
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, March 17, 2020
5:30 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	1-3
1. November 19, 2019	
E. Public Participation on Agenda Items Only	
F. Correspondence and Communications	
G. SmileHealthy	
1. Monthly Report – November 2019	4-6
2. Monthly Report – December 2019	7-9
H. CUPHD	
1. Approval of CUPHD Invoice for October 2019 Services	10-15
2. Approval of CUPHD Invoice for November 2019 Services	16-22
3. Approval of CUPHD Invoice for December 2019 Services	23-31
4. CUPHD Reportable Diseases: http://www.c-uphd.org/comm_dis/display-data.php	
5. CUPHD Performance Management: http://www.c-uphd.org/pmts/index.php?s=1	

Champaign County BOH Meeting Agenda

Page 2

I. Old Business

1. Environmental Health
 - a. Discussion of the Placards – Update from Caucus Meeting
2. Mr. Awais Vaid to follow up on Leading Causes of Death for Champaign County, excluding Champaign Urbana and only Champaign Urbana for 2003-2018

xx

J. Other Business

1. Discussion of tax payment to Carle
2. Reviewing the Environmental Health Program fees
3. Discussion of an intergovernmental health permit with Champaign-Urbana Public Health District for mobile food establishments operating in both jurisdictions
4. Dental Program Update
5. County Teen Pregnancy and STI Prevention Programming:
Results 1 year

32

33

L. Next Meeting

1. June 16, 2020 at 5:30 PM

M. Adjournment

1 CHAMPAIGN COUNTY BOARD OF HEALTH
2

3
4 Tuesday, November 19, 2019
5

6 **Call to Order**
7

8 The Champaign County Board of Health held a meeting on November 19, 2019
9 at the Champaign-Urbana Public Health District office, 201 W. Kenyon Road,
10 Champaign. The meeting was called to order at 5:37 PM by President, Dr. Krista Jones.
11

12 **Roll Call**
13

14 Upon roll call, the following Board members were found to be present: Dr. Krista
15 Jones, President, Dr. Julie Kumar, Vice President, Dr. John Peterson,
16 Secretary/Treasurer, Dr. Kyle Fleming, Mr. David King, and Dr. Dorothy Vura-Weis, Mr.
17 David Thies. Mr. Bradley Clemmons, County Board Liaison was absent.
18

19 Also present were: Ms. Julie Pryde, CUPHD Administrator, Mr. Jim Roberts,
20 CUPHD Director of Environmental Health.
21

22 **Approval of Agenda/Addendum**
23

24 Dr. Dorothy Vura-Weis made a motion to approve the agenda. Dr. Julie Kumar
25 seconded the motion. With all in favor, the motion carried.
26

27 **Approval of Minutes**
28

29 Dr. Kyle Fleming made a motion to approve meeting minutes from August, 2019.
30 Dr. Julie Kumar seconded the motion. With all in favor, the motion carried.
31

32 **Public Participation on Agenda Items Only**
33

34 None
35

36 **Correspondence and Communications**
37

38 Ms. Julie Pryde reported that CUPHD received two grants recently. A Census
39 grant in amount of \$695,000. CUPHD is the Regional Intermediary for the NorthEast
40 Central region: Champaign, Douglas, Piatt, Vermillion, Ford, Iroquois.
41 The \$10,000 grant is from NACCHO to better include the perspectives of persons with
42 disabilities in our I-PLAN. Only 2 health departments in the US received this award.
43

54 **SmileHealthy**

55
56 Dr. Dorothy Vura-Weis made a motion to receive and place on file the July 2019,
57 August 2019, September 2019, and October 2019 2019 Smile Healthy monthly reports.
58 Dr. Julie Kumar seconded the motion. With all in favor, the motion carried.

59
60 **CUPHD**

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62 Dr. John Peterson made a motion to approve the CUPHD invoices for June
63 2019, July 2019, August 2019, September 2019. Mr. Kyle Fleming seconded the
64 motion. With all in favor, the motion carried.

65
66 Presentation by Ms. Julie Pryde, CUPHD Administrator said she was asked by
67 Dr. Dorothy Vura-Weis about statistics regarding leading causes of death. Julie Pryde
68 presented a handout with stats presenting Leading Causes of Death for Champaign
69 County, excluding Champaign Urbana and only Champaign Urbana for 2003-2018.

70
71 Discussion took place regarding the handout and Dr. Dorothy Vura-Weis
72 and Dr. John Peterson asked if they could add additional statistics to current handout
73 that could include federal and state wide. Julie explained that these statistics have
74 factors that play in what is listed such as accidental deaths and drug related deaths
75 sometimes are not recorded as such, the final decision is based off the medical
76 examiners findings. Julie agreed to get additional information and present at next
77 meeting on March 17, 2020

78
79 **Old Business**

80
81 Jim Roberts was in attendance to discuss the Placards from the Caucus Meeting
82 but with Dr. Bradley Clemons being absent no information to discuss.

83
84 **Other Business**

85
86 Mr. Cathy Emanuel made a motion to approve the Champaign County Board of
87 Health meeting schedule for 2020; March 17,2020, June 16,2020, August 18, 2020 and
88 November 17,2020. Dr. Kyle Fleming seconded the motion. With all in favor, the motion
89 carried.

90
91 **Public Participation on Non-Agenda Items**

92
93 None

106 **Next Meeting**

107

108 The next meeting is scheduled for Tuesday, March 17,2020 at 5:30PM.

109

110

111 **Adjournment**

112

113 With no further business to be discussed, Dr. Dorothy Vura-Weis made a motion
114 to adjourn the meeting at 6:13 PM. Dr. Julie Kumar seconded the motion. With all in
115 favor, the motion carried.

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119 *Board of Health Minutes*

120 *November 19,2019*

121 *Page 3*

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A PROGRAM OF PROMISE HEALTHCARE

**Champaign County Board of Health
Monthly Report for November, Fiscal Year 2019**

Total number of children seen from all programs this month: **199**

Total number of unique pediatric dental patients in BOH Fiscal Year 2019: **1828**

Breakdown of current month of patients for all programs by town.

