

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, June 14, 2022
5:30 PM**

Location: Champaign-Urbana Public Health District
201 W. Kenyon, Champaign, IL
Maternal and Child Health Conference Room
(Park and enter through the main entrance located on the east side of the building)

AGENDA

<u>ITEM</u>	<u>PAGE NO.</u>
A. Call to Order	
B. Roll Call	
C. Approval of Agenda/Addenda	1 - 2
D. Approval of Minutes	3 - 5
March 22, 2022	
E. Public Participation on Agenda Items Only	
F. Correspondence and Communications	
G. SmileHealthy	
1. Monthly Report for February, Fiscal Year 2022	6
2. Monthly Report for March, Fiscal Year 2022	7
3. Monthly Report for April, Fiscal Year 2022	8 - 9
4. Monthly Report for June, Fiscal Year 2022	10
H. CUPHD	
1. Approval of CUPHD Invoice for January 2022 Services	11 - 15
2. Approval of CUPHD Invoice for February 2022 Services	16 - 20
3. Approval of CUPHD Invoice for March 2022 Services	21 - 41
4. Monthly reports on Communicable Disease Morbidity http://www.c-uphd.org/comm_dis/display-data.php	
5. Monthly Reports on CUPHD Performance Management http://www.c-uphd.org/pmts/index.php?s=1	
6. Request to increase Late Fee for County Health Permit Renewal by \$100.00	42 - 43

7. Discussion of E-cigarette Free Ordinances in Champaign County Jurisdictions **44 - 55**
 8. Continued Discussion of Prevention Funding for Comprehensive Sexual Health Education in Champaign County **56 - 61**
- I. Old Business**
1. Discussion and Approval of Spending Fund Balance to Address Future Pandemic Concerns
- J. Other Business**
1. Slate of Officers/Elections
 2. Discussion of Request from SmileHealthy for Funding for the Child Dental Access Program in FY2023 **62 - 64**
 3. Discussion of Promise Healthcare Proposal for Recruiting and Sign-On Costs to Assist in Hiring New Dentists and Dental Hygienists **65 - 67**
 4. Discussion of Upcoming Budget
- K. Public Participation on Non-Agenda Items Only**
- L. Next Meeting**
August 16, 2022 at 5:30 PM at CUPHD (Maternal and Child Health Conference Room)
- M. Adjournment**

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**
2

3
4 *Tuesday, March 22, 2022*
5

6 **Call to Order**
7

8 The Champaign County Board of Health held an electronic meeting via Zoom on
9 March 22, 2022. The meeting was called to order at 5:33 PM by President,
10 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, Mr. Davis Thies, Vice President, Ms. Cathy Emanuel,
16 Secretary/Treasurer, Dr. John Peterson, Dr. Dorothy Vura-Weis, Dr. Vihn Hick,
17 Dr. Brent Reifsteck, and Mr. Jacob Paul, County Liaison. Dr. Lyndon Goodly was
18 absent.
19

20 Also present: Awais Vaid, CUPHD Deputy Administrator, and Sarah Michaels,
21 CUPHD Director of Environmental Health.
22

23 **Approval of Agenda/Addendum**
24

25 Dr. Vura-Weis made a motion to approve the agenda. Dr. Hick seconded the
26 motion. With all in favor, the motion carried.
27

28 **Approval of Minutes**
29

30 Mr. Thies made a motion to approve meeting minutes from November 16, 2021
31 and January 11, 2022. Dr. Vura-Weis seconded the motion. It was noted by Dr. Vura-
32 Weis that the January minutes referenced IEMA as the party to administer COVID
33 vaccinations at outreach sites. The minutes will be updated to reflect the full name as
34 Illinois Emergency Management Agency. With all in favor, the motion carried.
35

36 **Public Participation on Agenda Items Only**
37

38 None.
39

40 **Correspondence and Communications**
41

42 Mr. Awais Vaid gave an update on COVID noting that based on the Centers for
43 Disease Control and Prevention's metrics, Champaign County is currently considered
44 low risk. Champaign County also has waste water surveillance for COVID and it is also
45 considered low level. This information is on the CUPHD website. There has been a
46 slight increase in COVID cases due to spring break with approximately half of the
47 University of Illinois cases being the BA2 Omicron variant. Mr. Vaid also noted that
48 Administrator, Julie Pryde, has been appointed to the NACCHO (National Association of
49 County and City Health Officials) Board.
50

51 *Board of Health Minutes*
52 *March 22, 2022*
53 *Page 2*

54

55 **SmileHealthy**

56

57 Ms. Cathy Emanuel made a motion to approve the following
58 SmileHealthy monthly reports: October, November, and December 2021 and January
59 2022. Mr. Thies seconded the motion. Dr. Vura-Weis noted that the January 2022
60 spreadsheet listed the fiscal year as FY21. This appeared to be in error and a correction
61 by SmileHealthy will be requested. With all in favor, the motion carried.

62

63 **CUPHD**

64

65 Dr. Peterson made a motion to approve the CUPHD invoices for service:
66 November and December 2021. Mr. Paul seconded the motion. With all in favor, the
67 motion carried. Dr. Jones stated that not all of the COVID-related monies have been
68 allocated yet.

69

70 Mr. Vaid followed up noting the COVID information on the CUPHD website is
71 updated daily. He and Dr. Reifsteck stated that they expect there to be a small surge in
72 cases but we are not seeing an increase in hospitalizations or ICU care locally. If
73 approved, the second booster and initial dose for those age 5 and under will be the next
74 phase of response efforts.

75

76 Ms. Whitney Greger, Interim Director of Wellness and Health Promotion,
77 addressed the Board regarding preventative services funding for sex education in the
78 County. The main funding for sex education comes from Illinois Department of Human
79 Services and they require at least 40% minority population in the schools which many of
80 the County schools don't meet. They are looking to reestablish relationships with the
81 County schools who showed interest prior to the pandemic and would like to get
82 approval to explore opportunities for the next school year. It was requested to gain buy-
83 in on the program from higher administration and/or the school boards. Ms. Greger will
84 provide additional information at the June County Board of Health meeting including the
85 curriculum.

86

87 Dr. Vura-Weis made a motion to place on file the CUPHD Reportable Diseases
88 and Performance Management reports. Mr. Jacob Paul seconded the motion. With all in
89 favor, the motion carried.

90

91 **Old Business**

92

93 The County Board of Health allocated \$50,000 to help increase COVID
94 vaccinations across the County. Ms. Cathy Emanuel reached out to approximately 63
95 food establishments about hosting a vaccination clinic at their site but only heard back
96 from one organization which was interested in hosting during their monthly food pantry.
97 Additional discussion was held regarding those funds and the need to reevaluate the
98 focus and marketing efforts. The Board will look at reallocating those funds to the next
99 fiscal year budget.

100

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103 *Page 3*
104

105
106 Ms. Sarah Michaels, Director of Environmental Health, followed up regarding the
107 Cottage Food Law that was revised in January which allows for increased sales for
108 vendors beyond farmers markets. Items must meet the requirements set forth in the act.
109 This expansion creates additional, in-depth work for the Environmental Health
110 department. Registration is based on where the product is produced. The act allows for
111 up to a \$50.00 registration fee. Ms. Emanuel made a motion to approve the \$50.00
112 registration fee. Dr. Vura-Weis seconded the motion. With all in favor, the motion
113 carried.

114
115 **Other Business**

116
117 None.

118
119 **Public Participation on Non-Agenda Items**

120
121 None.

122
123 **Next Meeting**

124
125 The next County Board of Health meeting will be Tuesday, June 14, 2022 at 5:30
126 PM. This meeting will be held at CUPHD and will include discussion of the budget and a
127 presentation on sexual health education.

128
129 **Adjournment**

130
131 With no further business to be discussed, Mr. Thies made a motion to adjourn
132 the meeting. Ms. Emanuel seconded the motion. With all in favor, the meeting was
133 adjourned at 6:37 PM.



**Champaign County Board of Health
Monthly Report for February, Fiscal Year 2022**

Total number of children seen from all programs this month: **108**

Total number of unique pediatric dental patients in BOH Fiscal Year 2022: **198**

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

- Champaign: **48**
 - 61820: **23**
 - 61821: **18**
 - 61822: **5**
 - 61824: **1**
 - 61826: **1**
- Ludlow: **1**
- Mahomet: **4**
- Rantoul: **22**
- Savoy: **3**
- St. Joseph: **2**
- Urbana: **18**
 - 61801: **8**
 - 61802: **10**
- Other/Unknown: **10**

Breakdown of services provided for current month.

- Nitrous oxide: **0**
- Extraction: **15**
- Pulpotomy: **0**
- Stainless Steel Crown: **0**
- Fillings: **36**
- Silver Diamine Fluoride: **0**
- Sealant: **4**
- Fluoride: **38**
- Prophylaxis: **39**
- Xrays: **68**
- Exams: **64**



**Champaign County Board of Health
Monthly Report for March, Fiscal Year 2022**

Total number of children seen from all programs this month: **157**

Total number of unique pediatric dental patients in BOH Fiscal Year 2022: **312**

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

- Champaign: **64**
 - 61820: **27**
 - 61821: **32**
 - 61822: **4**
 - 61824: **0**
 - 61826: **1**
- Ludlow: **1**
- Mahomet: **5**
- Rantoul: **20**
- Savoy: **4**
- Tolono: **1**
- St. Joseph: **3**
- Urbana: **38**
 - 61801: **18**
 - 61802: **20**
- Other/Unknown: **21**

Breakdown of services provided for current month.

- Nitrous oxide: **0**
- Extraction: **26**
- Pulpotomy: **0**
- Stainless Steel Crown: **0**
- Fillings: **42**
- Silver Diamine Fluoride: **6**
- Sealant: **0**
- Fluoride: **81**
- Prophylaxis: **55**
- Xrays: **95**
- Exams: **104**



Champaign County Board of Health			
Monthly Report for		April, Fiscal Year	2022
Total number of children seen from all programs this month:			102
Total number of unique pediatric dental patients in BOH Fiscal Year 2022:			382
Breakdown of current month of patients for all programs by town.			
Champaign:	49	Rantoul	21
• 61820:	15	St. Joseph:	1
• 61821:	24	Savoy	1
• 61822:	9	Tolono:	0
• 61824:	0	Urbana:	24
• 61826:	1	• 61801:	4
Ludlow:	0	• 61802:	20
Mahomet	1	Other/Unknown:	5
Breakdown of services provided for current month.			
Nitrous oxide:	0	Sealant:	5
Extraction:	13	Fluoride:	54
Pulpotomy:	2	Prophylaxis:	40
Stainless Steel Crown:	0	X-rays:	95
Fillings:	15	Exams:	67
Silver Diamine Fluoride:	15		

*April 2022- No hygiene April 21, 22, 25, 26, 27

Last Day RDH April 28

No Dentist April 22

New DA hired, starts June 6

*May 2022- Last day for Dr. Pirela May 4

Oral Health Director completed prenatal visits May 2 and 4 at

Frances Nelson

Interviewing RDH and DDS candidates

*July 2022- Dr. Brito starts July 12



INVOICE

To: Champaign County Administrative Services
1776 Washington, Urbana, IL 61802

Invoice number: 66
Date: May 29, 2022

Champaign County Board of Health

Child Dental Access Program - Fiscal Year 2022 – June \$4,166.66

Please pay from this invoice. Thank you.

