

CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center
1776 E. Washington
Urbana, IL 61802

Phone: (217) 384-3772
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Quarterly Meeting of the Champaign County Board of Health

Tuesday, June 13, 2023 (rescheduled from Tuesday, June 20, 2023)

5:00 PM, Main Conference Room
Champaign-Urbana Public Health District
201 W. Kenyon Rd.
Champaign, IL 61820

PAGE NO.

PUBLIC HEARING AGENDA

- I. Call to Order**
- II. Roll Call**
- III. Approval of Agenda/Addenda**
- IV. Public Participation**
- V. Proposed Fy24 Budget and Appropriation Ordinance 2023-06-01** 1 - 163
- VI. Adjournment**

QUARTERLY MEETING AGENDA

- I. Call to Order and Roll Call**
- II. Roll Call**
- III. Approval of Agenda/Addenda**
- IV. Approval of Minutes**
April 25, 2023 164 - 166
- V. Public Participation on Agenda Items Only**
- VI. Correspondence and Communications**
Introduction of Hillary Swinford, new Dental Manager, by Lisa Kilawee, Chief Information Officer and VP of Strategy and Development at Promise Healthcare.
- VII. SmileHealthy Reports and Invoices**
 - Reports*
 - A. Monthly Report – April 2023 167
 - Invoices*
 - B. Invoice number 78 to Champaign County Administrative Services for Child Dental Access Program – April 2023, for \$6,416.66. 168
- VIII. CUPHD**
 - A. Approval of CUPHD Invoice 2303 for March 2023 Services for \$138,897.22. 169 – 189

| | |
|--|-----------|
| B. Approval of CUPHD Invoice 2304 for April 2023 Services for \$79,785.22. | 190 - 195 |
| C. Monthly reports on Communicable Disease Morbidity https://www.c-uphd.org/comm_dis/ | |
| D. Monthly Reports on CUPHD Performance Management http://www.c-uphd.org/pmts/index.php?s=1 | |
| IX. Old Business | |
| Update on CUPHD’s Sexual Health Education program by Ms. Whitney Greger, Director of Wellness and Health Promotion. | 196 |
| X. Other Business | |
| A. Slate of Officers/Elections | 197 |
| B. Discussion of request for \$50,000.00 for Promise Healthcare’s Child Dental Access Program in FY2024 to provide dental care for low-income children in Champaign County, IL between January 1, 2024, and December 31, 2024. | 198 - 199 |
| C. Discussion of request for \$50,000.00 from Promise Healthcare to support recruitment of additional dental providers for Champaign County, IL, between January 1, 2024, and December 31, 2024. | 200 - 203 |
| D. Approval of sub-recipient grants between CCPHD and CUPHD. 1. Direct Grant with IDPH for Hepatitis C Testing for \$34,800.00 for CUPPH TAS from July 1, 2023, through June 30, 2024. | 204 - 242 |
| XI. Public Participation on Non-Agenda Items Only | |
| XII. Next Meeting | |
| Tuesday, August 22, 2023, at CUPHD starting at 5:00 PM in the Main Conference Room. | |
| XIII. Adjournment | |



Public Health
Prevent. Promote. Protect.

Champaign-Urbana Public Health District

CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT

FISCAL YEAR 2024 BUDGET

Adopted On:
June 12, 2023

CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT FISCAL YEAR 2024 BUDGET

Table of Contents

| | <u>Page</u> |
|---|-------------|
| Letter to Board of Health | |
| FY24 Budget and Appropriation Ordinance | |
| FY24 Notice of Public Hearing | |
| FY24 Budget Narrative | |
| Summary Reports: | |
| Summary of All Funds Combined | 1 – 3 |
| Summary by Fund | 4 – 10 |
| Summary by Division | 11 – 25 |
| Detailed Reports by Cost Center | |
| Division 10 – Wellness and Health Promotions | 26 – 33 |
| Division 20 – Teen and Adult Services | 34 – 58 |
| Division 40 – Maternal and Child Health Services | 59 – 79 |
| Division 70 – Environmental Health Services | 80 – 93 |
| Division 80 – Special Projects | 94 – 116 |
| Division 85 – Electronic Health Records | 117 – 117 |
| Division 89 – Champaign County Public Health Department Contract | 118 – 145 |
| Division 90 - Administration | 146 - 155 |

May 8, 2023

Board of Health
Champaign-Urbana Public Health District

Champaign-Urbana Public Health District (District) uses an “appropriation budget”. By statute we are required to budget the maximum amount that we could spend in FY24. As the pandemic funding that was available in FY20-FY23 winds down, CUPHD continues to move forward with focus not only on the virus, but on its other regular public health activities per statute. We are continually striving to apply for grants to provide services that will focus on our vision and mission statement as we continue to bring public health into the future.

With the reduction of COVID-19 funding, revenue has returned to flat funding. Expenses have been projected in line with the revenue. Additionally, with the fund balance being on the higher end of our threshold, we have decided FY24 should also focus on our capital improvements budgets and a lump sum payment towards our IMRF liability with a goal of being fully funded.

The budget for Building Improvements was increased with the anticipation of completing several small projects, including painting of many office areas as well as replacement of old carpet with new tile flooring for easier upkeep and maintenance. We are also replacing several doors throughout the building to become ADA Compliant with automatic door openers/closures. In FY24 we will see the completion of two major projects that have already begun in previous fiscal years. The first project will be the installation of solar panels on the roof, and the anticipated arrival of a new mobile unit to be used by the Immigrant Cooperative.

The FY2024 budget has a net deficit of \$2,823,592 with an anticipated ending fund balance of 31% versus our target of 25%.

Respectfully submitted,

Amanda Knight, CPA
Director of Finance

CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT FISCAL YEAR 2024 BUDGET

Ordinance No: 2023-06-01

Budget and Appropriation Ordinance for FY 2024

Be It Ordained by the Board of Health of the Champaign-Urbana Public Health District, County of Champaign, State of Illinois, as follows:

That the fiscal year of this public health district is hereby fixed and declared to be from July 1, 2023 to June 30, 2024;

That the following incorporated herein, containing an estimate of receipts and expenditures of this district, is hereby adopted as the budget of this district for said fiscal year, and shall be in full force and effect from and after this date;

That there is hereby appropriated for use of this district for the said fiscal year, the following sums:

| | |
|---|--------------|
| From Public Health General Fund | \$14,769,544 |
| From the Illinois Municipal Retirement Fund | \$ 2,032,596 |
| From the Audit Fund | \$ 40,000 |
| From the Liability and General Insurance Fund | \$ 245,202 |
| From the Building/Capital Improvement Fund | \$ 1,398,889 |

Each such total divided among several objects and purposes, as specified and enumerated for each fund, respectively, for the fiscal year July 1, 2023 to June 30, 2024, as provided in this ordinance;

That the following is the Budget and Appropriation Ordinance for this district, passed by the Board of Health as required by law, and shall be in full force and effect from and after this date.

Adopted on June 12, 2023 by the Board of Health of the Champaign-Urbana Public Health District, County of Champaign, State of Illinois, in meeting assembled.

Chairperson

Secretary

AFFP
NOTICE OF PUBLIC HEARING ON TH

Affidavit of Publication

STATE OF ILLINOIS }
COUNTY OF CHAMPAIGN } SS

NOTICE OF PUBLIC HEARING ON THE BUDGET

Champaign-Urbana Public Health District will hold a public hearing on the budget at 4:30pm on Monday, June 12, 2023 in the Main Conference Room of Champaign-Urbana Public Health District, 201 W. Kenyon Rd., Champaign, IL for comment from the public concerning the tentative annual budget for Fiscal Year beginning July 1, 2023, and ending June 30, 2024. All interested citizens are encouraged to attend and to submit written or oral comments. The entire tentative budget and appropriation ordinance for Fiscal Year 2023-2024 is available for public inspection from 8:00am to 4:00pm weekdays at the office of Champaign-Urbana Public Health District at 201 W. Kenyon Rd., Champaign, IL 61820
1009775 5/12

Paul Barrett, being duly sworn, says:

That he is Publisher of the News-Gazette, a daily newspaper of general circulation, printed and published in Champaign, Champaign County, Illinois; that the publication, a copy of which is attached hereto, was published in the said newspaper on the following dates:

May 12, 2023



, Authorized Agent, Champaign County, Illinois

99226025 01009775 531-5382

CHAMPAIGN URBANA PUBLIC HEALTH
201 W KENYON ROAD
CHAMPAIGN, IL 61820

Champaign-Urbana Public Health District
Fiscal Year 2024 Budget Narrative
For the Twelve Months Ended June 30, 2024

Budget Year

The FY24 budget is based upon a twelve-month period beginning July 1, 2023 and ending June 30, 2024.

Funds

There are five funds included in the FY 24 budget for Champaign-Urbana Public Health District (CUPHD). Those funds consist of the following:

General Fund – includes all other revenues and expenditures not accounted for in the other funds to pay for the programs, support and administration of CUPHD.

Illinois Municipal Retirement Fund (IMRF) – includes tax revenues levied, and other sources of revenues generated to cover expenditures associated specifically with IMRF only.

Audit Fund – includes tax revenues levied to cover the cost of the annual financial audit.

Insurance Fund – includes tax revenues levied and other funding sources to cover insurance expenditures.

Building/Capital Improvement Fund – established in FY 2013 for internal reporting of capital projects. Fund was created with a transfer from the General Fund in the budget. This fund is also to be funded with rental income received from renting office space at CUPHD. This fund will be utilized for planning for major capital improvements of maintaining the infrastructure of the facility.

2024 Budget Highlights

- Personnel expenditures – A salary adjustment was included but has been left unidentified due to pending labor negotiations.
- Health Insurance – We are anticipating our renewal rate for the plan year which begins July 2023 to be between six and ten percent.
- Illinois Municipal Retirement Fund (IMRF) – The preliminary rate that will be in effect January 2023 will be 6.01% versus the 5.41% that is currently in effect for 2023.
- State Unemployment Insurance – The budget is based on a rate of 2.75% of the first \$12,960 in wages reported during the calendar year.
- Workers Compensation – Actual workers' compensation rates for CUPHD have remained stable from calendar year 2022 to 2023. The budgeted rates remain the same.

- All grant revenue was budgeted at flat-funding, unless there was a written contract in place or notification that the grant amount was to be modified.
- Capital Outlay Building Improvements – The budget for this fund is \$1,398,889. This fund, as previously mentioned, is for internal reporting purposes only to facilitate better planning. The FY 2024 budget includes multiple projects such as painting and flooring multiple divisions and offices throughout the agency, remodeling of bathrooms and breakroom, addition of solar panels to the roof, and completion of the mobile unit ordered in September 2021.
- Surplus/Deficit – the budget summary shows a deficit budget of \$2,823,592, with a total fund balance of 31%. The Board of Health policy was established providing procedures to maintain a fund balance threshold of 25% as well as steps to be taken if a shortage should occur. Management will continue to evaluate and take steps to avoid this, if at all possible.
- Fund Balance – As previously mentioned, a portion of the general fund balance has been set aside for building/capital improvements. As our fund balance has continued to exceed the fund balance target of 25% per our fund balance policy, and our cash flow continues to do well. The projected FY 2024 ending fund balance is estimated at 31% of budgeted expenditures.

It is very rewarding to prepare a budget focused on strategic goals, implement solid improvements into our processes, and financially plan for the future of a great organization. It was a pleasure to work with the District's Leadership Staff who all had valuable insight into the past and future of this organization. As a result, we are pleased to present to you for your consideration and approval the proposed budget for FY 2024.

NOTICE OF PUBLIC HEARING ON THE BUDGET

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Champaign-Urbana Public Health District

FY24 Budget

Summary of All Funds Combined

| | | <u>FY24 Budget</u> |
|-----------------------|--|----------------------------|
| Revenues | | |
| 4110 | District Real Estate Taxes | \$3,756,224 |
| 4120 | RE Tax Collected by County | \$775,775 |
| 4130 | Personal Property Tax Replace. | \$270,509 |
| 4190 | Other Property Taxes | \$5,000 |
| 4210 | IL Dept of Public Health | \$3,158,023 |
| 4215 | IDPH Local Health Protection | \$423,974 |
| 4220 | IL Dept of Human Services | \$1,912,684 |
| 4224 | IL State Board of Education (ISBE) | \$829,131 |
| 4240 | County Contract | \$693,603 |
| 4241 | County Contract-IL Dept of Public Health (Grants) | \$290,980 |
| 4245 | County Contract: Comprehensive Protection Health Grant | \$164,570 |
| 4290 | Other Grants & Contracts | \$778,707 |
| 4291 | NACCHO Grants | \$61,848 |
| 4295 | IDHFS - 50/50 Match Family Case Management (FCM) | \$200,000 |
| 4310 | CU & CC License Income | \$21,000 |
| 4315 | Environmental Health Permits | \$265,000 |
| 4340 | Vital Statistics | \$203,325 |
| 4364 | Health Insurance Fees | \$219,705 |
| 4365 | Adjustment/Write-Offs_Health Insurance Fees | (\$28,042) |
| 4375 | Client Fee Revenue (Self-Pay) | \$54,021 |
| 4385 | Medicaid Fee Revenue | \$1,370,759 |
| 4386 | Medicaid Fee Write-Offs/Adjustments | (\$77,073) |
| 4388 | WPS Medicare | \$8,905 |
| 4389 | WPS Medicare Write-Offs/Adjustments | (\$6,955) |
| 4390 | Other Fees for Services | \$65,271 |
| 4910 | Interest Income | \$103,885 |
| 4930 | Contributions-Private Sources | \$640 |
| 4950 | Rent Income | \$134,795 |
| 4990 | Miscellaneous Income | \$6,375 |
| Total Revenues | | <u>\$15,662,639</u> |

Expenses

| | | |
|------|-----------------------|-------------|
| 6100 | Personnel Services | \$8,677,853 |
| 6210 | Health Insurance | \$1,437,799 |
| 6220 | Life Insurance | \$3,458 |
| 6230 | FICA | \$633,791 |
| 6240 | IMRF | \$2,032,596 |
| 6250 | Unemployment Tax | \$36,919 |
| 6260 | Workers' Compensation | \$80,277 |
| 6295 | Employee Relations | \$5,746 |
| 6310 | Advertising | \$86,175 |
| 6315 | Audit Fees | \$43,100 |

Champaign-Urbana Public Health District

FY24 Budget

Summary of All Funds Combined

| | <u>FY24 Budget</u> | |
|------|--|-----------|
| 6316 | Computer Consultants & Support | \$32,816 |
| 6320 | Bank Charges | \$533 |
| 6325 | Consultants | \$26,900 |
| 6327 | Educational Materials | \$2,700 |
| 6331 | Equipment Expense (Under \$5,000) | \$93,680 |
| 6335 | IDPH Death Certificates | \$58,000 |
| 6345 | Legal Fees | \$110,000 |
| 6347 | Marketing | \$11,200 |
| 6350 | Membership & Dues | \$37,460 |
| 6355 | Non-CUPHD License Payments | \$44,000 |
| 6356 | Employee License Reimbursement | \$5,398 |
| 6360 | Payroll & Payment Fees | \$3,500 |
| 6365 | Postage & Delivery | \$23,030 |
| 6373 | Software License & Maintenance | \$210,445 |
| 6380 | Subgrantee/Subcontractor | \$343,300 |
| 6381 | Subawards | \$30,000 |
| 6385 | Trainings | \$55,417 |
| 6390 | Other Contractual Services | \$122,137 |
| 6421 | Outside Dental Services | \$352,000 |
| 6425 | Housing Assistance | \$263,000 |
| 6440 | Mental Health-No Substances | \$35,000 |
| 6450 | Contract Nutritional Services | \$14,000 |
| 6451 | Direct Nutrition Services | \$16,000 |
| 6455 | Primary Care | \$152,112 |
| 6465 | Transportation Services | \$2,060 |
| 6470 | Utility Assistance | \$75,000 |
| 6490 | Other Patient Care & Client Assistance | \$82,152 |
| 6500 | IT Supplies | \$55 |
| 6510 | Books and Periodicals | \$3,525 |
| 6525 | Bldg/Janitorial Supplies @ Champaign | \$35,100 |
| 6530 | Consumable Supplies | \$51,991 |
| 6540 | Dental Supplies | \$79,085 |
| 6550 | Medical Supplies | \$207,178 |
| 6560 | Office Supplies | \$56,861 |
| 6570 | Outreach Supplies | \$33,422 |
| 6580 | Program Materials | \$360,412 |
| 6585 | Client Incentive Supplies | \$5,500 |
| 6590 | Other Supplies | \$32,209 |
| 6610 | Commercial Printing | \$13,476 |
| 6620 | Photocopying | \$21,137 |
| 6710 | Mileage | \$87,355 |
| 6720 | Lodging | \$27,879 |
| 6730 | Meals | \$15,863 |
| 6740 | Commercial Transportation | \$7,218 |
| 6750 | Vehicle Operations | \$8,140 |

Champaign-Urbana Public Health District

FY24 Budget

Summary of All Funds Combined

| | | <u>FY24 Budget</u> |
|------|--|----------------------------------|
| 6790 | Other Travel | \$2,344 |
| 6810 | Telephone Service | \$24,415 |
| 6820 | Cellular Phone Service | \$7,550 |
| 6830 | Internet Service | \$27,225 |
| 6890 | Other Telecommunication Expense | \$1,854 |
| 6910 | Property & Liability Insurance | \$35,000 |
| 6920 | Professional Liability (Malpractice) Insurance | \$82,242 |
| 6930 | Auto Insurance | \$2,000 |
| 6990 | Other Insurance | \$8,839 |
| 7014 | Repairs & Maintenance @ Rantoul | \$200 |
| 7015 | Repairs & Maintenance @ Champaign | \$62,180 |
| 7025 | Utilities @ Champaign | \$100,000 |
| 7030 | Rent | \$29,900 |
| 7095 | Other Occupancy Expenses @ Champaign | \$2,250 |
| 7097 | Debt Service Capital Lease Principal | \$38,476 |
| 7099 | Debt Service Capital Lease Interest | \$3,346 |
| 7110 | Capital Outlay | \$1,759,794 |
| 9010 | Unable To Pay/Bad Debt | \$12,610 |
| 9030 | Miscellaneous | \$46 |
| | Total Expenses | <u>(\$18,486,231)</u> |
| | | |
| | Other Financing Uses/(Sources) | |
| 9921 | Transfer from General Fund | (\$3,064,889) |
| 9932 | Transfer to IMRF Fund | \$1,500,000 |
| 9934 | Transfer to Insurance Fund | \$166,000 |
| 9935 | Transfer to Building Capital Improvement Fund | \$1,398,889 |
| | Total Other Financing Sources/(Uses) | <u>\$ 0</u> |
| | | |
| | BEGINNING FUND BALANCE | \$8,224,189 |
| | NET SURPLUS/(DEFICIT) | (\$2,823,592) |
| | ENDING FUND BALANCE | <u><u>\$5,400,597</u></u> |

Champaign-Urbana Public Health District

FY2024 Budget

Fund 1 - General

| | | <u>FY24 Budget</u> |
|-----------------------|--|----------------------------|
| Revenues | | |
| 4110 | District Real Estate Taxes | \$3,456,283 |
| 4120 | RE Tax Collected by County | \$775,775 |
| 4130 | Personal Property Tax Replacement | \$270,509 |
| 4190 | Other Property Taxes | \$5,000 |
| 4210 | IL Dept of Public Health (Grants) | \$3,044,000 |
| 4215 | IDPH Local Health Protection | \$366,540 |
| 4220 | IL Dept of Human Services | \$1,825,466 |
| 4224 | IL State Board of Education (ISBE) | \$788,725 |
| 4240 | County Contract | \$653,258 |
| 4241 | County Contract-IL Dept of Public Health (Grants) | \$275,005 |
| 4245 | County Contract: Comprehensive Protection Health Grant | \$157,632 |
| 4290 | Other Grants & Contracts | \$739,222 |
| 4291 | NACCHO Grants | \$61,848 |
| 4295 | IDHFS - 50/50 Match Family Case Management (FCM) | \$200,000 |
| 4310 | CU & CC License Income | \$21,000 |
| 4315 | Environmental Health Permits | \$265,000 |
| 4340 | Vital Statistics | \$203,325 |
| 4364 | Health Insurance Fees | \$219,705 |
| 4365 | Adjustment/Write-Offs_Health Insurance Fees | (\$28,042) |
| 4375 | Client Fee Revenue (Self-Pay) | \$54,021 |
| 4385 | Medicaid Fee Revenue | \$1,370,759 |
| 4386 | Medicaid Fee Write-Offs/Adjustments | (\$77,073) |
| 4388 | WPS Medicare | \$8,905 |
| 4389 | WPS Medicare Write-Offs/Adjustments | (\$6,955) |
| 4390 | Other Fees for Services | \$65,271 |
| 4910 | Interest Income | \$103,885 |
| 4930 | Contributions-Private Sources | \$640 |
| 4950 | Rent Income | \$134,795 |
| 4990 | Miscellaneous Income | \$6,375 |
| Total Revenues | | <u>\$14,960,874</u> |

Expenses

| | | |
|------|--------------------------------|-------------|
| 6100 | Personnel Services | \$8,677,853 |
| 6210 | Health Insurance | \$1,437,799 |
| 6220 | Life Insurance | \$3,458 |
| 6230 | FICA | \$633,791 |
| 6260 | Workers' Compensation | \$75 |
| 6295 | Employee Relations | \$5,746 |
| 6310 | Advertising | \$86,175 |
| 6315 | Audit Fees | \$3,100 |
| 6316 | Computer Consultants & Support | \$32,816 |
| 6320 | Bank Charges | \$533 |

Champaign-Urbana Public Health District

FY2024 Budget

Fund 1 - General

| | | <u>FY24 Budget</u> |
|------|--|--------------------|
| 6325 | Consultants | \$26,900 |
| 6327 | Educational Materials | \$2,700 |
| 6331 | Equipment Expense (Under \$5,000) | \$93,680 |
| 6335 | IDPH Death Certificates | \$58,000 |
| 6345 | Legal Fees | \$110,000 |
| 6347 | Marketing | \$11,200 |
| 6350 | Membership & Dues | \$37,460 |
| 6355 | Non-CUPHD License Payments | \$44,000 |
| 6356 | Employee License Reimbursement | \$5,398 |
| 6360 | Payroll & Payment Fees | \$3,500 |
| 6365 | Postage & Delivery | \$23,030 |
| 6373 | Software License & Maintenance | \$210,445 |
| 6380 | Subgrantee/Subcontractor | \$343,300 |
| 6381 | Subawards | \$30,000 |
| 6385 | Professional Meetings/Trainings | \$55,417 |
| 6390 | Other Contractual Services | \$122,137 |
| 6421 | Outside Dental Services | \$352,000 |
| 6425 | Housing Assistance | \$263,000 |
| 6440 | Mental Health | \$35,000 |
| 6450 | Contract Nutritional Services | \$14,000 |
| 6451 | Direct Nutrition Services | \$16,000 |
| 6455 | Primary Care | \$152,112 |
| 6465 | Transportation Assistance | \$2,060 |
| 6470 | Utility Assistance | \$75,000 |
| 6490 | Other Patient Care & Client Assistance | \$82,152 |
| 6500 | IT Supplies | \$55 |
| 6510 | Books and Periodicals | \$3,525 |
| 6525 | Bldg/Janitorial Supplies @ Champaign | \$35,100 |
| 6530 | Consumable Supplies | \$51,991 |
| 6540 | Dental Supplies | \$79,085 |
| 6550 | Medical Supplies | \$207,178 |
| 6560 | Office Supplies | \$56,861 |
| 6570 | Outreach Supplies | \$33,422 |
| 6580 | Program Materials | \$360,412 |
| 6585 | Client Incentive Supplies | \$5,500 |
| 6590 | Other Supplies | \$32,209 |
| 6610 | Commercial Printing | \$13,476 |
| 6620 | Photocopying | \$21,137 |
| 6710 | Mileage | \$87,355 |
| 6720 | Lodging | \$27,879 |
| 6730 | Meals | \$15,863 |
| 6740 | Commercial Transportation | \$7,218 |
| 6750 | Vehicle Operations | \$8,140 |
| 6790 | Other Travel | \$2,344 |
| 6810 | Telephone Service | \$24,415 |

Champaign-Urbana Public Health District

FY2024 Budget

Fund 1 - General

| | | FY24 Budget |
|---|---|-----------------------|
| 6820 | Cellular Phone Service | \$7,550 |
| 6830 | Internet Service | \$27,225 |
| 6890 | Other Telecommunication Expense | \$1,854 |
| 7014 | Repairs & Maintenance @ Rantoul | \$200 |
| 7015 | Repairs & Maintenance @ Champaign | \$62,180 |
| 7025 | Utilities @ Champaign | \$100,000 |
| 7030 | Rent | \$29,900 |
| 7095 | Other Occupancy Expenses @ Champaign | \$2,250 |
| 7097 | Debt Service Capital Lease Principal | \$38,476 |
| 7099 | Debt Service Capital Lease Interest | \$3,346 |
| 7110 | Capital Outlay | \$360,905 |
| 9010 | Unable To Pay/Bad Debt | \$12,610 |
| 9030 | Miscellaneous | \$46 |
| Total Expenses | | (\$14,769,544) |
| | | |
| Other Financing Uses/(Sources) | | |
| 9932 | Transfer to IMRF Fund | \$1,500,000 |
| 9934 | Transfer to Insurance Fund | \$166,000 |
| 9935 | Transfer to Building Capital Improvement Fund | \$1,398,889 |
| Total Other Financing Sources/(Uses) | | \$3,064,889 |
| | | |
| BEGINNING FUND BALANCE | | \$7,381,975 |
| | | |
| NET SURPLUS/(DEFICIT) | | (\$2,873,569) |
| | | |
| ENDING FUND BALANCE | | \$4,508,406 |

Champaign-Urbana Public Health District

FY2024 Budget

Fund 2 - Illinois Municipal Retirement Fund (IMRF)

| | | FY24 Budget |
|---|--|----------------------|
| Revenues | | |
| 4110 | District Real Estate Taxes | \$299,940 |
| 4210 | IL Dept of Public Health (Grants) | \$91,645 |
| 4215 | IDPH Local Health Protection | \$52,434 |
| 4220 | IL Dept of Human Services | \$75,721 |
| 4224 | IL State Board of Education (ISBE) | \$36,846 |
| 4240 | County Contract | \$27,830 |
| 4241 | County Contract-IL Dept of Public Health (Grants) | \$13,031 |
| 4245 | County Contract: Comprehensive Protection Health Grant | \$4,502 |
| 4290 | Other Grants & Contracts | \$21,226 |
| Total Revenues | | \$623,176 |
| Expenses | | |
| 6240 | IMRF | \$2,032,596 |
| Total Expenses | | (\$2,032,596) |
| Other Financing Uses/(Sources) | | |
| 9921 | Transfer from General Fund | (\$1,500,000) |
| Total Other Financing Sources/(Uses) | | (\$1,500,000) |
| BEGINNING FUND BALANCE | | \$371,268 |
| NET SURPLUS/(DEFICIT) | | \$90,579 |
| ENDING FUND BALANCE | | \$461,847 |

Champaign-Urbana Public Health District

FY2024 Budget

Fund 3 - Audit

| | | <u>FY24 Budget</u> |
|-----------------------------------|------------|-----------------------------------|
| Expenses | | |
| 6315 | Audit Fees | \$40,000 |
| Total Expenses | | <u>(\$40,000)</u> |
| BEGINNING FUND BALANCE | | \$60,131 |
| NET SURPLUS/(DEFICIT) | | (\$40,000) |
| ENDING FUND BALANCE | | <u><u>\$20,131</u></u> |

Champaign-Urbana Public Health District

FY2024 Budget

Fund 4 - Insurance

| | | <u>FY24 Budget</u> |
|---|--|--------------------------------|
| Revenues | | |
| 4210 | IL Dept of Public Health | \$22,378 |
| 4215 | IDPH Local Health Protection | \$5,000 |
| 4220 | IL Dept of Human Services | \$11,497 |
| 4224 | IL State Board of Education (ISBE) | \$3,560 |
| 4240 | County Contract | \$12,515 |
| 4241 | County Contract-IL Dept of Public Health (Grants) | \$2,944 |
| 4245 | County Contract: Comprehensive Protection Health Grant | \$2,436 |
| 4290 | Other Grants & Contracts | \$18,258 |
| Total Revenues | | <u>\$78,588</u> |
| Expenses | | |
| 6250 | Unemployment Tax | \$36,919 |
| 6260 | Workers' Compensation | \$80,202 |
| 6910 | Property & Liability Insurance | \$35,000 |
| 6920 | Professional Liability (Malpractice) Insurance | \$82,242 |
| 6930 | Auto Insurance | \$2,000 |
| 6990 | Other Insurance | \$8,839 |
| Total Expenses | | <u>(\$245,202)</u> |
| Other Financing Uses/(Sources) | | |
| 9921 | Transfer from General Fund | (\$166,000) |
| Total Other Financing Sources/(Uses) | | <u>(\$166,000)</u> |
| BEGINNING FUND BALANCE | | \$297,889 |
| NET SURPLUS/(DEFICIT) | | (\$614) |
| ENDING FUND BALANCE | | <u><u>\$297,275</u></u> |

Champaign-Urbana Public Health District

FY2024 Budget

Fund 5 - Building/Capital Improvement Fund

| | | <u>FY24 Budget</u> |
|---|----------------------------|--------------------------------|
| Expenses | | |
| 7110 | Capital Outlay | \$1,398,889 |
| Total Expenses | | <u>(\$1,398,889)</u> |
| | | |
| Other Financing Uses/(Sources) | | |
| 9921 | Transfer from General Fund | (\$1,398,889) |
| Total Other Financing Sources/(Uses) | | <u>(\$1,398,889)</u> |
| | | |
| BEGINNING FUND BALANCE | | \$112,926 |
| | | |
| NET SURPLUS/(DEFICIT) | | \$0 |
| | | |
| ENDING FUND BALANCE | | <u><u>\$112,926</u></u> |

Champaign-Urbana Public Health District

FY2024 Budget

All Funds Combined by Division

| | | FY24 Budget |
|--|---|--------------------|
| 10 - Wellness & Health Promotions | | |
| Revenues | | |
| 4210 | IL Dept of Public Health | \$350,866 |
| 4220 | IL Dept of Human Services | \$93,000 |
| 4364 | Health Insurance Fees | \$16,132 |
| 4365 | Adjustment/Write-Offs_Health Insurance Fees | (\$7,261) |
| 4385 | Medicaid Fee Revenue | \$1,185,004 |
| 4386 | Medicaid Fee Write-Offs/Adjustments | (\$44,400) |
| Total Revenues | | \$1,603,341 |
| Expenses | | |
| 6100 | Personnel Services | \$1,035,334 |
| 6210 | Health Insurance | \$215,383 |
| 6220 | Life Insurance | \$539 |
| 6230 | FICA | \$79,229 |
| 6240 | IMRF | \$61,835 |
| 6250 | Unemployment Tax | \$4,936 |
| 6260 | Workers' Compensation | \$4,870 |
| 6310 | Advertising | \$25,760 |
| 6316 | Computer Consultants & Support | \$12,816 |
| 6320 | Bank Charges | \$33 |
| 6327 | Educational Materials | \$300 |
| 6331 | Equipment Expense (Under \$5,000) | \$16,200 |
| 6350 | Membership & Dues | \$1,050 |
| 6356 | Employee License Reimbursement | \$1,860 |
| 6365 | Postage & Delivery | \$2,805 |
| 6373 | Software License & Maintenance | \$15,179 |
| 6380 | Subgrantee/Subcontractor | \$94,300 |
| 6385 | Trainings | \$7,843 |
| 6390 | Other Contractual Services | \$6,213 |
| 6490 | Other Patient Care & Client Assistance | \$110 |
| 6530 | Consumable Supplies | \$150 |
| 6540 | Dental Supplies | \$79,085 |
| 6560 | Office Supplies | \$3,732 |
| 6570 | Outreach Supplies | \$300 |
| 6580 | Program Materials | \$10,463 |
| 6585 | Client Incentive Supplies | \$1,000 |
| 6590 | Other Supplies | \$2,190 |
| 6610 | Commercial Printing | \$3,235 |
| 6620 | Photocopying | \$2,806 |
| 6710 | Mileage | \$5,264 |
| 6720 | Lodging | \$2,674 |
| 6730 | Meals | \$2,047 |

Champaign-Urbana Public Health District

FY2024 Budget

All Funds Combined by Division

| | | <u>FY24 Budget</u> |
|-------------------------------|--|-----------------------------|
| 6740 | Commercial Transportation | \$941 |
| 6790 | Other Travel | \$162 |
| 6920 | Professional Liability (Malpractice) Insurance | \$14,226 |
| 7015 | Repairs & Maintenance @ Champaign | \$6,000 |
| 7110 | Capital Outlay | \$40,000 |
| Total Expenses | | <u>(\$1,760,870)</u> |
| | | |
| BEGINNING FUND BALANCE | | \$0 |
| | | |
| NET SURPLUS/(DEFICIT) | | (\$157,529) |
| | | |
| ENDING FUND BALANCE | | <u>(\$157,529)</u> |

Champaign-Urbana Public Health District

FY2024 Budget

All Funds Combined by Division

| | | FY24 Budget |
|---------------------------------------|---|--------------------|
| 20 - Teen & Adult Services | | |
| Revenues | | |
| 4210 | IL Dept of Public Health | \$1,619,341 |
| 4215 | IDPH Local Health Protection | \$269,976 |
| 4220 | IL Dept of Human Services | \$539,944 |
| 4290 | Other Grants & Contracts | \$226,805 |
| 4291 | NACCHO Grants | \$61,848 |
| 4364 | Health Insurance Fees | \$118,573 |
| 4365 | Adjustment/Write-Offs_Health Insurance Fees | (\$10,611) |
| 4375 | Client Fee Revenue (Self-Pay) | \$29,021 |
| 4385 | Medicaid Fee Revenue | \$135,755 |
| 4386 | Medicaid Fee Write-Offs/Adjustments | (\$32,673) |
| 4388 | WPS Medicare | \$6,905 |
| 4389 | WPS Medicare Write-Offs/Adjustments | (\$5,373) |
| 4390 | Other Fees for Services | \$22,302 |
| 4930 | Contributions-Private Sources | \$100 |
| Total Revenues | | \$2,981,913 |
| Expenses | | |
| 6100 | Personnel Services | \$1,899,853 |
| 6210 | Health Insurance | \$300,312 |
| 6220 | Life Insurance | \$679 |
| 6230 | FICA | \$139,525 |
| 6240 | IMRF | \$112,136 |
| 6250 | Unemployment Tax | \$5,250 |
| 6260 | Workers' Compensation | \$6,772 |
| 6310 | Advertising | \$35,500 |
| 6331 | Equipment Expense (Under \$5,000) | \$16,000 |
| 6347 | Marketing | \$1,150 |
| 6350 | Membership & Dues | \$1,300 |
| 6356 | Employee License Reimbursement | \$600 |
| 6365 | Postage & Delivery | \$2,884 |
| 6373 | Software License & Maintenance | \$5,020 |
| 6380 | Subgrantee/Subcontractor | \$32,000 |
| 6381 | Subawards | \$30,000 |
| 6385 | Trainings | \$5,300 |
| 6390 | Other Contractual Services | \$14,229 |
| 6421 | Outside Dental Services | \$352,000 |
| 6425 | Housing Assistance | \$263,000 |
| 6440 | Mental Health-No Substances | \$35,000 |
| 6450 | Contract Nutritional Services | \$14,000 |
| 6451 | Direct Nutrition Services | \$16,000 |
| 6455 | Primary Care | \$147,842 |

Champaign-Urbana Public Health District

FY2024 Budget

All Funds Combined by Division

| | | <u>FY24 Budget</u> |
|------|--|-----------------------------|
| 6465 | Transportation Services | \$2,060 |
| 6470 | Utility Assistance | \$75,000 |
| 6490 | Other Patient Care & Client Assistance | \$1,000 |
| 6530 | Consumable Supplies | \$1,060 |
| 6550 | Medical Supplies | \$47,204 |
| 6560 | Office Supplies | \$4,946 |
| 6570 | Outreach Supplies | \$900 |
| 6580 | Program Materials | \$300,400 |
| 6590 | Other Supplies | \$6,649 |
| 6610 | Commercial Printing | \$206 |
| 6620 | Photocopying | \$1,471 |
| 6710 | Mileage | \$33,976 |
| 6720 | Lodging | \$7,315 |
| 6730 | Meals | \$5,367 |
| 6740 | Commercial Transportation | \$830 |
| 6790 | Other Travel | \$530 |
| 6810 | Telephone Service | \$3,500 |
| 6820 | Cellular Phone Service | \$1,050 |
| 6830 | Internet Service | \$300 |
| 6920 | Professional Liability (Malpractice) Insurance | \$3,300 |
| 7015 | Repairs & Maintenance @ Champaign | \$500 |
| 7030 | Rent | \$18,000 |
| 7110 | Capital Outlay | \$85,570 |
| 9010 | Unable To Pay/Bad Debt | \$3,950 |
| 9030 | Miscellaneous | \$46 |
| | Total Expenses | <u>(\$4,041,482)</u> |
| | BEGINNING FUND BALANCE | \$0 |
| | NET SURPLUS/(DEFICIT) | (\$1,059,569) |
| | ENDING FUND BALANCE | <u>(\$1,059,569)</u> |

Champaign-Urbana Public Health District

FY2024 Budget

All Funds Combined by Division

| | | FY24 Budget |
|--|--|--------------------|
| 40 - Maternal & Child Health Management | | |
| Revenues | | |
| 4220 | IL Dept of Human Services | \$1,279,740 |
| 4224 | IL State Board of Education (ISBE) | \$829,131 |
| 4290 | Other Grants & Contracts | \$284,625 |
| 4295 | IDHFS - 50/50 Match Family Case Management (FCM) | \$200,000 |
| 4364 | Health Insurance Fees | \$85,000 |
| 4365 | Adjustment/Write-Offs_Health Insurance Fees | (\$10,170) |
| 4375 | Client Fee Revenue (Self-Pay) | \$25,000 |
| 4385 | Medicaid Fee Revenue | \$50,000 |
| 4386 | Medicaid Fee Write-Offs/Adjustments | (\$10,000) |
| 4388 | WPS Medicare | \$2,000 |
| 4389 | WPS Medicare Write-Offs/Adjustments | (\$1,582) |
| 4990 | Miscellaneous Income | \$150 |
| Total Revenues | | \$2,733,894 |
| Expenses | | |
| 6100 | Personnel Services | \$1,722,801 |
| 6210 | Health Insurance | \$349,709 |
| 6220 | Life Insurance | \$1,019 |
| 6230 | FICA | \$130,597 |
| 6240 | IMRF | \$112,134 |
| 6250 | Unemployment Tax | \$4,839 |
| 6260 | Workers' Compensation | \$13,871 |
| 6310 | Advertising | \$3,605 |
| 6331 | Equipment Expense (Under \$5,000) | \$3,320 |
| 6347 | Marketing | \$50 |
| 6350 | Membership & Dues | \$3,250 |
| 6356 | Employee License Reimbursement | \$150 |
| 6365 | Postage & Delivery | \$6,140 |
| 6373 | Software License & Maintenance | \$5,890 |
| 6385 | Trainings | \$2,700 |
| 6390 | Other Contractual Services | \$15,392 |
| 6490 | Other Patient Care & Client Assistance | \$80,875 |
| 6510 | Books and Periodicals | \$875 |
| 6525 | Bldg/Janitorial Supplies @ Champaign | \$100 |
| 6530 | Consumable Supplies | \$36,025 |
| 6550 | Medical Supplies | \$79,715 |
| 6560 | Office Supplies | \$32,485 |
| 6570 | Outreach Supplies | \$345 |
| 6580 | Program Materials | \$10,975 |
| 6590 | Other Supplies | \$7,791 |
| 6620 | Photocopying | \$9,876 |

Champaign-Urbana Public Health District

FY2024 Budget

All Funds Combined by Division

| | | <u>FY24 Budget</u> |
|-------------------------------|--|-----------------------------|
| 6710 | Mileage | \$14,945 |
| 6720 | Lodging | \$2,520 |
| 6730 | Meals | \$2,218 |
| 6740 | Commercial Transportation | \$600 |
| 6750 | Vehicle Operations | \$140 |
| 6790 | Other Travel | \$150 |
| 6810 | Telephone Service | \$3,915 |
| 6820 | Cellular Phone Service | \$4,400 |
| 6830 | Internet Service | \$2,925 |
| 6920 | Professional Liability (Malpractice) Insurance | \$3,200 |
| 7014 | Repairs & Maintenance @ Rantoul | \$200 |
| 7015 | Repairs & Maintenance @ Champaign | \$150 |
| 7030 | Rent | \$11,900 |
| 7110 | Capital Outlay | \$17,573 |
| 9010 | Unable To Pay/Bad Debt | \$3,750 |
| Total Expenses | | <u>(\$2,703,116)</u> |
| | | |
| BEGINNING FUND BALANCE | | \$0 |
| | | |
| NET SURPLUS/(DEFICIT) | | \$30,778 |
| | | |
| ENDING FUND BALANCE | | <u>\$30,778</u> |

Champaign-Urbana Public Health District

FY2024 Budget

All Funds Combined by Division

| | | FY24 Budget |
|----------------------------------|-----------------------------------|--------------------|
| 70 - Environmental Health | | |
| Revenues | | |
| 4210 | IL Dept of Public Health | \$29,357 |
| 4215 | IDPH Local Health Protection | \$44,700 |
| 4290 | Other Grants & Contracts | \$103,461 |
| 4310 | CU & CC License Income | \$21,000 |
| 4315 | Environmental Health Permits | \$265,000 |
| 4390 | Other Fees for Services | \$36,867 |
| 4990 | Miscellaneous Income | \$1,000 |
| Total Revenues | | \$501,385 |
| Expenses | | |
| 6100 | Personnel Services | \$505,118 |
| 6210 | Health Insurance | \$75,320 |
| 6220 | Life Insurance | \$247 |
| 6230 | FICA | \$47,228 |
| 6240 | IMRF | \$34,447 |
| 6250 | Unemployment Tax | \$2,335 |
| 6260 | Workers' Compensation | \$20,011 |
| 6310 | Advertising | \$510 |
| 6316 | Computer Consultants & Support | \$5,000 |
| 6331 | Equipment Expense (Under \$5,000) | \$5,300 |
| 6350 | Membership & Dues | \$6,253 |
| 6355 | Non-CUPHD License Payments | \$44,000 |
| 6356 | Employee License Reimbursement | \$1,015 |
| 6365 | Postage & Delivery | \$2,449 |
| 6373 | Software License & Maintenance | \$22,000 |
| 6380 | Subgrantee/Subcontractor | \$20,500 |
| 6385 | Trainings | \$2,000 |
| 6390 | Other Contractual Services | \$800 |
| 6530 | Consumable Supplies | \$250 |
| 6560 | Office Supplies | \$3,270 |
| 6570 | Outreach Supplies | \$100 |
| 6580 | Program Materials | \$19,050 |
| 6590 | Other Supplies | \$8,750 |
| 6610 | Commercial Printing | \$300 |
| 6620 | Photocopying | \$1,175 |
| 6710 | Mileage | \$9,387 |
| 6720 | Lodging | \$2,537 |
| 6730 | Meals | \$1,321 |
| 6740 | Commercial Transportation | \$1,077 |
| 6790 | Other Travel | \$878 |
| 6820 | Cellular Phone Service | \$1,300 |

Champaign-Urbana Public Health District

FY2024 Budget

All Funds Combined by Division

| | | <u>FY24 Budget</u> |
|-------------------------------|-----------------------------------|---------------------------|
| 6990 | Other Insurance | \$1 |
| 7015 | Repairs & Maintenance @ Champaign | \$50 |
| Total Expenses | | <u>(\$843,978)</u> |
| | | |
| BEGINNING FUND BALANCE | | \$0 |
| | | |
| NET SURPLUS/(DEFICIT) | | (\$342,593) |
| | | |
| ENDING FUND BALANCE | | <u>(\$342,593)</u> |

Champaign-Urbana Public Health District

FY2024 Budget

All Funds Combined by Division

| | | FY24 Budget |
|------------------------------|--|--------------------|
| 80 - Special Projects | | |
| Revenues | | |
| 4210 | IL Dept of Public Health | \$1,158,459 |
| 4215 | IDPH Local Health Protection | \$109,298 |
| 4290 | Other Grants & Contracts | \$163,816 |
| 4340 | Vital Statistics | \$203,325 |
| 4390 | Other Fees for Services | \$6,000 |
| 4930 | Contributions-Private Sources | \$300 |
| 4950 | Rent Income | \$134,795 |
| 4990 | Miscellaneous Income | \$1,225 |
| Total Revenues | | \$1,777,218 |
| Expenses | | |
| 6100 | Personnel Services | \$1,139,731 |
| 6210 | Health Insurance | \$131,886 |
| 6220 | Life Insurance | \$312 |
| 6230 | FICA | \$72,078 |
| 6240 | IMRF | \$63,019 |
| 6250 | Unemployment Tax | \$7,491 |
| 6260 | Workers' Compensation | \$8,115 |
| 6310 | Advertising | \$2,600 |
| 6325 | Consultants | \$400 |
| 6331 | Equipment Expense (Under \$5,000) | \$6,870 |
| 6335 | IDPH Death Certificates | \$58,000 |
| 6350 | Membership & Dues | \$11,000 |
| 6356 | Employee License Reimbursement | \$80 |
| 6365 | Postage & Delivery | \$2,573 |
| 6373 | Software License & Maintenance | \$346 |
| 6380 | Subgrantee/Subcontractor | \$194,500 |
| 6385 | Trainings | \$6,500 |
| 6390 | Other Contractual Services | \$38,353 |
| 6455 | Primary Care | \$4,000 |
| 6490 | Other Patient Care & Client Assistance | \$150 |
| 6510 | Books and Periodicals | \$450 |
| 6530 | Consumable Supplies | \$7,203 |
| 6550 | Medical Supplies | \$59,505 |
| 6560 | Office Supplies | \$3,831 |
| 6570 | Outreach Supplies | \$144 |
| 6580 | Program Materials | \$17,524 |
| 6585 | Client Incentive Supplies | \$4,500 |
| 6590 | Other Supplies | \$4,614 |
| 6610 | Commercial Printing | \$9,000 |
| 6620 | Photocopying | \$3,614 |

