

CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center
1776 E. Washington
Urbana, IL 61802

Phone: (217) 384-3772
Fax: (217) 384-3896

Champaign County Board of Health

**Tuesday, August 23, 2022
5:00 PM**

Location: Champaign-Urbana Public Health District
201 W. Kenyon, Champaign, IL
Main Conference Room
(Park & Enter on North Side of Facility—Middle Door)

AGENDA

<u>ITEM</u>	<u>PAGE NO.</u>
A. Call to Order	
B. Roll Call	
C. Approval of Agenda/Addenda	
D. Approval of Minutes June 14, 2022	1 - 5
E. Public Participation on Agenda Items Only	
F. Discussion of Financial Requests to The Board	
1. Proposals from Promise Healthcare’s SmileHealthy Dental Program - Jennifer Henry, Executive Director, Promise Healthcare.	
a. <i>Child Dental Access Program</i> – General Support Request for \$50,000.00 Champaign for the upcoming Fiscal Year	6 - 8
b. <i>Child Dental Access Program</i> – Dental Practitioner Recruiting Focus for \$50,000.00 for the upcoming Fiscal Year.	9 - 11
2. Request from C-UPHD’s Wellness and Health Promotion Division - Whitney Gregor, Director, for \$30,000.00 to fund Champaign County Comprehensive Sexual Health Education Program (“ <i>Making Proud Choices!</i> ”) for the 2022/2023 School Year.	12 - 14
G. Other Business	
1. Discussion of the Proposed County Board of Health Budget – Tami Ogden, Champaign County	15 - 18
2. Approval of Proposed County Board of Health Budget for FY2023	19 and inserts
3. Approval of CY2023 Board of Health Final Budget – Amanda Knight, Director, CUPHD Division of Finance	

4. Approval of Proposed SmileHealthy Budget Requests for FY2023
5. Approval of Renewal Agreement between the Champaign County Board of Health and SmileHealthy

H. Correspondence and Communications

I. SmileHealthy

Reports

1. Monthly Report - May, FY 2022 20
2. Monthly Report - June, FY 2022 21

Invoices

3. Invoice number 67 to Champaign County Administrative Services For Child Dental Access Program – FY 2023 July, for \$4,166.66. 22
4. Invoice number 68 to Champaign County Administrative Services for Child Dental Access Program – FY 2023 August, for \$4,166.66 23.

J. CUPHD

1. Approval of CUPHD Invoice for April 2022 Services 24 - 33
2. Approval of CUPHD Invoice for May 2022 Services 34 - 39
3. Approval of CUPHD Invoice for June 2022 Services 40 - 66
4. Monthly reports on Communicable Disease Morbidity
http://www.c-uphd.org/comm_dis/display-data.php
5. Monthly Reports on CUPHD Performance Management
<http://www.c-uphd.org/pmts/index.php?s=1>

K. Old Business

L. Other Business

1. Change in recent legislation in the State of Illinois Food Handling Enforcement act and proposed reduced schedule fee for vendors at Farmers' Markets that sell pre-packaged meat, poultry, egg, or dairy products by Sarah Michaels, Director, Environmental Health Division of C-UPHD. 67 - 68
2. Update from CUPHD Administrator Julie Pryde on monkeypox in Champaign County. 69

M. Public Participation on Non-Agenda Items Only

N. Next Meeting

November 15, 2022, at 5:00 PM at CUPHD (Main Conference Room at C-UPHD)

O. Adjournment

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

2
3 *Tuesday, June 14, 2022*

4 **Call to Order**

5 The Champaign County Board of Health (“the Board”) held an in-person meeting on June 14, 2022, at
6 the Champaign Urbana Public Health District (“CUPHD”), 201 W. Kenyon Road, Champaign, Illinois. Dr.
7 Krista Jones, President, called the meeting called to order at 5:36 PM.

8 **Roll Call**

9 Upon roll call, the following Board members were found to be present: Dr. Krista Jones, President, Mr.
10 David Thies, Vice President, Ms. Cathy Emanuel, Secretary/Treasurer, Dr. John Peterson, Dr. Dorothy
11 Vura-Weis, Dr. Vihn Hick, and Dr. Lyndon Goodly. Mr. Jacob Paul and Dr. Brent Reifsteck were absent.

12 Also present: Ms. Julie Pryde, CUPHD Administrator, and Ms. Whitney Greger, CUPHD Director of
13 Wellness and Health Promotion.

14 **Approval of Agenda/Addendum**

15 Dr. Vura-Weis motioned to approve agenda items, seconded by Ms. Emanuel. With all present in favor,
16 the motion was approved. Dr. Goodly then motioned to realign the agenda to first discuss Agenda Item
17 J, Other Business (J1: Slate of Officer/Elections; J2: discussion of Request from SmileHealthy for Funding
18 of the Child Dental Access Program in FY 2023; J3: discussion of Promise Healthcare Proposal for
19 Recruiting and Sign-On Costs to Assist in Hiring New Dentists and Dental Hygienists; and J4: Discussion of
20 Upcoming Budget); Item H8 (the continued presentation of Prevention Funding for Comprehensive
21 Sexual Health Education in Champaign County); and Agenda Item I, Old Business (Discussion and
22 Approval of Spending Fund Balance to Address Future Pandemic Concerns). Mr. Thies seconded the
23 motion. With all in favor, the motion carried.

24 **Public Participation on Agenda Items Only**

25 None.

26 **Other Business**

27 ***Slate of Officers/Elections:***

28 The positions of President, Vice-President and Treasurer were open for appointment or re-appointment.
29 Dr. Peterson motioned to maintain the current slate of officers, which was seconded by Dr. Goodley.
30 With all present in favor, the motion was approved. Dr. Jones will remain as Board President; Mr. Thies
31 as Vice-President, and Ms. Emanuel as Treasurer.

32 ***Discussion of Request from SmileHealthy for Funding the Child Dental Access Program in FY2023***

33 Ms. Jennifer Henry, Executive Director, and Mr. Shea Ward, Director of Marketing and Outreach, for
34 Promise Healthcare asked that the Board renew its support of the SmileHealthy Program for \$50,000,
35 which the Board has done for the last few years. The funds for this request would be used to support a
36 dental hygienist to provide outreach and education for new pediatric patients.

37 ***Discussion of Promise Healthcare Proposal for Recruiting and Sign-On Costs to Assist in Hiring New***
38 ***Dentists and Dental Hygienists***

39 Service at Smile Healthy was paused in mid-May after their last dentist left the program, but two new
40 dentists begin in July and August. Ms. Henry noted that it is increasingly difficult to recruit and retain
41 qualified dental hygienists and dentists. In addition to the \$50,000 requested for the Child Dental Access
42 Program in FY2023, Ms. Henry requested support for a program to recruit dentists and dental hygienists
43 by hiring a professional recruiting firm at a cost of \$50,000.

44 Dr. Jones noted that the Board will vote upon both SmileHealthy requests at the August 23, 2022,
45 Champaign County Board of Health meeting. She invited Ms. Henry and Mr. Ward to attend the August
46 meeting in case there are further questions.

47 ***Discussion of Upcoming Budget***

48 Dr. Jones estimated that the Board's account contains approximately \$361,000 at this time. The Board
49 allocates \$50,000 within its budget as a line item outside the fund balance; this has been used to
50 support SmileHealthy services for the past six years. This year's proposals from SmileHealthy were
51 different in that they focus more on personnel than services. Dr. Jones cautioned that the Board not
52 overly deplete its fund balance as public health emergencies could arise at any time. The Board is
53 committed to retaining a 25-30% fund balance, which it has currently exceeded, and should focus on
54 spending the balance down to an acceptable level. Dr. Jones will have the CUPHD secretary send out an
55 accurate report on the Board's current funds to members.

56 Dr. Jones moved that the Board revisit the agenda and proceed to Approval of Minutes. This was
57 seconded by Dr. Vura-Weis. With all present in favor, the motion carried.

58 **Approval of Minutes**

59 Dr. Goodley motioned to approve the March 22, 2022, meeting minutes, which was seconded by Dr.
60 Vura-Weis. Mr. Thies requested that a typographical error in the minutes be corrected. With that agreed
61 upon, all present were in favor and the motion carried.

62 **Approval of CUPHD Invoices**

63 Dr. Vura-Weis motioned to approve CUPHD invoices from February, March, and April of FY2022. This
64 was seconded by Dr. Peterson. With all present in favor, the motion carried.

65 Dr. Goodley and Ms. Emanuel left the meeting at 6:27 PM.

66 ***Continued Presentation of Prevention Funding for Comprehensive Sexual Health Education in Champaign***
67 ***County***

68 Ms. Whitney Greger, Director of the CUPHD Wellness and Health Promotion Division, requested funding
69 for a Prevention Program for Comprehensive Sexual Health Education in Champaign County. Ms. Greger
70 pointed out that since the original draft of the meeting material went to the Board, another school
71 requested the program's services; an updated handout was provided to Board members. The program
72 received confirmation of participation from Heritage High School, Ludlow Grade School, and J.W. Eater
73 Junior High School for the 2022/2023 school year and working relationships with Fisher Jr./Sr. High

74 School and Thomasboro Grade School. The first proposal, which asks for a total of \$22,000 for the
75 2022/2023 school year, addresses the three confirmed schools. If all the county schools participated, the
76 maximum cost of the Sexual Education Program would total \$30,000, split between two of the Board's
77 fiscal years as the school year and the Board's fiscal year do not coincide. The program is currently
78 taught in Champaign Middle Schools and Urbana Middle School. Ms. Greger noted that in the county
79 schools, there would be a provision for administrators to be involved in planning with the onus falling to
80 the teachers. Parents would be able to opt their children out of the program. Ms. Greger noted that the
81 Illinois Senate Bill 818 (Keeping Youth Safe and Healthy Act), which creates personal health and safety
82 standards for grades K-5 and updates and expands comprehensive sexual health education standards in
83 grades 6-12, will soon be mandatory in the State so the program will most likely be welcomed.

84 Dr. Peterson mentioned that CUPHD's Illinois Department of Human Services Personal Responsibility
85 Education Program (PREP), used to service Champaign Urbana schools, requires that schools must have
86 a student body consisting of at least 40% minority students, a level most of the county schools do not
87 meet. The curriculum between the two programs is identical. Mr. Thies suggested it would be desirable
88 if parents as well as administrators and teachers were allowed to take part in tailoring the curriculum,
89 but Ms. Greger and Ms. Pryde noted that this curriculum is evidence-based and trauma-informed, which
90 precludes any major changes. Ms. Greger commented that the curriculum used in the programs was
91 developed by ETR and has been used by CUPHD for several years.

92 **Discussion of E-cigarette Free Ordinances in Champaign County Jurisdictions**

93 Ms. Greger's division receives funding from the Illinois Tobacco Free Communities Grant every year from
94 the Illinois Department of Public Health. In FY2023, Ms. Greger wishes to create a program that would
95 help make public spaces in the county e-cigarette free. Ms. Greger asked the Board for their guidance on
96 how to approach the issue; the funding is already in place. Possibilities are to approach business owners,
97 increase public education, and then present it to local boards. Dr. Peterson observed that he has not
98 personally observed vaping in public places in Champaign-Urbana. Ms. Pryde pointed out that vaping
99 seems to be concentrated in specific public places. Ms. Greger expressed concern over the
100 normalization of vaping and e-cigarettes among youth, leading to higher rates of addiction to nicotine in
101 adolescents, with Dr. Peterson confirmed. Ms. Pryde observed that e-cigarettes are also used as a
102 delivery method for THC. Dr. Jones suggested that Ms. Greger's staff gather data for town councils and
103 village boards as to how local businesses address vaping and suggest appropriate ordinances and/or
104 actions based on the information.

105 **Old Business**

106 *Discussion and Approval of Spending Fund Balance to Address Future Pandemic Concerns*

107 Dr. Jones asked Ms. Pryde to address the ongoing issue of COVID-19 in Champaign County and any
108 possible related funding matters that the Board needed to address. Ms. Pryde reported that there are
109 no ongoing funding issues concerning COVID-19 at this time; the main concern is for the well-being of
110 those still not vaccinated. Unvaccinated persons are more likely to be hospitalized and experience worse
111 outcomes than vaccinated persons. Dr. Peterson observed that recent statistics indicate a high
112 percentage of COVID-19 cases occur in vaccinated individuals. Ms. Pryde pointed out that most
113 vaccinated people have milder cases and are less likely to be hospitalized or die. Currently COVID-19

114 variants are extremely contagious. Dr. Peterson asked if agencies can estimate accurate numbers of new
115 cases with so many people using self-tests; Ms. Pryde said the most important indicators now are the
116 numbers of hospitalizations and deaths. Mr. Thies noted that the Board kept the fund balance up during
117 the initial stages of the COVID-19 pandemic to have money available to pay for contact tracers and other
118 expenses, but funding was supplied from outside sources. Ms. Pryde said that this was a very
119 adventitious situation; if another critical public health emergency developed in Champaign County, such
120 as a hepatitis or tuberculosis outbreak, the agency would be able to move quickly, which is critical in
121 such situations.

122 Dr. Jones noted that there were three proposals that came to the Board this fiscal year, the first of
123 which is a request for \$50,000 for support of a dental hygienist for SmileHealthy; this is already
124 accounted for in the budget. She reminded the Board that there is a provision for \$15,000 discretionary
125 chair funds, which could be immediately available to CUPHD in an emergency. In addition, last year the
126 Board discussed allocating \$50,000 of the budget to fund a health-related project. Ms. Greger requested
127 \$30,000 for Prevention Funding for Comprehensive Sexual Health Education in Champaign County, and
128 SmileHealthy has asked for an additional \$50,000 for assistance with recruitment of dental
129 professionals. If these requests were fully funded, including the \$50,000 already allocated for
130 SmileHealthy's support of a dental hygienist, the Board would fund an additional \$80,000 out of its
131 balance of approximately \$361,000. Fully funding these projects would bring the fund balance down to
132 approximately 25%. Dr. Jones reminded the Board that she could not say whether these projects would
133 be funded completely or partially but was putting these forth as possibilities. Dr. Peterson suggested
134 preparing different budget scenarios for Board members to consider. Dr. Jones will have the secretary
135 send out accurate balances to Board members.

136 Ms. Pryde informed the Board that Dr. Awais Vaid, CUPHD's Deputy Administrator and Epidemiologist,
137 has accepted the position of Director of McKinley Health Center. CUPHD is in the early planning stages
138 of replacing him.

139 **SmileHealthy Reports**

140 Mr. Thies moved to put the Smile Healthy Reports from February, March, and April of FY 2022 on file.
141 Dr. Vura-Weis seconded the motion, and with all present in favor, the motion passed.

142 **Monthly Reports of CUPHD Performance Management**

143 Mr. Thies moved to put the Monthly Reports of CUPHD Performance Management on file. Dr. Vura-Weis
144 seconded the motion, and with all present in favor, the motion passed.

