## 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 Start Early (a contractor	to DHS Healthy Families Illinois division)
for the Healthy Families Illinois	program in the amount of
approximately \$412,000.00; and	
WHEREAS, this grant will allow Public Health	to provide
case management services to eligible first and second time	*
WHEREAS, as documented by the approval of this Committee and the Finance C	Committee have approved the
Public Health	Department's request to apply for the
	rant and the committees recommend that the
County Board approve the acceptance	of this grant, if awarded by
Start Early (a contractor to DHS Healthy Families Illinois divi	sion)
NOW, THEREFORE, BE IT RESOLVED that the	ne Sangamon County Board, in session this
12th day of July , 2022 ,	approves the acceptance of the
-	rant, which is detailed above, if the grant is
awarded to the County by Start Early (a contractor the County Administrator is authorized to signagreement for this grant.	
ATTEST:	
County Clerk	Chairman, Sangamon County Board
Approved by the Public Health	Committee July 7, 2022
	Chairman
Approved by the Finance Committee	
JUL 0 8 2022	
Sangamon County Clerk	, Chairman

## 15-2

## **SANGAMON COUNTY - GRANT APPROVAL FORM**

Requesting Department: Public He	ealth		
Grant Program Title: Start Early (H	lealthy Families Illinois)		
This request is for:   a new grant	renewal or extension of an exi	sting grant	
Grantor: Start Early (contractor th			
Brief description of the grant progra	m and its benefits to Sangamon Co	ounty:	
Healthy Families is a voluntary, for second time parents. Eligible parents by the time, their child is 3 more	ents may enroll and begin receiv		
Anticipated Grant Revenue Amount			
Are matching funds required?	x Yes No		
f yes, please state the amount and	d the source of matching funds:		
\$41,200.00 - source will be direct and	d indirect administrative costs		
f this grant is approved, will any new <b>f Yes, please indicate the number</b> Are there any <b>indirect</b> costs or <b>legal</b> requirements to continue specific pr	and cost of personnel: requirements associated with this	✓ No  grant (i.e., increased workload  ✓ Yes  ✓ No	on existing staff,
f Yes, please provide details. Incl	ude attachment if needed:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Current FY	Current FY + 1	Current FY + 2
			1
lumbar at Employees	1		113
Personnel Costs (in dollars)			
Personnel Costs (in dollars)			
Number of Employees Personnel Costs (in dollars) Fringe Benefit Cost Other Costs (Equipment, etc) Fotal Cost			