Champaign-Urbana Public Health District

FY2024 Budget

All Funds Combined by Division

| | | <u>FY24 Budget</u> |
|------|--------------------------------------|---------------------------------|
| 6710 | Mileage | \$3,871 |
| 6720 | Lodging | \$3,783 |
| 6730 | Meals | \$1,521 |
| 6740 | Commercial Transportation | \$300 |
| 6790 | Other Travel | \$52 |
| 6810 | Telephone Service | \$1,000 |
| 6890 | Other Telecommunication Expense | \$250 |
| 7015 | Repairs & Maintenance @ Champaign | \$4,980 |
| 7095 | Other Occupancy Expenses @ Champaign | \$150 |
| 7110 | Capital Outlay | \$1,398,889 |
| 9010 | Unable To Pay/Bad Debt | \$1,563 |
| | Total Expenses | <u>(\$3,274,749)</u> |
| | BEGINNING FUND BALANCE | \$0 |
| | NET SURPLUS/(DEFICIT) | (\$1,497,530) |
| | ENDING FUND BALANCE | <u>(\$1,497,530)</u> |

Champaign-Urbana Public Health District

FY2024 Budget

All Funds Combined by Division

| | | FY24 Budget |
|--|--------------------------------|-----------------------|
| 85 - Indirect Allocation Groups | | |
| Expenses | | |
| 6100 | Personnel Services | \$29,899 |
| 6210 | Health Insurance | \$6,172 |
| 6220 | Life Insurance | \$10 |
| 6230 | FICA | \$2,192 |
| 6240 | IMRF | \$2,144 |
| 6250 | Unemployment Tax | \$71 |
| 6260 | Workers' Compensation | \$119 |
| 6365 | Postage & Delivery | \$1,200 |
| 6373 | Software License & Maintenance | \$17,040 |
| 6510 | Books and Periodicals | \$700 |
| 6560 | Office Supplies | \$400 |
| 6620 | Photocopying | \$200 |
| 6710 | Mileage | \$1,000 |
| 6720 | Lodging | \$700 |
| 6730 | Meals | \$500 |
| 6790 | Other Travel | \$100 |
| Total Expenses | | (\$62,449) |
| BEGINNING FUND BALANCE | | \$0 |
| NET SURPLUS/(DEFICIT) | | (\$62,449) |
| ENDING FUND BALANCE | | (\$62,449) |

Champaign-Urbana Public Health District

FY2024 Budget

All Funds Combined by Division

| | | FY24 Budget |
|--|--|--------------------|
| 89 - Champaign County Public Health Department Contract | | |
| Revenues | | |
| 4240 | County Contract | \$693,603 |
| 4241 | County Contract-IL Dept of Public Health (Grants) | \$290,980 |
| 4245 | County Contract: Comprehensive Protection Health Grant | \$164,570 |
| 4390 | Other Fees for Services | \$102 |
| Total Revenues | | \$1,149,256 |
| Expenses | | |
| 6100 | Personnel Services | \$745,177 |
| 6210 | Health Insurance | \$92,305 |
| 6220 | Life Insurance | \$259 |
| 6230 | FICA | \$55,860 |
| 6240 | IMRF | \$48,963 |
| 6250 | Unemployment Tax | \$2,000 |
| 6260 | Workers' Compensation | \$16,190 |
| 6295 | Employee Relations | \$5,746 |
| 6310 | Advertising | \$11,800 |
| 6331 | Equipment Expense (Under \$5,000) | \$2,969 |
| 6350 | Membership & Dues | \$2,832 |
| 6356 | Employee License Reimbursement | \$693 |
| 6365 | Postage & Delivery | \$2,859 |
| 6373 | Software License & Maintenance | \$7,803 |
| 6380 | Subgrantee/Subcontractor | \$2,000 |
| 6385 | Trainings | \$3,074 |
| 6390 | Other Contractual Services | \$4,150 |
| 6455 | Primary Care | \$270 |
| 6490 | Other Patient Care & Client Assistance | \$17 |
| 6530 | Consumable Supplies | \$6,303 |
| 6550 | Medical Supplies | \$20,754 |
| 6560 | Office Supplies | \$3,233 |
| 6570 | Outreach Supplies | \$31,633 |
| 6580 | Program Materials | \$2,000 |
| 6590 | Other Supplies | \$289 |
| 6610 | Commercial Printing | \$735 |
| 6620 | Photocopying | \$1,077 |
| 6710 | Mileage | \$14,512 |
| 6720 | Lodging | \$1,750 |
| 6730 | Meals | \$1,383 |
| 6740 | Commercial Transportation | \$70 |
| 6790 | Other Travel | \$252 |
| 6820 | Cellular Phone Service | \$800 |
| 6890 | Other Telecommunication Expense | \$1,354 |

Champaign-Urbana Public Health District

FY2024 Budget

All Funds Combined by Division

| | | <u>FY24 Budget</u> |
|-------------------------------|--|-----------------------------|
| 6920 | Professional Liability (Malpractice) Insurance | \$100 |
| 7110 | Capital Outlay | \$500 |
| 9010 | Unable To Pay/Bad Debt | \$3,347 |
| Total Expenses | | <u>(\$1,095,059)</u> |
| | | |
| BEGINNING FUND BALANCE | | \$0 |
| | | |
| NET SURPLUS/(DEFICIT) | | \$54,196 |
| | | |
| ENDING FUND BALANCE | | <u>\$54,196</u> |

Champaign-Urbana Public Health District

FY2024 Budget

All Funds Combined by Division

| | | FY24 Budget |
|----------------------------|--------------------------------------|--------------------|
| 90 - Administration | | |
| Revenues | | |
| 4110 | District Real Estate Taxes | \$3,756,842 |
| 4120 | RE Tax Collected by County | \$775,775 |
| 4130 | Personal Property Tax Replace. | \$270,509 |
| 4190 | Other Property Taxes | \$5,000 |
| 4910 | Interest Income | \$103,885 |
| 4930 | Contributions-Private Sources | \$240 |
| 4990 | Miscellaneous Income | \$4,000 |
| Total Revenues | | \$4,916,251 |
| Expenses | | |
| 6100 | Personnel Services | \$1,599,942 |
| 6210 | Health Insurance | \$266,712 |
| 6220 | Life Insurance | \$391 |
| 6230 | FICA | \$107,082 |
| 6240 | IMRF | \$1,597,917 |
| 6250 | Unemployment Tax | \$9,997 |
| 6260 | Workers' Compensation | \$10,327 |
| 6310 | Advertising | \$6,400 |
| 6315 | Audit Fees | \$43,100 |
| 6316 | Computer Consultants & Support | \$15,000 |
| 6320 | Bank Charges | \$500 |
| 6325 | Consultants | \$26,500 |
| 6327 | Educational Materials | \$2,400 |
| 6331 | Equipment Expense (Under \$5,000) | \$43,021 |
| 6345 | Legal Fees | \$110,000 |
| 6347 | Marketing | \$10,000 |
| 6350 | Membership & Dues | \$11,775 |
| 6356 | Employee License Reimbursement | \$1,000 |
| 6360 | Payroll & Payment Fees | \$3,500 |
| 6365 | Postage & Delivery | \$2,121 |
| 6373 | Software License & Maintenance | \$137,167 |
| 6385 | Trainings | \$28,000 |
| 6390 | Other Contractual Services | \$43,000 |
| 6500 | IT Supplies | \$55 |
| 6510 | Books and Periodicals | \$1,500 |
| 6525 | Bldg/Janitorial Supplies @ Champaign | \$35,000 |
| 6530 | Consumable Supplies | \$1,000 |
| 6560 | Office Supplies | \$4,965 |
| 6590 | Other Supplies | \$1,925 |
| 6620 | Photocopying | \$917 |
| 6710 | Mileage | \$4,400 |

Champaign-Urbana Public Health District

FY2024 Budget

All Funds Combined by Division

| | | <u>FY24 Budget</u> |
|-----------------------|--|-----------------------------|
| 6720 | Lodging | \$6,600 |
| 6730 | Meals | \$1,506 |
| 6740 | Commercial Transportation | \$3,400 |
| 6750 | Vehicle Operations | \$8,000 |
| 6790 | Other Travel | \$220 |
| 6810 | Telephone Service | \$16,000 |
| 6830 | Internet Service | \$24,000 |
| 6890 | Other Telecommunication Expense | \$250 |
| 6910 | Property & Liability Insurance | \$35,000 |
| 6920 | Professional Liability (Malpractice) Insurance | \$61,416 |
| 6930 | Auto Insurance | \$2,000 |
| 6990 | Other Insurance | \$8,838 |
| 7015 | Repairs & Maintenance @ Champaign | \$50,500 |
| 7025 | Utilities @ Champaign | \$100,000 |
| 7095 | Other Occupancy Expenses @ Champaign | \$2,100 |
| 7097 | Debt Service Capital Lease Principal | \$38,476 |
| 7099 | Debt Service Capital Lease Interest | \$3,346 |
| 7110 | Capital Outlay | \$217,262 |
| Total Expenses | | <u>(\$4,704,528)</u> |

Other Financing Uses/(Sources)

| | | |
|---|---|--------------------|
| 9921 | Transfer from General Fund | (\$3,064,889) |
| 9932 | Transfer to IMRF Fund | \$1,500,000 |
| 9934 | Transfer to Insurance Fund | \$166,000 |
| 9935 | Transfer to Building Capital Improvement Fund | \$1,398,889 |
| Total Other Financing Sources/(Uses) | | <u>\$ 0</u> |

| | |
|-------------------------------|-------------------------|
| BEGINNING FUND BALANCE | \$0 |
| NET SURPLUS/(DEFICIT) | \$211,723 |
| ENDING FUND BALANCE | <u>\$211,723</u> |

Champaign-Urbana Public Health District

FY2024 Budget

Division 10 - Wellness & Health Promotions

| | | FY24 Budget |
|---|-----------------------------------|-----------------------|
| 1000 - General (Non-Specific) Wellness & Health Promotions | | |
| Expenses | | |
| 1-10-6100-000 | Personnel Services | \$14,500 |
| 1-10-6210-000 | Health Insurance | \$2,322 |
| 1-10-6220-000 | Life Insurance | \$32 |
| 1-10-6230-000 | FICA | \$1,100 |
| 2-10-6240-000 | IMRF | \$1,000 |
| 4-10-6250-000 | Unemployment Tax | \$460 |
| 4-10-6260-000 | Workers' Compensation | \$560 |
| 1-10-6310-000 | Advertising | \$560 |
| 1-10-6320-000 | Bank Charges | \$33 |
| 1-10-6331-000 | Equipment Expense (Under \$5,000) | \$200 |
| 1-10-6350-000 | Membership & Dues | \$50 |
| 1-10-6356-000 | Employee License Reimbursement | \$200 |
| 1-10-6365-000 | Postage & Delivery | \$135 |
| 1-10-6385-000 | Trainings | \$1,169 |
| 1-10-6390-000 | Other Contractual Services | \$90 |
| 1-10-6560-000 | Office Supplies | \$2,000 |
| 1-10-6590-000 | Other Supplies | \$140 |
| 1-10-6620-000 | Photocopying | \$200 |
| 1-10-6710-000 | Mileage | \$125 |
| 1-10-6720-000 | Lodging | \$774 |
| 1-10-6730-000 | Meals | \$647 |
| 1-10-6740-000 | Commercial Transportation | \$441 |
| 1-10-6790-000 | Other Travel | \$62 |
| Total Expenses | | (\$26,800) |
| NET SURPLUS/(DEFICIT) | | (\$26,800) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 10 - Wellness & Health Promotions

| | | FY24 Budget |
|---|--------------------------------|-----------------------|
| 1360 - Teen Pregnancy Prevention | | |
| Revenues | | |
| *-*-4220-000 | IL Dept of Human Services | \$93,000 |
| Total Revenues | | \$93,000 |
| Expenses | | |
| 1-10-6100-000 | Personnel Services | \$74,273 |
| 1-10-6210-000 | Health Insurance | \$16,000 |
| 1-10-6220-000 | Life Insurance | \$40 |
| 1-10-6230-000 | FICA | \$5,070 |
| 2-10-6240-000 | IMRF | \$3,812 |
| 4-10-6250-000 | Unemployment Tax | \$441 |
| 4-10-6260-000 | Workers' Compensation | \$357 |
| 1-10-6365-000 | Postage & Delivery | \$20 |
| 1-10-6373-000 | Software License & Maintenance | \$363 |
| 1-10-6385-000 | Trainings | \$360 |
| 1-10-6560-000 | Office Supplies | \$136 |
| 1-10-6580-000 | Program Materials | \$5,025 |
| 1-10-6590-000 | Other Supplies | \$100 |
| 1-10-6610-000 | Commercial Printing | \$135 |
| 1-10-6620-000 | Photocopying | \$156 |
| 1-10-6710-000 | Mileage | \$2,536 |
| 1-10-6720-000 | Lodging | \$1,000 |
| 1-10-6730-000 | Meals | \$1,000 |
| 1-10-6740-000 | Commercial Transportation | \$500 |
| 1-10-6790-000 | Other Travel | \$100 |
| Total Expenses | | (\$111,426) |
| NET SURPLUS/(DEFICIT) | | (\$18,426) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 10 - Wellness & Health Promotions

| | | FY24 Budget |
|---|--------------------------|-----------------------|
| 1380 - Adolescent Health Program | | |
| Revenues | | |
| *-**-4210-000 | IL Dept of Public Health | \$99,409 |
| Total Revenues | | \$99,409 |
| Expenses | | |
| 1-10-6100-000 | Personnel Services | \$79,320 |
| 1-10-6210-000 | Health Insurance | \$25,867 |
| 1-10-6220-000 | Life Insurance | \$36 |
| 1-10-6230-000 | FICA | \$5,594 |
| 2-10-6240-000 | IMRF | \$4,358 |
| 4-10-6250-000 | Unemployment Tax | \$534 |
| 4-10-6260-000 | Workers' Compensation | \$379 |
| 1-10-6365-000 | Postage & Delivery | \$25 |
| 1-10-6385-000 | Trainings | \$1,500 |
| 1-10-6560-000 | Office Supplies | \$75 |
| 1-10-6580-000 | Program Materials | \$612 |
| 1-10-6590-000 | Other Supplies | \$1,200 |
| 1-10-6620-000 | Photocopying | \$300 |
| 1-10-6710-000 | Mileage | \$900 |
| 1-10-6720-000 | Lodging | \$900 |
| 1-10-6730-000 | Meals | \$400 |
| Total Expenses | | (\$122,000) |
| NET SURPLUS/(DEFICIT) | | (\$22,591) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 10 - Wellness & Health Promotions

| | | FY24 Budget |
|---|----------------------------|---------------------|
| 1410 - Tobacco Free Communities CU | | |
| Revenues | | |
| *-**-4210-000 | IL Dept of Public Health | \$220,565 |
| Total Revenues | | \$220,565 |
| Expenses | | |
| 1-10-6100-000 | Personnel Services | \$55,965 |
| 1-10-6210-000 | Health Insurance | \$8,700 |
| 1-10-6220-000 | Life Insurance | \$23 |
| 1-10-6230-000 | FICA | \$5,345 |
| 2-10-6240-000 | IMRF | \$4,381 |
| 4-10-6250-000 | Unemployment Tax | \$123 |
| 4-10-6260-000 | Workers' Compensation | \$297 |
| 1-10-6310-000 | Advertising | \$25,000 |
| 1-10-6365-000 | Postage & Delivery | \$500 |
| 1-10-6380-000 | Subgrantee/Subcontractor | \$94,300 |
| 1-10-6385-000 | Trainings | \$714 |
| 1-10-6390-000 | Other Contractual Services | \$23 |
| 1-10-6560-000 | Office Supplies | \$71 |
| 1-10-6580-000 | Program Materials | \$3,926 |
| 1-10-6590-000 | Other Supplies | \$500 |
| 1-10-6610-000 | Commercial Printing | \$1,100 |
| 1-10-6620-000 | Photocopying | \$150 |
| 1-10-6710-000 | Mileage | \$438 |
| Total Expenses | | (\$201,555) |
| NET SURPLUS/(DEFICIT) | | \$19,010 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 10 - Wellness & Health Promotions

| | | FY24 Budget |
|----------------------------------|--|-----------------------|
| 1510 - Dental Sealants | | |
| Revenues | | |
| 1-10-4385-000 | Medicaid Fee Revenue | \$130,000 |
| 1-10-4386-000 | Medicaid Fee Write-Offs/Adjustments | (\$12,000) |
| Total Revenues | | \$118,000 |
| Expenses | | |
| 1-10-6100-000 | Personnel Services | \$71,436 |
| 1-10-6210-000 | Health Insurance | \$7,895 |
| 1-10-6220-000 | Life Insurance | \$45 |
| 1-10-6230-000 | FICA | \$5,371 |
| 2-10-6240-000 | IMRF | \$2,494 |
| 4-10-6250-000 | Unemployment Tax | \$260 |
| 4-10-6260-000 | Workers' Compensation | \$307 |
| 1-10-6310-000 | Advertising | \$200 |
| 1-10-6316-000 | Computer Consultants & Support | \$2,563 |
| 1-10-6331-000 | Equipment Expense (Under \$5,000) | \$6,000 |
| 1-10-6350-000 | Membership & Dues | \$500 |
| 1-10-6356-000 | Employee License Reimbursement | \$360 |
| 1-10-6365-000 | Postage & Delivery | \$300 |
| 1-10-6373-000 | Software License & Maintenance | \$2,000 |
| 1-10-6385-000 | Trainings | \$1,500 |
| 1-10-6390-000 | Other Contractual Services | \$1,100 |
| 1-10-6540-000 | Dental Supplies | \$25,000 |
| 1-10-6560-000 | Office Supplies | \$300 |
| 1-10-6570-000 | Outreach Supplies | \$300 |
| 1-10-6580-000 | Program Materials | \$400 |
| 1-10-6610-000 | Commercial Printing | \$1,100 |
| 1-10-6620-000 | Photocopying | \$600 |
| 1-10-6710-000 | Mileage | \$675 |
| 4-10-6920-000 | Professional Liability (Malpractice) Insurance | \$6,168 |
| 1-10-7110-000 | Capital Outlay | \$20,000 |
| Total Expenses | | (\$156,874) |
| NET SURPLUS/(DEFICIT) | | (\$38,874) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 10 - Wellness & Health Promotions

| | | FY24 Budget |
|---------------------------------------|--|-----------------------|
| 1520 - Champaign Dental Clinic | | |
| Revenues | | |
| 1-10-4364-000 | Health Insurance Fees | \$16,132 |
| 1-10-4365-000 | Adjustment/Write-Offs_Health Insurance Fees | (\$7,261) |
| 1-10-4385-000 | Medicaid Fee Revenue | \$1,055,004 |
| 1-10-4386-000 | Medicaid Fee Write-Offs/Adjustments | (\$22,400) |
| Total Revenues | | \$1,041,475 |
| Expenses | | |
| 1-10-6100-000 | Personnel Services | \$708,949 |
| 1-10-6210-000 | Health Insurance | \$150,000 |
| 1-10-6220-000 | Life Insurance | \$351 |
| 1-10-6230-000 | FICA | \$55,012 |
| 2-10-6240-000 | IMRF | \$44,470 |
| 4-10-6250-000 | Unemployment Tax | \$3,060 |
| 4-10-6260-000 | Workers' Compensation | \$2,861 |
| 1-10-6316-000 | Computer Consultants & Support | \$10,253 |
| 1-10-6327-000 | Educational Materials | \$300 |
| 1-10-6331-000 | Equipment Expense (Under \$5,000) | \$10,000 |
| 1-10-6350-000 | Membership & Dues | \$500 |
| 1-10-6356-000 | Employee License Reimbursement | \$1,300 |
| 1-10-6365-000 | Postage & Delivery | \$1,800 |
| 1-10-6373-000 | Software License & Maintenance | \$12,816 |
| 1-10-6385-000 | Trainings | \$1,800 |
| 1-10-6390-000 | Other Contractual Services | \$5,000 |
| 1-10-6490-000 | Other Patient Care & Client Assistance | \$110 |
| 1-10-6530-000 | Consumable Supplies | \$150 |
| 1-10-6540-000 | Dental Supplies | \$54,085 |
| 1-10-6560-000 | Office Supplies | \$1,000 |
| 1-10-6580-000 | Program Materials | \$500 |
| 1-10-6585-000 | Client Incentive Supplies | \$1,000 |
| 1-10-6590-000 | Other Supplies | \$250 |
| 1-10-6610-000 | Commercial Printing | \$400 |
| 1-10-6620-000 | Photocopying | \$1,200 |
| 1-10-6710-000 | Mileage | \$170 |
| 4-10-6920-000 | Professional Liability (Malpractice) Insurance | \$8,058 |
| 1-10-7015-000 | Repairs & Maintenance @ Champaign | \$6,000 |
| 1-10-7110-000 | Capital Outlay | \$20,000 |
| Total Expenses | | (\$1,101,394) |
| NET SURPLUS/(DEFICIT) | | (\$59,919) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 10 - Wellness & Health Promotions

| | | FY24 Budget |
|-------------------------------------|--------------------------|--------------------|
| 1550 - Oral Health Promotion | | |
| Revenues | | |
| 1-10-4210-000 | IL Dept of Public Health | \$6,813 |
| Total Revenues | | \$6,813 |
| Expenses | | |
| 1-10-6100-000 | Personnel Services | \$1,795 |
| 1-10-6210-000 | Health Insurance | \$216 |
| 1-10-6230-000 | FICA | \$130 |
| 2-10-6240-000 | IMRF | \$110 |
| 4-10-6260-000 | Workers' Compensation | \$10 |
| Total Expenses | | (\$2,261) |
| NET SURPLUS/(DEFICIT) | | \$4,552 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 10 - Wellness & Health Promotions

| | | FY24 Budget |
|--|--------------------------|--------------------|
| 1610 - Increasing Well-Woman Visits | | |
| Revenues | | |
| *-**-4210-000 | IL Dept of Public Health | \$24,080 |
| Total Revenues | | \$24,080 |
| Expenses | | |
| 1-10-6100-000 | Personnel Services | \$29,097 |
| 1-10-6210-000 | Health Insurance | \$4,382 |
| 1-10-6220-000 | Life Insurance | \$11 |
| 1-10-6230-000 | FICA | \$1,607 |
| 2-10-6240-000 | IMRF | \$1,210 |
| 4-10-6250-000 | Unemployment Tax | \$57 |
| 4-10-6260-000 | Workers' Compensation | \$100 |
| 1-10-6365-000 | Postage & Delivery | \$25 |
| 1-10-6385-000 | Trainings | \$800 |
| 1-10-6560-000 | Office Supplies | \$150 |
| 1-10-6610-000 | Commercial Printing | \$500 |
| 1-10-6620-000 | Photocopying | \$200 |
| 1-10-6710-000 | Mileage | \$420 |
| Total Expenses | | (\$38,560) |
| NET SURPLUS/(DEFICIT) | | (\$14,480) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|--|-----------------------------------|------------------------|
| 2000 - General (Non-Specific) Teen & Adult Services | | |
| Revenues | | |
| 1-20-4290-000 | Other Grants & Contracts | \$10,500 |
| 1-20-4930-000 | Contributions-Private Sources | \$100 |
| Total Revenues | | \$10,600 |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$92,431 |
| 1-20-6210-000 | Health Insurance | \$41,185 |
| 1-20-6220-000 | Life Insurance | \$6 |
| 1-20-6230-000 | FICA | \$7,064 |
| 2-20-6240-000 | IMRF | \$5,927 |
| 4-20-6250-000 | Unemployment Tax | \$513 |
| 4-20-6260-000 | Workers' Compensation | \$288 |
| 1-20-6331-000 | Equipment Expense (Under \$5,000) | \$11,000 |
| 1-20-6347-000 | Marketing | \$500 |
| 1-20-6350-000 | Membership & Dues | \$1,250 |
| 1-20-6365-000 | Postage & Delivery | \$15 |
| 1-20-6373-000 | Software License & Maintenance | \$700 |
| 1-20-6390-000 | Other Contractual Services | \$3,000 |
| 1-20-6530-000 | Consumable Supplies | \$500 |
| 1-20-6550-000 | Medical Supplies | \$500 |
| 1-20-6560-000 | Office Supplies | \$2,000 |
| 1-20-6570-000 | Outreach Supplies | \$400 |
| 1-20-6590-000 | Other Supplies | \$500 |
| 1-20-6620-000 | Photocopying | \$50 |
| 1-20-6710-000 | Mileage | \$100 |
| 1-20-7015-000 | Repairs & Maintenance @ Champaign | \$500 |
| 1-20-7110-000 | Capital Outlay | \$74,820 |
| Total Expenses | | (\$243,249) |
| NET SURPLUS/(DEFICIT) | | (\$232,649) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|--|---|----------------------|
| 2050 - TAS Medical Billable Program | | |
| Revenues | | |
| 1-20-4364-000 | Health Insurance Fees | \$65,227 |
| 1-20-4365-000 | Adjustment/Write-Offs_Health Insurance Fees | (\$17,847) |
| 1-20-4375-000 | Client Fee Revenue (Self-Pay) | \$9,555 |
| 1-20-4385-000 | Medicaid Fee Revenue | \$65,407 |
| 1-20-4386-000 | Medicaid Fee Write-Offs/Adjustments | (\$22,039) |
| 1-20-4388-000 | WPS Medicare | \$4,358 |
| 1-20-4389-000 | WPS Medicare Write-Offs/Adjustments | (\$3,388) |
| 1-20-4390-000 | Other Fees for Services | \$22,302 |
| Total Revenues | | \$123,575 |
| Expenses | | |
| 1-20-9010-000 | Unable To Pay/Bad Debt | \$3,400 |
| Total Expenses | | (\$3,400) |
| NET SURPLUS/(DEFICIT) | | \$120,175 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|---|--|----------------------|
| 2120 - HIV CARE Consortium Program | | |
| Revenues | | |
| 1-20-4210-000 | IL Dept of Public Health | \$1,385,764 |
| 2-20-4210-000 | IL Dept of Public Health | \$27,000 |
| 4-20-4210-000 | IL Dept of Public Health | \$3,300 |
| Total Revenues | | \$1,416,064 |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$450,861 |
| 1-20-6210-000 | Health Insurance | \$106,082 |
| 1-20-6220-000 | Life Insurance | \$182 |
| 1-20-6230-000 | FICA | \$33,001 |
| 2-20-6240-000 | IMRF | \$27,413 |
| 4-20-6250-000 | Unemployment Tax | \$1,431 |
| 4-20-6260-000 | Workers' Compensation | \$1,599 |
| 1-20-6331-000 | Equipment Expense (Under \$5,000) | \$3,000 |
| 1-20-6365-000 | Postage & Delivery | \$2,162 |
| 1-20-6373-000 | Software License & Maintenance | \$4,320 |
| 1-20-6390-000 | Other Contractual Services | \$300 |
| 1-20-6421-000 | Outside Dental Services | \$352,000 |
| 1-20-6425-000 | Housing Assistance | \$263,000 |
| 1-20-6440-000 | Mental Health-No Substances | \$35,000 |
| 1-20-6450-000 | Contract Nutritional Services | \$14,000 |
| 1-20-6451-000 | Direct Nutrition Services | \$16,000 |
| 1-20-6455-000 | Primary Care | \$130,000 |
| 1-20-6465-000 | Transportation Services | \$2,000 |
| 1-20-6470-000 | Utility Assistance | \$75,000 |
| 1-20-6490-000 | Other Patient Care & Client Assistance | \$1,000 |
| 1-20-6560-000 | Office Supplies | \$400 |
| 1-20-6580-000 | Program Materials | \$400 |
| 1-20-6620-000 | Photocopying | \$600 |
| 1-20-6710-000 | Mileage | \$15,000 |
| 1-20-6720-000 | Lodging | \$1,000 |
| 1-20-6730-000 | Meals | \$1,000 |
| 1-20-6790-000 | Other Travel | \$30 |
| 1-20-6810-000 | Telephone Service | \$3,500 |
| 1-20-6820-000 | Cellular Phone Service | \$600 |
| 1-20-6830-000 | Internet Service | \$300 |
| 1-20-7030-000 | Rent | \$15,000 |
| 1-20-7110-000 | Capital Outlay | \$10,000 |
| Total Expenses | | (\$1,566,181) |

Champaign-Urbana Public Health District FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

FY24 Budget

NET SURPLUS/(DEFICIT)

(\$150,117)

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|-----------------------------------|--------------------------|--------------------|
| 2150 - HIV+ Peer Navigator | | |
| Revenues | | |
| 1-20-4210-000 | IL Dept of Public Health | \$15,664 |
| 2-20-4210-000 | IL Dept of Public Health | \$183 |
| 4-20-4210-000 | IL Dept of Public Health | \$40 |
| Total Revenues | | \$15,887 |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$2,407 |
| 1-20-6210-000 | Health Insurance | \$300 |
| 1-20-6220-000 | Life Insurance | \$0 |
| 1-20-6230-000 | FICA | \$184 |
| 2-20-6240-000 | IMRF | \$183 |
| 4-20-6250-000 | Unemployment Tax | \$25 |
| 4-20-6260-000 | Workers' Compensation | \$15 |
| 1-20-6465-000 | Transportation Services | \$60 |
| 1-20-6530-000 | Consumable Supplies | \$500 |
| 1-20-6560-000 | Office Supplies | \$30 |
| 1-20-6710-000 | Mileage | \$3,000 |
| Total Expenses | | (\$6,704) |
| NET SURPLUS/(DEFICIT) | | \$9,183 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|---|--------------------------|----------------------|
| 2210 - HIV Prevention Training & Education | | |
| Revenues | | |
| 1-20-4210-000 | IL Dept of Public Health | \$24,000 |
| 2-20-4210-000 | IL Dept of Public Health | \$1,400 |
| 4-20-4210-000 | IL Dept of Public Health | \$200 |
| Total Revenues | | \$25,600 |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$18,949 |
| 1-20-6210-000 | Health Insurance | \$3,274 |
| 1-20-6220-000 | Life Insurance | \$9 |
| 1-20-6230-000 | FICA | \$1,404 |
| 2-20-6240-000 | IMRF | \$1,307 |
| 4-20-6250-000 | Unemployment Tax | \$107 |
| 4-20-6260-000 | Workers' Compensation | \$79 |
| 1-20-6385-000 | Trainings | \$1,000 |
| 1-20-6710-000 | Mileage | \$1,000 |
| 1-20-6720-000 | Lodging | \$1,000 |
| 1-20-6730-000 | Meals | \$1,000 |
| Total Expenses | | (\$29,128) |
| NET SURPLUS/(DEFICIT) | | (\$3,528) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|---|----------------------------|--------------------|
| 2212 - HIV Prevention Peer Program | | |
| Revenues | | |
| 1-20-4290-000 | Other Grants & Contracts | \$15,040 |
| 2-20-4290-000 | Other Grants & Contracts | \$50 |
| 4-20-4290-000 | Other Grants & Contracts | \$200 |
| Total Revenues | | \$15,290 |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$12,600 |
| 1-20-6210-000 | Health Insurance | \$156 |
| 1-20-6220-000 | Life Insurance | \$0 |
| 1-20-6230-000 | FICA | \$962 |
| 2-20-6240-000 | IMRF | \$46 |
| 4-20-6250-000 | Unemployment Tax | \$142 |
| 4-20-6260-000 | Workers' Compensation | \$53 |
| 1-20-6365-000 | Postage & Delivery | \$5 |
| 1-20-6390-000 | Other Contractual Services | \$20 |
| 1-20-6720-000 | Lodging | \$730 |
| 1-20-6730-000 | Meals | \$250 |
| 1-20-6740-000 | Commercial Transportation | \$330 |
| Total Expenses | | (\$15,295) |
| NET SURPLUS/(DEFICIT) | | (\$5) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|----------------------------------|-----------------------------------|-----------------------|
| 2215 - HIV Prevention | | |
| Revenues | | |
| 1-20-4290-000 | Other Grants & Contracts | \$166,315 |
| 2-20-4290-000 | Other Grants & Contracts | \$8,500 |
| 4-20-4290-000 | Other Grants & Contracts | \$1,200 |
| Total Revenues | | \$176,015 |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$188,294 |
| 1-20-6210-000 | Health Insurance | \$20,516 |
| 1-20-6220-000 | Life Insurance | \$70 |
| 1-20-6230-000 | FICA | \$14,167 |
| 2-20-6240-000 | IMRF | \$8,331 |
| 4-20-6250-000 | Unemployment Tax | \$598 |
| 4-20-6260-000 | Workers' Compensation | \$526 |
| 1-20-6310-000 | Advertising | \$500 |
| 1-20-6331-000 | Equipment Expense (Under \$5,000) | \$1,000 |
| 1-20-6365-000 | Postage & Delivery | \$150 |
| 1-20-6390-000 | Other Contractual Services | \$150 |
| 1-20-6455-000 | Primary Care | \$200 |
| 1-20-6550-000 | Medical Supplies | \$550 |
| 1-20-6560-000 | Office Supplies | \$175 |
| 1-20-6570-000 | Outreach Supplies | \$500 |
| 1-20-6590-000 | Other Supplies | \$25 |
| 1-20-6620-000 | Photocopying | \$374 |
| 1-20-6710-000 | Mileage | \$2,000 |
| 1-20-6720-000 | Lodging | \$2,300 |
| 1-20-6730-000 | Meals | \$1,387 |
| 1-20-6790-000 | Other Travel | \$200 |
| Total Expenses | | (\$242,013) |
| NET SURPLUS/(DEFICIT) | | (\$65,998) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|----------------------------------|------------------------------|--------------------|
| 2217 - LHP - PrEP | | |
| Revenues | | |
| 1-20-4215-000 | IDPH Local Health Protection | \$153,474 |
| 2-20-4215-000 | IDPH Local Health Protection | \$5,200 |
| 4-20-4215-000 | IDPH Local Health Protection | \$500 |
| Total Revenues | | \$159,174 |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$81,395 |
| 1-20-6210-000 | Health Insurance | \$16,245 |
| 1-20-6220-000 | Life Insurance | \$30 |
| 1-20-6230-000 | FICA | \$5,697 |
| 2-20-6240-000 | IMRF | \$5,167 |
| 4-20-6250-000 | Unemployment Tax | \$120 |
| 4-20-6260-000 | Workers' Compensation | \$319 |
| 1-20-6310-000 | Advertising | \$35,000 |
| 1-20-6347-000 | Marketing | \$650 |
| 1-20-6385-000 | Trainings | \$1,500 |
| 1-20-6390-000 | Other Contractual Services | \$300 |
| 1-20-6455-000 | Primary Care | \$542 |
| 1-20-6550-000 | Medical Supplies | \$1,000 |
| 1-20-6590-000 | Other Supplies | \$250 |
| 1-20-6710-000 | Mileage | \$500 |
| 1-20-6720-000 | Lodging | \$1,525 |
| 1-20-6730-000 | Meals | \$600 |
| 1-20-6740-000 | Commercial Transportation | \$500 |
| 1-20-6790-000 | Other Travel | \$275 |
| 1-20-7030-000 | Rent | \$3,000 |
| Total Expenses | | (\$154,615) |
| NET SURPLUS/(DEFICIT) | | \$4,559 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|----------------------------------|----------------------------|----------------------|
| 2230 - Jail Project | | |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$1,820 |
| 1-20-6210-000 | Health Insurance | \$195 |
| 1-20-6220-000 | Life Insurance | \$7 |
| 1-20-6230-000 | FICA | \$150 |
| 2-20-6240-000 | IMRF | \$140 |
| 4-20-6250-000 | Unemployment Tax | \$10 |
| 4-20-6260-000 | Workers' Compensation | \$10 |
| 1-20-6365-000 | Postage & Delivery | \$2 |
| 1-20-6390-000 | Other Contractual Services | \$1,400 |
| 1-20-6455-000 | Primary Care | \$4,000 |
| 1-20-6620-000 | Photocopying | \$10 |
| 1-20-6710-000 | Mileage | \$500 |
| Total Expenses | | (\$8,244) |
| NET SURPLUS/(DEFICIT) | | (\$8,244) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|--|-----------------------|-----------------------|
| 2310 - Disease Intervention Specialist-District | | |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$21,371 |
| 1-20-6210-000 | Health Insurance | \$932 |
| 1-20-6220-000 | Life Insurance | \$16 |
| 1-20-6230-000 | FICA | \$1,611 |
| 2-20-6240-000 | IMRF | \$1,339 |
| 4-20-6250-000 | Unemployment Tax | \$25 |
| 4-20-6260-000 | Workers' Compensation | \$109 |
| 1-20-6365-000 | Postage & Delivery | \$50 |
| 1-20-6620-000 | Photocopying | \$50 |
| 1-20-6710-000 | Mileage | \$300 |
| 1-20-6790-000 | Other Travel | \$5 |
| Total Expenses | | (\$25,808) |
| NET SURPLUS/(DEFICIT) | | (\$25,808) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|---|--------------------------|---------------------|
| 2315 - DIS Workforce Development | | |
| Revenues | | |
| 1-20-4210-000 | IL Dept of Public Health | \$65,988 |
| 2-20-4210-000 | IL Dept of Public Health | \$2,655 |
| 4-20-4210-000 | IL Dept of Public Health | \$347 |
| Total Revenues | | \$68,990 |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$42,298 |
| 1-20-6210-000 | Health Insurance | \$1,973 |
| 1-20-6220-000 | Life Insurance | \$25 |
| 1-20-6230-000 | FICA | \$3,204 |
| 2-20-6240-000 | IMRF | \$2,655 |
| 4-20-6250-000 | Unemployment Tax | \$162 |
| 4-20-6260-000 | Workers' Compensation | \$185 |
| 1-20-6385-000 | Trainings | \$1,000 |
| 1-20-6560-000 | Office Supplies | \$1,141 |
| 1-20-6590-000 | Other Supplies | \$54 |
| 1-20-6710-000 | Mileage | \$1,053 |
| 1-20-6730-000 | Meals | \$355 |
| 1-20-9030-000 | Miscellaneous | \$46 |
| Total Expenses | | (\$54,151) |
| NET SURPLUS/(DEFICIT) | | \$14,839 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|---|---------------------------|------------------------|
| 2451 - DASA - Opioid SOR (State Opioid Response) | | |
| Revenues | | |
| 1-20-4220-000 | IL Dept of Human Services | \$522,144 |
| 2-20-4220-000 | IL Dept of Human Services | \$16,000 |
| 4-20-4220-000 | IL Dept of Human Services | \$1,800 |
| Total Revenues | | \$539,944 |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$263,361 |
| 1-20-6210-000 | Health Insurance | \$36,658 |
| 1-20-6220-000 | Life Insurance | \$102 |
| 1-20-6230-000 | FICA | \$19,876 |
| 2-20-6240-000 | IMRF | \$16,484 |
| 4-20-6250-000 | Unemployment Tax | \$838 |
| 4-20-6260-000 | Workers' Compensation | \$957 |
| 1-20-6365-000 | Postage & Delivery | \$100 |
| 1-20-6380-000 | Subgrantee/Subcontractor | \$32,000 |
| 1-20-6381-000 | Subawards | \$30,000 |
| 1-20-6550-000 | Medical Supplies | \$10,000 |
| 1-20-6560-000 | Office Supplies | \$500 |
| 1-20-6580-000 | Program Materials | \$300,000 |
| 1-20-6590-000 | Other Supplies | \$5,500 |
| 1-20-6610-000 | Commercial Printing | \$100 |
| 1-20-6620-000 | Photocopying | \$200 |
| 1-20-6710-000 | Mileage | \$8,000 |
| 1-20-6730-000 | Meals | \$250 |
| Total Expenses | | (\$724,925) |
| NET SURPLUS/(DEFICIT) | | (\$184,981) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|---|-----------------------|---------------------|
| 2452 - Substance Use Stigma Assessment & Response (SSAR) | | |
| Revenues | | |
| 1-20-4291-000 | NACCHO Grants | \$61,848 |
| Total Revenues | | \$61,848 |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$18,701 |
| 1-20-6210-000 | Health Insurance | \$1,029 |
| 1-20-6220-000 | Life Insurance | \$4 |
| 1-20-6230-000 | FICA | \$1,424 |
| 2-20-6240-000 | IMRF | \$1,200 |
| 4-20-6260-000 | Workers' Compensation | \$82 |
| Total Expenses | | (\$22,440) |
| NET SURPLUS/(DEFICIT) | | \$39,408 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|----------------------------------|--------------------------|---------------------|
| 2460 - DIRECT HIV/HCV | | |
| Revenues | | |
| 1-20-4210-000 | IL Dept of Public Health | \$34,095 |
| 2-20-4210-000 | IL Dept of Public Health | \$605 |
| 4-20-4210-000 | IL Dept of Public Health | \$100 |
| Total Revenues | | \$34,800 |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$9,547 |
| 1-20-6210-000 | Health Insurance | \$1,286 |
| 1-20-6220-000 | Life Insurance | \$4 |
| 1-20-6230-000 | FICA | \$735 |
| 2-20-6240-000 | IMRF | \$605 |
| 4-20-6250-000 | Unemployment Tax | \$18 |
| 4-20-6260-000 | Workers' Compensation | \$43 |
| 1-20-6365-000 | Postage & Delivery | \$12 |
| 1-20-6455-000 | Primary Care | \$600 |
| 1-20-6620-000 | Photocopying | \$12 |
| 1-20-6710-000 | Mileage | \$156 |
| Total Expenses | | (\$13,018) |
| NET SURPLUS/(DEFICIT) | | \$21,782 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|---|----------------------------|-----------------------|
| 2710 - Tuberculosis DOT & DOPT | | |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$40,012 |
| 1-20-6210-000 | Health Insurance | \$6,392 |
| 1-20-6220-000 | Life Insurance | \$18 |
| 1-20-6230-000 | FICA | \$2,897 |
| 2-20-6240-000 | IMRF | \$2,418 |
| 4-20-6250-000 | Unemployment Tax | \$25 |
| 4-20-6260-000 | Workers' Compensation | \$173 |
| 1-20-6350-000 | Membership & Dues | \$50 |
| 1-20-6365-000 | Postage & Delivery | \$50 |
| 1-20-6385-000 | Trainings | \$20 |
| 1-20-6390-000 | Other Contractual Services | \$300 |
| 1-20-6455-000 | Primary Care | \$1,000 |
| 1-20-6620-000 | Photocopying | \$50 |
| 1-20-6710-000 | Mileage | \$1,250 |
| 1-20-6720-000 | Lodging | \$60 |
| 1-20-6730-000 | Meals | \$25 |
| 1-20-6820-000 | Cellular Phone Service | \$450 |
| Total Expenses | | (\$55,190) |
| NET SURPLUS/(DEFICIT) | | (\$55,190) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|---------------------------|--|--------------------|
| 2820 - STD Clinics | | |
| Revenues | | |
| 1-20-4215-000 | IDPH Local Health Protection | \$79,068 |
| 2-20-4215-000 | IDPH Local Health Protection | \$29,734 |
| 4-20-4215-000 | IDPH Local Health Protection | \$2,000 |
| 1-20-4364-000 | Health Insurance Fees | \$25,670 |
| 1-20-4365-000 | Adjustment/Write-Offs_Health Insurance Fees | \$7,783 |
| 1-20-4375-000 | Client Fee Revenue (Self-Pay) | \$15,000 |
| 1-20-4385-000 | Medicaid Fee Revenue | \$19,622 |
| 1-20-4386-000 | Medicaid Fee Write-Offs/Adjustments | (\$10,288) |
| 1-20-4388-000 | WPS Medicare | \$2,452 |
| 1-20-4389-000 | WPS Medicare Write-Offs/Adjustments | (\$1,922) |
| Total Revenues | | \$169,120 |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$503,606 |
| 1-20-6210-000 | Health Insurance | \$36,342 |
| 1-20-6220-000 | Life Insurance | \$159 |
| 1-20-6230-000 | FICA | \$35,524 |
| 2-20-6240-000 | IMRF | \$29,734 |
| 4-20-6250-000 | Unemployment Tax | \$851 |
| 4-20-6260-000 | Workers' Compensation | \$1,830 |
| 1-20-6331-000 | Equipment Expense (Under \$5,000) | \$1,000 |
| 1-20-6356-000 | Employee License Reimbursement | \$600 |
| 1-20-6365-000 | Postage & Delivery | \$285 |
| 1-20-6385-000 | Trainings | \$1,750 |
| 1-20-6390-000 | Other Contractual Services | \$2,159 |
| 1-20-6455-000 | Primary Care | \$3,000 |
| 1-20-6530-000 | Consumable Supplies | \$60 |
| 1-20-6550-000 | Medical Supplies | \$18,000 |
| 1-20-6560-000 | Office Supplies | \$700 |
| 1-20-6620-000 | Photocopying | \$100 |
| 1-20-6710-000 | Mileage | \$500 |
| 1-20-6720-000 | Lodging | \$500 |
| 1-20-6730-000 | Meals | \$500 |
| 1-20-6790-000 | Other Travel | \$20 |
| 4-20-6920-000 | Professional Liability (Malpractice) Insurance | \$300 |
| 1-20-7110-000 | Capital Outlay | \$750 |
| 1-20-9010-000 | Unable To Pay/Bad Debt | \$500 |
| Total Expenses | | (\$638,770) |

Champaign-Urbana Public Health District FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

NET SURPLUS/(DEFICIT)

FY24 Budget
(\$469,650)

