

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 Public Health for the Comprehensive Local Health Protection Grant – Sangamon County in the amount of \$725,308.00 (\$362,654.00 for SFY20 and \$362,654.00 for SFY21); and

WHEREAS, this grant will allow Sangamon County Department of Public Health to insure that basic levels of protection are provided for infectious disease, food production, safety of potable water, and private sewage disposal; as well as services for lead poisoning prevention, narcotic distribution; pre-exposure prophylaxis services for clients at risk for HIV; perinatal Hep B prevention; and vector surveillance and prevention for mosquito borne disease; 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 Comprehensive Local Health Protection Grant – Sangamon County from the Illinois Department of Public Health; and the Committees recommend that the County Board approve acceptance of this grant, if awarded by the Illinois Department of Public Health.

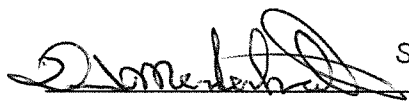
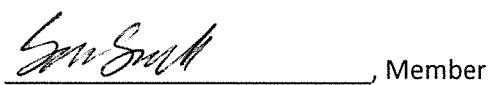

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 10th day of September, 2019, approves the acceptance of the Comprehensive Local Health Protection Grant – Sangamon County, which is detailed above, if the grant is awarded to the County by the Illinois Department of Public Health. The County Administrator is authorized to sign required grant documents to execute the agreement of for this grant.

RECEIVED
2660

Approved by the Public Health, Solid Waste and Zoning Committee
August 15, 2019

AUG 08 2019

 Chairman
 Member
 Member
 Member
 Member

 Andy Goleman
SANGAMON COUNTY AUDITOR
Member
 Member
 Member

FILED _____, Member

AUG 29 2019 _____, Member


Sangamon County Clerk


_____, Member

_____, Member

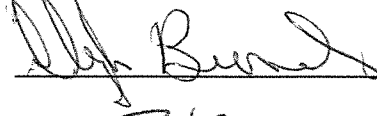
_____, Member

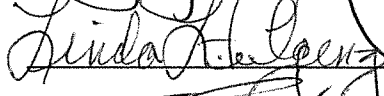
Approved by the Finance Committee

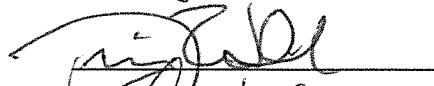
~~September 10, 2019~~
August 27, 2019

 _____, Chairman

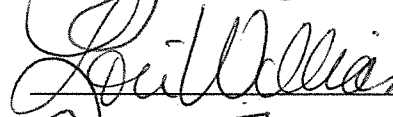
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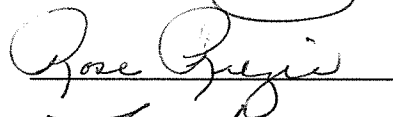
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SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Health

Grant Program Title: Comprehensive Local Health Protection Grant - Sangamon

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

Grantor: Illinois Department of Public Health

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

This 2 year (SFY20 and SFY21) grant supports local health departments to insure basic levels of protection are provided for infectious disease, food production, safety of potable water, and private sewage disposal in the amount of \$465,674.00. This grant also includes monies for lead poisoning prevention in the amount \$124,400.00; vector surveillance and prevention for mosquito borne disease in the amount of \$68,234.00; Pre-Exposure Prophylaxis services for clients at risk for HIV in the amount of \$40,000.00; Narcan Distribution in the amount of \$18,000.00; Perinatal Hep B Prevention in the amount of \$6,000.00 and Safe Drinking Water in the amount of \$3,000.00. Total 2 year award is \$725,308.00.

Anticipated Grant Revenue Amount: \$725,308.00

Are matching funds required? Yes No

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

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: *Alicia O'Neill*
(Department Head Signature)

Date: 08/01/2019

FILED

AUG 29 2019

Doni Khan
Sangamon County Clerk