145 **Request to Increase Late Fee for County Health Permit Renewal by \$100.00**

146 Ms. Pryde noted that late fees for County Health Permit Renewals are apparently too low and not taken
147 seriously, causing administrative and clerical difficulties. Counties that raised these fees report
148 significantly more compliance. Mr. Thies moved that the request to improve these fees by \$100.00 be
149 approved. The motion was seconded by Dr. Vura-Weis. With all present in favor, the motion was passed.

150 **Public Participation on Non-Agenda Items**

151 None.

152 **Next Meeting**

153 The next meeting of the Champaign County Board of Health will be held in person on Tuesday, August
154 23, at 5:00 PM at CUPHD, 201 W. Kenyon Road in Champaign. All meetings going forward will begin at
155 5:00 PM.

156 **Adjournment**

157 With no further business to be discussed, Mr. Thies motioned to adjourn the meeting. Dr. Vura-Weis
158 seconded the motion. With all in favor, the meeting was adjourned at 7:33 PM.

Promise Healthcare
Child Dental Access Program
---General Support Request---
Champaign County Board of Health
2023 Program Narrative and Budget
January 1, 2023 – December 31, 2023

Promise Healthcare (PHC) will provide comprehensive dental care for low-income children who reside in Champaign County in order to maximize the number of children who have access to oral health care by providing the following services:

- Dental home services for children provided through PHC’s Frances Nelson Medical Center and Urbana School Health Center dental clinics, to include the addition of oral health care for children ages 0-5
- Outreach to Champaign County Head Start programs with oral health education, fluoride treatments and exams

With the support of the Champaign County Board of Health grant, Promise Healthcare expects to serve 810 low-income, unduplicated Champaign County children through our oral health care program in 2023.

Promise Healthcare is proposing a program for the coming year that is focused on rebuilding our pediatric oral health program post-COVID, so that the health center can again become the primary community oral health care provider for low-income children who reside in Champaign County. Promise Healthcare respectfully requests \$50,000 in order to support these efforts.

The following programs and services will be made possible with the support of Champaign County Board of Health funding:

Child Dental Health Care Access

Promise Healthcare will focus on rebuilding our pediatric oral health program that has been restricted due to the COVID-19 health pandemic. In order to serve the needs of low-income children who reside in Champaign County, PHC is working diligently to recruit and hire dentists, dental hygienists and dental assistants to support pediatric oral health care. PHC has not been able to serve young children ages 0-5 due to a lack of dental provider on staff that has the expertise to serve this age group. PHC is pleased to begin serving this population again, filling a critical gap in Champaign County oral health care for our youngest residents. Oral health care services will be provided at PHC’s primary dental clinic at the Frances Nelson Medical Center in Champaign and at the Urbana School Health Center in order to create / maintain a dental home. Promise Healthcare anticipates serving a total of 810 unduplicated children in CY23 that will be re-engaged into the dental clinic following the COVID-19 pandemic. Measure: The \$50,000 Champaign County Board of Health investment will support a part-time Dental Assistant that will assist in re-engaging at least 100 low-income children into the dental clinic.

County Head Start Program Outreach

Promise Healthcare plans to visit Head Start programs throughout Champaign County to provide

oral health education, fluoride treatments and dental exams. The outreach reaches low-income children at a convenient location to provide preventive oral health tactics, education and examinations. Measure: 1 visit per month, for a total of 12 visits in CY23.

Thank you to the Champaign County Board of Health and County Board for your continued support and commitment to the oral health for low-income children in Champaign County. Should you have any questions or need additional information, please do not hesitate to contact Anne Jensen, PHC Oral Health Director, mobile 715-644-8601 or ajensen@promisehealth.org.

Promise Healthcare
Child Dental Access Program
---General Support Request---
Champaign County Board of Health
 Fiscal Year 2023 Budget Proposal
 January 1, 2023 – December 31, 2023

For the consideration of the Champaign County Board of Health, Promise Healthcare respectfully submits two different budgets that would both support the same work proposed in the narrative and through the outlined measures. Please reference a separate proposal for “Dental Practitioner Recruiting Focus” to view the other proposed budget.

Child Dental Access – Staffing Support and Oral Health Supplies

Champaign County Board of Health funding will support PHC costs to cover a small portion of dental team members’ salary and fringe benefits to support uncompensated care to low-income, uninsured children.

Personnel (Dentist, Dental Hygienist, Dental Assistant, Office Support)	\$39,350
Fringe (FY23 @ 26% of wages)	<u>\$10,231</u>
Personnel Subtotal	\$49,581
Dental Supplies (children’s dental kits to include tooth brush, tooth paste and floss)	\$419
Supplies Subtotal	\$419
Total	\$50,000

Promise Healthcare
Child Dental Access Program
---Dental Practitioner Recruiting Focus---
Champaign County Board of Health
2023 Program Narrative and Budget
January 1, 2023 – December 31, 2023

Promise Healthcare (PHC) will provide comprehensive dental care for low-income children who reside only in Champaign County in order to maximize the number of children who have access to oral health care by providing the following services:

- Dental home services for children provided through PHC's Frances Nelson Medical Center and Urbana School Health Center dental clinics, to include the addition of oral health care for children ages 0-5
- Outreach to Champaign County Head Start programs with oral health education, fluoride treatments and exams

With the support of the Champaign County Board of Health grant, Promise Healthcare expects to serve 810 low-income, unduplicated Champaign County children through our oral health care program in 2023. The Champaign County Board of Health will specifically support our efforts by offsetting a portion of the recruitment costs for dentists and dental hygienists that we must recruit to serve these children with oral health care.

Promise Healthcare is proposing a program for the coming year that is focused on rebuilding our pediatric oral health program post-COVID, so that the health center can again become the primary community oral health care provider for low-income children who reside in Champaign County. Promise Healthcare respectfully requests \$50,000 in order to support these efforts to aid in our recruitment of local dental providers. The challenge of recruiting dental providers has become a major hurdle to re-building our dental program post COVID-19 as dentists and dental hygienists are extremely hard to recruit for and hire in the new workforce environment. Promise Healthcare has sent out more than 122 letters to local and regional dentists requesting if anyone is interested in working part-time or full-time for Promise Healthcare. We have contacted even more dental providers nationally in an attempt to recruit a new dentist and/or dental hygienist for our clinics as we understand the national search for new dental providers may be more fruitful. It is a huge expense to reach out and contact all of these providers and Promise Healthcare is spending a considerable amount of money flying potential candidates to Champaign along with their spouses to interview for the positions and paying for lodging and travel expenses. In addition, if a candidate were interested in the position, Promise Healthcare would need to offer at least a \$15,000 sign-on bonus just to be somewhat competitive in the marketplace and ensure the new candidate would accept the position. Many other health systems are offering significantly higher sign-on bonuses as well as temporary housing and other benefits to accepting a position. In addition, Promise Healthcare is raising its Dental Hygienist salary to be more competitive in the marketplace.

The following programs and services will be made possible with the support of Champaign

County Board of Health recruitment funding:

Child Dental Health Care Access

Promise Healthcare will focus on rebuilding our pediatric oral health program that has been restricted due to the COVID-19 health pandemic. In order to serve the needs of low-income children who reside in Champaign County, PHC is working diligently to recruit and hire dentists, dental hygienists and dental assistants to support pediatric oral health care. PHC has not been able to serve young children ages 0-5 due to a lack of dental provider on staff that has the expertise to serve this age group. PHC is pleased to begin serving this population again, filling a critical gap in Champaign County oral health care for our youngest residents. Oral health care services will be provided at PHC's primary dental clinic at the Frances Nelson Medical Center in Champaign and at the Urbana School Health Center in order to create / maintain a dental home. Promise Healthcare anticipates serving a total of 810 unduplicated children in CY23 that will be re-engaged into the dental clinic following the COVID-19 pandemic. Measure: The \$50,000 Champaign County Board of Health investment will support a part-time Dental Assistant that will assist in re-engaging at least 100 low-income children into the dental clinic.

County Head Start Program Outreach

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Thank you to the Champaign County Board of Health and County Board for your continued support and commitment to the oral health for low-income children in Champaign County. Should you have any questions or need additional information, please do not hesitate to contact Anne Jensen, PHC Oral Health Director, mobile 715-644-8601 or ajensen@promisehealth.org.

Promise Healthcare
Child Dental Access Program
---Dental Practitioner Recruiting Focus---
Champaign County Board of Health
 2023 Budget Proposal
 January 1, 2023 – December 31, 2023

For the consideration of the Champaign County Board of Health, Promise Healthcare respectfully submits two different budgets that would both support the same work proposed in the narrative and through the outlined measures. Please reference a separate proposal for “General Support Request” to view the other proposed budget.

Child Dental Access – Dental Practitioner Recruiting Focus

PHC is experiencing significant workforce challenges in our current recruiting and retention of dental health care staff landscape due to national workforce shortages, as well as difficulties in recruiting qualified individuals interested in moving to Champaign County. According to the HRSA Health Professional Shortage Area (HPSA) score, PHC’s service area has a score of 25 out of 26, which is almost the highest score possible and represents an exceptionally great need for dental health practitioners in Champaign County. Additionally, the HPSA web page reports that 16.15 FTE dental practitioners are needed to serve the low-income population in Champaign County. As of May 25, 2022, PHC has been able to recruit two new dentists who will start in July 2022, but will continue to recruit and hire additional dental practitioners (dentists and/or dental hygienists) in CY22 and CY23 in order to support a comprehensive staffing plan and as the demand for oral health services expands.

Recruitment Costs (Sign-on Bonuses) for Two New Dental Practitioners <i>(Dentist and/or Dental Hygienist to include a sign-on bonus of \$15,000 for each provider to accept a position at Promise Healthcare (\$15,000 x 2 dental providers)</i>	\$30,000
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Promise Healthcare recruiting costs <i>to identify and interview potential dental providers (Dentist and/or Dental Hygienist) for positions. This includes approximately \$6,666/candidate x 3 candidates to cover the costs of identifying the candidate and encouraging them to apply for the position, flights for the candidate and their spouse, lodging and travel expenses while in Champaign County for the interview, relocation assistance, etc.</i>	\$20,000
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Total Request to Support Recruitment Costs	\$50,000
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Grantee Name: Champaign-Urbana Public Health District
FEIN: 37-6005435
Grant Agreement Number: N/A

Description (Category)	Requested Amount	Narrative (Justification)
Personal Services (Incl Salary & Wages)	\$ 16,405.83	Alyx McElfresh will spend 35% of her time planning and implementing MPC lessons for the 6 schools. -Heritage has two cohorts of students; each cohort will receive 13 lessons each (26 lessons total) -Ludlow has 1 cohort of students that will receive 13 lessons -Fisher Jr. High has one cohort that will get 13 lessons and Fisher Sr. High has one that will also receive 13 lessons -Thomasboro has one cohort of students that will get 13 lessons -JW Eater has 6 total cohorts of students for a total of 42 sessions
Fringe Benefits	\$ 6,515.69	All full time employees are entitled to FICA, IMRF, health insurance, life insurance, unemployment insurance, and workers' compensations (group insurance). Actual fringe benefits are based on time of personnel working on program.
Travel	\$ 3,098.75	Alyx will travel from CUPHD to the six schools for each lesson.
Supplies	\$ 1,252.45	We will print handouts, rosters and other program materials in house. We will purchase program specific materials to enrich the program's facilitation.
TOTAL DIRECT EXPENSES	\$ 27,272.72	
Indirect Expenses	\$ 2,727.27	Our organization has never received a Negotiated Indirect Cost Rate Agreement from the federal government and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of IL awards pursuant to 2CFR200.414(C)(4)(f) and 200.68.
TOTAL EXPENDITURES	\$ 30,000.00	

Submitted By: Whitney Greger
 Date: 6/13/2022

Contact Information: wgreger@c-uphd.org, 217-531-2914

FY23 County Sexual Health

	Quantity	Unit Rate	Units	Unit of Measurement	Budget FY23
SALARY & WAGES					
Alyx McElfresh-Health Educator II	\$ 46,873.80	35.0%	1	YR	\$ 16,405.83
Total Salary & Wages					\$ 16,405.83
FRINGE BENEFITS					
FICA	\$ 15,945.10	7.650%	1	UNT	\$ 1,219.80
IMRF	\$ 15,840.09	6.480%	1	UNT	\$ 1,026.44
Health Insurance	\$ 4,146.66	100%	1	UNT	\$ 4,146.66
Life Insurance	\$ 7.56	100%	1	UNT	\$ 7.56
Unemployment	\$ 4,536.00	1.025%	1	UNT	\$ 46.49
Workers' Comp	\$ 16,405.84	0.419%	1	UNT	\$ 68.74
Total Fringe Benefits					\$ 6,515.69
Total Personal Services & Fringe Benefits					\$ 22,921.52
TRAVEL					
InState Mileage-Heritage	26	\$ 0.625	54	MIL	\$ 877.50
InState Mileage-Ludlow	13	\$ 0.625	55	MIL	\$ 446.88
InState Mileage-Fisher Jr High	13	\$ 0.625	39	MIL	\$ 316.88
InState Mileage-Fisher Sr High	13	\$ 0.625	39	MIL	\$ 316.88
InState Mileage-Thomasboro	13	\$ 0.625	37	MIL	\$ 300.63
InState Mileage-JW Eater	42	\$ 0.625	32	MIL	\$ 840.00
Total Travel					\$ 3,098.75
SUPPLIES					
Printing	1000	\$ 0.10	1	CPY	\$ 100.00
Program Supplies	1	\$ 1,152.45	1	UNT	\$ 1,152.45
Total Supplies					\$ 1,252.45
Total Direct Costs					\$ 27,272.72
Modified Total Direct Costs					\$ 27,272.72
INDIRECT COSTS - 10% of MTDC					\$ 2,727.27
Grant Total					\$ 30,000.00

Champaign County Comprehensive Sexual Health Education (2022-2023)

PROJECT DESCRIPTION

Using County BOH funding, CUPHD health education staff will offer *Making Proud Choices!* to schools in Champaign County (outside of C-U) serving an estimated **340 students**.

As of 6/10/2022 the following schools have confirmed interest in programming*:

- Heritage High School (2 groups, 60 students)
- Ludlow Grade School (1 group, 20 students)
- JW Eater Jr. High School (6 groups, 180 students)

The following schools are TBD:

- Fisher Jr & Sr High School (2 groups, 60 students)
- Thomasboro Grade School (1 group, 20 students)



HOW WILL FUNDS BE USED?

Funds will be used for staff time, travel, and materials related to the program:

- Trained MPC facilitator and Health Educator II from CUPHD will facilitate the curriculum
- Staff will travel to and from schools (mileage rate is \$0.625)
- Staff will purchase classroom materials in order to enhance the program's delivery

CUPHD staff will use a specific cost center for when they work on this project. This code will be used when they enter their time in to our electronic time-keeping system and entering reimbursement for mileage or ordering program supplies. This will ensure that funds will be allocated to the correct funding source.