Invoice Number:	2201
Date of Invoice:	March 8, 2022
Billing Period:	January 2022

To:

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

For the Following Expenses:

533.07 Professional Services - LHPG Communicable Disease	\$	7,428.06
533.07 Professional Services - LHPG Disease Intervention	\$	14,151.48
533.07 Professional Services - LHPG Tuberculosis	\$	2,865.08
533.07 Professional Services - LHPG Food	\$	20,291.80
533.07 Professional Services - LHPG Water	\$	4,044.75
533.07 Professional Services - LHPG Sewage	\$	7,182.58
533.07 Professional Services - Administration	\$	13,603.25
533.07 Professional Services - PHEP Grant	\$	4,331.24
533.07 Professional Services - TFC Grant	\$	-
533.07 Professional Services - Body Art Grant	\$	-
533.07 Professional Services - Narcan Grant	\$	-
533.07 Professional Services - Perinatal Hep B Grant	\$	-
533.07 Professional Services - Pre-Exposure Prophylaxis	\$	-
533.07 Professional Services - Tanning Inspection Grant	\$	-
533.07 Professional Services - Vector Surveillance & Control Grant	\$	-
533.07 Professional Services - COVID-19 Mass Vaccination Grant	\$	-
533.07 Professional Services - COVID-19 Contact Tracing Grant	\$	-
533.07 Professional Services - Preventative Services	\$	-
533.07 Professional Services - County Well Water Testing	\$	371.19
Total Amount Due to CUPHD per Contract	\$	74,269.43

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 County Board of Health
June 14, 2022

FY22 C-UPHD Contract															
Budget vs. Billed Comparison															
	Budget	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total Billed	Budget Remaining
Core Service Contract															
Communicable Disease	89,137.00	7,428.06												7,428.06	81,708.94
Disease Intervention	169,818.00	14,151.48												14,151.48	155,666.52
Tuberculosis	34,381.00	2,865.08												2,865.08	31,515.92
Food	243,502.00	20,291.80												20,291.80	223,210.20
Water	48,537.00	4,044.75												4,044.75	44,492.25
Sewage	86,191.00	7,182.58												7,182.58	79,008.42
Administration	163,239.00	13,603.25												13,603.25	149,635.75
	834,805.00	69,567.00	-	-	-	-	-	-	-	-	-	-	-	69,567.00	765,238.00
Grants															
PHEP	64,562.00	4,331.24												4,331.24	60,230.76
Tobacco Free Communities	57,517.00	-												-	57,517.00
Body Art Inspection	413.00	-												-	413.00
Influenza Vaccine Promotion	25,000.00	-												-	25,000.00
Narcans	3,000.00	-												-	3,000.00
Perinatal Hepatitis B Prevention	7,002.00	-												-	7,002.00
Pre-Exposure Prophylaxis	162,272.00	-												-	162,272.00
Tanning Inspection	400.00	-												-	400.00
Vector Surveillance & Control	24,179.00	-												-	24,179.00
COVID-19 Mass Vaccination	-	-												-	-
COVID-19 Contact Tracing	-	-												-	-
	344,345.00	4,331.24	-	-	-	-	-	-	-	-	-	-	-	4,331.24	340,013.76
Fee for Service															
Well Water Testing	1,126.00	371.19												371.19	754.81
Preventative Services	50,000.00	-												-	50,000.00
Emergency Non-Contract	15,000.00	-												-	15,000.00
	66,126.00	371.19	-	-	-	-	-	-	-	-	-	-	-	371.19	65,754.81
Smoke-Free IL Citation Fee															
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1,245,276.00	74,269.43	-	-	-	-	-	-	-	-	-	-	-	74,269.43	1,171,006.57

REIMBURSEMENT CERTIFICATION

Champaign, County of

FE ID Number 37-6006910		Contract Number 27180009J		Appropriation Number 063-48270-1900-0200.				Page 1	Of 2		
Local Agency Name Champaign, County of		Program Public Health Emergency Preparedness - 2022						Code			
Street Address 1776 E. Washington		Report Period 01/01/2022				Thru 01/31/2022		Final <input type="checkbox"/>	Date Prepared	Date Approved	
City, State, ZIP Code Urbana, IL, 61802		Agreement Period 07/01/2021				Thru 06/30/2022		Operational Advance 0.00			
Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Program Expenses											
1. Personal Services (Incl Salary & Wages)	3,297.23	0.00	0.00	0.00	3,297.23	0.00	30,634.97	0.00	36,410.28	5,775.31	84.14%
2. Fringe Benefits	1,034.01	0.00	0.00	0.00	1,034.01	0.00	6,030.22	0.00	6,950.10	919.88	86.76%
3. Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	300.00	300.00	0.00%
4. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,168.16	12,168.16	0.00%
5. Supplies	0.00	0.00	0.00	0.00	0.00	0.00	2.08	0.00	1,300.00	1,297.92	0.16%
6. Contractual Services	0.00	0.00	0.00	0.00	0.00	0.00	518.50	0.00	4,696.46	4,177.96	11.04%
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	2,200.00	2,200.00	0.00%
10. Direct Administrative Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
11. Other or Miscellaneous Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	4,331.24	0.00	0.00	0.00	4,331.24	0.00	37,585.77	0.00	64,302.00	26,716.23	58.45%
TOTAL DIRECT EXPENSES	4,331.24	0.00	0.00	0.00	4,331.24	0.00	37,585.77	0.00	64,302.00	26,716.23	58.45%
Indirect Costs	0.00	0.00	433.12	433.12	433.12	0.00	3,758.58	3,758.58	6,430.20	0.00	0.00%
TOTAL EXPENDITURES	4,331.24	0.00	433.12	433.12	4,764.36	0.00	41,344.35	3,758.58	70,732.20	26,716.23	58.45%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	4,331.24	0.00	0.00	0.00	0.00	0.00	0.00%
Source of Funds											
1. Fees and Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%

REIMBURSEMENT CERTIFICATION

Champaign, County of

2. State Agreement	4,331.24	0.00	0.00	0.00	4,331.24	0.00	37,585.77	0.00	64,302.00	26,716.23	58.45%
3. Local	0.00	0.00	433.12	433.12	433.12	0.00	3,758.58	3,758.58	6,430.20	0.00	0.00%
4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	4,331.24	0.00	433.12	433.12	4,764.36	0.00	41,344.35	3,758.58	70,732.20	26,716.23	58.45%

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

Authorized Signature Amanda S Knight 	Date 2-24-22	Title: Director of Finance
Contact Person Name: Esther Thomas	Telephone Number: 217-531-4262	
Authorized Signature (additional)	Date	Title:
Contact Person Name:	Telephone Number:	
IDPH Authorized Signature	Date	Title:

FOR STATE USE ONLY

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

County Well Water Testing
January 2022

	Jan-22
PERSONAL SERVICES	
Jeff Blackford	175.35
Tammy Hamilton	8.45
Laura Shobe	79.90
Total Personal Services	263.70
FRINGE BENEFITS	
Health Insurance	29.38
Life Insurance	0.11
FICA	19.67
IMRF	17.06
Illinois Unemployment Insurance	2.66
Workers Compensation	7.73
Total Fringe Benefits	76.61
Total Personal Services & Fringe Benefits	340.31
CONTRACTUAL SERVICES	
Printing	0.02
Postage	27.29
Total Contractual Services	27.31
SUPPLIES	
Total Supplies	-
TRAVEL	
Mileage	3.57
Total Travel	3.57
Total	371.19

Invoice Number:	2202
Date of Invoice:	April 1, 2022
Billing Period:	February 2022

To:

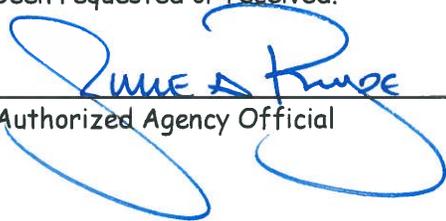
Champaign County Public Health Department
1776 East Washington Street
Urbana, Illinois 61802

For the Following Expenses:

533.07 Professional Services - LHPG Communicable Disease	\$	7,428.06
533.07 Professional Services - LHPG Disease Intervention	\$	14,151.48
533.07 Professional Services - LHPG Tuberculosis	\$	2,865.08
533.07 Professional Services - LHPG Food	\$	20,291.80
533.07 Professional Services - LHPG Water	\$	4,044.75
533.07 Professional Services - LHPG Sewage	\$	7,182.58
533.07 Professional Services - Administration	\$	13,603.25
533.07 Professional Services - PHEP Grant	\$	4,047.94
533.07 Professional Services - TFC Grant	\$	-
533.07 Professional Services - Body Art Grant	\$	-
533.07 Professional Services - Narcan Grant	\$	-
533.07 Professional Services - Perinatal Hep B Grant	\$	-
533.07 Professional Services - Pre-Exposure Prophylaxis	\$	-
533.07 Professional Services - Tanning Inspection Grant	\$	-
533.07 Professional Services - Vector Surveillance & Control Grant	\$	-
533.07 Professional Services - COVID-19 Mass Vaccination Grant	\$	-
533.07 Professional Services - COVID-19 Contact Tracing Grant	\$	-
533.07 Professional Services - Preventative Services	\$	-
533.07 Professional Services - County Well Water Testing	\$	204.53
Total Amount Due to CUPHD per Contract	\$	73,819.47

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 County Board of Health
June 14, 2022

FY22 C-UPHD Contract															
Budget vs. Billed Comparison															
	Budget	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total Billed	Budget Remaining
Core Service Contract															
Communicable Disease	89,137.00	7,428.06	7,428.06											14,856.12	74,280.88
Disease Intervention	169,818.00	14,151.48	14,151.48											28,302.96	141,515.04
Tuberculosis	34,381.00	2,865.08	2,865.08											5,730.16	28,650.84
Food	243,502.00	20,291.80	20,291.80											40,583.60	202,918.40
Water	48,537.00	4,044.75	4,044.75											8,089.50	40,447.50
Sewage	86,191.00	7,182.58	7,182.58											14,365.16	71,825.84
Administration	163,239.00	13,603.25	13,603.25											27,206.50	136,032.50
	834,805.00	69,567.00	69,567.00	-	-	-	-	-	-	-	-	-	-	139,134.00	695,671.00
Grants															
PHEP	64,562.00	4,331.24	4,047.94											8,379.18	56,182.82
Tobacco Free Communities	57,517.00	-	-											-	57,517.00
Body Art Inspection	413.00	-	-											-	413.00
Influenza Vaccine Promotion	25,000.00	-	-											-	25,000.00
Narcan	3,000.00	-	-											-	3,000.00
Perinatal Hepatitis B Prevention	7,002.00	-	-											-	7,002.00
Pre-Exposure Prophylaxis	162,272.00	-	-											-	162,272.00
Tanning Inspection	400.00	-	-											-	400.00
Vector Surveillance & Control	24,179.00	-	-											-	24,179.00
COVID-19 Mass Vaccination	-	-	-											-	-
COVID-19 Contact Tracing	-	-	-											-	-
	344,345.00	4,331.24	4,047.94	-	-	-	-	-	-	-	-	-	-	8,379.18	335,965.82
Fee for Service															
Well Water Testing	1,126.00	371.19	204.53											575.72	550.28
Preventative Services	50,000.00														
Emergency Non-Contract	15,000.00	-												-	15,000.00
	66,126.00	371.19	204.53	-	-	-	-	-	-	-	-	-	-	575.72	65,550.28
Smoke-Free IL Citation Fee															
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1,245,276.00	74,269.43	73,819.47	-	-	-	-	-	-	-	-	-	-	148,088.90	1,097,187.10

