Resolution # 27-1

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;

WHEREAS, the Department of Public Health	wishes to apply
for and accept an a grant from Illinois Department of H	łuman Services
for the Family Case Management Grant	program in the amount of
approximately 641,350.00; and	
WHEREAS, this grant will allow Public Health	to provide
service coordination to improve health, social, and develope	nental needs of pregnant women and families, and
WHEREAS, as documented by the approval of this	
	Committee have approved the
Public Health	Department's request to apply for the
Family Case Management	grant and the committees recommend that the
County Board approve the acceptance	of this grant, if awarded by
Illinois Department of Human Services	·
NOW, THEREFORE, BE IT RESOLVED that t	he Sangamon County Board, in session this
8th day of <u>June</u> , <u>2021</u> ,	approves the acceptance of the
Family Case Management g	grant, which is detailed above, if the grant is
awarded to the County by Illinois Department of Hu	
The County Administrator is authorized to signagreement for this grant.	n required grant documents to execute the
ATTEST:	
County Clerk	Chairman, Sangamon County Board
Approved by the Public Health	Committee
	, Chairman
Approved by the Finance Committee	
FILED	Chairman Chairman
.IIIN 0 3 2021	, Chairman

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SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Health			
Grant Program Title: Family Case Mar	agement Grant		
This request is for: a new grant 🗷	renewal or extension of an ex	isting grant	
Grantor: Illinois Department of Human			
Brief description of the grant program a	nd its benefits to Sangamon Co	ounty:	
Family Case Management (FCM) is a the health, social, educational, and d income families in the communities of State and provide goals and objective	evelopmental needs of pregr f Illinois. Family Case Manag	nant women, and infants (0 <i>=</i> gement (FCM) aims to asse	12 months) from low- ss current needs within the
Anticipated Grant Revenue Amount::	\$641,350.00		
Are matching funds required?	Yes 🗷 No		
If yes, please state the amount and the	e source of matching funds:		
If this grant is approved, will any new per fixes, please indicate the number and fixes there any indirect costs or legal requirements to continue specific programs fixes, please provide details. Include	uirements associated with this ams after grant periods, etc.):	I No Grant (i.e., increased workload Yes No	d 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:	Delle (Department Head Signature)		Date: 05/27/2021