## Resolution # 10 - 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 F                 | Public Health  |
| for the Covid-19 Crisis Grant 22-23 - Menard                            | program in the amount of                                 |
| approximately \$62,515.00; and  |  |
| WHEREAS, this grant will allow Public Health                            | to provide   |
| expanded public health workforce to support Covid-19 prev               |  |
|   |  |
| WHEREAS, as documented by the approval of thi Committee and the Finance | s resolution, Public Health  Committee have approved the |
| Dublic Health   | Department's request to apply for the                    |
|   | grant and the committees recommend that the              |
| County Board approve the acceptance                                     |  |
| Illinois Department of Public Health                                    | ·  |
| NOW, THEREFORE, BE IT RESOLVED that                                     | the Sangamon County Board, in session this               |
| 8th day of March, 2022,   | •  |
| Covid-19 Crisis Grant 22-23 - Menard                                    |  |
| awarded to the County by Illinois Department of P                       |  |
| The County Administrator is authorized to sig                           |  |
| agreement for this grant.   |  |
| ATTEST:   | A. Sum Hute  |
| ATTEST: Om Shay   | SMIN DUNAR   |
| County Clerk  | Chairman, Sangamon County Board                          |
| Approved by the Public Health   | Committee March 3, 2022                                  |
|   |  |
|   | That Smith, Chairman                                     |
| Approved by the Finance Committee 3/8                                   | 2022   |
| Approved by the Finance Committee3/8_<br>MAR 0 4 2022                   | 1/1/   |
|   |  |
| Non May   | Madyl, Chairman  |
| Sangamon County Clerk   |  |

## 10-2

## SANGAMON COUNTY - GRANT APPROVAL FORM

| Requested by:  | (Department Head Signature)      |   | Date: <u>02/27/2022</u>                |
|--|----------------------------------|---|--|
| Requested by:  | 9/2-1                            |   | •                                      |
| Total Cost   | \$72,896.00                      |   |  |
| Other Costs (Equipment, etc)   |                                  |   |  |
| Fringe Benefit Cost  | \$18,496.00                      |   |  |
| Personnel Costs (in dollars)   | \$54,400.00                      |   |  |
| Number of Employees  | 1                                |   |  |
|  | Current FY                       | Current FY + 1                            | Current FY + 2                         |
|  |                                  |   |  |
| If Yes, please provide details. Include a  | ttachment if needed:             |   |  |
| Are there any <b>indirect</b> costs or <b>legal</b> requirequirements to continue specific program |                                  | rant (i.e., increased workload<br>Yes  No | on existing staff,                     |
| Truit time TV.IV. Stan at a Salary of \$54,400   | plus approximately 54 % ming     | ge belients (total salary and in          | ige (#72,650.55).                      |
| 1 full time R.N. staff at a salary of \$54,400   |                                  | ne henefits (total salary and frin        | nge (\$72,896,00)                      |
| If this grant is approved, will any new pers<br>If Yes, please indicate the number and             |                                  | No  |  |
|  |                                  |   |  |
|  |                                  |   |  |
| If yes, please state the amount and the  | source of matching funds:        |   |  |
| ·  | res 🗷 No                         |   |  |
| Anticipated Grant Revenue Amount:: \$  | 62,515.00                        |   |  |
|  |                                  |   |  |
| jurisdictional COVID-19 prevention, pr   | eparedness, response, and r      | ecovery initiatives.                      |  |
| The COVID-19 Crisis 22-23 Grant Propandemic. Grant funds will be used to                           |                                  |   |  |
| Brief description of the grant program an  | d its benefits to Sangamon Cou   | ınty:                                     | ······································ |
| Grantor: Illinois Department of Public I   |                                  |   |  |
| This request is for: 🕱 a new grant 🔲 r   | renewal or extension of an exist | ting grant                                |  |
| Grant Program Title: Covid-19 Crisis G   | rant 22-23 - Menard              |   |  |
| Requesting Department: Public Health   |                                  |   |  |
|  |                                  |   |  |