REIMBURSEMENT CERTIFICATION

Champaign, County of

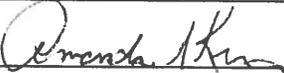
FE ID Number 37-6006910		Contract Number 27180009J		Appropriation Number 063-48270-1900-0200.				Page 1	Of 2		
Local Agency Name Champaign, County of		Program Public Health Emergency Preparedness - 2022						Code			
Street Address 1776 E. Washington		Report Period 02/01/2022				Thru 02/28/2022		Final	Γ	Date Prepared	Date Approved
City, State, ZIP Code Urbana, IL, 61802		Agreement Period 07/01/2021				Thru 06/30/2022		Operational Advance 0.00			
Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Program Expenses											
1. Personal Services (Incl Salary & Wages)	3,056.69	0.00	0.00	0.00	3,056.69	0.00	33,691.66	0.00	41,766.11	8,074.45	80.67%
2. Fringe Benefits	959.29	0.00	0.00	0.00	959.29	0.00	6,989.51	0.00	9,287.31	2,297.80	75.26%
3. Travel	31.96	0.00	0.00	0.00	31.96	0.00	31.96	0.00	1,033.34	1,001.38	3.09%
4. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,941.22	5,941.22	0.00%
5. Supplies	0.00	0.00	0.00	0.00	0.00	0.00	2.08	0.00	2,106.55	2,104.47	0.10%
6. Contractual Services	0.00	0.00	0.00	0.00	0.00	0.00	518.50	0.00	3,767.47	3,248.97	13.76%
7. Occupancy - Rent and Utilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
8. Telecommunications	0.00	0.00	0.00	0.00	0.00	0.00	400.00	0.00	400.00	0.00	100.00%
9. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
10. Direct Administrative Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
11. Other or Miscellaneous Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	4,047.94	0.00	0.00	0.00	4,047.94	0.00	41,633.71	0.00	64,302.00	22,668.29	64.75%
TOTAL DIRECT EXPENSES	4,047.94	0.00	0.00	0.00	4,047.94	0.00	41,633.71	0.00	64,302.00	22,668.29	64.75%
Indirect Costs	0.00	0.00	404.79	404.79	404.79	0.00	4,163.37	4,163.37	6,430.20	0.00	0.00%
TOTAL EXPENDITURES	4,047.94	0.00	404.79	404.79	4,452.73	0.00	45,797.08	4,163.37	70,732.20	22,668.29	64.75%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	4,047.94	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%

REIMBURSEMENT CERTIFICATION

Champaign, County of

2. State Agreement	4,047.94	0.00	0.00	0.00	4,047.94	0.00	41,633.71	0.00	64,302.00	22,668.29	64.75%
3. Local	0.00	0.00	404.79	404.79	404.79	0.00	4,163.37	4,163.37	6,430.20	0.00	0.00%
4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	4,047.94	0.00	404.79	404.79	4,452.73	0.00	45,797.08	4,163.37	70,732.20	22,668.29	64.75%

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

Authorized Signature	Amanda S Knight		Date	3-29-22	Title:	Director of Finance
Contact Person Name:	Esther Thomas				Telephone Number:	217-531-4262
Authorized Signature (additional)			Date		Title:	
Contact Person Name:					Telephone Number:	
IDPH Authorized Signature			Date		Title:	

FOR STATE USE ONLY

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					

Message

<p>Authority: P.A. 368 of 1978 Completion: is a Condition of Reimbursement</p>	<p>The Champaign, County of is an equal opportunity employer, services, and program provider.</p>
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County Well Water Testing
February 2022

	Feb-22
PERSONAL SERVICES	
Jeff Blackford	120.00
Tammy Hamilton	18.55
Laura Shobe	6.58
Total Personal Services	145.13
FRINGE BENEFITS	
Health Insurance	23.60
Life Insurance	0.05
FICA	10.73
IMRF	9.08
Illinois Unemployment Insurance	0.59
Workers Compensation	5.11
Total Fringe Benefits	49.16
Total Personal Services & Fringe Benefits	194.29
CONTRACTUAL SERVICES	
Postage	10.24
Total Contractual Services	10.24
SUPPLIES	
Total Supplies	-
TRAVEL	
Total Travel	-
Total	204.53

Invoice Number:	2203
Date of Invoice:	May 5, 2022
Billing Period:	March 2022

To:

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

For the Following Expenses:

533.07 Professional Services - LHPG Communicable Disease	\$	7,428.06
533.07 Professional Services - LHPG Disease Intervention	\$	14,151.48
533.07 Professional Services - LHPG Tuberculosis	\$	2,865.08
533.07 Professional Services - LHPG Food	\$	20,291.80
533.07 Professional Services - LHPG Water	\$	4,044.75
533.07 Professional Services - LHPG Sewage	\$	7,182.58
533.07 Professional Services - Administration	\$	13,603.25
533.07 Professional Services - PHEP Grant	\$	3,302.37
533.07 Professional Services - TFC Grant	\$	7,836.75
533.07 Professional Services - Body Art Grant	\$	-
533.07 Professional Services - Narcan Grant	\$	-
533.07 Professional Services - Perinatal Hep B Grant	\$	-
533.07 Professional Services - Pre-Exposure Prophylaxis	\$	49,229.30
533.07 Professional Services - Tanning Inspection Grant	\$	-
533.07 Professional Services - Vector Surveillance & Control Grant	\$	-
533.07 Professional Services - COVID-19 Crisis Grant	\$	62,141.19
533.07 Professional Services - COVID-19 Mass Vaccination Grant	\$	34,317.48
533.07 Professional Services - COVID-19 Contact Tracing Grant	\$	174,155.72
533.07 Professional Services - Preventative Services	\$	-
533.07 Professional Services - County Well Water Testing	\$	569.31
Total Amount Due to CUPHD per Contract	\$	401,119.12

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 County Board of Health
June 14, 2022

FY22 C-UPHD Contract															
Budget vs. Billed Comparison															
	Budget	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total Billed	Budget Remaining
Core Service Contract															
Communicable Disease	89,137.00	7,428.06	7,428.06	7,428.06										22,284.18	66,852.82
Disease Intervention	169,818.00	14,151.48	14,151.48	14,151.48										42,454.44	127,363.56
Tuberculosis	34,381.00	2,865.08	2,865.08	2,865.08										8,595.24	25,785.76
Food	243,502.00	20,291.80	20,291.80	20,291.80										60,875.40	182,626.60
Water	48,537.00	4,044.75	4,044.75	4,044.75										12,134.25	36,402.75
Sewage	86,191.00	7,182.58	7,182.58	7,182.58										21,547.74	64,643.26
Administration	163,239.00	13,603.25	13,603.25	13,603.25										40,809.75	122,429.25
	834,805.00	69,567.00	69,567.00	69,567.00	-	-	-	-	-	-	-	-	-	208,701.00	626,104.00
Grants															
PHEP	64,562.00	4,331.24	4,047.94	3,302.37										11,681.55	52,880.45
Tobacco Free Communities	57,517.00	-	-	7,836.75										7,836.75	49,680.25
Body Art Inspection	413.00	-	-	-										-	413.00
Influenza Vaccine Promotion	25,000.00	-	-	-										-	25,000.00
Narcans	3,000.00	-	-	-										-	3,000.00
Perinatal Hepatitis B Prevention	7,002.00	-	-	-										-	7,002.00
Pre-Exposure Prophylaxis	162,272.00	-	-	49,229.30										49,229.30	113,042.70
Tanning Inspection	400.00	-	-	-										-	400.00
Vector Surveillance & Control	24,179.00	-	-	-										-	24,179.00
COVID-19 Crisis	-	-	-	62,141.19										62,141.19	(62,141.19)
COVID-19 Mass Vaccination	-	-	-	34,317.48										34,317.48	(34,317.48)
COVID-19 Contact Tracing	-	-	-	174,155.72										174,155.72	(174,155.72)
	344,345.00	4,331.24	4,047.94	330,982.81	-	-	-	-	-	-	-	-	-	339,361.99	4,983.01
Fee for Service															
Well Water Testing	1,126.00	371.19	204.53	569.31										1,145.03	(19.03)
Preventative Services	50,000.00	-	-	-										-	50,000.00
Emergency Non-Contract	15,000.00	-	-	-										-	15,000.00
	66,126.00	371.19	204.53	569.31	-	-	-	-	-	-	-	-	-	1,145.03	64,980.97
Smoke-Free IL Citation Fee															
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1,245,276.00	74,269.43	73,819.47	401,119.12	-	-	-	-	-	-	-	-	-	549,208.02	696,067.98