TIMELINE OF THE PROJECT

- August 2022 - County BOH update; finalize plans with schools/teachers
- September 2022 - begin facilitation
- November 2022 - County BOH update
- Sept 2022-May 2023 - facilitation & evaluation
- April 2023-June 2023 - 2023-24 plan & County BOH update

Board of Health Special Revenue Fund (2089-049)

The Champaign County Board of Health is established by 55 ILCS 5/5-20 and consists of nine members, appointed by the County Board Chair to three-year, staggered terms. The Board is responsible for disease control and the physical and environmental health of County residents. This Board is supported through the Health Fund property tax levy; federal, state, and local grants; and fees. The maximum rate for the Health Fund levy is \$0.10/\$100 assessed valuation. The projected rate for the total Health levy is \$0.0304/\$100 assessed valuation.

MISSION STATEMENT

The mission of the Champaign County Public Health Department is to promote health, prevent disease, and lessen the impact of illness through the effective use of community resources.

BUDGET HIGHLIGHTS

The Board of Health budget is dependent upon property taxes, permits, and federal and state grants for specific public health services. The property tax revenue is estimated at this time because the total levy is not split between Champaign-Urbana Public Health District (CUPHD) and the Board of Health (BOH) until the County Clerk's Office provides the equalized assessed values (EAV) in May of the subsequent year. The historical percentage of the levy split is shown later in this document.

Allocation of \$50,000 is included in the budget in the child dental access program line pending Board of Health approval at the August 23, 2022 meeting. The Board of Health enters a contract with the CUPHD to provide public health services throughout the County. The revenue to expenditure deficit in FY2023 is the result of appropriating fund balance of \$95,000. Appropriation of \$15,000 is for emergency services above and beyond the scope of the contract with required authorization by the County Board of Health's Chair. Appropriation of \$80,000 from fund balance, which exceeds the 25% threshold, is for one-time projects to be identified by the Board. At the time of budget preparation the Chair stated, subject to Board approval, that \$30,000 is to provide Sex Education in Champaign County Schools, and \$50,000 is included to assist in the recruitment of a dentist.

Department Summary

		2021 Actual	2022 Original	2022 Projected	2023 Budget
Property Taxes					
400101	Property Taxes - Current	595,875	620,916	621,512	669,907
400104	Payment In Lieu Of Taxes	415	0	400	400
Property Taxes Total		596,290	620,916	621,912	670,307
Intergov Revenue					
400476	Other Intergovernmental	7,043	57,517	46,730	50,000
Intergov Revenue Total		7,043	57,517	46,730	50,000
Grant Revenue					
400408	State - Health And/Or Hospital	19,904	346,766	489,853	162,767
400454	Federal - Health/Or Hospitals	45,179	65,688	61,335	64,562
400455	Federal - Public Welfare	1,321,528	0	658,148	181,817
Grant Revenue Total		1,386,610	412,454	1,209,336	409,146
Licenses And Permits					
400602	Permits - Business	85,575	113,300	101,000	101,611
400611	Permits - Nonbusiness	24,100	26,425	30,000	32,517
Licenses And Permits Total		109,675	139,725	131,000	134,128
Misc Revenue					
400801	Investment Interest	247	214	1,750	1,750
400902	Other Miscellaneous Revenue	2,899	2,570	2,500	614
Misc Revenue Total		3,146	2,784	4,250	2,364
Revenues Total		2,102,765	1,233,396	2,013,228	1,265,945
Services					
502001	Professional Services	2,099,306	1,230,396	1,912,904	1,308,945
502002	Outside Services	0	265,000	1,839	2,000
502022	Operational Services	50,000	50,000	50,000	50,000
Services Total		2,149,306	1,545,396	1,964,743	1,360,945
Interfund Expense					
700101	Transfers Out	2,686	3,000	1,161	0
Interfund Expense Total		2,686	3,000	1,161	0
Expenditures Total		2,151,992	1,548,396	1,965,904	1,360,945

Fund Balance

2021 Actual	2022 Projected	2023 Budget
525,749	573,073	478,073

A fund balance of 25% of the expenditure budget has been established by the County Board of Health to ensure an appropriate balance to

address cash flow requirements and reserve funding for public health emergencies.

The fund balance reflects an increase in FY2022 due to the timing of grant receipt and expenditure, and a decrease in FY2023 as a result of appropriating for a draw on fund balance for emergencies and professional recruitment.

BOH/CUPHD LEVY SPLIT

Fiscal Year	2019	2020	2021	2022	2023 (budgeted)
Board of Health	43.7%	44.3%	44.5%	44.6%	44.6%
CUPHD	56.3%	55.7%	55.5%	55.4%	55.4%

EXPENSE PER CAPITA (IN ACTUAL DOLLARS BASED ON BUDGET)

FY2019	FY2020	FY2021	FY2022	FY2023 Budgeted
\$12.61	\$13.71	\$31.41*	\$19.66	\$17.18

**FY2021 includes the receipt of significant grant funding for COVID-19 pandemic response.*

To prevent the transmission of enteric disease in Champaign County attributed to improper sewage disposal or unsafe private water supplies.

ALIGNMENT to STRATEGIC PLAN

County Board Goal 3 –Champaign County promotes a safe, just, and healthy community

To promote and participate in planning initiatives for the maintenance and improvement in delivery of public health services

To provide public health programming and services to promote and enable a healthy community throughout Champaign County

To initiate investigation and surveillance within twenty-four hours of notification of 100% of reported diseases that could be spread through the environment.

To conduct inspections of 100% of private sewage disposal systems and 100% of private water wells installed under permit to assure that all state and local requirements are met.

County Board Goal 4 – Champaign County is a county that supports balanced, planned growth to balance economic growth with preservation of our natural resources

To provide appropriate oversight for planned growth in the areas of licensed food services facilities, private sewer, and well water systems

To anticipate and plan for impact of demographic and population changes on potential health hazards to be managed through public health

To conduct inspections and obtain compliance for all programs carried out by the department through grant/contractual agreements as agents for the Illinois Department of Public Health to protect the safety and well-being of Champaign County residents.

Priority will be given to prevention and mitigation activities that limit the spread of communicable diseases to save lives by preventing our healthcare system from becoming overwhelmed.

OBJECTIVES

To prevent the transmission of food borne diseases attributable to licensed food service facilities in Champaign County.

Performance Indicators

Indicator	2021 Actual	2022 Projected	2023 Budget
Number of Foodborne/Waterborne Outbreaks (confirmed/probable)	0	2	2
Number of Foodborne/Waterborne Illness Complaints Investigated	2	2	5
Number of Reportable Communicable Disease Cases (Classes 1 & 2)	54	74	100
Number of Sexually Transmitted Disease Tests (Syphilis)	53	3	200
Number of Sexually Transmitted Disease Tests (Gonorrhea)	313	107	300
Number of Sexually Transmitted Disease Tests (Chlamydia)	313	246	300
Number of Tuberculosis (TB) Direct Observed Therapy Cases (Active & Latent)	3	3	3
Number of Food Establishment Inspections	356	437	500
Number of Temporary Permits Issued	28	150	245
Number of Food Establishment Complaints Investigated	31	27	45
Number of Food Establishment Food Safety Education Presentations	329	109	100
Number of Sewage Construction Permits Issued	85	72	90
Number of Sewage Construction Inspections	137	132	150
Number of Private Sewage Complaints Investigated	8	12	20
Number of Water well Construction Permits Issued	48	82	75
Number of Water Well Construction Inspections	94	120	100
Number of Abandoned Water Wells Sealed	34	30	35

Champaign County Board of Health			
Monthly Report for			
Total number of children seen from all programs this month:			
Total number of unique pediatric dental patients in BOH Fiscal Year			
Breakdown of current month of patients for all programs by town.			
Champaign:		Savoy:	
• 61820:		St. Joseph:	
• 61821:		Thomasboro:	
• 61822:		Tolono:	
• 61824:		Urbana:	
• 61826:		• 61801:	
Ludlow:		• 61802:	
Rantoul:		Other/Unknown:	
Breakdown of services provided for current month.			
Nitrous oxide:		Sealant:	
Extraction:		Fluoride:	
Pulpotomy:		Prophylaxis:	
Stainless Steel Crown:		X-rays:	
Fillings:		Exams:	
Silver Diamine Fluoride:			

Champaign County Board of Health			
Monthly Report for			
Total number of children seen from all programs this month:			
Total number of unique pediatric dental patients in BOH Fiscal Year			
Breakdown of current month of patients for all programs by town.			
Champaign:		Savoy:	
• 61820:		St. Joseph:	
• 61821:		Thomasboro:	
• 61822:		Tolono:	
• 61824:		Urbana:	
• 61826:		• 61801:	
Ludlow:		• 61802:	
Rantoul:		Other/Unknown:	
Breakdown of services provided for current month.			
Nitrous oxide:		Sealant:	
Extraction:		Fluoride:	
Pulpotomy:		Prophylaxis:	
Stainless Steel Crown:		X-rays:	
Fillings:		Exams:	
Silver Diamine Fluoride:			



INVOICE

To: Champaign County Administrative Services

1776 Washington, Urbana, IL 61802

Invoice number: 67

Date: July 5, 2022

Champaign County Board of Health

Child Dental Access Program - Fiscal Year 2023 - July \$4,166.66

Please pay from this invoice. Thank you.



INVOICE

To: Champaign County Administrative Services

1776 Washington, Urbana, IL 61802

Invoice number: 68

Date: August 5, 2022

Champaign County Board of Health

Child Dental Access Program - Fiscal Year 2023 - August \$4,166.66

Please pay from this invoice. Thank you.

Invoice Number:	2204
Date of Invoice:	June 2, 2022
Billing Period:	April 2022

To:

Champaign County Public Health Department
 1776 East Washington Street
 Urbana, Illinois 61802

For the Following Expenses:

533.07 Professional Services - LHPG Communicable Disease	\$	7,428.06
533.07 Professional Services - LHPG Disease Intervention	\$	14,151.48
533.07 Professional Services - LHPG Tuberculosis	\$	2,865.08
533.07 Professional Services - LHPG Food	\$	20,291.80
533.07 Professional Services - LHPG Water	\$	4,044.75
533.07 Professional Services - LHPG Sewage	\$	7,182.58
533.07 Professional Services - Administration	\$	13,603.25
533.07 Professional Services - PHEP Grant	\$	5,085.91
533.07 Professional Services - TFC Grant	\$	-
533.07 Professional Services - Body Art Grant	\$	-
533.07 Professional Services - Narcan Grant	\$	-
533.07 Professional Services - Perinatal Hep B Grant	\$	-
533.07 Professional Services - Pre-Exposure Prophylaxis	\$	-
533.07 Professional Services - Tanning Inspection Grant	\$	-
533.07 Professional Services - Vector Surveillance & Control Grant	\$	-
533.07 Professional Services - COVID-19 Crisis Grant	\$	-
533.07 Professional Services - COVID-19 Mass Vaccination Grant	\$	-
533.07 Professional Services - COVID-19 Response Grant	\$	44,520.38
533.07 Professional Services - Preventative Services	\$	-
533.07 Professional Services - County Well Water Testing	\$	137.10
Total Amount Due to CUPHD per Contract	\$	119,310.39

CERTIFICATION:

I hereby certify that the amounts billed above agree with the approved budget; that appropriate purchasing procedures have been followed, and that reimbursement has not previously been requested or received.



 Authorized Agency Official

FY22 C-UPHD Contract															
Budget vs. Billed Comparison															
	Budget	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total Billed	Budget Remaining
Core Service Contract															
Communicable Disease	89,137.00	7,428.06	7,428.06	7,428.06	7,428.06									29,712.24	59,424.76
Disease Intervention	169,818.00	14,151.48	14,151.48	14,151.48	14,151.48									56,605.92	113,212.08
Tuberculosis	34,381.00	2,865.08	2,865.08	2,865.08	2,865.08									11,460.32	22,920.68
Food	243,502.00	20,291.80	20,291.80	20,291.80	20,291.80									81,167.20	162,334.80
Water	48,537.00	4,044.75	4,044.75	4,044.75	4,044.75									16,179.00	32,358.00
Sewage	86,191.00	7,182.58	7,182.58	7,182.58	7,182.58									28,730.32	57,460.68
Administration	163,239.00	13,603.25	13,603.25	13,603.25	13,603.25									54,413.00	108,826.00
	834,805.00	69,567.00	69,567.00	69,567.00	69,567.00	-	-	-	-	-	-	-	-	278,268.00	556,537.00
Grants															
PHEP	64,562.00	4,331.24	4,047.94	3,302.37	5,085.91									16,767.46	47,794.54
Tobacco Free Communities	57,517.00	-	-	7,836.75	-									7,836.75	49,680.25
Body Art Inspection	413.00	-	-	-	-									-	413.00
Influenza Vaccine Promotion	25,000.00	-	-	-	-									-	25,000.00
Narcan	3,000.00	-	-	-	-									-	3,000.00
Perinatal Hepatitis B Prevention	7,002.00	-	-	-	-									-	7,002.00
Pre-Exposure Prophylaxis	162,272.00	-	-	49,229.30	-									49,229.30	113,042.70
Tanning Inspection	400.00	-	-	-	-									-	400.00
Vector Surveillance & Control	24,179.00	-	-	-	-									-	24,179.00
COVID-19 Crisis	-	-	-	62,141.19	-									62,141.19	(62,141.19)
COVID-19 Mass Vaccination	-	-	-	34,317.48	-									34,317.48	(34,317.48)
COVID-19 Contact Tracing	-	-	-	174,155.72	-									174,155.72	(174,155.72)
COVID-19 Response	-	-	-	-	44,520.38									44,520.38	(44,520.38)
	344,345.00	4,331.24	4,047.94	330,982.81	49,606.29	-	-	-	-	-	-	-	-	388,968.28	(44,623.28)
Fee for Service															
Well Water Testing	1,126.00	371.19	204.53	569.31	137.10									1,282.13	(156.13)
Preventative Services	50,000.00	-	-	-	-									-	50,000.00
Emergency Non-Contract	15,000.00	-	-	-	-									-	15,000.00
	66,126.00	371.19	204.53	569.31	137.10	-	-	-	-	-	-	-	-	1,282.13	64,843.87
Smoke-Free IL Citation Fee															
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1,245,276.00	74,269.43	73,819.47	401,119.12	119,310.39	-	-	-	-	-	-	-	-	668,518.41	576,757.59

REIMBURSEMENT CERTIFICATION

Champaign, County of

FE ID Number 37-6006910	Contract Number 27180009J	Appropriation Number 063-48270-1900-0200.	Page 1	Of 2
Local Agency Name Champaign, County of	Program Public Health Emergency Preparedness - 2022			Code
Street Address 1776 E. Washington	Report Period 04/01/2022	Thru 04/30/2022	Final <input type="checkbox"/>	Date Prepared
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 07/01/2021	Thru 06/30/2022		Date Approved
				Operational Advance 0.00

