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## CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center  
1776 E. Washington  
Urbana, IL 61802

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

### Champaign County Board of Health

Tuesday, August 16, 2011  
6:00 PM

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

### AGENDA

<u>ITEM</u>	<u>PAGE NO.</u>
A. Call to Order	
B. Roll Call	
C. Approval of Agenda/Addenda	
D. Approval of Minutes	
1. July 19, 2011	*1-3
E. Public Participation on Agenda Items Only	
F. Correspondence and Communications	
G. Smile Healthy	
1. Monthly Report – July 2011	*4-5
H. CUPHD	
1. Approval of CUPHD Invoice for May 2011 Services	*6-13
2. Approval of CUPHD Invoice for June 2011 Services	*14-23
3. Invoice from State's Attorney's Office regarding the Ramos Case	*24-25
4. CUPHD Monthly Division Reports – June 2011	
Reports can be viewed at: <a href="http://www.c-uphd.org/monthly-reports.html">http://www.c-uphd.org/monthly-reports.html</a>	
a. Administrative Training	
b. Environmental Health	
c. Human Resources	
d. Infectious Disease	
e. Maternal & Child Health	
f. Wellness & Health Promotion	
I. Other Business	
1. Approval of FY2012 County Board of Health Budget	
J. Approval of Closed Session Minutes	
1. July 19, 2011	*26-27
K. Public Participation on Non-Agenda Items Only	
L. Adjournment	

1 CHAMPAIGN COUNTY BOARD OF HEALTH

2  
3 Tuesday, July 19, 2011

4  
5 **Call to Order**

6  
7 The Board of Health (BOH) held a meeting on July 19, 2011 in the Lyle Shields Meeting  
8 Room at the Brookens Administrative Center, 1776 East Washington, Urbana. The meeting was  
9 called to order at 6:06 p.m. by President Bobbi Scholze.

10  
11 **Roll Call**

12  
13 Board members present at the time of roll call were Stan James, John Peterson, Michael  
14 Ruffatto, Bobbi Scholze, Betty Segal, and David Thies.

15  
16 The absent Board member was Prashanth Gowda.

17  
18 Also present were Kat Bork (Board of Health Administrative Assistant), Deb Busey  
19 (County Administrator), Nancy Greenwalt (Smile Healthy Executive Director), and Julie Pryde  
20 (CUPHD Administrator).

21  
22 **Approval of Agenda/Addendum**

23  
24 **MOTION** by James to approve the agenda and addendum; seconded by Peterson. **Motion**  
25 **carried with unanimous support.**

26  
27 **Approval of Minutes**

28  
29 **MOTION** by Thies to approve the May 31, 2011 and June 21, 2011 minutes; seconded by  
30 Segal. **Motion carried with unanimous support.**

31  
32 **Public Participation on Agenda Items Only**

33  
34 There was no public participation over the agenda items.

35  
36 **Correspondence and Communications**

37  
38 There was no correspondence or communications.

39  
40 **Smile Healthy**

41  
42 **MOTION** by James to receive and place on file the Smile Healthy monthly reports for May  
43 2011 and June 2011; seconded by Segal.

44  
45 Greenwalt announced that Smile Healthy will offer free dental exams for children at the  
46 Bethany Park in Rantoul on the second Saturday in August.

47  
48 **Motion carried with unanimous support.**

50 **CUPHD**

51 **Approval of CUPHD Invoice – April 2011**

52  
53 **MOTION** by Peterson to approve payment of the CUPHD invoice for April 2011; seconded  
54 by Segal. **Motion carried with unanimous support.**

55  
56 **CUPHD Monthly Division Reports**

57  
58 Pryde announced that CUPHD was offering a summer food program and a farmer's market  
59 at on Saturdays in their parking lot. CUPHD is a cooling center in the community. CUPHD was  
60 chosen as a model practice by the National Association of County and City Health Officials  
61 (NACCHO). They will be presenting at a NACCHO conference as a connector site.

62  
63 Scholze sent an email to the Board commending Pryde and Joel Fletcher of the State's  
64 Attorney on their work and persistence about the Cherry Orchard Apartments situation. Pryde  
65 acknowledged that Joel Fletcher has been amazing in learning about septic systems in a short time  
66 to make his arguments in court. Scholze appreciated all the work Pryde's agency has put into this  
67 ongoing case to help the apartment residents.

68  
69 **MOTION** by James to receive and place on file the CUPHD Monthly Divisions Reports for  
70 May 2011; seconded by Thies. **Motion carried with unanimous support.**

71  
72 **FY2012 Budget**

73  
74 Pryde announced Andrea Wallace was still on leave and will return in August. Busey and  
75 Pryde confirmed none of the budget figures have changed since last month. Pryde agreed to  
76 provide the budget objectives and performance indicators. The Board talked last month about the  
77 objectives largely being derived from Environmental Health. Those summaries have to be done by  
78 mid-August to be included in the budget document. Busey confirmed that this year the BOH budget  
79 would be reviewed by a panel of two County Board members instead of being presented in  
80 Legislative Budget Hearings with the full County Board.