REIMBURSEMENT CERTIFICATION

Champaign, County of

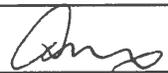
FE ID Number 37-6006910	Contract Number 27180009J	Appropriation Number 063-48270-1900-0200.							Page 1	Of 2	
Local Agency Name Champaign, County of	Program Public Health Emergency Preparedness - 2022							Code			
Street Address 1776 E. Washington	Report Period 03/01/2022	Thru	03/31/2022	Final	☐			Date Prepared	Date Approved		
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 07/01/2021	Thru	06/30/2022	Operational Advance 0.00							
Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Program Expenses											
1. Personal Services (Incl Salary & Wages)	2,267.77	0.00	0.00	0.00	2,267.77	0.00	35,959.43	0.00	41,766.11	5,806.68	86.10%
2. Fringe Benefits	652.10	0.00	0.00	0.00	652.10	0.00	7,641.61	0.00	9,287.31	1,645.70	82.28%
3. Travel	175.10	0.00	0.00	0.00	175.10	0.00	207.06	0.00	1,033.34	826.28	20.04%
4. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,941.22	5,941.22	0.00%
5. Supplies	0.00	0.00	0.00	0.00	0.00	0.00	2.08	0.00	2,106.55	2,104.47	0.10%
6. Contractual Services	207.40	0.00	0.00	0.00	207.40	0.00	725.90	0.00	3,767.47	3,041.57	19.27%
7. Occupancy - Rent and Utilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
8. Telecommunications	0.00	0.00	0.00	0.00	0.00	0.00	400.00	0.00	400.00	0.00	100.00%
9. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
10. Direct Administrative Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
11. Other or Miscellaneous Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	3,302.37	0.00	0.00	0.00	3,302.37	0.00	44,936.08	0.00	64,302.00	19,365.92	69.88%
TOTAL DIRECT EXPENSES	3,302.37	0.00	0.00	0.00	3,302.37	0.00	44,936.08	0.00	64,302.00	19,365.92	69.88%
Indirect Costs	0.00	0.00	330.24	330.24	330.24	0.00	4,493.61	4,493.61	6,430.20	0.00	0.00%
TOTAL EXPENDITURES	3,302.37	0.00	330.24	330.24	3,632.61	0.00	49,429.69	4,493.61	70,732.20	19,365.92	69.88%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	3,302.37	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	3,302.37	0.00	0.00	0.00	3,302.37	0.00	44,936.08	0.00	64,302.00	19,365.92	69.88%
3. Local	0.00	0.00	330.24	330.24	330.24	0.00	4,493.61	4,493.61	6,430.20	0.00	0.00%
4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	3,302.37	0.00	330.24	330.24	3,632.61	0.00	49,429.69	4,493.61	70,732.20	19,365.92	69.88%

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

Authorized Signature Amanda S Knight 	Date 4-29-22	Title: Director of Finance
Contact Person Name: Esther Thomas	Telephone Number: 217-531-4262	
Authorized Signature (additional)	Date	Title:
Contact Person Name:	Telephone Number:	
IDPH Authorized Signature	Date	Title:

FOR STATE USE ONLY

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					

Message	
<p>Authority: P.A. 368 of 1978 Completion: is a Condition of Reimbursement</p>	<p>The Champaign, County of is an equal opportunity employer, services, and program provider.</p>

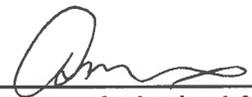
Champaign County Board of Health
Champaign-Urbana Public Health District
REIMBURSEMENT CERTIFICATION / EXPENDITURE FORM

Fiscal Contact Person: Esther Thomas
 Telephone Number: 217-531-4262
 Email Address: ethomas@c-uphd.org
 Date Submitted: 5/5/2022

In the box below , please enter reimbursement amounts submitted for your FY19 grant.

Agency Name:	Champaign County		Qtr 1		Qtr 2		Qtr 3		Qtr 4	
FEIN #:	37-6006910	\$6,850.07	7/1/2021 -	\$5,033.38	10/1/2021 -	\$7,836.75	1/1/2022 -		4/1/2022 -	
			9/30/2021		12/31/2021		3/31/2022		6/30/2022	
Grant #:	23281005J								\$19,720.20	YTD
Program Name:	Illinois Tobacco-Free Communities	Billing Period:		1/1/22-3/31/22						
Name / Vendor	Title / Purpose	Period / Date Incurred		Amount Claimed		Match				
Salary & Wages										
Whitney Greger	Program Coordinator	1/1/22-3/31/22		\$1,463.23						
Alyx McElfresh	Health Educator	1/1/22-3/31/22		\$983.43						
Kami Lafoon	Health Educator	1/1/22-3/31/22		\$919.09						
Anna Johnson	Health Educator	1/1/22-3/31/22		\$1,778.98						
Total Salary & Wages				\$5,144.73						
Fringe Benefits										
Social Security	FICA	1/1/22-3/31/22		\$380.62						
Retirement	IMRF	1/1/22-3/31/22		\$323.52						
Health Insurance	Health Insurance	1/1/22-3/31/22		\$1,186.90						
Group Insurance	Life, Unemployment & Workers Comp	1/1/22-3/31/22		\$68.07						
Total Fringe Benefits				\$1,959.11						
Travel										
Kami Lafoon	SFIA Travel	1/1/22-3/31/22		\$19.95						
Total Travel				\$19.95						
Supplies										
USPS	Postage	1/1/22-3/31/22		\$0.53						
Total Supplies				\$0.53						
Indirect Cost										
	De Minimis Rate of 10% or MTDC	1/1/22-3/31/22		\$712.43						
Grand Total				\$7,836.75						

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

5-5-22

 Date 25

REIMBURSEMENT CERTIFICATION

Champaign, County of

FE ID Number 37-6006910	Contract Number 25080009J-PrEP	Appropriation Number - 001-48251-1900-0100 for Pre-exposure Prophylaxis (PrEP)							Page 1	Of 4	
Local Agency Name Champaign, County of	Program Comprehensive Health Protection Grant - FY 2022							Code Pre-Exposure Prophylaxis			
Street Address 1776 E. Washington	Report Period 01/01/2022	Thru	03/31/2022	Final	<input type="checkbox"/>	Date Prepared	Date Approved				
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 07/01/2021	Thru	06/30/2022	Operational Advance 0.00							
Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Program Expenses											
1. Personal Services (Incl Salary & Wages)											
Others (Program Manager, Candi Crause)	1,726.99	0.00	0.00	0.00	1,726.99	0.00	5,132.12	0.00	10,284.40	5,152.28	49.90%
Others (Program Coordinator, Nancy Johnson)	1,941.98	0.00	0.00	0.00	1,941.98	0.00	8,703.03	0.00	12,652.32	3,949.29	68.79%
Others (NP, Connie Ger)	5,618.57	0.00	0.00	0.00	5,618.57	0.00	15,175.61	0.00	22,108.01	6,932.40	68.64%
Others (NP, Jennifer Enoch)	5,493.76	0.00	0.00	0.00	5,493.76	0.00	15,758.58	0.00	10,872.65	-4,885.93	144.94%
Others (PrEP Counselor, Stephanie Silver)	0.00	0.00	0.00	0.00	0.00	0.00	63.33	0.00	4,653.84	4,590.51	1.36%
Others (PrEP Counselor, Susan Johnson)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,853.52	4,853.52	0.00%
Others (PrEP Counselor, Whitney Scheiwe)	83.30	0.00	0.00	0.00	83.30	0.00	298.76	0.00	4,560.24	4,261.48	6.55%
Others (PrEP Counselor, Teresa Castaneda)	26.29	0.00	0.00	0.00	26.29	0.00	74.99	0.00	4,560.24	4,485.25	1.64%
Others (PrEP Counselor, Vacant)	470.30	0.00	0.00	0.00	470.30	0.00	1,085.85	0.00	4,560.24	3,474.39	23.81%
Sub Total for Personal Services (Incl Salary & Wages)	15,361.19	0.00	0.00	0.00	15,361.19	0.00	46,292.27	0.00	79,105.46	32,813.19	58.52%
2. Fringe Benefits											
FICA	1,069.18	0.00	0.00	0.00	1,069.18	0.00	3,256.23	0.00	5,707.66	2,451.43	57.05%
Retirement	905.38	0.00	0.00	0.00	905.38	0.00	3,183.86	0.00	5,948.62	2,764.76	53.52%

REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Health Insurance	3,533.55	0.00	0.00	0.00	3,533.55	0.00	10,193.97	0.00	16,932.95	6,738.98	60.20%
Workmens Compensation	66.40	0.00	0.00	0.00	66.40	0.00	192.39	0.00	321.17	128.78	59.90%
Others (Life Insurance)	5.96	0.00	0.00	0.00	5.96	0.00	18.44	0.00	31.16	12.72	59.18%
Others (Unemployment Insurance)	56.05	0.00	0.00	0.00	56.05	0.00	79.61	0.00	204.93	125.32	38.85%
Sub Total for Fringe Benefits	5,636.52	0.00	0.00	0.00	5,636.52	0.00	16,924.50	0.00	29,146.49	12,221.99	58.07%
3. Travel											
InState Mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	386.40	386.40	0.00%
InState Mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	616.00	616.00	0.00%
InState Mileage	22.92	0.00	0.00	0.00	22.92	0.00	22.92	0.00	224.00	201.08	10.23%
OutState Lodging	868.76	0.00	0.00	0.00	868.76	0.00	868.76	0.00	2,570.00	1,701.24	33.80%
OutState Meals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	570.00	570.00	0.00%
OutState Others (Air Fare to DC)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	932.00	932.00	0.00%
Sub Total for Travel	891.68	0.00	0.00	0.00	891.68	0.00	891.68	0.00	5,298.40	4,406.72	16.83%
4. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Supplies											
Others (Pill Cases)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	444.00	444.00	0.00%
Others (Rapid Syphilis Tests)	727.91	0.00	0.00	0.00	727.91	0.00	727.91	0.00	1,818.00	1,090.09	40.04%
Others (Condoms for STI prevention)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,000.00	2,000.00	0.00%
Sub Total for Supplies	727.91	0.00	0.00	0.00	727.91	0.00	727.91	0.00	4,262.00	3,534.09	17.08%
6. Contractual Services											
Others (Rent for space on UIUC campus)	618.00	0.00	0.00	0.00	618.00	0.00	1,854.00	0.00	2,473.65	619.65	74.95%
Others (GRINDR)	0.00	0.00	0.00	0.00	0.00	0.00	500.00	0.00	7,500.00	7,000.00	6.67%

REIMBURSEMENT CERTIFICATION

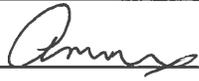
Champaign, County of

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Others (Surface 51)	25,000.00	0.00	0.00	0.00	25,000.00	0.00	25,000.00	0.00	25,000.00	0.00	100.00%
Others (UIMC Reference Lab)	139.00	0.00	0.00	0.00	139.00	0.00	395.00	0.00	3,000.00	2,605.00	13.17%
Others (Conference Registration)	855.00	0.00	0.00	0.00	855.00	0.00	855.00	0.00	0.00	-855.00	85,500.00 %
Sub Total for Contractual Services	26,612.00	0.00	0.00	0.00	26,612.00	0.00	28,604.00	0.00	37,973.65	9,369.65	75.33%
7. Telecommunications	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	49,229.30	0.00	0.00	0.00	49,229.30	0.00	93,440.36	0.00	155,786.00	62,345.64	59.98%
TOTAL DIRECT EXPENSES	49,229.30	0.00	0.00	0.00	49,229.30	0.00	93,440.36	0.00	155,786.00	62,345.64	59.98%
TOTAL EXPENDITURES	49,229.30	0.00	0.00	0.00	49,229.30	0.00	93,440.36	0.00	155,786.00	62,345.64	59.98%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	49,229.30	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	49,229.30	0.00	0.00	0.00	49,229.30	0.00	93,440.36	0.00	155,786.00	62,345.64	59.98%
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	49,229.30	0.00	0.00	0.00	49,229.30	0.00	93,440.36	0.00	155,786.00	62,345.64	59.98%

