

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 Sangamon County Department of Public Health wishes to apply for and accept a grant from the Illinois Department of Human Services for the Healthy Families Illinois Grant in the amount of \$223,300.00; and

WHEREAS, this grant will allow Sangamon County Department of Public Health to provide intensive home-visitation services to new and expectant families with identified risk factors for child maltreatment and whose income is less than or equal to 200% of the Federal Poverty level. Grantee will recruit parents prenatally or within two weeks of birth and provide home visits lasting at least sixty minutes during which they will provide strength based comprehensive services that reduce the parents risk for child maltreatment by enhancing parenting skills, encouraging healthy growth and development and improving family functioning; and

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

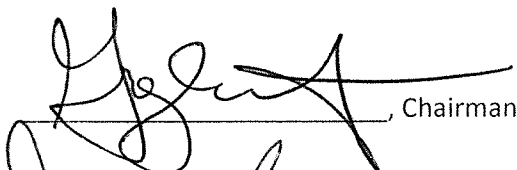
NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 11th day of June, 2019, approves the acceptance of the Healthy Families Illinois Grant, which is detailed above, if the grant is awarded to the County by the Illinois Department of Human Services. The County Administrator is authorized to sign required grant documents to execute the agreement of for this grant.

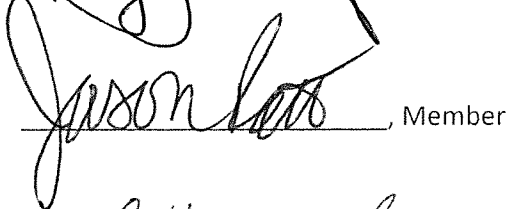
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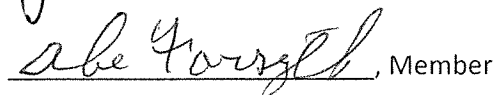
MAY 29 2019

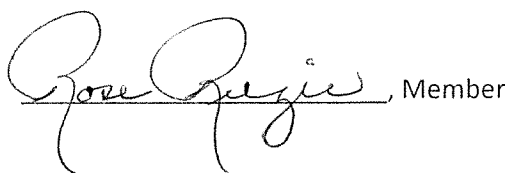
Approved by the Public Health, Solid Waste and Zoning Committee

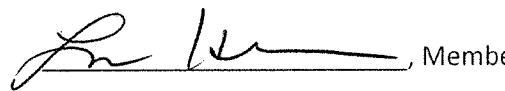
May 16, 2019

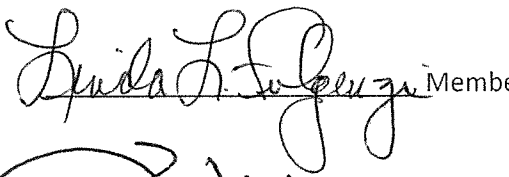
 Chairman

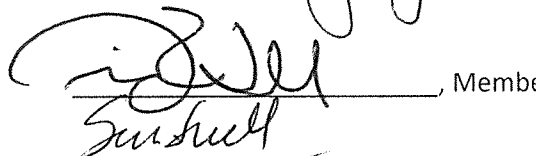
 Member

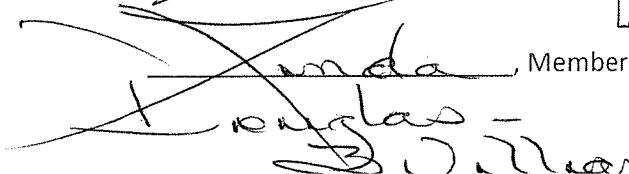
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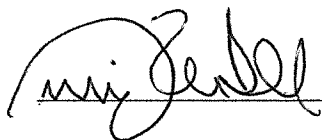
 Member


Sangamon County Clerk

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MAY 10 2019

Andy Goleman
SANGAMON COUNTY AUDITOR

 _____, Member

_____, Member

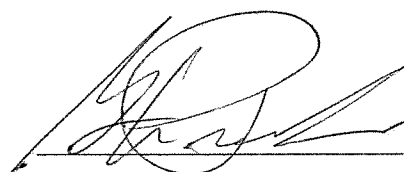
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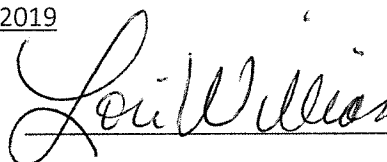
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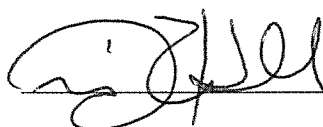
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Approved by the Finance Committee

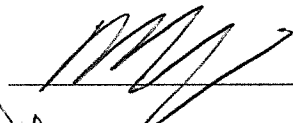
May 28, 2019


 _____, Chairman

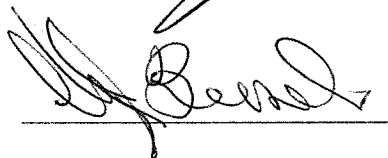
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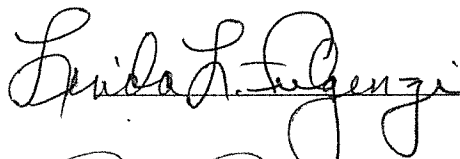
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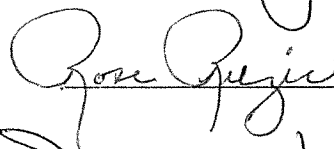
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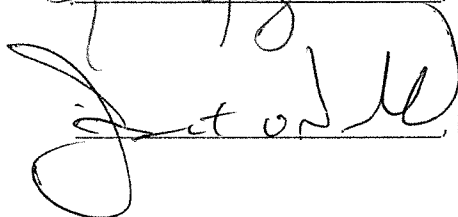
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SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Health

Grant Program Title: Healthy Families Illinois

This request is for: a new grant renewal or extension of an existing grant

Grantor: _____

Brief description of the grant program and its benefits to Sangamon County:

This grant will allow Sangamon County Department of Public Health to provide intensive home-visitation services to new and expectant families with identified risk factors for child maltreatment and whose income is less than or equal to 200% of the Federal Poverty level. Grantee will recruit parents prenatally or within two weeks of birth and provide home visits lasting at least sixty minutes during which they will provide strength based comprehensive services that reduce the parents risk for child maltreatment by enhancing parenting skills, encouraging healthy growth and development and improving family functioning.

Anticipated Grant Revenue Amount: \$223,300.00

Are matching funds required? Yes No

FILED

If yes, please state the amount and the source of matching funds:

MAY 29 2019

Don Hayes
Sangamon County Clerk

If this grant is approved, will any new personnel be hired: Yes No

If Yes, please indicate the number and cost of personnel:

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:

	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: *Dee O'Neil* Date: 5-9-19
(Department Head Signature)

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MAY 10 2019

Andy Goleman
SANGAMON COUNTY AUDITOR