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|---|--------------------------|----------------------|
| 2822 - Get Connected: YOU Matter | | |
| Revenues | | |
| 4-20-4290-000 | Other Grants & Contracts | \$10,000 |
| Total Revenues | | \$10,000 |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$10,000 |
| 1-20-6230-000 | FICA | \$883 |
| 4-20-6250-000 | Unemployment Tax | \$118 |
| 4-20-6260-000 | Workers' Compensation | \$50 |
| 1-20-6550-000 | Medical Supplies | \$1,154 |
| 1-20-6590-000 | Other Supplies | \$5 |
| 1-20-6610-000 | Commercial Printing | \$106 |
| 1-20-6710-000 | Mileage | \$19 |
| Total Expenses | | (\$12,335) |
| NET SURPLUS/(DEFICIT) | | (\$2,335) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|----------------------------------|--------------------------|---------------------|
| 2823 - Affirming Care | | |
| Revenues | | |
| 1-20-4290-000 | Other Grants & Contracts | \$15,000 |
| Total Revenues | | \$15,000 |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$778 |
| 1-20-6210-000 | Health Insurance | \$107 |
| 1-20-6230-000 | FICA | \$59 |
| 2-20-6240-000 | IMRF | \$49 |
| 4-20-6250-000 | Unemployment Tax | \$1 |
| 4-20-6260-000 | Workers' Compensation | \$3 |
| 1-20-6590-000 | Other Supplies | \$315 |
| 1-20-6710-000 | Mileage | \$528 |
| Total Expenses | | (\$1,840) |
| NET SURPLUS/(DEFICIT) | | \$13,160 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|----------------------------------|---|-----------------------|
| 2830 - TB Clinics | | |
| Revenues | | |
| 1-20-4364-000 | Health Insurance Fees | \$2,676 |
| 1-20-4365-000 | Adjustment/Write-Offs_Health Insurance Fees | (\$547) |
| 1-20-4375-000 | Client Fee Revenue (Self-Pay) | \$3,465 |
| 1-20-4385-000 | Medicaid Fee Revenue | \$726 |
| 1-20-4386-000 | Medicaid Fee Write-Offs/Adjustments | (\$346) |
| 1-20-4388-000 | WPS Medicare | \$95 |
| 1-20-4389-000 | WPS Medicare Write-Offs/Adjustments | (\$63) |
| Total Revenues | | \$6,005 |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$10,987 |
| 1-20-6210-000 | Health Insurance | \$3,089 |
| 1-20-6220-000 | Life Insurance | \$6 |
| 1-20-6230-000 | FICA | \$804 |
| 2-20-6240-000 | IMRF | \$794 |
| 4-20-6250-000 | Unemployment Tax | \$62 |
| 4-20-6260-000 | Workers' Compensation | \$41 |
| 1-20-6365-000 | Postage & Delivery | \$1 |
| 1-20-6455-000 | Primary Care | \$250 |
| 1-20-6550-000 | Medical Supplies | \$2,000 |
| 1-20-9010-000 | Unable To Pay/Bad Debt | \$50 |
| Total Expenses | | (\$18,085) |
| NET SURPLUS/(DEFICIT) | | (\$12,079) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|-------------------------------------|----------------------------|-----------------------|
| 2855 - Immigration Physicals | | |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$15,075 |
| 1-20-6210-000 | Health Insurance | \$678 |
| 1-20-6220-000 | Life Insurance | \$8 |
| 1-20-6230-000 | FICA | \$1,146 |
| 2-20-6240-000 | IMRF | \$956 |
| 4-20-6250-000 | Unemployment Tax | \$17 |
| 4-20-6260-000 | Workers' Compensation | \$66 |
| 1-20-6390-000 | Other Contractual Services | \$100 |
| 1-20-6455-000 | Primary Care | \$1,500 |
| Total Expenses | | (\$19,546) |
| NET SURPLUS/(DEFICIT) | | (\$19,546) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|---|--|-----------------------|
| 2910 - FP-Medical/Counseling/Education | | |
| Revenues | | |
| 1-20-4210-000 | IL Dept of Public Health | \$40,475 |
| 2-20-4210-000 | IL Dept of Public Health | \$7,000 |
| 4-20-4210-000 | IL Dept of Public Health | \$2,525 |
| 1-20-4364-000 | Health Insurance Fees | \$25,000 |
| 1-20-4375-000 | Client Fee Revenue (Self-Pay) | \$1,000 |
| 1-20-4385-000 | Medicaid Fee Revenue | \$50,000 |
| Total Revenues | | \$126,000 |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$110,392 |
| 1-20-6210-000 | Health Insurance | \$22,407 |
| 1-20-6220-000 | Life Insurance | \$29 |
| 1-20-6230-000 | FICA | \$7,848 |
| 2-20-6240-000 | IMRF | \$6,540 |
| 4-20-6250-000 | Unemployment Tax | \$113 |
| 4-20-6260-000 | Workers' Compensation | \$299 |
| 1-20-6365-000 | Postage & Delivery | \$50 |
| 1-20-6385-000 | Trainings | \$30 |
| 1-20-6390-000 | Other Contractual Services | \$3,000 |
| 1-20-6455-000 | Primary Care | \$6,000 |
| 1-20-6550-000 | Medical Supplies | \$14,000 |
| 1-20-6620-000 | Photocopying | \$5 |
| 1-20-6710-000 | Mileage | \$30 |
| 1-20-6720-000 | Lodging | \$200 |
| 4-20-6920-000 | Professional Liability (Malpractice) Insurance | \$3,000 |
| Total Expenses | | (\$173,943) |
| NET SURPLUS/(DEFICIT) | | (\$47,943) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|-------------------------------------|----------------------------|----------------------|
| 2940 - FP_Community Outreach | | |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$2,368 |
| 1-20-6210-000 | Health Insurance | \$643 |
| 1-20-6220-000 | Life Insurance | \$1 |
| 1-20-6230-000 | FICA | \$176 |
| 2-20-6240-000 | IMRF | \$154 |
| 4-20-6250-000 | Unemployment Tax | \$20 |
| 4-20-6260-000 | Workers' Compensation | \$10 |
| 1-20-6390-000 | Other Contractual Services | \$500 |
| 1-20-6620-000 | Photocopying | \$15 |
| 1-20-6710-000 | Mileage | \$40 |
| Total Expenses | | (\$3,927) |
| NET SURPLUS/(DEFICIT) | | (\$3,927) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 20 - Infectious Disease Prev & Mgmt

| | | FY24 Budget |
|----------------------------------|----------------------------|--------------------|
| 2950 - FP-Administration | | |
| Revenues | | |
| 1-20-4210-000 | IL Dept of Public Health | \$8,000 |
| Total Revenues | | \$8,000 |
| Expenses | | |
| 1-20-6100-000 | Personnel Services | \$2,600 |
| 1-20-6210-000 | Health Insurance | \$823 |
| 1-20-6220-000 | Life Insurance | \$4 |
| 1-20-6230-000 | FICA | \$709 |
| 2-20-6240-000 | IMRF | \$693 |
| 4-20-6250-000 | Unemployment Tax | \$55 |
| 4-20-6260-000 | Workers' Compensation | \$35 |
| 1-20-6365-000 | Postage & Delivery | \$2 |
| 1-20-6390-000 | Other Contractual Services | \$3,000 |
| 1-20-6455-000 | Primary Care | \$750 |
| 1-20-6620-000 | Photocopying | \$5 |
| Total Expenses | | (\$8,677) |
| NET SURPLUS/(DEFICIT) | | (\$677) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|------------------------------------|----------------------------|-----------------------|
| 3410 - Vision & Hearing | | |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$31,085 |
| 1-40-6210-000 | Health Insurance | \$13,516 |
| 1-40-6220-000 | Life Insurance | \$19 |
| 1-40-6230-000 | FICA | \$1,915 |
| 2-40-6240-000 | IMRF | \$2,205 |
| 4-40-6250-000 | Unemployment Tax | \$190 |
| 4-40-6260-000 | Workers' Compensation | \$102 |
| 1-40-6365-000 | Postage & Delivery | \$180 |
| 1-40-6390-000 | Other Contractual Services | \$200 |
| 1-40-6560-000 | Office Supplies | \$50 |
| 1-40-6620-000 | Photocopying | \$100 |
| 1-40-6710-000 | Mileage | \$500 |
| 1-40-6730-000 | Meals | \$10 |
| 1-40-9010-000 | Unable To Pay/Bad Debt | \$100 |
| Total Expenses | | (\$50,172) |
| NET SURPLUS/(DEFICIT) | | (\$50,172) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|--|--|-----------------------|
| 4000 - General (Non-Specific) Maternal Child Health | | |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$22,248 |
| 1-40-6210-000 | Health Insurance | \$4,034 |
| 1-40-6220-000 | Life Insurance | \$23 |
| 1-40-6230-000 | FICA | \$1,526 |
| 2-40-6240-000 | IMRF | \$1,277 |
| 4-40-6250-000 | Unemployment Tax | \$264 |
| 4-40-6260-000 | Workers' Compensation | \$139 |
| 1-40-6350-000 | Membership & Dues | \$100 |
| 1-40-6365-000 | Postage & Delivery | \$15 |
| 1-40-6385-000 | Trainings | \$600 |
| 1-40-6390-000 | Other Contractual Services | \$500 |
| 1-40-6490-000 | Other Patient Care & Client Assistance | \$25 |
| 1-40-6510-000 | Books and Periodicals | \$45 |
| 1-40-6560-000 | Office Supplies | \$500 |
| 1-40-6580-000 | Program Materials | \$250 |
| 1-40-6590-000 | Other Supplies | \$275 |
| 1-40-6620-000 | Photocopying | \$35 |
| 1-40-6710-000 | Mileage | \$575 |
| 1-40-6720-000 | Lodging | \$720 |
| 1-40-6730-000 | Meals | \$500 |
| 1-40-6740-000 | Commercial Transportation | \$300 |
| 1-40-6750-000 | Vehicle Operations | \$45 |
| 1-40-6790-000 | Other Travel | \$100 |
| 1-40-7110-000 | Capital Outlay | \$11,773 |
| Total Expenses | | (\$45,868) |
| NET SURPLUS/(DEFICIT) | | (\$45,868) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|--|---|--------------------|
| 4100 - MCH Medical Billable Program | | |
| Revenues | | |
| 1-40-4364-000 | Health Insurance Fees | \$85,000 |
| 1-40-4365-000 | Adjustment/Write-Offs_Health Insurance Fees | (\$10,170) |
| 1-40-4375-000 | Client Fee Revenue (Self-Pay) | \$25,000 |
| 1-40-4385-000 | Medicaid Fee Revenue | \$50,000 |
| 1-40-4386-000 | Medicaid Fee Write-Offs/Adjustments | (\$10,000) |
| 1-40-4388-000 | WPS Medicare | \$2,000 |
| 1-40-4389-000 | WPS Medicare Write-Offs/Adjustments | (\$1,582) |
| 1-40-4990-000 | Miscellaneous Income | \$150 |
| Total Revenues | | \$140,398 |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$86,556 |
| 1-40-6210-000 | Health Insurance | \$3,739 |
| 1-40-6220-000 | Life Insurance | \$101 |
| 1-40-6230-000 | FICA | \$7,934 |
| 2-40-6240-000 | IMRF | \$7,282 |
| 4-40-6250-000 | Unemployment Tax | \$800 |
| 4-40-6260-000 | Workers' Compensation | \$626 |
| 1-40-6331-000 | Equipment Expense (Under \$5,000) | \$250 |
| 1-40-6350-000 | Membership & Dues | \$40 |
| 1-40-6365-000 | Postage & Delivery | \$35 |
| 1-40-6390-000 | Other Contractual Services | \$1,500 |
| 1-40-6490-000 | Other Patient Care & Client Assistance | \$77,500 |
| 1-40-6510-000 | Books and Periodicals | \$55 |
| 1-40-6550-000 | Medical Supplies | \$75,000 |
| 1-40-6580-000 | Program Materials | \$300 |
| 1-40-6590-000 | Other Supplies | \$42 |
| 1-40-6620-000 | Photocopying | \$155 |
| 1-40-6710-000 | Mileage | \$200 |
| 1-40-6750-000 | Vehicle Operations | \$95 |
| 1-40-9010-000 | Unable To Pay/Bad Debt | \$2,000 |
| Total Expenses | | (\$264,210) |
| NET SURPLUS/(DEFICIT) | | (\$123,812) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | | <u>FY24 Budget</u> |
|---------------------------------|--|--|---------------------------------|
| 4105 - Clinical Services | | | |
| Expenses | | | |
| 1-40-6100-000 | Personnel Services | | \$10,919 |
| 1-40-6210-000 | Health Insurance | | \$680 |
| 1-40-6220-000 | Life Insurance | | \$7 |
| 1-40-6230-000 | FICA | | \$826 |
| 2-40-6240-000 | IMRF | | \$699 |
| 4-40-6250-000 | Unemployment Tax | | \$115 |
| 4-40-6260-000 | Workers' Compensation | | \$121 |
| 1-40-6310-000 | Advertising | | \$900 |
| 1-40-6350-000 | Membership & Dues | | \$400 |
| 1-40-6365-000 | Postage & Delivery | | \$5 |
| 1-40-6390-000 | Other Contractual Services | | \$1,500 |
| 1-40-6510-000 | Books and Periodicals | | \$25 |
| 1-40-6550-000 | Medical Supplies | | \$525 |
| 4-40-6920-000 | Professional Liability (Malpractice) Insurance | | \$3,200 |
| 1-40-7110-000 | Capital Outlay | | \$800 |
| 1-40-9010-000 | Unable To Pay/Bad Debt | | \$1,650 |
| Total Expenses | | | <u>(\$22,372)</u> |
| | | | |
| NET SURPLUS/(DEFICIT) | | | <u><u>(\$22,372)</u></u> |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|--------------------------------------|--|--------------------|
| 4210 - Family Case Management | | |
| Revenues | | |
| 1-40-4220-000 | IL Dept of Human Services | \$396,717 |
| 2-40-4220-000 | IL Dept of Human Services | \$19,000 |
| 4-40-4220-000 | IL Dept of Human Services | \$2,000 |
| 1-40-4295-000 | IDHFS - 50/50 Match Family Case Management (FCM) | \$200,000 |
| Total Revenues | | \$617,717 |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$319,093 |
| 1-40-6210-000 | Health Insurance | \$80,444 |
| 1-40-6220-000 | Life Insurance | \$245 |
| 1-40-6230-000 | FICA | \$22,409 |
| 2-40-6240-000 | IMRF | \$18,725 |
| 4-40-6250-000 | Unemployment Tax | \$223 |
| 4-40-6260-000 | Workers' Compensation | \$1,725 |
| 1-40-6310-000 | Advertising | \$500 |
| 1-40-6365-000 | Postage & Delivery | \$450 |
| 1-40-6373-000 | Software License & Maintenance | \$65 |
| 1-40-6385-000 | Trainings | \$100 |
| 1-40-6390-000 | Other Contractual Services | \$50 |
| 1-40-6490-000 | Other Patient Care & Client Assistance | \$100 |
| 1-40-6560-000 | Office Supplies | \$2,000 |
| 1-40-6580-000 | Program Materials | \$125 |
| 1-40-6620-000 | Photocopying | \$925 |
| 1-40-6710-000 | Mileage | \$3,200 |
| 1-40-6730-000 | Meals | \$60 |
| 1-40-6810-000 | Telephone Service | \$15 |
| 1-40-6830-000 | Internet Service | \$1,500 |
| 1-40-7030-000 | Rent | \$4,300 |
| Total Expenses | | (\$456,254) |
| NET SURPLUS/(DEFICIT) | | \$161,463 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|----------------------------------|---------------------------|--------------------|
| 4220 - Downstate Outreach | | |
| Revenues | | |
| 1-40-4220-000 | IL Dept of Human Services | \$14,600 |
| 2-40-4220-000 | IL Dept of Human Services | \$500 |
| 4-40-4220-000 | IL Dept of Human Services | \$100 |
| Total Revenues | | \$15,200 |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$8,812 |
| 1-40-6210-000 | Health Insurance | \$3,553 |
| 1-40-6220-000 | Life Insurance | \$5 |
| 1-40-6230-000 | FICA | \$554 |
| 2-40-6240-000 | IMRF | \$463 |
| 4-40-6250-000 | Unemployment Tax | \$5 |
| 4-40-6260-000 | Workers' Compensation | \$39 |
| 1-40-6365-000 | Postage & Delivery | \$50 |
| 1-40-6620-000 | Photocopying | \$20 |
| Total Expenses | | (\$13,501) |
| NET SURPLUS/(DEFICIT) | | \$1,699 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|-------------------------------------|--------------------------------------|----------------------|
| 4240 - Prevention Initiative | | |
| Revenues | | |
| 1-40-4224-000 | IL State Board of Education (ISBE) | \$706,125 |
| 2-40-4224-000 | IL State Board of Education (ISBE) | \$35,446 |
| 4-40-4224-000 | IL State Board of Education (ISBE) | \$3,560 |
| Total Revenues | | \$745,131 |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$421,795 |
| 1-40-6210-000 | Health Insurance | \$85,287 |
| 1-40-6220-000 | Life Insurance | \$182 |
| 1-40-6230-000 | FICA | \$37,394 |
| 2-40-6240-000 | IMRF | \$35,446 |
| 4-40-6250-000 | Unemployment Tax | \$1,000 |
| 4-40-6260-000 | Workers' Compensation | \$2,560 |
| 1-40-6310-000 | Advertising | \$1,000 |
| 1-40-6331-000 | Equipment Expense (Under \$5,000) | \$200 |
| 1-40-6347-000 | Marketing | \$50 |
| 1-40-6350-000 | Membership & Dues | \$2,300 |
| 1-40-6365-000 | Postage & Delivery | \$150 |
| 1-40-6373-000 | Software License & Maintenance | \$1,000 |
| 1-40-6385-000 | Trainings | \$1,500 |
| 1-40-6390-000 | Other Contractual Services | \$2,150 |
| 1-40-6510-000 | Books and Periodicals | \$750 |
| 1-40-6525-000 | Bldg/Janitorial Supplies @ Champaign | \$100 |
| 1-40-6530-000 | Consumable Supplies | \$25 |
| 1-40-6550-000 | Medical Supplies | \$90 |
| 1-40-6560-000 | Office Supplies | \$23,857 |
| 1-40-6570-000 | Outreach Supplies | \$345 |
| 1-40-6580-000 | Program Materials | \$6,000 |
| 1-40-6590-000 | Other Supplies | \$500 |
| 1-40-6620-000 | Photocopying | \$1,000 |
| 1-40-6710-000 | Mileage | \$5,500 |
| 1-40-6720-000 | Lodging | \$900 |
| 1-40-6730-000 | Meals | \$700 |
| 1-40-6820-000 | Cellular Phone Service | \$2,100 |
| Total Expenses | | (\$633,881) |
| NET SURPLUS/(DEFICIT) | | \$111,250 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|----------------------------------|---------------------------|--------------------|
| 4250 - APORS/HRIF | | |
| Revenues | | |
| 1-40-4220-000 | IL Dept of Human Services | \$65,403 |
| Total Revenues | | \$65,403 |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$44,069 |
| 1-40-6210-000 | Health Insurance | \$7,257 |
| 1-40-6220-000 | Life Insurance | \$33 |
| 1-40-6230-000 | FICA | \$3,267 |
| 2-40-6240-000 | IMRF | \$2,736 |
| 4-40-6250-000 | Unemployment Tax | \$276 |
| 4-40-6260-000 | Workers' Compensation | \$271 |
| 1-40-6385-000 | Trainings | \$200 |
| 1-40-6560-000 | Office Supplies | \$100 |
| 1-40-6620-000 | Photocopying | \$20 |
| 1-40-6710-000 | Mileage | \$500 |
| 1-40-6730-000 | Meals | \$150 |
| Total Expenses | | (\$58,879) |
| NET SURPLUS/(DEFICIT) | | \$6,524 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|----------------------------------|--|-----------------------|
| 4310 - HealthWorks | | |
| Revenues | | |
| 1-40-4290-000 | Other Grants & Contracts | \$150,418 |
| 2-40-4290-000 | Other Grants & Contracts | \$8,177 |
| 4-40-4290-000 | Other Grants & Contracts | \$875 |
| Total Revenues | | \$159,470 |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$129,300 |
| 1-40-6210-000 | Health Insurance | \$28,167 |
| 1-40-6220-000 | Life Insurance | \$62 |
| 1-40-6230-000 | FICA | \$8,868 |
| 2-40-6240-000 | IMRF | \$7,446 |
| 4-40-6250-000 | Unemployment Tax | \$62 |
| 4-40-6260-000 | Workers' Compensation | \$535 |
| 1-40-6310-000 | Advertising | \$675 |
| 1-40-6331-000 | Equipment Expense (Under \$5,000) | \$670 |
| 1-40-6365-000 | Postage & Delivery | \$2,600 |
| 1-40-6390-000 | Other Contractual Services | \$100 |
| 1-40-6490-000 | Other Patient Care & Client Assistance | \$3,000 |
| 1-40-6560-000 | Office Supplies | \$1,800 |
| 1-40-6620-000 | Photocopying | \$6,000 |
| 1-40-6710-000 | Mileage | \$350 |
| 1-40-6730-000 | Meals | \$50 |
| 1-40-7030-000 | Rent | \$1,950 |
| 1-40-7110-000 | Capital Outlay | \$5,000 |
| Total Expenses | | (\$196,635) |
| NET SURPLUS/(DEFICIT) | | (\$37,165) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|----------------------------------|--------------------------|---------------------|
| 4315 - Healthworks 0 to 6 | | |
| Revenues | | |
| 1-40-4290-000 | Other Grants & Contracts | \$92,451 |
| 2-40-4290-000 | Other Grants & Contracts | \$779 |
| 4-40-4290-000 | Other Grants & Contracts | \$325 |
| Total Revenues | | \$93,555 |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$57,821 |
| 1-40-6210-000 | Health Insurance | \$15,825 |
| 1-40-6220-000 | Life Insurance | \$30 |
| 1-40-6230-000 | FICA | \$4,061 |
| 2-40-6240-000 | IMRF | \$779 |
| 4-40-6250-000 | Unemployment Tax | \$75 |
| 1-40-6260-000 | Workers' Compensation | \$75 |
| 4-40-6260-000 | Workers' Compensation | \$250 |
| 1-40-6365-000 | Postage & Delivery | \$175 |
| Total Expenses | | (\$79,091) |
| NET SURPLUS/(DEFICIT) | | \$14,464 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|----------------------------------|--|---------------------|
| 4520 - WIC Administration | | |
| Revenues | | |
| 1-40-4220-000 | IL Dept of Human Services | \$359,330 |
| 2-40-4220-000 | IL Dept of Human Services | \$19,094 |
| 4-40-4220-000 | IL Dept of Human Services | \$2,450 |
| Total Revenues | | \$380,874 |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$193,101 |
| 1-40-6210-000 | Health Insurance | \$35,162 |
| 1-40-6220-000 | Life Insurance | \$134 |
| 1-40-6230-000 | FICA | \$13,133 |
| 2-40-6240-000 | IMRF | \$11,302 |
| 4-40-6250-000 | Unemployment Tax | \$508 |
| 4-40-6260-000 | Workers' Compensation | \$977 |
| 1-40-6310-000 | Advertising | \$280 |
| 1-40-6350-000 | Membership & Dues | \$260 |
| 1-40-6365-000 | Postage & Delivery | \$1,750 |
| 1-40-6373-000 | Software License & Maintenance | \$2,125 |
| 1-40-6390-000 | Other Contractual Services | \$3,700 |
| 1-40-6490-000 | Other Patient Care & Client Assistance | \$200 |
| 1-40-6550-000 | Medical Supplies | \$4,000 |
| 1-40-6560-000 | Office Supplies | \$3,000 |
| 1-40-6580-000 | Program Materials | \$1,000 |
| 1-40-6590-000 | Other Supplies | \$40 |
| 1-40-6620-000 | Photocopying | \$1,025 |
| 1-40-6710-000 | Mileage | \$2,000 |
| 1-40-6720-000 | Lodging | \$400 |
| 1-40-6730-000 | Meals | \$500 |
| 1-40-6740-000 | Commercial Transportation | \$300 |
| 1-40-6790-000 | Other Travel | \$50 |
| 1-40-6810-000 | Telephone Service | \$3,900 |
| 1-40-6830-000 | Internet Service | \$1,425 |
| 1-40-7014-000 | Repairs & Maintenance @ Rantoul | \$200 |
| 1-40-7015-000 | Repairs & Maintenance @ Champaign | \$150 |
| 1-40-7030-000 | Rent | \$3,700 |
| Total Expenses | | (\$284,322) |
| NET SURPLUS/(DEFICIT) | | \$96,552 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|-----------------------------------|---------------------------|-----------------------|
| 4530 - WIC Client Services | | |
| Revenues | | |
| 1-40-4220-000 | IL Dept of Human Services | \$156,327 |
| 2-40-4220-000 | IL Dept of Human Services | \$9,000 |
| 4-40-4220-000 | IL Dept of Human Services | \$1,200 |
| Total Revenues | | \$166,527 |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$141,985 |
| 1-40-6210-000 | Health Insurance | \$32,977 |
| 1-40-6220-000 | Life Insurance | \$70 |
| 1-40-6230-000 | FICA | \$10,222 |
| 2-40-6240-000 | IMRF | \$8,546 |
| 4-40-6250-000 | Unemployment Tax | \$250 |
| 4-40-6260-000 | Workers' Compensation | \$761 |
| 1-40-6365-000 | Postage & Delivery | \$70 |
| 1-40-6560-000 | Office Supplies | \$20 |
| 1-40-6620-000 | Photocopying | \$180 |
| 1-40-6710-000 | Mileage | \$200 |
| Total Expenses | | (\$195,281) |
| NET SURPLUS/(DEFICIT) | | (\$28,754) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|---|--|-----------------------|
| 4540 - WIC Nutritional Education | | |
| Revenues | | |
| 1-40-4220-000 | IL Dept of Human Services | \$77,761 |
| 2-40-4220-000 | IL Dept of Human Services | \$4,686 |
| 4-40-4220-000 | IL Dept of Human Services | \$870 |
| Total Revenues | | \$83,317 |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$77,010 |
| 1-40-6210-000 | Health Insurance | \$12,814 |
| 1-40-6220-000 | Life Insurance | \$40 |
| 1-40-6230-000 | FICA | \$5,581 |
| 2-40-6240-000 | IMRF | \$4,686 |
| 4-40-6250-000 | Unemployment Tax | \$428 |
| 4-40-6260-000 | Workers' Compensation | \$438 |
| 1-40-6365-000 | Postage & Delivery | \$75 |
| 1-40-6390-000 | Other Contractual Services | \$125 |
| 1-40-6490-000 | Other Patient Care & Client Assistance | \$50 |
| 1-40-6560-000 | Office Supplies | \$400 |
| 1-40-6620-000 | Photocopying | \$5 |
| Total Expenses | | (\$101,652) |
| NET SURPLUS/(DEFICIT) | | (\$18,335) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|----------------------------------|-----------------------------------|--------------------|
| 4550 - WIC Breastfeeding | | |
| Revenues | | |
| 1-40-4220-000 | IL Dept of Human Services | \$53,602 |
| Total Revenues | | \$53,602 |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$35,037 |
| 1-40-6210-000 | Health Insurance | \$7,744 |
| 1-40-6220-000 | Life Insurance | \$15 |
| 1-40-6230-000 | FICA | \$2,535 |
| 2-40-6240-000 | IMRF | \$2,439 |
| 4-40-6250-000 | Unemployment Tax | \$115 |
| 4-40-6260-000 | Workers' Compensation | \$146 |
| 1-40-6310-000 | Advertising | \$250 |
| 1-40-6331-000 | Equipment Expense (Under \$5,000) | \$2,200 |
| 1-40-6356-000 | Employee License Reimbursement | \$150 |
| 1-40-6365-000 | Postage & Delivery | \$5 |
| 1-40-6373-000 | Software License & Maintenance | \$2,050 |
| 1-40-6385-000 | Trainings | \$300 |
| 1-40-6390-000 | Other Contractual Services | \$125 |
| 1-40-6560-000 | Office Supplies | \$50 |
| 1-40-6620-000 | Photocopying | \$20 |
| 1-40-6710-000 | Mileage | \$30 |
| Total Expenses | | (\$53,211) |
| NET SURPLUS/(DEFICIT) | | \$391 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|---|---------------------------|-----------------------|
| 4560 - Farmers' Market Nutrition Program | | |
| Revenues | | |
| 1-40-4220-000 | IL Dept of Human Services | \$1,000 |
| Total Revenues | | \$1,000 |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$10,638 |
| 1-40-6210-000 | Health Insurance | \$2,290 |
| 1-40-6220-000 | Life Insurance | \$5 |
| 1-40-6230-000 | FICA | \$767 |
| 2-40-6240-000 | IMRF | \$649 |
| 4-40-6250-000 | Unemployment Tax | \$18 |
| 4-40-6260-000 | Workers' Compensation | \$16 |
| 1-40-6365-000 | Postage & Delivery | \$36 |
| 1-40-6620-000 | Photocopying | \$40 |
| 1-40-6710-000 | Mileage | \$60 |
| Total Expenses | | (\$14,520) |
| NET SURPLUS/(DEFICIT) | | (\$13,520) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|--|--------------------------------|---------------------|
| 4565 - Breastfeeding Peer Counselor | | |
| Revenues | | |
| 1-40-4220-000 | IL Dept of Human Services | \$84,304 |
| 2-40-4220-000 | IL Dept of Human Services | \$3,517 |
| 4-40-4220-000 | IL Dept of Human Services | \$2,279 |
| Total Revenues | | \$90,100 |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$57,205 |
| 1-40-6210-000 | Health Insurance | \$2,400 |
| 1-40-6220-000 | Life Insurance | \$25 |
| 1-40-6230-000 | FICA | \$4,226 |
| 2-40-6240-000 | IMRF | \$3,517 |
| 4-40-6250-000 | Unemployment Tax | \$176 |
| 4-40-6260-000 | Workers' Compensation | \$2,103 |
| 1-40-6365-000 | Postage & Delivery | \$475 |
| 1-40-6373-000 | Software License & Maintenance | \$650 |
| 1-40-6390-000 | Other Contractual Services | \$110 |
| 1-40-6550-000 | Medical Supplies | \$100 |
| 1-40-6560-000 | Office Supplies | \$500 |
| 1-40-6580-000 | Program Materials | \$100 |
| 1-40-6590-000 | Other Supplies | \$150 |
| 1-40-6620-000 | Photocopying | \$200 |
| 1-40-6710-000 | Mileage | \$300 |
| 1-40-6720-000 | Lodging | \$500 |
| 1-40-6730-000 | Meals | \$200 |
| 1-40-6820-000 | Cellular Phone Service | \$2,300 |
| 1-40-7030-000 | Rent | \$1,950 |
| Total Expenses | | (\$77,187) |
| NET SURPLUS/(DEFICIT) | | \$12,913 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|--|---------------------------|--------------------|
| 4566 - Breastfeeding Task Force | | |
| Revenues | | |
| 1-40-4220-000 | IL Dept of Human Services | \$6,000 |
| Total Revenues | | \$6,000 |
| Expenses | | |
| 1-40-6350-000 | Membership & Dues | \$150 |
| 1-40-6365-000 | Postage & Delivery | \$7 |
| 1-40-6590-000 | Other Supplies | \$5,800 |
| Total Expenses | | (\$5,957) |
| NET SURPLUS/(DEFICIT) | | \$43 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|---|-----------------------|----------------------|
| 4569 - Mother's Milk Bank Dispensary | | |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$1,557 |
| 1-40-6210-000 | Health Insurance | \$474 |
| 1-40-6220-000 | Life Insurance | \$0 |
| 1-40-6230-000 | FICA | \$94 |
| 2-40-6240-000 | IMRF | \$70 |
| 4-40-6250-000 | Unemployment Tax | \$12 |
| 4-40-6260-000 | Workers' Compensation | \$10 |
| 1-40-6365-000 | Postage & Delivery | \$5 |
| 1-40-6580-000 | Program Materials | \$2,000 |
| 1-40-6620-000 | Photocopying | \$5 |
| Total Expenses | | (\$4,227) |
| NET SURPLUS/(DEFICIT) | | (\$4,227) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|--|------------------------------------|----------------------|
| 4926 - Summer Food Program (through ISBE) | | |
| Revenues | | |
| 1-40-4224-000 | IL State Board of Education (ISBE) | \$75,600 |
| 2-40-4224-000 | IL State Board of Education (ISBE) | \$1,400 |
| 4-40-4290-000 | Other Grants & Contracts | \$3,000 |
| Total Revenues | | \$80,000 |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$37,441 |
| 1-40-6210-000 | Health Insurance | \$4,807 |
| 1-40-6220-000 | Life Insurance | \$10 |
| 1-40-6230-000 | FICA | \$2,700 |
| 2-40-6240-000 | IMRF | \$1,399 |
| 4-40-6250-000 | Unemployment Tax | \$236 |
| 4-40-6260-000 | Workers' Compensation | \$2,796 |
| 1-40-6365-000 | Postage & Delivery | \$12 |
| 1-40-6530-000 | Consumable Supplies | \$36,000 |
| 1-40-6560-000 | Office Supplies | \$208 |
| 1-40-6580-000 | Program Materials | \$1,200 |
| 1-40-6590-000 | Other Supplies | \$984 |
| 1-40-6620-000 | Photocopying | \$146 |
| 1-40-6710-000 | Mileage | \$1,390 |
| Total Expenses | | (\$89,330) |
| NET SURPLUS/(DEFICIT) | | (\$9,330) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|--|------------------------------------|--------------------|
| 4928 - Summer Food Program Administration | | |
| Revenues | | |
| 1-40-4224-000 | IL State Board of Education (ISBE) | \$7,000 |
| Total Revenues | | \$7,000 |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$4,140 |
| 1-40-6210-000 | Health Insurance | \$1,320 |
| 1-40-6220-000 | Life Insurance | \$2 |
| 1-40-6230-000 | FICA | \$271 |
| 2-40-6240-000 | IMRF | \$247 |
| 4-40-6250-000 | Unemployment Tax | \$8 |
| 4-40-6260-000 | Workers' Compensation | \$42 |
| 1-40-6390-000 | Other Contractual Services | \$132 |
| 1-40-6710-000 | Mileage | \$140 |
| 1-40-6730-000 | Meals | \$48 |
| Total Expenses | | (\$6,350) |
| NET SURPLUS/(DEFICIT) | | \$650 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 40 - Maternal & Child Health

| | | FY24 Budget |
|----------------------------------|----------------------------|-----------------------|
| 4940 - IDEA Coalition | | |
| Revenues | | |
| 1-40-4290-000 | Other Grants & Contracts | \$28,600 |
| Total Revenues | | \$28,600 |
| Expenses | | |
| 1-40-6100-000 | Personnel Services | \$32,989 |
| 1-40-6210-000 | Health Insurance | \$7,220 |
| 1-40-6220-000 | Life Insurance | \$13 |
| 1-40-6230-000 | FICA | \$2,314 |
| 2-40-6240-000 | IMRF | \$2,221 |
| 4-40-6250-000 | Unemployment Tax | \$77 |
| 4-40-6260-000 | Workers' Compensation | \$138 |
| 1-40-6365-000 | Postage & Delivery | \$45 |
| 1-40-6390-000 | Other Contractual Services | \$5,200 |
| Total Expenses | | (\$50,215) |
| NET SURPLUS/(DEFICIT) | | (\$21,615) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 70 - Environmental Health

| | | FY24 Budget |
|--|-----------------------------------|-----------------------|
| 7000 - General (Non-Specific) Environmental Health Division | | |
| Expenses | | |
| 1-70-6100-000 | Personnel Services | \$55,890 |
| 1-70-6210-000 | Health Insurance | \$6,643 |
| 1-70-6220-000 | Life Insurance | \$21 |
| 1-70-6230-000 | FICA | \$4,244 |
| 2-70-6240-000 | IMRF | \$3,648 |
| 4-70-6250-000 | Unemployment Tax | \$79 |
| 4-70-6260-000 | Workers' Compensation | \$2,141 |
| 1-70-6310-000 | Advertising | \$510 |
| 1-70-6316-000 | Computer Consultants & Support | \$5,000 |
| 1-70-6331-000 | Equipment Expense (Under \$5,000) | \$5,000 |
| 1-70-6350-000 | Membership & Dues | \$155 |
| 1-70-6356-000 | Employee License Reimbursement | \$200 |
| 1-70-6365-000 | Postage & Delivery | \$12 |
| 1-70-6390-000 | Other Contractual Services | \$500 |
| 1-70-6560-000 | Office Supplies | \$1,700 |
| 1-70-6590-000 | Other Supplies | \$500 |
| 1-70-6610-000 | Commercial Printing | \$100 |
| 1-70-6620-000 | Photocopying | \$40 |
| 1-70-6710-000 | Mileage | \$125 |
| 1-70-6720-000 | Lodging | \$200 |
| 1-70-6730-000 | Meals | \$50 |
| 1-70-6820-000 | Cellular Phone Service | \$1,000 |
| 1-70-7015-000 | Repairs & Maintenance @ Champaign | \$50 |
| Total Expenses | | (\$87,807) |
| NET SURPLUS/(DEFICIT) | | (\$87,807) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 70 - Environmental Health

| | | FY24 Budget |
|-------------------------------------|-----------------------------------|------------------------|
| 7120 - District Food Program | | |
| Revenues | | |
| 1-70-4215-000 | IDPH Local Health Protection | \$44,700 |
| 1-70-4310-000 | CU & CC License Income | \$21,000 |
| 1-70-4315-000 | Environmental Health Permits | \$265,000 |
| 1-70-4390-000 | Other Fees for Services | \$1,000 |
| 1-70-4990-000 | Miscellaneous Income | \$1,000 |
| Total Revenues | | \$332,700 |
| Expenses | | |
| 1-70-6100-000 | Personnel Services | \$298,355 |
| 1-70-6210-000 | Health Insurance | \$52,681 |
| 1-70-6220-000 | Life Insurance | \$166 |
| 1-70-6230-000 | FICA | \$31,387 |
| 2-70-6240-000 | IMRF | \$20,999 |
| 4-70-6250-000 | Unemployment Tax | \$1,569 |
| 4-70-6260-000 | Workers' Compensation | \$11,129 |
| 1-70-6331-000 | Equipment Expense (Under \$5,000) | \$300 |
| 1-70-6350-000 | Membership & Dues | \$250 |
| 1-70-6355-000 | Non-CUPHD License Payments | \$44,000 |
| 1-70-6356-000 | Employee License Reimbursement | \$600 |
| 1-70-6365-000 | Postage & Delivery | \$2,300 |
| 1-70-6373-000 | Software License & Maintenance | \$22,000 |
| 1-70-6385-000 | Trainings | \$750 |
| 1-70-6530-000 | Consumable Supplies | \$250 |
| 1-70-6560-000 | Office Supplies | \$1,500 |
| 1-70-6580-000 | Program Materials | \$500 |
| 1-70-6590-000 | Other Supplies | \$500 |
| 1-70-6610-000 | Commercial Printing | \$200 |
| 1-70-6620-000 | Photocopying | \$828 |
| 1-70-6710-000 | Mileage | \$6,000 |
| 1-70-6720-000 | Lodging | \$800 |
| 1-70-6730-000 | Meals | \$750 |
| 1-70-6740-000 | Commercial Transportation | \$300 |
| 1-70-6790-000 | Other Travel | \$750 |
| Total Expenses | | (\$498,863) |
| NET SURPLUS/(DEFICIT) | | (\$166,163) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 70 - Environmental Health

| | | FY24 Budget |
|--|---------------------------|--------------------|
| 7121 - District FDA Program Standards | | |
| Revenues | | |
| 1-70-4290-000 | Other Grants & Contracts | \$20,000 |
| Total Revenues | | \$20,000 |
| Expenses | | |
| 1-70-6100-000 | Personnel Services | \$1,834 |
| 1-70-6210-000 | Health Insurance | \$359 |
| 1-70-6220-000 | Life Insurance | \$2 |
| 1-70-6230-000 | FICA | \$139 |
| 2-70-6240-000 | IMRF | \$119 |
| 4-70-6260-000 | Workers' Compensation | \$79 |
| 1-70-6380-000 | Subgrantee/Subcontractor | \$15,000 |
| 1-70-6385-000 | Trainings | \$300 |
| 1-70-6720-000 | Lodging | \$537 |
| 1-70-6730-000 | Meals | \$266 |
| 1-70-6740-000 | Commercial Transportation | \$527 |
| 1-70-6790-000 | Other Travel | \$40 |
| Total Expenses | | (\$19,203) |
| NET SURPLUS/(DEFICIT) | | \$797 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 70 - Environmental Health

| | | FY24 Budget |
|---|--------------------------------|-----------------------|
| 7125 - District Food Plan Review | | |
| Revenues | | |
| 1-70-4390-000 | Other Fees for Services | \$26,000 |
| Total Revenues | | \$26,000 |
| Expenses | | |
| 1-70-6100-000 | Personnel Services | \$94,115 |
| 1-70-6210-000 | Health Insurance | \$9,880 |
| 1-70-6220-000 | Life Insurance | \$46 |
| 1-70-6230-000 | FICA | \$6,960 |
| 2-70-6240-000 | IMRF | \$6,746 |
| 4-70-6250-000 | Unemployment Tax | \$351 |
| 4-70-6260-000 | Workers' Compensation | \$3,914 |
| 1-70-6356-000 | Employee License Reimbursement | \$185 |
| 1-70-6365-000 | Postage & Delivery | \$12 |
| 1-70-6560-000 | Office Supplies | \$35 |
| 1-70-6620-000 | Photocopying | \$175 |
| 1-70-6710-000 | Mileage | \$885 |
| 1-70-6790-000 | Other Travel | \$68 |
| Total Expenses | | (\$123,371) |
| NET SURPLUS/(DEFICIT) | | (\$97,371) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 70 - Environmental Health

| | | FY24 Budget |
|---|-------------------------|----------------------|
| 7126 - District Temporary Food Permits | | |
| Revenues | | |
| 1-70-4390-000 | Other Fees for Services | \$5,500 |
| Total Revenues | | \$5,500 |
| Expenses | | |
| 1-70-6100-000 | Personnel Services | \$5,863 |
| 1-70-6210-000 | Health Insurance | \$422 |
| 1-70-6220-000 | Life Insurance | \$3 |
| 1-70-6230-000 | FICA | \$441 |
| 2-70-6240-000 | IMRF | \$372 |
| 4-70-6250-000 | Unemployment Tax | \$18 |
| 4-70-6260-000 | Workers' Compensation | \$195 |
| 1-70-6365-000 | Postage & Delivery | \$25 |
| 1-70-6620-000 | Photocopying | \$27 |
| 1-70-6710-000 | Mileage | \$100 |
| 1-70-6790-000 | Other Travel | \$5 |
| Total Expenses | | (\$7,470) |
| NET SURPLUS/(DEFICIT) | | (\$1,970) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 70 - Environmental Health

| | | FY24 Budget |
|--|-------------------------|----------------------|
| 7129 - District Farmers Markets, Cottage Food | | |
| Revenues | | |
| 1-70-4390-000 | Other Fees for Services | \$1,300 |
| Total Revenues | | \$1,300 |
| Expenses | | |
| 1-70-6100-000 | Personnel Services | \$6,048 |
| 1-70-6210-000 | Health Insurance | \$892 |
| 1-70-6220-000 | Life Insurance | \$2 |
| 1-70-6230-000 | FICA | \$452 |
| 2-70-6240-000 | IMRF | \$380 |
| 4-70-6250-000 | Unemployment Tax | \$8 |
| 4-70-6260-000 | Workers' Compensation | \$185 |
| 1-70-6365-000 | Postage & Delivery | \$15 |
| 1-70-6560-000 | Office Supplies | \$20 |
| 1-70-6620-000 | Photocopying | \$20 |
| 1-70-6710-000 | Mileage | \$30 |
| Total Expenses | | (\$8,052) |
| NET SURPLUS/(DEFICIT) | | (\$6,752) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 70 - Environmental Health

| | | FY24 Budget |
|--|--------------------------|--------------------|
| 7320 - District Vector Surveillance & Control | | |
| Revenues | | |
| 1-70-4210-000 | IL Dept of Public Health | \$21,862 |
| 2-70-4210-000 | IL Dept of Public Health | \$904 |
| 4-70-4210-000 | IL Dept of Public Health | \$816 |
| Total Revenues | | \$23,582 |
| Expenses | | |
| 1-70-6100-000 | Personnel Services | \$13,046 |
| 1-70-6210-000 | Health Insurance | \$1,731 |
| 1-70-6230-000 | FICA | \$1,192 |
| 2-70-6240-000 | IMRF | \$904 |
| 4-70-6250-000 | Unemployment Tax | \$94 |
| 4-70-6260-000 | Workers' Compensation | \$722 |
| 1-70-6365-000 | Postage & Delivery | \$12 |
| 1-70-6580-000 | Program Materials | \$550 |
| 1-70-6620-000 | Photocopying | \$12 |
| 1-70-6710-000 | Mileage | \$600 |
| Total Expenses | | (\$18,862) |
| NET SURPLUS/(DEFICIT) | | \$4,720 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 70 - Environmental Health

| | | FY24 Budget |
|--|--------------------------------|---------------------|
| 7340 - Mosquito Abatement - Champaign, Urbana, Savoy & U of I | | |
| Revenues | | |
| 1-70-4290-000 | Other Grants & Contracts | \$72,144 |
| 2-70-4290-000 | Other Grants & Contracts | \$407 |
| 4-70-4290-000 | Other Grants & Contracts | \$2,310 |
| Total Revenues | | \$74,861 |
| Expenses | | |
| 1-70-6100-000 | Personnel Services | \$18,825 |
| 1-70-6210-000 | Health Insurance | \$173 |
| 1-70-6220-000 | Life Insurance | \$2 |
| 1-70-6230-000 | FICA | \$1,432 |
| 2-70-6240-000 | IMRF | \$407 |
| 4-70-6250-000 | Unemployment Tax | \$183 |
| 4-70-6260-000 | Workers' Compensation | \$1,126 |
| 1-70-6350-000 | Membership & Dues | \$5,848 |
| 1-70-6356-000 | Employee License Reimbursement | \$30 |
| 1-70-6380-000 | Subgrantee/Subcontractor | \$5,500 |
| 1-70-6385-000 | Trainings | \$700 |
| 1-70-6390-000 | Other Contractual Services | \$300 |
| 1-70-6560-000 | Office Supplies | \$15 |
| 1-70-6570-000 | Outreach Supplies | \$100 |
| 1-70-6580-000 | Program Materials | \$18,000 |
| 1-70-6590-000 | Other Supplies | \$6,000 |
| 1-70-6620-000 | Photocopying | \$3 |
| 1-70-6710-000 | Mileage | \$1,000 |
| 1-70-6720-000 | Lodging | \$1,000 |
| 1-70-6730-000 | Meals | \$200 |
| 1-70-6740-000 | Commercial Transportation | \$250 |
| 1-70-6820-000 | Cellular Phone Service | \$300 |
| 4-70-6990-000 | Other Insurance | \$1 |
| Total Expenses | | (\$61,396) |
| NET SURPLUS/(DEFICIT) | | \$13,465 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 70 - Environmental Health

| | | FY24 Budget |
|---|-----------------------|--------------------|
| 7410 - Well Water Testing/Assessment | | |
| Expenses | | |
| 1-70-6100-000 | Personnel Services | \$400 |
| 1-70-6210-000 | Health Insurance | \$58 |
| 1-70-6220-000 | Life Insurance | \$0 |
| 1-70-6230-000 | FICA | \$30 |
| 2-70-6240-000 | IMRF | \$28 |
| 4-70-6250-000 | Unemployment Tax | \$4 |
| 4-70-6260-000 | Workers' Compensation | \$1 |
| 1-70-6365-000 | Postage & Delivery | \$12 |
| 1-70-6620-000 | Photocopying | \$2 |
| 1-70-6710-000 | Mileage | \$2 |
| Total Expenses | | (\$537) |
| NET SURPLUS/(DEFICIT) | | (\$537) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 70 - Environmental Health

| | | FY24 Budget |
|---|-------------------------|----------------------|
| 7412 - Closed Loop Well - District | | |
| Revenues | | |
| 1-70-4390-000 | Other Fees for Services | \$2,500 |
| Total Revenues | | \$2,500 |
| Expenses | | |
| 1-70-6100-000 | Personnel Services | \$3,055 |
| 1-70-6210-000 | Health Insurance | \$323 |
| 1-70-6220-000 | Life Insurance | \$1 |
| 1-70-6230-000 | FICA | \$229 |
| 2-70-6240-000 | IMRF | \$193 |
| 4-70-6250-000 | Unemployment Tax | \$0 |
| 4-70-6260-000 | Workers' Compensation | \$119 |
| 1-70-6365-000 | Postage & Delivery | \$5 |
| 1-70-6620-000 | Photocopying | \$5 |
| 1-70-6710-000 | Mileage | \$75 |
| Total Expenses | | (\$4,005) |
| NET SURPLUS/(DEFICIT) | | (\$1,505) |