REIMBURSEMENT CERTIFICATION

Champaign, County of

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

Authorized Signature Amanda S Knight 	Date 4-26-22	Title: Director of Finance
Contact Person Name: Esther Thomas		Telephone Number: 217-531-4262
Authorized Signature (additional)	Date	Title:
Contact Person Name:		Telephone Number:
IDPH Authorized Signature	Date	Title:

FOR STATE USE ONLY

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

REIMBURSEMENT CERTIFICATION

Champaign, County of

FE ID Number 37-6006910		Contract Number 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 01/01/2022				Thru 03/31/2022		Final <input checked="" type="checkbox"/>	Date Prepared	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)	48,545.94	0.00	0.00	0.00	48,545.94	0.00	48,545.94	0.00	54,068.92	5,522.98	89.79%
2. Fringe Benefits	7,946.05	0.00	0.00	0.00	7,946.05	0.00	7,946.05	0.00	19,391.99	11,445.94	40.98%
3. Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
4. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
6. Contractual Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
7. Consultant Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
8. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
9. Telecommunications	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
10. Other Miscellaneous	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	56,491.99	0.00	0.00	0.00	56,491.99	0.00	56,491.99	0.00	73,460.91	16,968.92	76.90%
TOTAL DIRECT EXPENSES	56,491.99	0.00	0.00	0.00	56,491.99	0.00	56,491.99	0.00	73,460.91	16,968.92	76.90%
Indirect Costs											
	5,649.20	0.00	0.00	0.00	5,649.20	0.00	5,649.20	0.00	7,346.09	1,696.89	76.90%
TOTAL EXPENDITURES	62,141.19	0.00	0.00	0.00	62,141.19	0.00	62,141.19	0.00	80,807.00	18,665.81	76.90%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	62,141.19	0.00	0.00	0.00	0.00	0.00	0.00%
Source of Funds											
1. Fees and Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2. State Agreement	62,141.19	0.00	0.00	0.00	62,141.19	0.00	62,141.19	0.00	80,807.00	18,665.81	76.90%
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	62,141.19	0.00	0.00	0.00	62,141.19	0.00	62,141.19	0.00	80,807.00	18,665.81	76.90%

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

Authorized Signature Amanda S Knight 	Date 5-4-22	Title: Director of Finance
Contact Person Name: Esther Thomas		Telephone Number: 217-531-4262
Authorized Signature (additional)	Date	Title:
Contact Person Name:		Telephone Number:
IDPH Authorized Signature	Date	Title:

FOR STATE USE ONLY

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

REIMBURSEMENT CERTIFICATION

Champaign, County of

FE ID Number 37-6006910	Contract Number 15080609I	Appropriation Number 063-48250-1900-0100 and 063-48201-1900-0100.	Page 1	Of 4
Local Agency Name Champaign, County of	Program COVID-19 Mass Vaccination - 2021		Code	
Street Address 1776 E. Washington	Report Period 01/01/2022	Thru 03/31/2022	Final <input type="checkbox"/>	Date Prepared
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 12/01/2020	Thru 12/31/2022	Date Approved	
			Operational Advance 0.00	

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
Program Expenses											
1. Personal Services (Incl Salary & Wages)											
Program Manager	3,193.69	0.00	0.00	0.00	3,193.69	0.00	35,942.42	0.00	46,843.30	10,900.88	76.73%
Others (Nurses)	3,996.50	0.00	0.00	0.00	3,996.50	0.00	67,458.21	0.00	76,524.33	9,066.12	88.15%
Others (Nurse Practitioners)	1,673.19	0.00	0.00	0.00	1,673.19	0.00	25,358.73	0.00	38,445.43	13,086.70	65.96%
Others (Dentists)	0.00	0.00	0.00	0.00	0.00	0.00	2,845.52	0.00	3,687.31	841.79	77.17%
Others (Data Manager)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	316.77	316.77	0.00%
Others (Administrative Assistants)	44.92	0.00	0.00	0.00	44.92	0.00	2,024.08	0.00	2,283.19	259.11	88.65%
Others (Case Managers)	19.94	0.00	0.00	0.00	19.94	0.00	11,389.48	0.00	16,172.78	4,783.30	70.42%
Others (Dental Hygeinists)	0.00	0.00	0.00	0.00	0.00	0.00	1,410.33	0.00	1,683.24	272.91	83.79%
Others (Environmental Health Specialists)	0.00	0.00	0.00	0.00	0.00	0.00	1,644.89	0.00	1,481.51	-163.38	111.03%
Others (Intake Specialists)	4,582.94	0.00	0.00	0.00	4,582.94	0.00	21,033.48	0.00	31,200.26	10,166.78	67.41%
Others (Nutritionists)	0.00	0.00	0.00	0.00	0.00	0.00	586.58	0.00	607.16	20.58	96.61%
Others (Peer Counselors)	112.60	0.00	0.00	0.00	112.60	0.00	625.66	0.00	329.80	-295.86	189.71%
Others (Prevention Specialists)	0.00	0.00	0.00	0.00	0.00	0.00	5,306.98	0.00	7,774.97	2,467.99	68.26%
Others (Program Coordinators)	0.00	0.00	0.00	0.00	0.00	0.00	13,480.61	0.00	31,139.99	17,659.38	43.29%
Others (Special Project Assistants)	1,833.48	0.00	0.00	0.00	1,833.48	0.00	42,902.63	0.00	53,347.10	10,444.47	80.42%
Others (Licensed Vaccinators)	10,060.38	0.00	0.00	0.00	10,060.38	0.00	38,710.32	0.00	50,378.79	11,668.47	76.84%

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)	25,517.64	0.00	0.00	0.00	25,517.64	0.00	270,719.92	0.00	362,215.93	91,496.01	74.74%
2. Fringe Benefits											
Retirement	873.78	0.00	0.00	0.00	873.78	0.00	14,033.30	0.00	20,705.05	6,671.75	67.78%
FICA	1,920.59	0.00	0.00	0.00	1,920.59	0.00	19,954.70	0.00	27,709.52	7,754.82	72.01%
Health Insurance	2,180.33	0.00	0.00	0.00	2,180.33	0.00	33,988.36	0.00	49,306.98	15,318.62	68.93%
Others (Life Insurance)	8.18	0.00	0.00	0.00	8.18	0.00	90.02	0.00	124.08	34.06	72.55%
Others (Unemployment)	208.88	0.00	0.00	0.00	208.88	0.00	1,884.80	0.00	2,499.29	614.49	75.41%
Workmens Compensation	110.23	0.00	0.00	0.00	110.23	0.00	1,309.35	0.00	1,756.75	447.40	74.53%
Sub Total for Fringe Benefits	5,301.99	0.00	0.00	0.00	5,301.99	0.00	71,260.53	0.00	102,101.67	30,841.14	69.79%
3. Travel											
InState Mileage	11.54	0.00	0.00	0.00	11.54	0.00	847.98	0.00	1,239.69	391.71	68.40%
InState Other	0.00	0.00	0.00	0.00	0.00	0.00	1.98	0.00	0.00	-1.98	198.00%
Sub Total for Travel	11.54	0.00	0.00	0.00	11.54	0.00	849.96	0.00	1,239.69	389.73	68.56%
4. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Supplies											
Others (Vaccination supplies)	218.02	0.00	0.00	0.00	218.02	0.00	29,811.67	0.00	37,442.00	7,630.33	79.62%
Others (Office Supplies)	32.04	0.00	0.00	0.00	32.04	0.00	2,826.07	0.00	3,935.00	1,108.93	71.82%
Others (Copies & Printing)	37.29	0.00	0.00	0.00	37.29	0.00	5,334.61	0.00	8,012.20	2,677.59	66.58%
Sub Total for Supplies	287.35	0.00	0.00	0.00	287.35	0.00	37,972.35	0.00	49,389.20	11,416.85	76.88%
6. Contractual Services											
Others (Translation Services)	0.00	0.00	0.00	0.00	0.00	0.00	240.07	0.00	243.51	3.44	98.59%
Others (Background checks)	0.00	0.00	0.00	0.00	0.00	0.00	32.56	0.00	200.00	167.44	16.28%

REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
for new staff)											
Others (Scheduling software)	79.19	0.00	0.00	0.00	79.19	0.00	158.38	0.00	65.00	-93.38	243.66%
Sub Total for Contractual Services	79.19	0.00	0.00	0.00	79.19	0.00	431.01	0.00	508.51	77.50	84.76%
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	31,197.71	0.00	0.00	0.00	31,197.71	0.00	381,233.77	0.00	515,455.00	134,221.23	73.96%
TOTAL DIRECT EXPENSES	31,197.71	0.00	0.00	0.00	31,197.71	0.00	381,233.77	0.00	515,455.00	134,221.23	73.96%
Indirect Costs											
De Minimis Rate – up to 10%	3,119.77	0.00	0.00	0.00	3,119.77	0.00	38,123.37	0.00	51,545.00	13,421.63	73.96%
TOTAL EXPENDITURES	34,317.48	0.00	0.00	0.00	34,317.48	0.00	419,357.14	0.00	567,000.00	147,642.86	73.96%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	34,317.48	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	34,317.48	0.00	0.00	0.00	34,317.48	0.00	419,357.14	0.00	567,000.00	147,642.86	73.96%
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	34,317.48	0.00	0.00	0.00	34,317.48	0.00	419,357.14	0.00	567,000.00	147,642.86	73.96%

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 Julie A Pryde 	Date 04/02/22	Title: Administrator
Contact Person Name: Esther Thomas		Telephone Number: 217-351-4262
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 05180108H	Appropriation Number 063-48250-1900-0005 and 063-48250-1900-0100			Page 1	Of 5	
Local Agency Name Champaign, County of	Program COVID-19 Contact Tracing - 2020				Code		
Street Address 1776 E. Washington	Report Period 01/01/2022	Thru	03/31/2022	Final	<input checked="" type="checkbox"/>	Date Prepared	Date Approved
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 06/01/2020	Thru	03/31/2022	Operational Advance 0.00			
Category	Expenditures				Agreement		
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
Program Expenses							
1. Personal Services (Incl Salary & Wages)							
Project Director	9,527.16	9,527.16	0.00	67,128.07	61,914.62	-5,213.45	108.42%
Others (Project Managers)	12,932.71	12,932.71	0.00	138,623.96	159,430.14	20,806.18	86.95%
Others (PH Administrator)	20,046.90	20,046.90	0.00	125,081.66	80,121.07	-44,960.59	156.12%
Others (Program Supervisors)	806.33	806.33	0.00	69,980.99	133,409.64	63,428.65	52.46%
Others (Data Manager)	5,325.82	5,325.82	0.00	47,534.98	36,476.96	-11,058.02	130.32%
Others (Resource Coordinators)	0.00	0.00	0.00	38,760.82	58,226.59	19,465.77	66.57%
Others (Admin Assistants)	47.60	47.60	0.00	12,119.95	25,168.60	13,048.65	48.16%
Others (Case Managers)	6,749.75	6,749.75	0.00	121,545.75	180,976.37	59,430.62	67.16%
Others (Dental Hygienists)	1,322.37	1,322.37	0.00	59,345.45	62,301.71	2,956.26	95.25%
Others (Health Educators)	0.00	0.00	0.00	23,464.26	32,755.05	9,290.79	71.64%
Others (Intake Specialists)	0.00	0.00	0.00	9,597.49	20,291.61	10,694.12	47.30%
Others (Nurse Practitioner)	0.00	0.00	0.00	2,469.63	5,351.38	2,881.75	46.15%
Others (Nutritionists)	0.00	0.00	0.00	6,203.15	11,236.44	5,033.29	55.21%
Others (Peer Counselors)	0.00	0.00	0.00	2,663.13	3,662.02	998.89	72.72%
Others (Public Health Nurses)	0.00	0.00	0.00	6,456.23	18,677.12	12,220.89	34.57%
Others (Prevention Specialists)	511.88	511.88	0.00	29,883.19	58,360.25	28,477.06	51.20%
Others (Program Coordinators)	147.22	147.22	0.00	10,285.43	24,149.38	13,863.95	42.59%

REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures				Agreement		
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
Others (Public Health Tech)	0.00	0.00	0.00	21.33	290.49	269.16	7.34%
Others (Environmental Health Specialists)	0.00	0.00	0.00	2,122.55	10,967.06	8,844.51	19.35%
Others (Special Project Assistants)	48,984.28	48,984.28	0.00	512,759.85	598,739.64	85,979.79	85.64%
Sub Total for Personal Services (Incl Salary & Wages)	106,402.02	106,402.02	0.00	1,286,047.87	1,582,506.14	296,458.27	81.27%
2. Fringe Benefits							
Retirement	4,198.39	4,198.39	0.00	57,634.07	78,805.68	21,171.61	73.13%
FICA	7,842.24	7,842.24	0.00	93,412.69	121,061.72	27,649.03	77.16%
Health Insurance	13,605.83	13,605.83	0.00	173,431.59	207,388.61	33,957.02	83.63%
Others (Life insurance)	33.50	33.50	0.00	386.45	448.89	62.44	86.09%
Others (Unemployment)	661.31	661.31	0.00	6,818.00	6,330.02	-487.98	107.71%
Workmens Compensation	459.38	459.38	0.00	7,324.64	11,868.80	4,544.16	61.71%
Sub Total for Fringe Benefits	26,800.65	26,800.65	0.00	339,007.44	425,903.72	86,896.28	79.60%
3. Travel							
InState Mileage	0.00	0.00	0.00	4,128.79	4,128.79	0.00	100.00%
InState Mileage	81.73	81.73	0.00	5,004.17	9,681.21	4,677.04	51.69%
Sub Total for Travel	81.73	81.73	0.00	9,132.96	13,810.00	4,677.04	66.13%
4. Equipment							
	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Supplies							
Others (Hand Sanitizer)	0.00	0.00	0.00	5,607.83	10,000.00	4,392.17	56.08%
Others (N 95 Masks)	199.59	199.59	0.00	199.59	50,000.00	49,800.41	0.40%
Others (Gloves)	0.00	0.00	0.00	3,384.14	10,000.00	6,615.86	33.84%
Others (HEPA Filters and humidifiers)	177.91	177.91	0.00	1,942.80	10,000.00	8,057.20	19.43%

REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures				Agreement		
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
Others (CAPRs)	0.00	0.00	0.00	6,073.57	20,000.00	13,926.43	30.37%
Others (Desk Dividers)	0.00	0.00	0.00	4,883.24	10,000.00	5,116.76	48.83%
Others (Sanitizing Stations)	0.00	0.00	0.00	176.88	8,000.00	7,823.12	2.21%
Others (Gowns)	0.00	0.00	0.00	10,541.62	10,000.00	-541.62	105.42%
Others (Portable Outdoor Heaters)	0.00	0.00	0.00	1,505.29	900.00	-605.29	167.25%
Others (Portable Generator)	0.00	0.00	0.00	106.32	370.00	263.68	28.74%
Others (Office Supplies)	0.00	0.00	0.00	6,384.61	17,802.78	11,418.17	35.86%
Others (Copies)	0.21	0.21	0.00	737.68	10,000.00	9,262.32	7.38%
Others (Printing)	0.00	0.00	0.00	1,850.10	10,000.00	8,149.90	18.50%
Others (Postage)	1.06	1.06	0.00	153.76	1,000.00	846.24	15.38%
Others (Thermometers and Oximeters)	0.00	0.00	0.00	7,581.09	10,000.00	2,418.91	75.81%
Others (Air Filtration Units)	0.00	0.00	0.00	5,728.12	5,000.00	-728.12	114.56%
Others (Reusable Cloth Masks)	0.00	0.00	0.00	0.00	10,000.00	10,000.00	0.00%
Others (Disposable Masks)	12.50	12.50	0.00	2,858.99	10,000.00	7,141.01	28.59%
Others (Safety Syringe)	0.00	0.00	0.00	489.48	1,500.00	1,010.52	32.63%
Others (Sanitizing Spray and Wipes)	0.00	0.00	0.00	2,432.09	5,000.00	2,567.91	48.64%
Sub Total for Supplies	391.27	391.27	0.00	62,637.20	209,572.78	146,935.58	29.89%
6. Contractual Services							
Others (CUFAIR)	0.00	0.00	0.00	15,000.00	15,000.00	0.00	100.00%
Others (United Way of Champaign County)	0.00	0.00	0.00	185,000.00	185,000.00	0.00	100.00%
Others (Quarantine housing)	9,098.71	9,098.71	0.00	181,145.87	241,632.00	60,486.13	74.97%
Others (Quarantine per diem)	15,212.50	15,212.50	0.00	189,034.48	214,459.00	25,424.52	88.14%
Others (Client Transportation Assistance)	0.00	0.00	0.00	252.06	3,000.00	2,747.94	8.40%
Others (Advertising)	0.00	0.00	0.00	9,975.38	10,000.00	24.62	99.75%
Others (Translation Services)	0.00	0.00	0.00	4,173.15	10,000.00	5,826.85	41.73%

REIMBURSEMENT CERTIFICATION

Champaign, County of

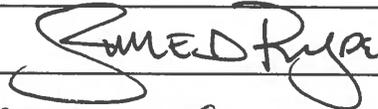
Category	Expenditures			Agreement			
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
Others (Compliance Officer)	0.00	0.00	0.00	1,469.39	6,000.00	4,530.61	24.49%
Others (Background Checks)	336.50	336.50	0.00	4,948.09	3,000.00	-1,948.09	164.94%
Others (Legal Consultation)	0.00	0.00	0.00	1,875.00	3,000.00	1,125.00	62.50%
Others (GIS Spatial Analysis)	0.00	0.00	0.00	1,125.00	0.00	-1,125.00	112,500.00 %
Sub Total for Contractual Services	24,647.71	24,647.71	0.00	593,998.42	691,091.00	97,092.58	85.95%
7. Occupancy - Rent and Utilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
8. Telecommunications							
Internet Provider	0.00	0.00	0.00	0.00	3,000.00	3,000.00	0.00%
Telephone	0.00	0.00	0.00	4,701.00	6,000.00	1,299.00	78.35%
Others (Cell Phones)	0.00	0.00	0.00	0.00	2,400.00	2,400.00	0.00%
Sub Total for Telecommunications	0.00	0.00	0.00	4,701.00	11,400.00	6,699.00	41.24%
9. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Program Expenses	158,323.38	158,323.38	0.00	2,295,524.89	2,934,283.64	638,758.75	78.23%
TOTAL DIRECT EXPENSES	158,323.38	158,323.38	0.00	2,295,524.89	2,934,283.64	638,758.75	78.23%
Indirect Costs							
De Minimis Rate – up to 10%	15,832.34	15,832.34	0.00	213,552.50	277,428.36	63,875.86	76.98%
TOTAL EXPENDITURES	174,155.72	174,155.72	0.00	2,509,077.39	3,211,712.00	702,634.61	78.12%
TOTAL PAYABLE	0.00	174,155.72	0.00	0.00	0.00	0.00	0.00%
Source of Funds							

REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures				Agreement		
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
1. Fees and Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2. State Agreement	174,155.72	174,155.72	0.00	2,509,077.39	3,211,712.00	702,634.61	78.12%
3. Local	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total Source of Funds	174,155.72	174,155.72	0.00	2,509,077.39	3,211,712.00	702,634.61	78.12%

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

Authorized Signature Julie A Pryde		Date 5/2/22	Title: Administrator
Contact Person Name: Esther Thomas			Telephone Number: 217-531-4262
Authorized Signature (additional)		Date 5/2/22	Title:
Contact Person Name:			Telephone Number:
IDPH Authorized Signature		Date	Title:

FOR STATE USE ONLY

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

County Well Water Testing
March 2022

	Mar-22
PERSONAL SERVICES	
Jeff Blackford	332.15
Tammy Hamilton	(0.95)
Laura Shobe	66.58
Total Personal Services	397.78
FRINGE BENEFITS	
Health Insurance	51.01
Life Insurance	0.17
FICA	29.73
IMRF	25.07
Illinois Unemployment Insurance	0.21
Workers Compensation	14.21
Total Fringe Benefits	120.40
Total Personal Services & Fringe Benefits	518.18
CONTRACTUAL SERVICES	
Postage	44.16
Total Contractual Services	44.16
SUPPLIES	
Total Supplies	-
TRAVEL	
Mileage	6.97
Total Travel	6.97
Total	569.31



Public Health
Prevent. Promote. Protect.

**Champaign County
Public Health Department**

Information Memorandum

To: Champaign County Board of Health

From: Sarah Michaels, Director of Environmental Health *sm*

Subject: Annual Health Permit Renewal Late Fee

Date: May 25, 2022

The Champaign-Urbana Public Health District Board of Health approved an increase in the late fee for annual health permit renewal in October 2019. I would like to recommend that the late fee for county health permit renewal be increased to the same amount of \$100.00. (Delay of this action item being proposed to the Champaign County Board of Health was due to Covid Response).

