

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 Human Services for the WIC Breastfeeding Peer Counselor Grant in the amount of \$39,500.00; and

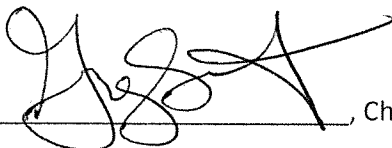
WHEREAS, this grant will allow Sangamon County Department of Public Health to uphold the programs mission to improve breastfeeding initiation and duration rates, reduce infant mortality, improve long term health benefits of women, infants and children, and to reduce the incidence of obesity in childhood and later life. The program provides specialized breastfeeding education, encouragement and support to pregnant and breastfeeding women; and

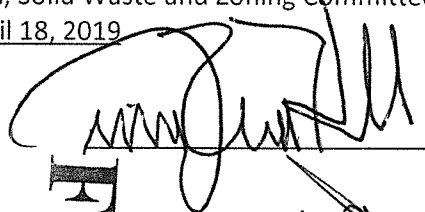
WHEREAS, as documented by the approval of this resolution, the Public Health, Solid Waste and Zoning Committee and the Finance Committee have approved the request of the Sangamon County Department of Public Health to apply for the WIC Breastfeeding Peer Counselor Grant from the Illinois Department of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

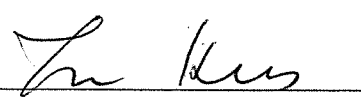
NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 14th day of May, 2019, approves the acceptance of the WIC Breastfeeding Peer Counselor Grant, which is detailed above, if the grant is awarded to the County by the Illinois Department of Human Services. The County Administrator 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

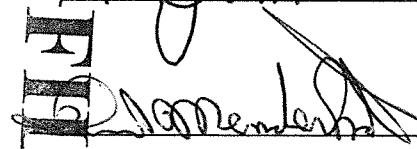

April 18, 2019

 Chairman

 Member

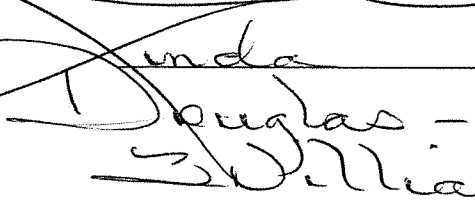
 Member
Donna Douglas

APR 24 2019

 Member
 Member

 Member

 Member

 Member
William

FILED

RECEIVED
2660

APR 12 2019

Andy Goleman
SANGAMON COUNTY AUDITOR

che Fransych, Member

_____, Member

_____, Member

_____, Member

_____, Member

Approved by the Finance Committee
April 23, 2019

[Signature], Chairman

Brenda H. Genzi, Member

[Signature], Member

[Signature], Member

[Signature], Member

[Signature], Member

Cathy Scuffe, Member

[Signature], Member

Lou Williams, Member

_____, Member

[Signature], Member

_____, Member

_____, Member

153

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Health

Grant Program Title: WIC Breastfeeding Peer Counselor Program

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

Grantor: Illinois Department of Human Services

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

The objective of the WIC Breastfeeding Peer Counselor Program (BFPC) is to improve breastfeeding initiation and duration rates, reduce infant mortality, improve long term health benefits of women, infants and children, and to reduce the incidence of obesity in childhood and later life. The program provides specialized breastfeeding education, encouragement and support to pregnant and breastfeeding women.

Anticipated Grant Revenue Amount: \$39,500.00

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:

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:



(Department Head Signature)

Date: 04/08/2019

RECEIVED
2660

APR 12 2019

Andy Goleman
SANGAMON COUNTY AUDITOR