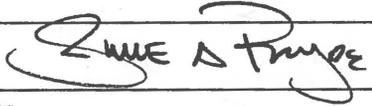
Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Program Expenses											
1. Personal Services (Incl Salary & Wages)	2,599.31	0.00	0.00	0.00	2,599.31	0.00	38,558.74	0.00	41,766.11	3,207.37	92.32%
2. Fringe Benefits	598.59	0.00	0.00	0.00	598.59	0.00	8,240.20	0.00	9,287.31	1,047.11	88.73%
3. Travel	618.37	0.00	0.00	0.00	618.37	0.00	825.43	0.00	1,033.34	207.91	79.88%
4. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,941.22	5,941.22	0.00%
5. Supplies	4.94	0.00	0.00	0.00	4.94	0.00	7.02	0.00	2,106.55	2,099.53	0.33%
6. Contractual Services	1,264.70	0.00	0.00	0.00	1,264.70	0.00	1,990.60	0.00	3,767.47	1,776.87	52.84%
7. Occupancy - Rent and Utilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
8. Telecommunications	0.00	0.00	0.00	0.00	0.00	0.00	400.00	0.00	400.00	0.00	100.00%
9. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
10. Direct Administrative Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
11. Other or Miscellaneous Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	5,085.91	0.00	0.00	0.00	5,085.91	0.00	50,021.99	0.00	64,302.00	14,280.01	77.79%
TOTAL DIRECT EXPENSES	5,085.91	0.00	0.00	0.00	5,085.91	0.00	50,021.99	0.00	64,302.00	14,280.01	77.79%
Indirect Costs	0.00	0.00	508.59	508.59	508.59	0.00	5,002.20	5,002.20	6,430.20	0.00	0.00%
TOTAL EXPENDITURES	5,085.91	0.00	508.59	508.59	5,594.50	0.00	55,024.19	5,002.20	70,732.20	14,280.01	77.79%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	5,085.91	0.00	0.00	0.00	0.00	0.00	0.00%
Source of Funds											
1. Fees and Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%

REIMBURSEMENT CERTIFICATION

Champaign, County of

2. State Agreement	5,085.91	0.00	0.00	0.00	5,085.91	0.00	50,021.99	0.00	64,302.00	14,280.01	77.79%
3. Local	0.00	0.00	508.59	508.59	508.59	0.00	5,002.20	5,002.20	6,430.20	0.00	0.00%
4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	5,085.91	0.00	508.59	508.59	5,594.50	0.00	55,024.19	5,002.20	70,732.20	14,280.01	77.79%

CERTIFICATION: By signing this report [or payment request or both], I certify to the best of my knowledge and belief that the report [or payment request] is true, complete, and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State or federal pass-through award; and that supporting documentation has been submitted as required by the grant agreement. I acknowledge that approval for any other expenditure described herein shall be considered conditional subject to further review and verification in accordance with the monitoring and records retention provisions of the grant agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812; 30 ILCS 708/120).

Authorized Signature Julie A Pryde 	Date	05/31/2022	Title: Administrator
Contact Person Name: Esther Thomas	Telephone Number: 217-531-4262		
Authorized Signature (additional)	Date	Title:	
Contact Person Name:	Telephone Number:		
IDPH Authorized Signature	Date	Title:	

FOR STATE USE ONLY

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message					
Authority: P.A. 368 of 1978 Completion: is a Condition of Reimbursement			The Champaign, County of is an equal opportunity employer, services, and program provider.		

REIMBURSEMENT CERTIFICATION

Champaign, County of

FE ID Number 37-6006910	Contract Number 28180508J	Appropriation Number 063-48250-1900-0100	Page 1	Of 5
Local Agency Name Champaign, County of	Program COVID-19 Response Grant - 2022			Code
Street Address 1776 E. Washington	Report Period 03/01/2022	Thru 04/30/2022	Final <input type="checkbox"/>	Date Prepared
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 01/01/2022	Thru 12/31/2022		Date Approved
				Operational Advance 0.00

Category	Expenditures				Agreement		
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
Program Expenses							
1. Personal Services (Incl Salary & Wages)							
Project Director	1,122.67	1,122.67	0.00	1,122.67	5,933.31	4,810.64	18.92%
Others (Public Health Administrator)	6,641.04	6,641.04	0.00	6,641.04	11,384.64	4,743.60	58.33%
Others (Deputy Administrator & Epidemiologist)	0.00	0.00	0.00	0.00	4,619.85	4,619.85	0.00%
Others (Data Manager)	1,747.54	1,747.54	0.00	1,747.54	8,321.60	6,574.06	21.00%
Others (Resource Coordinator)	1,352.40	1,352.40	0.00	1,352.40	9,531.19	8,178.79	14.19%
Others (Resource Coordinator)	403.31	403.31	0.00	403.31	4,765.60	4,362.29	8.46%
Others (Prevention Specialist)	1,867.42	1,867.42	0.00	1,867.42	10,523.63	8,656.21	17.75%
Others (Special Project Assistant)	1,617.84	1,617.84	0.00	1,617.84	9,244.80	7,626.96	17.50%
Others (Special Project Assistant)	611.00	611.00	0.00	611.00	4,765.60	4,154.60	12.82%
Others (Special Project Assistant)	1,617.85	1,617.85	0.00	1,617.85	11,401.92	9,784.07	14.19%
Others (Special Project Assistant)	464.08	464.08	0.00	464.08	4,765.60	4,301.52	9.74%
Others (Special Project Assistant)	1,522.31	1,522.31	0.00	1,522.31	10,728.59	9,206.28	14.19%
Others (Special Project Assistant)	393.75	393.75	0.00	393.75	8,391.60	7,997.85	4.69%
Others (Special Project Assistant)	45.09	45.09	0.00	45.09	714.85	669.76	6.31%

REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures				Agreement		
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
Assistant)							
Others (Special Project Assistant)	112.14	112.14	0.00	112.14	2,486.40	2,374.26	4.51%
Others (Special Project Assistant)	733.35	733.35	0.00	733.35	8,935.49	8,202.14	8.21%
Others (Special Project Assistant)	1,368.36	1,368.36	0.00	1,368.36	10,715.21	9,346.85	12.77%
Others (Special Project Assistant)	1,561.82	1,561.82	0.00	1,561.82	11,401.92	9,840.10	13.70%
Others (Special Project Assistant)	1,289.22	1,289.22	0.00	1,289.22	3,729.60	2,440.38	34.57%
Others (Special Project Assistant)	589.30	589.30	0.00	589.30	5,254.01	4,664.71	11.22%
Others (Special Project Assistant)	730.80	730.80	0.00	730.80	5,594.40	4,863.60	13.06%
Others (Special Project Assistant)	579.60	579.60	0.00	579.60	4,765.60	4,186.00	12.16%
Others (Special Project Assistant)	21.30	21.30	0.00	21.30	4,378.33	4,357.03	0.49%
Others (Program Manager)	1,878.63	1,878.63	0.00	1,878.63	9,493.30	7,614.67	19.79%
Others (Communications)	53.24	53.24	0.00	53.24	1,664.32	1,611.08	3.20%
Program Manager	380.07	380.07	0.00	380.07	2,373.32	1,993.25	16.01%
Sub Total for Personal Services (Incl Salary & Wages)	28,704.13	28,704.13	0.00	28,704.13	175,884.68	147,180.55	16.32%
2. Fringe Benefits							
FICA	2,135.27	2,135.27	0.00	2,135.27	13,280.68	11,145.41	16.08%
Retirement	1,301.77	1,301.77	0.00	1,301.77	5,278.59	3,976.82	24.66%
Health Insurance	2,259.30	2,259.30	0.00	2,259.30	20,274.35	18,015.05	11.14%
Others (Life Insurance)	5.57	5.57	0.00	5.57	49.70	44.13	11.21%
Others (Unemployment)	113.31	113.31	0.00	113.31	983.02	869.71	11.53%
Workmens Compensation	123.97	123.97	0.00	123.97	736.96	612.99	16.82%
Sub Total for Fringe Benefits	5,939.19	5,939.19	0.00	5,939.19	40,603.30	34,664.11	14.63%

REIMBURSEMENT CERTIFICATION

Champaign, County of

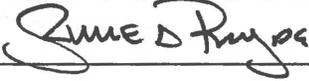
Category	Expenditures			Agreement			
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
3. Travel							
InState Mileage	0.00	0.00	0.00	0.00	702.00	702.00	0.00%
4. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Supplies							
Others (Office Supplies)	16.24	16.24	0.00	16.24	60.00	43.76	27.07%
Others (copies)	3.02	3.02	0.00	3.02	7.50	4.48	40.27%
Sub Total for Supplies	19.26	19.26	0.00	19.26	67.50	48.24	28.53%
6. Contractual Services							
Others (Translation Services)	0.00	0.00	0.00	0.00	200.00	200.00	0.00%
Others (Quarantine housing)	2,072.99	2,072.99	0.00	2,072.99	3,815.25	1,742.26	54.33%
Others (Quarantine per diem)	3,737.50	3,737.50	0.00	3,737.50	6,000.00	2,262.50	62.29%
Sub Total for Contractual Services	5,810.49	5,810.49	0.00	5,810.49	10,015.25	4,204.76	58.02%
7. Occupancy - Rent and Utilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
8. Telecommunications	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
9. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	40,473.07	40,473.07	0.00	40,473.07	227,272.73	186,799.66	17.81%
TOTAL DIRECT EXPENSES	40,473.07	40,473.07	0.00	40,473.07	227,272.73	186,799.66	17.81%
Indirect Costs							

REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures				Agreement		
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
De Minimis Rate – up to 10%	4,047.31	4,047.31	0.00	4,047.31	22,727.27	18,679.96	17.81%
TOTAL EXPENDITURES	44,520.38	44,520.38	0.00	44,520.38	250,000.00	205,479.62	17.81%
TOTAL PAYABLE	0.00	44,520.38	0.00	0.00	0.00	0.00	0.00%
Source of Funds							
1. Fees and Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2. State Agreement	44,520.38	44,520.38	0.00	44,520.38	250,000.00	205,479.62	17.81%
3. Local	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	44,520.38	44,520.38	0.00	44,520.38	250,000.00	205,479.62	17.81%

CERTIFICATION: By signing this report [or payment request or both], I certify to the best of my knowledge and belief that the report [or payment request] is true, complete, and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State or federal pass-through award; and that supporting documentation has been submitted as required by the grant agreement. I acknowledge that approval for any other expenditure described herein shall be considered conditional subject to further review and verification in accordance with the monitoring and records retention provisions of the grant agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812; 30 ILCS 708/120).

Authorized Signature Julie A Pryde		Date	05/31/2022	Title: Administrator
Contact Person Name: Esther Thomas				Telephone Number: 217-531-4262
Authorized Signature (additional)		Date		Title:
Contact Person Name:				Telephone Number:
IDPH Authorized Signature		Date		Title:

REIMBURSEMENT CERTIFICATION

Champaign, County of

FOR STATE USE ONLY

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message					
Authority: P.A. 368 of 1978 Completion: is a Condition of Reimbursement			The Champaign, County of is an equal opportunity employer, services, and program provider.		

County Well Water Testing
April 2022

	Apr-22
PERSONAL SERVICES	
Jeff Blackford	48.07
Laura Shobe	41.19
Total Personal Services	89.26
FRINGE BENEFITS	
Health Insurance	7.42
Life Insurance	0.05
FICA	6.58
IMRF	5.56
Illinois Unemployment Insurance	-
Workers Compensation	2.20
Total Fringe Benefits	21.81
Total Personal Services & Fringe Benefits	111.07
CONTRACTUAL SERVICES	
Printing	1.58
Postage	22.75
Total Contractual Services	24.33
SUPPLIES	
Total Supplies	-
TRAVEL	
Mileage	1.70
Total Travel	1.70
Total	137.10

Invoice Number:	2205
Date of Invoice:	June 29, 2022
Billing Period:	May 2022

To:
 Champaign County Public Health Department
 1776 East Washington Street
 Urbana, Illinois 61802

For the Following Expenses:

533.07 Professional Services - LHPG Communicable Disease	\$	7,428.06
533.07 Professional Services - LHPG Disease Intervention	\$	14,151.48
533.07 Professional Services - LHPG Tuberculosis	\$	2,865.08
533.07 Professional Services - LHPG Food	\$	20,291.80
533.07 Professional Services - LHPG Water	\$	4,044.75
533.07 Professional Services - LHPG Sewage	\$	7,182.58
533.07 Professional Services - Administration	\$	13,603.25
533.07 Professional Services - PHEP Grant	\$	4,189.52
533.07 Professional Services - TFC Grant	\$	-
533.07 Professional Services - Body Art Grant	\$	-
533.07 Professional Services - Narcan Grant	\$	-
533.07 Professional Services - Perinatal Hep B Grant	\$	-
533.07 Professional Services - Pre-Exposure Prophylaxis	\$	-
533.07 Professional Services - Tanning Inspection Grant	\$	-
533.07 Professional Services - Vector Surveillance & Control Grant	\$	-
533.07 Professional Services - COVID-19 Crisis Grant	\$	-
533.07 Professional Services - COVID-19 Mass Vaccination Grant	\$	-
533.07 Professional Services - COVID-19 Response Grant	\$	-
533.07 Professional Services - Preventative Services	\$	217.33
533.07 Professional Services - County Well Water Testing	\$	6.01
Total Amount Due to CUPHD per Contract	\$	73,979.86

CERTIFICATION:

I hereby certify that the amounts billed above agree with the approved budget; that appropriate purchasing procedures have been followed, and that reimbursement has not previously been requested or received.



