

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 Family Case Management Grant in the amount of \$594,360.00; and

WHEREAS, this grant will allow Sangamon County Department of Public Health to provide comprehensive service coordination to improve the health, social, educational and developmental needs of pregnant women and infants from low-income families in the community; 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 Family Case Management 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 Family Case Management 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

**FILED**

MAY 29 2019

[Signature], Chairman

[Signature], Member

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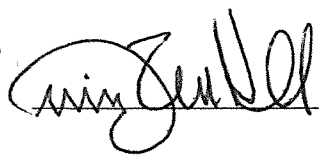
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RECEIVED  
2660  
MAY 10 2019  
Sangamon County Clerk

Andy Goleman  
SANGAMON COUNTY AUDITOR

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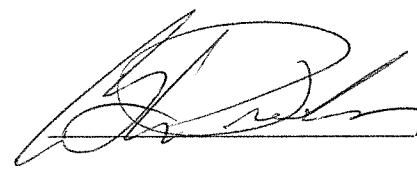
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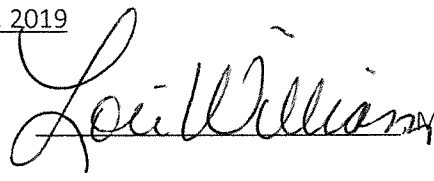
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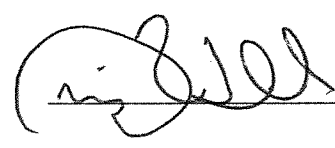
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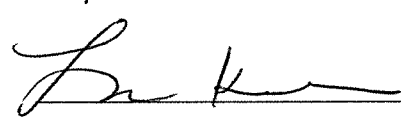
Approved by the Finance Committee

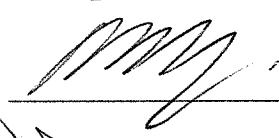
May 28, 2019

 \_\_\_\_\_, Chairman

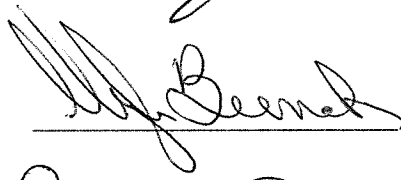
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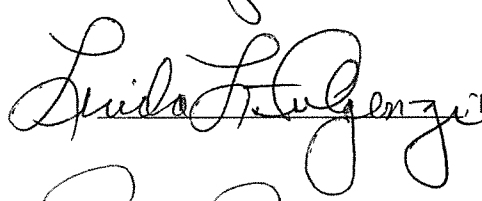
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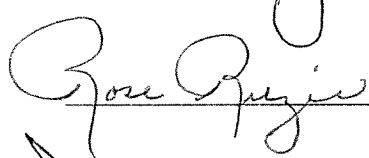
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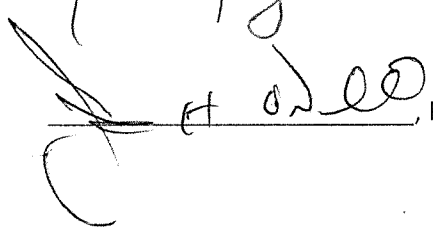
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### SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Health

Grant Program Title: Family Case Management

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

Grantor: Illinois Department of Human Services

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

This grant will allow Sangamon County Department of Public Health to provide comprehensive service coordination to improve the health, social, educational and developmental needs of pregnant women and infants from low-income families in the community.

**FILED**

Anticipated Grant Revenue Amount: \$594,360.00

Are matching funds required?  Yes  No

MAY 29 2019

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

*Don / Kathy*  
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: *Gail O'Neil* (Department Head Signature) Date: 5-8-19

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MAY 10 2019

Andy Goleman  
SANGAMON COUNTY AUDITOR