Resolution # 15-1

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 H	łuman Services
for the Family Case Management	program in the amount of
approximately \$699,600.00; and	
WHEREAS, this grant will allow Public Health	to provide
case management services for pregnant mothers and infan	ts ; and
WHEREAS, as documented by the approval of this Committee and the Finance Outlie Public Health	s resolution, Public Health Committee have approved the Department's request to apply for the
	grant and the committees recommend that the
County Board approve the acceptance Illinois Department of Human Services	
NOW, THEREFORE, BE IT RESOLVED that to 13th day of June , 2023 , Family Case Management grawarded to the County by Illinois Department of Hu. The County Administrator is authorized to sign agreement for this grant. ATTEST:	approves the acceptance of the grant, which is detailed above, if the grant is uman Services
County Clerk	Chairman, Sangamon County Board
Approved by the Public Health	Committee May 10, 2023 Au John May 10, Chairman
Appropried by the Intance Committee	Chairman, Chairman

15-2

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Hea	alth		
Grant Program Title: Family Case M			
This request is for: 🔲 a new grant [renewal or extension of an exi	sting grant	
Grantor: Illinois Department of Hum			
Brief description of the grant program			
Family Case Management (FCM) in the health, social, educational, and (0 -12 months) from low-income fart (FCM) aims to "assess current need mothers, children, and for reducing	developmental needs of pregn milies in the communities of Illir ds within the State and provide	ant individuals, postpartum nois (410 ILCS 212/15). Fan goals and objectives for im	individuals, and infants nily Case Management
Anticipated Grant Revenue Amount::	\$699,600.00		
Are matching funds required?	Yes 🗷 No		
f yes, please state the amount and	the source of matching funds:		
f this grant is approved, will any new f Yes, please indicate the number a		x No	
Are there any indirect costs or legal re equirements to continue specific pro-	grams after grant periods, etc.):	grant (i.e., increased workload	on existing staff,
f Yes, please provide details. Includ	de attachment if needed:		
	Current FY	Current FY + 1	Current FY + 2
Number of Employees			
Personnel Costs (in dollars)			
ringe Benefit Cost			
Other Costs (Equipment, etc)			
otal Cost			
Requested by:	(Départment Head Signature)		Date: 4/27/23