Resolution #		
--------------	--	--

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	Public Health
for the Comprehensive Local Health Protection Grant - N	Menard program in the amount of
approximately \$106,706.00; and	
WHEREAS, this grant will allow Public Health	to provide
various health protection services to Menard County resid	
-	
WHEREAS, as documented by the approval of the	
Committee and the Finance	Committee have approved the
Public Health	Department's request to apply for the
County Poord approve the acceptance	grant and the committees recommend that the e of this grant, if awarded by
County Board approve the acceptance	te of this grant, if awarded by
Illinois Department of Public Health	·
NOW, THEREFORE, BE IT RESOLVED that	the Sangamon County Board, in session this
10th day of <u>September</u> , 2024	, approves the acceptance of the
Comprehensive Local Health Protection	grant, which is detailed above, if the grant is
awarded to the County by Illinois Department of F	
The County Administrator is authorized to si	gn required grant documents to execute the
agreement for this grant.	
ATTEST:	
TITLUT.	
County Clerk	Chairman, Sangamon County Board
Amount of leastle Dublic Health	Committee As & 11/2 the sec 2071
Approved by the Public Health	Committee August # nc , 2024
	My Chairman
Approved by the Finance Committee	<u></u>
RILE	
	, Chairman
AUG 3 0 2024	, Smanman
Don / Thay	
Non 1 viny	

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: PublicHea	alth		
Grant Program Title: Comprehensiv	ve Local Health Protection Grant	- Menard	
This request is for: a new grant	renewal or extension of an exis	sting grant	
Grantor: Illinois Department of Pul	olic Health		
Brief description of the grant program	m and its benefits to Sangamon Co	unty:	
Local Health Protection Grant (LH maintained at the community leve sewage disposal. In addition, this Prevention; Lead Poisoning Prevention Perinatal Hepatitis B Prevention	I for infectious diseases, food progrant provides funding for Opioi	otection, safety of potable wa d Overdose Prevention; Tub	ater supply and private erculosis (TB)
Anticipated Grant Revenue Amount::	\$106,706.00		
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 If Yes, please indicate the number a Are there any indirect costs or legal requirements to continue specific pro If Yes, please provide details. Inclu	requirements associated with this gograms after grant periods, etc.):	x No rant (i.e., increased workload	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>08/12/2024</u>