Resolution # 17-1

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 \$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 Human Services	
for the WIC Breastfeeding Peer Counselor Grant program	in the amount of
approximately \$57,647.00; and	
WHEREAS, this grant will allow Public Health	to provide
breastfeeding education and support for at risk pregnant mothers in the WIC program	; and
WHEREAS, as documented by the approval of this resolution, Public Health Committee and the Finance Committee have approved as a second control of the committee and the committee approved as a second control of the committee and the committee approved as a second control of the committee and the committee approved as a second control of the committee and the committee approved as a second control of this resolution, Public Health	proved the
Public Health Department's request to	•
WIC Breastfeeding Peer Counselor grant and the committees reco	
County Board approve the acceptance of this grant, if	
Illinois Department of Human Services .	
day of June , 2023 , approves the accepta grant, which is detailed above awarded to the County by Illinois Department of Human Services The County Administrator is authorized to sign required grant documents agreement for this grant. ATTEST:	e, if the grant is
County Clerk Chairman, Sangamon Co	ounty Board
Approved by the Public Health Committee May 15	
Approved by the Finance Committee May 12, 2023	1
MAY 2 3 2023	, Chairman

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Hear Grant Program Title: WIC Breastfeed	ing Peer Counselor Grant		
This request is for: a new grant	renewal or extension of an ex	kisting grant	
Grantor: Illinois Department of Huma		7 4	
Brief description of the grant program			
The WIC Breastfeeding Peer Couns rates, reduce infant mortality, impro incidence of obesity in childhood an encouragement and support to preg	ve long term health benefits of d later life. The program prov	of women, infants and children rides specialized breastfeedin	n, and to reduce the
Anticipated Grant Revenue Amount::	\$57,647.00		
Are matching funds required?	Yes 🗷 No		
If yes, please state the amount and t	he source of matching funds:		
If this grant is approved, will any new part of the second	nd cost of personnel: quirements associated with this trams after grant periods, etc.):		on existing staff,
	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:	Quel (Department Head Signature)		Date: <u> </u>