

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 Public Health Emergency Preparedness – Menard County Grant in the amount of \$35,413.00; and

WHEREAS, this grant will allow Sangamon County Department of Public Health to quickly and effectively respond to and recover from 21st century threats by enhancing communications, improving resource management, and building medical surge capacity by assessing, prioritizing, building, and exercising the necessary resource elements, tasks, and functions of the Centers for Disease Control (CDC) most current version of the Public Health Emergency Preparedness (PHEP) Capabilities National Standards; 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 Public Health Emergency Preparedness – Sangamon County Grant 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 11th day of June, 2019, approves the acceptance of the Public Health Emergency Preparedness – Menard County Grant, 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.

Approved by the Public Health, Solid Waste and Zoning Committee
May 16, 2019

[Signature], Chairman

Sam Snell, Member

Jason [Signature], Member

[Signature], Member

Abe Farsyget, Member

Linda [Signature], Member

Rose [Signature], Member

[Signature], Member
Douglas Williams

FILED

RECEIVED
2660
MAY 10 2019

Andy Goleman
SANGAMON COUNTY AUDITOR

MAY 29 2019

_____, Member

_____, Member

_____, Member

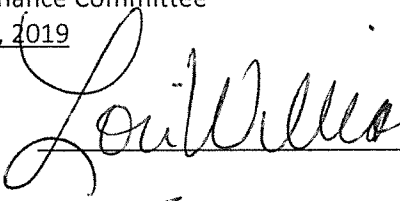
_____, Member

_____, Member


Approved by the Finance Committee

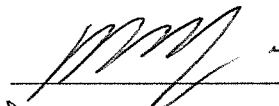
May 28, 2019

 _____ Chairman

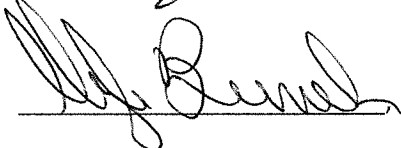
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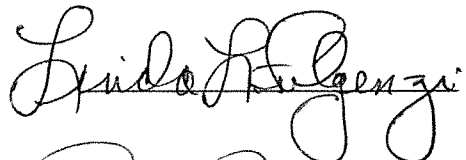
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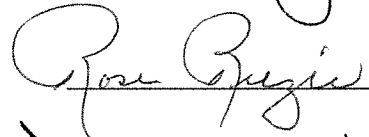
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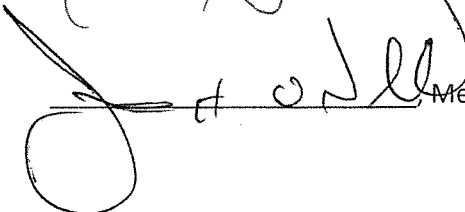
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18-3

SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: Public Health

Grant Program Title: Public Health Emergency Preparedness - Menard County

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 purpose of this grant is to help the Grantee, as part of the healthcare and public health system, to quickly and effectively respond to and recover from 21st century threats by enhancing communications, improving resource management, and building medical surge capacity by assessing, prioritizing, building, and exercising the necessary resource elements, tasks, and functions of the Centers for Disease Control and Prevention's (CDC) most current version of the Public Health Emergency Preparedness (PHEP) Capabilities National Standards.

Anticipated Grant Revenue Amount: \$35,413.00

Are matching funds required? Yes No

FILED

MAY 29 2019

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

10% matching funds, the source of which are direct administrative costs as allocated through the monthly cost allocation plan.

Don H. Key
Sangamon County Clerk

If this grant is approved, will any new personnel be hired: Yes No

If Yes, please indicate the number and cost of personnel:

[Empty box for personnel details]

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:

[Empty box for indirect costs details]

	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: *Dan Pfeiffer* Date: 5-8-19
(Department Head Signature)

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2660

MAY 10 2019

Andy Goleman
SANGAMON COUNTY AUDITOR