

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 Human Services for the WIC Breastfeeding Peer Counselor Grant program in the amount of approximately \$52,800.00; and

WHEREAS, this grant will allow Public Health to provide \_\_\_\_\_; 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 WIC Breastfeeding Peer Counselor 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 WIC Breastfeeding Peer Counselor 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. Hays*  
Sangamon County Clerk

**RECEIVED**  
2020

MAY 21 2020

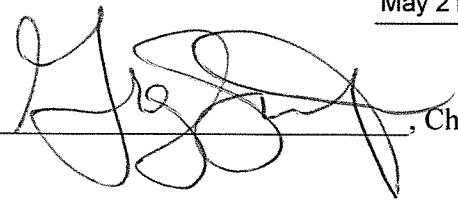
Andy Goleman  
SANGAMON COUNTY AUDITOR

13-2

WIC Breastfeeding Peer Counselor Grant Grant

Approved by the Public Health Committee

May 21, 2020

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

**RECEIVED**  
2020

MAY 21 2020

Andy Goleman  
SANGAMON COUNTY AUDITOR

# SANGAMON COUNTY - GRANT APPROVAL FORM

13-3

Requesting Department: Public Health

Grant Program Title: Women, Infant and Children Breastfeeding Peer Counselor

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 uphold the programs mission to improve breastfeeding initiation and duration rates, reduce infant mortality, improve long term health benefits of women, infants and children, and to reduce the incidence of obesity in childhood and later life. The program provides specialized breastfeeding education, encouragement and support to pregnant and breastfeeding women

Anticipated Grant Revenue Amount: \$52,800.00

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:   
(Department Head Signature)

Date: 05/14/2020