Resolution #	: 13-1
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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	Public Health
for the COVID-19 Vaccination Grant - Sangamon	program in the amount of
approximately 400,000.00; and	
WHEREAS, this grant will allow Public Health	to provide
Covid-19 vaccines to the community	; and
WHEREAS, as documented by the approval of thi	s resolution, Public Health
	Committee have approved the
Public Health	Department's request to apply for the
Covid-19 Vaccination Grant - Sangamon	
County Board approve the acceptance	of this grant, if awarded by
Illinois Department of Public Health	•
9th day of February, 2021, Covid-19 Vaccination Grant - Sangamon awarded to the County by Illinois Department of Purithe County Administrator is authorized to significant for this grant. ATTEST:	ublic Health
County Clerk	Chairman, Sangamon County Board
Approved by the Public Health	Committee February , 2021 Chairman
pproved by the Kipance Committee February	, 2021
FEB 2 2021 FEB 05 2021	, Chairman

Andy Goleman Jos Shay SANGAMON COUNTY AUDITOR SURGEST COUNTY

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Health	1		
Grant Program Title: Covid-19 Vaccina	tion Grant - Sangamon		
This request is for: 🗷 a new grant 📋	renewal or extension of an exi	isting grant	
Grantor: Illinois Department of Public I	Health		
Brief description of the grant program a	and its benefits to Sangamon Co	ounty:	
monetary award to offset costs of prov	iding COVID-19 vaccinations to	the Sangamon County commu	nity.
Anticipated Grant Revenue Amount:: Are matching funds required? If yes, please state the amount and the	\$400,000.00 Yes 🗷 No e source of matching funds:		
If this grant is approved, will any new pe		□No	
We have approval from the County to add a \$32.08 per hour.	dditional temporary part time nurs	sing staff to assist with this endeav	or. These nurses will be paid
Are there any indirect costs or legal requirements to continue specific progr		grant (i.e., increased workload o	on existing staff,
If Yes, please provide details. Include	attachment if needed:	•	
Indirect costs include all management staff no indirect costs will be able to be recovered	assisting with this rollout and full ti	me staff assisting with drive thru of	linic. Because of the limited funding,
IIIO IIIOIIECT COSIS WIII DE ADIE IO DE JECOVETES	Current FY	Current FY + 1	Current FY + 2
Number of Employees			
Personnel Costs (in dollars)			
Fringe Benefit Cost			
Other Costs (Equipment, etc)			
Fotal Cost			
Requested by:	(Donatement Head Signature)		Date: 2-1-21