Champaign-Urbana Public Health District FY2024 Budget

Division 70 - Environmental Health

| | | <u>FY24 Budget</u> |
|----------------------------------|-----------------------|----------------------------------|
| 7413 - District Sewage | | |
| Expenses | | |
| 1-70-6100-000 | Personnel Services | \$416 |
| 1-70-6230-000 | FICA | \$30 |
| 2-70-6240-000 | IMRF | \$25 |
| 4-70-6250-000 | Unemployment Tax | \$1 |
| 4-70-6260-000 | Workers' Compensation | \$2 |
| Total Expenses | | <u>(\$474)</u> |
| NET SURPLUS/(DEFICIT) | | <u><u>(\$474)</u></u> |

Champaign-Urbana Public Health District

FY2024 Budget

Division 70 - Environmental Health

| | | FY24 Budget |
|--|--------------------------|----------------------|
| 7415 - District Non-Community Water | | |
| Revenues | | |
| 1-70-4210-000 | IL Dept of Public Health | \$450 |
| Total Revenues | | \$450 |
| Expenses | | |
| 1-70-6100-000 | Personnel Services | \$1,103 |
| 1-70-6210-000 | Health Insurance | \$164 |
| 1-70-6220-000 | Life Insurance | \$0 |
| 1-70-6230-000 | FICA | \$83 |
| 2-70-6240-000 | IMRF | \$71 |
| 4-70-6250-000 | Unemployment Tax | \$1 |
| 4-70-6260-000 | Workers' Compensation | \$44 |
| 1-70-6365-000 | Postage & Delivery | \$30 |
| 1-70-6620-000 | Photocopying | \$3 |
| 1-70-6710-000 | Mileage | \$30 |
| Total Expenses | | (\$1,529) |
| NET SURPLUS/(DEFICIT) | | (\$1,079) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 70 - Environmental Health

| | | FY24 Budget |
|---|--------------------------|--------------------|
| 7610 - District Tanning & Body Art Inspections | | |
| Revenues | | |
| 1-70-4210-000 | IL Dept of Public Health | \$5,325 |
| Total Revenues | | \$5,325 |
| Expenses | | |
| 1-70-6100-000 | Personnel Services | \$3,156 |
| 1-70-6210-000 | Health Insurance | \$1,300 |
| 1-70-6220-000 | Life Insurance | \$2 |
| 1-70-6230-000 | FICA | \$386 |
| 2-70-6240-000 | IMRF | \$352 |
| 4-70-6250-000 | Unemployment Tax | \$6 |
| 4-70-6260-000 | Workers' Compensation | \$234 |
| 1-70-6365-000 | Postage & Delivery | \$1 |
| 1-70-6620-000 | Photocopying | \$50 |
| 1-70-6710-000 | Mileage | \$150 |
| 1-70-6790-000 | Other Travel | \$15 |
| Total Expenses | | (\$5,653) |
| NET SURPLUS/(DEFICIT) | | (\$328) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 70 - Environmental Health

| | | FY24 Budget |
|----------------------------------|--------------------------|--------------------|
| 7920 - Radon Program | | |
| Revenues | | |
| 1-70-4290-000 | Other Grants & Contracts | \$8,600 |
| 1-70-4390-000 | Other Fees for Services | \$567 |
| Total Revenues | | \$9,167 |
| Expenses | | |
| 1-70-6100-000 | Personnel Services | \$3,011 |
| 1-70-6210-000 | Health Insurance | \$695 |
| 1-70-6220-000 | Life Insurance | \$2 |
| 1-70-6230-000 | FICA | \$224 |
| 2-70-6240-000 | IMRF | \$204 |
| 4-70-6250-000 | Unemployment Tax | \$22 |
| 4-70-6260-000 | Workers' Compensation | \$119 |
| 1-70-6365-000 | Postage & Delivery | \$25 |
| 1-70-6385-000 | Trainings | \$250 |
| 1-70-6590-000 | Other Supplies | \$1,750 |
| 1-70-6620-000 | Photocopying | \$10 |
| 1-70-6710-000 | Mileage | \$390 |
| 1-70-6730-000 | Meals | \$55 |
| Total Expenses | | (\$6,756) |
| NET SURPLUS/(DEFICIT) | | \$2,411 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|---|-----------------------------------|-----------------------|
| 1210 - District Emergency Preparedness | | |
| Revenues | | |
| 1-80-4210-000 | IL Dept of Public Health | \$75,809 |
| 2-80-4210-000 | IL Dept of Public Health | \$5,200 |
| 4-80-4210-000 | IL Dept of Public Health | \$1,800 |
| Total Revenues | | \$82,809 |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$70,378 |
| 1-80-6210-000 | Health Insurance | \$6,100 |
| 1-80-6220-000 | Life Insurance | \$29 |
| 1-80-6230-000 | FICA | \$5,268 |
| 2-80-6240-000 | IMRF | \$5,155 |
| 4-80-6250-000 | Unemployment Tax | \$197 |
| 4-80-6260-000 | Workers' Compensation | \$1,516 |
| 1-80-6331-000 | Equipment Expense (Under \$5,000) | \$1,000 |
| 1-80-6350-000 | Membership & Dues | \$1,000 |
| 1-80-6365-000 | Postage & Delivery | \$5 |
| 1-80-6380-000 | Subgrantee/Subcontractor | \$2,000 |
| 1-80-6390-000 | Other Contractual Services | \$3,500 |
| 1-80-6510-000 | Books and Periodicals | \$200 |
| 1-80-6550-000 | Medical Supplies | \$5,000 |
| 1-80-6560-000 | Office Supplies | \$100 |
| 1-80-6580-000 | Program Materials | \$2,000 |
| 1-80-6620-000 | Photocopying | \$15 |
| 1-80-6710-000 | Mileage | \$500 |
| 1-80-6720-000 | Lodging | \$600 |
| 1-80-6730-000 | Meals | \$250 |
| 1-80-6790-000 | Other Travel | \$40 |
| 1-80-6890-000 | Other Telecommunication Expense | \$250 |
| Total Expenses | | (\$105,103) |
| NET SURPLUS/(DEFICIT) | | (\$22,294) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|--|-----------------------------------|----------------------|
| 1290 - COVID-19 Mass Vaccination - CU | | |
| Revenues | | |
| 1-80-4210-000 | IL Dept of Public Health | \$191,275 |
| 2-80-4210-000 | IL Dept of Public Health | \$7,212 |
| 4-80-4210-000 | IL Dept of Public Health | \$1,513 |
| Total Revenues | | \$200,000 |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$138,215 |
| 1-80-6210-000 | Health Insurance | \$12,961 |
| 1-80-6220-000 | Life Insurance | \$30 |
| 1-80-6230-000 | FICA | \$10,840 |
| 2-80-6240-000 | IMRF | \$7,211 |
| 4-80-6250-000 | Unemployment Tax | \$323 |
| 4-80-6260-000 | Workers' Compensation | \$1,189 |
| 1-80-6331-000 | Equipment Expense (Under \$5,000) | \$3,050 |
| 1-80-6365-000 | Postage & Delivery | \$13 |
| 1-80-6373-000 | Software License & Maintenance | \$346 |
| 1-80-6530-000 | Consumable Supplies | \$7,203 |
| 1-80-6550-000 | Medical Supplies | \$18,005 |
| 1-80-6560-000 | Office Supplies | \$276 |
| 1-80-6570-000 | Outreach Supplies | \$144 |
| 1-80-6580-000 | Program Materials | \$500 |
| 1-80-6590-000 | Other Supplies | \$850 |
| 1-80-6620-000 | Photocopying | \$384 |
| Total Expenses | | (\$201,541) |
| NET SURPLUS/(DEFICIT) | | (\$1,541) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|---|--|---------------------|
| 2305 - Communicable Disease-District | | |
| Revenues | | |
| 1-80-4215-000 | IDPH Local Health Protection | \$89,298 |
| 2-80-4215-000 | IDPH Local Health Protection | \$17,500 |
| 4-80-4215-000 | IDPH Local Health Protection | \$2,500 |
| Total Revenues | | \$109,298 |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$65,968 |
| 1-80-6210-000 | Health Insurance | \$8,751 |
| 1-80-6220-000 | Life Insurance | \$27 |
| 1-80-6230-000 | FICA | \$5,040 |
| 2-80-6240-000 | IMRF | \$4,243 |
| 4-80-6250-000 | Unemployment Tax | \$237 |
| 4-80-6260-000 | Workers' Compensation | \$1,964 |
| 1-80-6356-000 | Employee License Reimbursement | \$40 |
| 1-80-6365-000 | Postage & Delivery | \$24 |
| 1-80-6385-000 | Trainings | \$400 |
| 1-80-6390-000 | Other Contractual Services | \$270 |
| 1-80-6490-000 | Other Patient Care & Client Assistance | \$150 |
| 1-80-6560-000 | Office Supplies | \$25 |
| 1-80-6620-000 | Photocopying | \$50 |
| 1-80-6710-000 | Mileage | \$30 |
| 1-80-6720-000 | Lodging | \$500 |
| 1-80-6730-000 | Meals | \$115 |
| 1-80-6740-000 | Commercial Transportation | \$300 |
| Total Expenses | | (\$88,135) |
| NET SURPLUS/(DEFICIT) | | \$21,163 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|----------------------------------|------------------------|-----------------------|
| 2890 - Flu Clinics-CU | | |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$10,148 |
| 1-80-6210-000 | Health Insurance | \$1,638 |
| 1-80-6220-000 | Life Insurance | \$4 |
| 1-80-6230-000 | FICA | \$745 |
| 2-80-6240-000 | IMRF | \$621 |
| 4-80-6250-000 | Unemployment Tax | \$12 |
| 4-80-6260-000 | Workers' Compensation | \$42 |
| 1-80-6365-000 | Postage & Delivery | \$2 |
| 1-80-6550-000 | Medical Supplies | \$25,000 |
| 1-80-6620-000 | Photocopying | \$20 |
| 1-80-9010-000 | Unable To Pay/Bad Debt | \$1,563 |
| Total Expenses | | (\$39,794) |
| NET SURPLUS/(DEFICIT) | | (\$39,794) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|---------------------------------------|-----------------------|----------------------|
| 8006 - Child Injury Prevention | | |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$3,382 |
| 1-80-6210-000 | Health Insurance | \$433 |
| 1-80-6220-000 | Life Insurance | \$1 |
| 1-80-6230-000 | FICA | \$247 |
| 2-80-6240-000 | IMRF | \$247 |
| 4-80-6250-000 | Unemployment Tax | \$5 |
| 4-80-6260-000 | Workers' Compensation | \$8 |
| 1-80-6365-000 | Postage & Delivery | \$3 |
| Total Expenses | | (\$4,325) |
| NET SURPLUS/(DEFICIT) | | (\$4,325) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|----------------------------------|-----------------------|----------------------|
| 8015 - EH - LEAD (HUD) | | |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$4,178 |
| 1-80-6210-000 | Health Insurance | \$377 |
| 1-80-6220-000 | Life Insurance | \$2 |
| 1-80-6230-000 | FICA | \$313 |
| 2-80-6240-000 | IMRF | \$283 |
| 4-80-6250-000 | Unemployment Tax | \$18 |
| 4-80-6260-000 | Workers' Compensation | \$179 |
| 1-80-6620-000 | Photocopying | \$7 |
| 1-80-6710-000 | Mileage | \$312 |
| Total Expenses | | (\$5,669) |
| NET SURPLUS/(DEFICIT) | | (\$5,669) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|---|--------------------------------------|----------------------|
| 8102 - Leasing of CUPHD property to Outside Agencies | | |
| Revenues | | |
| 1-80-4950-000 | Rent Income | \$134,795 |
| Total Revenues | | \$134,795 |
| Expenses | | |
| 1-80-7015-000 | Repairs & Maintenance @ Champaign | \$2,500 |
| 1-80-7095-000 | Other Occupancy Expenses @ Champaign | \$150 |
| Total Expenses | | (\$2,650) |
| NET SURPLUS/(DEFICIT) | | \$132,145 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|----------------------------------|-----------------------------------|--------------------|
| 8103 - Safety Grant | | |
| Revenues | | |
| 1-80-4290-000 | Other Grants & Contracts | \$6,000 |
| Total Revenues | | \$6,000 |
| Expenses | | |
| 1-80-6356-000 | Employee License Reimbursement | \$40 |
| 1-80-6510-000 | Books and Periodicals | \$250 |
| 1-80-6550-000 | Medical Supplies | \$1,000 |
| 1-80-6560-000 | Office Supplies | \$30 |
| 1-80-6590-000 | Other Supplies | \$2,500 |
| 1-80-7015-000 | Repairs & Maintenance @ Champaign | \$2,180 |
| Total Expenses | | (\$6,000) |
| NET SURPLUS/(DEFICIT) | | \$0 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|----------------------------------|-------------------------------|----------------------|
| 8104 - CUPHD Garden | | |
| Revenues | | |
| 1-80-4930-000 | Contributions-Private Sources | \$300 |
| 1-80-4990-000 | Miscellaneous Income | \$25 |
| Total Revenues | | \$325 |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$5,000 |
| 1-80-6210-000 | Health Insurance | \$900 |
| 1-80-6220-000 | Life Insurance | \$1 |
| 1-80-6230-000 | FICA | \$300 |
| 2-80-6240-000 | IMRF | \$250 |
| 4-80-6250-000 | Unemployment Tax | \$3 |
| 4-80-6260-000 | Workers' Compensation | \$6 |
| 1-80-6590-000 | Other Supplies | \$396 |
| 1-80-6620-000 | Photocopying | \$0 |
| 1-80-6710-000 | Mileage | \$8 |
| Total Expenses | | (\$6,865) |
| NET SURPLUS/(DEFICIT) | | (\$6,540) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|---|--------------------|----------------------|
| 8105 - Misc - small/non-allocable/non-revenue projects | | |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$2,100 |
| 1-80-6210-000 | Health Insurance | \$600 |
| 1-80-6230-000 | FICA | \$102 |
| 2-80-6240-000 | IMRF | \$108 |
| Total Expenses | | (\$2,910) |
| NET SURPLUS/(DEFICIT) | | (\$2,910) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|--|--------------------|-----------------------|
| 8107 - Agency Improvement Plans (QI, Strategic, etc.) | | |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$30,000 |
| 1-80-6210-000 | Health Insurance | \$2,600 |
| 1-80-6220-000 | Life Insurance | \$7 |
| 1-80-6230-000 | FICA | \$1,500 |
| 2-80-6240-000 | IMRF | \$1,200 |
| 1-80-6385-000 | Trainings | \$250 |
| 1-80-6710-000 | Mileage | \$50 |
| 1-80-6790-000 | Other Travel | \$12 |
| Total Expenses | | (\$35,619) |
| NET SURPLUS/(DEFICIT) | | (\$35,619) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|---------------------------------------|----------------------------|-----------------------|
| 8112 - Farm to School Planning | | |
| Revenues | | |
| 1-80-4290-000 | Other Grants & Contracts | \$45,308 |
| 2-80-4290-000 | Other Grants & Contracts | \$2,032 |
| 4-80-4290-000 | Other Grants & Contracts | \$218 |
| Total Revenues | | \$47,558 |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$31,053 |
| 1-80-6210-000 | Health Insurance | \$10,098 |
| 1-80-6220-000 | Life Insurance | \$16 |
| 1-80-6230-000 | FICA | \$2,048 |
| 2-80-6240-000 | IMRF | \$2,032 |
| 4-80-6250-000 | Unemployment Tax | \$84 |
| 4-80-6260-000 | Workers' Compensation | \$133 |
| 1-80-6365-000 | Postage & Delivery | \$1 |
| 1-80-6390-000 | Other Contractual Services | \$18,143 |
| 1-80-6590-000 | Other Supplies | \$449 |
| 1-80-6620-000 | Photocopying | \$119 |
| 1-80-6710-000 | Mileage | \$120 |
| Total Expenses | | (\$64,295) |
| NET SURPLUS/(DEFICIT) | | (\$16,737) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|----------------------------------|----------------------------|------------------------|
| 8113 - NACCHO - RIM Grant | | |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$107,503 |
| 1-80-6210-000 | Health Insurance | \$7,000 |
| 1-80-6230-000 | FICA | \$4,975 |
| 2-80-6240-000 | IMRF | \$4,690 |
| 4-80-6250-000 | Unemployment Tax | \$250 |
| 4-80-6260-000 | Workers' Compensation | \$897 |
| 1-80-6310-000 | Advertising | \$2,600 |
| 1-80-6385-000 | Trainings | \$1,000 |
| 1-80-6390-000 | Other Contractual Services | \$5,000 |
| 1-80-6560-000 | Office Supplies | \$2,499 |
| 1-80-6580-000 | Program Materials | \$1,500 |
| 1-80-6585-000 | Client Incentive Supplies | \$4,500 |
| 1-80-6620-000 | Photocopying | \$1,000 |
| 1-80-6710-000 | Mileage | \$262 |
| Total Expenses | | (\$143,676) |
| NET SURPLUS/(DEFICIT) | | (\$143,676) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|--------------------------------------|----------------------------|----------------------|
| 8114 - Refugee Health Program | | |
| Revenues | | |
| 1-80-4210-000 | IL Dept of Public Health | \$25,650 |
| Total Revenues | | \$25,650 |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$18,135 |
| 1-80-6210-000 | Health Insurance | \$3,251 |
| 1-80-6220-000 | Life Insurance | \$7 |
| 1-80-6230-000 | FICA | \$1,334 |
| 2-80-6240-000 | IMRF | \$1,875 |
| 4-80-6250-000 | Unemployment Tax | \$77 |
| 4-80-6260-000 | Workers' Compensation | \$78 |
| 1-80-6390-000 | Other Contractual Services | \$1,800 |
| 1-80-6455-000 | Primary Care | \$4,000 |
| 1-80-6550-000 | Medical Supplies | \$500 |
| Total Expenses | | (\$31,058) |
| NET SURPLUS/(DEFICIT) | | (\$5,408) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|--|--------------------------|--------------------|
| 8115 - RIM Oral Health Services | | |
| Revenues | | |
| 1-80-4290-000 | Other Grants & Contracts | \$9,705 |
| 2-80-4290-000 | Other Grants & Contracts | \$497 |
| 4-80-4290-000 | Other Grants & Contracts | \$76 |
| Total Revenues | | \$10,278 |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$7,721 |
| 1-80-6210-000 | Health Insurance | \$891 |
| 1-80-6220-000 | Life Insurance | \$2 |
| 1-80-6230-000 | FICA | \$576 |
| 2-80-6240-000 | IMRF | \$497 |
| 4-80-6250-000 | Unemployment Tax | \$42 |
| 4-80-6260-000 | Workers' Compensation | \$33 |
| 1-80-6590-000 | Other Supplies | \$120 |
| 1-80-6620-000 | Photocopying | \$13 |
| Total Expenses | | (\$9,896) |
| NET SURPLUS/(DEFICIT) | | \$382 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|--|----------------------------|---------------------|
| 8116 - RIM - IDPH Minority Health | | |
| Revenues | | |
| 1-80-4210-000 | IL Dept of Public Health | \$245,143 |
| 2-80-4210-000 | IL Dept of Public Health | \$4,489 |
| 4-80-4210-000 | IL Dept of Public Health | \$368 |
| Total Revenues | | \$250,000 |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$68,858 |
| 1-80-6210-000 | Health Insurance | \$11,255 |
| 1-80-6220-000 | Life Insurance | \$28 |
| 1-80-6230-000 | FICA | \$5,312 |
| 2-80-6240-000 | IMRF | \$4,489 |
| 4-80-6250-000 | Unemployment Tax | \$70 |
| 4-80-6260-000 | Workers' Compensation | \$297 |
| 1-80-6365-000 | Postage & Delivery | \$25 |
| 1-80-6380-000 | Subgrantee/Subcontractor | \$125,000 |
| 1-80-6385-000 | Trainings | \$1,650 |
| 1-80-6390-000 | Other Contractual Services | \$3,240 |
| 1-80-6560-000 | Office Supplies | \$200 |
| 1-80-6580-000 | Program Materials | \$3,524 |
| 1-80-6620-000 | Photocopying | \$500 |
| 1-80-6710-000 | Mileage | \$1,373 |
| 1-80-6720-000 | Lodging | \$890 |
| 1-80-6730-000 | Meals | \$560 |
| Total Expenses | | (\$227,273) |
| NET SURPLUS/(DEFICIT) | | \$22,727 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|---|--------------------------|---------------------|
| 8117 - ARISE Collaboration Grant | | |
| Revenues | | |
| 1-80-4290-000 | Other Grants & Contracts | \$99,141 |
| 2-80-4290-000 | Other Grants & Contracts | \$784 |
| 4-80-4290-000 | Other Grants & Contracts | \$55 |
| Total Revenues | | \$99,980 |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$12,657 |
| 1-80-6210-000 | Health Insurance | \$778 |
| 1-80-6220-000 | Life Insurance | \$5 |
| 1-80-6230-000 | FICA | \$952 |
| 2-80-6240-000 | IMRF | \$784 |
| 4-80-6250-000 | Unemployment Tax | \$20 |
| 4-80-6260-000 | Workers' Compensation | \$55 |
| 1-80-6380-000 | Subgrantee/Subcontractor | \$67,500 |
| 1-80-6385-000 | Trainings | \$100 |
| 1-80-6590-000 | Other Supplies | \$300 |
| 1-80-6620-000 | Photocopying | \$4 |
| 1-80-6710-000 | Mileage | \$217 |
| 1-80-6720-000 | Lodging | \$306 |
| 1-80-6730-000 | Meals | \$96 |
| Total Expenses | | (\$83,774) |
| NET SURPLUS/(DEFICIT) | | \$16,206 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|----------------------------------|-----------------------|-----------------------|
| 8215 - Equity Council | | |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$10,000 |
| 1-80-6210-000 | Health Insurance | \$3,000 |
| 1-80-6230-000 | FICA | \$650 |
| 2-80-6240-000 | IMRF | \$600 |
| 4-80-6250-000 | Unemployment Tax | \$258 |
| 4-80-6260-000 | Workers' Compensation | \$150 |
| 1-80-6620-000 | Photocopying | \$1 |
| Total Expenses | | (\$14,659) |
| NET SURPLUS/(DEFICIT) | | (\$14,659) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | <u>FY24 Budget</u> |
|---|------------------------------------|
| 9710 - Building/Capital Improvement Fund | |
| Expenses | |
| 5-80-7110-000 Capital Outlay | \$1,398,889 |
| Total Expenses | <u>(\$1,398,889)</u> |
| | |
| NET SURPLUS/(DEFICIT) | <u><u>(\$1,398,889)</u></u> |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|----------------------------------|-------------------------|---------------------|
| 9800 - Vital Statistics | | |
| Revenues | | |
| 1-80-4340-000 | Vital Statistics | \$203,325 |
| 1-80-4390-000 | Other Fees for Services | \$6,000 |
| Total Revenues | | \$209,325 |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$65,945 |
| 1-80-6210-000 | Health Insurance | \$16,977 |
| 1-80-6220-000 | Life Insurance | \$35 |
| 1-80-6230-000 | FICA | \$4,852 |
| 2-80-6240-000 | IMRF | \$4,002 |
| 4-80-6250-000 | Unemployment Tax | \$167 |
| 4-80-6260-000 | Workers' Compensation | \$263 |
| 1-80-6335-000 | IDPH Death Certificates | \$58,000 |
| 1-80-6365-000 | Postage & Delivery | \$1,500 |
| 1-80-6560-000 | Office Supplies | \$700 |
| 1-80-6610-000 | Commercial Printing | \$8,000 |
| 1-80-6620-000 | Photocopying | \$500 |
| Total Expenses | | (\$160,941) |
| NET SURPLUS/(DEFICIT) | | \$48,384 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|----------------------------------|----------------------------|-----------------------|
| 9905 - IPLAN | | |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$18,489 |
| 1-80-6210-000 | Health Insurance | \$411 |
| 1-80-6220-000 | Life Insurance | \$2 |
| 1-80-6230-000 | FICA | \$1,402 |
| 2-80-6240-000 | IMRF | \$974 |
| 4-80-6250-000 | Unemployment Tax | \$299 |
| 4-80-6260-000 | Workers' Compensation | \$79 |
| 1-80-6350-000 | Membership & Dues | \$10,000 |
| 1-80-6390-000 | Other Contractual Services | \$6,000 |
| Total Expenses | | (\$37,656) |
| NET SURPLUS/(DEFICIT) | | (\$37,656) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|---|--------------------------|--------------------|
| 9998 - Budget Appropriation Only | | |
| Revenues | | |
| 1-80-4210-000 | IL Dept of Public Health | \$564,000 |
| 2-80-4210-000 | IL Dept of Public Health | \$26,000 |
| 4-80-4210-000 | IL Dept of Public Health | \$10,000 |
| Total Revenues | | \$600,000 |
| Expenses | | |
| 1-80-6100-000 | Personnel Services | \$470,000 |
| 1-80-6210-000 | Health Insurance | \$43,865 |
| 1-80-6220-000 | Life Insurance | \$116 |
| 1-80-6230-000 | FICA | \$25,622 |
| 2-80-6240-000 | IMRF | \$23,758 |
| 4-80-6250-000 | Unemployment Tax | \$5,427 |
| 4-80-6260-000 | Workers' Compensation | \$1,226 |
| 1-80-6365-000 | Postage & Delivery | \$1,000 |
| 1-80-6385-000 | Trainings | \$3,000 |
| 1-80-6550-000 | Medical Supplies | \$10,000 |
| 1-80-6580-000 | Program Materials | \$10,000 |
| 1-80-6610-000 | Commercial Printing | \$1,000 |
| 1-80-6620-000 | Photocopying | \$1,000 |
| 1-80-6710-000 | Mileage | \$1,000 |
| 1-80-6720-000 | Lodging | \$1,487 |
| 1-80-6730-000 | Meals | \$500 |
| 1-80-6810-000 | Telephone Service | \$1,000 |
| Total Expenses | | (\$600,000) |
| NET SURPLUS/(DEFICIT) | | \$0 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 80 - Special Projects

| | | FY24 Budget |
|----------------------------------|-----------------------------------|----------------------|
| 9999 - PHIT Club | | |
| Revenues | | |
| 1-80-4990-000 | Miscellaneous Income | \$1,200 |
| Total Revenues | | \$1,200 |
| Expenses | | |
| 1-80-6325-000 | Consultants | \$400 |
| 1-80-6331-000 | Equipment Expense (Under \$5,000) | \$2,820 |
| 1-80-6385-000 | Trainings | \$100 |
| 1-80-6390-000 | Other Contractual Services | \$400 |
| 1-80-7015-000 | Repairs & Maintenance @ Champaign | \$300 |
| Total Expenses | | (\$4,020) |
| NET SURPLUS/(DEFICIT) | | (\$2,820) |

Champaign-Urbana Public Health District

FY2024 Budget

Divisions 85 Electronic Health Records

| | | FY24 Budget |
|----------------------------------|--------------------------------|-----------------------|
| 8515 - EMR-CureMD | | |
| Expenses | | |
| 1-85-6100-000 | Personnel Services | \$29,899 |
| 1-85-6210-000 | Health Insurance | \$6,172 |
| 1-85-6220-000 | Life Insurance | \$10 |
| 1-85-6230-000 | FICA | \$2,192 |
| 2-85-6240-000 | IMRF | \$2,144 |
| 4-85-6250-000 | Unemployment Tax | \$71 |
| 4-85-6260-000 | Workers' Compensation | \$119 |
| 1-85-6365-000 | Postage & Delivery | \$1,200 |
| 1-85-6373-000 | Software License & Maintenance | \$17,040 |
| 1-85-6510-000 | Books and Periodicals | \$700 |
| 1-85-6560-000 | Office Supplies | \$400 |
| 1-85-6620-000 | Photocopying | \$200 |
| 1-85-6710-000 | Mileage | \$1,000 |
| 1-85-6720-000 | Lodging | \$700 |
| 1-85-6730-000 | Meals | \$500 |
| 1-85-6790-000 | Other Travel | \$100 |
| Total Expenses | | (\$62,449) |
| NET SURPLUS/(DEFICIT) | | (\$62,449) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|---|---|----------------------|
| 1215 - County Emergency Preparedness | | |
| Revenues | | |
| 1-89-4241-000 | County Contract-IL Dept of Public Health (Grants) | \$57,626 |
| 2-89-4241-000 | County Contract-IL Dept of Public Health (Grants) | \$3,800 |
| 4-89-4241-000 | County Contract-IL Dept of Public Health (Grants) | \$1,300 |
| Total Revenues | | \$62,726 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$53,093 |
| 1-89-6210-000 | Health Insurance | \$2,569 |
| 1-89-6220-000 | Life Insurance | \$19 |
| 1-89-6230-000 | FICA | \$3,667 |
| 2-89-6240-000 | IMRF | \$3,655 |
| 4-89-6250-000 | Unemployment Tax | \$111 |
| 4-89-6260-000 | Workers' Compensation | \$1,138 |
| 1-89-6350-000 | Membership & Dues | \$750 |
| 1-89-6365-000 | Postage & Delivery | \$1 |
| 1-89-6380-000 | Subgrantee/Subcontractor | \$2,000 |
| 1-89-6390-000 | Other Contractual Services | \$100 |
| 1-89-6550-000 | Medical Supplies | \$2,000 |
| 1-89-6560-000 | Office Supplies | \$75 |
| 1-89-6620-000 | Photocopying | \$8 |
| 1-89-6710-000 | Mileage | \$150 |
| 1-89-6720-000 | Lodging | \$410 |
| 1-89-6730-000 | Meals | \$175 |
| 1-89-6790-000 | Other Travel | \$20 |
| 1-89-6890-000 | Other Telecommunication Expense | \$480 |
| Total Expenses | | (\$70,421) |
| NET SURPLUS/(DEFICIT) | | (\$7,695) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|--|---|--------------------|
| 1291 - COVID-19 Mass Vaccination - CC | | |
| Revenues | | |
| 1-89-4241-000 | County Contract-IL Dept of Public Health (Grants) | \$167,340 |
| 2-89-4241-000 | County Contract-IL Dept of Public Health (Grants) | \$6,310 |
| 4-89-4241-000 | County Contract-IL Dept of Public Health (Grants) | \$1,350 |
| Total Revenues | | \$175,000 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$120,763 |
| 1-89-6210-000 | Health Insurance | \$11,341 |
| 1-89-6220-000 | Life Insurance | \$27 |
| 1-89-6230-000 | FICA | \$9,485 |
| 2-89-6240-000 | IMRF | \$6,310 |
| 4-89-6250-000 | Unemployment Tax | \$283 |
| 4-89-6260-000 | Workers' Compensation | \$1,040 |
| 1-89-6331-000 | Equipment Expense (Under \$5,000) | \$2,669 |
| 1-89-6365-000 | Postage & Delivery | \$11 |
| 1-89-6373-000 | Software License & Maintenance | \$303 |
| 1-89-6390-000 | Other Contractual Services | \$110 |
| 1-89-6530-000 | Consumable Supplies | \$6,303 |
| 1-89-6550-000 | Medical Supplies | \$15,754 |
| 1-89-6560-000 | Office Supplies | \$242 |
| 1-89-6570-000 | Outreach Supplies | \$126 |
| 1-89-6590-000 | Other Supplies | \$7 |
| 1-89-6620-000 | Photocopying | \$336 |
| Total Expenses | | (\$175,110) |
| NET SURPLUS/(DEFICIT) | | (\$110) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|----------------------------------|-----------------------|--------------------|
| 1355 - County Sex Ed | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$10,000 |
| 2-89-4240-000 | County Contract | \$2,500 |
| 4-89-4240-000 | County Contract | \$1,100 |
| Total Revenues | | \$13,600 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$7,247 |
| 1-89-6210-000 | Health Insurance | \$1,516 |
| 1-89-6220-000 | Life Insurance | \$2 |
| 1-89-6230-000 | FICA | \$541 |
| 2-89-6240-000 | IMRF | \$451 |
| 4-89-6250-000 | Unemployment Tax | \$5 |
| 4-89-6260-000 | Workers' Compensation | \$31 |
| 1-89-6580-000 | Program Materials | \$200 |
| 1-89-6620-000 | Photocopying | \$50 |
| 1-89-6710-000 | Mileage | \$1,120 |
| Total Expenses | | (\$11,163) |
| NET SURPLUS/(DEFICIT) | | \$2,437 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|---|---|-----------------------|
| 1420 - Tobacco Free Communities CC | | |
| Revenues | | |
| 1-89-4241-000 | County Contract-IL Dept of Public Health (Grants) | \$50,039 |
| 2-89-4241-000 | County Contract-IL Dept of Public Health (Grants) | \$2,921 |
| 4-89-4241-000 | County Contract-IL Dept of Public Health (Grants) | \$294 |
| Total Revenues | | \$53,254 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$43,996 |
| 1-89-6210-000 | Health Insurance | \$10,502 |
| 1-89-6220-000 | Life Insurance | \$11 |
| 1-89-6230-000 | FICA | \$3,015 |
| 2-89-6240-000 | IMRF | \$2,921 |
| 4-89-6250-000 | Unemployment Tax | \$98 |
| 4-89-6260-000 | Workers' Compensation | \$196 |
| 1-89-6310-000 | Advertising | \$11,800 |
| 1-89-6365-000 | Postage & Delivery | \$50 |
| 1-89-6560-000 | Office Supplies | \$50 |
| 1-89-6580-000 | Program Materials | \$1,000 |
| 1-89-6620-000 | Photocopying | \$25 |
| 1-89-6710-000 | Mileage | \$400 |
| Total Expenses | | (\$74,064) |
| NET SURPLUS/(DEFICIT) | | (\$20,811) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|---|--|---------------------|
| 2306 - Communicable Disease-County | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$30,142 |
| 1-89-4245-000 | County Contract: Comprehensive Protection Health Grant | \$47,341 |
| 2-89-4245-000 | County Contract: Comprehensive Protection Health Grant | \$3,700 |
| 4-89-4245-000 | County Contract: Comprehensive Protection Health Grant | \$1,700 |
| Total Revenues | | \$82,883 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$41,083 |
| 1-89-6210-000 | Health Insurance | \$5,217 |
| 1-89-6220-000 | Life Insurance | \$14 |
| 1-89-6230-000 | FICA | \$3,374 |
| 2-89-6240-000 | IMRF | \$3,269 |
| 4-89-6250-000 | Unemployment Tax | \$117 |
| 4-89-6260-000 | Workers' Compensation | \$1,193 |
| 1-89-6356-000 | Employee License Reimbursement | \$40 |
| 1-89-6365-000 | Postage & Delivery | \$5 |
| 1-89-6385-000 | Trainings | \$500 |
| 1-89-6490-000 | Other Patient Care & Client Assistance | \$17 |
| 1-89-6560-000 | Office Supplies | \$60 |
| 1-89-6620-000 | Photocopying | \$30 |
| 1-89-6710-000 | Mileage | \$110 |
| 1-89-6730-000 | Meals | \$110 |
| 1-89-6790-000 | Other Travel | \$40 |
| Total Expenses | | (\$55,180) |
| NET SURPLUS/(DEFICIT) | | \$27,703 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|--|-----------------------|---------------------|
| 2311 - Disease Intervention Specialist-County | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$69,371 |
| Total Revenues | | \$69,371 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$16,706 |
| 1-89-6210-000 | Health Insurance | \$746 |
| 1-89-6220-000 | Life Insurance | \$8 |
| 1-89-6230-000 | FICA | \$1,259 |
| 2-89-6240-000 | IMRF | \$1,047 |
| 4-89-6250-000 | Unemployment Tax | \$14 |
| 4-89-6260-000 | Workers' Compensation | \$73 |
| 1-89-6365-000 | Postage & Delivery | \$30 |
| 1-89-6550-000 | Medical Supplies | \$300 |
| 1-89-6560-000 | Office Supplies | \$40 |
| 1-89-6620-000 | Photocopying | \$5 |
| 1-89-6710-000 | Mileage | \$5 |
| Total Expenses | | (\$20,233) |
| NET SURPLUS/(DEFICIT) | | \$49,138 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|--|-----------------------|--------------------|
| 2711 - Tuberculosis DOT & DOPT - County | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$30,448 |
| Total Revenues | | \$30,448 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$22,213 |
| 1-89-6220-000 | Life Insurance | \$7 |
| 1-89-6230-000 | FICA | \$1,699 |
| 2-89-6240-000 | IMRF | \$1,729 |
| 4-89-6250-000 | Unemployment Tax | \$77 |
| 4-89-6260-000 | Workers' Compensation | \$83 |
| 1-89-6350-000 | Membership & Dues | \$35 |
| 1-89-6385-000 | Trainings | \$20 |
| 1-89-6550-000 | Medical Supplies | \$400 |
| 1-89-6710-000 | Mileage | \$120 |
| 1-89-6720-000 | Lodging | \$45 |
| 1-89-6730-000 | Meals | \$20 |
| Total Expenses | | (\$26,448) |
| NET SURPLUS/(DEFICIT) | | \$4,000 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|-----------------------------------|--|---------------------|
| 2821 - STD Clinic - County | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$33,429 |
| 1-89-4245-000 | County Contract: Comprehensive Protection Health Grant | \$65,027 |
| Total Revenues | | \$98,456 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$47,401 |
| 1-89-6210-000 | Health Insurance | \$4,561 |
| 1-89-6220-000 | Life Insurance | \$17 |
| 1-89-6230-000 | FICA | \$3,204 |
| 2-89-6240-000 | IMRF | \$2,678 |
| 4-89-6250-000 | Unemployment Tax | \$79 |
| 4-89-6260-000 | Workers' Compensation | \$187 |
| 1-89-6356-000 | Employee License Reimbursement | \$100 |
| 1-89-6365-000 | Postage & Delivery | \$13 |
| 1-89-6385-000 | Trainings | \$250 |
| 1-89-6390-000 | Other Contractual Services | \$300 |
| 1-89-6455-000 | Primary Care | \$220 |
| 1-89-6550-000 | Medical Supplies | \$1,500 |
| 1-89-6560-000 | Office Supplies | \$100 |
| 1-89-6580-000 | Program Materials | \$10 |
| 1-89-6590-000 | Other Supplies | \$100 |
| 1-89-6620-000 | Photocopying | \$20 |
| 1-89-6710-000 | Mileage | \$50 |
| 1-89-6720-000 | Lodging | \$80 |
| 1-89-6730-000 | Meals | \$80 |
| 1-89-6790-000 | Other Travel | \$20 |
| 4-89-6920-000 | Professional Liability (Malpractice) Insurance | \$100 |
| 1-89-9010-000 | Unable To Pay/Bad Debt | \$3,347 |
| Total Expenses | | (\$64,417) |
| NET SURPLUS/(DEFICIT) | | \$34,039 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|----------------------------------|-----------------------|--------------------|
| 2831 - TB Clinic - County | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$8,058 |
| Total Revenues | | \$8,058 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$2,499 |
| 1-89-6210-000 | Health Insurance | \$711 |
| 1-89-6220-000 | Life Insurance | \$1 |
| 1-89-6230-000 | FICA | \$183 |
| 2-89-6240-000 | IMRF | \$180 |
| 4-89-6250-000 | Unemployment Tax | \$12 |
| 4-89-6260-000 | Workers' Compensation | \$9 |
| 1-89-6365-000 | Postage & Delivery | \$1 |
| 1-89-6455-000 | Primary Care | \$50 |
| 1-89-6550-000 | Medical Supplies | \$800 |
| 1-89-6560-000 | Office Supplies | \$500 |
| Total Expenses | | (\$4,946) |
| NET SURPLUS/(DEFICIT) | | \$3,112 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|--|--|--------------------|
| 4721 - Perinatal Hepatitis B Prevention through Case Management | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$538 |
| 1-89-4245-000 | County Contract: Comprehensive Protection Health Grant | \$6,000 |
| Total Revenues | | \$6,538 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$1,953 |
| 1-89-6210-000 | Health Insurance | \$392 |
| 1-89-6220-000 | Life Insurance | \$1 |
| 1-89-6230-000 | FICA | \$145 |
| 2-89-6240-000 | IMRF | \$151 |
| 4-89-6260-000 | Workers' Compensation | \$86 |
| Total Expenses | | (\$2,729) |
| NET SURPLUS/(DEFICIT) | | \$3,809 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|-----------------------------------|--|--------------------|
| 7130 - County Food Program | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$154,663 |
| 2-89-4240-000 | County Contract | \$8,295 |
| 4-89-4240-000 | County Contract | \$4,060 |
| 1-89-4245-000 | County Contract: Comprehensive Protection Health Grant | \$20,348 |
| Total Revenues | | \$187,366 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$118,880 |
| 1-89-6210-000 | Health Insurance | \$22,028 |
| 1-89-6220-000 | Life Insurance | \$63 |
| 1-89-6230-000 | FICA | \$8,598 |
| 2-89-6240-000 | IMRF | \$8,295 |
| 4-89-6250-000 | Unemployment Tax | \$417 |
| 4-89-6260-000 | Workers' Compensation | \$3,642 |
| 1-89-6331-000 | Equipment Expense (Under \$5,000) | \$150 |
| 1-89-6350-000 | Membership & Dues | \$110 |
| 1-89-6356-000 | Employee License Reimbursement | \$185 |
| 1-89-6365-000 | Postage & Delivery | \$1,500 |
| 1-89-6373-000 | Software License & Maintenance | \$7,500 |
| 1-89-6385-000 | Trainings | \$250 |
| 1-89-6560-000 | Office Supplies | \$1,000 |
| 1-89-6580-000 | Program Materials | \$190 |
| 1-89-6590-000 | Other Supplies | \$140 |
| 1-89-6610-000 | Commercial Printing | \$85 |
| 1-89-6620-000 | Photocopying | \$325 |
| 1-89-6710-000 | Mileage | \$5,000 |
| 1-89-6720-000 | Lodging | \$100 |
| 1-89-6730-000 | Meals | \$220 |
| 1-89-6740-000 | Commercial Transportation | \$70 |
| 1-89-6790-000 | Other Travel | \$20 |
| 1-89-6890-000 | Other Telecommunication Expense | \$770 |
| Total Expenses | | (\$179,537) |
| NET SURPLUS/(DEFICIT) | | \$7,829 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|---------------------------------------|--------------------------------|---------------------|
| 7135 - County Food Plan Review | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$40,571 |
| 2-89-4240-000 | County Contract | \$1,470 |
| 4-89-4240-000 | County Contract | \$871 |
| Total Revenues | | \$42,912 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$20,555 |
| 1-89-6210-000 | Health Insurance | \$3,230 |
| 1-89-6220-000 | Life Insurance | \$10 |
| 1-89-6230-000 | FICA | \$1,540 |
| 2-89-6240-000 | IMRF | \$1,470 |
| 4-89-6250-000 | Unemployment Tax | \$54 |
| 4-89-6260-000 | Workers' Compensation | \$816 |
| 1-89-6356-000 | Employee License Reimbursement | \$184 |
| 1-89-6365-000 | Postage & Delivery | \$12 |
| 1-89-6560-000 | Office Supplies | \$24 |
| 1-89-6620-000 | Photocopying | \$50 |
| 1-89-6710-000 | Mileage | \$1,250 |
| 1-89-6720-000 | Lodging | \$100 |
| 1-89-6730-000 | Meals | \$50 |
| 1-89-6790-000 | Other Travel | \$10 |
| Total Expenses | | (\$29,355) |
| NET SURPLUS/(DEFICIT) | | \$13,557 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|---|-------------------------|----------------------|
| 7136 - County Temporary Food Permits | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$1,794 |
| 2-89-4240-000 | County Contract | \$652 |
| 4-89-4240-000 | County Contract | \$315 |
| 1-89-4390-000 | Other Fees for Services | \$50 |
| Total Revenues | | \$2,811 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$8,703 |
| 1-89-6210-000 | Health Insurance | \$1,296 |
| 1-89-6220-000 | Life Insurance | \$5 |
| 1-89-6230-000 | FICA | \$630 |
| 2-89-6240-000 | IMRF | \$652 |
| 4-89-6250-000 | Unemployment Tax | \$13 |
| 4-89-6260-000 | Workers' Compensation | \$302 |
| 1-89-6365-000 | Postage & Delivery | \$50 |
| 1-89-6620-000 | Photocopying | \$50 |
| 1-89-6710-000 | Mileage | \$475 |
| Total Expenses | | (\$12,176) |
| NET SURPLUS/(DEFICIT) | | (\$9,365) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|--|-----------------------|--------------------|
| 7139 - County Farmers Markets, Cottage Food | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$100 |
| 2-89-4240-000 | County Contract | \$179 |
| Total Revenues | | \$279 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$2,877 |
| 1-89-6210-000 | Health Insurance | \$464 |
| 1-89-6220-000 | Life Insurance | \$2 |
| 1-89-6230-000 | FICA | \$213 |
| 2-89-6240-000 | IMRF | \$179 |
| 4-89-6250-000 | Unemployment Tax | \$8 |
| 4-89-6260-000 | Workers' Compensation | \$74 |
| 1-89-6365-000 | Postage & Delivery | \$50 |
| 1-89-6560-000 | Office Supplies | \$12 |
| 1-89-6620-000 | Photocopying | \$12 |
| 1-89-6710-000 | Mileage | \$50 |
| Total Expenses | | (\$3,941) |
| NET SURPLUS/(DEFICIT) | | (\$3,662) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|--|--|--------------------|
| 7330 - County Vector Surveillance & Control | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$2,168 |
| 1-89-4245-000 | County Contract: Comprehensive Protection Health Grant | \$15,104 |
| 2-89-4245-000 | County Contract: Comprehensive Protection Health Grant | \$799 |
| 4-89-4245-000 | County Contract: Comprehensive Protection Health Grant | \$734 |
| Total Revenues | | \$18,805 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$12,778 |
| 1-89-6210-000 | Health Insurance | \$138 |
| 1-89-6230-000 | FICA | \$969 |
| 2-89-6240-000 | IMRF | \$324 |
| 4-89-6250-000 | Unemployment Tax | \$82 |
| 4-89-6260-000 | Workers' Compensation | \$754 |
| 1-89-6580-000 | Program Materials | \$600 |
| 1-89-6620-000 | Photocopying | \$1 |
| 1-89-6710-000 | Mileage | \$800 |
| Total Expenses | | (\$16,446) |
| NET SURPLUS/(DEFICIT) | | \$2,359 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|---|-------------------------|----------------------|
| 7411 - County Well Water Testing | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$1,124 |
| 2-89-4240-000 | County Contract | \$48 |
| 4-89-4240-000 | County Contract | \$33 |
| 1-89-4390-000 | Other Fees for Services | \$52 |
| Total Revenues | | \$1,257 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$2,016 |
| 1-89-6210-000 | Health Insurance | \$239 |
| 1-89-6220-000 | Life Insurance | \$1 |
| 1-89-6230-000 | FICA | \$150 |
| 2-89-6240-000 | IMRF | \$140 |
| 4-89-6250-000 | Unemployment Tax | \$4 |
| 4-89-6260-000 | Workers' Compensation | \$70 |
| 1-89-6365-000 | Postage & Delivery | \$230 |
| 1-89-6620-000 | Photocopying | \$6 |
| 1-89-6710-000 | Mileage | \$100 |
| Total Expenses | | (\$2,956) |
| NET SURPLUS/(DEFICIT) | | (\$1,698) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|--|--|--------------------|
| 7420 - County Potable Water (Private Wells) | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$14,780 |
| 2-89-4240-000 | County Contract | \$800 |
| 4-89-4240-000 | County Contract | \$500 |
| 1-89-4245-000 | County Contract: Comprehensive Protection Health Grant | \$3,012 |
| Total Revenues | | \$19,092 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$11,552 |
| 1-89-6210-000 | Health Insurance | \$1,733 |
| 1-89-6220-000 | Life Insurance | \$9 |
| 1-89-6230-000 | FICA | \$1,339 |
| 2-89-6240-000 | IMRF | \$1,324 |
| 4-89-6250-000 | Unemployment Tax | \$87 |
| 4-89-6260-000 | Workers' Compensation | \$756 |
| 1-89-6350-000 | Membership & Dues | \$10 |
| 1-89-6356-000 | Employee License Reimbursement | \$184 |
| 1-89-6365-000 | Postage & Delivery | \$12 |
| 1-89-6385-000 | Trainings | \$520 |
| 1-89-6560-000 | Office Supplies | \$20 |
| 1-89-6620-000 | Photocopying | \$10 |
| 1-89-6710-000 | Mileage | \$500 |
| 1-89-6720-000 | Lodging | \$200 |
| 1-89-6730-000 | Meals | \$200 |
| 1-89-6790-000 | Other Travel | \$12 |
| Total Expenses | | (\$18,469) |
| NET SURPLUS/(DEFICIT) | | \$623 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|---|-----------------------|----------------------|
| 7421 - County Water Well: Construction Permit & Inspection | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$29,607 |
| 2-89-4240-000 | County Contract | \$1,304 |
| 4-89-4240-000 | County Contract | \$1,162 |
| Total Revenues | | \$32,073 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$23,943 |
| 1-89-6210-000 | Health Insurance | \$3,130 |
| 1-89-6220-000 | Life Insurance | \$10 |
| 1-89-6230-000 | FICA | \$1,794 |
| 2-89-6240-000 | IMRF | \$1,743 |
| 4-89-6250-000 | Unemployment Tax | \$49 |
| 4-89-6260-000 | Workers' Compensation | \$983 |
| 1-89-6350-000 | Membership & Dues | \$750 |
| 1-89-6365-000 | Postage & Delivery | \$600 |
| 1-89-6560-000 | Office Supplies | \$35 |
| 1-89-6620-000 | Photocopying | \$30 |
| 1-89-6710-000 | Mileage | \$850 |
| Total Expenses | | (\$33,917) |
| NET SURPLUS/(DEFICIT) | | (\$1,844) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|---------------------------------------|-----------------------|--------------------|
| 7422 - County Closed Loop Well | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$5,123 |
| 2-89-4240-000 | County Contract | \$251 |
| 4-89-4240-000 | County Contract | \$223 |
| Total Revenues | | \$5,597 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$3,461 |
| 1-89-6210-000 | Health Insurance | \$432 |
| 1-89-6220-000 | Life Insurance | \$0 |
| 1-89-6230-000 | FICA | \$260 |
| 2-89-6240-000 | IMRF | \$219 |
| 4-89-6250-000 | Unemployment Tax | \$4 |
| 4-89-6260-000 | Workers' Compensation | \$138 |
| 1-89-6620-000 | Photocopying | \$3 |
| 1-89-6710-000 | Mileage | \$220 |
| Total Expenses | | (\$4,738) |
| NET SURPLUS/(DEFICIT) | | \$859 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|--|-----------------------|----------------------|
| 7430 - County Non-Community Water | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$1,101 |
| 4-89-4240-000 | County Contract | \$57 |
| Total Revenues | | \$1,158 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$7,293 |
| 1-89-6210-000 | Health Insurance | \$1,046 |
| 1-89-6220-000 | Life Insurance | \$3 |
| 1-89-6230-000 | FICA | \$549 |
| 2-89-6240-000 | IMRF | \$475 |
| 4-89-6250-000 | Unemployment Tax | \$1 |
| 4-89-6260-000 | Workers' Compensation | \$299 |
| 1-89-6365-000 | Postage & Delivery | \$150 |
| 1-89-6620-000 | Photocopying | \$10 |
| 1-89-6710-000 | Mileage | \$250 |
| Total Expenses | | (\$10,076) |
| NET SURPLUS/(DEFICIT) | | (\$8,918) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|--|-----------------------|--------------------|
| 7500 - County Sewage and Water Digitalization | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$8,491 |
| 2-89-4240-000 | County Contract | \$428 |
| 4-89-4240-000 | County Contract | \$267 |
| Total Revenues | | \$9,187 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$3,218 |
| 1-89-6210-000 | Health Insurance | \$474 |
| 1-89-6220-000 | Life Insurance | \$1 |
| 1-89-6230-000 | FICA | \$241 |
| 2-89-6240-000 | IMRF | \$214 |
| 4-89-6250-000 | Unemployment Tax | \$14 |
| 4-89-6260-000 | Workers' Compensation | \$134 |
| 1-89-6365-000 | Postage & Delivery | \$1 |
| 1-89-6385-000 | Trainings | \$300 |
| 1-89-6620-000 | Photocopying | \$15 |
| Total Expenses | | (\$4,612) |
| NET SURPLUS/(DEFICIT) | | \$4,575 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|--|-----------------------|----------------------|
| 7510 - County Private Sewage Program - Constructions Permits & Insp | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$52,840 |
| 2-89-4240-000 | County Contract | \$2,354 |
| 4-89-4240-000 | County Contract | \$1,659 |
| Total Revenues | | \$56,852 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$43,939 |
| 1-89-6210-000 | Health Insurance | \$4,245 |
| 1-89-6220-000 | Life Insurance | \$17 |
| 1-89-6230-000 | FICA | \$3,304 |
| 2-89-6240-000 | IMRF | \$2,739 |
| 4-89-6250-000 | Unemployment Tax | \$47 |
| 4-89-6260-000 | Workers' Compensation | \$1,802 |
| 1-89-6350-000 | Membership & Dues | \$750 |
| 1-89-6365-000 | Postage & Delivery | \$40 |
| 1-89-6620-000 | Photocopying | \$40 |
| 1-89-6710-000 | Mileage | \$2,200 |
| Total Expenses | | (\$59,123) |
| NET SURPLUS/(DEFICIT) | | (\$2,271) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|--|-----------------------|--------------------|
| 7520 - County Private Sewage Program - Other Fee Based Activities | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$2,649 |
| 2-89-4240-000 | County Contract | \$321 |
| 4-89-4240-000 | County Contract | \$234 |
| Total Revenues | | \$3,205 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$501 |
| 1-89-6210-000 | Health Insurance | \$83 |
| 1-89-6220-000 | Life Insurance | \$0 |
| 1-89-6230-000 | FICA | \$38 |
| 2-89-6240-000 | IMRF | \$33 |
| 4-89-6250-000 | Unemployment Tax | \$1 |
| 4-89-6260-000 | Workers' Compensation | \$21 |
| 1-89-6365-000 | Postage & Delivery | \$1 |
| 1-89-6620-000 | Photocopying | \$1 |
| Total Expenses | | (\$680) |
| NET SURPLUS/(DEFICIT) | | \$2,525 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|---|-----------------------------------|--------------------|
| 7530 - County Private Sewage Program - Activities without Fees | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$22,134 |
| 2-89-4240-000 | County Contract | \$1,070 |
| 4-89-4240-000 | County Contract | \$696 |
| Total Revenues | | \$23,899 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$15,718 |
| 1-89-6210-000 | Health Insurance | \$1,675 |
| 1-89-6220-000 | Life Insurance | \$6 |
| 1-89-6230-000 | FICA | \$1,180 |
| 2-89-6240-000 | IMRF | \$995 |
| 4-89-6250-000 | Unemployment Tax | \$5 |
| 4-89-6260-000 | Workers' Compensation | \$582 |
| 1-89-6331-000 | Equipment Expense (Under \$5,000) | \$150 |
| 1-89-6350-000 | Membership & Dues | \$12 |
| 1-89-6365-000 | Postage & Delivery | \$35 |
| 1-89-6385-000 | Trainings | \$950 |
| 1-89-6560-000 | Office Supplies | \$20 |
| 1-89-6620-000 | Photocopying | \$20 |
| 1-89-6710-000 | Mileage | \$350 |
| 1-89-6720-000 | Lodging | \$700 |
| 1-89-6730-000 | Meals | \$400 |
| 1-89-6790-000 | Other Travel | \$130 |
| 1-89-7110-000 | Capital Outlay | \$500 |
| Total Expenses | | (\$23,428) |
| NET SURPLUS/(DEFICIT) | | \$471 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|---|--|----------------------|
| 7615 - County Tanning & Body Art Inspections | | |
| Revenues | | |
| 1-89-4245-000 | County Contract: Comprehensive Protection Health Grant | \$800 |
| 2-89-4245-000 | County Contract: Comprehensive Protection Health Grant | \$3 |
| 4-89-4245-000 | County Contract: Comprehensive Protection Health Grant | \$2 |
| Total Revenues | | \$805 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$1,548 |
| 1-89-6210-000 | Health Insurance | \$588 |
| 1-89-6220-000 | Life Insurance | \$1 |
| 1-89-6230-000 | FICA | \$102 |
| 2-89-6240-000 | IMRF | \$107 |
| 4-89-6260-000 | Workers' Compensation | \$68 |
| 1-89-6365-000 | Postage & Delivery | \$5 |
| 1-89-6620-000 | Photocopying | \$5 |
| 1-89-6710-000 | Mileage | \$50 |
| Total Expenses | | (\$2,474) |
| NET SURPLUS/(DEFICIT) | | (\$1,668) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|--|------------------------|--------------------|
| 7911 - County Contract - EH Specific Administration | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$44,431 |
| 2-89-4240-000 | County Contract | \$2,477 |
| 4-89-4240-000 | County Contract | \$643 |
| Total Revenues | | \$47,551 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$33,733 |
| 1-89-6210-000 | Health Insurance | \$100 |
| 1-89-6220-000 | Life Insurance | \$9 |
| 1-89-6230-000 | FICA | \$2,580 |
| 2-89-6240-000 | IMRF | \$2,144 |
| 4-89-6250-000 | Unemployment Tax | \$41 |
| 4-89-6260-000 | Workers' Compensation | \$1,427 |
| 1-89-6350-000 | Membership & Dues | \$30 |
| 1-89-6365-000 | Postage & Delivery | \$5 |
| 1-89-6385-000 | Trainings | \$50 |
| 1-89-6560-000 | Office Supplies | \$400 |
| 1-89-6610-000 | Commercial Printing | \$650 |
| 1-89-6620-000 | Photocopying | \$15 |
| 1-89-6710-000 | Mileage | \$115 |
| 1-89-6720-000 | Lodging | \$115 |
| 1-89-6730-000 | Meals | \$50 |
| 1-89-6820-000 | Cellular Phone Service | \$800 |
| Total Expenses | | (\$42,265) |
| NET SURPLUS/(DEFICIT) | | \$5,287 |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|---------------------------------------|--------------------|-----------------------|
| 8211 - County Outbreak Project | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$5,746 |
| Total Revenues | | \$5,746 |
| Expenses | | |
| 1-89-6295-000 | Employee Relations | \$5,746 |
| 1-89-6570-000 | Outreach Supplies | \$31,507 |
| Total Expenses | | (\$37,253) |
| NET SURPLUS/(DEFICIT) | | (\$31,507) |