 Authorized Agency Official

FY22 C-UPHD Contract															
Budget vs. Billed Comparison															
	Budget	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total Billed	Budget Remaining
Core Service Contract															
Communicable Disease	89,137.00	7,428.06	7,428.06	7,428.06	7,428.06	7,428.06								37,140.30	51,996.70
Disease Intervention	169,818.00	14,151.48	14,151.48	14,151.48	14,151.48	14,151.48								70,757.40	99,060.60
Tuberculosis	34,381.00	2,865.08	2,865.08	2,865.08	2,865.08	2,865.08								14,325.40	20,055.60
Food	243,502.00	20,291.80	20,291.80	20,291.80	20,291.80	20,291.80								101,459.00	142,043.00
Water	48,537.00	4,044.75	4,044.75	4,044.75	4,044.75	4,044.75								20,223.75	28,313.25
Sewage	86,191.00	7,182.58	7,182.58	7,182.58	7,182.58	7,182.58								35,912.90	50,278.10
Administration	163,239.00	13,603.25	13,603.25	13,603.25	13,603.25	13,603.25								68,016.25	95,222.75
	834,805.00	69,567.00	69,567.00	69,567.00	69,567.00	69,567.00	-	-	-	-	-	-	-	347,835.00	486,970.00
Grants															
PHEP	64,562.00	4,331.24	4,047.94	3,302.37	5,085.91	4,189.52								20,956.98	43,605.02
Tobacco Free Communities	57,517.00	-	-	7,836.75	-	-								7,836.75	49,680.25
Body Art Inspection	413.00	-	-	-	-	-								-	413.00
Influenza Vaccine Promotion	25,000.00	-	-	-	-	-								-	25,000.00
Narcan	3,000.00	-	-	-	-	-								-	3,000.00
Perinatal Hepatitis B Prevention	7,002.00	-	-	-	-	-								-	7,002.00
Pre-Exposure Prophylaxis	162,272.00	-	-	49,229.30	-	-								49,229.30	113,042.70
Tanning Inspection	400.00	-	-	-	-	-								-	400.00
Vector Surveillance & Control	24,179.00	-	-	-	-	-								-	24,179.00
COVID-19 Crisis	-	-	-	62,141.19	-	-								62,141.19	(62,141.19)
COVID-19 Mass Vaccination	-	-	-	34,317.48	-	-								34,317.48	(34,317.48)
COVID-19 Contact Tracing	-	-	-	174,155.72	-	-								174,155.72	(174,155.72)
COVID-19 Response	-	-	-	-	44,520.38	-								44,520.38	(44,520.38)
	344,345.00	4,331.24	4,047.94	330,982.81	49,606.29	4,189.52	-	-	-	-	-	-	-	393,157.80	(48,812.80)
Fee for Service															
Well Water Testing	1,126.00	371.19	204.53	569.31	137.10	6.01								1,288.14	(162.14)
Preventative Services	50,000.00	-	-	-	-	217.33								217.33	49,782.67
Emergency Non-Contract	15,000.00	-	-	-	-	-								-	15,000.00
	66,126.00	371.19	204.53	569.31	137.10	223.34	-	-	-	-	-	-	-	1,505.47	64,620.53
Smoke-Free IL Citation Fee															
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1,245,276.00	74,269.43	73,819.47	401,119.12	119,310.39	73,979.86	-	-	-	-	-	-	-	742,498.27	502,777.73

REIMBURSEMENT CERTIFICATION

Champaign, County of

FE ID Number 37-6006910	Contract Number 27180009J	Appropriation Number 063-48270-1900-0200.	Page 1	Of 2							
Local Agency Name Champaign, County of	Program Public Health Emergency Preparedness - 2022			Code							
Street Address 1776 E. Washington	Report Period 05/01/2022 Thru 05/31/2022 Final <input type="checkbox"/>			Date Prepared 6-27-2022							
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 07/01/2021 Thru 06/30/2022			Date Approved							
				Operational Advance 0.00							
Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Program Expenses											
1. Personal Services (Incl Salary & Wages)	2,989.85	0.00	0.00	0.00	2,989.85	0.00	41,548.59	0.00	41,766.11	217.52	99.48%
2. Fringe Benefits	831.06	0.00	0.00	0.00	831.06	0.00	9,071.26	0.00	9,287.31	216.05	97.67%
3. Travel	10.71	0.00	0.00	0.00	10.71	0.00	836.14	0.00	1,033.34	197.20	80.92%
4. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,941.22	5,941.22	0.00%
5. Supplies	0.00	0.00	0.00	0.00	0.00	0.00	7.02	0.00	2,106.55	2,099.53	0.33%
6. Contractual Services	357.90	0.00	0.00	0.00	357.90	0.00	2,348.50	0.00	3,767.47	1,418.97	62.34%
7. Occupancy - Rent and Utilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
8. Telecommunications	0.00	0.00	0.00	0.00	0.00	0.00	400.00	0.00	400.00	0.00	100.00%
9. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
10. Direct Administrative Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
11. Other or Miscellaneous Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	4,189.52	0.00	0.00	0.00	4,189.52	0.00	54,211.51	0.00	64,302.00	10,090.49	84.31%
TOTAL DIRECT EXPENSES	4,189.52	0.00	0.00	0.00	4,189.52	0.00	54,211.51	0.00	64,302.00	10,090.49	84.31%
Indirect Costs	0.00	0.00	418.95	418.95	418.95	0.00	5,421.15	5,421.15	6,430.20	0.00	0.00%
TOTAL EXPENDITURES	4,189.52	0.00	418.95	418.95	4,608.47	0.00	59,632.66	5,421.15	70,732.20	10,090.49	84.31%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	4,189.52	0.00	0.00	0.00	0.00	0.00	0.00%
Source of Funds											
1. Fees and Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%

REIMBURSEMENT CERTIFICATION

Champaign, County of

2. State Agreement	4,189.52	0.00	0.00	0.00	4,189.52	0.00	54,211.51	0.00	64,302.00	10,090.49	84.31%
3. Local	0.00	0.00	418.95	418.95	418.95	0.00	5,421.15	5,421.15	6,430.20	0.00	0.00%
4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	4,189.52	0.00	418.95	418.95	4,608.47	0.00	59,632.66	5,421.15	70,732.20	10,090.49	84.31%

CERTIFICATION: By signing this report [or payment request or both], I certify to the best of my knowledge and belief that the report [or payment request] is true, complete, and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State or federal pass-through award; and that supporting documentation has been submitted as required by the grant agreement. I acknowledge that approval for any other expenditure described herein shall be considered conditional subject to further review and verification in accordance with the monitoring and records retention provisions of the grant agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812; 30 ILCS 708/120).

Authorized Signature Amanda S Knight 	Date 6-27-22	Title: Director of Finance
Contact Person Name: Esther Thomas		Telephone Number: 217-531-4262
Authorized Signature (additional)	Date	Title:
Contact Person Name:		Telephone Number:
IDPH Authorized Signature	Date	Title:

FOR STATE USE ONLY

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message					
Authority: P.A. 368 of 1978 Completion: is a Condition of Reimbursement			The Champaign, County of is an equal opportunity employer, services, and program provider.		

Preventative Services - County Sex Ed
April - May 2022

	Apr-22 to May-22
PERSONAL SERVICES	
Alyx McElfresh	\$152.42
Total Personal Services	152.42
FRINGE BENEFITS	
Health Insurance	43.39
Life Insurance	0.08
FICA	11.29
IMRF	9.50
Illinois Unemployment Insurance	-
Workers Compensation	0.65
Total Fringe Benefits	64.91
Total Personal Services & Fringe Benefits	217.33
CONTRACTUAL SERVICES	
Total Contractual Services	-
SUPPLIES	
Total Supplies	-
TRAVEL	
Total Travel	-
Total	217.33

County Well Water Testing
May 2022

	May-22
PERSONAL SERVICES	
Laura Shobe	5.29
Total Personal Services	5.29
FRINGE BENEFITS	
Health Insurance	-
Life Insurance	-
FICA	0.38
IMRF	0.32
Illinois Unemployment Insurance	-
Workers Compensation	0.02
Total Fringe Benefits	0.72
Total Personal Services & Fringe Benefits	6.01
CONTRACTUAL SERVICES	
Total Contractual Services	-
SUPPLIES	
Total Supplies	-
TRAVEL	
Total Travel	-
Total	6.01

Invoice Number:	2206
Date of Invoice:	August 2, 2022
Billing Period:	June 2022

To:
Champaign County Public Health Department
1776 East Washington Street
Urbana, Illinois 61802

For the Following Expenses:

533.07 Professional Services - LHPG Communicable Disease	\$	7,428.06
533.07 Professional Services - LHPG Disease Intervention	\$	14,151.48
533.07 Professional Services - LHPG Tuberculosis	\$	2,865.08
533.07 Professional Services - LHPG Food	\$	20,291.80
533.07 Professional Services - LHPG Water	\$	4,044.75
533.07 Professional Services - LHPG Sewage	\$	7,182.58
533.07 Professional Services - Administration	\$	13,603.25
533.07 Professional Services - PHEP Grant	\$	5,377.83
533.07 Professional Services - TFC Grant	\$	12,893.66
533.07 Professional Services - Body Art Grant	\$	-
533.07 Professional Services - Narcan Grant	\$	3,000.00
533.07 Professional Services - Perinatal Hep B Grant	\$	-
533.07 Professional Services - Pre-Exposure Prophylaxis	\$	62,345.64
533.07 Professional Services - Tanning Inspection Grant	\$	-
533.07 Professional Services - Vector Surveillance & Control Grant	\$	4,906.29
533.07 Professional Services - COVID-19 Crisis Grant	\$	14,045.89
533.07 Professional Services - COVID-19 Mass Vaccination Grant	\$	40,013.45
533.07 Professional Services - COVID-19 Response Grant	\$	85,613.26
533.07 Professional Services - Preventative Services	\$	34.28
533.07 Professional Services - County Well Water Testing	\$	104.18
Total Amount Due to CUPHD per Contract	\$	297,901.48

CERTIFICATION:

I hereby certify that the amounts billed above agree with the approved budget; that appropriate purchasing procedures have been followed, and that reimbursement has not previously been requested or received.



Authorized Agency Official

FY22 C-UPHD Contract															
Budget vs. Billed Comparison															
	Budget	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total Billed	Budget Remaining
Core Service Contract															
Communicable Disease	89,137.00	7,428.06	7,428.06	7,428.06	7,428.06	7,428.06	7,428.06							44,568.36	44,568.64
Disease Intervention	169,818.00	14,151.48	14,151.48	14,151.48	14,151.48	14,151.48	14,151.48							84,908.88	84,909.12
Tuberculosis	34,381.00	2,865.08	2,865.08	2,865.08	2,865.08	2,865.08	2,865.08							17,190.48	17,190.52
Food	243,502.00	20,291.80	20,291.80	20,291.80	20,291.80	20,291.80	20,291.80							121,750.80	121,751.20
Water	48,537.00	4,044.75	4,044.75	4,044.75	4,044.75	4,044.75	4,044.75							24,268.50	24,268.50
Sewage	86,191.00	7,182.58	7,182.58	7,182.58	7,182.58	7,182.58	7,182.58							43,095.48	43,095.52
Administration	163,239.00	13,603.25	13,603.25	13,603.25	13,603.25	13,603.25	13,603.25							81,619.50	81,619.50
	834,805.00	69,567.00	69,567.00	69,567.00	69,567.00	69,567.00	69,567.00	-	-	-	-	-	-	417,402.00	417,403.00
Grants															
PHEP	64,562.00	4,331.24	4,047.94	3,302.37	5,085.91	4,189.52	5,377.83							26,334.81	38,227.19
Tobacco Free Communities	57,517.00	-	-	7,836.75	-	-	12,893.66							20,730.41	36,786.59
Body Art Inspection	413.00	-	-	-	-	-	-							-	413.00
Influenza Vaccine Promotion	25,000.00	-	-	-	-	-	-							-	25,000.00
Narcan	3,000.00	-	-	-	-	-	3,000.00							3,000.00	-
Perinatal Hepatitis B Prevention	7,002.00	-	-	-	-	-	-							-	7,002.00
Pre-Exposure Prophylaxis	162,272.00	-	-	49,229.30	-	-	62,345.64							111,574.94	50,697.06
Tanning Inspection	400.00	-	-	-	-	-	-							-	400.00
Vector Surveillance & Control	24,179.00	-	-	-	-	-	4,906.29							4,906.29	19,272.71
COVID-19 Crisis	-	-	-	62,141.19	-	-	14,045.89							76,187.08	(76,187.08)
COVID-19 Mass Vaccination	-	-	-	34,317.48	-	-	40,013.45							74,330.93	(74,330.93)
COVID-19 Contact Tracing	-	-	-	174,155.72	-	-	-							174,155.72	(174,155.72)
COVID-19 Response	-	-	-	-	44,520.38	-	85,613.26							130,133.64	(130,133.64)
	344,345.00	4,331.24	4,047.94	330,982.81	49,606.29	4,189.52	228,196.02	-	-	-	-	-	-	621,353.82	(277,008.82)
Fee for Service															
Well Water Testing	1,126.00	371.19	204.53	569.31	137.10	6.01	104.18							1,392.32	(266.32)
Preventative Services	50,000.00	-	-	-	-	217.33	34.28							251.61	49,748.39
Emergency Non-Contract	15,000.00	-	-	-	-	-	-							-	15,000.00
	66,126.00	371.19	204.53	569.31	137.10	223.34	138.46	-	-	-	-	-	-	1,643.93	64,482.07
Smoke-Free IL Citation Fee	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1,245,276.00	74,269.43	73,819.47	401,119.12	119,310.39	73,979.86	297,901.48	-	-	-	-	-	-	1,040,399.75	204,876.25

REIMBURSEMENT CERTIFICATION

Champaign, County of

FE ID Number 37-6006910	Contract Number 27180009J	Appropriation Number 063-48270-1900-0200.	Page 1	Of 2
Local Agency Name Champaign, County of	Program Public Health Emergency Preparedness - 2022			Code
Street Address 1776 E. Washington	Report Period 06/01/2022	Thru 06/30/2022	Final <input checked="" type="checkbox"/>	Date Prepared
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 07/01/2021	Thru 06/30/2022		Date Approved
				Operational Advance 0.00

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Program Expenses											
1. Personal Services (Incl Salary & Wages)	2,872.93	0.00	0.00	0.00	2,872.93	0.00	44,421.52	0.00	41,766.11	-2,655.41	106.36%
2. Fringe Benefits	822.28	0.00	0.00	0.00	822.28	0.00	9,893.54	0.00	9,287.31	-606.23	106.53%
3. Travel	0.00	0.00	0.00	0.00	0.00	0.00	836.14	0.00	1,033.34	197.20	80.92%
4. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,941.22	5,941.22	0.00%
5. Supplies	314.22	0.00	0.00	0.00	314.22	0.00	321.24	0.00	2,106.55	1,785.31	15.25%
6. Contractual Services	1,368.40	0.00	0.00	0.00	1,368.40	0.00	3,716.90	0.00	3,767.47	50.57	98.66%
7. Occupancy - Rent and Utilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
8. Telecommunications	0.00	0.00	0.00	0.00	0.00	0.00	400.00	0.00	400.00	0.00	100.00%
9. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
10. Direct Administrative Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
11. Other or Miscellaneous Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	5,377.83	0.00	0.00	0.00	5,377.83	0.00	59,589.34	0.00	64,302.00	4,712.66	92.67%
TOTAL DIRECT EXPENSES	5,377.83	0.00	0.00	0.00	5,377.83	0.00	59,589.34	0.00	64,302.00	4,712.66	92.67%
Indirect Costs	0.00	0.00	537.78	537.78	537.78	0.00	5,958.93	5,958.93	6,430.20	0.00	0.00%
TOTAL EXPENDITURES	5,377.83	0.00	537.78	537.78	5,915.61	0.00	65,548.27	5,958.93	70,732.20	4,712.66	92.67%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	5,377.83	0.00	0.00	0.00	0.00	0.00	0.00%
Source of Funds											
1. Fees and Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%

REIMBURSEMENT CERTIFICATION

Champaign, County of

2. State Agreement	5,377.83	0.00	0.00	0.00	5,377.83	0.00	59,589.34	0.00	64,302.00	4,712.66	92.67%
3. Local	0.00	0.00	537.78	537.78	537.78	0.00	5,958.93	5,958.93	6,430.20	0.00	0.00%
4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	5,377.83	0.00	537.78	537.78	5,915.61	0.00	65,548.27	5,958.93	70,732.20	4,712.66	92.67%

CERTIFICATION: By signing this report [or payment request or both], I certify to the best of my knowledge and belief that the report [or payment request] is true, complete, and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State or federal pass-through award; and that supporting documentation has been submitted as required by the grant agreement. I acknowledge that approval for any other expenditure described herein shall be considered conditional subject to further review and verification in accordance with the monitoring and records retention provisions of the grant agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812; 30 ILCS 708/120).