**Champaign-Urbana Public Health District
Environmental Health Division**

FEE SCHEDULE



FEES ARE NON-REFUNDABLE

PLAN REVIEW FEES (FOOD SERVICES)

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

(A) NEW CONSTRUCTION OR CONVERSION OF EXISTING STRUCTURES:

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

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

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

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

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

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

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

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

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

ANNUAL PERMIT FEES (FOOD SERVICES)

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

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

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

CITY LICENSE FEES (FOOD SERVICES)

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

SPECIAL FEES (FOOD SERVICES)

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

OVER →

E-Cigarette Free Public Spaces

Champaign County Board of Health
June 14, 2022



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Champaign-Urbana Public Health District
www.c-uphd.org

Importance of E-Cigarette Ordinances

- Exposure to **secondhand e-cigarette emissions** is harmful to one's health, which has been documented by the U.S. Surgeon General (1)
- E-cigarette emissions may include **nicotine, volatile organic compounds, heavy metals**, and more harmful ingredients, which may be inhaled secondhand (1)
- Exposure to secondhand e-cigarette emissions is **similar to secondhand exposure of traditional cigarettes** (1)
- E-cigarette emissions in public can be seen as a nuisance
- **Renormalization of smoking and vaping in public** can be problematic for children and adolescents in Urbana, because they have lived and grown up in a city where indoor smoking has not been permitted in their lifetime

How CUPHD Can Help the City of Urbana

- Providing **sample e-cigarette-free policy** and window stickers for businesses
- Training for staff on **how to safely enforce the ordinance** at their establishments
- Assistance with **drafting** the ordinance
- **Enforcing the ordinance** in the same way we enforce the SFIA in Champaign County, including the writing and issuing of citations

Examples of E-Cigarette Ordinances

- [City of Wheaton](#)
- [City of Naperville](#)
- [Village of Schaumburg](#)



Whitney Greger
Director of Wellness & Health Promotion
wgreger@c-uphd.org

(This project was made possible by funds received from the Illinois Department of Public Health)

1. National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General [Internet]. Atlanta (GA): Centers for Disease Control and Prevention (US); 2016. Chapter 3, Health Effects of E-Cigarette Use Among U.S. Youth and Young Adults. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK538688/>

06/14/2022

E-CIGARETTE FREE PUBLIC SPACES



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Champaign-Urbana Public Health District
www.c-uphd.org

W H I T N E Y G R E G E R

OUR TEAM

DIVISION OF WELLNESS & HEALTH PROMOTION

- Illinois Tobacco Free Communities Grantee
- Enforcer of the Smoke-Free Illinois Act in Champaign County
- Chair of the Champaign County Tobacco Prevention Coalition



WHITNEY GREGER
(SHE/HER)
DIRECTOR WHP



KAMI LAFOON (SHE/HER)
HEALTH EDUCATOR II

WHAT ARE E-CIGARETTES?

Tanks & Mods



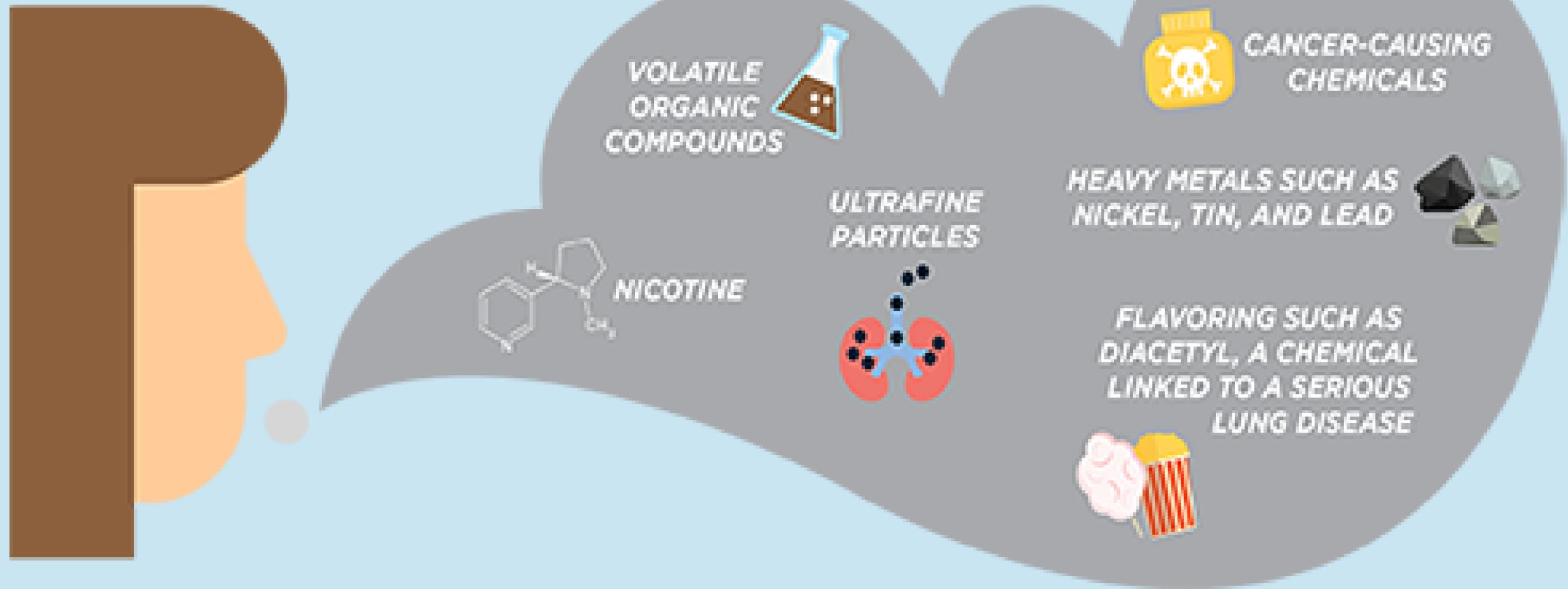
Rechargeable E-cigarette



Disposable E-cigarette



WHAT IS IN THE AEROSOL?



IMPACT ON PUBLIC HEALTH

SECOND-HAND EXPOSURE RISK

Inhaling e-cigarette emissions second-hand has shown to be harmful to one's health.

(RE)NORMALIZATION OF SMOKING/VAPING IN PUBLIC

Seeing people vape in public and indoor spaces models unhealthy behaviors for youth.

PUBLIC NUISANCE

E-cig "smoke" can inconvenience those around the user in a similar manner to cigarette smoke.

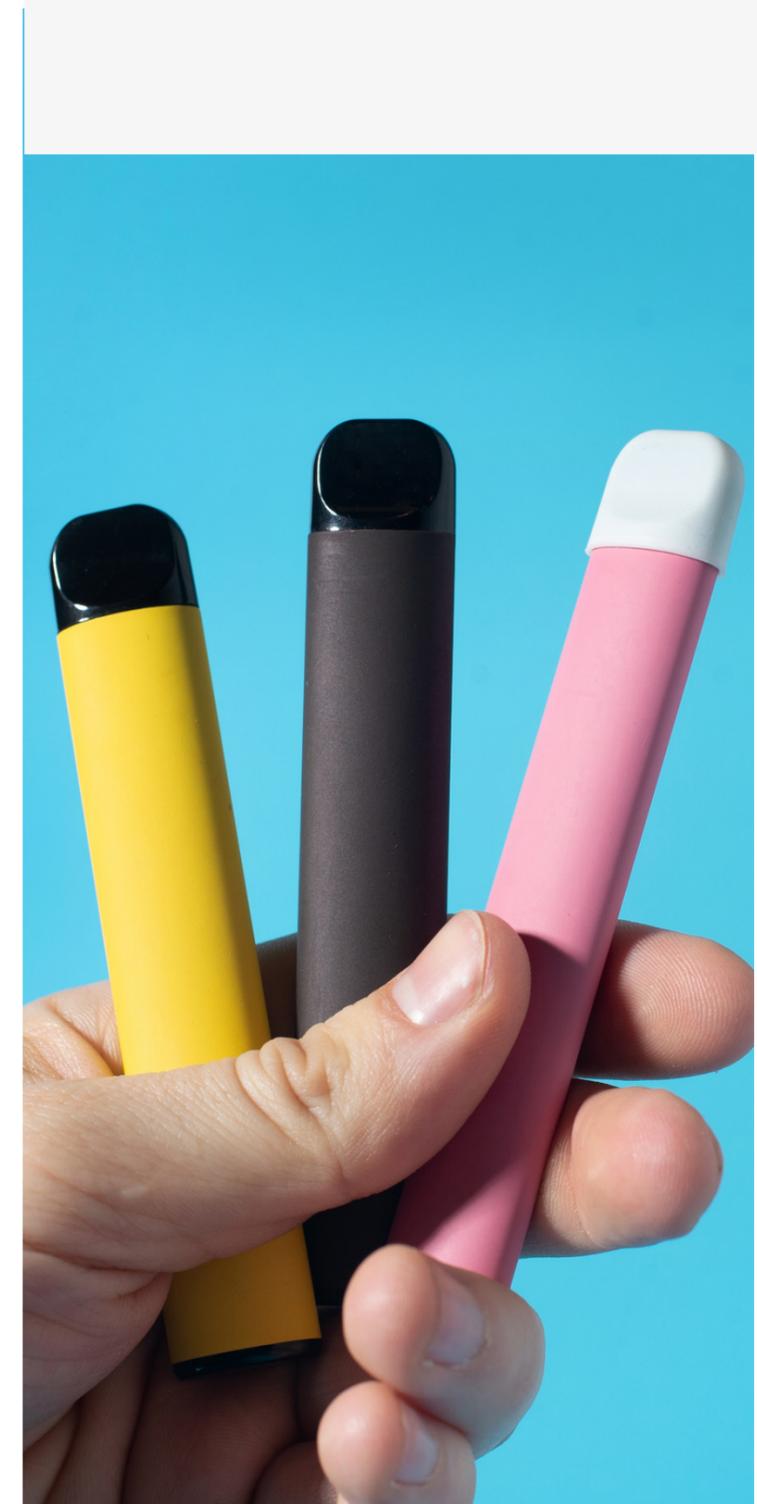
(U.S. Surgeon General, 2016)

E-CIGARETTES ARE NOT CURRENTLY INCLUDED IN THE SMOKE-FREE ILLINOIS ACT (SFIA)

THE SMOKE-FREE ILLINOIS ACT PROHIBITS SMOKING IN PUBLIC SPACES OR WITHIN 15-FEET OF DOORS, WINDOWS OR VENTILATION UNITS.

THERE IS NO CURRENT PROGRESS ON THE INCLUSION OF E-CIGARETTES IN SFIA AT THE STATE-LEVEL.

WIDESPREAD USE OF E-CIGARETTES, ESPECIALLY BY YOUTH PRESENTS AN URGENT NEED TO ADDRESS PUBLIC USE AT A CITY-LEVEL.





CLEANER AIR



**UNIFORMITY FOR
ENFORCEMENT**



**PROMOTES
TOBACCO-FREE
NORMS FOR YOUTH**

BENEFITS OF AN E-CIGARETTE ORDINANCE

HOW C-UPHD CAN ASSIST

ASSIST WITH DRAFTING OF ORDINANCE & CONNECTING COUNCIL TO RELAVANT PUBLIC HEALTH/LAW ENTITIES

PROVIDE SAMPLE POLICY TO BUSINESSES, TRAIN STAFF ON ENFORCEMENT & PROVIDE WINDOW SIGNAGE

ENFORCE THE ORDINANCE THE SAME WAY AS SFIA, INCLUDING ISSUING WARNINGS & CITATIONS TO BUSINESSES

RUN A MEDIA CAMPAIGN TO INFORM THE COMMUNITY OF NEW EXPECTATIONS AND BUSINESS REGULATIONS

LET'S CHAT!

