Resolution # [○ ←\	Resolution	#	10	ا	\
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WHEREAS, County policies and procedures require 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 also require that the acceptance of grants of \$30,000 or more must be approved by the full County Board; and

WHEREAS, the <u>Sangamon County Department of Public Health</u> wishes to apply for and accept a grant from the <u>Illinois Department of Public Health</u> for the <u>Illinois WiseWoman Program</u> in the amount of <u>\$62,765.00</u>; and

WHEREAS, the Finance Committee has approved the request of the <u>Sangamon County Department of Public Health</u> to apply for the grant from the <u>Illinois Department of Public Health</u>; and the Committee is now submitting this resolution to the Board for its approval for the County to accept this award.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 5^{th} day of February, 2019, authorizes the County Board Chairman to accept this grant detailed above, and to sign required grant documents to accept the grant agreement.

Approved by the Finance Committee February 5, 2019

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, Chairman	, Member
, Member	Nember 2660
, Member JAN 3 (JAN 2 9 2019
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SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Hea	alth		
Grant Program Title: Illinois WiseWe	oman Program	Management 4-4	
This request is for: 🔲 a new grant	renewal or extension of an ex	kisting grant	
Grantor: Illinois Department of Pub	lic Health		
Brief description of the grant prograr	n and its benefits to Sangamon C	County:	
Overall goal of this grant is to import pressure and cholesterol screening coaching, and as appropriate, through participants (women who are 40 to in Sangamon County.	gs and lowering the risk for hea ough referral to a lifestyle progr	art disease through risk redu am for eligible Illinois Breast	ction counseling, health and Cervical Cancer
Anticipated Grant Revenue Amount::	\$62,765.00		
Are matching funds required?	Yes 🗷 No		
If yes, please state the amount and	the source of matching funds:		
Are there any <i>indirect</i> costs or <i>legal</i> requirements to continue specific proof of the	ograms after grant periods, etc.):	s grant (i.e., increased workload ☐ Yes ☑ No	d 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:	D'Deule (Department Head Signature)		Date:

RECEIVED

2660

JAN 2 9 2019

Andy Goleman SANGAMON COUNTY AUDITOR