Resolut	ion#	 1-1	

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 P	ublic Health
for the COVID-19 Crisis Grant - Menard	program in the amount of
approximately \$34,854.00 ; and	
WHEREAS, this grant will allow Public Health	to provide
various capacity and support services for the COVID-19 par	ndemic ; and
WHEREAS, as documented by the approval of this	resolution, Public Health
Committee and the Finance C	Committee have approved the
Public Health	Department's request to apply for the
COVID-19 Crisis Grant - Menard g	rant and the committees recommend that the
County Board approve the acceptance	of this grant, if awarded by
Illinois Department of Public Health	<u> </u>
NOW, THEREFORE, BE IT RESOLVED that t	he Sangamon County Board, in session this
14th day of July , 2020 ,	approves the acceptance of the
COVID-19 Crisis Grant - Menard	rant, which is detailed above, if the grant is
awarded to the County by Illinois Department of Pu	blic Health
The County Administrator is authorized to sign	n required grant documents to execute the
agreement for this grant.	
	r.
ATTEST:	
County Clerk	Chairman, Sangamon County Board

FILED

JUN 2 5 2020

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COVID-19 Crisis Grant - Menard Grant

	Approved by the Public Health	Committee
01	<u>June 18</u> ,	2020
Je.	, Chairman	, Member
(m)	, Member	, Member
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***************************************	, Member	, Member
	Approved by the Finance Comm	nittee
	June 23 , 20	20
018	, Chairman	, Member
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_____, Member

SANGAMON COUNTY - GRANT APPROVAL FORM

This grant will help, among other things, build capacity to insure proper responder safety and health; build capacity for information managemer jurisdictional recovery for community; provide clear consistent messagi and avoidance of large congregate settings; distribute PPE; insure quara assistance for surge management. Anticipated Grant Revenue Amount:: \$34,854.00 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 personnel be hired: Yes If Yes, please indicate the number and cost of personnel: Are there any indirect costs or legal requirements associated with this grequirements to continue specific programs after grant periods, etc.): If Yes, please provide details. Include attachment if needed: Current FY Number of Employees Personnel Costs (in dollars) Fringe Benefit Cost Other Costs (Equipment, etc)		Date: 6/16/20
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mantor. Infinits Department of Fubric Health	ity:	
Frantar: Illinois Donartment of Bublic Health		
his request is for: 🕱 a new grant 📋 renewal or extension of an exist	ng grant	
Grant Program Title: COVID-19 Crisis Grant - Menard		

See See

JUN 16 2020

Andy Goleman SANGAMON COUNTY AUDITOR