Champaign-Urbana Public Health District

FY2024 Budget

Division 89 - Champaign County Public Health Contract

| | | FY24 Budget |
|----------------------------------|---------------------------------|-----------------------|
| 9110 - County Contract | | |
| Revenues | | |
| 1-89-4240-000 | County Contract | \$83,950 |
| 2-89-4240-000 | County Contract | \$5,682 |
| 4-89-4240-000 | County Contract | \$696 |
| Total Revenues | | \$90,327 |
| Expenses | | |
| 1-89-6100-000 | Personnel Services | \$77,507 |
| 1-89-6210-000 | Health Insurance | \$13,849 |
| 1-89-6220-000 | Life Insurance | \$15 |
| 1-89-6230-000 | FICA | \$5,801 |
| 2-89-6240-000 | IMRF | \$5,520 |
| 4-89-6250-000 | Unemployment Tax | \$375 |
| 4-89-6260-000 | Workers' Compensation | \$285 |
| 1-89-6350-000 | Membership & Dues | \$385 |
| 1-89-6365-000 | Postage & Delivery | \$57 |
| 1-89-6385-000 | Trainings | \$234 |
| 1-89-6390-000 | Other Contractual Services | \$3,640 |
| 1-89-6560-000 | Office Supplies | \$655 |
| 1-89-6590-000 | Other Supplies | \$42 |
| 1-89-6620-000 | Photocopying | \$10 |
| 1-89-6710-000 | Mileage | \$347 |
| 1-89-6730-000 | Meals | \$78 |
| 1-89-6890-000 | Other Telecommunication Expense | \$104 |
| Total Expenses | | (\$108,904) |
| NET SURPLUS/(DEFICIT) | | (\$18,576) |

Champaign-Urbana Public Health District

FY2024 Budget

Divisions 90 - Administration

FY24 Budget

9000 - General (Non-Specific) Administration Division

Revenues

| | | |
|---------------|--------------------------------|-------------|
| 1-90-4110-000 | District Real Estate Taxes | \$3,456,592 |
| 2-90-4110-000 | District Real Estate Taxes | \$299,632 |
| 1-90-4120-000 | RE Tax Collected by County | \$775,775 |
| 1-90-4130-000 | Personal Property Tax Replace. | \$270,509 |
| 1-90-4190-000 | Other Property Taxes | \$5,000 |
| 1-90-4910-000 | Interest Income | \$103,885 |
| 1-90-4930-000 | Contributions-Private Sources | \$240 |
| 1-90-4990-000 | Miscellaneous Income | \$4,000 |

Total Revenues

\$4,915,633

Expenses

| | | |
|---------------|--|-------------|
| 1-90-6100-000 | Personnel Services | \$158,888 |
| 1-90-6210-000 | Health Insurance | \$22,134 |
| 1-90-6220-000 | Life Insurance | \$43 |
| 1-90-6230-000 | FICA | \$11,792 |
| 2-90-6240-000 | IMRF | \$1,509,519 |
| 4-90-6250-000 | Unemployment Tax | \$3,020 |
| 4-90-6260-000 | Workers' Compensation | \$5,167 |
| 1-90-6310-000 | Advertising | \$5,100 |
| 1-90-6320-000 | Bank Charges | \$500 |
| 1-90-6331-000 | Equipment Expense (Under \$5,000) | \$12,921 |
| 1-90-6345-000 | Legal Fees | \$10,000 |
| 1-90-6347-000 | Marketing | \$10,000 |
| 1-90-6350-000 | Membership & Dues | \$7,500 |
| 1-90-6365-000 | Postage & Delivery | \$1,500 |
| 1-90-6373-000 | Software License & Maintenance | \$2,167 |
| 1-90-6385-000 | Trainings | \$2,500 |
| 1-90-6390-000 | Other Contractual Services | \$5,000 |
| 1-90-6510-000 | Books and Periodicals | \$600 |
| 1-90-6530-000 | Consumable Supplies | \$1,000 |
| 1-90-6560-000 | Office Supplies | \$1,000 |
| 1-90-6590-000 | Other Supplies | \$1,000 |
| 1-90-6620-000 | Photocopying | \$130 |
| 1-90-6710-000 | Mileage | \$1,100 |
| 1-90-6720-000 | Lodging | \$600 |
| 1-90-6730-000 | Meals | \$6 |
| 1-90-6790-000 | Other Travel | \$150 |
| 1-90-6810-000 | Telephone Service | \$16,000 |
| 1-90-6890-000 | Other Telecommunication Expense | \$250 |
| 4-90-6910-000 | Property & Liability Insurance | \$35,000 |
| 4-90-6920-000 | Professional Liability (Malpractice) Insurance | \$61,416 |

Champaign-Urbana Public Health District

FY2024 Budget

Divisions 90 - Administration

| | | <u>FY24 Budget</u> |
|---|---|----------------------------------|
| 4-90-6930-000 | Auto Insurance | \$2,000 |
| 4-90-6990-000 | Other Insurance | \$8,838 |
| 1-90-7097-000 | Debt Service Capital Lease Principal | \$38,476 |
| 1-90-7099-000 | Debt Service Capital Lease Interest | \$3,346 |
| 1-90-7110-000 | Capital Outlay | \$115,262 |
| Total Expenses | | <u>(\$2,053,925)</u> |
| | | |
| Other Financing Uses/(Sources) | | |
| | | |
| 2-90-9921-000 | Transfer from General Fund | (\$1,500,000) |
| 4-90-9921-000 | Transfer from General Fund | (\$166,000) |
| 5-90-9921-000 | Transfer from General Fund | (\$1,398,889) |
| 1-90-9932-000 | Transfer to IMRF Fund | \$1,500,000 |
| 1-90-9934-000 | Transfer to Insurance Fund | \$166,000 |
| 1-90-9935-000 | Transfer to Building Capital Improvement Fund | \$1,398,889 |
| Total Other Financing Sources/(Uses) | | <u>\$0</u> |
| | | |
| NET SURPLUS/(DEFICIT) | | <u><u>\$2,861,708</u></u> |

Champaign-Urbana Public Health District

FY2024 Budget

Divisions 90 - Administration

| | | <u>FY24 Budget</u> |
|------------------------------|-----------------------------------|----------------------------------|
| 9200 - Finance | | |
| Expenses | | |
| 1-90-6100-000 | Personnel Services | \$464,919 |
| 1-90-6210-000 | Health Insurance | \$80,053 |
| 1-90-6220-000 | Life Insurance | \$140 |
| 1-90-6230-000 | FICA | \$31,000 |
| 2-90-6240-000 | IMRF | \$26,995 |
| 4-90-6250-000 | Unemployment Tax | \$4,634 |
| 4-90-6260-000 | Workers' Compensation | \$1,800 |
| 1-90-6310-000 | Advertising | \$1,000 |
| 1-90-6315-000 | Audit Fees | \$3,100 |
| 3-90-6315-000 | Audit Fees | \$40,000 |
| 1-90-6325-000 | Consultants | \$20,000 |
| 1-90-6331-000 | Equipment Expense (Under \$5,000) | \$500 |
| 1-90-6350-000 | Membership & Dues | \$600 |
| 1-90-6365-000 | Postage & Delivery | \$300 |
| 1-90-6373-000 | Software License & Maintenance | \$51,000 |
| 1-90-6385-000 | Trainings | \$5,000 |
| 1-90-6390-000 | Other Contractual Services | \$1,000 |
| 1-90-6510-000 | Books and Periodicals | \$750 |
| 1-90-6560-000 | Office Supplies | \$2,000 |
| 1-90-6590-000 | Other Supplies | \$25 |
| 1-90-6620-000 | Photocopying | \$425 |
| 1-90-6710-000 | Mileage | \$1,500 |
| 1-90-6720-000 | Lodging | \$5,000 |
| 1-90-6730-000 | Meals | \$1,000 |
| 1-90-6740-000 | Commercial Transportation | \$2,000 |
| 1-90-6790-000 | Other Travel | \$20 |
| Total Expenses | | <u>(\$744,761)</u> |
| | | |
| NET SURPLUS/(DEFICIT) | | <u><u>(\$744,761)</u></u> |

Champaign-Urbana Public Health District

FY2024 Budget

Divisions 90 - Administration

| | | <u>FY24 Budget</u> |
|--------------------------------|-----------------------------------|---------------------------------|
| 9300 - Public Relations | | |
| Expenses | | |
| 1-90-6100-000 | Personnel Services | \$60,234 |
| 1-90-6210-000 | Health Insurance | \$12,031 |
| 1-90-6220-000 | Life Insurance | \$1 |
| 1-90-6230-000 | FICA | \$4,990 |
| 2-90-6240-000 | IMRF | \$4,175 |
| 4-90-6250-000 | Unemployment Tax | \$356 |
| 4-90-6260-000 | Workers' Compensation | \$294 |
| 1-90-6331-000 | Equipment Expense (Under \$5,000) | \$600 |
| 1-90-6350-000 | Membership & Dues | \$300 |
| 1-90-6365-000 | Postage & Delivery | \$70 |
| 1-90-6560-000 | Office Supplies | \$400 |
| Total Expenses | | <u>(\$83,451)</u> |
| | | |
| NET SURPLUS/(DEFICIT) | | <u><u>(\$83,451)</u></u> |

Champaign-Urbana Public Health District

FY2024 Budget

Divisions 90 - Administration

| | | FY24 Budget |
|---|--------------------------------|------------------------|
| 9400 - Public Health Administrator | | |
| Expenses | | |
| 1-90-6100-000 | Personnel Services | \$178,719 |
| 1-90-6210-000 | Health Insurance | \$24,594 |
| 1-90-6220-000 | Life Insurance | \$13 |
| 1-90-6230-000 | FICA | \$10,723 |
| 2-90-6240-000 | IMRF | \$10,723 |
| 4-90-6250-000 | Unemployment Tax | \$470 |
| 4-90-6260-000 | Workers' Compensation | \$735 |
| 1-90-6350-000 | Membership & Dues | \$1,000 |
| 1-90-6356-000 | Employee License Reimbursement | \$1,000 |
| 1-90-6365-000 | Postage & Delivery | \$12 |
| 1-90-6510-000 | Books and Periodicals | \$150 |
| 1-90-6560-000 | Office Supplies | \$30 |
| 1-90-6590-000 | Other Supplies | \$100 |
| 1-90-6620-000 | Photocopying | \$12 |
| 1-90-6710-000 | Mileage | \$1,000 |
| 1-90-6720-000 | Lodging | \$1,000 |
| 1-90-6730-000 | Meals | \$500 |
| 1-90-6740-000 | Commercial Transportation | \$400 |
| 1-90-6790-000 | Other Travel | \$50 |
| Total Expenses | | (\$231,232) |
| NET SURPLUS/(DEFICIT) | | (\$231,232) |

Champaign-Urbana Public Health District

FY2024 Budget

Divisions 90 - Administration

| | | <u>FY24 Budget</u> |
|-----------------------------------|---------------------------|---------------------------------|
| 9410 - C-U Board of Health | | |
| Expenses | | |
| 1-90-6100-000 | Personnel Services | \$3,000 |
| 1-90-6210-000 | Health Insurance | \$500 |
| 1-90-6220-000 | Life Insurance | \$6 |
| 1-90-6230-000 | FICA | \$150 |
| 2-90-6240-000 | IMRF | \$100 |
| 4-90-6250-000 | Unemployment Tax | \$36 |
| 4-90-6260-000 | Workers' Compensation | \$29 |
| 1-90-6325-000 | Consultants | \$6,500 |
| 1-90-6350-000 | Membership & Dues | \$375 |
| 1-90-6385-000 | Trainings | \$500 |
| 1-90-6740-000 | Commercial Transportation | \$1,000 |
| Total Expenses | | <u>(\$12,195)</u> |
| | | |
| NET SURPLUS/(DEFICIT) | | <u><u>(\$12,195)</u></u> |

Champaign-Urbana Public Health District

FY2024 Budget

Divisions 90 - Administration

| | | <u>FY24 Budget</u> |
|-------------------------------|--------------------------------|---------------------------|
| 9500 - Human Resources | | |
| Expenses | | |
| 1-90-6100-000 | Personnel Services | \$315,571 |
| 1-90-6210-000 | Health Insurance | \$52,796 |
| 1-90-6220-000 | Life Insurance | \$80 |
| 1-90-6230-000 | FICA | \$24,141 |
| 2-90-6240-000 | IMRF | \$24,141 |
| 4-90-6250-000 | Unemployment Tax | \$470 |
| 4-90-6260-000 | Workers' Compensation | \$1,046 |
| 1-90-6310-000 | Advertising | \$300 |
| 1-90-6327-000 | Educational Materials | \$2,400 |
| 1-90-6350-000 | Membership & Dues | \$2,000 |
| 1-90-6360-000 | Payroll & Payment Fees | \$3,500 |
| 1-90-6365-000 | Postage & Delivery | \$49 |
| 1-90-6373-000 | Software License & Maintenance | \$39,000 |
| 1-90-6385-000 | Trainings | \$20,000 |
| 1-90-6390-000 | Other Contractual Services | \$35,000 |
| 1-90-6560-000 | Office Supplies | \$1,500 |
| 1-90-6590-000 | Other Supplies | \$500 |
| 1-90-6620-000 | Photocopying | \$300 |
| 1-90-6710-000 | Mileage | \$300 |
| 1-90-7110-000 | Capital Outlay | \$20,000 |
| Total Expenses | | <u>(\$543,094)</u> |
| | | |
| NET SURPLUS/(DEFICIT) | | <u>(\$543,094)</u> |

Champaign-Urbana Public Health District

FY2024 Budget

Divisions 90 - Administration

| | | <u>FY24 Budget</u> |
|-------------------------------------|------------|----------------------------------|
| 9520 - Collective Bargaining | | |
| Expenses | | |
| 1-90-6345-000 | Legal Fees | \$100,000 |
| Total Expenses | | <u>(\$100,000)</u> |
| | | |
| NET SURPLUS/(DEFICIT) | | <u><u>(\$100,000)</u></u> |

Champaign-Urbana Public Health District

FY2024 Budget

Divisions 90 - Administration

| | | | <u>FY24 Budget</u> |
|------------------------------------|-----------------------------------|--|----------------------------------|
| 9600 - Information Services | | | |
| Expenses | | | |
| 1-90-6100-000 | Personnel Services | | \$210,165 |
| 1-90-6210-000 | Health Insurance | | \$33,854 |
| 1-90-6220-000 | Life Insurance | | \$60 |
| 1-90-6230-000 | FICA | | \$13,286 |
| 2-90-6240-000 | IMRF | | \$12,264 |
| 4-90-6250-000 | Unemployment Tax | | \$613 |
| 4-90-6260-000 | Workers' Compensation | | \$818 |
| 1-90-6316-000 | Computer Consultants & Support | | \$15,000 |
| 1-90-6331-000 | Equipment Expense (Under \$5,000) | | \$26,000 |
| 1-90-6365-000 | Postage & Delivery | | \$40 |
| 1-90-6373-000 | Software License & Maintenance | | \$45,000 |
| 1-90-6500-000 | IT Supplies | | \$55 |
| 1-90-6560-000 | Office Supplies | | \$35 |
| 1-90-6620-000 | Photocopying | | \$50 |
| 1-90-6710-000 | Mileage | | \$500 |
| 1-90-6830-000 | Internet Service | | \$24,000 |
| 1-90-7015-000 | Repairs & Maintenance @ Champaign | | \$500 |
| 1-90-7110-000 | Capital Outlay | | \$22,000 |
| Total Expenses | | | <u>(\$404,240)</u> |
| | | | |
| NET SURPLUS/(DEFICIT) | | | <u><u>(\$404,240)</u></u> |

Champaign-Urbana Public Health District

FY2024 Budget

Divisions 90 - Administration

| | | FY24 Budget |
|----------------------------------|--------------------------------------|------------------------|
| 9700 - Occupancy | | |
| Expenses | | |
| 1-90-6100-000 | Personnel Services | \$208,446 |
| 1-90-6210-000 | Health Insurance | \$40,750 |
| 1-90-6220-000 | Life Insurance | \$47 |
| 1-90-6230-000 | FICA | \$11,000 |
| 2-90-6240-000 | IMRF | \$10,000 |
| 4-90-6250-000 | Unemployment Tax | \$397 |
| 4-90-6260-000 | Workers' Compensation | \$439 |
| 1-90-6331-000 | Equipment Expense (Under \$5,000) | \$3,000 |
| 1-90-6365-000 | Postage & Delivery | \$150 |
| 1-90-6390-000 | Other Contractual Services | \$2,000 |
| 1-90-6525-000 | Bldg/Janitorial Supplies @ Champaign | \$35,000 |
| 1-90-6590-000 | Other Supplies | \$300 |
| 1-90-6750-000 | Vehicle Operations | \$8,000 |
| 1-90-7015-000 | Repairs & Maintenance @ Champaign | \$50,000 |
| 1-90-7025-000 | Utilities @ Champaign | \$100,000 |
| 1-90-7095-000 | Other Occupancy Expenses @ Champaign | \$2,100 |
| 1-90-7110-000 | Capital Outlay | \$60,000 |
| Total Expenses | | (\$531,630) |
| NET SURPLUS/(DEFICIT) | | (\$531,630) |

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**
2 **Meeting Minutes**

3
4 ***Tuesday, April 25, 2023 (rescheduled from March 21, 2023)***

5 **Call to Order**

6 The quarterly meeting of the Champaign County Board of Health (“the Board”) was held on
7 April 25, 2023, in the main conference room at the Champaign-Urbana Public Health District at
8 201 W. Kenyon Road in Champaign, IL. Dr. Krista Jones, President, called the meeting to order
9 at 5:03 PM.

10 **Roll Call**

11 Upon roll call, the following Board members were present:

12 Krista Jones, DNP (President)
13 David Thies (Vice Chair)
14 Dorothy Vura-Weis, MD
15 Brent Reifsteck, MD
16 John Peterson, MD
17 Vihn Hick, DDS

18 Lyndon J. Goodly, DVM, arrived at 5:12 PM.

19 Ms. Catherine Emanuel (Secretary) and Mr. Mike Ingram were absent.

20 **Approval of Agenda/Addendum**

21 Dr. Vura-Weis moved to approve the meeting agenda, seconded by Mr. Thies. With all present
22 in favor, the agenda was approved.

23 **Approval of Minutes**

24 Dr. Peterson moved to approve meeting minutes from December 5, 2022, seconded by Mr.
25 Thies. With all present in favor, the minutes were approved.

26 **Public Participation on Agenda Items Only**

27 None.

28 **Correspondence and Communications**

29 Board members briefly discussed the recent closure of a long-term care facility and the number
30 of available long-term care beds in Champaign County.

31 **Smile Healthy Reports and Invoices**

32 Dr. Goodly made an omnibus motion to place reports on file from SmileHealthy from December
33 2022, January 2023, and February 2023, seconded by Dr. Vura-Weis. With all present in favor,
34 the motion carried. Ms. Jennifer Henry, CEO at Promise Healthcare, commented that
35 SmileHealthy has recruited one dental hygienist and is in the process of recruiting an additional
36 hygienist. She stated that the funds provided a few months ago by the Board have been helpful
37 in supporting the recruiting process.

38 Mr. Thies made an omnibus motion to approve payments to Champaign County Administrative
39 Services for the Child Dental Access Program of Invoice #74 for December 2022 (FY2022) for
40 \$4,166.66; Invoice #75 from January 2023 (FY 2023) for \$6,416.66; and Invoice #76 from
41 February 2023 (FY 2023) for \$6,416.66. This was seconded by Dr. Vuru-Weis, and, with all
42 present in favor, the motion carried.

43 **CUPHD**

44 Dr. Vuru-Weis made an omnibus motion to approve payments of CUPHD Invoice No. 2211 from
45 November 2022 (FY 2022) for \$74,642.58; Invoice No. 2212 from December 2022 (FY 2022)
46 for \$169,513.11; Invoice No. 2301 from January 2023 (FY2023) for \$77,342.77; and Invoice No.
47 2302 from February 2023 (FY 2023) for \$78,846.90. The motion was seconded by Dr. Hick.
48 With all present in favor, the motion carried. Dr. Vura-Weis motioned to place monthly reports
49 from Communicable Disease Morbidity and CUPHD Performance Management on file.
50 Seconded by Dr. Hicks, and with all present in favor, the motion carried.

51 **Old Business**

52 None.

53 **Other Business**

54 Ms. Pryde provided an update on the Making Proud Choices Program for Ms. Whitney Greger,
55 Director of CUPHD's Division of Wellness and Health Prevention. She reported that all has gone
56 well this school year. One hundred seventy-four 8th-graders completed the program at J.W.
57 Eater Middle School in Rantoul; twenty-four students at Fisher High School finished the
58 program in December 2022 and another cohort will finish in May 2023; and 26 students will
59 also finish the program at Fisher Jr. High School in May 2023. Ms. Pryde noted the program is
60 very popular with students.

61 *Approval of sub-recipient grants between CCPHD and CUPHD*

62 The Board discussed management of sub-recipient grants by the County Public Health
63 Department between CUPHD and the Champaign County Board of Health. Ms. Pryde explained
64 that the grants in question, which are going to the County and involve CUPHD, need to be
65 presented and accepted by the Board. Going forward, all such grants going through CUPHD to
66 the County will now be reviewed at the County's quarterly meetings. Ms. Pryde observed that
67 sometimes the County and CUPHD in essence receive two grants – two base grants and
68 additional funding based on population – since there are two health departments.

69 Mr. Thies made an omnibus motion to implement the review of sub-recipient grants between
70 the County and CUPHD at quarterly meeting of the Board and to approve the COVID-19
71 Vaccination Grant, an agreement with the State of Illinois, Department of Public Health, not to
72 exceed \$175,000.00, which will help defray costs associated with the administration of COVID-
73 19, Mpox, Influenza and other vaccines recommended by Advisory Committee on Immunization
74 Practices (ACIP). Seconded by Dr. Goodly, and with all present in favor, the motions carried.

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

76 None.

77

78 **Next Meeting**

79 Mr. Thies made a motion to reschedule the next meeting of the Champaign County Board of
80 Health from Tuesday, June 20, 2023, to Tuesday, June 13, 2023. Seconded by Dr. Goodly, and
81 with all present in favor, the motion passed. The meeting will begin at 5:00 PM in the Main
82 Conference Room at CUPHD, 201 W. Kenyon Road in Champaign.

83 **Adjournment**

84 With no further business, Dr. Peterson motioned to adjourn the meeting at 5:45 PM, seconded
85 by Dr. Vuru-Weis. With all present in agreement, Dr. Jones adjourned the meeting.

86 The Board congratulated Dr. Peterson on his upcoming retirement.

87

| 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: 78
Date: May 3, 2023

Champaign County Board of Health

| | |
|---|-------------------|
| Child Dental Access Program - FY 2023 – April General | \$4,166.66 |
| Child Dental Access Program – FY2023 – April Recruit | <u>\$2,250.00</u> |
| Total February Invoice | \$6,416.66 |

Please pay from this invoice. Thank you.

| | |
|------------------|-------------|
| Invoice Number: | 2303 |
| Date of Invoice: | May 1, 2023 |
| Billing Period: | March 2023 |

To:

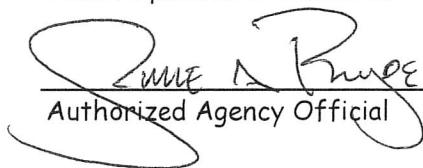
Champaign County Public Health Department
1776 East Washington Street
Urbana, Illinois 61802

For the Following Expenses:

| | | |
|--|-----------|-------------------|
| 533.07 Professional Services - LHPG Communicable Disease | \$ | 5,594.42 |
| 533.07 Professional Services - LHPG Disease Intervention | \$ | 17,850.26 |
| 533.07 Professional Services - LHPG Tuberculosis | \$ | 2,933.92 |
| 533.07 Professional Services - LHPG Food | \$ | 21,065.83 |
| 533.07 Professional Services - LHPG Water | \$ | 4,228.50 |
| 533.07 Professional Services - LHPG Sewage | \$ | 6,933.25 |
| 533.07 Professional Services - Administration | \$ | 14,920.00 |
| 533.07 Professional Services - PHEP Grant | \$ | 1,915.08 |
| 533.07 Professional Services - TFC Grant | \$ | 9,127.04 |
| 533.07 Professional Services - Body Art Grant | \$ | - |
| 533.07 Professional Services - Perinatal Hep B Grant | \$ | - |
| 533.07 Professional Services - Tanning Inspection Grant | \$ | - |
| 533.07 Professional Services - Vector Surveillance & Control Grant | \$ | 253.18 |
| 533.07 Professional Services - COVID-19 Crisis Grant | \$ | 38,245.30 |
| 533.07 Professional Services - COVID-19 Vaccination Grant | \$ | 14,287.12 |
| 533.07 Professional Services - COVID-19 Response Grant | \$ | - |
| 533.07 Professional Services - Preventative Services | \$ | 1,434.86 |
| 533.07 Professional Services - County Well Water Testing | \$ | 108.46 |
| Total Amount Due to CUPHD per Contract | \$ | 138,897.22 |

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

| FY23 C-UPHD Contract Budget vs. Billed Comparison | | | | | | | | | | | | | | | |
|---|--------------|-----------|-----------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|------------------|
| | Budget | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Total Billed | Budget Remaining |
| Core Service Contract | | | | | | | | | | | | | | | |
| Communicable Disease | 67,133.00 | 5,594.40 | 5,594.42 | 5,594.42 | | | | | | | | | | 16,783.24 | 50,349.76 |
| Disease Intervention | 214,203.00 | 17,850.24 | 17,850.26 | 17,850.26 | | | | | | | | | | 53,550.76 | 160,652.24 |
| Tuberculosis | 35,207.00 | 2,933.92 | 2,933.92 | 2,933.92 | | | | | | | | | | 8,801.76 | 26,405.24 |
| Food | 252,790.00 | 21,065.79 | 21,065.83 | 21,065.83 | | | | | | | | | | 63,197.45 | 189,592.55 |
| Water | 50,742.00 | 4,228.50 | 4,228.50 | 4,228.50 | | | | | | | | | | 12,685.50 | 38,056.50 |
| Sewage | 83,199.00 | 6,933.25 | 6,933.25 | 6,933.25 | | | | | | | | | | 20,799.75 | 62,399.25 |
| Administration | 179,040.00 | 14,920.00 | 14,920.00 | 14,920.00 | | | | | | | | | | 44,760.00 | 134,280.00 |
| | 882,314.00 | 73,526.10 | 73,526.18 | 73,526.18 | - | - | - | - | - | - | - | - | - | 220,578.46 | 661,735.54 |
| PHEP | 64,562.00 | 2,491.68 | 2,483.87 | 1,915.08 | | | | | | | | | | 6,890.63 | 57,671.37 |
| Tobacco Free Communities | 50,000.00 | - | - | 9,127.04 | | | | | | | | | | 9,127.04 | 40,872.96 |
| Body Art Inspection | 413.00 | - | - | - | | | | | | | | | | - | 413.00 |
| Perinatal Hepatitis B Prevention | 8,200.00 | - | - | - | | | | | | | | | | - | 8,200.00 |
| Tanning Inspection | 400.00 | - | - | - | | | | | | | | | | - | 400.00 |
| Vector Surveillance & Control | 24,747.00 | - | - | 253.18 | | | | | | | | | | 253.18 | 24,493.82 |
| COVID-19 Crisis | 181,817.00 | - | - | 38,245.30 | | | | | | | | | | 38,245.30 | 143,571.70 |
| COVID-19 Vaccination | | - | - | 14,287.12 | | | | | | | | | | 14,287.12 | (14,287.12) |
| COVID-19 Response | | - | 1,003.13 | Grant fully expended, and will not be renewed | | | | | | | | | | 1,003.13 | (1,003.13) |
| | 330,139.00 | 2,491.68 | 3,487.00 | 63,827.72 | - | - | - | - | - | - | - | - | - | 69,806.40 | 260,332.60 |
| Fee for Service | | | | | | | | | | | | | | | |
| Well Water Testing | 1,492.00 | 99.16 | 76.19 | 108.46 | | | | | | | | | | 283.81 | 1,208.19 |
| Preventative Services | 57,000.00 | 1,225.83 | 1,757.53 | 1,434.86 | | | | | | | | | | 4,418.22 | 52,581.78 |
| Emergency Non-Contract | 15,000.00 | - | - | - | | | | | | | | | | - | 15,000.00 |
| | 73,492.00 | 1,324.99 | 1,833.72 | 1,543.32 | - | - | - | - | - | - | - | - | - | 4,702.03 | 68,789.97 |
| Smoke-Free IL Citation Fee | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | 1,285,945.00 | 77,342.77 | 78,846.90 | 138,897.22 | - | - | - | - | - | - | - | - | - | 295,086.89 | 990,858.11 |

REIMBURSEMENT CERTIFICATION

Champaign, County of

| FE ID Number 37-6006910 | | Contract Number 37180009K | | Appropriation Number 063-48270-1900-0200 | | | Page 1 | Of 2 | | | |
|--|-----------------|--|---------------|---|-----------------|-------------|-----------------------------|--------------------------|----------------------------|------------------|---------------|
| Local Agency Name Champaign, County of | | Program Public Health Emergency Preparedness - 2023 | | | | | Code | | | | |
| Street Address 1776 E. Washington | | Report Period 03/01/2023 | | | Thru | 03/31/2023 | Final | <input type="checkbox"/> | Date Prepared 4/26/2023 | Date Approved | |
| City, State, ZIP Code Urbana, IL, 61802 | | Agreement Period 07/01/2022 | | | Thru | 06/30/2023 | 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) | 1,541.62 | 0.00 | 0.00 | 0.00 | 1,541.62 | 0.00 | 18,510.97 | 0.00 | 30,182.44 | 11,671.47 | 61.33% |
| 2. Fringe Benefits | 373.46 | 0.00 | 0.00 | 0.00 | 373.46 | 0.00 | 4,605.12 | 0.00 | 7,431.80 | 2,826.68 | 61.97% |
| 3. Travel | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 341.00 | 341.00 | 0.00% |
| 4. Equipment | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 8,800.00 | 8,800.00 | 0.00% |
| 5. Supplies | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 686.59 | 0.00 | 7,405.64 | 6,719.05 | 9.27% |
| 6. Contractual Services | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,241.58 | 0.00 | 6,493.12 | 5,251.54 | 19.12% |
| 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 | 255.19 | 0.00 | 1,672.00 | 1,416.81 | 15.26% |
| 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 | 1,915.08 | 0.00 | 0.00 | 0.00 | 1,915.08 | 0.00 | 25,699.45 | 0.00 | 62,726.00 | 37,026.55 | 40.97% |
| TOTAL DIRECT EXPENSES | 1,915.08 | 0.00 | 0.00 | 0.00 | 1,915.08 | 0.00 | 25,699.45 | 0.00 | 62,726.00 | 37,026.55 | 40.97% |
| Indirect Costs | 0.00 | 0.00 | 191.51 | 191.51 | 191.51 | 0.00 | 2,569.95 | 2,569.95 | 6,273.00 | 0.00 | 0.00% |
| TOTAL EXPENDITURES | 1,915.08 | 0.00 | 191.51 | 191.51 | 2,106.59 | 0.00 | 28,269.40 | 2,569.95 | 68,999.00 | 37,026.55 | 40.97% |
| TOTAL PAYABLE | 0.00 | 0.00 | 0.00 | 0.00 | 1,915.08 | 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 | 1,915.08 | 0.00 | 0.00 | 0.00 | 1,915.08 | 0.00 | 25,699.45 | 0.00 | 62,726.00 | 37,026.55 | 40.97% |
| 3. Local | 0.00 | 0.00 | 191.51 | 191.51 | 191.51 | 0.00 | 2,569.95 | 2,569.95 | 6,273.00 | 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 | 1,915.08 | 0.00 | 191.51 | 191.51 | 2,106.59 | 0.00 | 28,269.40 | 2,569.95 | 68,999.00 | 37,026.55 | 40.97% |