- Champaign: **91**
 - 61820: **46**
 - 61821: **35**
 - 61822: **10**
- Fisher: **2**
- Gifford: **1**
- Homer: **1**
- Mahomet: **4**
- Rantoul: **32**
- Savoy: **8**
- Seymour: **1**
- Sidney: **3**
- St. Joseph: **2**
- Tolono: **3**
- Urbana: **28**
 - 61801: **13**
 - 61802: **15**
 - 61803: **0**
- Other/Unknown: **23**

Breakdown of services provided for current month.

- Nitrous oxide: **19**
- Extraction: **26**
- Pulpotomy: **4**
- Stainless Steel Crown: **14**
- Fillings: **177**
- Sealant: **37**
- Fluoride: **106**
- Prophylaxis: **84**
- Xrays: **132**
- Exams: **123**

NOVEMBER 2019

DENTAL EDUCATION REPORT

Monday November 4th

Staff hygienist went to Champaign Head Start and had contact with **136 children**. Education materials and supplies were distributed.

Wednesday November 6th

Staff hygienist completed prenatal visits at Frances Nelson Health Center and had contact with **3 women** and **0 appointments** were made.

Staff hygienist completed well child visits at Frances Nelson Health Center and had contact with **3 children** and **0 appointments** were made.

Saturday November 10th



A PROGRAM OF PROMISE HEALTHCARE

Frances Nelson staff attended the Carle of Illinois College of Medicine Health and Wellness Fair to distributed information about Promise Healthcare and had contact with 40 people.

Monday November 18th

Staff hygienist went to Urbana Head Start and had contact with 152 children. Education materials and supplies were distributed.

Staff hygienist completed well child visits at Frances Nelson Health Center and had contact with 1 children and 0 appointments were made.

Monday November 25th

Staff hygienist went to Champaign Head Start and had contact with 52 children. Education materials and supplies were distributed.

Staff hygienist completed prenatal visits at Frances Nelson Health Center and had contact with 4 women and 3 appointments were made.

Total number of contacts: 391

Total number of HS/EHS: 340

Total number of prenatal: 7

Total number of prenatal appointments: 4

Total well child visits: 4

Smile Healthy Dental Center is home: 3

Other Dental Home: 1

No dental home need follow up: 0

Infant, no teeth yet: 0

Total number of well child appointments made: 0

Total number of adult visits for dental pain/NPX: 0

Total number of appointments made: 0

Total number of DEERP patients: 0

Total appointments made: 0

Total number of presentation/health event contacts: 40

Total number of food pantry contacts: 0

SmileHealthy, a program of Promise Healthcare
Champaign County Board of Health Child Dental Access Program
Fiscal Year 2019 Report

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Total
Bondville					1								1
Broadlands			1										1
Champaign	92	109	121	92	107	96	94	104	103	117	91		1126
Dewey													0
Fisher	4	2	1	6	3	1	2	3	1	2	2		27
Foosland										1			1
Gifford	1					2				1	1		5
Homer	2		1				4	1	1	1	1		11
Ivesdale		1											1
Ludlow	3	3		2			2	1	1				12
Mahomet	3	3	4	1	27	6	2	11	5	3	4		69
Ogden	1	3	2	2	1	1	1						11
Penfield													0
Pesotum		3				1		1					5
Philo		18	3	3	1								25
Rantoul	64	27	31	38	61	57	49	42	61	74	32		536
Royal										1			1
Sadorus		5											5
Savoy	12	13	11	6	6	12	15	9	5	8	8		105
Seymour				1	2		1	1			1		6
Sidney	2	24		3				2	1	1	3		36
St. Joseph	2	2	28	4	1	6	2	1		4	2		52
Thomasboro	1			24	1	1		1					28
Tolono	5	28	5	3	2	2	2	3	6	5	3		64
Urbana	26	37	71	52	28	52	43	42	39	52	28		470
Other/Unk	15	19	29	29	26	28	28	28	18	23	23		266
Total	233	297	308	266	267	265	245	250	241	293	199	0	

Total Unique Patients in FY 233 499 715 898 1069 1239 1364 1501 1609 1750 1828

Education Contacts 412 387 1,785 650 0 0 19 45 302 201 391



**Champaign County Board of Health
Monthly Report for December, Fiscal Year 2019**

Total number of children seen from all programs this month: **134**

Total number of unique pediatric dental patients in BOH Fiscal Year 2019: **1867**

Breakdown of current month of patients for all programs by town.

- Champaign: 55
 - 61820: 28
 - 61821: 24
 - 61822: 3
- Fisher: 1
- Rantoul: 20
- Savoy: 8
- Sidney: 1
- Tolono: 1
- Urbana: 34
 - 61801: 18
 - 61802: 16
 - 61803: 0
- Other/Unknown: 14

Breakdown of services provided for current month.

- Nitrous oxide: 6
- Extraction: 37
- Pulpotomy: 6
- Stainless Steel Crown: 10
- Fillings: 88
- Sealant: 15
- Fluoride: 63
- Prophylaxis: 50
- Xrays: 86
- Exams: 81

December 2019

DENTAL EDUCATION REPORT

Monday December 2nd

Staff hygienist went to Rantoul Head Start and had contact with **136 children**. Education materials and supplies were distributed.

Wednesday December 4th

Frances Nelson staff attended an outreach even at Savoy Methodist Church and had contact with **70 people**.

Friday December 27th

Staff hygienist completed prenatal visits at Frances Nelson Health Center and had contact with **3 women** and **3 appointments** were made.

Staff hygienist completed well child visits at Frances Nelson Health Center and had contact with **5 children** and **1 appointment** was made.

Monday December 30th

819 Bloomington Road • Champaign, IL 61820
(217) 359-7404 Mobile/Head Start (217) 403-5477 Dental Center • www.promisehealth.org



Staff hygienist completed prenatal visits at Frances Nelson Health Center and had contact with **5 women** and **4 appointments** were made.

Staff hygienist completed well child visits at Frances Nelson Health Center and had contact with **1 children** and **0 appointments** were made.

Tuesday December 31st

Staff hygienist completed prenatal visits at Frances Nelson Health Center and had contact with **1 woman** and **1 appointment** was made.

Staff hygienist completed well child visits at Frances Nelson Health Center and had contact with **1 child** and **1 appointment** was made.