81  
82 Pryde stated they will have access to students' BMI data from schools via a system called I-  
83 Care. Head Start has already made its students' BMI data available and this has been useful.

84  
85 Scholze asked Pryde and Greenwalt if they could suggest an indicator to measure the  
86 progress of dental health in Champaign County. Pryde spoke about the benefits of the preventative  
87 work being done, like sealants and fluoride treatments. Pryde will put some public health indicators  
88 together for a snapshot of Champaign County including dental, BMI, immunizations, and  
89 communicable diseases. Scholze thought the data could be used for advocacy.

90  
91 James requested the attorney fees line in FY2012 be increased to \$2,500 as the Board  
92 discussed at its last meeting. He wanted to increase the expenditure line in case more attorney  
93 services are needed. He would rather have the money available and not used in the end, than have  
94 an insufficient budget. The Board agreed to increase the FY2012 attorneys fees line to \$2,500.  
95 Busey said the Board can wait until August to approve the final budget in response to James's

96 question. He wanted to look through the numbers again. Pryde asked the BOH to email her any  
97 specific questions and she will send them to Andrea Wallace.

98  
99 James inquired about water testing. Pryde answered that they have referred a lot of people  
100 to a cheaper testing service than what CUPHD offers. The neighbors of Cherry Orchard  
101 Apartments did come in to have their water tested. The results have been received yet.

102  
103 **Other Business**  
104 **Election of Officers**

105  
106 **MOTION** by James to elect Scholze as President; seconded by Peterson. **Motion carried**  
107 **with unanimous support.**

108  
109 **MOTION** by James to elect Peterson as Treasurer; seconded by Segal. **Motion carried**  
110 **with unanimous support.**

111  
112 **MOTION** by James to elect Segal as Secretary.

113  
114 The Board discussed the responsibilities of the Secretary officer. The motion was seconded  
115 by Thies. **Motion carried with unanimous support.**

116  
117 **Closed Session Pursuant to 5 ILCS 12012 (c)11 to Consider Litigation When an Action Against,**  
118 **Affecting, or on Behalf of the Particular Body Has Been Filed & is Pending in Court or an Action is**  
119 **Probable or Imminent**

120  
121 **MOTION** by James to enter into a closed session pursuant to 5 ILCS 12012(c)11 to  
122 consider litigation when an action against, affecting, or on behalf of the particular body has been  
123 filed and is pending in court or an action is probable or imminent. He further moved the following  
124 individuals remain present: the Recording Secretary, County Administrator, and CUPHD  
125 Administrator. The motion was seconded by Thies. **Motion carried with a roll call vote of 6 to 0.**  
126 James, Peterson, Ruffatto, Scholze, Segal, and Thies voted in favor of the motion. The Board  
127 entered into closed session at 6:35 p.m. and resumed open session at 6:59 p.m.

128  
129 **Public Participation on Non-Agenda Items Only**

130  
131 There was no public participation on non-agenda items.

132  
133 **Adjournment**

134  
135 The meeting was adjourned at 7:00 p.m.

136  
137 Respectfully submitted,

138  
139 Kat Bork  
140 Board of Health Administrative Assistant

141  
142 *Secy's note: The minutes reflect the order of the agenda and may not necessarily reflect the order of business at the meeting.*



**Champaign County Board of Health  
Monthly Report for July 2011, FY11**

Total Number of Patients Seen From All Programs this month: **115**

Total Number of Unique Patients In BOH Fiscal Year 2011: **1339**

Breakdown of current month patients for all programs by town.

- Champaign: **35**
- Homer: **3**
- Ludlow: **1**
- Mahomet: **3**
- Ogden: **3**
- Penfield: **2**
- Rantoul: **22**
- Royal: **1**
- Sadorus: **1**
- Savoy: **6**
- Sidney: **2**
- St. Joseph: **5**
- Tolono: **6**
- Urbana: **19**
- Other: **6**

Clinic Events

- July 7, 2011 - Thursday, Rantoul Head Start
- July 11, 2011 - Monday, Rantoul Head Start
- July 14, 2011 - Thursday, Rantoul Head Start
- July 18, 2011 - Monday, Rantoul Head Start
- July 19, 2011 - Frances Nelson @ Carle Building,
- July 21, 2011 - Thursday, Christian Health Center, CDAP Day
- July 25, 2011 - Monday, Savoy Head Start
- July 26, 2011 - Tuesday, Frances Nelson @ Carle Building
- July 28, 2011 - Thursday, St. Patrick's Church, Urbana

Education and Outreach

**July 6** First Presbyterian Church, Don Moyer's Boys and Girls Club, A staff hygienist presented dental education to **20 children**.