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 Knight | <small>Digitally signed by Amanda Knight DN: cn=Amanda Knight, o=Champaign- Urbana Public Health District, ou, email=aknight@c-aphd.org, c=US Date: 2023.04.26 15:25:43 -0500</small> | Date 4/26/2023 | 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

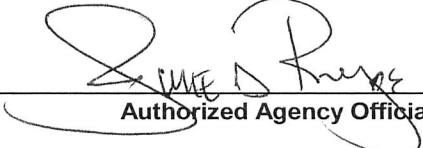
| | Advance | INDEX | PCA | A OBJ. CODE | AMOUNT |
|--|---------|-------|--|-------------|--------|
| Advance Outstanding | | | | | |
| Advance Issued or Applied | | | | | |
| Balance | | | | | |
| Message | | | | | |
| Authority: P.A. 368 of 1978 Completion: is a Condition of Reimbursement | | | The 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: 4/28/2023

| | | In the box below, please enter reimbursement amounts submitted for your FY19 grant. | | | | | | | | |
|---------------------------------|---------------------|---|----------------------|-----------------|------------------------|----------------|----------------------|--|----------------------|-----|
| | | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | |
| | | \$14,542.80 | 7/1/2022 - 9/30/2022 | \$7,548.50 | 10/1/2022 - 12/31/2022 | \$9,127.04 | 1/1/2023 - 3/31/2023 | | 4/1/2023 - 6/30/2023 | |
| | | | | | | | | | \$31,218.34 | YTD |
| Agency Name: | | Champaign County | | | | | | | | |
| FEIN #: | | 37-6006910 | | | | | | | | |
| Grant #: | | 33281005K | | | | | | | | |
| Program Name: | | Illinois Tobacco-Free Communities | | Billing Period: | | 1/1/23-3/31/23 | | | | |
| Name / Vendor | Title / Purpose | Period / Date Incurred | Amount Claimed | Match | | | | | | |
| Salary & Wages | | | | | | | | | | |
| Whitney Greger | Program Coordinator | 1/1/23-3/31/23 | \$842.04 | | | | | | | |
| Alyx McElfresh | Health Educator | 1/1/23-3/31/23 | \$877.42 | | | | | | | |
| Kami Lafoon | Health Educator | 1/1/23-3/31/23 | \$3,080.24 | | | | | | | |
| Taylor Thompkins | Health Educator | 1/1/23-3/31/23 | \$1,613.88 | | | | | | | |
| Total Salary & Wages | | | \$6,413.58 | | | | | | | |
| Fringe Benefits | | | | | | | | | | |
| Social Security | FICA | 1/1/23-3/31/23 | \$481.77 | | | | | | | |
| Retirement | IMRF | 1/1/23-3/31/23 | \$338.74 | | | | | | | |
| Health Insurance | Health Insurance | 1/1/23-3/31/23 | \$929.08 | | | | | | | |
| Life Insurance | Life Insurance | 1/1/23-3/31/23 | \$2.09 | | | | | | | |
| Unemployment | Unemployment | 1/1/23-3/31/23 | \$65.08 | | | | | | | |
| Workers Comp | Workers Comp | 1/1/23-3/31/23 | \$30.36 | | | | | | | |
| Total Fringe Benefits | | | \$1,847.12 | | | | | | | |
| Travel | | | | | | | | | | |
| Kami Lafoon | SFIA Travel | 1/1/23-3/31/23 | \$31.44 | | | | | | | |
| Total Travel | | | \$31.44 | | | | | | | |
| Supplies | | | | | | | | | | |
| Lazers Edge Office | Copies | 1/1/23-3/31/23 | \$0.38 | | | | | | | |
| USPS | Postage | 1/1/23-3/31/23 | \$4.79 | | | | | | | |
| Total Supplies | | | \$5.17 | | | | | | | |
| Indirect Cost | | | | | | | | | | |
| De Minimis Rate of 10% or MTDC | | 1/1/23-3/31/23 | \$829.73 | | | | | | | |
| Grand Total | | | \$9,127.04 | | | | | | | |

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

05/01/2023
 Date

REIMBURSEMENT CERTIFICATION

Champaign, County of

| FE ID Number 37-6006910 | Contract Number 38080009K-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 2023 | | | Code Vector Surveillance and Control | | | | | | | |
| Street Address 1776 E. Washington | Report Period 01/01/2023 | Thru 03/31/2023 | Final <input type="checkbox"/> | Date Prepared 4/28/2023 | | | | | | | |
| City, State, ZIP Code Urbana, IL, 61802 | Agreement Period 07/01/2022 | Thru 06/30/2023 | 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 Supervisor | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 440.91 | 0.00 | 416.04 | -24.87 | 105.98% |
| Program Manager | 180.46 | 0.00 | 0.00 | 0.00 | 180.46 | 0.00 | 2,043.31 | 0.00 | 4,750.79 | 2,707.48 | 43.01% |
| Others (Mosquito Surveillance & Abatement Biker) | 15.65 | 0.00 | 0.00 | 0.00 | 15.65 | 0.00 | 431.29 | 0.00 | 1,423.16 | 991.87 | 30.31% |
| Others (Mosquito Surveillance & Abatement Biker) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 508.94 | 0.00 | 1,339.16 | 830.22 | 38.00% |
| Others (Mosquito Surveillance & Abatement Biker) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,236.97 | 0.00 | 1,339.16 | 102.19 | 92.37% |
| Others (Mosquito Surveillance & Abatement Biker) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,029.60 | 0.00 | 1,339.16 | 309.56 | 76.88% |
| Others (Mosquito Surveillance & Abatement Biker) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 618.94 | 0.00 | 1,339.16 | 720.22 | 46.22% |
| Sub Total for Personal Services (Incl Salary & Wages) | 196.11 | 0.00 | 0.00 | 0.00 | 196.11 | 0.00 | 6,309.96 | 0.00 | 11,946.63 | 5,636.67 | 52.82% |
| | | | | | | | | | | | |
| 2. Fringe Benefits | | | | | | | | | | | |
| FICA | 14.74 | 0.00 | 0.00 | 0.00 | 14.74 | 0.00 | 478.97 | 0.00 | 905.26 | 426.29 | 52.91% |
| Retirement | 10.37 | 0.00 | 0.00 | 0.00 | 10.37 | 0.00 | 155.99 | 0.00 | 325.63 | 169.64 | 47.90% |

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 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 65.89 | 0.00 | 59.94 | -5.95 | 109.93% |
| Others (Life Insurance) | 0.07 | 0.00 | 0.00 | 0.00 | 0.07 | 0.00 | 1.16 | 0.00 | 2.76 | 1.60 | 42.03% |
| Others (Unemployment) | 0.44 | 0.00 | 0.00 | 0.00 | 0.44 | 0.00 | 39.50 | 0.00 | 82.11 | 42.61 | 48.11% |
| Workmens Compensation | 8.41 | 0.00 | 0.00 | 0.00 | 8.41 | 0.00 | 369.43 | 0.00 | 667.22 | 297.79 | 55.37% |
| Sub Total for Fringe Benefits | 34.03 | 0.00 | 0.00 | 0.00 | 34.03 | 0.00 | 1,110.94 | 0.00 | 2,042.92 | 931.98 | 54.38% |
| 3. Travel | | | | | | | | | | | |
| InState Mileage | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 385.46 | 0.00 | 525.00 | 139.54 | 73.42% |
| 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 | 0.00 | 0.00 | 100.00 | 100.00 | 0.00% |
| Others (Copies) | 0.02 | 0.00 | 0.00 | 0.00 | 0.02 | 0.00 | 0.06 | 0.00 | 5.00 | 4.94 | 1.20% |
| Others (Postage) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5.00 | 5.00 | 0.00% |
| Sub Total for Supplies | 0.02 | 0.00 | 0.00 | 0.00 | 0.02 | 0.00 | 0.06 | 0.00 | 110.00 | 109.94 | 0.05% |
| 6. Contractual Services | | | | | | | | | | | |
| Others (Tire Disposal) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 500.00 | 0.00 | 500.00 | 0.00 | 100.00% |
| 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 | 230.16 | 0.00 | 0.00 | 0.00 | 230.16 | 0.00 | 8,306.42 | 0.00 | 15,124.55 | 6,818.13 | 54.92% |

REIMBURSEMENT CERTIFICATION

Champaign, County of

| Category | Expenditures | | | | | | | | Agreement | | |
|------------------------------|---------------|-------------|-------------|-------------|----------------|-------------|-----------------|-------------|------------------|-----------------|---------------|
| | Expense | Cash | Inkind | Total Match | Current Period | Correction | Agreement YTD | Match YTD | Budget | Balance | Expend% |
| TOTAL DIRECT EXPENSES | 230.16 | 0.00 | 0.00 | 0.00 | 230.16 | 0.00 | 8,306.42 | 0.00 | 15,124.55 | 6,818.13 | 54.92% |
| Indirect Costs | | | | | | | | | | | |
| De Minimis Rate – up to 10% | 23.02 | 0.00 | 0.00 | 0.00 | 23.02 | 0.00 | 830.65 | 0.00 | 1,512.45 | 681.80 | 54.92% |
| TOTAL EXPENDITURES | 253.18 | 0.00 | 0.00 | 0.00 | 253.18 | 0.00 | 9,137.07 | 0.00 | 16,637.00 | 7,499.93 | 54.92% |
| TOTAL PAYABLE | 0.00 | 0.00 | 0.00 | 0.00 | 253.18 | 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 | 253.18 | 0.00 | 0.00 | 0.00 | 253.18 | 0.00 | 9,137.07 | 0.00 | 16,637.00 | 7,499.93 | 54.92% |
| 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 | 253.18 | 0.00 | 0.00 | 0.00 | 253.18 | 0.00 | 9,137.07 | 0.00 | 16,637.00 | 7,499.93 | 54.92% |

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 <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p style="font-size: 1.2em; margin: 0;">Amanda Knight</p> </div> <div style="font-size: 0.8em; margin-left: 5px;"> Digitally signed by Amanda Knight DN: cn=Amanda Knight, o=Champaign-Urbana Public Health District, ou, email=aknight@ uphd.org, c=US Date: 2023.04.28 14:31:34 -0500 </div> </div> | Date 4/28/2023 | 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 01/01/2023 | Thru 03/31/2023 | Final <input type="checkbox"/> | Date Prepared 4/26/2023 | Date Approved | | | | | | |
| City, State, ZIP Code Urbana, IL, 61802 | Agreement Period 01/01/2022 | Thru 06/30/2023 | 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) | 19,205.94 | 0.00 | 0.00 | 0.00 | 19,205.94 | 0.00 | 34,720.41 | 0.00 | 156,685.28 | 121,964.87 | 22.16% |
| 2. Fringe Benefits | 3,554.11 | 0.00 | 0.00 | 0.00 | 3,554.11 | 0.00 | 6,139.48 | 0.00 | 42,224.16 | 36,084.68 | 14.54% |
| 3. Travel | 832.23 | 0.00 | 0.00 | 0.00 | 832.23 | 0.00 | 832.23 | 0.00 | 4,408.12 | 3,575.89 | 18.88% |
| 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 | 4,176.17 | 0.00 | 0.00 | 0.00 | 4,176.17 | 0.00 | 4,806.17 | 0.00 | 14,686.00 | 9,879.83 | 32.73% |
| 7. Consultant Services | 7,000.00 | 0.00 | 0.00 | 0.00 | 7,000.00 | 0.00 | 7,000.00 | 0.00 | 7,000.00 | 0.00 | 100.00% |
| 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 | 34,768.45 | 0.00 | 0.00 | 0.00 | 34,768.45 | 0.00 | 53,498.29 | 0.00 | 225,003.56 | 171,505.27 | 23.78% |
| TOTAL DIRECT EXPENSES | 34,768.45 | 0.00 | 0.00 | 0.00 | 34,768.45 | 0.00 | 53,498.29 | 0.00 | 225,003.56 | 171,505.27 | 23.78% |
| Indirect Costs | 3,476.85 | 0.00 | 0.00 | 0.00 | 3,476.85 | 0.00 | 5,349.83 | 0.00 | 22,038.36 | 16,688.53 | 24.28% |
| TOTAL EXPENDITURES | 38,245.30 | 0.00 | 0.00 | 0.00 | 38,245.30 | 0.00 | 58,848.12 | 0.00 | 247,041.92 | 188,193.80 | 23.82% |
| TOTAL PAYABLE | 0.00 | 0.00 | 0.00 | 0.00 | 38,245.30 | 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 | 38,245.30 | 0.00 | 0.00 | 0.00 | 38,245.30 | 0.00 | 58,848.12 | 0.00 | 247,041.92 | 188,193.80 | 23.82% |
| 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 | 38,245.30 | 0.00 | 0.00 | 0.00 | 38,245.30 | 0.00 | 58,848.12 | 0.00 | 247,041.92 | 188,193.80 | 23.82% |

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 <div style="display: flex; justify-content: space-between;"> Amanda Knight <div style="font-size: 8px;"> Digitally signed by Amanda Knight DN: cn=Amanda Knight, o=Champaign-Urbana Public Health District, ou, email=aknight@cuphd.org, c=US Date: 2023.04.26 15:26:19 -05'00' </div> </div> | Date 4/26/2023 | 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 38180809K | Appropriation Number 063-48250-1900-0100 | Page 1 | Of 4 | | | | | | | |
|---|--|---|--------------------------------|----------------------------|----------------|------------|---------------|-----------|-----------|-----------|---------|
| Local Agency Name Champaign, County of | Program COVID-19 Vaccination Grant - 2023 | | | Code | | | | | | | |
| Street Address 1776 E. Washington | Report Period 10/01/2022 | Thru 12/31/2022 | Final <input type="checkbox"/> | Date Prepared 4/26/2023 | Date Approved | | | | | | |
| City, State, ZIP Code Urbana, IL, 61802 | Agreement Period 10/01/2022 | Thru 12/31/2023 | 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 (Vaccine Lead, Jennifer Deacon) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 33,207.24 | 33,207.24 | 0.00% |
| Others (Project Director, Candi Crause) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 25,893.60 | 25,893.60 | 0.00% |
| Others (Program Director, Brandon Meline) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26,373.62 | 26,373.62 | 0.00% |
| Others (Program Director, Whitney Greger) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10,182.00 | 10,182.00 | 0.00% |
| Others (Michelle Hanlon RN) | 413.55 | 0.00 | 0.00 | 0.00 | 413.55 | 0.00 | 413.55 | 0.00 | 6,724.64 | 6,311.09 | 6.15% |
| Others (Lisa Martinez, RN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,362.32 | 3,362.32 | 0.00% |
| Others (Tatiana Gonezock-N, RN) | 92.75 | 0.00 | 0.00 | 0.00 | 92.75 | 0.00 | 92.75 | 0.00 | 3,362.32 | 3,269.57 | 2.76% |
| Others (Tajal Patel, RN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,362.32 | 3,362.32 | 0.00% |
| Others (Kristina Davis, RN) | 109.54 | 0.00 | 0.00 | 0.00 | 109.54 | 0.00 | 109.54 | 0.00 | 112.08 | 2.54 | 97.73% |
| Others (Care Coordinator, Aaron Umbarger) | 181.01 | 0.00 | 0.00 | 0.00 | 181.01 | 0.00 | 181.01 | 0.00 | 189.84 | 8.83 | 95.35% |
| Others (Program Manager, Robert Davies) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 7,523.59 | 7,523.59 | 0.00% |
| Others (Data Entry, Damaris Rodriguez-Cowen) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,090.40 | 2,090.40 | 0.00% |
| Others (Marketing Specialist, Tanya Gionnetti) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,667.52 | 4,667.52 | 0.00% |
| Others (Care Coordinator, Jason Rudolph) | 72.90 | 0.00 | 0.00 | 0.00 | 72.90 | 0.00 | 72.90 | 0.00 | 73.91 | 1.01 | 98.63% |

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) | 869.75 | 0.00 | 0.00 | 0.00 | 869.75 | 0.00 | 869.75 | 0.00 | 127,125.40 | 126,255.65 | 0.68% |
| 2. Fringe Benefits | | | | | | | | | | | |
| FICA | 64.89 | 0.00 | 0.00 | 0.00 | 64.89 | 0.00 | 64.89 | 0.00 | 9,725.09 | 9,660.20 | 0.67% |
| Retirement | 54.81 | 0.00 | 0.00 | 0.00 | 54.81 | 0.00 | 54.81 | 0.00 | 7,569.05 | 7,514.24 | 0.72% |
| Health Insurance | 155.94 | 0.00 | 0.00 | 0.00 | 155.94 | 0.00 | 155.94 | 0.00 | 8,796.27 | 8,640.33 | 1.77% |
| Others (Life Insurance) | 0.37 | 0.00 | 0.00 | 0.00 | 0.37 | 0.00 | 0.37 | 0.00 | 42.15 | 41.78 | 0.88% |
| Others (Unemployment Insurance) | 1.12 | 0.00 | 0.00 | 0.00 | 1.12 | 0.00 | 1.12 | 0.00 | 1,461.94 | 1,460.82 | 0.08% |
| Workmens Compensation | 3.75 | 0.00 | 0.00 | 0.00 | 3.75 | 0.00 | 3.75 | 0.00 | 1,561.10 | 1,557.35 | 0.24% |
| Sub Total for Fringe Benefits | 280.88 | 0.00 | 0.00 | 0.00 | 280.88 | 0.00 | 280.88 | 0.00 | 29,155.60 | 28,874.72 | 0.96% |
| 3. Travel | | | | | | | | | | | |
| InState Mileage | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,310.00 | 1,310.00 | 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 | | | | | | | | | | | |
| Others (Surface 51) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,500.00 | 1,500.00 | 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% |

REIMBURSEMENT CERTIFICATION

Champaign, County of

| Category | Expenditures | | | | | | | | Agreement | | |
|-------------------------------|--------------|------|--------|-------------|----------------|------------|---------------|-----------|------------|------------|---------|
| | Expense | Cash | Inkind | Total Match | Current Period | Correction | Agreement YTD | Match YTD | Budget | Balance | Expend% |
| Total Program Expenses | 1,150.63 | 0.00 | 0.00 | 0.00 | 1,150.63 | 0.00 | 1,150.63 | 0.00 | 159,091.00 | 157,940.37 | 0.72% |
| TOTAL DIRECT EXPENSES | 1,150.63 | 0.00 | 0.00 | 0.00 | 1,150.63 | 0.00 | 1,150.63 | 0.00 | 159,091.00 | 157,940.37 | 0.72% |
| Indirect Costs | | | | | | | | | | | |
| De Minimis Rate – up to 10% | 115.06 | 0.00 | 0.00 | 0.00 | 115.06 | 0.00 | 115.06 | 0.00 | 15,909.00 | 15,793.94 | 0.72% |
| TOTAL EXPENDITURES | 1,265.69 | 0.00 | 0.00 | 0.00 | 1,265.69 | 0.00 | 1,265.69 | 0.00 | 175,000.00 | 173,734.31 | 0.72% |
| TOTAL PAYABLE | 0.00 | 0.00 | 0.00 | 0.00 | 1,265.69 | 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 | 1,265.69 | 0.00 | 0.00 | 0.00 | 1,265.69 | 0.00 | 1,265.69 | 0.00 | 175,000.00 | 173,734.31 | 0.72% |
| 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 | 1,265.69 | 0.00 | 0.00 | 0.00 | 1,265.69 | 0.00 | 1,265.69 | 0.00 | 175,000.00 | 173,734.31 | 0.72% |

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 <div style="font-size: 1.2em; font-weight: bold; margin-left: 100px;">Amanda Knight</div> <small style="font-size: 0.8em; margin-left: 100px; display: block;">Digitally signed by Amanda Knight DN: cn=Amanda Knight, ou=Champaign-Urbana Public Health District, ou=email-aknight@ic-uphd.org, c=US Date: 2023.04.26 15:27:19 -0500</small> | Date <div style="text-align: center; margin-left: 100px;">4/26/2023</div> | 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 38180809K | Appropriation Number 063-48250-1900-0100 | Page 1 | Of 4 |
| Local Agency Name Champaign, County of | Program COVID-19 Vaccination Grant - 2023 | | | Code |
| Street Address 1776 E. Washington | Report Period 01/01/2023 | Thru 03/31/2023 | Final | Γ |
| City, State, ZIP Code Urbana, IL, 61802 | Agreement Period 10/01/2022 | Thru 12/31/2023 | Date Prepared 4/28/2023 | 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) | | | | | | | | | | | |
| Others (Vaccine Lead, Jennifer Deacon) | 3,160.76 | 0.00 | 0.00 | 0.00 | 3,160.76 | 0.00 | 3,160.76 | 0.00 | 33,207.24 | 30,046.48 | 9.52% |
| Others (Project Director, Candi Crause) | 2,220.11 | 0.00 | 0.00 | 0.00 | 2,220.11 | 0.00 | 2,220.11 | 0.00 | 25,893.60 | 23,673.49 | 8.57% |
| Others (Program Director, Brandon Meline) | 3,760.31 | 0.00 | 0.00 | 0.00 | 3,760.31 | 0.00 | 3,760.31 | 0.00 | 26,373.62 | 22,613.31 | 14.26% |
| Others (Program Director, Whitney Greger) | 682.01 | 0.00 | 0.00 | 0.00 | 682.01 | 0.00 | 682.01 | 0.00 | 10,182.00 | 9,499.99 | 6.70% |
| Others (Michelle Hanlon RN) | 101.84 | 0.00 | 0.00 | 0.00 | 101.84 | 0.00 | 515.39 | 0.00 | 6,724.64 | 6,209.25 | 7.66% |
| Others (Lisa Martinez, RN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,362.32 | 3,362.32 | 0.00% |
| Others (Tatiana Gonezock-N, RN) | 50.27 | 0.00 | 0.00 | 0.00 | 50.27 | 0.00 | 143.02 | 0.00 | 3,362.32 | 3,219.30 | 4.25% |
| Others (Tajal Patel, RN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,362.32 | 3,362.32 | 0.00% |
| Others (Kristina Davis, RN) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 109.54 | 0.00 | 112.08 | 2.54 | 97.73% |
| Others (Care Coordinator, Aaron Umbarger) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 181.01 | 0.00 | 189.84 | 8.83 | 95.35% |
| Others (Program Manager, Robert Davies) | 253.30 | 0.00 | 0.00 | 0.00 | 253.30 | 0.00 | 253.30 | 0.00 | 7,523.59 | 7,270.29 | 3.37% |
| Others (Data Entry, Damaris Rodriguez-Cowen) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,090.40 | 2,090.40 | 0.00% |
| Others (Marketing Specialist, Tanya Gionnetti) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,667.52 | 4,667.52 | 0.00% |
| Others (Care Coordinator, Jason Rudolph) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 72.90 | 0.00 | 73.91 | 1.01 | 98.63% |

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) | 10,228.60 | 0.00 | 0.00 | 0.00 | 10,228.60 | 0.00 | 11,098.35 | 0.00 | 127,125.40 | 116,027.05 | 8.73% |
| 2. Fringe Benefits | | | | | | | | | | | |
| FICA | 777.32 | 0.00 | 0.00 | 0.00 | 777.32 | 0.00 | 842.21 | 0.00 | 9,725.09 | 8,882.88 | 8.66% |
| Retirement | 548.84 | 0.00 | 0.00 | 0.00 | 548.84 | 0.00 | 603.65 | 0.00 | 7,569.05 | 6,965.40 | 7.98% |
| Health Insurance | 229.61 | 0.00 | 0.00 | 0.00 | 229.61 | 0.00 | 385.55 | 0.00 | 8,796.27 | 8,410.72 | 4.38% |
| Others (Life Insurance) | 1.87 | 0.00 | 0.00 | 0.00 | 1.87 | 0.00 | 2.24 | 0.00 | 42.15 | 39.91 | 5.31% |
| Others (Unemployment Insurance) | 2.94 | 0.00 | 0.00 | 0.00 | 2.94 | 0.00 | 4.06 | 0.00 | 1,461.94 | 1,457.88 | 0.28% |
| Workmens Compensation | 48.48 | 0.00 | 0.00 | 0.00 | 48.48 | 0.00 | 52.23 | 0.00 | 1,561.10 | 1,508.87 | 3.35% |
| Sub Total for Fringe Benefits | 1,609.06 | 0.00 | 0.00 | 0.00 | 1,609.06 | 0.00 | 1,889.94 | 0.00 | 29,155.60 | 27,265.66 | 6.48% |
| 3. Travel | | | | | | | | | | | |
| InState Mileage | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,310.00 | 1,310.00 | 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 | | | | | | | | | | | |
| Others (Surface 51) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,500.00 | 1,500.00 | 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% |

REIMBURSEMENT CERTIFICATION

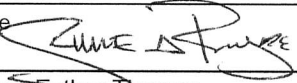
Champaign, County of

| Category | Expenditures | | | | | | | | Agreement | | |
|-------------------------------|--------------|------|--------|-------------|----------------|------------|---------------|-----------|------------|------------|---------|
| | Expense | Cash | Inkind | Total Match | Current Period | Correction | Agreement YTD | Match YTD | Budget | Balance | Expend% |
| Total Program Expenses | 11,837.66 | 0.00 | 0.00 | 0.00 | 11,837.66 | 0.00 | 12,988.29 | 0.00 | 159,091.00 | 146,102.71 | 8.16% |
| TOTAL DIRECT EXPENSES | 11,837.66 | 0.00 | 0.00 | 0.00 | 11,837.66 | 0.00 | 12,988.29 | 0.00 | 159,091.00 | 146,102.71 | 8.16% |
| Indirect Costs | | | | | | | | | | | |
| De Minimis Rate – up to 10% | 1,183.77 | 0.00 | 0.00 | 0.00 | 1,183.77 | 0.00 | 1,298.83 | 0.00 | 15,909.00 | 14,610.17 | 8.16% |
| TOTAL EXPENDITURES | 13,021.43 | 0.00 | 0.00 | 0.00 | 13,021.43 | 0.00 | 14,287.12 | 0.00 | 175,000.00 | 160,712.88 | 8.16% |
| TOTAL PAYABLE | 0.00 | 0.00 | 0.00 | 0.00 | 13,021.43 | 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 | 13,021.43 | 0.00 | 0.00 | 0.00 | 13,021.43 | 0.00 | 14,287.12 | 0.00 | 175,000.00 | 160,712.88 | 8.16% |
| 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 | 13,021.43 | 0.00 | 0.00 | 0.00 | 13,021.43 | 0.00 | 14,287.12 | 0.00 | 175,000.00 | 160,712.88 | 8.16% |

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  | Date 5/1/2023 | Title: Public Health 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. | | |

Preventative Services - County Sex Ed
March 2023

| | Mar-23 |
|--|-----------------|
| PERSONAL SERVICES | |
| Alyx McElfresh | \$1,013.05 |
| Total Personal Services | 1,013.05 |
| FRINGE BENEFITS | |
| Health Insurance | 138.08 |
| Life Insurance | 0.25 |
| FICA | 76.32 |
| IMRF | 53.67 |
| Illinois Unemployment Insurance | 7.50 |
| Workers Compensation | 4.80 |
| Total Fringe Benefits | 280.62 |
| Total Personal Services & Fringe Benefits | 1,293.67 |
| CONTRACTUAL SERVICES | |
| Total Contractual Services | - |
| SUPPLIES | |
| Total Supplies | - |
| TRAVEL | |
| Mileage | 141.19 |
| Total Travel | 141.19 |
| Total | 1,434.86 |

County Well Water Testing
March 2023

| | Mar-23 |
|--|---------------|
| PERSONAL SERVICES | |
| Tammy Hamilton | 13.30 |
| Laura Shobe | 40.95 |
| Total Personal Services | 54.25 |
| FRINGE BENEFITS | |
| Health Insurance | 1.00 |
| Life Insurance | 0.01 |
| FICA | 4.02 |
| IMRF | 2.85 |
| Illinois Unemployment Insurance | 0.50 |
| Workers Compensation | 0.26 |
| Total Fringe Benefits | 8.64 |
| Total Personal Services & Fringe Benefits | 62.89 |
| CONTRACTUAL SERVICES | |
| Printing | 0.41 |
| Postage | 37.16 |
| Total Contractual Services | 37.57 |
| SUPPLIES | |
| Total Supplies | - |
| TRAVEL | |
| Mileage | 8.00 |
| Total Travel | 8.00 |
| Total | 108.46 |

| | |
|------------------|--------------|
| Invoice Number: | 2304 |
| Date of Invoice: | May 22, 2023 |
| Billing Period: | April 2023 |

To:

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

For the Following Expenses:

| | | |
|---|-----------|------------------|
| 502001 - Professional Services - LHPG Communicable Disease | \$ | 5,594.42 |
| 502001 - Professional Services - LHPG Disease Intervention | \$ | 17,850.26 |
| 502110 - Professional Services - LHPG Tuberculosis | \$ | 2,933.92 |
| 502001 - Professional Services - LHPG Food | \$ | 21,065.83 |
| 502001 - Professional Services - LHPG Water | \$ | 4,228.50 |
| 502001 - Professional Services - LHPG Sewage | \$ | 6,933.25 |
| 502001 - Professional Services - Administration | \$ | 14,920.00 |
| 502025 - Contributions and Grants - PHEP Grant | \$ | 5,210.22 |
| 502025 - Contributions and Grants - TFC Grant | \$ | - |
| 502025 - Contributions and Grants - Body Art Grant | \$ | - |
| 502025 - Contributions and Grants - Perinatal Hep B Grant | \$ | - |
| 502025 - Contributions and Grants - Tanning Inspection Grant | \$ | - |
| 502025 - Contributions and Grants - Vector Surveillance & Control Grant | \$ | - |
| 502025 - Contributions and Grants - COVID-19 Crisis Grant | \$ | - |
| 502025 - Contributions and Grants - COVID-19 Vaccination Grant | \$ | - |
| 502025 - Contributions and Grants - COVID-19 Response Grant | \$ | - |
| 502001 - Professional Services - Preventative Services | \$ | 927.07 |
| 502001 - Professional Services - County Well Water Testing | \$ | 121.75 |
| Total Amount Due to CUPHD per Contract | \$ | 79,785.22 |

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

| FY23 C-UPHD Contract Budget vs. Billed Comparison | | | | | | | | | | | | | | | |
|---|--------------|-----------|-----------|---|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|------------------|
| | Budget | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Total Billed | Budget Remaining |
| Core Service Contract | | | | | | | | | | | | | | | |
| Communicable Disease | 67,133.00 | 5,594.40 | 5,594.42 | 5,594.42 | 5,594.42 | | | | | | | | | 22,377.66 | 44,755.34 |
| Disease Intervention | 214,203.00 | 17,850.24 | 17,850.26 | 17,850.26 | 17,850.26 | | | | | | | | | 71,401.02 | 142,801.98 |
| Tuberculosis | 35,207.00 | 2,933.92 | 2,933.92 | 2,933.92 | 2,933.92 | | | | | | | | | 11,735.68 | 23,471.32 |
| Food | 252,790.00 | 21,065.79 | 21,065.83 | 21,065.83 | 21,065.83 | | | | | | | | | 84,263.28 | 168,526.72 |
| Water | 50,742.00 | 4,228.50 | 4,228.50 | 4,228.50 | 4,228.50 | | | | | | | | | 16,914.00 | 33,828.00 |
| Sewage | 83,199.00 | 6,933.25 | 6,933.25 | 6,933.25 | 6,933.25 | | | | | | | | | 27,733.00 | 55,466.00 |
| Administration | 179,040.00 | 14,920.00 | 14,920.00 | 14,920.00 | 14,920.00 | | | | | | | | | 59,680.00 | 119,360.00 |
| | 882,314.00 | 73,526.10 | 73,526.18 | 73,526.18 | 73,526.18 | - | - | - | - | - | - | - | - | 294,104.64 | 588,209.36 |
| PHEP | 64,562.00 | 2,491.68 | 2,483.87 | 1,915.08 | 5,210.22 | | | | | | | | | 12,100.85 | 52,461.15 |
| Tobacco Free Communities | 50,000.00 | - | - | 9,127.04 | - | | | | | | | | | 9,127.04 | 40,872.96 |
| Body Art Inspection | 413.00 | - | - | - | - | | | | | | | | | - | 413.00 |
| Perinatal Hepatitis B Prevention | 8,200.00 | - | - | - | - | | | | | | | | | - | 8,200.00 |
| Tanning Inspection | 400.00 | - | - | - | - | | | | | | | | | - | 400.00 |
| Vector Surveillance & Control | 24,747.00 | - | - | 253.18 | - | | | | | | | | | 253.18 | 24,493.82 |
| COVID-19 Crisis | 181,817.00 | - | - | 38,245.30 | - | | | | | | | | | 38,245.30 | 143,571.70 |
| COVID-19 Vaccination | | - | - | 14,287.12 | - | | | | | | | | | 14,287.12 | (14,287.12) |
| COVID-19 Response | | - | 1,003.13 | Grant fully expended, and will not be renewed | | | | | | | | | | 1,003.13 | (1,003.13) |
| | 330,139.00 | 2,491.68 | 3,487.00 | 63,827.72 | 5,210.22 | - | - | - | - | - | - | - | - | 75,016.62 | 255,122.38 |
| Fee for Service | | | | | | | | | | | | | | | |
| Well Water Testing | 1,492.00 | 99.16 | 76.19 | 108.46 | 121.75 | | | | | | | | | 405.56 | 1,086.44 |
| Preventative Services | 57,000.00 | 1,225.83 | 1,757.53 | 1,434.86 | 927.07 | | | | | | | | | 5,345.29 | 51,654.71 |
| Emergency Non-Contract | 15,000.00 | - | - | - | - | | | | | | | | | - | 15,000.00 |
| | 73,492.00 | 1,324.99 | 1,833.72 | 1,543.32 | 1,048.82 | - | - | - | - | - | - | - | - | 5,750.85 | 67,741.15 |
| Smoke-Free IL Citation Fee | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | 1,285,945.00 | 77,342.77 | 78,846.90 | 138,897.22 | 79,785.22 | - | - | - | - | - | - | - | - | 374,872.11 | 911,072.89 |

REIMBURSEMENT CERTIFICATION

Champaign, County of

| FE ID Number 37-6006910 | Contract Number 37180009K | Appropriation Number 063-48270-1900-0200 | Page 1 | Of 2 | | | | | | | |
|--|--|---|--------------------------------|----------------------------|-----------------|-------------|------------------|-----------------|------------------|------------------|---------------|
| Local Agency Name Champaign, County of | Program Public Health Emergency Preparedness - 2023 | | | Code | | | | | | | |
| Street Address 1776 E. Washington | Report Period 04/01/2023 | Thru 04/30/2023 | Final <input type="checkbox"/> | Date Prepared 5/18/2023 | Date Approved | | | | | | |
| City, State, ZIP Code Urbana, IL, 61802 | Agreement Period 07/01/2022 | Thru 06/30/2023 | 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) | 1,534.50 | 0.00 | 0.00 | 0.00 | 1,534.50 | 0.00 | 20,045.47 | 0.00 | 30,182.44 | 10,136.97 | 66.41% |
| 2. Fringe Benefits | 510.77 | 0.00 | 0.00 | 0.00 | 510.77 | 0.00 | 5,115.89 | 0.00 | 7,431.80 | 2,315.91 | 68.84% |
| 3. Travel | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 341.00 | 341.00 | 0.00% |
| 4. Equipment | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 8,800.00 | 8,800.00 | 0.00% |
| 5. Supplies | 46.75 | 0.00 | 0.00 | 0.00 | 46.75 | 0.00 | 733.34 | 0.00 | 7,405.64 | 6,672.30 | 9.90% |
| 6. Contractual Services | 3,118.20 | 0.00 | 0.00 | 0.00 | 3,118.20 | 0.00 | 4,359.78 | 0.00 | 6,493.12 | 2,133.34 | 67.14% |
| 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 | 255.19 | 0.00 | 1,672.00 | 1,416.81 | 15.26% |
| 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 | 5,210.22 | 0.00 | 0.00 | 0.00 | 5,210.22 | 0.00 | 30,909.67 | 0.00 | 62,726.00 | 31,816.33 | 49.28% |
| TOTAL DIRECT EXPENSES | 5,210.22 | 0.00 | 0.00 | 0.00 | 5,210.22 | 0.00 | 30,909.67 | 0.00 | 62,726.00 | 31,816.33 | 49.28% |
| Indirect Costs | 0.00 | 0.00 | 521.02 | 521.02 | 521.02 | 0.00 | 3,090.97 | 3,090.97 | 6,273.00 | 0.00 | 0.00% |
| TOTAL EXPENDITURES | 5,210.22 | 0.00 | 521.02 | 521.02 | 5,731.24 | 0.00 | 34,000.64 | 3,090.97 | 68,999.00 | 31,816.33 | 49.28% |
| TOTAL PAYABLE | 0.00 | 0.00 | 0.00 | 0.00 | 5,210.22 | 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 | 5,210.22 | 0.00 | 0.00 | 0.00 | 5,210.22 | 0.00 | 30,909.67 | 0.00 | 62,726.00 | 31,816.33 | 49.28% |
| 3. Local | 0.00 | 0.00 | 521.02 | 521.02 | 521.02 | 0.00 | 3,090.97 | 3,090.97 | 6,273.00 | 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 | 5,210.22 | 0.00 | 521.02 | 521.02 | 5,731.24 | 0.00 | 34,000.64 | 3,090.97 | 68,999.00 | 31,816.33 | 49.28% |

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 <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>Amanda Knight</p> <small>Digitally signed by Amanda Knight DN: cn=Amanda Knight, o=Champaign-Urbana Public Health District, ou, email=aknight@cp- uphd.org, c=US Date: 2023.05.19 10:18:30 -0500</small> </div> <div style="text-align: center;"> Date 5/19/2023 </div> <div style="text-align: center;"> Title: Director of Finance </div> </div> | |
| Contact Person Name: Esther Thomas | Telephone Number: 217-531-4262 |
| Authorized Signature (additional) | Title: |
| Contact Person Name: | Telephone Number: |
| IDPH Authorized Signature | 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 2023

| | Apr-23 |
|--|---------------|
| PERSONAL SERVICES | |
| Alyx McElfresh | \$600.55 |
| Total Personal Services | 600.55 |
| FRINGE BENEFITS | |
| Health Insurance | 145.05 |
| Life Insurance | 0.26 |
| FICA | 44.71 |
| IMRF | 31.44 |
| Illinois Unemployment Insurance | - |
| Workers Compensation | 2.86 |
| Total Fringe Benefits | 224.32 |
| Total Personal Services & Fringe Benefits | 824.87 |
| CONTRACTUAL SERVICES | |
| Total Contractual Services | - |
| SUPPLIES | |
| Total Supplies | - |
| TRAVEL | |
| Mileage | 102.20 |
| Total Travel | 102.20 |
| Total | 927.07 |

County Well Water Testing
April 2023

| | Apr-23 |
|--|---------------|
| PERSONAL SERVICES | |
| Tammy Hamilton | 4.39 |
| Laura Shobe | 33.34 |
| Total Personal Services | 37.73 |
| FRINGE BENEFITS | |
| Health Insurance | 1.01 |
| Life Insurance | 0.03 |
| FICA | 2.73 |
| IMRF | 1.92 |
| Illinois Unemployment Insurance | 0.22 |
| Workers Compensation | 0.18 |
| Total Fringe Benefits | 6.09 |
| Total Personal Services & Fringe Benefits | 43.82 |
| CONTRACTUAL SERVICES | |
| Postage | 71.97 |
| Total Contractual Services | 71.97 |
| SUPPLIES | |
| Total Supplies | - |
| TRAVEL | |
| Mileage | 5.96 |
| Total Travel | 5.96 |
| Total | 121.75 |

Champaign County Comprehensive Sexual Health Education (2022-2023)

PROJECT UPDATE (JUNE 2023)

Using County BOH funding, CUPHD's health education staff have offered sexual health education to the schools below in Champaign County (outside of C-U):

- JW Eater Jr. High School (Rantoul, IL)
 - Completed March 2023
 - 8th grade
 - 6 cohorts, 174 students
- Fisher High School (Fisher, IL)
 - Completed December 2022
 - Freshmen
 - 1 cohort, 24 students
 - Completed May 2023
 - Freshmen
 - 1 cohort, 23 students
- Fisher Jr. High Schools (Fisher, IL)
 - Completed May 2023
 - 7th grade
 - 1 cohort, 26 students



Total of 9 cohorts accounting for 247 students.



2023-2024 SCHOOL YEAR

- Plan to work with Eater, Fisher HS, and Fisher Jr. High next year
- Will reach out to Heritage High School, Ludlow Grade School, and Thomasboro grade school again to promote programming in first semester of school year

Slate of Officers/Elections
Champaign County Board of Health
June 13, 2023

| Members of the Board/ Role | | Nomination? | Vote |
|-----------------------------------|----------------|--------------------|-------------|
| Dr. Krista Jones | President | | |
| Mr. David Thies | Vice-President | | |
| Ms. Cathy Emmanuel | Secretary | | |
| Dr. Dorothy Vura-Weis | Member | | |
| Dr. Brent Reifsteck | Member | | |
| Dr. John Peterson | Member | | |
| Dr. Lyndon Goodly | Member | | |
| Dr. Vihn Hick | Member | | |
| Mr. Mike Ingram | Member | | |

Promise Healthcare
Child Dental Access Program
---General Support Request---
Champaign County Board of Health
 2024 Program Narrative and Budget
 January 1, 2024 – December 31, 2024

Promise Healthcare (PHC) will provide comprehensive dental care for low-income children who reside in Champaign County and outside of the Champaign/Urbana city limits 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 a total 810 low-income, unduplicated Champaign County children through our oral health care program in 2024. We anticipate that 30% of these children (243) will reside outside of the Champaign/Urbana city limits and be Champaign County residents.

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 CY24 that will be re-engaged into the dental clinic following the COVID-19 pandemic. In addition, PHC plans to provide oral health access to dental sealants in 6 schools in Champaign County throughout the next school year (3 schools in the fall and 3 schools in the spring). 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 who reside in Champaign County and outside of the Campaign/Urbana city limits 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 CY24.

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 Jennifer Henry, Chief Executive Officer, jhenry@promisehealth.org.

**Promise Healthcare
Child Dental Access Program
---General Support Request---
Champaign County Board of Health
Fiscal Year 2024 Budget Proposal
January 1, 2024 – December 31, 2024**

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. All of these funds will support children who reside in Champaign County and outside of the Champaign/Urbana city limits.

| | |
|--|-----------------|
| 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
 2024 Program Narrative and Budget
 January 1, 2024 – December 31, 2024

Promise Healthcare (PHC) will provide comprehensive dental care for low-income children who reside only in Champaign County and outside of the Champaign/Urbana city limits 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 2024. We anticipate that 30% of these children (243) will reside outside of the Champaign/Urbana city limits and be Champaign County residents. 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 successfully recruited several dental providers in the last year and still needs to fill additional Dentist and Dental Hygienist positions. We have contacted numerous dental providers nationally in an attempt to recruit a new dentist and/or dental hygienist for our clinics. In addition we have sent letters to 100+ regional dentists. 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 CY24 that will be re-engaged into the dental clinic following the COVID-19 pandemic. Measure: The requested funds will support 30% of the cost of recruiting and hiring new dental providers.

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 Jennifer Henry, Chief Executive Officer, jhenry@promisehealth.org.

Promise Healthcare
Child Dental Access Program
---Dental Practitioner Recruiting Focus---
Champaign County Board of Health
 2024 Budget Proposal
 January 1, 2024 – December 31, 2024

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. PHC will continue to recruit and hire additional dental practitioners (dentists and/or dental hygienists) in CY24 in order to support a comprehensive staffing plan and as the demand for oral health services expands.

| | |
|---|-----------------|
| Recruitment Costs (Sign-on Bonuses) for Three 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 3 dental providers x 30% (Funds will only cover the portion of staff time allocated towards Champaign County [outside of city limits] residents)</i> | \$13,500 |
|---|-----------------|

| | |
|--|-----------------|
| Recruitment Costs (Interview, Travel) <i>to identify and interview potential dental providers (Dentist and/or Dental Hygienist) for positions. This includes approximately \$15,000/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> | \$13,500 |
|--|-----------------|

| | |
|--|-----------------|
| Recruitment Costs (Advertising, Job Postings) <i>To support advertising of new and vacant dental positions, Cost of posting jobs to state and national recruitment sites, to support recruitment of dental providers to Champaign County.</i> | \$23,000 |
|--|-----------------|

| | |
|---|-----------------|
| Total Request to Support Recruitment Costs | \$50,000 |
|---|-----------------|

GRANT AGREEMENT**BETWEEN****THE STATE OF ILLINOIS, DEPARTMENT OF PUBLIC HEALTH****AND****Champaign, County of**

The Illinois Department of Public Health (Grantor), with its principal office at Office of Health Protection, 525 W. Jefferson St., 2nd Floor Springfield, IL 62761, and Champaign, County of (Grantee), with its principal office at 1776 E. Washington, Urbana, IL 61802 and payment address (if different than principal office) at 1776 E. Washington, Urbana, IL 61802, hereby enter into this Grant Agreement (Agreement). Grantor and Grantee are collectively referred to herein as "Parties" or individually as a "Party."

PART ONE – THE UNIFORM TERMS**RECITALS**

WHEREAS, it is the intent of the Parties to perform consistent with all Exhibits and attachments hereto and pursuant to the duties and responsibilities imposed by Grantor under the laws of the state of Illinois ("State") and in accordance with the terms, conditions and provisions hereof.

