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 <u>Sangamon County Department of Public Health</u> wishes to apply for and accept a grant from the <u>Illinois Department of Human Services</u> for the <u>Better Birth Outcomes Grant</u> in the amount of \$186,000.00; and

WHEREAS, this grant will allow Sangamon County Department of Public Health to provide intensive prenatal care management services to high risk pregnant women in defined geographic areas with higher than average Medicaid costs associated with poor birth outcomes and higher than average number of women delivering premature infants; and

WHEREAS, as documented by the approval of this resolution, the <u>Public Health</u>, <u>Solid Waste and Zoning</u> Committee and the Finance Committee have approved the request of the <u>Sangamon County Department of Public Health</u> to apply for the <u>Better Birth Outcomes Grant</u> from the <u>Illinois Department of Human Services</u>; and the Committees recommend that the County Board approve acceptance of this grant, if awarded by the <u>Illinois Department of Human Services</u>.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 11th day of June, 2019, approves the acceptance of the Better Birth Outcomes 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

May 16, 2019

MAY 29 2019

Member

Mengb

Chairman

Member

The Parsett, Member

Sore Jusie, Member

Andy Goleman SANGAMON COUNTY AUDITOR

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	Approved by the Fin <u>May 28,</u>		
Mill	Chairman	LouWillian	21 y lember
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Jose Jugie	_, Member		_, Member
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SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Healt	h		
Grant Program Title: Better Birth Outc	omes		
This request is for: a new grant x	renewal or extension of an ex	isting grant	
Grantor: Illinois Department of Huma	n Services		
Brief description of the grant program a	and its benefits to Sangamon Co	ounty:	
This grant will allow Sangamon Cou services to high risk pregnant wome with poor birth outcomes and higher	n in defined geographic areas	s with higher than average N	Medicaid costs associated
Anticipated Grant Revenue Amount::	\$186,000.00	-	FILE
Are matching funds required?] Yes 💌 No		MAY 2 9 2019
If yes, please state the amount and the	ne source of matching funds:		
			Sangamen Courty Charl
If this grant is approved, will any new p If Yes, please indicate the number an		K No	
Are there any <i>indirect</i> costs or <i>legal</i> recrequirements to continue specific prog	rams after grant periods, etc.):	grant (i.e., increased workload	d on existing staff,
If Yes, please provide details. Includ	e 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: Sail OL	lul (Department Head Signature)		Date: 5-8-19

DECISIVE D

MAY 1 0 2019

Andy Goleman SANGAMON COUNTY AUDITOR