**July 11** First Presbyterian Church, Don Moyer's Boys and Girls Club, A staff hygienist presented dental education to **22 children**.

**July 12** Provena Hospital, Family Nutrition and Dental Referral Program, A staff hygienist along with a UI Extension member presented dental education and supplies to **4 adults**.

**July 28** Provena Hospital, Family Nutrition and Dental Referral Program, staff hygienist and UI Extension member presented dental education and supplies to **8 adults**.

**SmileHealthy** – formerly Central Illinois Dental Education and Services (CIDES)  
Head Start Dental Clinic . Mobile Dental Clinics . Child Dental Access Program . Dental Health Education  
PO Box 154, Champaign, IL 61824-0154 – phone 217.359.7404 – fax: 217.352-9745  
[www.smilehealthy.org](http://www.smilehealthy.org)

**SmileHealthy**  
Champaign County Board of Health  
Fiscal Year 2011 Report

	Dec 10	Jan 11	Feb 11*	March 11	April 11	May 11	June 11	July 11	Aug 11	Sep 11	Oct 11	Nov 11	Total
Bondville													0
Broadlands													0
Champaign	38	47	57	44	62	72	45	35					400
Dewey													0
Fisher			2		1								3
Foosland													0
Gifford						3							3
Homer					1	2	2	3					8
Ivesdale													0
Ludlow		2	1	2		1		1					7
Mahomet		1	18	5	5	8	5	3					45
Ogden		2						3					5
Penfield								2					2
Pesotum			2										2
Philo		5		1	1								7
Rantoul	57	36	51	31	48	47	40	22					332
Royal						1		1					2
Sadorus		1	1	1		2	1	1					7
Savoy	2	6	22	10	10	7	5	6					68
Seymour													0
Sidney		12	1		3	1	2	2					21
St. Joseph	2	3	7	1	2	41	6	5					67
Thomasboro	21	1	2	2	1	1							28
Tolono	1	29	1	3	4	3	5	6					52
Urbana	11	32	47	27	35	47	17	19					235
Other/Unk	2	2	392	16	9	2	4	6					433
<b>Total</b>	<b>134</b>	<b>179</b>	<b>604</b>	<b>143</b>	<b>182</b>	<b>238</b>	<b>132</b>	<b>115</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

**Total Unique**

**Patients in FY**      134      299      849      913      988      1176      1264      1339

**Education**

**Contacts**      698      772      944      1574      1386      952      175      44      6545

Champaign and Urbana children seen either live outside city limits and are county residents or are part of the Head Start program and paid for by Medicaid or other funding.

\*Feb will include patients from Give Kids A Smile with C-UPHD and IDDS.

Invoice Number:	1106
Date of Invoice:	August 5, 2011
Billing Period:	May-11

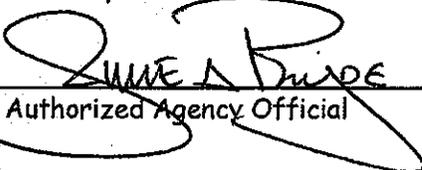
To:  
Champaign County Public Health Department  
1776 East Washington Street  
Urbana, Illinois 61802

For the Following Expenses:

533.07 Professional Services - LHPG Communicable Disease	\$	3,578.83
533.07 Professional Services - LHPG Disease Intervention	\$	5,055.34
533.07 Professional Services - LHPG Hepatitis	\$	726.09
533.07 Professional Services - LHPG Tuberculosis	\$	2,796.84
533.07 Professional Services - LHPG Food	\$	13,402.08
533.07 Professional Services - LHPG Water	\$	4,714.33
533.07 Professional Services - LHPG Sewage	\$	5,125.08
533.07 Professional Services - Vital Statistics	\$	210.08
533.07 Professional Services - Administration	\$	12,096.67
533.07 Professional Services - PHEP Grant	\$	3,914.25
533.07 Professional Services - TFC Grant	\$	3,847.48
533.07 Professional Services - Smoke-Free IL Citation Fee Reimb.	\$	-
533.07 Professional Services - West Nile Virus Grant	\$	-
533.07 Professional Services - County Well Water Testing	\$	163.88
533.07 Professional Services - IPLAN	\$	-
<b>Total Amount Due to CUPHD per Contract</b>	<b>\$</b>	<b>55,630.95</b>

**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

Champaign-Urbana Public Health District  
 County Contract Journal Entry  
 May 31, 2011

