Resolution # 14-1

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 Illlinois Department of Human Services	
for the Early Intervention Grant program	m in the amount of
approximately \$1,123,762.00 ; and	
WHEREAS, this grant will allow Public Health	to provide
evaluation and assessment for infants and toddlers birth to three who have developmental d	
	<u> </u>
WHEREAS, as documented by the approval of this resolution, Public Health	
	approved the
Public Health Department's request to	
Early Intervention grant and the committees re County Board approve the acceptance of this grant, if	
	awarded by
Illlinois Department of Human Services .	
NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Boar	
14th day of May, 2024, approves the accep	
Early Intervention grant, which is detailed abo	ve, if the grant is
awarded to the County by Illinois Department of Human Services	•
The County Administrator is authorized to sign required grant document	s to execute the
agreement for this grant.	
ATTEST:	
County Clerk Chairman, Sangamon C	County Board
County Clerk Chairman, Sangamon C	Jounty Board
Approved by the Public Health Committee	3 2024
Approved by the I ability realist	
(fine of the same	Chairman
Ja Agrie	, Chairman
Approved by the France Committee May M, 2024	
MAY 0 9 2024	, Chairman

SANGAMON COUNTY - GRANT APPROVAL FORM

Requested by:	(Begattment Head Signature)		Date: 05/02/2024
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. Inc	lude attachment if needed:		
Are there any indirect costs or lega l requirements to continue specific p	requirements associated with this rograms after grant periods, etc.):	grant (i.e., increased workload Yes No	on existing stan,
If Yes, please indicate the numbe	r and cost of personnel:		
If this grant is approved, will any ne	•	x No	
If yes, please state the amount ar			
Are matching funds required?	Yes × No		
Anticipated Grant Revenue Amoun	t:: \$1,123,762.00		
delay in development in one or r	more of the five developmental do	omains, or who are at risk of	developmental delays.
The Early Intervention Program	is a statewide program for the evision of services for those who have	valuation and assessment of ave a qualifying disability or	finfants and toddlers ages diagnosis, a 30 percent
Brief description of the grant progr	ram and its benefits to Sangamon C	ounty:	
Grantor: Illinois Department of H	luman Services		
	t 🛛 renewal or extension of an ex	isting grant	
Grant Program Title: Early Interve			
Requesting Department: Public H	-lealth		