

Resolution # 13-1

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 Public Health for the COVID-19 Contact Tracing Grant - Menard program in the amount of approximately \$798,610.00; and

WHEREAS, this grant will allow Public Health to provide contact tracing and support services for the COVID-19 pandemic; 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 COVID-19 Contact Tracing Grant - Menard grant and the committees recommend that the County Board approve the acceptance of this grant, if awarded by Illinois Department of Public Health.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 14th day of July, 2020, approves the acceptance of the COVID-19 Contact Tracing Grant - Menard grant, which is detailed above, if the grant is awarded to the County by Illinois Department of Public Health.

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**

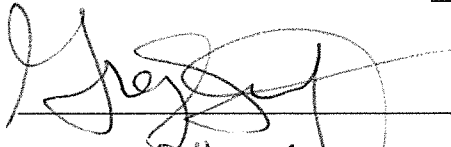
JUN 25 2020

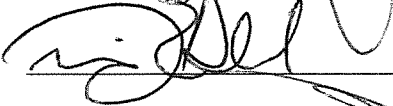
*Don Hays*  
Sangamon County Clerk

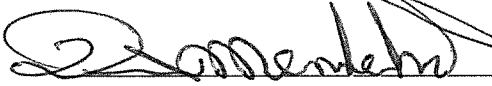
COVID-19 Contact Tracing Grant - Menard Grant

Approved by the Public Health Committee

June 18, 2020

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

 \_\_\_\_\_, Member \_\_\_\_\_, Member

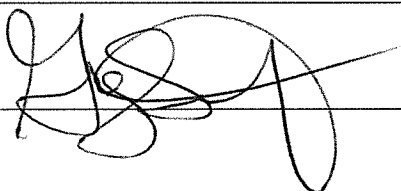
 \_\_\_\_\_, Member \_\_\_\_\_, Member

\_\_\_\_\_, Member \_\_\_\_\_, Member

Approved by the Finance Committee

June 23, 2020

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

 \_\_\_\_\_, Member \_\_\_\_\_, Member

\_\_\_\_\_, Member \_\_\_\_\_, Member

\_\_\_\_\_, Member \_\_\_\_\_, Member

\_\_\_\_\_, Member \_\_\_\_\_, Member

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\_\_\_\_\_, Member \_\_\_\_\_, Member

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# SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Health

Grant Program Title: COVID-19 Contact Tracing Grant - Menard

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:

The COVID-19 LHD Contact Tracing Grant is a one-year grant agreement to support local health departments in conducting contact tracing. Contact tracing is a critical component of the COVID-19 pandemic response and a key strategy to preventing further spread of COVID-19. Contact tracing is the process of identifying, assessing and managing persons exposed to a positive COVID-19 case and connecting exposed persons to resources to assist them during quarantine. To ensure contact tracing is a successful disease control measure, it is important local health departments have the capacity to appropriately implement program activities locally.

Anticipated Grant Revenue Amount: \$798,610.00

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:

While the majority of staff will be contractual employees, we do anticipate hiring an Epidemiologist and 2 Resource Coordinators to support this grant.

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

**RECEIVED**  
2660

JUN 16 2020

Andy Goleman  
SANGAMON COUNTY AUDITOR