Name	Revenue Code	Amount	Total
<b>County Contract</b>			
	County Contract	47,705.34	
			47,705.34
(See Allocation sheet for breakdown)			
<b>PHEP Grant (May)</b>			
	1215.1CC	3,611.94	
	1215.2CC	284.73	
	1215.4CC	17.58	
			3,914.25
<b>TFC Grant (May, no Match included)</b>			
	1420.1CC	3,506.43	
	1420.2CC	268.76	
	1420.4CC	72.29	
			3,847.48
<b>Smoke-Free IL Citation Fee Reimbursement</b>			
	SFI.CC		
			-
<b>West Nile Virus Grant</b>			
	7330.1CC		
	7330.2CC		
	7330.4CC		
			-
<b>County Well Water Testing (May)</b>			
	7411.1CC	153.42	
	7411.2CC	10.01	
	7411.4CC	0.45	
			163.88
<b>IPLAN</b>			
			-
<b>Total Amount Due</b>			<b>55,630.95</b>

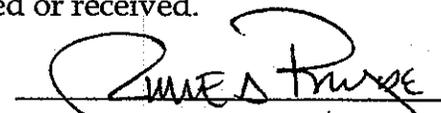
**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 7/27/2011  
 Preparer's Name: Esther Thomas  
 Preparer's Phone: 217-531-4262

Grant Number: 07181009  
 Program Name: PHEP BP10 EXTENSION  
 Billing Period: May-11  
 Preparer's Email: ethomas@c-uphd.org

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Amount Matched / In-Kind from LHD
Subtotal Salaries and Wages			\$2,463.91	\$0.00
Subtotal Fringe Benefits			\$1,019.29	\$0.00
Subtotal Contractual			\$2.29	\$0.00
Subtotal Travel			\$348.76	\$0.00
Subtotal Commodities			\$0.00	\$0.00
Subtotal Printing			\$0.00	\$0.00
Subtotal Equipment			\$0.00	\$0.00
Subtotal Telecommunications			\$80.00	\$0.00
<b>Grand Total (Page Total)</b>			<b>\$3,914.25</b>	<b>\$0.00</b>
Adjustment to total		<b>Adjusted total</b>		

**CERTIFICATION:** The undersigned hereby certifies that the goods and/or services claimed above are necessary expenditures for the in the Department's approved budget (when a budget was requested and approved), that appropriate purchasing procedures have been followed, that payment has been made as indicated and that reimbursement has not previously been requested or received.

Authorized Grantee Official  Date 07/27/11

Illinois Department of Public Health, Office of Preparedness and Response Use only
Control Number _____ Processing date _____



**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 7/27/2011

Grant Number: 07181009  
 Program Name: PHEP BP10 EXTENSION  
 Billing Period: May-11

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Amount Matched / In-Kind by LHD
<b>Fringe Benefits</b>				
Retirement	IMRF	5/1/11-5/31/11	\$284.73	
Social Security	FICA/Medicare	5/1/11-5/31/11	\$169.02	
Group Insurance	Health, Life, Worker's Comp & Unemployment	5/1/11-5/31/11	\$565.54	
<b>Subtotal Fringe Benefits</b>			\$1,019.29	\$0.00
<b>Contractual</b>				
R.K. Dixon Co.	Copying	5/1/11-5/31/11	\$1.85	
USPS/Pitney Bowes	Postage	5/1/11-5/31/11	\$0.44	
<b>Subtotal Contractual</b>			\$2.29	\$0.00



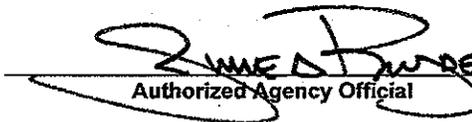
**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
**Office of Health Promotion**  
**REIMBURSEMENT CERTIFICATION / EXPENDITURE FORM**

Fiscal Contact Person: Esther Thomas  
 Telephone Number: 217-531-4262  
 Email Address: esthomas@c-uphd.org  
 Date Submitted: 06/23/11

Please submit reimbursements to: IL Dept. of Public Health, Office of Health Promotion,  
 Attn: Paula Mitchell, 535 W. Jefferson Street, 2nd Floor, Springfield, IL 62761 or email to:  
paula.l.mitchell@illinois.gov

