

Resolution # 16-1

WHEREAS, County policies and procedures require 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 Illinois Tobacco-Free Communities Grant in the amount of \$50,000.00; and

WHEREAS, the Finance Committee has 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 Committee is now submitting this resolution to the Board for its approval for the County to accept this award.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 8th day of January, 2019, authorizes the County Board Chairman to accept this grant detailed above, and to sign required grant documents to accept the grant agreement.

Approved by the Finance Committee
January 8, 2019

_____ , Chairman	_____ , Member
_____ , Member	_____ , Member
_____ , Member	_____ , Member
_____ , Member	_____ , Member
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JAN 2 2019

Don Hayes
Sangamon County Clerk

Andy Goloman

16-2

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Health

Grant Program Title: Illinois Tobacco-Free Communities

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:

This grant program is a tobacco prevention and control program implementing science-based, policy-focused strategies aligned with State and national goals and objectives to prevent tobacco use among youth, promote tobacco use cessation among adults and youth, eliminate exposure to secondhand smoke, enforce the Smoke-Free Illinois Act and local tobacco control ordinances, and identify and eliminate tobacco-related health disparities among specific population groups.

Anticipated Grant Revenue Amount: \$50,000.00

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 costs 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: *Maile O'Neil*
(Department Head Signature)

Date: 1-2-19

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Andy Goleman
SANGAMON COUNTY AUDITOR