

Resolution # 15-1

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 Illinois Department of Human Services for the State Opioid Response Grant program in the amount of approximately \$675,000.00; and

WHEREAS, this grant will allow Public Health to provide education about opioid abuse and to distribute naloxone to prevent opioid deaths; 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 State Opioid Response 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 14th day of May, 2024, approves the acceptance of the State Opioid Response grant, which is detailed above, if the grant is awarded 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 May 8, 2024

[Signature], Chairman

Approved by the Finance Committee

May 14, 2024

, Chairman

FILED

MAY 09 2024

[Signature]
Sangamon County Clerk

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Health

Grant Program Title: State Opioid Response Grant

This request is for: a new grant renewal or extension of an existing grant

Grantor: Illinois Department of Human Services

Brief description of the grant program and its benefits to Sangamon County:

The goal of this grant is to reduce the number of opioid-related deaths by implementing strategies designed to prevent them. The sub-recipients shall be responsible for delivering a quality program for a variety of target populations including non-traditional and traditional first responders, purchasing and distributing FDA-approved naloxone, coordinating and conducting outreach and educational activities, and complying with the required data collection and reporting expectations.

Anticipated Grant Revenue Amount: \$675,000.00

Are matching funds required? Yes No

If yes, please state the amount and the source of matching funds:

[Empty box for matching funds details]

If this grant is approved, will any new personnel be hired: Yes No

If Yes, please indicate the number and cost of personnel:

[Empty box for personnel details]

Are there any *indirect* costs or *legal* requirements associated with this grant (i.e., increased workload on existing staff, requirements to continue specific programs after grant periods, etc.): Yes No

If Yes, please provide details. Include attachment if needed:

[Empty box for indirect/legal requirements details]

	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: [Signature] Date: 05/02/2024
(Department Head Signature)