		<i>In the box below, please enter reimbursement amounts submitted for your FY11 grant.</i>											
<b>Agency Name:</b>	<b>Champaign County Public Health Department</b>	\$0.05	July	\$1,560.19	October	\$1,631.70	January	\$4,776.82	April				
<b>FEIN #:</b>	<b>37-6006910</b>	\$66.33	August	\$948.83	November	\$2,196.23	February	\$3,847.48	May				
<b>Grant #:</b>	<b>13281009</b>	\$337.24	September	\$1,428.62	December	\$5,077.81	March		June				
<b>Program Name:</b>	<b>Illinois Tobacco-Free Communities</b>												\$21,871.30 YTD
		<b>Billing Period:</b>		<b>May-11</b>									
Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from DPH	Component(s) (Specify)									
<b>Personal Services (Salary &amp; Wages)</b>													
Nikki Hillier	Program Coordinator	5/1/11-5/30/11	\$983.86										
Jennifer Jackson	Health Educator II	5/1/11-5/30/11	\$1,522.68										
<b>Total Personal Services</b>			\$2,506.54										
<b>Fringe Benefits</b>													
FICA	FICA	5/1/11-5/30/11	\$170.77										
IMRF	IMRF	5/1/11-5/30/11	\$268.76										
Health Insurance	Health Insurance	5/1/11-5/30/11	\$20.50										
Life Insurance	Life Insurance	5/1/11-5/30/11	\$1.64										
Illinois Unemployment Comp.	Illinois Unemployment Compensation	5/1/11-5/30/11	\$16.79										
Workmen's Compensation	Workmen's Compensation	5/1/11-5/30/11	\$55.50										
<b>Total Fringe Benefits</b>			\$533.96										
<b>Contractual Services</b>													
<b>Total Contractual</b>			\$0.00										
<b>Travel</b>													
Nikki Hillier	Mileage - Schools	5/1/11-5/30/11	\$49.98										
Jennifer Jackson	Mileage - Schools	5/1/11-5/30/11	\$51.00										
<b>Total Travel</b>			\$100.98										
<b>Printing</b>													
<b>Total Printing</b>			\$0.00										
<b>Supplies</b>													
GlaxoSmithKline	Nicotine Patches	5/1/11-5/30/11	\$706.00										
<b>Total Supplies</b>			\$706.00										
<b>Grand Total</b>			\$3,847.48										

*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

06-23-11  
 Date

County Well Water Testing  
May 2011

	May-11
<b>A. PERSONAL SERVICES</b>	
Jeff Blackford	\$57.25
Tammy Hamilton	\$21.73
<b>Total Personal Services</b>	<b>78.98</b>
<b>B. FRINGE BENEFITS</b>	
FICA	5.94
IMRF	10.01
Health Insurance	12.95
Life Insurance	0.06
Illinois Unemployment Comp.	-
Workmen's Compensation	0.45
<b>Total Fringe Benefits</b>	<b>29.41</b>
<b>Total Personal Services &amp; Fringe Benefits</b>	<b>108.39</b>
<b>C. CONTRACTUAL SERVICES</b>	
Printing	0.07
Postage	18.38
Water Sample Test	35.00
<b>Total Contractual Services</b>	<b>53.45</b>
<b>D. SUPPLIES</b>	
<b>Total Supplies</b>	<b>-</b>
<b>E. TRAVEL</b>	
Mileage	2.04
<b>Total Travel</b>	<b>2.04</b>
<b>F. EQUIPMENT</b>	
<b>Total Equipment</b>	<b>-</b>
<b>Total</b>	<b>163.88</b>

Invoice Number:	1107
Date of Invoice:	August 9, 2011
Billing Period:	June-11

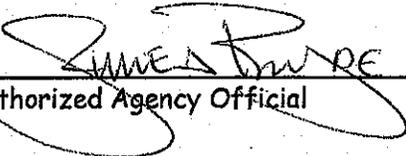
To:  
Champaign County Public Health Department  
1776 East Washington Street  
Urbana, Illinois 61802

For the Following Expenses:

533.07 Professional Services - LHPG Communicable Disease	\$	3,578.83
533.07 Professional Services - LHPG Disease Intervention	\$	5,055.34
533.07 Professional Services - LHPG Hepatitis	\$	726.09
533.07 Professional Services - LHPG Tuberculosis	\$	2,796.84
533.07 Professional Services - LHPG Food	\$	13,402.08
533.07 Professional Services - LHPG Water	\$	4,714.33
533.07 Professional Services - LHPG Sewage	\$	5,125.08
533.07 Professional Services - Vital Statistics	\$	210.08
533.07 Professional Services - Administration	\$	12,096.67
533.07 Professional Services - PHEP Grant	\$	9,772.36
533.07 Professional Services - TFC Grant	\$	4,589.70
533.07 Professional Services - Smoke-Free IL Citation Fee Reimb.	\$	-
533.07 Professional Services - West Nile Virus Grant	\$	4,706.55
533.07 Professional Services - County Well Water Testing	\$	249.14
533.07 Professional Services - IPLAN	\$	10,325.55
<b>Total Amount Due to CUPHD per Contract</b>	<b>\$</b>	<b><u>77,348.64</u></b>

**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

Champaign-Urbana Public Health District  
 County Contract Journal Entry  
 June 30, 2011

