

Resolution # 14-1

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 Healthy Families Illinois Grant program in the amount of approximately \$203,634.00; and

WHEREAS, this grant will allow Public Health to provide intensive home visitation services to new and expectant families with specific risk factors; 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 Healthy Families Illinois Grant 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 9th day of June, 2020, approves the acceptance of the Healthy Families Illinois Grant 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**

MAY 27 2020

*Don J. King*  
Sangamon County Clerk

**RECEIVED**  
2660

MAY 21 2020

Andy Goleman  
SANGAMON COUNTY AUDITOR

14-2

Healthy Families Illinois Grant \_\_\_\_\_ Grant

Approved by the Public Health \_\_\_\_\_ Committee

May 21 \_\_\_\_\_, 2020

[Signature] \_\_\_\_\_, Chairman \_\_\_\_\_, Member

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

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

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

Approved by the Finance Committee

May 26 \_\_\_\_\_, 2020

Approved at the 5/26/2020 \_\_\_\_\_, Chairman \_\_\_\_\_, Member

Finance Committee \_\_\_\_\_, Member \_\_\_\_\_, Member

meeting. \_\_\_\_\_, Member \_\_\_\_\_, Member

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

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

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

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

**RECEIVED**  
2020

MAY 21 2020

Andy Goleman  
SANGAMON COUNTY AUDITOR

# SANGAMON COUNTY - GRANT APPROVAL FORM

14-3

Requesting Department: Public Health

Grant Program Title: Healthy Families Illinois Grant

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 intensive home-visitation services to new and expectant families with identified risk factors for child maltreatment and whose income is less than or equal to 200% of the Federal Poverty level. Grantee will recruit parents prenatally or within two weeks of birth and provide home visits lasting at least sixty minutes during which they will provide strength based comprehensive services that reduce the parents risk for child maltreatment by enhancing parenting skills, encouraging healthy growth and development and improving family functioning

Anticipated Grant Revenue Amount: \$203,634.00

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:  Date: 05/14/2020  
(Department Head Signature)