, 2027				
JUN 2 6 2024 , Chairman				
Don / Shaw				

SANGAMON COUNTY - GRANT APPROVAL FORM

52

Requesting Department: Public Hea	lth			
Grant Program Title: WIC Breastfeed	ling Peer Counselor Gant			
This request is for: a new grant renewal or extension of an existing grant				
Grantor: Illinois Department of Hum	an Services			
Brief description of the grant program and its benefits to Sangamon County:				
The WIC Breastfeeding Peer Countrates, reduce infant mortality, improincidence of obesity in childhood ar encouragement and support to precent	ve long term health benefits on Indicater life. The program prov	of women, infants and childre ides specialized breastfeedir	en, and to reduce the	
Anticipated Grant Revenue Amount::	\$59,376.00			
Are matching funds required?	Yes 🗷 No	_		
If yes, please state the amount and t	he source of matching funds:			
Are there any <i>indirect</i> costs or <i>legal</i> re requirements to continue specific prog	grams after grant periods, etc.):	grant (i.e., increased workload ☐ Yes 🗷 No	d 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:	(Department Head Signature)		Date: <u>05/22/2024</u>	

N 5000

MAY 2 4 2024

Andy Golernan SANGAMON COUNTY AUDITOR