Name	Revenue Code	Amount	Total
<b>County Contract</b>			
	County Contract	47,705.34	
			47,705.34
(See Allocation sheet for breakdown)			
<b>PHEP Grant (June)</b>			
	1215.1CC	9,129.21	
	1215.2CC	584.39	
	1215.4CC	58.76	
			9,772.36
<b>TFC Grant (June, Match included)</b>			
	1420.1CC	4,167.37	
	1420.2CC	341.80	
	1420.4CC	80.53	
			4,589.70
<b>Smoke-Free IL Citation Fee Reimbursement</b>			
	SFI.CC		
			-
<b>West Nile Virus Grant (April - June)</b>			
	7330.1CC	4,364.99	
	7330.2CC	219.99	
	7330.4CC	121.57	
			4,706.55
<b>County Well Water Testing (June)</b>			
	7411.1CC	232.84	
	7411.2CC	14.43	
	7411.4CC	1.87	
			249.14
<b>IPLAN</b>			
	9906.1CC	9,561.85	
	9906.2CC	687.35	
	9906.4CC	76.35	
			10,325.55
<b>Total Amount Due</b>			<b>77,348.64</b>

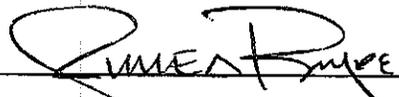
**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 7/27/2011  
 Preparer's Name: Esther Thomas  
 Preparer's Phone: 217-531-4262

Grant Number: 07181009  
 Program Name: PHEP BP10 EXTENSION  
 Billing Period: Jun-11  
 Preparer's Email: ethomas@c-uphd.org

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Amount Matched / In-Kind from LHD
Subtotal Salaries and Wages			\$4,930.23	\$0.00
Subtotal Fringe Benefits			\$1,741.94	\$0.00
Subtotal Contractual			\$1,833.34	\$0.00
Subtotal Travel			\$1,096.85	\$0.00
Subtotal Commodities			\$0.00	\$0.00
Subtotal Printing			\$0.00	\$0.00
Subtotal Equipment			\$0.00	\$0.00
Subtotal Telecommunications			\$170.00	\$0.00
Grand Total (Page Total)			\$9,772.36	\$0.00
Adjustment to total		<b>Adjusted total</b>		

**CERTIFICATION:** The undersigned hereby certifies that the goods and/or services claimed above are necessary expenditures for the in the Department's approved budget (when a budget was requested and approved), that appropriate purchasing procedures have been followed, that payment has been made as indicated and that reimbursement has not previously been requested or received.

Authorized Grantee Official  Date 07/27/11

Illinois Department of Public Health, Office of Preparedness and Response Use only
Control Number _____ Processing date _____



**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 7/27/2011

Grant Number: 07181009  
 Program Name: PHEP BP10 EXTENSION  
 Billing Period: Jun-11

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Amount Matched / In-Kind by LHD
<b>Fringe Benefits</b>				
Retirement	IMRF	6/1/11-6/30/11	\$584.39	
Social Security	FICA/Medicare	6/1/11-6/30/11	\$351.66	
Group Insurance	Health, Life, Worker's Comp & Unemployment	6/1/11-6/30/11	\$805.89	
<b>Subtotal Fringe Benefits</b>			<b>\$1,741.94</b>	<b>\$0.00</b>
<b>Contractual</b>				
University of Illinois	GIS Service	6/1/11-6/30/11	\$1,622.46	
Safeworks	N-95 Respiratory Cert Exams	6/1/11-6/30/11	\$210.00	
USPS/Pitney Bowes	Postage	6/1/11-6/30/11	\$0.88	
<b>Subtotal Contractual</b>			<b>\$1,833.34</b>	<b>\$0.00</b>

**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 7/27/2011

Grant Number: 07181009  
 Program Name: PHEP BP10 EXTENSION  
 Billing Period: Jun-11

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Amount Matched / In-Kind by LHD
<b>Travel</b>				
Awais Vaid	Local & area meetings	6/1/11-6/30/11	\$5.10	
Jim Roberts	Local & area meetings	6/1/11-6/30/11	\$2.55	
Patricia Robinson	PHEP Conference Mileage, Lodging & Meals	6/1/11-6/30/11	\$317.06	
Jamie Perry	PHEP Conference Lodging & Meals	6/1/11-6/30/11	\$258.71	
Amy Roberts	PHEP Conference Registration, Lodging & Meals	6/1/11-6/30/11	\$288.45	
Jim Roberts	PHEP Conference Lodging	6/1/11-6/30/11	\$181.43	
Candi Crause	PHEP Conference Meals	6/1/11-6/30/11	\$43.55	
<b>Subtotal Travel</b>			\$1,096.85	\$0.00
<b>Commodities</b>				
<b>Subtotal Commodities</b>			\$0.00	\$0.00
<b>Printing</b>				
<b>Subtotal Printing</b>			\$0.00	\$0.00

**Illinois Department of Public Health  
Office of Preparedness & Response  
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department  
 FEIN: 37-6006910  
 Date Submitted: 7/27/2011