Authorized Signature Amanda S Knight 	Date 7-22-22	Title: Director of Finance
Contact Person Name: Esther Thomas	Telephone Number: 217-531-4262	
Authorized Signature (additional)	Date	Title:
Contact Person Name:	Telephone Number:	
IDPH Authorized Signature	Date	Title:

FOR STATE USE ONLY

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message					
Authority: P.A. 368 of 1978 Completion: is a Condition of Reimbursement			The Champaign, County of is an equal opportunity employer, services, and program provider.		

Champaign-Urbana Public Health District
REIMBURSEMENT CERTIFICATION / EXPENDITURE FORM

Fiscal Contact Person: Esther Thomas
 Telephone Number: 217-531-4262
 Email Address: ethomas@c-uphd.org
 Date Submitted: 7/29/2022

		<i>In the box below , please enter reimbursement amounts submitted for your FY19 grant.</i>							
Agency Name:	Champaign County	Qtr 1		Qtr 2		Qtr 3		Qtr 4	
FEIN #:	37-6006910	\$6,850.07	7/1/2021 -	\$5,033.38	10/1/2021 -	\$7,836.75	1/1/2022 -	\$12,893.66	
			9/30/2021		12/31/2021		3/31/2022		
Grant #:	23281005J							\$32,613.86	YTD
Program Name:	Illinois Tobacco-Free Communities	Billing Period: 4/1/22-6/30/22							
Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed	Match					
Salary & Wages									
Whitney Greger	Program Coordinator	4/1/22-6/30/22	\$3,465.56						
Alyx McElfresh	Health Educator	4/1/22-6/30/22	\$1,329.64						
Kami Lafoon	Health Educator	4/1/22-6/30/22	\$2,291.88						
Anna Johnson	Health Educator	4/1/22-6/30/22	\$1,490.73						
Total Salary & Wages			\$8,577.81						
Fringe Benefits									
Social Security	FICA	4/1/22-6/30/22	\$636.20						
Retirement	IMRF	4/1/22-6/30/22	\$529.72						
Health Insurance	Health Insurance	4/1/22-6/30/22	\$1,905.34						
Group Insurance	Life, Unemployment & Workers Comp	4/1/22-6/30/22	\$53.86						
Total Fringe Benefits			\$3,125.12						
Travel									
Kami Lafoon	SFIA Travel	4/1/22-6/30/22	\$17.49						
Total Travel			\$17.49						
Supplies									
Lazers Edge Office	Copies	4/1/22-6/30/22	\$1.09						
Total Supplies			\$1.09						
Indirect Cost		De Minimis Rate of 10% or MTDC	4/1/22-6/30/22	\$1,172.15					
Grand Total			\$12,893.66						

Certification: This signed document hereby certifies the goods and/or services claimed are necessary expenditures for the program, appropriate purchasing procedures have been followed, payment has been made as indicated and a reimbursement has not previously been requested or received.



 Authorized Agency Official

08/02/2022

 Date

REIMBURSEMENT CERTIFICATION

Champaign, County of

FE ID Number 37-6006910	Contract Number 25080009J-NDOP	Appropriation Number - 001-48220-1900-0300 for NARCAN Distribution/Opioid Prevention	Page 1	Of 2							
Local Agency Name Champaign, County of	Program Comprehensive Health Protection Grant - FY 2022			Code Narcain Distribution/Opioid Prevention							
Street Address 1776 E. Washington	Report Period 04/01/2022	Thru 06/30/2022	Final <input checked="" type="checkbox"/>	Date Prepared							
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 07/01/2021	Thru 06/30/2022		Date Approved							
				Operational Advance 0.00							
Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Program Expenses											
1. Personal Services (Incl Salary & Wages)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2. Fringe Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
3. Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
4. Supplies											
Others (Nasal Narcan)	3,000.00	0.00	240.00	240.00	3,240.00	0.00	3,240.00	0.00	3,600.00	0.00	100.00%
5. Contractual Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	3,000.00	0.00	240.00	240.00	3,240.00	0.00	3,240.00	240.00	3,600.00	0.00	100.00%
TOTAL DIRECT EXPENSES	3,000.00	0.00	240.00	240.00	3,240.00	0.00	3,240.00	240.00	3,600.00	0.00	100.00%
TOTAL EXPENDITURES	3,000.00	0.00	240.00	240.00	3,240.00	0.00	3,240.00	240.00	3,600.00	0.00	100.00%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
Source of Funds											

REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
1. Fees and Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2. State Agreement	3,000.00	0.00	0.00	0.00	3,000.00	0.00	3,000.00	0.00	3,000.00	0.00	100.00%
3. Local	0.00	0.00	240.00	240.00	240.00	0.00	240.00	240.00	600.00	0.00	0.00%
4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	3,000.00	0.00	240.00	240.00	3,240.00	0.00	3,240.00	240.00	3,600.00	0.00	100.00%

CERTIFICATION: By signing this report [or payment request or both], I certify to the best of my knowledge and belief that the report [or payment request] is true, complete, and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State or federal pass-through award; and that supporting documentation has been submitted as required by the grant agreement. I acknowledge that approval for any other expenditure described herein shall be considered conditional subject to further review and verification in accordance with the monitoring and records retention provisions of the grant agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812; 30 ILCS 708/120).

Authorized Signature Amanda S Knight	Date 7-19-22	Title: Director of Finance
Contact Person Name: Esther Thomas		Telephone Number: 217-531-4262
Authorized Signature (additional)	Date	Title:
Contact Person Name:		Telephone Number:
IDPH Authorized Signature	Date	Title:

FOR STATE USE ONLY

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message					
Authority: P.A. 368 of 1978 Completion: is a Condition of Reimbursement			The Champaign, County of is an equal opportunity employer, services, and program provider.		

REIMBURSEMENT CERTIFICATION

Champaign, County of

FE ID Number 37-6006910	Contract Number 25080009J-PrEP	Appropriation Number - 001-48251-1900-0100 for Pre-exposure Prophylaxis (PrEP)	Page 1	Of 4
Local Agency Name Champaign, County of	Program Comprehensive Health Protection Grant - FY 2022			Code Pre-Exposure Prophylaxis
Street Address 1776 E. Washington	Report Period 04/01/2022	Thru 06/30/2022	Final <input checked="" type="checkbox"/>	Date Prepared 7-15-2022
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 07/01/2021	Thru 06/30/2022	Operational Advance 0.00	

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Program Expenses											
1. Personal Services (Incl Salary & Wages)											
Others (Program Manager, Candi Crause)	6,102.68	0.00	0.00	0.00	6,102.68	0.00	11,234.80	0.00	10,284.40	-950.40	109.24%
Others (Program Coordinator, Nancy Johnson)	4,448.46	0.00	0.00	0.00	4,448.46	0.00	13,151.49	0.00	12,652.32	-499.17	103.95%
Others (NP, Connie Ger)	6,517.18	0.00	0.00	0.00	6,517.18	0.00	21,692.79	0.00	22,108.01	415.22	98.12%
Others (NP, Jennifer Enoch)	4,498.02	0.00	0.00	0.00	4,498.02	0.00	20,256.60	0.00	10,872.65	-9,383.95	186.31%
Others (PrEP Counselor, Stephanie Silver)	153.97	0.00	0.00	0.00	153.97	0.00	217.30	0.00	4,653.84	4,436.54	4.67%
Others (PrEP Counselor, Susan Johnson)	87.93	0.00	0.00	0.00	87.93	0.00	87.93	0.00	4,853.52	4,765.59	1.81%
Others (PrEP Counselor, Whitney Scheiwe)	543.96	0.00	0.00	0.00	543.96	0.00	842.72	0.00	4,560.24	3,717.52	18.48%
Others (PrEP Counselor, Teresa Castaneda)	420.84	0.00	0.00	0.00	420.84	0.00	495.83	0.00	4,560.24	4,064.41	10.87%
Others (PrEP Counselor, Vacant)	13,337.57	0.00	0.00	0.00	13,337.57	0.00	14,423.42	0.00	4,560.24	-9,863.18	316.29%
Sub Total for Personal Services (Incl Salary & Wages)	36,110.61	0.00	0.00	0.00	36,110.61	0.00	82,402.88	0.00	79,105.46	-3,297.42	104.17%
2. Fringe Benefits											
FICA	3,032.30	0.00	0.00	0.00	3,032.30	0.00	6,288.53	0.00	5,707.66	-580.87	110.18%
Retirement	2,009.85	0.00	0.00	0.00	2,009.85	0.00	5,193.71	0.00	5,948.62	754.91	87.31%

REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures							Agreement			
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Health Insurance	3,932.37	0.00	0.00	0.00	3,932.37	0.00	14,126.34	0.00	16,932.95	2,806.61	83.43%
Workmens Compensation	177.08	0.00	0.00	0.00	177.08	0.00	369.47	0.00	321.17	-48.30	115.04%
Others (Life Insurance)	11.21	0.00	0.00	0.00	11.21	0.00	29.65	0.00	31.16	1.51	95.15%
Others (Unemployment Insurance)	84.85	0.00	0.00	0.00	84.85	0.00	164.46	0.00	204.93	40.47	80.25%
Sub Total for Fringe Benefits	9,247.66	0.00	0.00	0.00	9,247.66	0.00	26,172.16	0.00	29,146.49	2,974.33	89.80%
3. Travel											
InState Mileage	206.15	0.00	0.00	0.00	206.15	0.00	206.15	0.00	246.40	40.25	83.66%
InState Mileage	50.10	0.00	0.00	0.00	50.10	0.00	73.02	0.00	56.00	-17.02	130.39%
OutState Lodging	434.40	0.00	0.00	0.00	434.40	0.00	1,303.16	0.00	1,305.00	1.84	99.86%
OutState Meals	478.50	0.00	0.00	0.00	478.50	0.00	478.50	0.00	480.00	1.50	99.69%
InState Mileage	159.12	0.00	0.00	0.00	159.12	0.00	159.12	0.00	159.12	0.00	100.00%
InState Other (Amtrak Train)	68.00	0.00	0.00	0.00	68.00	0.00	68.00	0.00	34.00	-34.00	200.00%
Sub Total for Travel	1,396.27	0.00	0.00	0.00	1,396.27	0.00	2,287.95	0.00	2,280.52	-7.43	100.33%
4. Equipment											
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Supplies											
Others (Pill Cases)	539.10	0.00	0.00	0.00	539.10	0.00	539.10	0.00	556.00	16.90	96.96%
Others (Rapid Syphilis Tests)	867.99	0.00	0.00	0.00	867.99	0.00	1,595.90	0.00	1,593.90	-2.00	100.13%
Others (Condoms for STI prevention)	1,917.69	0.00	0.00	0.00	1,917.69	0.00	1,917.69	0.00	1,918.00	0.31	99.98%
Others (Outreach Supplies)	79.10	0.00	0.00	0.00	79.10	0.00	79.10	0.00	79.10	0.00	100.00%
Others (BP Machine)	98.58	0.00	0.00	0.00	98.58	0.00	98.58	0.00	141.92	43.34	69.46%
Sub Total for Supplies	3,502.46	0.00	0.00	0.00	3,502.46	0.00	4,230.37	0.00	4,288.92	58.55	98.63%
6. Contractual Services											
Others (Rent for space on UIUC campus)	618.00	0.00	0.00	0.00	618.00	0.00	2,472.00	0.00	2,473.65	1.65	99.93%

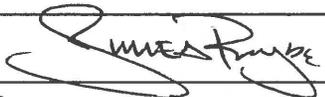
REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Others (GRINDR)	300.00	0.00	0.00	0.00	300.00	0.00	800.00	0.00	800.00	0.00	100.00%
Others (Surface 51)	10,000.00	0.00	0.00	0.00	10,000.00	0.00	35,000.00	0.00	35,000.00	0.00	100.00%
Others (UIMC Reference Lab)	70.00	0.00	0.00	0.00	70.00	0.00	465.00	0.00	480.00	15.00	96.88%
Others (Print marketing)	705.64	0.00	0.00	0.00	705.64	0.00	1,560.64	0.00	960.96	-599.68	162.40%
Others (LGBTQ+ Conference)	395.00	0.00	0.00	0.00	395.00	0.00	395.00	0.00	395.00	0.00	100.00%
Others (PrEP Conference)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	855.00	855.00	0.00%
Sub Total for Contractual Services	12,088.64	0.00	0.00	0.00	12,088.64	0.00	40,692.64	0.00	40,964.61	271.97	99.34%
7. Telecommunications	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	62,345.64	0.00	0.00	0.00	62,345.64	0.00	155,786.00	0.00	155,786.00	0.00	100.00%
TOTAL DIRECT EXPENSES	62,345.64	0.00	0.00	0.00	62,345.64	0.00	155,786.00	0.00	155,786.00	0.00	100.00%
TOTAL EXPENDITURES	62,345.64	0.00	0.00	0.00	62,345.64	0.00	155,786.00	0.00	155,786.00	0.00	100.00%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	62,345.64	0.00	0.00	0.00	0.00	0.00	0.00%
Source of Funds											
1. Fees and Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2. State Agreement	62,345.64	0.00	0.00	0.00	62,345.64	0.00	155,786.00	0.00	155,786.00	0.00	100.00%
3. Local	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	62,345.64	0.00	0.00	0.00	62,345.64	0.00	155,786.00	0.00	155,786.00	0.00	100.00%

REIMBURSEMENT CERTIFICATION

Champaign, County of

<p>CERTIFICATION: By signing this report [or payment request or both], I certify to the best of my knowledge and belief that the report [or payment request] is true, complete, and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State or federal pass-through award; and that supporting documentation has been submitted as required by the grant agreement. I acknowledge that approval for any other expenditure described herein shall be considered conditional subject to further review and verification in accordance with the monitoring and records retention provisions of the grant agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812; 30 ILCS 708/120).</p>		
Authorized Signature Julie A Pryde 	Date 07/15/2022	Title: Administrator
Contact Person Name: Esther Thomas		Telephone Number: 217-531-4262
Authorized Signature (additional)	Date	Title:
Contact Person Name:		Telephone Number:
IDPH Authorized Signature	Date	Title:

FOR STATE USE ONLY

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message					
Authority: P.A. 368 of 1978 Completion: is a Condition of Reimbursement			The Champaign, County of is an equal opportunity employer, services, and program provider.		