Total number of contacts: 163

Total number of HS/EHS: 77

Total number of prenatal: 9

Total number of prenatal appointments: 8

Total well child visits: 7

Smile Healthy Dental Center is home: 3

Other Dental Home: 2

No dental home need follow up: 0

Infant, no teeth yet: 0

Total number of well child appointments made: 2

Total number of adult visits for dental pain/NPX: 0

Total number of appointments made: 0

Total number of DEERP patients: 0

Total appointments made: 0

Total number of presentation/health event contacts: 70

Total number of food pantry contacts: 0

SmileHealthy, a program of Promise Healthcare
Champaign County Board of Health Child Dental Access Program
Fiscal Year 2019 Report

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	July 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Total
Bondville					1								1
Broadlands			1										1
Champaign	92	109	121	92	107	96	94	104	103	117	91	55	1181
Dewey													0
Fisher	4	2	1	6	3	1	2	3	1	2	2	1	28
Foosland										1			1
Gifford	1					2				1	1		5
Homer	2		1				4	1	1	1	1		11
Ivesdale		1											1
Ludlow	3	3		2			2	1	1				12
Mahomet	3	3	4	1	27	6	2	11	5	3	4		69
Ogden	1	3	2	2	1	1	1						11
Penfield													0
Pesotum		3				1		1					5
Philo		18	3	3	1								25
Rantoul	64	27	31	38	61	57	49	42	61	74	32	20	556
Royal										1			1
Sadorus		5											5
Savoy	12	13	11	6	6	12	15	9	5	8	8	8	113
Seymour				1	2		1	1			1		6
Sidney	2	24		3				2	1	1	3	1	37
St. Joseph	2	2	28	4	1	6	2	1		4	2		52
Thomasboro	1			24	1	1		1					28
Tolono	5	28	5	3	2	2	2	3	6	5	3	1	65
Urbana	26	37	71	52	28	52	43	42	39	52	28	34	504
Other/Unk	15	19	29	29	26	28	28	28	18	23	23	14	280
Total	233	297	308	266	267	265	245	250	241	293	199	134	

**Total Unique
Patients in FY**

233 499 715 898 1069 1239 1364 1501 1609 1750 1828 1867

**Education
Contacts**

412 387 1,785 650 0 0 19 45 302 201 391 163

Invoice Number:	1910
Date of Invoice:	December 2, 2019
Billing Period:	October-19

To:

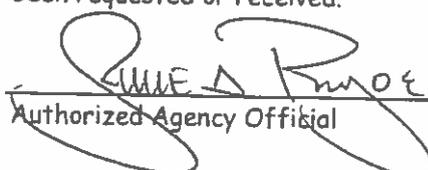
Champaign County Public Health Department
 1776 East Washington Street
 Urbana, Illinois 61802

For the Following Expenses:

533.07 Professional Services - LHPG Communicable Disease	\$	4,923.59
533.07 Professional Services - LHPG Disease Intervention	\$	6,270.58
533.07 Professional Services - LHPG Tuberculosis	\$	6,721.83
533.07 Professional Services - LHPG Food	\$	19,251.67
533.07 Professional Services - LHPG Water	\$	5,331.58
533.07 Professional Services - LHPG Sewage	\$	6,970.83
533.07 Professional Services - Administration	\$	13,457.92
533.07 Professional Services - PHEP Grant	\$	4,469.01
533.07 Professional Services - TFC Grant	\$	-
533.07 Professional Services - Vector Surveillance & Control Grant	\$	-
533.07 Professional Services - Body Art & Tanning Inspection Grant	\$	-
533.07 Professional Services - Preventative Services	\$	1,922.55
533.07 Professional Services - County Well Water Testing	\$	238.28
Total Amount Due to CUPHD per Contract	\$	69,557.84

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

REIMBURSEMENT CERTIFICATION

Champaign County

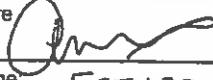
FE ID Number 37-6006910		Contract Number 07180009H		Appropriation Number 063-48270-1900-0200			Page 1	Of 2			
Local Agency Name Champaign County		Program Public Health Emergency Preparedness - 2020					Code				
Street Address 1776 E. Washington		Report Period 10/01/2019			Thru 10/31/2019		Final <input type="checkbox"/>	Date Prepared	Date Approved		
City, State, ZIP Code Urbana, IL, 61802		Agreement Period 07/01/2019			Thru 06/30/2020		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)	3,714.10	0.00	0.00	0.00	3,714.10	0.00	13,353.97	0.00	43,578.67	30,224.70	30.64%
2. Fringe Benefits	616.01	0.00	0.00	0.00	616.01	0.00	2,244.29	0.00	9,528.47	7,284.18	23.55%
3. Travel	0.00	0.00	0.00	0.00	0.00	0.00	2.90	0.00	640.99	638.09	0.45%
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	39.19	0.00	0.00	0.00	39.19	0.00	134.83	0.00	5,767.89	5,633.06	2.34%
6. Contractual Services	99.71	0.00	0.00	0.00	99.71	0.00	493.41	0.00	3,768.98	3,275.57	13.09%
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	277.00	-123.00	144.40%
9. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	4,469.01	0.00	0.00	0.00	4,469.01	0.00	16,629.40	0.00	63,562.00	46,932.60	26.16%
TOTAL DIRECT EXPENSES	4,469.01	0.00	0.00	0.00	4,469.01	0.00	16,629.40	0.00	63,562.00	46,932.60	26.16%
Indirect Costs	0.00	0.00	446.90	446.90	446.90	0.00	1,662.94	1,662.94	6,356.00	0.00	0.00%
TOTAL EXPENDITURES	4,469.01	0.00	446.90	446.90	4,915.91	0.00	18,292.34	1,662.94	69,918.00	46,932.60	26.16%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	4,469.01	0.00	0.00	0.00	0.00	0.00	0.00%
Source of Funds											
1. Fees and Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2. State Agreement	4,469.01	0.00	0.00	0.00	4,469.01	0.00	16,629.40	0.00	63,562.00	46,932.60	26.16%
3. Local	0.00	0.00	446.90	446.90	446.90	0.00	1,662.94	1,662.94	6,356.00	0.00	0.00%

REIMBURSEMENT CERTIFICATION

Champaign County

4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	4,469.01	0.00	446.90	446.90	4,915.91	0.00	18,292.34	1,662.94	69,918.00	46,932.60	26.16%

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 11-25-19	Title: DIRECTOR OF FINANCE
Contact Person Name: ESTHER THOMAS	Telephone Number: 217-531-4262	
IDPH Authorized Signature	Date	Title:

FOR STATE USE ONLY

	Advance	INDEX	PCA	AIOBJ. 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 is an equal opportunity employer, services, and program provider.		