Grant Number: 07181009  
 Program Name: PHEP BP10 EXTENSION  
 Billing Period: Jun-11

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Amount Matched / In-Kind by LHD
<b>Equipment</b>				
<b>Subtotal Equipment</b>			\$0.00	\$0.00
<b>Telecommunications</b>				
Motorola	Starcom Radio Fees	6/1/11-6/30/11	\$80.00	
Barbeck Communications	Radio Upgrades	6/1/11-6/30/11	\$90.00	
<b>Subtotal Telecommunications</b>			\$170.00	\$0.00

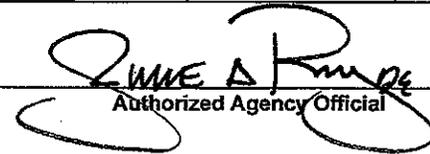
**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
Office of Health Promotion  
REIMBURSEMENT CERTIFICATION / EXPENDITURE FORM**

Fiscal Contact Person: Esther Thomas  
Telephone Number: 217-531-4262  
Email Address: esthomas@c-uphd.org  
Date Submitted: 07/29/11

Please submit reimbursements to: IL Dept. of Public Health, Office of Health Promotion,  
Attn: Paula Mitchell, 535 W. Jefferson Street, 2nd Floor, Springfield, IL 62761 or email to:  
paula.f.mitchell@illinois.gov

		<i>In the box below, please enter reimbursement amounts submitted for your FY11 grant.</i>							
<b>Agency Name:</b>	<b>Champaign County Public Health Department</b>	\$0.05	July	\$1,560.19	October	\$1,631.70	January	\$4,776.82	April
<b>FEIN #:</b>	<b>37-6006910</b>	\$66.33	August	\$948.83	November	\$2,196.23	February	\$3,847.48	May
<b>Grant #:</b>	<b>13281009</b>	\$337.24	September	\$1,428.62	December	\$5,077.81	March	\$4,378.70	June
<b>Program Name:</b>	<b>Illinois Tobacco-Free Communities</b>							\$26,250.00	YTD
		<b>Billing Period:</b>		<b>June-11</b>					
Name/ Vendor	Title/ Purpose	Period/ Date Incurred	Amount Claimed From IDPH		Components (Specify)				
<b>Personal Services (Salary &amp; Wages)</b>									
Nikki Hillier	Program Coordinator	6/1/11-6/30/11	\$1,147.16						
Jennifer Jackson	Health Educator II	6/1/11-6/30/11	\$2,260.88						
<b>Total Personal Services</b>			<b>\$3,408.04</b>						
<b>Fringe Benefits</b>									
FICA	FICA	6/1/11-6/30/11	\$229.70						
IMRF	IMRF	6/1/11-6/30/11	\$341.80						
Health Insurance	Health Insurance	6/1/11-6/30/11	\$28.38						
Life Insurance	Life Insurance	6/1/11-6/30/11	\$2.30						
Illinois Unemployment Comp.	Illinois Unemployment Compensation	6/1/11-6/30/11	\$0.00						
Workmen's Compensation	Workmen's Compensation	6/1/11-6/30/11	\$80.53						
<b>Total Fringe Benefits</b>			<b>\$682.71</b>						
<b>Contractual Services</b>									
<b>Total Contractual</b>			<b>\$0.00</b>						
<b>Travel</b>									
Nikki Hillier	Mileage - Smoking Investigations	6/1/11-6/30/11	\$52.02						
Jennifer Jackson	Mileage - Schools	6/1/11-6/30/11	\$6.12						
Nikki Hillier	Zip Car - Regional Meeting	6/1/11-6/30/11	\$29.81						
<b>Total Travel</b>			<b>\$87.95</b>						
<b>Printing</b>									
Dean's Graphics	Vertical Banner	6/1/11-6/30/11	\$200.00						
<b>Total Printing</b>			<b>\$200.00</b>						
<b>Supplies</b>									
<b>Total Supplies</b>			<b>\$0.00</b>						
<b>Grand Total</b>			<b>\$4,378.70</b>						

*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

07-29-11  
Date

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
 OFFICE OF HEALTH PROTECTION  
 DIVISION OF ENVIRONMENTAL HEALTH

REIMBURSEMENT CERTIFICATION FORM

AGENCY NAME: Champaign County Public Health Department

ADDRESS: 201 W. Kenyon Road  
 Champaign, IL 61820-7892

FEIN Number: 37-6006910

PROGRAM: West Nile Virus 063 (561) [ ]\*  
 (294) [ ]\*  
 (240) [ ]\*

Contract #: 15380173  
 Billing Period Quarter Ending: 6/30/2011

FY2012

Grant Expenditures	Amounts
Personal Services (Includes Salary and Wages)	\$2,894.00
Fringe Benefits (Based on Actual Expenditures)	\$628.41
<del>Detail information about the services must be listed</del>	
<b>Contractual Services</b>	
Postage	\$1.52
<b>Travel</b>	
Mileage	\$660.19
<b>Commodities/Supplies</b>	
Office Supplies	\$14.74
Program Supplies	\$507.34
<b>Printing</b>	
Photocopies	\$0.35
<b>Equipment</b>	
<b>Telecommunications</b>	
<b>Grand Total</b>	<b>\$4,706.55</b>

**CERTIFICATION**

I hereby certify that the goods and/or services claimed above are necessary expenditures for the program and are a part of the approved budget, that appropriate purchasing procedures have been followed and that payment has not previously be requested or received.