REIMBURSEMENT CERTIFICATION

Champaign, County of

FE ID Number 37-6006910	Contract Number 25080009J-VSC	Appropriation Number - 240-48250-1900-0000 for Vector Surveillance and Control	Page 1	Of 4
Local Agency Name Champaign, County of	Program Comprehensive Health Protection Grant - FY 2022			Code Vector Surveillance and Control
Street Address 1776 E. Washington	Report Period 04/01/2022	Thru 06/30/2022	Final <input checked="" type="checkbox"/>	Date Prepared Date Approved
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 07/01/2021	Thru 06/30/2022	Operational Advance 0.00	

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Program Expenses											
1. Personal Services (Incl Salary & Wages)											
Others (Program Supervisor)	17.43	0.00	0.00	0.00	17.43	0.00	728.45	0.00	728.45	0.00	100.00%
Others (Program Coordinator)	1,266.85	0.00	0.00	0.00	1,266.85	0.00	3,197.08	0.00	3,431.12	234.04	93.18%
Others (Mosquito Surveillance & Abatement Biker)	577.60	0.00	0.00	0.00	577.60	0.00	2,106.50	0.00	2,106.50	0.00	100.00%
Others (Mosquito Surveillance & Abatement Biker)	66.56	0.00	0.00	0.00	66.56	0.00	2,106.50	0.00	2,106.50	0.00	100.00%
Others (Mosquito Surveillance & Abatement Biker)	670.68	0.00	0.00	0.00	670.68	0.00	1,327.90	0.00	1,327.90	0.00	100.00%
Others (Mosquito Surveillance & Abatement Biker)	555.57	0.00	0.00	0.00	555.57	0.00	1,327.90	0.00	1,327.90	0.00	100.00%
Others (Mosquito Surveillance & Abatement Biker)	421.20	0.00	0.00	0.00	421.20	0.00	1,246.00	0.00	1,246.00	0.00	100.00%
Sub Total for Personal Services (Incl Salary & Wages)	3,575.89	0.00	0.00	0.00	3,575.89	0.00	12,040.33	0.00	12,274.37	234.04	98.09%
2. Fringe Benefits											
FICA	288.70	0.00	0.00	0.00	288.70	0.00	932.09	0.00	932.09	0.00	100.00%
Retirement	118.30	0.00	0.00	0.00	118.30	0.00	324.16	0.00	324.16	0.00	100.00%

REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Health Insurance	9.89	0.00	0.00	0.00	9.89	0.00	118.48	0.00	118.48	0.00	100.00%
Others (Life Insurance)	0.81	0.00	0.00	0.00	0.81	0.00	2.18	0.00	2.18	0.00	100.00%
Others (Unemployment)	44.87	0.00	0.00	0.00	44.87	0.00	124.94	0.00	124.94	0.00	100.00%
Workmens Compensation	219.78	0.00	0.00	0.00	219.78	0.00	724.80	0.00	724.80	0.00	100.00%
Sub Total for Fringe Benefits	682.35	0.00	0.00	0.00	682.35	0.00	2,226.65	0.00	2,226.65	0.00	100.00%
3. Travel											
InState Mileage	199.11	0.00	0.00	0.00	199.11	0.00	600.00	0.00	600.00	0.00	100.00%
4. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Supplies											
Others (Larvicide)	0.00	0.00	0.00	0.00	0.00	0.00	449.60	0.00	200.00	-249.60	224.80%
Others (Copies)	0.26	0.00	0.00	0.00	0.26	0.00	0.26	0.00	8.98	8.72	2.90%
Others (Postage)	2.65	0.00	0.00	0.00	2.65	0.00	3.16	0.00	10.00	6.84	31.60%
Sub Total for Supplies	2.91	0.00	0.00	0.00	2.91	0.00	453.02	0.00	218.98	-234.04	206.88%
6. Contractual Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
7. Occupancy - Rent and Utilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
8. Telecommunications	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
9. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	4,460.26	0.00	0.00	0.00	4,460.26	0.00	15,320.00	0.00	15,320.00	0.00	100.00%
TOTAL DIRECT EXPENSES	4,460.26	0.00	0.00	0.00	4,460.26	0.00	15,320.00	0.00	15,320.00	0.00	100.00%

REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Indirect Costs											
De Minimis Rate – up to 10%	446.03	0.00	0.00	0.00	446.03	0.00	1,532.00	0.00	1,532.00	0.00	100.00%
TOTAL EXPENDITURES	4,906.29	0.00	0.00	0.00	4,906.29	0.00	16,852.00	0.00	16,852.00	0.00	100.00%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	4,906.29	0.00	0.00	0.00	0.00	0.00	0.00%
Source of Funds											
1. Fees and Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2. State Agreement	4,906.29	0.00	0.00	0.00	4,906.29	0.00	16,852.00	0.00	16,852.00	0.00	100.00%
3. Local	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	4,906.29	0.00	0.00	0.00	4,906.29	0.00	16,852.00	0.00	16,852.00	0.00	100.00%

CERTIFICATION: By signing this report [or payment request or both], I certify to the best of my knowledge and belief that the report [or payment request] is true, complete, and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State or federal pass-through award; and that supporting documentation has been submitted as required by the grant agreement. I acknowledge that approval for any other expenditure described herein shall be considered conditional subject to further review and verification in accordance with the monitoring and records retention provisions of the grant agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812; 30 ILCS 708/120).

Authorized Signature Amanda S Knight 	Date 7-19-22	Title: Director of Finance
Contact Person Name: Esther Thomas		Telephone Number: 217-531-4262
Authorized Signature (additional)	Date	Title:
Contact Person Name:		Telephone Number:
IDPH Authorized Signature	Date	Title:

REIMBURSEMENT CERTIFICATION

Champaign, County of

FOR STATE USE ONLY

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message					
Authority: P.A. 368 of 1978 Completion: is a Condition of Reimbursement			The Champaign, County of is an equal opportunity employer, services, and program provider.		

REIMBURSEMENT CERTIFICATION

Champaign, County of

FE ID Number 37-6006910	Contract Number 27680009J	Appropriation Number 063-48270-1900-0200.	Page 1	Of 2
Local Agency Name Champaign, County of	Program COVID-19 Crisis Grant - 2022-23			Code
Street Address 1776 E. Washington	Report Period 04/01/2022	Thru 06/30/2022	Final ☐	Date Prepared
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 01/01/2022	Thru 06/30/2023	Date Approved	
			Operational Advance 0.00	

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Program Expenses											
1. Personal Services (Incl Salary & Wages)	10,929.87	0.00	0.00	0.00	10,929.87	0.00	59,475.81	0.00	54,068.92	-5,406.89	110.00%
2. Fringe Benefits	1,839.12	0.00	0.00	0.00	1,839.12	0.00	9,785.17	0.00	19,391.99	9,606.82	50.46%
3. Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
4. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
6. Contractual Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
7. Consultant Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
8. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
9. Telecommunications	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
10. Other Miscellaneous	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	12,768.99	0.00	0.00	0.00	12,768.99	0.00	69,260.98	0.00	73,460.91	4,199.93	94.28%
TOTAL DIRECT EXPENSES	12,768.99	0.00	0.00	0.00	12,768.99	0.00	69,260.98	0.00	73,460.91	4,199.93	94.28%
Indirect Costs	1,276.90	0.00	0.00	0.00	1,276.90	0.00	6,926.10	0.00	7,346.09	419.99	94.28%
TOTAL EXPENDITURES	14,045.89	0.00	0.00	0.00	14,045.89	0.00	76,187.08	0.00	80,807.00	4,619.92	94.28%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	14,045.89	0.00	0.00	0.00	0.00	0.00	0.00%
Source of Funds											
1. Fees and Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2. State Agreement	14,045.89	0.00	0.00	0.00	14,045.89	0.00	76,187.08	0.00	80,807.00	4,619.92	94.28%
3. Local	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%

REIMBURSEMENT CERTIFICATION

Champaign, County of

4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	14,045.89	0.00	0.00	0.00	14,045.89	0.00	76,187.08	0.00	80,807.00	4,619.92	94.28%

CERTIFICATION: By signing this report [or payment request or both], I certify to the best of my knowledge and belief that the report [or payment request] is true, complete, and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State or federal pass-through award; and that supporting documentation has been submitted as required by the grant agreement. I acknowledge that approval for any other expenditure described herein shall be considered conditional subject to further review and verification in accordance with the monitoring and records retention provisions of the grant agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812; 30 ILCS 708/120).

Authorized Signature Amanda S Knight 	Date 7-28-22	Title: Director of Finance
Contact Person Name: Esther Thomas		Telephone Number: 217-531-4262
Authorized Signature (additional)	Date	Title:
Contact Person Name:		Telephone Number:
IDPH Authorized Signature	Date	Title:

FOR STATE USE ONLY

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message					
Authority: P.A. 368 of 1978 Completion: is a Condition of Reimbursement			The Champaign, County of is an equal opportunity employer, services, and program provider.		

REIMBURSEMENT CERTIFICATION

Champaign, County of

FE ID Number 37-6006910	Contract Number 15080609I	Appropriation Number 063-48250-1900-0100 and 063-48201-1900-0100.	Page 1	Of 4							
Local Agency Name Champaign, County of	Program COVID-19 Mass Vaccination - 2021			Code							
Street Address 1776 E. Washington	Report Period 04/01/2022	Thru 06/30/2022	Final <input type="checkbox"/>	Date Prepared	Date Approved						
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 12/01/2020	Thru 12/31/2022	Operational Advance 0.00								
Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Program Expenses											
1. Personal Services (Incl Salary & Wages)											
Program Manager	8,144.42	0.00	0.00	0.00	8,144.42	0.00	44,086.84	0.00	46,843.30	2,756.46	94.12%
Others (Nurses)	5,965.19	0.00	0.00	0.00	5,965.19	0.00	73,423.40	0.00	76,524.33	3,100.93	95.95%
Others (Nurse Practitioners)	539.72	0.00	0.00	0.00	539.72	0.00	25,898.45	0.00	38,445.43	12,546.98	67.36%
Others (Dentists)	0.00	0.00	0.00	0.00	0.00	0.00	2,845.52	0.00	3,687.31	841.79	77.17%
Others (Data Manager)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	316.77	316.77	0.00%
Others (Administrative Assistants)	0.00	0.00	0.00	0.00	0.00	0.00	2,024.08	0.00	2,283.19	259.11	88.65%
Others (Case Managers)	0.00	0.00	0.00	0.00	0.00	0.00	11,389.48	0.00	16,172.78	4,783.30	70.42%
Others (Dental Hygeinists)	0.00	0.00	0.00	0.00	0.00	0.00	1,410.33	0.00	1,683.24	272.91	83.79%
Others (Environmental Health Specialists)	0.00	0.00	0.00	0.00	0.00	0.00	1,644.89	0.00	1,481.51	-163.38	111.03%
Others (Intake Specialists)	4,617.19	0.00	0.00	0.00	4,617.19	0.00	25,650.67	0.00	31,200.26	5,549.59	82.21%
Others (Nutritionists)	0.00	0.00	0.00	0.00	0.00	0.00	586.58	0.00	607.16	20.58	96.61%
Others (Peer Counselors)	0.00	0.00	0.00	0.00	0.00	0.00	625.66	0.00	329.80	-295.86	189.71%
Others (Prevention Specialists)	0.00	0.00	0.00	0.00	0.00	0.00	5,306.98	0.00	7,774.97	2,467.99	68.26%
Others (Program Coordinators)	0.00	0.00	0.00	0.00	0.00	0.00	13,480.61	0.00	31,139.99	17,659.38	43.29%
Others (Special Project Assistants)	946.15	0.00	0.00	0.00	946.15	0.00	43,848.78	0.00	53,347.10	9,498.32	82.20%
Others (Licensed Vaccinators)	9,056.45	0.00	0.00	0.00	9,056.45	0.00	47,766.77	0.00	50,378.79	2,612.02	94.82%

REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Sub Total for Personal Services (Incl Salary & Wages)	29,269.12	0.00	0.00	0.00	29,269.12	0.00	299,989.04	0.00	362,215.93	62,226.89	82.82%
2. Fringe Benefits											
Retirement	1,175.91	0.00	0.00	0.00	1,175.91	0.00	15,209.21	0.00	20,705.05	5,495.84	73.46%
FICA	2,215.22	0.00	0.00	0.00	2,215.22	0.00	22,169.92	0.00	27,709.52	5,539.60	80.01%
Health Insurance	2,014.54	0.00	0.00	0.00	2,014.54	0.00	36,002.90	0.00	49,306.98	13,304.08	73.02%
Others (Life Insurance)	8.28	0.00	0.00	0.00	8.28	0.00	98.30	0.00	124.08	25.78	79.22%
Others (Unemployment)	79.68	0.00	0.00	0.00	79.68	0.00	1,964.48	0.00	2,499.29	534.81	78.60%
Workmens Compensation	126.38	0.00	0.00	0.00	126.38	0.00	1,435.73	0.00	1,756.75	321.02	81.73%
Sub Total for Fringe Benefits	5,620.01	0.00	0.00	0.00	5,620.01	0.00	76,880.54	0.00	102,101.67	25,221.13	75.30%
3. Travel											
InState Mileage	0.00	0.00	0.00	0.00	0.00	0.00	847.98	0.00	1,239.69	391.71	68.40%
InState Other	0.00	0.00	0.00	0.00	0.00	0.00	1.98	0.00	0.00	-1.98	198.00%
Sub Total for Travel	0.00	0.00	0.00	0.00	0.00	0.00	849.96	0.00	1,239.69	389.73	68.56%
4. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Supplies											
Others (Vaccination supplies)	962.87	0.00	0.00	0.00	962.87	0.00	30,774.54	0.00	37,442.00	6,667.46	82.19%
Others (Office Supplies)	373.38	0.00	0.00	0.00	373.38	0.00	3,199.45	0.00	3,935.00	735.55	81.31%
Others (Copies & Printing)	71.29	0.00	0.00	0.00	71.29	0.00	5,405.90	0.00	8,012.20	2,606.30	67.47%
Sub Total for Supplies	1,407.54	0.00	0.00	0.00	1,407.54	0.00	39,379.89	0.00	49,389.20	10,009.31	79.73%
6. Contractual Services											
Others (Translation Services)	0.00	0.00	0.00	0.00	0.00	0.00	240.07	0.00	243.51	3.44	98.59%
Others (Background checks)	0.00	0.00	0.00	0.00	0.00	0.00	32.56	0.00	200.00	167.44	16.28%

REIMBURSEMENT CERTIFICATION

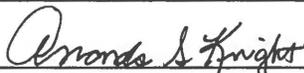
Champaign, County of

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
for new staff)											
Others (Scheduling software)	79.19	0.00	0.00	0.00	79.19	0.00	237.57	0.00	65.00	-172.57	365.49%
Sub Total for Contractual Services	79.19	0.00	0.00	0.00	79.19	0.00	510.20	0.00	508.51	-1.69	100.33%
7. Occupancy - Rent and Utilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
8. Telecommunications	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
9. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	36,375.86	0.00	0.00	0.00	36,375.86	0.00	417,609.63	0.00	515,455.00	97,845.37	81.02%
TOTAL DIRECT EXPENSES	36,375.86	0.00	0.00	0.00	36,375.86	0.00	417,609.63	0.00	515,455.00	97,845.37	81.02%
Indirect Costs											
De Minimis Rate – up to 10%	3,637.59	0.00	0.00	0.00	3,637.59	0.00	41,760.96	0.00	51,545.00	9,784.04	81.02%
TOTAL EXPENDITURES	40,013.45	0.00	0.00	0.00	40,013.45	0.00	459,370.59	0.00	567,000.00	107,629.41	81.02%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	40,013.45	0.00	0.00	0.00	0.00	0.00	0.00%
Source of Funds											
1. Fees and Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2. State Agreement	40,013.45	0.00	0.00	0.00	40,013.45	0.00	459,370.59	0.00	567,000.00	107,629.41	81.02%
3. Local	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	40,013.45	0.00	0.00	0.00	40,013.45	0.00	459,370.59	0.00	567,000.00	107,629.41	81.02%

REIMBURSEMENT CERTIFICATION

Champaign, County of

CERTIFICATION: By signing this report [or payment request or both], I certify to the best of my knowledge and belief that the report [or payment request] is true, complete, and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State or federal pass-through award; and that supporting documentation has been submitted as required by the grant agreement. I acknowledge that approval for any other expenditure described herein shall be considered conditional subject to further review and verification in accordance with the monitoring and records retention provisions of the grant agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812; 30 ILCS 708/120).

