Resolution # 39-1

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 I	Human Services
for the WIC Breastfeeding Peer Counselor Grant	program in the amount o
approximately 52,800.00; and	
WHEREAS, this grant will allow Public Health	to provide
breastfeeding education and support to at risk pregnant mo	others in the WIC program ; and
WHEREAS, as documented by the approval of thi Committee and the Finance	S resolution, Public Health Committee have approved the
	Department's request to apply for the
Public Health WIC Breastfeeding Peer Counselor Grant	-
County Board approve the acceptance	
Illinois Department of Human Services	·
NOW, THEREFORE, BE IT RESOLVED that state and the day of June , 2021 , WIC Breastfeeding Peer Counselor Grant awarded to the County by Illinois Department of Horne County Administrator is authorized to significant for this grant. ATTEST:	approves the acceptance of the grant, which is detailed above, if the grant is uman Services
County Clerk	Chairman, Sangamon County Board
Approved by the Public Health	Committee,
	, Chairman
Approved by the Finance Committee	
JUN 0 3 2021	, Chairman

29-2

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Health			
Grant Program Title: WIC Peer Counse	lor Breastfeeding Grant		
This request is for: a new grant x	renewal or extension of an exi	sting grant	
Grantor: Illinois Department of Human	Services		
Brief description of the grant program an	d its benefits to Sangamon Co	ounty:	
The WIC Breastfeeding Peer Counsel rates, reduce infant mortality, improve incidence of obesity in childhood and lencouragement and support to pregnate	long term health benefits of later life. The program provide	women, infants and children des specialized breastfeeding	, and to reduce the
Anticipated Grant Revenue Amount:: \$	52,800.00		
·	∕es 🗷 No		
If yes, please state the amount and the	source of matching funds:		
If this grant is approved, will any new persif Yes, please indicate the number and a Are there any indirect costs or legal requirequirements to continue specific program If Yes, please provide details. Include a	rements associated with this one after grant periods, etc.):	✓ No Grant (i.e., increased workload of Yes ✓ Yes ✓ No	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:	O'Alill (Department Head Signature)		Date: <u>05/27/2021</u>