Resolution # 18-1

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;

SANGAMON COUNTY - GRANT APPROVAL FORM

15-2

ther Costs (Equipment, etc) otal Cost			
ther Costs (Fauinment etc)			
inge Benefit Cost		[]]	
ersonnel Costs (in dollars)			L
umber of Employees			
	Current FY	Current FY + 1	Current FY + 2
Yes, please provide details. Includ			
re there any indirect costs or legal re		grant (i.e., increased workload c	on existing staff,
Yes, please indicate the number as	nd cost of personnel:		
this grant is approved, will any new p		x No	
yes, please state the amount and t	ne source or matching runus:		
re matching funds required?	_		
nticipated Grant Revenue Amount::	\$304,239.00 Yes 🗷 No		
The purpose of IBCCP is to provide cervical cancer and to reduce mortancludes rarely screened women, u such as American Indians, Alaskan with disabilities; and who live in har	ality from these cancers in all v ninsured or underinsured olde Natives, African-Americans, H	vomen, especially women in p r women who are racial, ethnid Hispanics, Asian/Pacific Island	oriority populations which cand cultural minorities,
rief description of the grant program	and its benefits to Sangamon Co	ounty:	
irantor: Illinois Department of Hum	an Services		
nis request is for: 🔲 a new grant 🛭	renewal or extension of an ex	isting grant	
rant Program Title: Illinois Breast &	Cervical Cancer Program		