Preventative Services - County Sex Ed
October 2019

	Oct-19
PERSONAL SERVICES	
Talia Shaw	148.68
Alyx McElfresh	318.84
Total Personal Services	467.52
FRINGE BENEFITS	
FICA	34.52
IMRF	29.37
Health Insurance	147.34
Life Insurance	0.30
Illinois Unemployment Insurance	-
Workers Compensation	1.73
Total Fringe Benefits	213.26
Total Personal Services & Fringe Benefits	680.78
CONTRACTUAL SERVICES	
Printing	3.52
Total Contractual Services	3.52
SUPPLIES	
Total Supplies	-
TRAVEL	
Mileage	271.44
Total Travel	271.44
Total	955.74

County Dental Services
October 2019

	Oct-19
PERSONAL SERVICES	
Gurjeet Sidhu	147.40
Jesica Sanders	55.50
Kara Ruffatto	183.94
Lucero Olmedo	39.11
Michelle Cordes	233.10
Whitney Scheiwe	59.40
Total Personal Services	718.45
FRINGE BENEFITS	
FICA	51.01
IMRF	43.44
Health Insurance	150.93
Life Insurance	0.31
Illinois Unemployment Insurance	-
Workers Compensation	2.67
Total Fringe Benefits	248.36
Total Personal Services & Fringe Benefits	966.81
CONTRACTUAL SERVICES	
Total Contractual Services	-
SUPPLIES	
Total Supplies	-
TRAVEL	
Total Travel	-
Total	966.81

County Well Water Testing
October 2019

	Oct-19
PERSONAL SERVICES	
Jeff Blackford	129.96
Tammy Hamilton	20.85
Laura Shobe	21.62
Total Personal Services	172.43
FRINGE BENEFITS	
FICA	12.66
IMRF	10.74
Health Insurance	26.28
Life Insurance	0.04
Illinois Unemployment Insurance	-
Workers Compensation	5.77
Total Fringe Benefits	55.49
Total Personal Services & Fringe Benefits	227.92
CONTRACTUAL SERVICES	
Printing	0.38
Postage	9.98
Total Contractual Services	10.36
SUPPLIES	
Total Supplies	-
TRAVEL	
Total Travel	-
Total	238.28

Invoice Number:	1911
Date of Invoice:	December 19, 2019
Billing Period:	November-19

To:

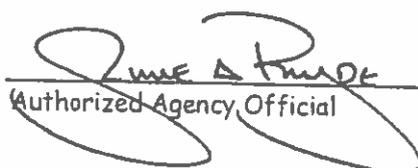
Champaign County Public Health Department
 1776 East Washington Street
 Urbana, Illinois 61802

For the Following Expenses:

533.07 Professional Services - LHPG Communicable Disease	\$	4,923.59
533.07 Professional Services - LHPG Disease Intervention	\$	6,270.58
533.07 Professional Services - LHPG Tuberculosis	\$	6,721.83
533.07 Professional Services - LHPG Food	\$	19,251.67
533.07 Professional Services - LHPG Water	\$	5,331.58
533.07 Professional Services - LHPG Sewage	\$	6,970.83
533.07 Professional Services - Administration	\$	13,457.92
533.07 Professional Services - PHEP Grant	\$	3,885.94
533.07 Professional Services - TFC Grant	\$	11,408.18
533.07 Professional Services - Vector Surveillance & Control Grant	\$	-
533.07 Professional Services - Body Art & Tanning Inspection Grant	\$	-
533.07 Professional Services - Preventative Services	\$	2,335.15
533.07 Professional Services - County Well Water Testing	\$	381.42
Total Amount Due to CUPHD per Contract	\$	<u>80,938.69</u>

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

REIMBURSEMENT CERTIFICATION

Champaign County

FE ID Number 37-6006910		Contract Number 07180009H		Appropriation Number 063-48270-1900-0200				Page 1	Of 2		
Local Agency Name Champaign County		Program Public Health Emergency Preparedness - 2020						Code			
Street Address 1776 E. Washington		Report Period 11/01/2019				Thru	11/30/2019	Final	<input type="checkbox"/>	Date Prepared	Date Approved
City, State, ZIP Code Urbana, IL, 61802		Agreement Period 07/01/2019				Thru	06/30/2020	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)	3,218.77	0.00	0.00	0.00	3,218.77	0.00	16,572.74	0.00	43,578.67	27,005.93	38.03%
2. Fringe Benefits	539.98	0.00	0.00	0.00	539.98	0.00	2,784.27	0.00	9,528.47	6,744.20	29.22%
3. Travel	27.26	0.00	0.00	0.00	27.26	0.00	30.16	0.00	640.99	610.83	4.71%
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	0.22	0.00	0.00	0.00	0.22	0.00	135.05	0.00	5,767.89	5,632.84	2.34%
6. Contractual Services	99.71	0.00	0.00	0.00	99.71	0.00	593.12	0.00	3,768.98	3,175.86	15.74%
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	277.00	-123.00	144.40%
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	3,885.94	0.00	0.00	0.00	3,885.94	0.00	20,515.34	0.00	63,562.00	43,046.66	32.28%
TOTAL DIRECT EXPENSES	3,885.94	0.00	0.00	0.00	3,885.94	0.00	20,515.34	0.00	63,562.00	43,046.66	32.28%
Indirect Costs	0.00	0.00	388.59	388.59	388.59	0.00	2,051.53	2,051.53	6,356.00	0.00	0.00%
TOTAL EXPENDITURES	3,885.94	0.00	388.59	388.59	4,274.53	0.00	22,566.87	2,051.53	69,918.00	43,046.66	32.28%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	3,885.94	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	3,885.94	0.00	0.00	0.00	3,885.94	0.00	20,515.34	0.00	63,562.00	43,046.66	32.28%
3. Local	0.00	0.00	388.59	388.59	388.59	0.00	2,051.53	2,051.53	6,356.00	0.00	0.00%

REIMBURSEMENT CERTIFICATION

Champaign County

4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	3,885.94	0.00	388.59	388.59	4,274.53	0.00	22,566.87	2,051.53	69,918.00	43,046.66	32.28%

