

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 also require that the acceptance of grants of \$30,000 or more must be approved by the full County Board; and

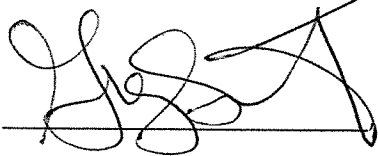
WHEREAS, the Sangamon County Department of Public Health wishes to apply for and accept a grant from the Illinois Department of Public Health for the Genetics Grant in the amount of \$42,000.00; and

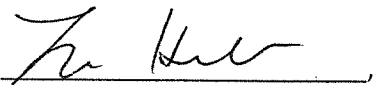
WHEREAS, this grant will allow Sangamon County Department of Public Health to provide genetic services to families who have children or family members with heritable conditions; and

WHEREAS, as documented by the approval of this resolution, the Public Health, Solid Waste and Zoning Committee and the Finance Committee have approved the request of the Sangamon County Department of Public Health to apply for the grant from the Illinois Department of Public Health; and the Committees recommend that the County Board approve acceptance of this grant, if awarded by the Illinois Department of Public Health.

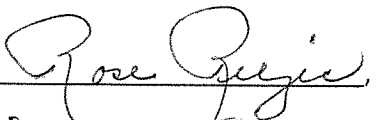
NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 14th day of May, 2019, approves the acceptance of the Genetics Grant, which is detailed above, if the grant is awarded to the County by the Illinois Department of Public Health. The County Administrator is authorized to sign required grant documents to execute the agreement of for this grant.

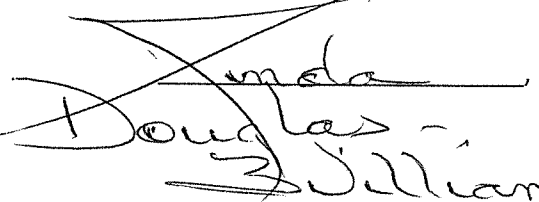
Approved by the Public Health, Solid Waste and Zoning Committee  
April 18, 2019

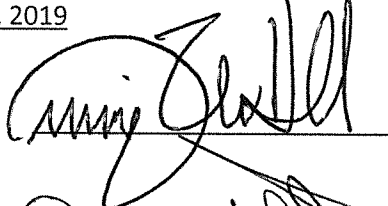
  
Chairman


  
Member

  
Member

  
Member

  
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Member

  
Member

  
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Member

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2660  
APR 12 2019

FILED

APR 24 2019

  
Sangamon County Clerk

Andy Goleman  
SANGAMON COUNTY AUDITOR

Alie Gorryth, Member

\_\_\_\_\_, Member

\_\_\_\_\_, Member

Approved by the Finance Committee

April 23, 2019

[Signature], Chairman

Linda D. Sulgenzi, Member

[Signature], Member

[Signature], Member

[Signature], Member

[Signature], Member

Cathy Scube, Member

[Signature], Member

Lou Williams, Member

\_\_\_\_\_, Member

[Signature], Member

\_\_\_\_\_, Member

\_\_\_\_\_, Member

# SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Health

Grant Program Title: Genetics Grant

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:

Illinois Department of Public Health (DPH) will provide funding to local health departments who increase the availability of genetic services statewide to Illinois families who have children or family members with heritable conditions. Local health departments will screen clients, using the IDPH Family Health History Questionnaire (FHHQ), to identify at-risk clients and provide necessary education and follow-up services for clients with a positive family health history, including those families affected by chronic diseases, disorders included in newborn screening and sudden infant death. Education and information about genetic disorders will be provided to consumers and professionals in the local community.

Anticipated Grant Revenue Amount: \$42,000.00

Are matching funds required?  Yes  No

If yes, please state the amount and the source of matching funds:

[Empty box for matching funds details]

If this grant is approved, will any new personnel be hired:  Yes  No

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

[Empty box for personnel details]

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:

[Empty box for indirect/legal requirements details]

	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: *Dave D'Neve* (Department Head Signature) Date: 3/29/19



APR 12 2019

Andy Goleman  
SANGAMON COUNTY AUDITOR