## 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	Human Services
for the WIC Supplemental Grant	program in the amount of
approximately \$674,016.00; and	
WHEREAS, this grant will allow Public Health	to provide
benefits for participants to recieve nutrition education and	supplemental foods ; 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
WIC Supplemental	grant and the committees recommend that the
County Board approve the acceptanc	ee of this grant, if awarded by
Illinois Department of Human Services	•
NOW, THEREFORE, BE IT RESOLVED that	the Sangamon County Board, in session this
9th day of <u>July</u> , <u>2024</u>	, approves the acceptance of the
WIC Supplemental	grant, which is detailed above, if the grant is
awarded to the County by Illinois Department of H	Human Services
The County Administrator is authorized to si	gn required grant documents to execute the
agreement for this grant.	
ATTEST:	
ATTEST.	
County Clerk	Chairman, Sangamon County Board
Approved by the Public Health	Committee Juve 12 , vory
	, Chairman
approved by the Finance Committee Juve	25 2024
ppoved by the figure committee	
JUN 2 6 2024	Y Jun II Chairman
O I H.	, Chairman
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## **SANGAMON COUNTY - GRANT APPROVAL FORM**

6-2

Requesting Department: Public Health			
Grant Program Title: WIC Supplementa	al Grant		
This request is for: $\square$ a new grant $\square$	renewal or extension of an e	xisting grant	
Grantor: Illinois Department of Human			
Brief description of the grant program an	d its benefits to Sangamon (	County:	
The Illinois WIC program will focus on to those most in need; and to achieve receive nutrition education and couns health services based on assessment	breastfeeding goals for im eling (including breastfeed	proved health of mothers and b	pabies. All participants
<u> </u>	674,016.00	_	
Are matching funds required:	Yes 🗷 No		
If yes, please state the amount and the	source of matching funds		
If this grant is approved, will any new per If Yes, please indicate the number and Are there any indirect costs or legal requirements to continue specific progra If Yes, please provide details. Include a	irements associated with thi ms after grant periods, etc.):	s grant (i.e., increased workload c ☐ Yes 🗷 No	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>

2660 MAY 2 4 2024

Andy Goleman sangamon county auditor