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 - Sangamon program in the amount of
approximately \$419,931.00; and
WHEREAS, this grant will allow Public Health to provide
various health protection services to Sangamon County residents ; 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
Comprehensive Local Health Protection grant and the committees recommend that the
County Board approve the acceptance of this grant, if awarded by
Ilinois Department of Public Health .
NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this
10th day of <u>September</u> , <u>2024</u> , 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 Public Health
The County Administrator is authorized to sign required grant documents to execute the
agreement for this grant.
ATTEST:
County Clark Chairman County Doord
County Clerk Chairman, Sangamon County Board
Approved by the Public Health Committee August # 22
pproved by the <u>resident states</u> ,,
Chairman, Chairman
Approved by the finance Committee,
AUG 3 0 2024 , Chairman
Don / Thay
Sangamon County Clerk

SANGAMON COUNTY - GRANT APPROVAL FORM

Requested by:			Date: <u>08/12/2024</u>
Total Cost			
Other Costs (Equipment, etc)			
Fringe Benefit Cost			
Personnel Costs (in dollars)			
Number of Employees			
L	Current FY	Current FY + 1	Current FY + 2
If Yes, please provide details. Include	attachment if needed:		
Are there any <i>indirect</i> costs or <i>legal</i> requirements to continue specific progr		grant (i.e., increased workload c	on existing staff,
If this grant is approved, will any new per lf Yes, please indicate the number and		⋉ No	
If yes, please state the amount and th	e source of matching funds:		
Are matching funds required?	Yes 🗷 No		
Anticipated Grant Revenue Amount::	\$419,931.00		
sewage disposal. In addition, this gr Prevention; Safe Drinking Water Insp Surveillance and Control; Pre-Expos	pections; Lead Poisoning Pre	vention and Response; Tick S	Surveillance; Vector
Local Health Protection Grant (LHPC maintained at the community level of the source disposal. In addition, this section is a section of the source of the section of the se	r infectious diseases, food pr	otection, safety of potable wa	ter supply and private
Brief description of the grant program a		ounty:	
Grantor: Illinois Department of Public	•	g g	
Grant Program Title: Comprehensive This request is for: a new grant x			
Requesting Department: PublicHealth		1. 0	
a			