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	Date <i>12-18-19</i>	Title: <i>DIRECTOR OF FINANCE</i>
Contact Person Name: <i>ESTHER THOMAS</i>	Telephone Number: <i>217-531-4262</i>	
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 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:
 Date Submitted: 12/19/19

		<i>In the box below, please enter reimbursement amounts submitted for your FY19 grant.</i>			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4
		\$11,408.18 7/1/2019 - 9/30/2019	10/1/2018 - 12/31/2018	1/1/2019 - 3/31/2019	4/1/2019 - 6/31/2019
		\$11,408.18 YTD			
Agency Name: Champaign County		Billing Period: 7/1/19-9/30/19			
FEIN #: 37-6006910					
Grant #: 03281007H					
Program Name: Illinois Tobacco-Free Communities					
Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed	Match	
Salary & Wages					
Whitney Greger	Program Coordinator	7/1/19-9/30/19	\$1,847.28		
Talia Shaw	Health Educator	7/1/19-9/30/19	\$1,443.45		
Alyx McElfresh	Health Educator	7/1/19-9/30/19	\$1,394.66		
Kami Lafoon	Health Educator	7/1/19-9/30/19	\$3,237.05		
Total Salary & Wages			\$7,922.44		
Fringe Benefits					
Social Security	FICA	7/1/19-9/30/19	\$592.64		
Retirement	IMRF	7/1/19-9/30/19	\$503.63		
Group Insurance	Health, Life, Unemployment & Workers Com	7/1/19-9/30/19	\$1,301.86		
Total Fringe Benefits			\$2,398.13		
Travel					
Kami Lafoon	ITFC Travel	7/1/19-9/30/19	\$26.91		
Total Travel			\$26.91		
Supplies					
Lazers Edge Office	Copies	7/1/19-9/30/19	\$7.59		
USPS	Postage	7/1/19-9/30/19	\$16.00		
Total Supplies			\$23.59		
Indirect Cost					
	De Minimis Rate of 10% or MTDC	7/1/19-9/30/19	\$1,037.11		
Grand Total			\$11,408.18		

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

12-19-19

 Date

County Dental Services
November 2019

	Nov-19
PERSONAL SERVICES	
Autumn Tatman	46.14
Gurjeet Sidhu	73.70
Jennifer Boyd	34.38
Jesica Sanders	38.85
Kara Ruffatto	643.79
Lucero Olmedo	60.83
Marda Keys-Wilcoxon	6.68
Michelle Cordes	66.60
Whitney Scheiwe	166.32
Total Personal Services	1,137.29
FRINGE BENEFITS	
FICA	80.65
IMRF	68.65
Health Insurance	243.29
Life Insurance	0.38
Illinois Unemployment Insurance	-
Workers Compensation	4.25
Total Fringe Benefits	397.22
Total Personal Services & Fringe Benefits	1,534.51
CONTRACTUAL SERVICES	
Total Contractual Services	-
SUPPLIES	
Total Supplies	-
TRAVEL	
Total Travel	-
Total	1,534.51

Preventative Services - County Sex Ed
November 2019

	Nov-19
PERSONAL SERVICES	
Talia Shaw	148.68
Alyx McElfresh	308.55
Total Personal Services	457.23
FRINGE BENEFITS	
FICA	34.10
IMRF	29.03
Health Insurance	102.79
Life Insurance	0.21
Illinois Unemployment Insurance	-
Workers Compensation	1.70
Total Fringe Benefits	167.83
Total Personal Services & Fringe Benefits	625.06
CONTRACTUAL SERVICES	
Printing	0.42
Total Contractual Services	0.42
SUPPLIES	
Total Supplies	-
TRAVEL	
Mileage	175.16
Total Travel	175.16
Total	800.64

County Well Water Testing
November 2019

	Nov-19
PERSONAL SERVICES	
Jeff Blackford	241.35
Tammy Hamilton	13.90
Laura Shobe	32.44
Total Personal Services	287.69
FRINGE BENEFITS	
FICA	21.32
IMRF	18.09
Health Insurance	26.29
Life Insurance	0.03
Illinois Unemployment Insurance	-
Workers Compensation	10.60
Total Fringe Benefits	76.33
Total Personal Services & Fringe Benefits	364.02
CONTRACTUAL SERVICES	
Printing	0.47
Postage	7.65
Total Contractual Services	8.12
SUPPLIES	
Total Supplies	-
TRAVEL	
Mileage	9.28
Total Travel	9.28
Total	381.42

Invoice Number:	1912
Date of Invoice:	February 5, 2020
Billing Period:	December-19

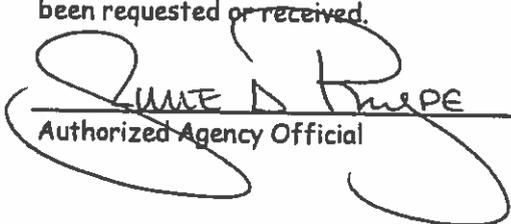
To:
 Champaign County Public Health Department
 1776 East Washington Street
 Urbana, Illinois 61802

For the Following Expenses:

533.07 Professional Services - LHPG Communicable Disease	\$	4,923.51
533.07 Professional Services - LHPG Disease Intervention	\$	6,270.62
533.07 Professional Services - LHPG Tuberculosis	\$	6,721.87
533.07 Professional Services - LHPG Food	\$	19,251.63
533.07 Professional Services - LHPG Water	\$	5,331.62
533.07 Professional Services - LHPG Sewage	\$	6,970.87
533.07 Professional Services - Administration	\$	13,457.88
533.07 Professional Services - PHEP Grant	\$	4,082.40
533.07 Professional Services - TFC Grant	\$	9,503.49
533.07 Professional Services - Vector Surveillance & Control Grant	\$	11,129.41
533.07 Professional Services - Body Art & Tanning Inspection Grant	\$	-
533.07 Professional Services - Preventative Services	\$	737.49
533.07 Professional Services - County Well Water Testing	\$	72.29
Total Amount Due to CUPHD per Contract	\$	<u>88,453.08</u>

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.


