

1 71-82012

2 **RESOLUTION: Amend the Table of Organization for Winnebago County Public Health**
3 **Department**

4
5 **TO THE WINNEBAGO COUNTY BOARD OF SUPERVISORS:**

6 **WHEREAS**, the Winnebago County Public Health Department has received a Community Transformation
7 Grant; and

8 **WHEREAS**, the Director of Public Health desires to add one (1) full-time Health Educator—Community
9 Transformation Grant position (100% funded with grant monies) to work in administering the grant programs and
10 serve clients in Winnebago County.

11 **NOW, THEREFORE, BE IT RESOLVED** by the Winnebago County Board of Supervisors that it hereby
12 amends the Table of Organization for the Winnebago County Public Health Department by adding one (1) full-time
13 Health Educator—Community Transformation Grant position. This full-time Health Educator—Community
14 Transformation Grant position shall exist only as long as grant monies are available to cover all associated costs of
15 the position, with no additional County funding required. The position description is attached hereto and is made a
16 part of this Resolution.

17
18 **Fiscal Note:**

| | |
|-----------------------------|-------------------|
| 19 Wage Cost..... | \$ (Grant Funded) |
| 20 Fringe Benefit Cost..... | \$ (Grant Funded) |
| 21 Total..... | \$ (Grant Funded) |

22
23 Respectfully submitted by:

24 **PERSONNEL AND FINANCE COMMITTEE**

25 Committee Vote: **3-0**

26 Vote Required for Passage: **Two-Thirds of Membership**

27
28
29 Approved by the Winnebago County Executive this ____ day of _____, 2012.

30
31 _____
32 Mark L Harris
33 Winnebago County Executive