Resolution # 13-1

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 I	Public Health
for the Covid-19 Response Grant - Sangamon	program in the amount of
approximately \$575,000.00; and	
WHEREAS, this grant will allow Public Health	to provide
financial relief and support for health departments respond	ing to the Covid-19 pandemic ; and
WHEREAS, as documented by the approval of thi	s resolution. Public Health
• • • • • • • • • • • • • • • • • • • •	Committee have approved the
Public Health	Department's request to apply for the
Covid-19 Response Grant - Sangamon	grant and the committees recommend that the
County Board approve the acceptance	e of this grant, if awarded by
Illinois Department of Public Health	· ·
NOW, THEREFORE, BE IT RESOLVED that	the Sangamon County Board, in session this
8th day of <u>March</u> , <u>2022</u> ,	approves the acceptance of the
Covid-19 Response Grant - Sangamon	grant, which is detailed above, if the grant is
awarded to the County by Illinois Department of P	ublic Health .
The County Administrator is authorized to sig	n required grant documents to execute the
agreement for this grant.	
ATTEST: Jon J. May	Of Yun Hute
County Clerk	Chairman, Sangamon County Board
Approved by the Public Health	Committee March 3, 2022
	Chairman, Chairman
Approved by the Finance Committee3/8	, 2022m
MAR 0 4 2022	
Sangamon County Clerk	Chairman, Chairman
genton Godaty Glota	

13-2

SANGAMON COUNTY - GRANT APPROVAL FORM

irant Program Title: <u>Covid-19 Res</u>	ealth sponse Grant - Sangamon		
his request is for: 🗷 a new grant	renewal or extension of an ex	kisting grant	
rantor: Illinois Department of Pu			
ief description of the grant progra	m and its benefits to Sangamon C	ounty:	
The COVID-19 Response Grant pandemic. Grant funds will help or relieve some financial burden from COVID-19 pandemic. Funds may racing), infection control, mitigation.	defray costs associated with the om local health departments alre be used for the continuance of	administration of COVID-19 re eady strained financially from r surveillance, epidemiologic in	esponse efforts as well as esponding to the vestigation (contact
nticipated Grant Revenue Amount	:: \$575,000.00	_	
re matching funds required?	Yes 🗷 No		
yes, please state the amount and	d the source of matching funds:		
*	v personnel be hired: Yes and cost of personnel:	S No	
Yes, please indicate the number e there any indirect costs or legal quirements to continue specific pr	requirements associated with this ograms after grant periods, etc.):		on existing staff,
Yes, please indicate the number e there any indirect costs or legal quirements to continue specific pr	requirements associated with this ograms after grant periods, etc.):	grant (i.e., increased workload o	on existing staff, Current FY + 2
Yes, please indicate the number e there any indirect costs or legal quirements to continue specific progress, please provide details. Incli	requirements associated with this ograms after grant periods, etc.):	grant (i.e., increased workload o	
Yes, please indicate the number e there any indirect costs or legal quirements to continue specific pr Yes, please provide details. Incl	requirements associated with this ograms after grant periods, etc.):	grant (i.e., increased workload o	
Yes, please indicate the number e there any indirect costs or legal quirements to continue specific pr Yes, please provide details. Inclumber of Employees rsonnel Costs (in dollars)	requirements associated with this ograms after grant periods, etc.):	grant (i.e., increased workload o	
Yes, please indicate the number re there any indirect costs or legal quirements to continue specific pr Yes, please provide details. Incl umber of Employees ersonnel Costs (in dollars) inge Benefit Cost	requirements associated with this ograms after grant periods, etc.):	grant (i.e., increased workload o	
Yes, please indicate the number re there any indirect costs or legal equirements to continue specific process. Yes, please provide details. Including the serious continue specific process. Including the serious ser	requirements associated with this ograms after grant periods, etc.):	grant (i.e., increased workload o	