

Resolution # 9-1

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 Human Services for the Family Case Management program in the amount of approximately \$641,350.00; and

WHEREAS, this grant will allow Public Health to provide provide service coordination to pregnant women and infants from low income families in community; and

WHEREAS, as documented by the approval of this resolution, Public Health Committee and the Finance 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 the Sangamon County Board, in session this 14th day of July, 2020, approves the acceptance of the Family Case Management grant, which is detailed above, if the grant is awarded to the County by Illinois Department of Human Services.

The County Administrator is authorized to sign required grant documents to execute the agreement for this grant.

ATTEST:

County Clerk

Chairman, Sangamon County Board

FILED

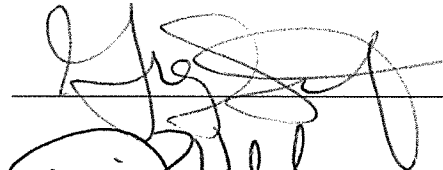
JUN 25 2020

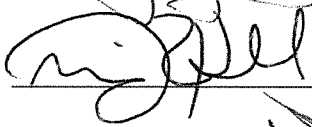
Don Hay
Sangamon County Clerk

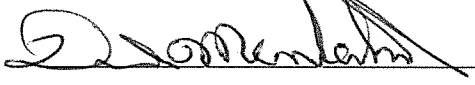
Family Case Management Grant

Approved by the Public Health Committee

June 18, 2020

 _____, Chairman _____, Member

 _____, Member _____, Member

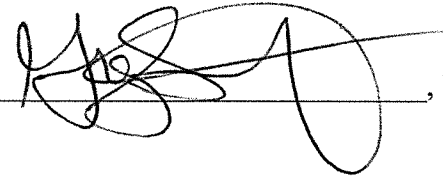
 _____, Member _____, Member

_____, Member _____, Member

Approved by the Finance Committee

June 23, 2020

_____, Chairman _____, Member

 _____, Member _____, Member

_____, Member _____, Member

_____, Member _____, Member

_____, Member _____, Member

_____, Member _____, Member

_____, Member

9-3

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.

Anticipated Grant Revenue Amount: \$641,350.00

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: *Joel O'Neill* (Department Head Signature) Date: 6/16/20



JUN 16 2020

Andy Goleman
SANGAMON COUNTY AUDITOR