 Julie D. Rupe
 Authorized Agency Official

FY19 C-UPHD Contract Budget vs. Billed Comparison															
	Budget	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total Billed	Budget Remaining
Core Service Contract															
Communicable Disease	59,083.00	4,923.59	4,923.59	4,923.59	4,923.59	4,923.59	4,923.59	4,923.59	4,923.59	4,923.59	4,923.59	4,923.59	4,923.51	59,083.00	-
Disease Intervention	75,247.00	6,270.58	6,270.58	6,270.58	6,270.58	6,270.58	6,270.58	6,270.58	6,270.58	6,270.58	6,270.58	6,270.58	6,270.62	75,247.00	-
Tuberculosis	80,662.00	6,721.83	6,721.83	6,721.83	6,721.83	6,721.83	6,721.83	6,721.83	6,721.83	6,721.83	6,721.83	6,721.83	6,721.87	80,662.00	-
Food	231,020.00	19,251.67	19,251.67	19,251.67	19,251.67	19,251.67	19,251.67	19,251.67	19,251.67	19,251.67	19,251.67	19,251.67	19,251.63	231,020.00	-
Water	63,979.00	5,331.58	5,331.58	5,331.58	5,331.58	5,331.58	5,331.58	5,331.58	5,331.58	5,331.58	5,331.58	5,331.58	5,331.62	63,979.00	-
Sewage	83,650.00	6,970.83	6,970.83	6,970.83	6,970.83	6,970.83	6,970.83	6,970.83	6,970.83	6,970.83	6,970.83	6,970.83	6,970.87	83,650.00	-
Administration	161,495.00	13,457.92	13,457.92	13,457.92	13,457.92	13,457.92	13,457.92	13,457.92	13,457.92	13,457.92	13,457.92	13,457.92	13,457.88	161,495.00	-
	755,136.00	62,928.00	62,928.00	62,928.00	62,928.00	62,928.00	62,928.00	62,928.00	62,928.00	62,928.00	62,928.00	62,928.00	62,928.00	755,136.00	-
Grants															
PHCP	63,808.00	4,402.44	4,320.99	4,766.85	4,644.51	6,116.49	5,427.75	4,268.83	3,935.27	3,956.29	4,469.01	3,885.94	4,082.40	54,276.77	9,531.23
Tobacco Free Communities	25,500.00	-	-	5,979.70	5,684.54	6,390.43	9,384.78	-	-	-	-	11,408.18	9,503.49	48,351.12	(22,851.12)
Vector Surveillance & Control	17,912.00	-	-	13,127.95	3,951.05	-	-	-	-	-	-	-	11,129.41	28,208.41	(10,296.41)
Summer Food Inspection	3,540.00	-	-	-	-	-	-	-	-	-	-	-	-	-	3,540.00
Body Art & Tanning Inspection	1,213.00	-	-	-	100.00	100.00	-	-	-	-	-	-	-	200.00	1,013.00
LHPG - Vaccine Outreach	28,309.00	-	-	-	-	-	28,309.00	-	-	-	-	-	-	28,309.00	-
	140,282.00	4,402.44	4,320.99	23,874.50	14,380.10	12,606.92	43,121.53	4,268.83	3,935.27	3,956.29	4,469.01	15,294.12	24,715.30	159,345.30	(19,063.30)
Fee for Service															
Well Water Testing	2,500.00	97.02	91.86	194.73	291.72	234.71	356.61	330.41	89.00	125.37	238.28	381.42	72.29	2,503.42	(3.42)
Preventative Services	25,000.00	-	-	-	-	1,535.86	0.32	-	796.05	1,411.90	1,922.55	2,335.15	737.49	8,739.32	16,260.68
Emergency Non-Contract	15,000.00	-	-	-	-	-	-	-	-	-	-	-	-	-	15,000.00
	42,500.00	97.02	91.86	194.73	291.72	1,770.57	356.93	330.41	885.05	1,537.27	2,160.83	2,716.57	809.78	11,242.74	31,257.26
Smoke-Free IL Citation Fee															
	937,918.00	67,427.46	67,340.85	86,997.23	77,599.87	77,305.49	106,406.46	67,527.24	67,748.32	68,421.56	69,557.84	80,938.69	88,453.08	925,724.04	12,193.96

Note: Due to grant contract delays on the part of IDPH, we are currently waiting for the start of a number of the County Board of Health's grants. When the contracts are received we will be able to request reimbursement from IDPH for work performed from July 1, 2018 to present. Unfortunately this will not happen until County FY19, so when comparing budget vs. actual for both FY18 and FY19 the numbers will appear to be off. Please note that FY18 grant budget remaining is \$102,278.67. Please keep this in mind when comparing budget vs. actual in FY19.

REIMBURSEMENT CERTIFICATION

Champaign County

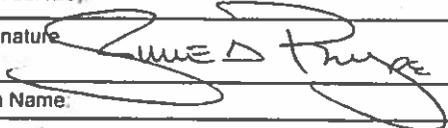
FE ID Number 37-6006910		Contract Number 07180009H		Appropriation Number 063-48270-1900-0200				Page 1	Of 2		
Local Agency Name Champaign County		Program Public Health Emergency Preparedness - 2020						Code			
Street Address 1776 E. Washington		Report Period 12/01/2019				Thru 12/31/2019		Final <input type="checkbox"/>	Date Prepared	Date Approved	
City, State, ZIP Code Urbana, IL, 61802		Agreement Period 07/01/2019				Thru 06/30/2020		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)	3,377.35	0.00	0.00	0.00	3,377.35	0.00	19,950.09	0.00	43,578.67	23,628.58	45.78%
2. Fringe Benefits	591.68	0.00	0.00	0.00	591.68	0.00	3,375.95	0.00	9,528.47	6,152.52	35.43%
3. Travel	0.00	0.00	0.00	0.00	0.00	0.00	30.16	0.00	640.99	610.83	4.71%
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	13.66	0.00	0.00	0.00	13.66	0.00	148.71	0.00	5,767.89	5,619.18	2.58%
6. Contractual Services	99.71	0.00	0.00	0.00	99.71	0.00	692.83	0.00	3,768.98	3,076.15	18.38%
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	277.00	-123.00	144.40%
9. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	4,082.40	0.00	0.00	0.00	4,082.40	0.00	24,597.74	0.00	63,562.00	38,964.26	38.70%
TOTAL DIRECT EXPENSES	4,082.40	0.00	0.00	0.00	4,082.40	0.00	24,597.74	0.00	63,562.00	38,964.26	38.70%
Indirect Costs											
	0.00	0.00	408.24	408.24	408.24	0.00	2,459.77	2,459.77	6,356.00	0.00	0.00%
TOTAL EXPENDITURES	4,082.40	0.00	408.24	408.24	4,490.64	0.00	27,057.51	2,459.77	69,918.00	38,964.26	38.70%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	4,082.40	0.00	0.00	0.00	0.00	0.00	0.00%
Source of Funds											
1. Fees and Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2. State Agreement	4,082.40	0.00	0.00	0.00	4,082.40	0.00	24,597.74	0.00	63,562.00	38,964.26	38.70%
3. Local	0.00	0.00	408.24	408.24	408.24	0.00	2,459.77	2,459.77	6,356.00	0.00	0.00%