\_\_\_\_\_  
 Authorized Agency Official

08/01/11  
 \_\_\_\_\_  
 Date

County Well Water Testing  
June 2011

	Jun-11
<b>A. PERSONAL SERVICES</b>	
Crystal Anderson	\$11.68
Jeff Blackford	\$57.18
Michael Flanagan	\$31.80
Tammy Hamilton	\$28.99
<b>Total Personal Services</b>	<b>129.65</b>
<b>B. FRINGE BENEFITS</b>	
FICA	9.65
IMRF	14.43
Health Insurance	21.08
Life Insurance	0.12
Illinois Unemployment Comp.	0.27
Workmen's Compensation	1.60
<b>Total Fringe Benefits</b>	<b>47.15</b>
<b>Total Personal Services &amp; Fringe Benefits</b>	<b>176.80</b>
<b>C. CONTRACTUAL SERVICES</b>	
Printing	1.68
Postage	21.66
Water Sample Test	49.00
<b>Total Contractual Services</b>	<b>72.34</b>
<b>D. SUPPLIES</b>	
<b>Total Supplies</b>	-
<b>E. TRAVEL</b>	
<b>Total Travel</b>	-
<b>F. EQUIPMENT</b>	
<b>Total Equipment</b>	-
<b>Total</b>	<b>249.14</b>

**Office of the State's Attorney  
 Champaign County, Illinois  
 101 East Main Street  
 P. O. Box 785, Urbana, Illinois 61801  
 Phone (217) 384-3733**



<b>BILL TO:</b>	
Client	Champaign County Board of Health
Attn:	Kat Bork, Secretary
Address	1776 E. Washington Street
City	Urbana
Phone	(217) 384-3772
State	IL
Fax	(217) 384-3896
Zip	61802

<b>TOTAL BILLABLE HOURS:</b>	<b>40.25</b>
<b>TIME: .25 EQUALS 15 MINUTES</b>	

<b>TOTAL AMOUNT DUE:</b>
<b>\$2,012.50</b>

<b>Billing Period:</b>	<b>7/1/2010 to 7/31/2010</b>
------------------------	------------------------------

This is a bill for the professional services performed on the date indicated

**SUMMARY OF WORK PERFORMED**

Date	ASA	Task Completed	Time Per Task
7/1/2011	JF	Ramos: Research/Notice Prep	3.00
7/4/2011	JF	Ramos: Researching and drafting TRO's	4.25
7/5/2011	JF	Ramos: Research/drafting petitions	3.00
7/6/2011	JF	Ramos: Witness prep/Research	7.00
7/7/2011	JF	Ramos: Witness Prep/Trial	9.75
7/8/2011	JF	Ramos: Drafting orders, responding to logistical issues	2.00
7/10/2011	JF	Ramos: Addressing TRO notice issues	1.50
7/12/2011	JF	Ramos: Summons prep/Terminating utilities/witnessprep/preparing motion to extend TRO	4.00
7/14/2011	JF	Ramos: Amend complaint/research	3.00
7/15/2011	JF	Ramos: Preliminary Injunction Prep, Hearing	2.00
7/16/2011	JF	Ramos: Drafting orders	0.50
7/17/2011	JF	Ramos: Coordinating service of process, notice of preliminary injunction, logistics	0.25
<b>Total Hours</b>			<b>40.25</b>

**Office of the State's Attorney  
Champaign County, Illinois  
101 East Main Street  
P. O. Box 785, Urbana, Illinois 61801  
Phone (217) 384-3733**



**SUMMARY OF INVOICE**

**BILL TO:**

Client Champaign County Board of Health  
Attn: Kat Bork, Secretary  
Address 1776 E. Washington Street  
City Urbana State IL Zip 61802  
Phone (217) 384-3772 Fax (217) 384-3896

This is a bill for the professional services performed on the date indicated on the previous page

<b>TOTAL BILLABLE HOURS</b>	<b>40.25</b>
<b>TOTAL AMOUNT DUE:</b>	<b>\$2,012.50</b>
<b>Billing Period:</b>	<b>7/1/2010 to 7/31/2010</b>