WHITNEY
wgreger@c-uphd.org
217-531-2914

KAMI
klafoon@c-uphd.org
217-531-2915

INTERESTED IN THE TOBACCO
PREVENTION COALITION?

Email Kami!



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Campaign for Tobacco Free Kids, "Electronic Cigarettes Should be Included in Smoke-Free Laws"
<https://www.tobaccofreekids.org/assets/factsheets/0387.pdf>

CDC, "About Electronic Cigarettes (E-Cigarettes)"
https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html

National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General
<https://www.ncbi.nlm.nih.gov/books/NBK538688/>

Smoke-Free Illinois Act, "General Information"
http://www.smoke-free.illinois.gov/sf_info.htm

RESOURCES

Champaign County Comprehensive Sexual Health Education



Public Health
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Champaign-Urbana Public Health District
www.c-uphd.org

PROJECT PROPOSAL CY 2022-2023

Prepared by:

Whitney Greger, MPH, CHES (Director WHP)

Alyx McElfresh, CHES (Health Educator II)

UPDATED May 2022

PROJECT DESCRIPTION

CUPHD's Health Education team would like to expand comprehensive sexual health education programming to local schools outside of Champaign-Urbana.

CUPHD currently serves 8th grade students in all three middle schools in Champaign and Urbana Middle School under a grant from the IL Department of Human Services. In these schools, we facilitate the *Making Proud Choices!* curriculum, an 8 hour, age-appropriate, evidence-based sexual health curriculum for 12-18 year-olds.

Using County BOH funding, we would like to offer *Making Proud Choices!* to those schools outside of Champaign-Urbana that we had previously been able to serve.

As of 5/22/2022 the following schools have confirmed interest in programming*:

- Heritage High School: Freshmen; one cohort in Dec 2022 and the other in May 2023
- Ludlow Grade School: 7th & 8th graders; all programming completed in one semester

The following schools are TBD:

- Fisher Jr & Sr High School: previous point of contact is retiring will need to wait until August to talk with administration about new hire
- Thomasboro Grade School: new principal that we have not worked with before; still trying to get in contact with them

TIMELINE OF THE PROJECT

- June 2022 - attend County BOH meeting to provide an update
- August 2022 - present school representatives with linkage agreement and finalize plans; attend County BOH meeting to provide an update
- September 2022 - begin facilitation of programming
- November 2022 - attend County BOH meeting to provide an update
- Sept 2022-May 2023 - continue facilitation of programming and conduct evaluations
- April 2023-June 2023 - plan for 2023-2024 school year & attend county BOH meeting to provide an update

*Confirmed means that our point of contact has agreed to have us come in and will plan for this in their curriculum for the 2022-2023 school year.

Grantee Name: Champaign-Urbana Public Health District
FEIN: 37-6005435
Grant Agreement Number: N/A

Description (Category)	Requested Amount	Narrative (Justification)
Personal Services (Incl Salary & Wages)	\$ 4,643.40	Alyx McElfresh will spend 10% of her time planning and implementing MPC lessons at Heritage and Ludlow
Fringe Benefits	\$ 1,855.23	All full time employees are entitled to FICA, IMRF, health insurance, life insurance, unemployment insurance, and workers' compensations (group insurance). Actual fringe benefits are based on time of personnel working on program.
Travel	\$ 828.95	Alyx will travel from CUPHD to the schools ans back.
Supplies	\$ 399.71	We will print handouts, rosters and other program materials in house. We will purchase program specific materials to enrich the program's facilitation.
TOTAL DIRECT EXPENSES	\$ 7,727.28	
Indirect Expenses	\$ 772.73	Our organization has never received a Negotiated Indirect Cost Rate Agreement from the federal government and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of IL awards pursuant to 2CFR200.414(C)(4)(f) and 200.68.
TOTAL EXPENDITURES	\$ 8,500.00	

Submitted By: Whitney Greger
Date: 5/25/2022

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

Champaign County Board of Health
June 14, 2022

FY23 County Sexual Health Jan-Dec 2022

	Quantity	Unit Rate	Units	Unit of Measurement	Budget FY23
SALARY & WAGES					
Alyx McElfresh-Health Educator II		\$ 46,433.95	10.0%	1 YR	\$ 4,643.40
Total Salary & Wages					\$ 4,643.40
FRINGE BENEFITS					
FICA		\$ 4,511.75	7.650%	1 UNT	\$ 345.15
IMRF		\$ 4,481.75	6.480%	1 UNT	\$ 290.42
Health Insurance		\$ 1,184.76	100%	1 UNT	\$ 1,184.76
Life Insurance		\$ 2.16	100%	1 UNT	\$ 2.16
Unemployment		\$ 1,296.00	1.025%	1 UNT	\$ 13.28
Workers' Comp		\$ 4,643.39	0.419%	1 UNT	\$ 19.46
Total Fringe Benefits					\$ 1,855.23
Total Personal Services & Fringe Benefits					\$ 6,498.62
TRAVEL					
InState Mileage-Heritage	13	\$ 0.585	53.6	MIL	\$ 407.63
InState Mileage-Ludlow	13	\$ 0.585	55.4	MIL	\$ 421.32
Total Travel					\$ 828.95
SUPPLIES					
Printing	200	\$ 0.10	1	CPY	\$ 20.00
Program Supplies	1	\$ 379.71	1	UNT	\$ 379.71
Total Supplies					\$ 399.71
Total Direct Costs					\$ 7,727.28
Modified Total Direct Costs					\$ 7,727.28
INDIRECT COSTS - 10% of MTDC					\$ 772.73
Grant Total					\$ 8,500.00

Grantee Name: Champaign-Urbana Public Health District
FEIN: 37-6005435
Grant Agreement Number: N/A

Description (Category)	Requested Amount	Narrative (Justification)
Personal Services (Incl Salary & Wages)	\$ 9,286.79	Alyx McElfresh will spend 20% of her time planning and implementing MPC lessons
Fringe Benefits	\$ 3,710.45	All full time employees are entitled to FICA, IMRF, health insurance, life insurance, unemployment insurance, and workers' compensations (group insurance). Actual fringe benefits are based on time of personnel working on program.
Travel	\$ 1,706.56	Alyx will travel from CUPHD to local schools.
Supplies	\$ 750.74	We will print handouts, rosters and other program materials in house. We will purchase program specific materials to enrich the program's facilitation.
TOTAL DIRECT EXPENSES	\$ 15,454.54	
Indirect Expenses	\$ 1,545.45	Our organization has never received a Negotiated Indirect Cost Rate Agreement from the federal government and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of IL awards pursuant to 2CFR200.414(C)(4)(f) and 200.68.
TOTAL EXPENDITURES	\$ 17,000.00	

Submitted By: Whitney Greger
Date: 5/25/2022

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

Champaign County Board of Health
June 14, 2022

FY23 Urbana Youth Services

	Quantity	Unit Rate	Units	Unit of Measurement	Budget FY23
SALARY & WAGES					
Alyx McElfresh-Health Educator II					
	\$ 46,433.95	20.0%	1	YR	\$ 9,286.79
Total Salary & Wages					\$ 9,286.79
FRINGE BENEFITS					
FICA	\$ 9,023.51	7.650%	1	UNT	\$ 690.30
IMRF	\$ 8,963.50	6.480%	1	UNT	\$ 580.83
Health Insurance	\$ 2,369.52	100%	1	UNT	\$ 2,369.52
Life Insurance	\$ 4.32	100%	1	UNT	\$ 4.32
Unemployment	\$ 2,592.00	1.025%	1	UNT	\$ 26.57
Workers' Comp	\$ 9,286.79	0.419%	1	UNT	\$ 38.91
Total Fringe Benefits					\$ 3,710.45
Total Personal Services & Fringe Benefits					\$ 12,997.24
TRAVEL					
InState Mileage-Heritage	13	\$ 0.585	54	MIL	\$ 410.67
InState Mileage-Ludlow	13	\$ 0.585	55.4	MIL	\$ 421.32
InState Mileage-Fisher Jr High	13	\$ 0.585	39	MIL	\$ 296.60
InState Mileage-Fisher Sr High	13	\$ 0.585	39	MIL	\$ 296.60
InState Mileage-Thomasboro	13	\$ 0.585	37	MIL	\$ 281.39
Total Travel					\$ 1,706.56
SUPPLIES					
Printing	750	\$ 0.10	1	CPY	\$ 75.00
Program Supplies	1	\$ 675.74	1	UNT	\$ 675.74
Total Supplies					\$ 750.74
Total Direct Costs					\$ 15,454.54
Modified Total Direct Costs					\$ 15,454.54
INDIRECT COSTS - 10% of MTDC					\$ 1,545.45
Grant Total					\$ 17,000.00



Public Health
Prevent. Promote. Protect.

Champaign-Urbana Public Health District
www.c-uphd.org

Champaign-Urbana Public Health District

Letter of Commitment

This agreement between Champaign-Urbana Public Health District and _____, hereinafter called the “school”, is entered into for the purpose of ensuring cooperation and support in order to provide coordinated efforts for the planning, implementation, and evaluation of sexual health education. Our mutual goal is to offer quality services that provide young adolescents with the knowledge and skills necessary to reduce their risk of sexually transmitted infections (STIs), HIV, and pregnancy in a comprehensive and systematic manner.

Champaign-Urbana Public Health District agrees to provide the school with a qualified Health Educator to facilitate implementation of the ***Making Proud Choices!*** evidence-based curriculum.

In order to fulfill requirements of the grant which funds this program, the school agrees to the following:

- Ensure that programming has been discussed and approved by administration.
- Ensure the designated number of sessions for the program can be scheduled.
- Be willing to reschedule sessions that are missed as a result of school closings or schedule changes.
- Be willing to allow a substitute health educator in case the assigned health educator is unable to attend.
- Have a teacher/school employee be responsible for classroom discipline so the Health Educator can focus on delivery of a quality program.
- Ensure that the Health Educator can gather pre/posttest information from the students.
- Discuss with the teacher the possibility of giving bonus points or participation points for the duration of the program.

If either organization identifies a need to review conditions of this agreement, the organizations agree to meet and address those issues.

Signature (Health Educator)

Alyx McElfresh
Health Educator II, CHES®
Champaign-Urbana Public Health District
201 W. Kenyon Road
Champaign, IL 61820
217-531-2912
amcelfresh@c-uphd.org

Signature (Teacher & Principal)

Date: _____

School: _____

Address: _____

Phone: _____

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

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

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

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

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

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

Child Dental Health Care Access

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

County Head Start Program Outreach

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

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

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

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

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

Child Dental Access – Staffing Support and Oral Health Supplies

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

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

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

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

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

Child Dental Access – Dental Practitioner Recruiting Focus

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

Sign-On Bonuses for New Dental Practitioners	<u>\$25,000</u>
Personnel Subtotal	\$25,000
Recruiting Costs for New Dental Practitioners	<u>\$25,000</u>
Other Costs Subtotal	\$25,000
Total	\$50,000