Authorized Signature Amanda S Knight 	Date 7-29-22	Title: Director of Finance
Contact Person Name: Esther Thomas		Telephone Number: 217-531-4262
Authorized Signature (additional)	Date	Title:
Contact Person Name:		Telephone Number:
IDPH Authorized Signature	Date	Title:

FOR STATE USE ONLY

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message					
Authority: P.A. 368 of 1978 Completion: is a Condition of Reimbursement			The Champaign, County of is an equal opportunity employer, services, and program provider.		

REIMBURSEMENT CERTIFICATION

Champaign, County of

FE ID Number 37-6006910	Contract Number 28180508J	Appropriation Number 063-48250-1900-0100	Page 1	Of 5
Local Agency Name Champaign, County of	Program COVID-19 Response Grant - 2022			Code
Street Address 1776 E. Washington	Report Period 05/01/2022	Thru 06/30/2022	Final Γ	Date Prepared
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 01/01/2022	Thru 12/31/2022	Date Approved	
				Operational Advance 0.00

Category	Expenditures				Agreement		
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
Program Expenses							
1. Personal Services (Incl Salary & Wages)							
Project Director	1,901.18	1,901.18	0.00	3,023.85	5,933.31	2,909.46	50.96%
Others (Public Health Administrator)	4,743.60	4,743.60	0.00	11,384.64	11,384.64	0.00	100.00%
Others (Deputy Administrator & Epidemiologist)	4,866.25	4,866.25	0.00	4,866.25	4,619.85	-246.40	105.33%
Others (Data Manager)	3,670.07	3,670.07	0.00	5,417.61	8,321.60	2,903.99	65.10%
Others (Resource Coordinator)	2,835.90	2,835.90	0.00	4,188.30	9,531.19	5,342.89	43.94%
Others (Resource Coordinator)	2,116.23	2,116.23	0.00	2,519.54	4,765.60	2,246.06	52.87%
Others (Prevention Specialist)	3,765.92	3,765.92	0.00	5,633.34	10,523.63	4,890.29	53.53%
Others (Special Project Assistant)	3,366.54	3,366.54	0.00	4,984.38	9,244.80	4,260.42	53.92%
Others (Special Project Assistant)	1,560.09	1,560.09	0.00	2,171.09	4,765.60	2,594.51	45.56%
Others (Special Project Assistant)	3,320.47	3,320.47	0.00	4,938.32	11,401.92	6,463.60	43.31%
Others (Special Project Assistant)	652.41	652.41	0.00	1,116.49	4,765.60	3,649.11	23.43%
Others (Special Project Assistant)	3,069.61	3,069.61	0.00	4,591.92	10,728.59	6,136.67	42.80%
Others (Special Project Assistant)	1,798.65	1,798.65	0.00	2,192.40	8,391.60	6,199.20	26.13%
Others (Special Project Assistant)	394.45	394.45	0.00	439.54	714.85	275.31	61.49%

REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures				Agreement		
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
Assistant)							
Others (Special Project Assistant)	126.00	126.00	0.00	238.14	2,486.40	2,248.26	9.58%
Others (Special Project Assistant)	1,324.53	1,324.53	0.00	2,057.88	8,935.49	6,877.61	23.03%
Others (Special Project Assistant)	2,542.39	2,542.39	0.00	3,910.75	10,715.21	6,804.46	36.50%
Others (Special Project Assistant)	3,336.52	3,336.52	0.00	4,898.34	11,401.92	6,503.58	42.96%
Others (Special Project Assistant)	2,772.30	2,772.30	0.00	4,061.52	3,729.60	-331.92	108.90%
Others (Special Project Assistant)	2,047.01	2,047.01	0.00	2,636.31	5,254.01	2,617.70	50.18%
Others (Special Project Assistant)	1,602.47	1,602.47	0.00	2,333.27	5,594.40	3,261.13	41.71%
Others (Special Project Assistant)	2,028.58	2,028.58	0.00	2,608.18	4,765.60	2,157.42	54.73%
Others (Special Project Assistant)	208.57	208.57	0.00	229.87	4,378.33	4,148.46	5.25%
Others (Program Manager)	3,685.61	3,685.61	0.00	5,564.24	9,493.30	3,929.06	58.61%
Others (Communications)	72.23	72.23	0.00	125.47	1,664.32	1,538.85	7.54%
Program Manager	511.20	511.20	0.00	891.27	2,373.32	1,482.05	37.55%
Sub Total for Personal Services (Incl Salary & Wages)	58,318.78	58,318.78	0.00	87,022.91	175,884.68	88,861.77	49.48%
2. Fringe Benefits							
FICA	4,308.63	4,308.63	0.00	6,443.90	13,280.68	6,836.78	48.52%
Retirement	2,505.54	2,505.54	0.00	3,807.31	5,278.59	1,471.28	72.13%
Health Insurance	8,723.49	8,723.49	0.00	10,982.79	20,274.35	9,291.56	54.17%
Others (Life Insurance)	20.60	20.60	0.00	26.17	49.70	23.53	52.66%
Others (Unemployment)	208.21	208.21	0.00	321.52	983.02	661.50	32.71%
Workmens Compensation	251.87	251.87	0.00	375.84	736.96	361.12	51.00%
Sub Total for Fringe Benefits	16,018.34	16,018.34	0.00	21,957.53	40,603.30	18,645.77	54.08%

REIMBURSEMENT CERTIFICATION

Champaign, County of

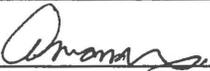
Category	Expenditures				Agreement		
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
3. Travel							
InState Mileage	0.00	0.00	0.00	0.00	702.00	702.00	0.00%
4. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Supplies							
Others (Office Supplies)	10.66	10.66	0.00	26.90	60.00	33.10	44.83%
Others (copies)	0.09	0.09	0.00	3.11	7.50	4.39	41.47%
Sub Total for Supplies	10.75	10.75	0.00	30.01	67.50	37.49	44.46%
6. Contractual Services							
Others (Translation Services)	0.00	0.00	0.00	0.00	200.00	200.00	0.00%
Others (Quarantine housing)	1,519.87	1,519.87	0.00	3,592.86	3,815.25	222.39	94.17%
Others (Quarantine per diem)	1,962.50	1,962.50	0.00	5,700.00	6,000.00	300.00	95.00%
Sub Total for Contractual Services	3,482.37	3,482.37	0.00	9,292.86	10,015.25	722.39	92.79%
7. Occupancy - Rent and Utilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
8. Telecommunications	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
9. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	77,830.24	77,830.24	0.00	118,303.31	227,272.73	108,969.42	52.05%
TOTAL DIRECT EXPENSES	77,830.24	77,830.24	0.00	118,303.31	227,272.73	108,969.42	52.05%
Indirect Costs							

REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures				Agreement		
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
De Minimis Rate – up to 10%	7,783.02	7,783.02	0.00	11,830.33	22,727.27	10,896.94	52.05%
TOTAL EXPENDITURES	85,613.26	85,613.26	0.00	130,133.64	250,000.00	119,866.36	52.05%
TOTAL PAYABLE	0.00	85,613.26	0.00	0.00	0.00	0.00	0.00%
Source of Funds							
1. Fees and Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2. State Agreement	85,613.26	85,613.26	0.00	130,133.64	250,000.00	119,866.36	52.05%
3. Local	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	85,613.26	85,613.26	0.00	130,133.64	250,000.00	119,866.36	52.05%

CERTIFICATION: By signing this report [or payment request or both], I certify to the best of my knowledge and belief that the report [or payment request] is true, complete, and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State or federal pass-through award; and that supporting documentation has been submitted as required by the grant agreement. I acknowledge that approval for any other expenditure described herein shall be considered conditional subject to further review and verification in accordance with the monitoring and records retention provisions of the grant agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812; 30 ILCS 708/120).

Authorized Signature Amanda S Knight 	Date 7-29-22	Title: Director of Finance
Contact Person Name: Esther Thomas		Telephone Number: 217-531-4262
Authorized Signature (additional)	Date	Title:
Contact Person Name:		Telephone Number:
IDPH Authorized Signature	Date	Title:

REIMBURSEMENT CERTIFICATION

Champaign, County of

FOR STATE USE ONLY

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message					
Authority: P.A. 368 of 1978 Completion: is a Condition of Reimbursement			The Champaign, County of is an equal opportunity employer, services, and program provider.		

County Well Water Testing
June 2022

	Jun-22
PERSONAL SERVICES	
Jeff Blackford	40.05
Laura Shobe	22.71
Total Personal Services	62.76
FRINGE BENEFITS	
Health Insurance	6.18
Life Insurance	0.02
FICA	4.65
IMRF	3.93
Illinois Unemployment Insurance	-
Workers Compensation	1.78
Total Fringe Benefits	16.56
Total Personal Services & Fringe Benefits	79.32
CONTRACTUAL SERVICES	
Printing	0.55
Postage	22.61
Total Contractual Services	23.16
SUPPLIES	
Total Supplies	-
TRAVEL	
Mileage	1.70
Total Travel	1.70
Total	104.18



Public Health
Prevent. Promote. Protect.

**Champaign County
Public Health Department**

MEMORANDUM

To: Champaign County Board of Health

From: Sarah Michaels, Director of Environmental Health 

Subject: Farmers' Market Permit

Date: August 3, 2022

Recent legislation has amended the *Food Handling Regulation Enforcement Act*. Effective January 1, 2023, the revision provides that local health departments may issue Farmers' Market Retail Permits for the sale of meat, poultry, eggs, or dairy products.

My recommendation would be to have a reduced fee schedule for those vendors that sell pre-packaged meat, poultry, eggs, and dairy products. A \$50.00 yearly fee would be consistent with the Cottage Operator Registration fee.

This reduced fee for Farmers' Markets vendors selling pre-packaged, refrigerated or frozen foods, and shell eggs is also consistent with the fee schedule established for CUPHD.



FEES ARE NON-REFUNDABLE

PLAN REVIEW FEES (FOOD SERVICES)

Plan review fees are determined by square footage of food service areas (ex: kitchen, food storage, bars, wait stations, soda stations, etc.) Also include toilet rooms and outside storage sheds. Do NOT include the entire establishment.

(A) NEW CONSTRUCTION OR CONVERSION OF EXISTING STRUCTURES:

(Ex: new construction; build-out of an existing structure; a changeover in menu or concept, etc.)

- 100 to 1,000 square feet - \$200
- over 1,000 to 10,000 square feet - \$300
- over 10,000 to 50,000 square feet - \$400
- over 50,000 square feet and up - \$500

(B) CHANGE OF OWNER OR EXTENSIVE REMODEL: 75% or greater of (A)

(Ex: owner has changed but concept and menu remain the same; remodeling an existing kitchen)

- 100 to 1,000 square feet - \$150
- over 1,000 to 10,000 square feet - \$225
- over 10,000 to 50,000 square feet - \$300
- over 50,000 square feet and up - \$375

(C) MINOR REMODEL: less than 75% OF (A)

(Ex: adding a bar or soda station to an existing permitted establishment)

- 100 to 1,000 square feet - \$100
- over 1,000 to 10,000 square feet - \$150
- over 10,000 to 50,000 square feet - \$200
- over 50,000 square feet and up - \$250

Annual permit fee and city license fees should not be submitted until your facility is ready to open. Please do NOT submit them with your plan review information.

ANNUAL PERMIT FEES (FOOD SERVICES)

Category 1 - \$400 (May 1 – October 31)	\$200 (November 1 – April 30)
Category 2 - \$300 (May 1 – October 31)	\$150 (November 1 – April 30)
Category 3 - \$150 (May 1 – October 31)	\$75 (November 1 – April 30)

Applies to vendors at farmers' markets only that sell pre-packaged, refrigerated or frozen foods or shell eggs:

Category 3 - \$50 (May 1 – October 31)	\$25 (November 1 – April 30)
--	------------------------------

CITY LICENSE FEES (FOOD SERVICES)

Champaign - \$20
Urbana - \$87 annual / \$61 mobile / \$56 temporary

SPECIAL FEES (FOOD SERVICES)

Temporary Events (one day) - \$50
Temporary Events (two to fourteen consecutive days) - \$75
Cottage Food Operator Registration (per calendar year) - \$50
Permit Reinstatement Fee - \$50
Late Fee - \$100 late annual permit renewal / \$25 temporary permit

OVER →

MPV

(monkeypox virus)



What you should do if you're waiting for test results or you have been diagnosed.



WHILE WAITING FOR YOUR TEST RESULTS...



- ✓ Avoid prolonged face-to-face and skin-to-skin contact with other people and animals, including pets.
- ✓ Don't leave your home unless it is required for medical care.

PROTECTIVE MEASURES YOU CAN TAKE WHILE YOU ARE ISOLATING



STAY HOME! If you need medical care, call your doctor's office or hospital and let them know you have been diagnosed with monkeypox.



Avoid prolonged face-to-face and any skin-to-skin contact with household members who are not ill. If you have extensive sores that can't be covered, or you are experiencing respiratory symptoms, isolate in a separate room away from people and pets when possible.



If you do need to be in contact with others at home, both you and other household members should wear a well-fitting surgical mask.



Restrict visitors to only those essential to being in the home, especially if they have not been previously exposed.



Avoid contact with animals, including pets, when possible.



Don't touch your eyes and avoid using contact lenses to prevent inadvertent eye infection.



Avoid shaving areas of the body with lesions, as this can lead to spread of the virus.

After ending isolation when all scabs have fallen off, practice safe sex and barrier practices (i.e., wearing condoms) for at least 8 weeks.