REIMBURSEMENT CERTIFICATION

Champaign County

4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	4,082.40	0.00	408.24	408.24	4,490.64	0.00	27,057.51	2,459.77	69,918.00	38,964.26	38.70%

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: 01/30/2020	Title: ADMINISTRATOR
Contact Person Name: TRANG TRAN	Telephone Number: 217-551-1201	
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 is an equal opportunity employer, services, and program provider.		

**Champaign-Urbana Public Health District
REIMBURSEMENT CERTIFICATION / EXPENDITURE FORM**

Fiscal Contact Person: Eslier Thomas
 Telephone Number: 217-531-4262
 Email Address: eslier.thomas@champaign.gov
 Date Submitted: 1/30/2020

		In the box below, please enter reimbursement amounts submitted for your FY19 grant.			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4
		\$11,408.18 7/1/2019 - 9/30/2019	\$9,503.49 10/1/2018 - 12/31/2018	1/1/2019 - 3/31/2019	4/1/2019 - 6/31/2019
					\$20,911.67 YTD
Agency Name: Champaign County		Billing Period: 10/1/19-12/31/19			
FEIN #: 37-6006910		Period / Date Incurred	Amount Claimed	Match	
Grant #: 03281007H					
Program Name: Illinois Tobacco-Free Communities					
Name / Vendor	Title / Purpose				
Salary & Wages					
Whitney Greger	Program Coordinator	10/1/19-12/31/19	\$1,550.88		
Talia Shaw	Health Educator	10/1/19-12/31/19	\$982.52		
Alyx McElfresh	Health Educator	10/1/19-12/31/19	\$1,259.93		
Kami Lafoon	Health Educator	10/1/19-12/31/19	\$2,862.43		
Total Salary & Wages			\$6,655.76		
Fringe Benefits					
Social Security	FICA	10/1/19-12/31/19	\$499.75		
Retirement	IMRF	10/1/19-12/31/19	\$436.99		
Group Insurance	Health, Life, Unemployment & Workers Com	10/1/19-12/31/19	\$896.91		
Total Fringe Benefits			\$1,833.65		
Travel					
Alyx McElfresh	SFIA Travel	10/1/19-12/31/19	\$40.60		
Frances Kerr (intern)	SFIA Travel	10/1/19-12/31/19	\$29.06		
Alyx McElfresh	ITFC Travel	10/1/19-12/31/19	\$30.74		
Total Travel			\$100.40		
Supplies					
Lazers Edge Office	Copies	10/1/19-12/31/19	\$10.38		
USPS	Postage	10/1/19-12/31/19	\$39.35		
Total Supplies			\$49.73		
Contractual Costs					
Total Contractual Costs			\$0.00		
Indirect Cost					
	De Minimis Rate of 10% or MTDC	10/1/19-12/31/19	\$863.95		
Grand Total			\$9,503.49		

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

01/30/2020

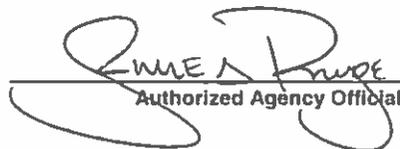
 Date

**Illinois Department of Public Health
REIMBURSEMENT CERTIFICATION / EXPENDITURE FORM**

Fiscal Contact Person: Esther Thomas
 Telephone Number: 217-531-4262
 Email Address: esther.thomas@idph.state.il.us
 Date Submitted: 1/30/2020

		<i>In the box below, please enter reimbursement amounts submitted for your FY19 grant.</i>			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4
		7/1/2019 - 9/30/2019	10/1/2018 - 12/31/2018	1/1/2019 - 3/31/2019	4/1/2019 - 6/31/2019
Agency Name:	Champaign County				
FEIN #:	37-6006910	\$8,607.13			
Grant #:	05080009H				\$8,607.13 YTD
Program Name:	Vector Surveillance and Control	Billing Period: 7/1/19-9/30/19			
Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed	Match	
Salary & Wages					
Jeff Blackford	Program Coordinator	7/1/19-9/30/19	\$2,601.42		
Jesse Hahne	Abatement Biker	7/1/19-9/30/19	\$595.15		
Jonathan McNamara	Abatement Biker	7/1/19-9/30/19	\$650.93		
Levi Fisher	Abatement Biker	7/1/19-9/30/19	\$1,273.22		
Trevar Moran	Abatement Biker	7/1/19-9/30/19	\$407.66		
Tyler Fosler	Abatement Biker	7/1/19-9/30/19	\$452.20		
Total Salary & Wages			\$5,980.58		
Fringe Benefits					
Social Security	FICA	7/1/19-9/30/19	\$452.61		
Retirement	IMRF	7/1/19-9/30/19	\$164.38		
Health Insurance	Health Insurance	7/1/19-9/30/19	\$573.63		
Unemployment Insurance	SUTA	7/1/19-9/30/19	\$56.60		
Workmens Compensation	Workmens Compensation	7/1/19-9/30/19	\$290.29		
Total Fringe Benefits			\$1,537.51		
Travel					
Jeff Blackford	Mileage	7/1/19-9/30/19	\$30.74		
Jesse Hahne	Mileage	7/1/19-9/30/19	\$35.96		
Jonathan McNamara	Mileage	7/1/19-9/30/19	\$67.28		
Levi Fisher	Mileage	7/1/19-9/30/19	\$103.24		
Trevar Moran	Mileage	7/1/19-9/30/19	\$33.39		
Tyler Foster	Mileage	7/1/19-9/30/19	\$35.96		
Total Travel			\$306.57		
Supplies					
Total Supplies			\$0.00		
Indirect Cost	De Minimis Rate of 10% or MTDC	7/1/19-9/30/19	\$782.47		
Grand Total			\$8,607.13		