NOW, THEREFORE, in consideration of the foregoing and the mutual agreements contained herein, and for other good and valuable consideration, the value, receipt and sufficiency of which are acknowledged, the Parties hereto agree as follows:

ARTICLE 1**AWARD AND GRANTEE-SPECIFIC INFORMATION AND CERTIFICATION**

- 1.1. Unique Entity Identifier (UEI); SAM Registration; Nature of Entity. Under penalties of perjury, Grantee certifies that: XAB2MEYN7427 is Grantee's correct Unique Entity Identifier (UEI) assigned by SAM, if applicable; Grantee has an active State registration and SAM registration; and 37-6006910 is Grantee's correct FEIN or Social Security Number. Grantee further certifies, if applicable: (a) that Grantee is not subject to backup withholding because (i) Grantee is exempt from backup withholding, or (ii) Grantee has not been notified by the Internal Revenue Service (IRS) that Grantee is subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified Grantee that Grantee is no longer subject to backup withholding; and (b) Grantee is a U.S. citizen or other U.S. person. Grantee is doing business as a Governmental.

If Grantee has not received a payment from the state of Illinois in the last two years, Grantee must submit a W-9 tax form with this Agreement.

- 1.2. Amount of Agreement. Grant Funds shall not exceed \$175,000.00, of which \$175,000.00 are federal funds. Grantee agrees to accept Grantor's payment as specified in the Exhibits and attachments incorporated herein as part of this Agreement.
- 1.3. Identification Numbers. If applicable, the Federal Award Identification Number (FAIN) is NH23IP922637, the federal awarding agency is The Centers for Disease Control and Prevention (CDC), and the Federal Award dates are 01/01/2021 and 06/30/2024. If applicable, the Catalog of Federal Domestic Assistance (CFDA) Name is Immunization Cooperative Agreements and Number is 93.268. The Catalog of State Financial Assistance (CSFA) Number is 482-00-3087. The State Award Identification Number is 38180809K.
- 1.4. Term. This Agreement shall be effective on October 1, 2022 and shall expire on December 31, 2023 (the "Term"), unless terminated pursuant to this Agreement.
- 1.5. Certification. Grantee certifies under oath that (1) all representations made in this Agreement are true and correct and (2) all Grant Funds awarded pursuant to this Agreement shall be used only for the purpose(s) described herein. Grantee acknowledges that the Award is made solely upon this certification and that any false statements, misrepresentations, or material omissions shall be the basis for immediate termination of this Agreement and repayment of all Grant Funds.
- 1.6. Signatures. In witness whereof, the Parties hereto have caused this Agreement to be executed by their duly authorized representatives.

Illinois Department of Public Health

Champaign, County of

By : _____

By : _____

Signature of Director: Sameer Vohra,
MD, JD, MA
Director

Signature of Authorized Representative

By : _____

Date : _____

Signature of Designee

Printed Name : _____

Date : _____

Printed Name : _____

Printed Title : _____

Printed Title : _____

E-mail : _____

Designee

By : _____

By : _____

Signature of First Other Approver,
if Applicable

Signature of Second Other Approver,
if Applicable

Date : _____

Date : _____

Printed Name : _____

Printed Name : _____

Printed Title : _____

Printed Title : _____

Other Approver

Second Other Approver

ARTICLE II
REQUIRED REPRESENTATIONS

- 2.1. Standing and Authority. Grantee warrants that:
- (a) Grantee is duly organized, validly existing and in good standing, if applicable, under the laws of the state in which it was incorporated or organized.
 - (b) Grantee has the requisite power and authority to execute and deliver this Agreement and all documents to be executed by it in connection with this Agreement, to perform its obligations hereunder and to consummate the transactions contemplated hereby.
 - (c) If Grantee is organized under the laws of another jurisdiction, Grantee warrants that it is also duly qualified to do business in Illinois and, if applicable, is in good standing with the Illinois Secretary of State.
 - (d) The execution and delivery of this Agreement, and the other documents to be executed by Grantee in connection with this Agreement, and the performance by Grantee of its obligations hereunder have been duly authorized by all necessary entity action.
 - (e) This Agreement and all other documents related to this Agreement, including the Uniform Grant Application, the Exhibits and attachments to which Grantee is a party constitute the legal, valid and binding obligations of Grantee enforceable against Grantee in accordance with their respective terms.
- 2.2. Compliance with Internal Revenue Code. Grantee certifies that it does and will comply with all provisions of the federal Internal Revenue Code (26 USC 1), the Illinois Income Tax Act (35 ILCS 5), and all rules promulgated thereunder, including withholding provisions and timely deposits of employee taxes and unemployment insurance taxes.
- 2.3. Compliance with Federal Funding Accountability and Transparency Act of 2006. Grantee certifies that it does and will comply with the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (P.L. 109-282) (FFATA) with respect to Federal Awards greater than or equal to \$30,000. A FFATA sub-award report must be filed by the end of the month following the month in which the award was made.
- 2.4. Compliance with Uniform Grant Rules (2 CFR Part 200). Grantee certifies that it shall adhere to the applicable Uniform Administrative Requirements, Cost Principles, and Audit Requirements, which are published in Title 2, Part 200 of the Code of Federal Regulations ("2 CFR Part 200"), and are incorporated herein by reference. 44 Ill. Admin. Code 7000.40(c)(1)(A). The requirements of 2 CFR Part 200 apply to the Grant Funds awarded through this Agreement, regardless of whether the original source of the funds is State or federal, unless an exception is noted in federal or State statutes or regulations. 44 Ill. Admin. Code 7000.10(c)(8); 30 ILCS 708/5(b).
- 2.5. Compliance with Registration Requirements. Grantee certifies that it: (i) is registered with the federal SAM; (ii) is in good standing with the Illinois Secretary of State, if applicable; (iii) has a valid DUNS Number; (iv) has a valid UEI, if applicable; and (v) has successfully completed the annual registration and prequalification through the Grantee Portal. It is Grantee's responsibility to remain current with these registrations and requirements. If Grantee's status with regard to any of these requirements changes, or the certifications made in and information provided in the Uniform Grant Application changes, Grantee must notify the Grantor in accordance with ARTICLE XVIII.

**ARTICLE III
DEFINITIONS**

3.1. Definitions. Capitalized words and phrases used in this Agreement have the meanings stated in 2 CFR 200.1 unless otherwise stated below.

“Agreement” or “Grant Agreement” has the same meaning as in 44 Ill. Admin. Code Part 7000.30.

“Allowable Costs” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Award” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Budget” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Catalog of State Financial Assistance” or “CSFA” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Close-out Report” means a report from the Grantee allowing the Grantor to determine whether all applicable administrative actions and required work have been completed, and therefore closeout actions can commence.

“Conflict of Interest” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Direct Costs” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Disallowed Costs” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“DUNS Number” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Financial Assistance” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Fixed-Rate” has the same meaning as in 44 Ill. Admin. Code 7000.30. “Fixed-Rate” is in contrast to fee-for-service, 44 Ill. Admin. Code 7000.30.

“GATU” means the Grant Accountability and Transparency Unit within the Governor's Office of Management and Budget.

“Grant” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Grant Funds” means the Financial Assistance made available to Grantee through this Agreement.

“Grantee Portal” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Indirect Costs” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Indirect Cost Rate” means a device for determining in a reasonable manner the proportion of indirect costs each Program should bear. It is a ratio (expressed as a percentage) of the Indirect Costs to a Direct Cost base. If reimbursement of Indirect Costs is allowable under an Award, Grantor will not reimburse those Indirect Costs unless Grantee has established an Indirect Cost Rate covering the applicable activities and period of time, unless Indirect Costs are reimbursed at a fixed rate.

“Indirect Cost Rate Proposal” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Obligations” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Period of Performance” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Prior Approval” has the same meaning as in 44 Ill. Admin. Code 7000.30.

“Profit” means an entity’s total revenue less its operating expenses, interest paid, depreciation, and taxes. “Profit” is synonymous with the term “net revenue.”

“Program” means the services to be provided pursuant to this Agreement.

“Program Costs” means all Allowable Costs incurred by Grantee and the value of the contributions made by third parties in accomplishing the objectives of the Award during the Term of this Agreement.

“Related Parties” has the meaning set forth in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 850-10-20.

“SAM” means the federal System for Award Management (SAM), the federal repository into which an entity must provide information required for the conduct of business as a recipient.

“Unallowable Costs” has the same meaning as in 44 Ill. Admin. Code 7000.30.

ARTICLE IV PAYMENT

- 4.1. Availability of Appropriation; Sufficiency of Funds. This Agreement is contingent upon and subject to the availability of sufficient funds. Grantor may terminate or suspend this Agreement, in whole or in part, without penalty or further payment being required, if (i) sufficient funds for this Agreement have not been appropriated or otherwise made available to the Grantor by the State or the federal funding source, (ii) the Governor or Grantor reserves funds, or (iii) the Governor or Grantor determines that funds will not or may not be available for payment. Grantor shall provide notice, in writing, to Grantee of any such funding failure and its election to terminate or suspend this Agreement as soon as practicable. Any suspension or termination pursuant to this Section will be effective upon the date of the written notice unless otherwise indicated.
- 4.2. Pre-Award Costs. Pre-award costs are not permitted unless specifically authorized by the Grantor in **Exhibit A, PART TWO** or **PART THREE** of this Agreement. If they are authorized, pre-award costs must be charged to the initial Budget Period of the Award, unless otherwise specified by the Grantor. 2 CFR 200.458.
- 4.3. Return of Grant Funds. Any Grant Funds remaining that are not expended or legally obligated by Grantee, including those funds obligated pursuant to ARTICLE XVII, at the end of the Agreement period, or in the case of capital improvement Awards at the end of the time period Grant Funds are available for expenditure or obligation, shall be returned to Grantor within forty-five (45) days. A Grantee who is required to reimburse Grant Funds and who enters into a deferred payment plan for the purpose of satisfying a past due debt, shall be required to pay interest on such debt as required by Section 10.2 of the Illinois State Collection Act of 1986. 30 ILCS 210; 44 Ill. Admin. Code 7000.450(c). In addition, as required by 44 Ill. Admin. Code 7000.440(b)(2), unless granted a written extension, Grantee must liquidate all obligations incurred under the Award at the end of the period of performance.
- 4.4. Cash Management Improvement Act of 1990. Unless notified otherwise in **PART TWO** or **PART**

THREE, federal funds received under this Agreement shall be managed in accordance with the Cash Management Improvement Act of 1990 (31 USC 6501 et seq.) and any other applicable federal laws or regulations. See 2 CFR 200.305; 44 Ill. Admin. Code Part 7000.120.

- 4.5. Payments to Third Parties. Grantee agrees that Grantor shall have no liability to Grantee when Grantor acts in good faith to redirect all or a portion of any Grantee payment to a third party. Grantor will be deemed to have acted in good faith when it is in possession of information that indicates Grantee authorized Grantor to intercept or redirect payments to a third party or when so ordered by a court of competent jurisdiction.
- 4.6. Modifications to Estimated Amount. If the Agreement amount is established on an estimated basis, then it may be increased by mutual agreement at any time during the Term. Grantor may decrease the estimated amount of this Agreement at any time during the Term if (i) Grantor believes Grantee will not use the funds during the Term, (ii) Grantor believes Grantee has used funds in a manner that was not authorized by this Agreement, (iii) sufficient funds for this Agreement have not been appropriated or otherwise made available to the Grantor by the State or the federal funding source, (iv) the Governor or Grantor reserves funds, or (v) the Governor or Grantor determines that funds will or may not be available for payment. Grantee will be notified, in writing, of any adjustment of the estimated amount of this Agreement. In the event of such reduction, services provided by Grantee under **Exhibit A** may be reduced accordingly. Grantee shall be paid for work satisfactorily performed prior to the date of the notice regarding adjustment. 2 CFR 200.308.
- 4.7. Interest
- (a) All interest earned on Grant Funds held by a Grantee shall be treated in accordance with 2 CFR 200.305(b)(9), unless otherwise provided in **PART TWO** or **PART THREE**. Any amount due shall be remitted annually in accordance with 2 CFR 200.305(b)(9) or to the Grantor, as applicable.
- (b) Grant Funds shall be placed in an insured account, whenever possible, that bears interest, unless exempted under 2 CFR Part 200.305(b)(8).
- 4.8. Timely Billing Required. Grantee must submit any payment request to Grantor within fifteen (15) days of the end of the quarter, unless another billing schedule is specified in **PART TWO**, **PART THREE** or **Exhibit C**. Failure to submit such payment request timely will render the amounts billed an unallowable cost which Grantor cannot reimburse. In the event that Grantee is unable, for good cause, to submit its payment request timely, Grantee shall timely notify Grantor and may request an extension of time to submit the payment request. Grantor's approval of Grantee's request for an extension shall not be unreasonably withheld.
- 4.9. Certification. Pursuant to 2 CFR 200.415, each invoice and report submitted by Grantee (or sub-grantee) must contain the following certification by an official authorized to legally bind the Grantee (or sub-grantee):

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).

ARTICLE V
SCOPE OF GRANT ACTIVITIES/PURPOSE OF GRANT

- 5.1. Scope of Grant Activities/Purpose of Grant. Grantee will conduct the Grant Activities or provide the services as described in the Exhibits and attachments, including **Exhibit A** (Project Description) and **Exhibit B** (Deliverables), incorporated herein and in accordance with all terms and conditions set forth herein and all applicable administrative rules. In addition, the State's Notice of Award is incorporated herein by reference. All Grantor-specific provisions and programmatic reporting required under this Agreement are described in **PART TWO** (The Grantor-Specific Terms). All Project-specific provisions and reporting required under this Agreement are described in **PART THREE**.
- 5.2. Scope Revisions. Grantee shall obtain Prior Approval from Grantor whenever a Scope revision is necessary for one or more of the reasons enumerated in 2 CFR 200.308. All requests for Scope revisions that require Grantor approval shall be signed by Grantee's authorized representative and submitted to Grantor for approval. Expenditure of funds under a requested revision is prohibited and will not be reimbursed if expended before Grantor gives written approval. See 2 CFR 200.308.
- 5.3. Specific Conditions. If applicable, specific conditions required after a risk assessment will be included in **Exhibit G**. Grantee shall adhere to the specific conditions listed therein.

ARTICLE VI
BUDGET

- 6.1. Budget. The Budget is a schedule of anticipated grant expenditures that is approved by Grantor for carrying out the purposes of the Award. When Grantee or third parties support a portion of expenses associated with the Award, the Budget includes the non-federal as well as the federal share (and State share if applicable) of grant expenses. The Budget submitted by Grantee at application, or a revised Budget subsequently submitted and approved by Grantor, is considered final and is incorporated herein by reference.
- 6.2. Budget Revisions. Grantee shall obtain Prior Approval from Grantor whenever a Budget revision is necessary for one or more of the reasons enumerated in 2 CFR 200.308 or 44 III. Admin. Code 7000.370(b). All requests for Budget revisions that require Grantor approval shall be signed by Grantee's authorized representative and submitted to Grantor for approval. Expenditure of funds under a requested revision is prohibited and will not be reimbursed if expended before Grantor gives written approval.
- 6.3. Notification. Within thirty (30) calendar days from the date of receipt of the request for Budget revisions, Grantor will review the request and notify Grantee whether the Budget revision has been approved, denied, or the date upon which a decision will be reached.

ARTICLE VII
ALLOWABLE COSTS

- 7.1. Allowability of Costs; Cost Allocation Methods. The allowability of costs and cost allocation methods for work performed under this Agreement shall be determined in accordance with 2 CFR 200 Subpart E and Appendices III, IV,V and VII.
- 7.2. Indirect Cost Rate Submission.
- (a) All grantees, except for Local Education Agencies (as defined in 34 CFR 77.1), must make an

Indirect Cost Rate election in the Grantee Portal, even grantees that do not charge or expect to charge Indirect Costs. 44 Ill. Admin. Code 7000.420(e).

- (i) Waived and de minimis Indirect Cost Rate elections will remain in effect until the Grantee elects a different option.
 - (b) A Grantee must submit an Indirect Cost Rate Proposal in accordance with federal regulations, in a format prescribed by Grantor. For Grantees who have never negotiated an Indirect Cost Rate before, the Indirect Cost Rate Proposal must be submitted for approval no later than three months after the effective date of the Award. For Grantees who have previously negotiated an Indirect Cost Rate, the Indirect Cost Rate Proposal must be submitted for approval within 180 days of the Grantee's fiscal year end, as dictated in the applicable appendices, such as:
 - (i) Appendix V and VII to 2 CFR Part 200 governs Indirect Cost Rate Proposals for state and local governments,
 - (ii) Appendix III to 2 CFR Part 200 governs Indirect Cost Rate Proposals for public and private institutions of higher education,
 - (iii) Appendix IV to 2 CFR Part 200 governs Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Nonprofit Organizations, and
 - (iv) Appendix V to Part 200 governs state/Local Government wide Central Service Cost Allocation Plans.
 - (c) A Grantee who has a current, applicable rate negotiated by a cognizant federal agency shall provide to Grantor a copy of its Indirect Cost Rate acceptance letter from the federal government and a copy of all documentation regarding the allocation methodology for costs used to negotiate that rate, e.g., without limitation, the cost policy statement or disclosure narrative statement. Grantor will accept that Indirect Cost Rate, up to any statutory, rule-based or programmatic limit.
 - (d) A Grantee who does not have a current negotiated rate, may elect to charge a de minimis rate of 10% of modified total direct costs which may be used indefinitely. No documentation is required to justify the 10% de minimis Indirect Cost Rate. 2 CFR 200.414(f).
- 7.3. Transfer of Costs. Cost transfers between Grants, whether as a means to compensate for cost overruns or for other reasons, are unallowable. See 2 CFR 200.451.
- 7.4. Higher Education Cost Principles. The federal cost principles that apply to public and private institutions of higher education are set forth in 2 CFR Part 200 Subpart E and Appendix III.
- 7.5. Nonprofit Organizations Cost Principles. The federal cost principles that apply to Nonprofit Organizations that are not institutions of higher education are set forth in 2 CFR Part 200 Subpart E, unless exempt under 2 CFR 200 Appendix VIII.
- 7.6. Government Cost Principles. The federal cost principles that apply to state, local and federally-recognized Indian tribal governments are set forth in 2 CFR Part 200 Subpart E, Appendix V, and Appendix VII.
- 7.7. Commercial Organization Cost Principles. The federal cost principles and procedures for cost analysis and the determination, negotiation and allowance of costs that apply to commercial organizations are set forth in 48 CFR Part 31.
- 7.8. Financial Management Standards. The financial management systems of Grantee must meet the following standards:
- (a) **Accounting System.** Grantee organizations must have an accounting system that provides

accurate, current, and complete disclosure of all financial transactions related to each state- and federally-funded Program. Accounting records must contain information pertaining to state and federal pass-through awards, authorizations, obligations, unobligated balances, assets, outlays, and income. These records must be maintained on a current basis and balanced at least quarterly. Cash contributions to the Program from third parties must be accounted for in the general ledger with other Grant Funds. Third party in-kind (non-cash) contributions are not required to be recorded in the general ledger, but must be under accounting control, possibly through the use of a memorandum ledger. To comply with 2 CFR 200.305(b)(7)(i) and 30 ILCS 708/520, Grantee shall use reasonable efforts to ensure that funding streams are delineated within Grantee's accounting system. See 2 CFR 200.302.

- (b) **Source Documentation.** Accounting records must be supported by such source documentation as canceled checks, bank statements, invoices, paid bills, donor letters, time and attendance records, activity reports, travel reports, contractual and consultant agreements, and subaward documentation. All supporting documentation should be clearly identified with the Award and general ledger accounts which are to be charged or credited.
- (i) The documentation standards for salary charges to grants are prescribed by 2 CFR 200.430, and in the cost principles applicable to the entity's organization (Paragraphs 7.4 through 7.7).
- (ii) If records do not meet the standards in 2 CFR 200.430, then Grantor may notify Grantee in **PART TWO, PART THREE** or **Exhibit G** of the requirement to submit Personnel activity reports. See 2 CFR 200.430(i)(8). Personnel activity reports shall account on an after-the-fact basis for one hundred percent (100%) of the employee's actual time, separately indicating the time spent on the grant, other grants or projects, vacation or sick leave, and administrative time, if applicable. The reports must be signed by the employee, approved by the appropriate official, and coincide with a pay period. These time records should be used to record the distribution of salary costs to the appropriate accounts no less frequently than quarterly.
- (iii) Formal agreements with independent contractors, such as consultants, must include a description of the services to be performed, the period of performance, the fee and method of payment, an itemization of travel and other costs which are chargeable to the agreement, and the signatures of both the contractor and an appropriate official of Grantee.
- (iv) If third party in-kind (non-cash) contributions are used for Grant purposes, the valuation of these contributions must be supported with adequate documentation.
- (c) **Internal Control.** Effective control and accountability must be maintained for all cash, real and personal property, and other assets. Grantee must adequately safeguard all such property and must provide assurance that it is used solely for authorized purposes. Grantee must also have systems in place that provide reasonable assurance that the information is accurate, allowable, and compliant with the terms and conditions of this Agreement. 2 CFR 200.303.
- (d) **Budget Control.** Records of expenditures must be maintained for each Award by the cost categories of the approved Budget (including indirect costs that are charged to the Award), and actual expenditures are to be compared with Budgeted amounts at least quarterly.
- (e) **Cash Management.** Requests for advance payment shall be limited to Grantee's immediate cash needs. Grantee must have written procedures to minimize the time elapsing between

the receipt and the disbursement of Grant Funds to avoid having excess funds on hand. 2 CFR 200.305.

- 7.9. Profits. It is not permitted for any person or entity to earn a Profit from an Award. See, e.g., 2 CFR 200.400(g); see also 30 ILCS 708/60(a)(7).
- 7.10. Management of Program Income. Grantee is encouraged to earn income to defray program costs where appropriate, subject to 2 CFR 200.307.

ARTICLE VIII REQUIRED CERTIFICATIONS

- 8.1. Certifications. With respect to any activities directly related to the grant project described herein, Grantee shall be responsible for compliance with the enumerated certifications to the extent that the certifications apply to Grantee..
- (a) **Bribery.** Grantee certifies that it has not been convicted of bribery or attempting to bribe an officer or employee of the state of Illinois, nor made an admission of guilt of such conduct which is a matter of record (30 ILCS 500/50-5).
- (b) **Bid Rigging.** Grantee certifies that it has not been barred from contracting with a unit of state or local government as a result of a violation of Paragraph 33E-3 or 33E-4 of the Criminal Code of 1961 (720 ILCS 5/33E-3 or 720 ILCS 5/33E-4, respectively).
- (c) **Debt to State.** Grantee certifies that neither it, nor its affiliate(s), is/are barred from receiving an Award because Grantee, or its affiliate(s), is/are delinquent in the payment of any debt to the State, unless Grantee, or its affiliate(s), has/have entered into a deferred payment plan to pay off the debt, and Grantee acknowledges Grantor may declare the Agreement void if the certification is false (30 ILCS 500/50-11).
- (d) **International Boycott.** Grantee certifies that neither it nor any substantially owned affiliated company is participating or shall participate in an international boycott in violation of the provision of the U.S. Export Administration Act of 1979 (50 USC Appendix 2401 et seq. or the regulations of the U.S. Department of Commerce promulgated under that Act (15 CFR Parts 730 through 774).
- (e) **Dues and Fees.** Grantee certifies that it is not prohibited from receiving an Award because it pays dues or fees on behalf of its employees or agents, or subsidizes or otherwise reimburses them for payment of their dues or fees to any club which unlawfully discriminates (775 ILCS 25/1 et seq.).
- (f) **Pro-Children Act.** Grantee certifies that it is in compliance with the Pro-Children Act of 2001 in that it prohibits smoking in any portion of its facility used for the provision of health, day care, early childhood development services, education or library services to children under the age of eighteen (18), which services are supported by federal or state government assistance (except such portions of the facilities which are used for inpatient substance abuse treatment) (20 USC 7181-7184).
- (g) **Drug-Free Work Place.** If Grantee is not an individual, Grantee certifies it will provide a drug free workplace pursuant to the Drug Free Workplace Act. 30 ILCS 580/3. If Grantee is an individual and this Agreement is valued at more than \$5,000, Grantee certifies it shall not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during the performance of the Agreement. 30 ILCS 580/4. Grantee

further certifies that it is in compliance with the government-wide requirements for a drug-free workplace as set forth in 41 USC 8102.

- (ih) **Motor Voter Law.** Grantee certifies that it is in full compliance with the terms and provisions of the National Voter Registration Act of 1993 (52 USC 20501 et seq.).
- (i) **Clean Air Act and Clean Water Act.** Grantee certifies that it is in compliance with all applicable standards, order or regulations issued pursuant to the Clean Air Act (42 USC §7401 et seq.) and the Federal Water Pollution Control Act, as amended (33 USC §1251 et seq.).
- (j) **Debarment.** Grantee certifies that it is not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this Agreement by any federal department or agency 2 CFR 200.205(a), or by the State (See 30 ILCS 708/25(6)(G)).
- (k) **Non-procurement Debarment and Suspension.** Grantee certifies that it is in compliance with Subpart C of 2 CFR Part 180 as supplemented by 2 CFR Part 376, Subpart C.
- (l) **Grant for the Construction of Fixed Works.** Grantee certifies that all Programs for the construction of fixed works which are financed in whole or in part with funds provided by this Agreement shall be subject to the Prevailing Wage Act (820 ILCS 130/0.01 et seq.) unless the provisions of that Act exempt its application. In the construction of the Program, Grantee shall comply with the requirements of the Prevailing Wage Act including, but not limited to, inserting into all contracts for such construction a stipulation to the effect that not less than the prevailing rate of wages as applicable to the Program shall be paid to all laborers, workers, and mechanics performing work under the Award and requiring all bonds of contractors to include a provision as will guarantee the faithful performance of such prevailing wage clause as provided by contract.
- (m) **Health Insurance Portability and Accountability Act.** Grantee certifies that it is in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law No. 104-191, 45 CFR Parts 160, 162 and 164, and the Social Security Act, 42 USC 1320d-2 through 1320d-7, in that it may not use or disclose protected health information other than as permitted or required by law and agrees to use appropriate safeguards to prevent use or disclosure of the protected health information. Grantee shall maintain, for a minimum of six (6) years, all protected health information.
- (n) **Criminal Convictions.** Grantee certifies that neither it nor any officer, director, partner or other managerial agent of Grantee has been convicted of a felony under the Sarbanes-Oxley Act of 2002, nor a Class 3 or Class 2 felony under Illinois Securities Law of 1953, or that at least five (5) years have passed since the date of the conviction. Grantee further certifies that it is not barred from receiving an Award under 30 ILCS 500/50-10.5, and acknowledges that Grantor shall declare the Agreement void if this certification is false (30 ILCS 500/50-10.5).
- (o) **Forced Labor Act.** Grantee certifies that it complies with the State Prohibition of Goods from Forced Labor Act, and certifies that no foreign-made equipment, materials, or supplies furnished to the State under this Agreement have been or will be produced in whole or in part by forced labor, convict labor, or indentured labor under penal sanction (30 ILCS 583).
- (p) **Illinois Use Tax.** Grantee certifies in accordance with 30 ILCS 500/50-12 that it is not barred from receiving an Award under this Paragraph. Grantee acknowledges that this Agreement may be declared void if this certification is false.

- (q) **Environmental Protection Act Violations.** Grantee certifies in accordance with 30 ILCS 500/50-14 that it is not barred from receiving an Award under this Paragraph. Grantee acknowledges that this Agreement may be declared void if this certification is false.
- (r) **Goods from Child Labor Act.** Grantee certifies that no foreign-made equipment, materials, or supplies furnished to the State under this Agreement have been produced in whole or in part by the labor of any child under the age of twelve (12) (30 ILCS 584).
- (s) **Federal Funding Accountability and Transparency Act of 2006.** Grantee certifies that it is in compliance with its terms and requirements.
- (t) **Illinois Works Review Panel.** For Awards made for public works projects, as defined in the Illinois Works Jobs Program Act, Grantee certifies that it and any contractor(s) or sub-contractor(s) that performs work using funds from this Award, shall, upon reasonable notice, appear before and respond to requests for information from the Illinois Works Review Panel. 30 ILCS 559/20-25(d).

ARTICLE IX CRIMINAL DISCLOSURE

- 9.1. Mandatory Criminal Disclosures. Grantee shall continue to disclose to Grantor all violations of criminal law involving fraud, bribery or gratuity violations potentially affecting this Award. See 30 ILCS 708/40. Additionally, if Grantee receives over \$10 million in total Financial Assistance, funded by either State or federal funds, during the period of this Award, Grantee must maintain the currency of information reported to SAM regarding civil, criminal or administrative proceedings as required by 2 CFR 200.113 and Appendix XII of 2 CFR Part 200, and 30 ILCS 708/40.

ARTICLE X UNLAWFUL DISCRIMINATION

- 10.1 Compliance with Nondiscrimination Laws. Grantee, its employees and subcontractors under subcontract made pursuant to this Agreement, shall comply with all applicable provisions of state and federal laws and regulations pertaining to nondiscrimination, sexual harassment and equal employment opportunity including, but not limited to, the following laws and regulations and all subsequent amendments thereto:
- (a) The Illinois Human Rights Act (775 ILCS 5/1-101 et seq.), including, without limitation, 44 Ill. Admin. Code Part 750, which is incorporated herein;
 - (b) The Public Works Employment Discrimination Act (775 ILCS 10/1 et seq.);
 - (c) The United States Civil Rights Act of 1964 (as amended) (42 USC 2000a- and 2000h-6). (See also guidelines to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons [Federal Register: February 18, 2002 (Volume 67, Number 13, Pages 2671-2685)]);
 - (d) Section 504 of the Rehabilitation Act of 1973 (29 USC 794);
 - (e) The Americans with Disabilities Act of 1990 (as amended) (42 USC 12101 et seq.); and
 - (f) The Age Discrimination Act (42 USC 6101 et seq.).

ARTICLE XI LOBBYING

- 11.1. Improper Influence. Grantee certifies that no Grant Funds have been paid or will be paid by or on

behalf of Grantee to any person for influencing or attempting to influence an officer or employee of any government agency, a member of Congress or Illinois General Assembly, an officer or employee of Congress or Illinois General Assembly, or an employee of a member of Congress or Illinois General Assembly in connection with the awarding of any agreement, the making of any grant, the making of any loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any agreement, grant, loan or cooperative agreement. 31 USC 1352. Additionally, Grantee certifies that it has filed the required certification under the Byrd Anti-Lobbying Amendment (31 USC 1352), if applicable.

- 11.2. Federal Form LLL. If any funds, other than federally-appropriated funds, were paid or will be paid to any person for influencing or attempting to influence any of the above persons in connection with this Agreement, the undersigned must also complete and submit Federal Form LLL, Disclosure of Lobbying Activities Form, in accordance with its instructions.
- 11.3. Lobbying Costs. Grantee certifies that it is in compliance with the restrictions on lobbying set forth in 2 CFR Part 200.450. For any Indirect Costs associated with this Agreement, total lobbying costs shall be separately identified in the Program Budget, and thereafter treated as other Unallowable Costs.
- 11.4. Procurement Lobbying. Grantee warrants and certifies that it and, to the best of its knowledge, its sub-grantees have complied and will comply with Executive Order No. 1 (2007) (EO 1-2007). EO 1-2007 generally prohibits Grantees and subcontractors from hiring the then-serving Governor's family members to lobby procurement activities of the State, or any other unit of government in Illinois including local governments, if that procurement may result in a contract valued at over \$25,000. This prohibition also applies to hiring for that same purpose any former State employee who had procurement authority at any time during the one-year period preceding the procurement lobbying activity.
- 11.5. Subawards. Grantee must include the language of this ARTICLE XI in the award documents for any subawards made pursuant to this Award at all tiers. All sub-awardees are also subject to certification and disclosure. Pursuant to Appendix II(I) to 2 CFR Part 200, Grantee shall forward all disclosures by contractors regarding this certification to Grantor.
- 11.6. Certification. This certification is a material representation of fact upon which reliance was placed to enter into this transaction and is a prerequisite for this transaction, pursuant to 31 USC 1352. Any person who fails to file the required certifications shall be subject to a civil penalty of not less than \$10,000, and not more than \$100,000, for each such failure.

ARTICLE XII

MAINTENANCE AND ACCESSIBILITY OF RECORDS; MONITORING

- 12.1. Records Retention. Grantee shall maintain for three (3) years from the date of submission of the final expenditure report, adequate books, all financial records and, supporting documents, statistical records, and all other records pertinent to this Award, adequate to comply with 2 CFR 200.334, unless a different retention period is specified in 2 CFR 200.334 or 44 Ill. Admin. Code §§ 7000.430(a) and (b). If any litigation, claim or audit is started before the expiration of the retention period, the records must be retained until all litigation, claims or audit exceptions involving the records have been resolved and final action taken.
- 12.2. Accessibility of Records. Grantee, in compliance with 2 CFR 200.337 and 44 Ill. Admin. Code 7000.430(f), shall make books, records, related papers, supporting documentation and personnel relevant to this Agreement available to authorized Grantor representatives, the Illinois Auditor General, Illinois Attorney General, any Executive Inspector General, the Grantor's Inspector General,

federal authorities, any person identified in 2 CFR 200.337, and any other person as may be authorized by Grantor (including auditors), by the state of Illinois or by federal statute. Grantee shall cooperate fully in any such audit or inquiry.

- 12.3. Failure to Maintain Books and Records. Failure to maintain books, records and supporting documentation, as described in this ARTICLE XII, shall establish a presumption in favor of the State for the recovery of any funds paid by the State under this Agreement for which adequate books, records and supporting documentation are not available to support disbursement.
- 12.4. Monitoring and Access to Information. Grantee must monitor its activities to assure compliance with applicable state and federal requirements and to assure its performance expectations are being achieved. Grantor shall monitor the activities of Grantee to assure compliance with all requirements and performance expectations of the award. Grantee shall timely submit all financial and performance reports, and shall supply, upon Grantor's request, documents and information relevant to the Award. Grantor may make site visits as warranted by program needs. See 2 CFR 200.329 and 200.332. Additional monitoring requirements may be in PART TWO or PART THREE.

ARTICLE XIII FINANCIAL REPORTING REQUIREMENTS

- 13.1. Required Periodic Financial Reports. Grantee agrees to submit financial reports as requested and in the format required by Grantor. Grantee shall file quarterly reports with Grantor describing the expenditure(s) of the funds related thereto, unless more frequent reporting is required by the Grantee pursuant to specific award conditions. 2 CFR 200.208. Unless so specified, the first of such reports shall cover the first three months after the Award begins, and reports must be submitted no later than the due date(s) specified in PART TWO or PART THREE, unless additional information regarding required financial reports is set forth in Exhibit G. Failure to submit the required financial reports may cause a delay or suspension of funding. 30 ILCS 705/1 et seq.; 2 CFR 207(b)(3) and 200.328. Any report required by 30 ILCS 708/125 may be detailed in PART TWO or PART THREE.
- 13.2. Close-out Reports.
- (a) Grantee shall submit a Close-out Report no later than the due date specified in PART TWO or PART THREE following the end of the period of performance for this Agreement or Agreement termination. The format of this Close-out Report shall follow a format prescribed by Grantor. 2 CFR 200.344; 44 Ill. Admin. Code 7000.440(b).
 - (b) If an audit or review of Grantee occurs and results in adjustments after Grantee submits a Close-out Report, Grantee will submit a new Close-out Report based on audit adjustments, and immediately submit a refund to Grantor, if applicable. 2 CFR 200.345.
- 13.3. Effect of Failure to Comply. Failure to comply with reporting requirements shall result in the withholding of funds, the return of Improper Payments or Unallowable Costs, will be considered a material breach of this Agreement and may be the basis to recover Grant Funds. Grantee's failure to comply with this ARTICLE XIII, ARTICLE XIV, or ARTICLE XV shall be considered prima facie evidence of a breach and may be admitted as such, without further proof, into evidence in an administrative proceeding before Grantor, or in any other legal proceeding. Grantee should refer to the State of Illinois Grantee Compliance Enforcement System for policy and consequences for failure to comply. 44 Ill. Admin. Code 7000.80.

ARTICLE XIV PERFORMANCE REPORTING REQUIREMENTS

- 14.1. Required Periodic Performance Reports. Grantee agrees to submit Performance Reports as requested and in the format required by Grantor. Performance Measures listed in Exhibit E must be reported quarterly, unless otherwise specified in PART TWO, PART THREE or Exhibit G. Unless so specified, the first of such reports shall cover the first three months after the Award begins. If Grantee is not required to report performance quarterly, then Grantee must submit a Performance Report at least annually. Pursuant to 2 CFR 200.208, specific conditions may be imposed requiring Grantee to report more frequently based on the risk assessment or the merit-based review of the application. In such cases, Grantor shall notify Grantee of same in Exhibit G. Pursuant to 2 CFR 200.329 and 44 Ill. Admin. Code 7000.410(b)(2), periodic Performance Reports shall be submitted no later than the due date(s) specified in PART TWO or PART THREE. For certain construction-related Awards, such reports may be exempted as identified in PART TWO or PART THREE. 2 CFR 200.329. Failure to submit such required Performance Reports may cause a delay or suspension of funding. 30 ILCS 705/1 et seq.
- 14.2. Close-out Performance Reports. Grantee agrees to submit a Close-out Performance Report, in the format required by Grantor, no later than the due date specified in PART TWO or PART THREE following the end of the period of performance or Agreement termination. See 2 CFR 200.344; 44 Ill. Admin. Code 7000.440(b)(1).
- 14.3. Content of Performance Reports. Pursuant to 2 CFR 200.329(b) and (c) all Performance Reports must include Program qualitative and quantitative information, including a comparison of actual accomplishments to the objectives of the award established for the period; where the accomplishments can be quantified, a computation of the cost if required; performance trend data and analysis if required; and reasons why established goals were not met, if appropriate. Appendices may be used to include additional supportive documentation. Additional content and format guidelines for the Performance Reports will be determined by Grantor contingent on the Award's statutory, regulatory and administrative requirements, and are included in PART TWO or PART THREE of this Agreement.
- 14.4. Performance Standards. Grantee shall perform in accordance with the Performance Standards set forth in Exhibit F. See 2 CFR 200.301 and 200.210.

ARTICLE XV AUDIT REQUIREMENTS

- 15.1. Audits. Grantee shall be subject to the audit requirements contained in the Single Audit Act Amendments of 1996 (31 USC 7501-7507) and Subpart F of 2 CFR Part 200, and the audit rules and policies set forth by the Governor's Office of Management and Budget. See 30 ILCS 708/65(c); 44 Ill. Admin. Code 7000.90.
- 15.2. Consolidated Year-End Financial Reports (CYEFR). All grantees are required to complete and submit a CYEFR through the Grantee Portal. The CYEFR is a required schedule in the Grantee's audit report if the Grantee is required to complete and submit an audit report as set forth herein.
- (a) This Paragraph 15.2 applies to all Grantees, unless exempted pursuant to a federal or state statute or regulation, which is identified in PART TWO or PART THREE.
 - (b) The CYEFR must cover the same period as the Audited Financial Statements, if required, and must be submitted in accordance with the audit schedule at 44 Ill. Admin. Code 7000.90. If Audited Financial Statements are not required, however, then the CYEFR must cover the Grantee's fiscal year and must be submitted within 6 months of the Grantee's fiscal year-end.
 - (c) CYEFRs must include an in relation to opinion from the auditor of the financial statements

included in the CYEFR.

- (d) CYEFRs shall follow a format prescribed by Grantor.

15.3. Entities That Are Not “For-Profit”.

- (a) This Paragraph applies to Grantees that are not “for-profit” entities.
- (b) Single and Program-Specific Audits. If, during its fiscal year, Grantee expends \$750,000 or more in Federal Awards (direct federal and federal pass-through awards combined), Grantee must have a single audit or program-specific audit conducted for that year as required by 2 CFR 200.501 and other applicable sections of Subpart F of 2 CFR Part 200. The audit report packet must be completed as described in 2 CFR 200.512 (single audit) or 2 CFR 200.507 (program-specific audit), 44 Ill. Admin. Code 7000.90(h)(1) and the current GATA audit manual and submitted to the Federal Audit Clearinghouse, as required by 2 CFR 200.512. The results of peer and external quality control reviews, management letters issued by the auditors and their respective corrective action plans if significant deficiencies or material weaknesses are identified, and the CYEFR(s) must be submitted to the Grantee Portal. The due date of all required submissions set forth in this Paragraph is the earlier of (i) 30 calendar days after receipt of the auditor’s report(s) or (ii) nine (9) months after the end of the Grantee’s audit period.
- (c) Financial Statement Audit. If, during its fiscal year, Grantee expends less than \$750,000 in Federal Awards, Grantee is subject to the following audit requirements:
- (i) If, during its fiscal year, Grantee expends \$500,000 or more in Federal and state Awards, singularly or in any combination, from all sources, Grantee must have a financial statement audit conducted in accordance with the Generally Accepted Government Auditing Standards (GAGAS). Grantee may be subject to additional requirements in **PART TWO, PART THREE** or **Exhibit G** based on the Grantee’s risk profile.
- (ii) If, during its fiscal year, Grantee expends less than \$500,000 in Federal and state Awards, singularly or in any combination, from all sources, but expends \$300,000 or more in Federal and state Awards, singularly or in any combination, from all sources, Grantee must have a financial statement audit conducted in accordance with the Generally Accepted Auditing Standards (GAAS).
- (iii) If Grantee is a Local Education Agency (as defined in 34 CFR 77.1), Grantee shall have a financial statement audit conducted in accordance with GAGAS, as required by 23 Ill. Admin. Code 100.110, regardless of the dollar amount of expenditures of Federal and state Awards.
- (iv) If Grantee does not meet the requirements in subsections 15.2(b) and 15.2(c)(i-iii) but is required to have a financial statement audit conducted based on other regulatory requirements, Grantee must submit those audits for review.
- (v) Grantee must submit its financial statement audit report packet, as set forth in 44 Ill. Admin. Code 7000.90(h)(2) and the current GATA audit manual, to the Grantee Portal within the earlier of (i) 30 calendar days after receipt of the auditor’s report(s) or (ii) 6 months after the end of the Grantee’s audit period.

15.4. “For-Profit” Entities.

- (a) This Paragraph applies to Grantees that are “for-profit” entities.
- (b) Program-Specific Audit. If, during its fiscal year, Grantee expends \$750,000 or more in Federal Awards (direct federal and federal pass-through awards), from all sources, Grantee is required to have a program-specific audit conducted in accordance with 2 CFR 200.507.

The auditor must audit Federal programs with Federal Awards expended that, in the aggregate, cover at least 50 percent (0.50) of total Federal Awards expended. The audit report packet must be completed as described in 2 CFR 200.507 (program-specific audit), 44 Ill. Admin. Code 7000.90 and the current GATA audit manual, and must be submitted to the Grantee Portal. The due date of all required submissions set forth in this Paragraph is the earlier of (i) 30 calendar days after receipt of the auditor's report(s) or (ii) nine (9) months after the end of the Grantee's audit period.

- (c) Financial Statement Audit. If, during its fiscal year, Grantee expends less than \$750,000 in Federal Awards and state Awards, singularly or in any combination, from all sources, Grantee must follow all of the audit requirements in Paragraphs 15.3(c)(i)-(v), above.
- (d) Publicly-Traded Entities. If Grantee is a publicly-traded company, Grantee is not subject to the single audit or program-specific audit requirements, but is required to submit its annual audit conducted in accordance with its regulatory requirements.

15.5. Performance of Audits. For those organizations required to submit an independent audit report, the audit is to be conducted by a Certified Public Accountant or Certified Public Accounting Firm licensed in the state of Illinois or in accordance with Section 5.2 of the Illinois Public Accounting Act (225 ILCS 450/5.2). For all audits required to be performed subject to Generally Accepted Government Auditing standards or Generally Accepted Auditing standards, Grantee shall request and maintain on file a copy of the auditor's most recent peer review report and acceptance letter. Grantee shall follow procedures prescribed by Grantor for the preparation and submission of audit reports and any related documents.

15.6. Delinquent Reports. When such audit reports or financial statements required under this ARTICLE are prepared by the Illinois Auditor General, if they are not available by the above-specified due date, they will be provided to Grantor within thirty (30) days of becoming available. Otherwise, Grantee should refer to the State of Illinois Grantee Compliance Enforcement System for the policy and consequences for late reporting. 44 Ill. Admin. Code 7000.80.

ARTICLE XVII SUBCONTRACTS/SUB-GRANTS

17.1. Sub-recipients/Delegation. Grantee may not subcontract nor sub-grant any portion of this Agreement nor delegate any duties hereunder without Prior Approval of Grantor. The requirement for Prior Approval is satisfied if the subcontractor or sub-grantee has been identified in the Uniform Grant Application, such as, without limitation, a Project Description, and Grantor has approved. Grantee must notify any potential sub-recipient that the sub-recipient shall obtain and provide to the Grantee a UEI prior to receiving a subaward. 2 CFR 25.300.

17.2. Application of Terms. Grantee shall advise any sub-grantee of funds awarded through this Agreement of the requirements imposed on them by federal and state laws and regulations, and the provisions of this Agreement. The terms of this Agreement shall apply to all subawards authorized in accordance with Paragraph 17.1. 2 CFR 200.101(b)(2).

17.3. Liability as Guaranty. Grantee shall be liable as guarantor for any Grant Funds it obligates to a sub-grantee or sub-contractor pursuant to Paragraph 17.1 in the event the Grantor determines the funds were either misspent or are being improperly held and the sub-grantee or sub-contractor is insolvent or otherwise fails to return the funds. 2 CFR 200.345; 30 ILCS 705/6; 44 Ill. Admin. Code 7000.450(a).

