

Resolution # 12-1

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 Public Health for the COVID-19 Vaccination Grant #2- Menard program in the amount of approximately 100,000.00; and

WHEREAS, this grant will allow Public Health to provide Covid-19, flu and monkeypox vaccines to the community; 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 Covid-19 Vaccination Grant #2- Menard grant and the committees recommend that the County Board approve the acceptance of this grant, if awarded by Illinois Department of Public Health.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 14th day of February, 2023, approves the acceptance of the Covid-19 Vaccination Grant #2- Menard grant, which is detailed above, if the grant is awarded to the County by Illinois Department of Public Health.

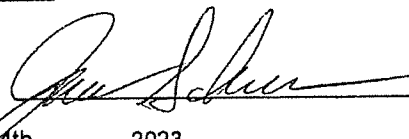
The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.

ATTEST:

County Clerk

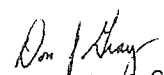
Chairman, Sangamon County Board

Approved by the Public Health Committee February 8th, 2023

Approved by the Finance Committee February 14th, 2023
 Chairman

FILED

FEB 09 2023


Sangamon County Clerk

_____, Chairman

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Health

Grant Program Title: COVID-19 Mass Vaccination Grant #2 - Menard

This request is for: a new grant renewal or extension of an existing grant

Grantor: Illinois Department of Public Health

Brief description of the grant program and its benefits to Sangamon County:

Funds are being supplied again to help offset costs to the Local Health Departments for administering COVID-19, influenza, and monkeypox vaccines.

Anticipated Grant Revenue Amount: \$100,000.00

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 No

If Yes, please indicate the number and cost of personnel:

We have utilized a group of part time nurses who have assisted us with administration of these vaccines.

Are there any *indirect* costs or *legal* requirements associated with this grant (i.e., increased workload on existing staff, requirements to continue specific programs after grant periods, etc.): Yes No

If Yes, please provide details. Include attachment if needed:

	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: *Pat McNeil*
(Department Head Signature)

Date: 1/21/23