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

01/05/2020
 Date

**Illinois Department of Public Health
REIMBURSEMENT CERTIFICATION / EXPENDITURE FORM**

Fiscal Contact Person: Esther Thomas
 Telephone Number: 217-531-4262
 Email Address: *Esther.Thomas@idph.state.il.us*
 Date Submitted: 1/30/2020

		<i>In the box below, please enter reimbursement amounts submitted for your FY19 grant.</i>			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Agency Name:	Champaign County	\$8,607.13	\$2,522.28		
FEIN #:	37-6006910	7/1/2019 - 9/30/2019	10/1/2018 - 12/31/2018	1/1/2019 - 3/31/2019	4/1/2019 - 6/31/2019
Grant #:	05080009H				
Program Name:	Vector Surveillance and Control	\$11,129.41 YTD			
		Billing Period: 10/1/19-12/31/19			
Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed	Match	
Salary & Wages					
Jeff Blackford	Program Coordinator	10/1/19-12/31/19	\$1,387.91		
Levi Fisher	Abatement Biker	10/1/19-12/31/19	\$324.11		
Total Salary & Wages			\$1,712.02		
Fringe Benefits					
Social Security	FICA	10/1/19-12/31/19	\$129.63		
Retirement	IMRF	10/1/19-12/31/19	\$93.09		
Health Insurance	Health Insurance	10/1/19-12/31/19	\$154.28		
Unemployment Insurance	SUTA	10/1/19-12/31/19	\$8.48		
Workmens Compensation	Workmens Compensation	10/1/19-12/31/19	\$76.98		
Total Fringe Benefits			\$462.46		
Travel					
Levi Fisher	Mileage	10/1/19-12/31/19	\$118.32		
Total Travel			\$118.32		
Supplies					
Lazers Edge Office	Copies	10/1/19-12/31/19	\$0.18		
Total Supplies			\$0.18		
Indirect Cost					
	De Minimis Rate of 10% or MTDC	10/1/19-12/31/19	\$229.30		
Grand Total			\$2,522.28		

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

01/05/2020

 Date

County Dental Services
December 2019

	Dec-19
PERSONAL SERVICES	
Jesica Sanders	24.42
Kara Ruffatto	267.73
Marda Keys-Wilcoxon	6.68
Michelle Cordes	133.20
Whitney Scheiwe	115.24
Total Personal Services	547.27
FRINGE BENEFITS	
FICA	38.88
IMRF	35.88
Health Insurance	111.19
Life Insurance	0.20
Illinois Unemployment Insurance	2.04
Workers Compensation	2.03
Total Fringe Benefits	190.22
Total Personal Services & Fringe Benefits	737.49
CONTRACTUAL SERVICES	
Total Contractual Services	-
SUPPLIES	
Total Supplies	-
TRAVEL	
Total Travel	-
Total	737.49

County Well Water Testing
December 2019

	Dec-19
PERSONAL SERVICES	
Jeff Blackford	37.13
Tammy Hamilton	6.95
Laura Shobe	7.20
Total Personal Services	51.28
FRINGE BENEFITS	
FICA	3.76
IMRF	3.18
Health Insurance	7.92
Life Insurance	0.01
Illinois Unemployment Insurance	-
Workers Compensation	1.65
Total Fringe Benefits	16.52
Total Personal Services & Fringe Benefits	67.80
CONTRACTUAL SERVICES	
Printing	0.15
Postage	4.34
Total Contractual Services	4.49
SUPPLIES	
Total Supplies	-
TRAVEL	
Total Travel	-
Total	72.29



Public Health
Prevent. Promote. Protect.

Champaign-Urbana Public Health District

Dental Program Update:

The loss of federal matching dollars and continued low Medicaid dental reimbursement rates have forced C-UPHD to reduce dental services. The Champaign clinic laid off a dental assistant and an intake specialist in February and is in the process of reducing active patients by 1/3 or 2,000.

- Families missing 2 appointments are referred to other C-U offices or to their insurance providers to find a new dental home.
- New patients must be enrolled in WIC, in Foster Care or have been seen in C-UPHD's School Sealant Program during the 2019-2020 school year.
- Dental patients who have not been seen in 2+ years are subject to New Patient restrictions.

Although over 3,000 School Sealant consent forms were collected this school year, C-UPHD will only provide PK, K, 2, 6 & 9 grade students with exams, fluoride and dental sealants. This is, in part, due to a hiring freeze on dental staff that prevented hiring a temporary dentist to cover a C-UPHD dentist on medical leave. January-March School Sealant Clinics are postponed until March 24 – May 14.



Champaign County Teen Pregnancy & STD Prevention



During 2019 CUPHD's Health Education Staff served:

71 total students

4 schools: Thomasboro Grade School, Ludlow Grade School, Fisher Jr. High and Fisher High School

- 47% increase in the number of students that could describe a viral STD
- 47% increase in the number of students that correctly identified activities that could not transmit HIV
- 53% increase in the number of students that were likely to communicate with their partner about their feelings related to sexual activity.
- 52% of students were interested in the program session most or all of the time
- 89% of students felt that the material was presented clearly
- 79% of students felt that the activities and discussions helped them learn the material

54 students received the full Making Proud Choices! teen pregnancy & STD prevention program. This program is evidence-based, medically accurate and developmentally appropriate for this age group.

Fisher HS students received a 2-day workshop that covered the basics of reproduction and pregnancy, contraceptive options, condom demonstrations and how to effectively communicate with their partners.

Plans for 2020 include:

- Year 2 programming for incoming 8th graders at Fisher, Ludlow & Thomasboro
- Expanded programming for Fisher HS students
- 3-day workshop for Heritage HS
- Revisit conversation with Mahomet Jr. High



“Making Proud Choices was a wonderful program in my 8th grade Health class! The speaker was professional, knowledgeable, and full of ideas to make the material relevant and understandable. Their rapport with the students was evident from the first day they visited my classroom. The condom demonstration (which I would have been uncomfortable to present by myself before this) was nothing to worry about! My 8th grade students handled it with a high level of maturity. The speaker presented the demonstration with competence and tact that quickly made everyone at ease. The kids took their cue from the speakers and listened without being giggly or inappropriate. I would recommend this program to anyone teaching a Health class!”



– Becky Miller, Fisher Jr. High Health Teacher