**ARTICLE XVIII
NOTICE OF CHANGE**

- 18.1. Notice of Change. Grantee shall notify the Grantor if there is a change in Grantee's legal status, federal employer identification number (FEIN), DUNS number, SAM registration status, Related Parties, senior management or address. See 30 ILCS 708/60(a). If the change is anticipated, Grantee shall give thirty (30) days' prior written notice to Grantor. If the change is unanticipated, Grantee shall give notice as soon as practicable thereafter. Grantor reserves the right to take any and all appropriate action as a result of such change(s).
- 18.2. Failure to Provide Notification. To the extent permitted by Illinois law, Grantee shall hold harmless Grantor for any acts or omissions of Grantor resulting from Grantee's failure to notify Grantor of these changes.
- 18.3. Notice of Impact. Grantee shall immediately notify Grantor of any event that may have a material impact on Grantee's ability to perform this Agreement.
- 18.4. Circumstances Affecting Performance; Notice. In the event Grantee becomes a party to any litigation, investigation or transaction that may reasonably be considered to have a material impact on Grantee's ability to perform under this Agreement, Grantee shall notify Grantor, in writing, within five (5) calendar days of determining such litigation or transaction may reasonably be considered to have a material impact on the Grantee's ability to perform under this Agreement.
- 18.5. Effect of Failure to Provide Notice. Failure to provide the notice described in Paragraph 18.4 shall be grounds for immediate termination of this Agreement and any costs incurred after notice should have been given shall be disallowed.

**ARTICLE XIX
STRUCTURAL REORGANIZATION AND RECONSTITUTION OF BOARD MEMBERSHIP**

- 19.1. Effect of Reorganization. Grantee acknowledges that this Agreement is made by and between Grantor and Grantee, as Grantee is currently organized and constituted. No promise or undertaking made hereunder is an assurance that Grantor agrees to continue this Agreement, or any license related thereto, should Grantee significantly reorganize or otherwise substantially change the character of its corporate structure, business structure or governance structure. Grantee agrees that it will give Grantor prior notice of any such action or changes significantly affecting its overall structure or management makeup (for example, a merger or a corporate restructuring), and will provide any and all reasonable documentation necessary for Grantor to review the proposed transaction including financial records and corporate and shareholder minutes of any corporation which may be involved. This ARTICLE XIX does not require Grantee to report on minor changes in the makeup of its board membership. Nevertheless, **PART TWO** or **PART THREE** may impose further restrictions. Failure to comply with this ARTICLE XIX shall constitute a material breach of this Agreement.

**ARTICLE XX
AGREEMENTS WITH OTHER STATE AGENCIES**

- 20.1. Copies upon Request. Grantee shall, upon request by Grantor, provide Grantor with copies of contracts or other agreements to which Grantee is a party with any other State agency.

**ARTICLE XXI
CONFLICT OF INTEREST**

- 21.1. Required Disclosures. Grantee must immediately disclose in writing any potential or actual Conflict of Interest to the Grantor. 2 CFR 200.112 and 30 ILCS 708/35.
- 21.2. Prohibited Payments. Grantee agrees that payments made by Grantor under this Agreement will not be used to compensate, directly or indirectly, any person currently holding an elective office in this State including, but not limited to, a seat in the General Assembly. In addition, where the Grantee is not an instrumentality of the State of Illinois, as described in this Paragraph, Grantee agrees that payments made by Grantor under this Agreement will not be used to compensate, directly or indirectly, any person employed by an office or agency of the State of Illinois whose annual compensation is in excess of sixty percent (60%) of the Governor's annual salary, or \$106,447.20. An instrumentality of the State of Illinois includes, without limitation, State departments, agencies, boards, and State universities. An instrumentality of the State of Illinois does not include, without limitation, municipalities and units of local government and related entities. See definition of "Local government," 2 CFR 200.1.
- 21.3. Request for Exemption. Grantee may request written approval from Grantor for an exemption from Paragraph 21.2. Grantee acknowledges that Grantor is under no obligation to provide such exemption and that Grantor may, if an exemption is granted, grant such exemption subject to such additional terms and conditions as Grantor may require.

ARTICLE XXII EQUIPMENT OR PROPERTY

- 22.1. Purchase of Equipment. For any Equipment purchased in whole or in part with Grant Funds, if Grantor determines that Grantee has not met the conditions of 2 CFR 200.439, the costs for such Equipment will be disallowed. Grantor shall notify Grantee in writing that the purchase of Equipment is disallowed.
- 22.2. Prohibition against Disposition/Encumbrance. Any Equipment, material, or Real Property that Grantee purchases or improves with Grant Funds may not be sold, transferred, encumbered (other than original financing) or otherwise disposed of during the Grant Term without Prior Approval of Grantor unless a longer period is required in PART TWO or PART THREE and permitted by 2 CFR Part 200 Subpart D. Any Real Property acquired or improved using Grant Funds must comply with the requirements of 2 CFR 200.311. Grantee acknowledges that Real Property, Equipment, and Intangible Property that are acquired or improved in whole or in part by Grant Funds are subject to the provisions of 2 CFR 200.316 and the Grantor may require the Grantee to record liens or other appropriate notices of record to indicate that Personal or Real Property has been acquired or improved with this Award and that use and disposition conditions apply to the property.
- 22.3. Equipment and Procurement. Grantee must comply with the uniform standards set forth in 2 CFR 200.310–200.316 governing the management and disposition of property which cost was supported by Grant Funds. Any waiver from such compliance must be granted by either the President's Office of Management and Budget, the Governor's Office of Management and Budget, or both, depending on the source of the Grant Funds used. Additionally, Grantee must comply with the standards set forth in 2 CFR 200.317-200.326 for use in establishing procedures for the procurement of Supplies and other expendable property, Equipment, Real Property and other services with Grant Funds. These standards are furnished to ensure that such materials and services are obtained in an effective manner and in compliance with the provisions of applicable federal and state statutes and executive orders.
- 22.4. Equipment Instructions. Grantee must obtain disposition instructions from Grantor when Equipment, purchased in whole or in part with Grant Funds, are no longer needed for their original purpose.

Notwithstanding anything to the contrary contained within this Agreement, Grantor may require transfer of any Equipment to Grantor or a third party for any reason, including, without limitation, if Grantor terminates the Award or Grantee no longer conducts Award activities. The Grantee shall properly maintain, track, use, store and insure the Equipment according to applicable best practices, manufacturer's guidelines, federal and state laws or rules, and Grantor requirements stated herein.

- 22.5. Domestic Preferences for Procurements. In accordance with 2 CFR 200.322, as appropriate and to the extent consistent with law, the Grantee should, to the greatest extent practicable under this Award, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products). The requirements of this paragraph must be included in all subawards and in all contracts and purchase orders for work or products under this Award.

ARTICLE XXIII PROMOTIONAL MATERIALS; PRIOR NOTIFICATION

- 23.1. Publications, Announcements, etc. Use of Grant Funds for promotions is subject to the prohibitions for advertising or public relations costs in 2 CFR 200.421(e). In the event that Grantor funds are used in whole or in part to produce any written publications, announcements, reports, flyers, brochures or other written materials, Grantee shall obtain Prior Approval for the use of those funds (2 CFR 200.467) and agrees to include in these publications, announcements, reports, flyers, brochures and all other such material, the phrase "Funding provided in whole or in part by the [Grantor]." Exceptions to this requirement must be requested, in writing, from Grantor and will be considered authorized only upon written notice thereof to Grantee.
- 23.2. Prior Notification/Release of Information. Grantee agrees to notify Grantor ten (10) days prior to issuing public announcements or press releases concerning work performed pursuant to this Agreement, or funded in whole or in part by this Agreement, and to cooperate with Grantor in joint or coordinated releases of information.

ARTICLE XXV LAWSUITS AND INDEMNIFICATION

- 25.1. Independent Contractor. Neither Grantee nor any employee or agent of Grantee is an employee of Grantor and do not acquire any employment rights with Grantor or the state of Illinois by virtue of this Agreement. Grantee will provide the agreed services and achieve the specified results free from the direction or control of Grantor as to the means and methods of performance. Grantee will be required to provide its own Equipment and Supplies necessary to conduct its business; provided, however, that in the event, for its convenience or otherwise, Grantor makes any such Equipment or Supplies available to Grantee, Grantee's use of such Equipment or Supplies provided by Grantor pursuant to this Agreement shall be strictly limited to official Grantor or state of Illinois business and not for any other purpose, including any personal benefit or gain.
- 25.2. Indemnification and Liability. To the extent permitted by law, Grantee agrees to hold harmless Grantor against any and all liability, loss, damage, cost or expenses, including attorneys' fees, arising from the intentional torts, negligence or breach of contract of Grantee, with the exception of acts performed in conformance with an explicit, written directive of Grantor. Indemnification by Grantor will be governed by the State Employee Indemnification Act (5 ILCS 350/1 et seq.) as interpreted by the Illinois Attorney General. Grantor makes no representation that Grantee, an independent contractor, will qualify or be eligible for indemnification under said Act.

**ARTICLE XXVI
MISCELLANEOUS**

- 26.1. Gift Ban. Grantee is prohibited from giving gifts to State employees pursuant to the State Officials and Employees Ethics Act (5 ILCS 430/10-10) and Executive Order 15-09.
- 26.2. Access to Internet. Grantee must have Internet access. Internet access may be either dial-up or high-speed. Grantee must maintain, at a minimum, one business e-mail address that will be the primary receiving point for all e-mail correspondence from Grantor. Grantee may list additional e-mail addresses at any time during the Term of this Agreement. The additional addresses may be for a specific department or division of Grantee or for specific employees of Grantee. Grantee must notify Grantor of any e-mail address changes within five (5) business days from the effective date of the change.
- 26.3. Exhibits and Attachments. **Exhibits A**, through **G**, **PART TWO, PART THREE**, if applicable, and all other exhibits and attachments hereto are incorporated herein in their entirety.
- 26.4. Assignment Prohibited. Grantee acknowledges that this Agreement may not be sold, assigned, or transferred in any manner by Grantee, to include an assignment of Grantee's rights to receive payment hereunder, and that any actual or attempted sale, assignment, or transfer by Grantee without the Prior Approval of Grantor in writing shall render this Agreement null, void and of no further effect.
- 26.5. Amendments. This Agreement may be modified or amended at any time during its Term by mutual consent of the Parties, expressed in writing and signed by the Parties.
- 26.6. Severability. If any provision of this Agreement is declared invalid, its other provisions shall not be affected thereby.
- 26.7. No Waiver. No failure of either Party to assert any right or remedy hereunder will act as a waiver of either Party's right to assert such right or remedy at a later time or constitute a course of business upon which either Party may rely for the purpose of denial of such a right or remedy.
- 26.8. Applicable Law; Claims. This Agreement and all subsequent amendments thereto, if any, shall be governed and construed in accordance with the laws of the state of Illinois. Any claim against Grantor arising out of this Agreement must be filed exclusively with the Illinois Court of Claims. 705 ILCS 505/1 et seq. Grantor does not waive sovereign immunity by entering into this Agreement.
- 26.9. Compliance with Law. This Agreement and Grantee's obligations and services hereunder are hereby made and must be performed in compliance with all applicable federal and State laws, including, without limitation, federal regulations, State administrative rules, including 44 Ill. Admin. Code 7000, and any and all license requirements or professional certification provisions.
- 26.10 Compliance with Confidentiality Laws. If applicable, Grantee shall comply with applicable state and federal statutes, federal regulations and Grantor administrative rules regarding confidential records or other information obtained by Grantee concerning persons served under this Agreement. The records and information shall be protected by Grantee from unauthorized disclosure.
- 26.11 Compliance with Freedom of Information Act. Upon request, Grantee shall make available to Grantor all documents in its possession that Grantor deems necessary to comply with requests made under the Freedom of Information Act. (5 ILCS 140/7(2)).
- 26.12 Precedence.
- (a) Except as set forth in subparagraph (b), below, the following rules of precedence are

controlling for this Agreement: In the event there is a conflict between this Agreement and any of the exhibits or attachments hereto, this Agreement shall control. In the event there is a conflict between **PART ONE** and **PART TWO** or **PART THREE** of this Agreement, **PART ONE** shall control. In the event there is a conflict between **PART TWO** and **PART THREE** of this Agreement, **PART TWO** shall control. In the event there is a conflict between this Agreement and relevant statute(s) or rule(s), the relevant statute(s) or rule(s) shall control.

- (b) Notwithstanding the provisions in subparagraph (a), above, if a relevant federal or state statute(s) or rule(s) requires an exception to this Agreement's provisions, or an exception to a requirement in this Agreement is granted by GATU, such exceptions must be noted in **PART TWO** or **PART THREE**, and in such cases, those requirements control.

- 26.13 Illinois Grant Funds Recovery Act. In the event of a conflict between the Illinois Grant Funds Recovery Act and the Grant Accountability and Transparency Act, the provisions of the Grant Accountability and Transparency Act shall control. 30 ILCS 708/80.
- 26.14 Headings. Article and other headings contained in this Agreement are for reference purposes only and are not intended to define or limit the scope, extent or intent of this Agreement or any provision hereof.
- 26.15 Entire Agreement. Grantee and Grantor acknowledge that this Agreement constitutes the entire agreement between them and that no promises, terms, or conditions not recited, incorporated or referenced herein, including prior agreements or oral discussions, shall be binding upon either Grantee or Grantor.
- 26.16 Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be considered to be one and the same agreement, binding on all Parties hereto, notwithstanding that all Parties are not signatories to the same counterpart. Duplicated signatures, signatures transmitted via facsimile, or signatures contained in a Portable Document Format (PDF) document shall be deemed original for all purposes.
- 26.17 Attorney Fees and Costs. Unless prohibited by law, if Grantor prevails in any proceeding to enforce the terms of this Agreement, including any administrative hearing pursuant to the Grant Funds Recovery Act or the Grant Accountability and Transparency Act, the Grantor has the right to recover reasonable attorneys' fees, costs and expenses associated with such proceedings.
- 26.18 Continuing Responsibilities. The termination or expiration of this Agreement does not affect: (a) the right of the Grantor to disallow costs and recover funds based on a later audit or other review; (b) the obligation of the Grantee to return any funds due as a result of later refunds, corrections or other transactions, including, without limitation, final indirect cost rate adjustments and those funds obligated pursuant to ARTICLE XVII; (c) the Consolidated Year-End Financial Report (CYEFR); (d) audit requirements established in ARTICLE XV; (e) property management and disposition requirements established in 2 CFR 200.310 through 2 CFR 200.316 and ARTICLE XXII; or (f) records related requirements pursuant to ARTICLE XII. 44 Ill. Admin. Code 7000.450.

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EXHIBIT A
PROJECT DESCRIPTION

- A.1. The sole purpose of this grant is to fund the Grantee's performance of the services specified in Exhibit B during the Term of this Agreement.

The COVID-19 Vaccination Grant is an integral part of the State's recovery effort with the ongoing COVID-19 pandemic. These grants will continue COVID-19 vaccination and promotion efforts and assist with Mpox, Influenza and other recommended vaccination efforts within local communities by allowing those vaccinations to be included in COVID-19 vaccination clinics. The funds from this program will help defray costs associated with the administration of COVID-19, Mpox, Influenza and other vaccines recommended by Advisory Committee on Immunization Practices (ACIP).

EXHIBIT B
DELIVERABLES OR MILESTONES

The Grantee will provide the following services and agrees to act in compliance with all state and federal statutes and administrative rules applicable to the provision of services pursuant to this Agreement. The grant application submitted by Grantee related to this Agreement is hereby incorporated and made a part of this Agreement.

- B.1. The Grantee shall:
- B.1.1. Host COVID-19, Mpox, Influenza and other recommended vaccine clinics onsite focusing on communities facing health equity disparities.
 - B.1.2. Implement interdepartmental education campaigns, outreach, marketing approaches, and materials to increase acceptance of COVID-19, Mpox, Influenza and other ACIP recommended vaccines among vulnerable populations.
 - B.1.3. Host pop-up, offsite or other vaccination clinics during existing events for communities of high social vulnerability.
 - B.1.4. Collaborate with other public health programs (e.g., HIV, WIC, etc.) to reach disproportionately affected populations.
 - B.1.5. Report COVID-19 vaccine inventory on hand daily in VaccineFinder.
 - B.1.6. Document COVID-19, Mpox, and Influenza vaccine doses administered within 24 hours in I-CARE
 - B.1.7. Report all clinically important adverse events in the Vaccine Adverse Events Reporting System (VAERS).
 - i. Refers to VAERS, <https://vaers.hhs.gov/>, for reportable adverse events.
 - B.1.8. Report all publicly funded vaccines wastage in I-CARE.
 - B.1.9. Utilize the process as prescribed by the Department for submitting vaccine orders.
 - B.1.10. Collect race and ethnicity data for each COVID-19, Mpox, and Influenza vaccine administered and ensure the data is entered or transmitted in I-CARE, by the Grantee and all COVID-19, Mpox, and Influenza vaccine providers that receive allocated vaccine doses from the Grantee.
- B.2. In connection with the services described in Section B.1 above, the Department will:
- B.2.1. Provide overall oversight for the Program.
 - B.2.2. Provide funding to Grantee in accordance with the policies described in Article IV of **PART ONE**.
 - B.2.3. Monitor the work of grantee organizations to ensure compliance with the terms of the Program and the activities to be performed as described in the grantee organization application and this Agreement.
 - B.2.4. Provide technical assistance and support in implementation of the grant.
 - B.2.5. Provide feedback on reports and work products submitted by Grantee.

EXHIBIT C
PAYMENT

Grant Funds shall not exceed \$175,000.00, of which \$175,000.00 are federal funds.

Pursuant to Article IV of **PART ONE**, the Department will compensate the Grantee on the following basis:

25% Partial Advance/Remainder Reimbursement

Upon execution of this Agreement, the Department shall authorize an initial disbursement in the amount of twenty-five percent (25%) of the total Award. Future payments to the Grantee are subject to the Grantee's submission and certification of eligible costs incurred and any documentation as required by the Department. Payment shall be initiated upon the Department's approval of eligible costs and cash amount requested for reimbursement of those costs.

**EXHIBIT D
CONTACT INFORMATION**

CONTACT FOR NOTIFICATION:

Unless specified elsewhere, all notices required or desired to be sent by either Party shall be sent to the persons listed below.

GRANTOR CONTACT

Name: Scott Henkel
Title: Assistant to the Deputy Director
Address: Office of Health Protection, 525
W. Jefferson St., 2nd Floor
Springfield, IL 62761
Phone: (217) 785-2075
TTY #: (800) 547-0466
Fax #: (217) 524-0802
E-mail Address: scott.henkel@illinois.gov

GRANTEE CONTACT

Name: Julie Pryde
Title: Administrator
Address: 1776 E. Washington, Urbana, IL
61802
Phone: (217) 531-5369
TTY #:
Fax #: (217) 531-5381
E-mail Address: jpryde@c-uphd.org
Additional Information:

EXHIBIT E
PERFORMANCE MEASURES

- E.1. Grantee shall submit performance reports pursuant to Article 14 of **PART ONE**.
- E.2. As set forth in **PART THREE**, performance reports shall be submitted quarterly. Performance reports shall include the following information:
- E.2.1. Pursuant to Section 14.3 of **PART ONE**:
- E.2.1.1. A comparison of actual accomplishments to the objectives of the award established for the period;
 - E.2.1.2. Where the accomplishments can be quantified, a computation of the cost;
 - E.2.1.3. Performance trend data and analysis is required; and
 - E.2.1.4. Reasons why any established goals were not met, and a narrative explanation of why the objectives were not achieved.
- E.2.2. Progress of the program and project as of the close of the period being reported on;
- E.2.3. Description of the use and expenditure of Grant Funds awarded under this Agreement;
- E.2.4. Any other information required by the Grant Instructions.
- E.2.5. Data shall be reported through EGrAMS, I-Care, VAERS, or other data collection programs identified by the Department.
- E.3. Reporting Timelines.
- E.3.1. First Performance Report. Unless otherwise specified in **PART THREE**, Grantee's first performance report shall cover the first three months after the Award begins.
- E.3.2. Close-out Performance Reports. Grantee shall submit a final close-out performance report within sixty (60) calendar days following the end of the period of performance. If this Agreement is terminated early, regardless of the reason, Grantee shall submit a final close-out performance report within thirty (30) calendar days following the effective date of termination.
- E.3.3. Grantee shall submit quarterly performance reports, along with any required data or metrics, within thirty (30) calendar days following the end of the quarter. Quarterly performance reports will be submitted through EGrAMS, I-CARE, VaccineFinder, VAERS, or other data collection programs
- E.3.4. Grantee shall submit quarterly financial reports (i.e. reimbursement certification forms) within thirty (30) calendar days following the end of the quarter. Quarterly expenditures will be submitted through EGrAMS
- E.4. Failure to Report. Failure to submit required performance reports may cause a delay or suspension of funding.

EXHIBIT F
PERFORMANCE STANDARDS

F.1. Grantee shall perform in accordance with the standards set forth herein, which are the minimum thresholds of acceptable performance. Failure to meet these thresholds may result in remedial action including, but not limited to, corrective action, imposition of specific condition, denial of reimbursement/payment, recovery of funds, and/or and suspension or termination of the Agreement.

F.1.1. Submit daily reports of COVID-19 vaccine inventory on hand in VaccineFinder.

F.1.2. Document COVID-19, Mpox, and Influenza vaccine doses administered within 24 hours in I-CARE.

F.1.3. Report all clinically important adverse events in the Vaccine Adverse Events Reporting System (VAERS) within 24 hours of the event.

F.1.4. Report all publicly funded vaccine wastage in I-CARE

F.1.5. Document race and ethnicity data for each COVID-19, Mpox, and Influenza vaccine administered in I-CARE within 24 hours of vaccine administration (by the Grantee and all COVID-19, Mpox, and influenza vaccine providers that receive allocated vaccine doses from the Grantee).

F.1.6. Conduct media campaigns, outreach, marketing approaches, and materials that collaborate with other public health programs to increase acceptance of COVID-19, Mpox, and influenza vaccination among racial and underserved populations by August 31, 2023.

EXHIBIT G
SPECIFIC CONDITIONS

Grantor may remove (or reduce) a Specific Condition included in this Exhibit G by providing written notice to the Grantee, in accordance with established procedures for removing a Specific Condition.

G.1 Pursuant to Section 5.3 of **PART ONE**, 2 CFR 200.205, and 2 CFR 200.207, specific conditions may be imposed upon Grantee based upon a risk assessment. Specific conditions may also be imposed as a result of a merit review or as required by the terms of the Award. Specific conditions are imposed.

G.2. Imposition of Conditions.

G.2.1. Pursuant to Section G.1, the following specific conditions are imposed:

G.2.1.1. The Grantee shall provide the Department a report on the status of its implementation of corrective actions, if applicable, on a semiannual basis.

G.2.1.1.1. This condition will be removed if Grantee has completed implementation of all corrective actions, if applicable.

G.2.2. These specific conditions are imposed due to risk factors identified in the Grantee's fiscal and administrative risk assessment, based on responses to the Internal Controls Questionnaire (ICQ).

G.3. Removal of Conditions.

G.3.1. Pursuant to 2 CFR 200.207(c)(5), Grantee may request reconsideration of the specific conditions imposed by submitting a request to the contact identified in **EXHIBIT D**. The request for reconsideration must include a detailed rationale for the request, supporting documentation and, if applicable, the actions Grantee is taking to correct the condition giving rise to the specific condition(s) listed above.

G.3.2. The specific conditions set forth in G.2 will be immediately removed when the conditions prompting them have been fully corrected. 2 CFR 200.207(d).

G.3.3. At Grantor's discretion, Grantor may reinstate any conditions which have been previously removed, if Grantee's performance, actions, or inactions illustrate a need for such reinstatement in Grantor's opinion.

PART TWO – THE GRANTOR-SPECIFIC TERMS

In addition to the uniform requirements in PART ONE, the Grantor has the following additional requirements for its Grantee:

ARTICLE XXVII

ADDITIONAL CERTIFICATIONS

- 27.1. The Grantee represents and warrants that the grant application submitted by the Grantee is in all material aspects true and accurate; that it is authorized to undertake the obligations set forth in this Agreement, and that it has obtained or will obtain all permits, licenses, or other governmental approvals that may be necessary to perform the grant services.

ARTICLE XXVIII

SERVICES

- 28.1. Subcontracts. The Grantee will not use the services of a subcontractor, excluding Operational Utilities, to fulfill any obligations under this Agreement a) unless approved pursuant to Section 17.1 of PART ONE; b) allowed pursuant to Section 28.1.1 of PART TWO, below; and c) until the Grantee has submitted a Subcontractor and Sub-grantee Authorization Form as set forth in Section 29.8 of PART TWO and received Prior Approval from the Grantor. The Department reserves the right to review all subcontracts at any time during the term of the Agreement.

28.1.1. The Grantee may utilize subcontractors in the performance of this Agreement. If Grantee is allowed to utilize subcontractors, even if such subcontractors are identified in the grant application, budget, or any other grant documents, they will not be approved until such time as (i) the Grantee submits a Subcontractor and Sub-grantee Authorization Form pursuant to Section 29.8 of PART TWO; and (ii) received Prior Approval from the Department.

- 28.2. Subgrants. The Grantee will not use the services of a sub-grantee to fulfill any obligations under this Agreement unless approved pursuant to Section 17.1 of PART ONE and until the Grantee has submitted a Subcontractor and Sub-grantee Authorization Form as set forth in Section 29.8 of PART TWO and received Prior Approval from the Grantor. In addition, all sub-grantees shall have an application, including a budget and project deliverables, on file with the Grantee and the Department prior to the issuance of any written consent. The Department reserves the right to review all subgrants at any time during the term of the Agreement.

28.2.1. The Grantee shall assume responsibility for distribution of Grant Funds to sub-grantees for the provision of services under this Agreement and in accordance with the (i) goals, objectives, and activities; and (ii) budget on file with, and approved by, the Department.

28.2.2. If applicable, no later than 60 days from execution, Grantee shall execute sub-grant agreements for services. Signed copies of all sub-grant agreements shall be submitted to the Department in the corresponding required progress report. Each sub-grant agreement shall identify the sub-grantee and include a scope of services, budget period, detailed budget, and the sub-grantee's current mailing address. The Department will not pay any reimbursement to the Grantee related to sub-grantee activities until the Department has received a copy of the signed sub-grant agreement.

28.2.3. The Grantee shall assure that all services provided by sub-grantees under established sub-grant agreements are provided and documented in a timely manner and in accordance with Department policy. The Grantee shall promptly investigate any sub-grantee not performing in accordance with the sub-grant agreement. The Grantee is responsible for monitoring, investigating, and taking any needed action related to the sub-grantee to protect the integrity of the provision of services under this Agreement. Failure of the Grantee to do so may result in the rejection of claims for payment or in payments being reduced by the total amount of the value of the sub-grantee contract, until any and all

requirements of this Agreement are fulfilled.

28.2.4. The Grantee will not commingle funds between separate grants or sub-grants, even if the grants or sub-grants are related, or the same population is being served.

ARTICLE XXIX DEFINITIONS

- 29.1 Department. Illinois Department of Public Health.
- 29.2 Grant Instructions. The instructions provided to Grantee set forth the Grantee's reporting requirements and all other requirements under this Agreement, and are hereby incorporated into this Agreement. Failure to comply with the requirements set forth in the Grant Instructions will be considered a material breach of the performance required by this Agreement and may result in termination of the Agreement.
- 29.3 Operational Utilities. Utilities required for basic operational functions, without which Grantee's ability to perform under the Agreement would be substantially hindered. Operational Utilities include electricity, gas, heat, air conditioning, water, cable, telephone, office supplies, internet, and other core day-to-day expenses necessary to maintain the office space in reasonable working condition, as determined by the Department Office overseeing the grant. Rent is not considered an Operational Utility, and Grantee is required to disclose its landlord or lessor to the Department even if Grantee uses the rented space for more than performance of this Agreement.
- 29.4 Order to Surrender. An order to surrender equipment and/or supplies purchased with Grant Funds for the purpose of carrying out the Award.
- 29.5 Party. A signatory to this Agreement. A subcontractor or sub-grantee is not considered a Party
- 29.6 Subcontractor. A third party, not a party to this Agreement, who provides or tenders goods of any kind, or performs services of any kind, for the Grantee relating to the work or services performed under this Agreement.
- 29.7 Subcontractor and Sub-grantee Authorization Form. The form a Grantee is required to submit when requesting the Department's written consent to utilize the services of a subcontractor (other than an Operational Utility) or sub-grantee. The use of subcontractors and sub-grantees is prohibited until the Grantee has submitted this form and received written approval from the Department, even if subcontractors or sub-grantees are listed in an approved budget. Use of a subcontractor or sub-grantee without the Department's prior written approval may be considered a material breach of the performance required by this Agreement and may result in termination of the Agreement. The Subcontractor and Sub-grantee Authorization Form may be submitted at any time before or during the term of the Agreement, and may be submitted as often as needed when new subcontractors and sub-grantees are identified.
- 29.8 Sub-grantee. A third party, not a party to this Agreement, who performs services on behalf of the Grantee in furtherance of Grantee's performance of the services described herein during the term of this grant.

ARTICLE XXX EXPENDITURE, BILLING, AND MANAGEMENT OF FUNDS

- 30.1. The Grantee will expend Grant Funds awarded under this Agreement in accordance with the Budget approved and on file with the Department. Departmental approval of a budget including subcontractors or sub-grantees, even if the subcontractors or sub-grantees are identified by name,

does not constitute Prior Approval for the use of such services or the expenditure of reimbursable funds for such services. Grantee shall utilize a Subcontractor and Sub-grantee Authorization Form to obtain Prior Approval pursuant to Section 17.1 of **PART ONE**. Expenditures made to subcontractors and sub-grantees shall not be reimbursed if services are provided before the Department grants Prior Approval for the use of such subcontractors or sub-grantees.

- 30.2. Pursuant to Section 23.1 of **PART ONE**, and 2 CFR 200.421(e), Grantee and any approved sub-grantees shall not expend any Grant Funds for promotional items. Promotional items include but are not limited to: calendars, pens, buttons, pins, magnets, gift cards, posters, and stationery. If the Department has not granted prior written permission to expend Grant Funds for promotional items, expenditures for promotional items shall not be reimbursed.
- 30.3. Cash Management Improvement Act of 1990. Pursuant to Section 4.4 of **PART ONE**, federal funds received under this Agreement shall be managed in accordance with the Cash Management Improvement Act of 1990 (31 USC §6501 et seq.) and any other applicable federal laws or regulations.

ARTICLE XXXI GRANT FUND CONTROL REQUIREMENTS

- 31.1. Discretionary Audit. The Department may, at any time, and at its sole discretion, require a financial audit, a grant-specific audit, or any other audit, Management Letter and SAS 114 letter to be delivered within thirty (30) days of the Grantee's receipt of such audit report, but in no event later than nine (9) months following the end of the period for which the audit was performed.
- 31.2. Reporting Requirements. In addition to any other documents specified in this Agreement, the Grantee must submit the following reports and information in accordance with the provisions hereof.
- 31.2.1 Expenditures and Project Activity Prior to Grant Execution. If a recipient or subrecipient incurs expenses related to the grant award prior to the execution of the Agreement but within the Term of the Agreement and the Agreement is executed more than thirty (30) days after the effective date of the Agreement, the recipient or subrecipient must submit to the Department a report that accounts for eligible grant expenditures and project activities, in a format provided by the Department, within thirty (30) days of the execution of the Agreement. The report must account for eligible grant expenditures and project activities incurred from the effective date of the Agreement up to and including the date of the execution of the Agreement. Only those expenses that are reasonable, allowable, and in furtherance of the purpose of the grant award shall be reimbursed. If this report is required, the Department will not disburse any Grant Funds until the report is received and approved by the Department. 30 ILCS 708/125.
- 31.2.2 Additional Information: Upon request by the Department, the Grantee must, within the time directed by the Department, submit additional written reports regarding the project, including, but not limited to, materials sufficient to document information provided by the Grantee.
- 31.2.3 CYEFR. CYEFR must be filed pursuant to the requirements of Section 13.3 of **PART ONE**.
- 31.2.4 Required Periodic Performance Reports. Pursuant to the requirements of Section 14.1 of **PART ONE** and Section E.2 of **EXHIBIT E**, Performance Reports shall be submitted quarterly. The first of such reports shall cover the first 3 months after the Award begins. Pursuant to 2 CFR 200.328, periodic Performance Reports shall be submitted no later than 30 calendar days following the period covered by the report. Failure to submit such required

Performance Reports may cause a delay or suspension of funding. 30 ILCS 705/1 et seq.

- 31.3. Grant Instructions Upon execution of this Agreement, the Grantee will receive Grant Instructions detailing reporting requirements and procedures relating to the Award. The Grant Instructions are hereby incorporated into this Agreement. Grantee is obligated to comply with the Grant Instructions and any revisions thereto in accordance with Section 13.1 of **PART ONE**. Failure to comply with the reporting requirements may be considered a material breach of the performance required by this Agreement and may result in termination of the Agreement pursuant to Section 13.1 of **PART ONE** and initiation of proceedings to recover all Grant Funds disbursed to the Grantee.
- 31.4. Due Diligence in Expenditure of Grant Funds Grantee shall ensure that Grant Funds are expended in accordance with the following principles: (i) grant expenditures should be made in accordance with generally accepted sound business practices, arms-length bargaining, applicable federal and state laws and regulations; (ii) grant expenditures should conform to the terms and conditions of this Agreement and be actual and necessary expenditures; (iii) grant expenditures should not exceed the amount that would be incurred by a prudent person under the circumstances prevailing at the time the decision is made to incur the costs; and (iv) grant accounting should be consistent with generally accepted accounting principles.
- 31.5. Conflict of Interest An actual or potential Conflict of Interest between Grantee and sub-grantee(s) or subcontractor(s) existing prior to execution of this Agreement must be disclosed to the Department as part of the grant application. An actual or potential Conflict of Interest between Grantee and sub-grantee(s) or subcontractor(s) arising after execution of this Agreement must be disclosed to the Department within ten (10) days of discovery. Grantee must obtain express written permission to work with a sub-grantee or subcontractor with whom it has an actual or potential Conflict of Interest. Failure to obtain such express written permission may be considered a material breach of the Agreement and may result in termination of the Agreement and initiation of proceedings to recover all Grant Funds disbursed to the Grantee.

ARTICLE XXXII INCORPORATED ATTACHMENTS

- 32.1. Grant Application. The Uniform Grant Application submitted by Grantee will be final and is incorporated herein. However, a revised Uniform Grant Application is incorporated if submitted to Grantor and thereafter approved.
- 32.2. Goals, Objectives, and Activities. The goals, objectives, and activities agreed to by Grantee as part of the Uniform Grant Application are final and are incorporated herein as requirements. However, revised goals, objectives, and activities are incorporated if submitted to Grantor and thereafter approved.
- 32.3. Additional Incorporated Attachments. The State's Notice of Award is incorporated herein by reference. The Budget submitted by Grantee at application, or a revised Budget subsequently submitted and approved by Grantor, is considered final and is incorporated herein as an attachment.

ARTICLE XXXIII GENERAL PROVISIONS

- 33.1. Audit/Retention of Subcontractor and Sub-grantee Records (30 ILCS 500/20-65) If any of the services to be performed under this Agreement are subcontracted and/or if sub-grants are issued/awarded for the expenditure of Grant Funds provided under this Agreement, the Grantee shall include in all such

subcontracts and sub-grants, a provision that the Department, the Attorney General, the Office of Inspector General, the Auditor General of the State of Illinois, or any of their duly authorized representatives, will have full access and the right to examine any and all of subcontractor's or sub-grantee's grant-related documents, equipment, papers, or records, whether in hard copy or electronic, which support Grantee's performance of services under this Agreement for a period of three (3) years following the Department's final approval of all required close-outs (financial and/or programmatic). Further, any such subcontractor or sub-grantor shall be governed by the same requirements as those the Grantee is subject under this Agreement.

- 33.2. Time is of the Essence Time is of the essence with respect to Grantee's performance of this Agreement. Grantee shall continue to perform its obligations while any dispute concerning the Agreement is being resolved unless otherwise directed by the State.
- 33.3. Force Majeure Failure by either Party to perform its duties and obligations will be excused by unforeseeable circumstances beyond its reasonable control and not due to its negligence including acts of nature, acts of terrorism, riots, labor disputes, fire, flood, explosion, and governmental prohibition. The non-declaring Party may cancel the Agreement without penalty if performance does not resume within thirty (30) days of the declaration.
- 33.4. Confidential Information In addition to the requirements of Section 26.10 of **PART ONE**, In addition to the requirements of Section 26.10 of PART ONE, each Party, including its agents and sub-grantees, to this Agreement may have or gain access to confidential data, or information owned or maintained by the other Party in the course of carrying out its responsibilities, under this Agreement. Grantee shall presume all information received from the State or to which it, gains access pursuant to this Agreement is confidential. Grantee information, unless clearly marked, as confidential and exempt from disclosure under the Illinois Freedom of Information Act, shall be, considered public. No confidential data collected, maintained, or used in the course of performance of, the Agreement shall be disseminated except as authorized by law and with the written consent of the, disclosing Party, either during the Term of the Agreement or thereafter. The receiving Party must, return any and all data collected, maintained, created or used in the course of the performance of the, Agreement, in whatever form it is maintained, promptly at the end of the Agreement, or earlier at the, request of the disclosing Party, or notify the disclosing Party in writing of its destruction. The foregoing, obligations shall not apply to confidential data or information lawfully in the receiving Party's, possession prior to its acquisition from the disclosing Party; received in good faith from a third-party, not subject to any confidentiality obligation to the disclosing Party; or which later becomes publicly, known through no breach of confidentiality obligation by the receiving Party; or is independently, developed by the receiving Party without the use or benefit of the disclosing Party's confidential, information.
- 33.5. Use and Ownership
- 33.5.1 Intellectual Property Rights. All work performed or supplies created by Grantee under this Agreement, whether written documents or data, goods, or deliverables of any kind, shall be deemed work-for-hire under copyright law and all intellectual property and other laws, and the State of Illinois is granted sole and exclusive ownership to all such work, unless otherwise agreed in writing. Grantee hereby assigns to the State all rights, title, and interest in and to such work including any related intellectual property rights, and/or waives any and all claims that Grantee may have to such work including any so-called "moral rights" in connection with the work. Grantee acknowledges the State may use the work product for any purpose. Confidential data or information contained in such work shall be subject to confidentiality provisions of this Agreement.

33.5.2 Equipment and Supplies. Equipment and supplies authorized to be purchased with Grant Funds becomes the property of the Grantee so long as the equipment and supplies are not diverted from the purposes for which the Award was made. Pursuant to Section 22.1 of **PART ONE**, if Grantee has not met the conditions of 2 CFR 200.439(a), or if Grantor determines that equipment and supplies purchased with Grant Funds are unrelated to performance of the Agreement, Grantee shall be required to transfer such equipment and title thereto to Grantor. Grantee will maintain an inventory or property control record for all equipment and supplies purchased with Grant Funds. During the grant term, the Grantee must: (i) use equipment and supplies acquired with Grant Funds only for the approved project purposes set forth in **EXHIBITS A AND B**; (ii) provide sufficient maintenance on the equipment and supplies to permit achievement of the approved project purposes. The Grantee is prohibited from selling, transferring, encumbering (other than original financing) or otherwise disposing of said equipment or material during the Term without prior written approval of the Department. All Grantee actions involving equipment and supplies shall be in compliance with the applicable State and federal law.

33.5.3 Order to Surrender Equipment and/or Supplies.

33.5.3.1 The Department may issue to the Grantee an Order to Surrender any or all of the equipment and/or supplies in any of the following situations:

33.5.3.1.1. The equipment and/or supplies are no longer being used for the purpose for which the Award was made;

33.5.3.1.2. The Grantee ceases to exist;

33.5.3.1.3. The equipment and/or supplies are improperly maintained, used, tracked or stored;

33.5.3.1.4. Responsibility for carrying out the purpose of the Award has been transferred to another entity;

33.5.3.1.5. The Agreement has been suspended or terminated;

33.5.3.1.6. The Grantee has failed to comply with any provision of the Agreement; or

33.5.3.1.7. Any other reason determined by the Department.

33.5.3.2. In the event the Department issues an Order to Surrender, the Grantee shall, pursuant to the terms of the Order to Surrender:

33.5.3.2.1. Within thirty (30) days of issuance of the Order to Surrender, or sooner if specified by the Order to Surrender, present to the Department or any other entity identified by the Department, all or any of the equipment and supplies purchased or financed with Grand Funds as specified by the Order to Surrender;

33.5.3.2.2. Within ninety (90) days of issuance of the Order to Surrender, or sooner if specified by the Order to Surrender, refund to the Department all or any part of the amount of the Grant Funds; and

33.5.3.2.3. Take any other action as specified in the Order to Surrender.

33.5.4 Authority to Inspect.

The Department reserves the right to inspect any equipment or supplies (as well as the inventory or property control records described above) authorized to be purchased, acquired, or used by the Grantee under this Agreement for verification of its physical condition, usage, management or intended disposal or liquidation at any time. Should the inspection be unsatisfactory to the Department or should the Grantee refuse Department's authority to conduct an inspection, the Department may take ownership

and title in said equipment by issuing an Order to Surrender.

33.5.5 Survival.

All obligations regarding use and ownership of any equipment or supplies purchased or financed under the Agreement shall survive the termination of this Agreement.

33.6. Solicitation and Employment

Grantee shall not employ any person employed by the State during the term of this Agreement to perform any work under this Agreement. Grantee shall give notice immediately to the Department's Director if Grantee solicits or intends to solicit State employees to perform any work under this Agreement.

33.7. Background Check

Whenever the State deems it reasonably necessary for security reasons, the State may conduct, at its expense, criminal and driver history background checks of Grantee's, sub-grantee's and subcontractor's officers, employees or agents. Grantee, sub-grantee, or subcontractor shall immediately remove any such individual who, in the opinion of the State, does not pass the background checks from any work relating to the services performed under this Agreement.

33.8. Performance Record/Suspension

Upon request of the Department, Grantee shall meet to discuss performance or provide Agreement performance updates to help ensure proper performance of the Agreement. The Department may consider Grantee's performance and compliance with all applicable laws, under this or any other current grant agreement with the Department, in determining whether to continue the Agreement and assessing Grantee's eligibility to receive future grants. After due consideration of any non-performance or non-compliance with the requirements outlined in the Grant Instructions, including failure to perform or comply, under this Agreement or any other current grant agreement with the Department, the Department may, at its sole discretion, immediately suspend this Agreement or any other current grant agreement between Grantee and the Department. Suspension under this Section shall be effective upon Grantee's receipt of notice.

33.9. Termination for Cause

The Department may terminate this Agreement, in whole or in part, if: (i) the Grantee commits any illegal act; (ii) the Grantee breaches any material term, condition, or provision of this Agreement or is in material violation of a provision of this Agreement; (iii) the Department determines that the Grantee lacks the financial resources to perform this Agreement; (iv) the Department determines that the actions or inactions of the Grantee, its agents, employees, subcontractors, or sub-grantees have caused, or reasonably could cause, jeopardy to health, safety, or property; (v) the Grantee has notified the Department that it is unable or unwilling to perform the Agreement; (vi) the Department has reasonable cause to believe that the Grantee cannot lawfully perform the Agreement; or (vii) the Grantee's performance under any other current grant agreement causes the Department to reasonably believe that the Grantee is unable to perform the Agreement.

Termination under this section, whether in whole or in part, shall be effective upon Grantee's receipt of notice. For termination due to any of the causes contained in this Section, the Department retains its rights to seek any available legal or equitable remedies and damages.

33.10 Federal Whistleblower Protections

The federal whistleblower protections of 41 USC §4712 apply to all Grantee employees, contractors, and sub-grantees working in relation to this Agreement. Grantee certifies that in accordance with the Pilot Program for Enhancement of Contractor Employee Whistleblower Protections, Grantee will (i) inform its employees working on this grant that they are subject to the whistleblower rights and

remedies of the pilot program; (ii) inform its employees in writing of employee whistleblower protections under 41 USC §4712 in the predominant native language of the workforce; and (iii) include this certification and requirements in any agreement made with a contractor or sub-grantee.

33.11 Renewal. This Agreement may be renewed for additional periods .

33.11.1. Only if permitted above in Paragraph 33.11, this Agreement may be renewed for additional periods not to exceed 3 years including the initial term when in the best interest of the State, by mutual consent of the Parties, expressed in writing and signed by the Parties. This Agreement may neither renew automatically nor renew solely at the Grantee's option. Any renewal of this Agreement is subject to the same terms and conditions as the original Agreement.

33.11.2. This Agreement is a Non-Competitive grant subject to the following applicable renewal requirements and limitations:

33.11.2.1.Competitive Grants. Competitive grants may be awarded to successful applicants for up to 3 years (one-year initial term with the option to renew for up to 2 additional years) if:

33.11.2.1.1.The initial Notice of Funding Opportunity (NOFO) and the Catalog of State Financial Assistance (CSFA) set forth the possible renewal options and the annual grantee requirements to renew;

33.11.2.1.2.The grant program and Grantee meet the requirements set forth in 44 Ill. Admin. Code 7000.110(b); and

33.11.2.1.3.A separate budget is provided by Grantee for each year of the grant program.

33.11.2.2.Non-Competitive Grants. Non-competitive grants may be awarded for up to 3 years including the initial term if a separate budget is provided by Grantee for each year of the grant program.

33.12 Records Retention. All documentation required to be maintained by Grantee pursuant to Section 12.1 of **PART ONE** must be contemporaneously created. Grantee shall promptly provide additional supporting documentation upon Grantor's request. A lack of adequate contemporaneously created documentation is grounds for denial of payment or reimbursement, recovery of previously paid funds, imposition of corrective action for this Agreement, and/or imposition of specific conditions, including on any future grants awarded to Grantee by the Department, as appropriate.

ARTICLE XXXIV AUTHORITY

- 34.1 The Department is authorized to make this grant pursuant to : Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended and Illinois Statute Authorization 20 ILCS 2310/2310-25.
- 34.2 The Department is making this grant pursuant to appropriation number(s) : 063-482-1900-0100
- 34.3 The Department is making this grant pursuant to federal grant number(s) : IP19-1901.NH23 Immunization and Vaccines for Children

PART THREE – THE PROJECT-SPECIFIC TERMS

In addition to the uniform requirements in **PART ONE** and the Grantor-Specific Terms in **PART TWO**, the Grantor has the following additional requirements for this Project: