

**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, November 15, 2022**

**5:00 PM**

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

**AGENDA**

<b><u>ITEM</u></b>	<b><u>PAGES</u></b>
<b>I. Call to Order</b>	
<b>II. Roll Call</b>	
<b>III. Approval of Agenda/Addenda</b>	
<b>IV. Approval of Minutes</b> August 23, 2022	<b>1 - 5</b>
<b>V. Public Participation on Agenda Items Only</b>	
<b>VI. Correspondence and Communications</b>	
<b>VII. SmileHealthy Reports and Invoices</b>	
<i>Reports</i>	
A. Monthly Report - FY 2022; July 2022	6
B. Monthly Report – FY 2022; August 2022	7
C. Monthly Report - FY 2022; September 2022	8
<i>Invoices</i>	
D. Invoice number 65 to Champaign County Administrative Services for Child Dental Access Program – FY 2022; July 2022, for \$4,166.66.	9
E. Invoice number 70 to Champaign County Administrative Services for Child Dental Access Program – FY 2022; August 2022 for \$4,166.66.	10
F. Invoice number 71 to Champaign County Administrative Services for Child Dental Access Program – FY 2022; September 2022 for \$4,166.66.	11
<b>VIII. CUPHD</b>	
A. Approval of CUPHD Invoice 2207 for July 2022 Services in the amount of \$69,688.99.	<b>12 – 14</b>

B. Approval of CUPHD Invoice 2208 for August 2022 Services in the amount of \$126,169.70.	15 - 25
C. Approval of CUPHD Invoice 2209 for September 2022 Services in the amount of \$146,499.84.	26 - 42
D. Monthly reports on Communicable Disease Morbidity <a href="http://www.c-uphd.org/comm_dis/display-data.php">http://www.c-uphd.org/comm_dis/display-data.php</a>	
E. Monthly Reports on CUPHD Performance Management <a href="http://www.c-uphd.org/pmts/index.php?s=1">http://www.c-uphd.org/pmts/index.php?s=1</a>	
<b>IX. Old Business</b>	
A. Discussion of Appropriate Percentage for CUPHD Fund Balance (continued from August 23, 2022 meeting).	
<b>X. Other Business</b>	
A. Update on the Making Proud Choices Program from Whitney Greger, Director of CUPHD's Wellness and Health Promotion Division.	43
B. Approval of 2023 Champaign County Board of Health Meeting Schedule.	44
<b>XI. Public Participation on Non-Agenda Items Only</b>	
<b>XII. Next Meeting</b> March 13, 2023, at 4:30 PM at CUPHD in the Main Conference Room.	
<b>XIII. Adjournment</b>	

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

---

2  
3 *Tuesday, August 23, 2022*

4 **Call to Order**

5 The Champaign County Board of Health (“the Board”) met in-person on August 23, 2022, at the  
6 Champaign Urbana Public Health District (“CUPHD”), 201 W. Kenyon Road, Champaign, Illinois. Dr. Krista  
7 Jones, President, called the meeting called to order at 5:00 PM.

8 **Roll Call**

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

13 Also present were Ms. Julie Pryde, CUPHD Administrator; Ms. Whitney Greger, CUPHD Director of  
14 Wellness and Health Promotion; Ms. Sarah Michaels, CUPHD Director of Environmental Health; Ms.  
15 Jamie Dahlman, Chief Financial Officer of Promise Healthcare; Ms. Amanda Knight, CUPHD Director of  
16 Finance; and Ms. Tami Ogden, Director of Finance for Champaign County.

17 **Approval of Agenda/Addendum**

18 Dr. Peterson motioned to approve the agenda, seconded by Mr. Thies. Dr. Jones relayed a request to  
19 move Agenda Item L1 to after the Public Participation section of the agenda, which was put forth as a  
20 friendly amendment by Mr. Thies. With all present in favor, the amendment and agenda were approved.

21 **Approval of Minutes**

22 Dr. Peterson motioned to approve the meeting minutes from June 14, 2022, seconded by Dr. Goodly.  
23 Mr. Thies requested a correction in Line 48 of the minutes in which the word “account” be replaced by  
24 “fund balance”. With this amendment agreed upon, all present were in favor and the motion carried. It  
25 was suggested that a sign-in sheet for attendees would be provided at future meetings.

26 **Public Participation on Agenda Items Only**

27 None.

28 **Other Business** (Agenda Item L1)

29 Dr. Jones proceeded to Agenda Item L1 regarding the change in recent legislation in the State of Illinois  
30 Food Handling Enforcement act and proposed reduced schedule fee for vendors at Farmers’ Markets  
31 that sell pre-packaged meat, poultry, egg, or dairy products. Director Sarah Michaels of CUPHD’s  
32 Environmental Health Division explained that recent legislation amended the Food Regulation  
33 enforcement Act to allow health departments to issue Farmers’ Markets Retail Permits for the sale of  
34 meat, poultry, eggs, or dairy products. Ms. Michaels recommended a \$50.00 fee for vendors that sell  
35 pre-packaged versions of these items, to keep in line with CUPHD’s current Cottage Operator  
36 Registration fee. Ms. Michaels asked the Board to approve the reduced fee, which would become

37 effective on January 1, 2023. Dr. Peterson motioned to approve the \$50.00 fee; Dr. Vura-Weis seconded.  
38 With all present in favor, the motion carried.

39 **Discussion of Financial Requests to The Board**

40 The Board reviewed three proposals: two from Promise Healthcare (PHC), and one from CUPHD's  
41 Division of Wellness and Health Promotion.

42 Ms. Jamie Dahlman, Chief Financial Officer of PHC, representing Ms. Jennifer Henry, Executive Director,  
43 presented the two proposals for FY2023 from PHC's Smile Healthy Dental Program:

- 44
- 45 1. *Child Dental Access Program – General Support Services Request* for \$50,000.00
  - 46 2. *Child Dental Access Program – Dental Practitioner Recruiting Focus Request* for \$50,000.00
- 47

48 Ms. Dahlman stated that the \$50,000.00 *General Support Services Request* would be used to fund a part-  
49 time Dental Assistant who will focus on re-engaging low-income children for early dental care.

50

51 The \$50,000.00 requested in the *Dental Practitioner Recruiting Focus Request* would be used to help  
52 rebuild PHC's post-COVID pediatric oral health program by recruiting dental providers. Ms. Dahlman  
53 observed that dentists and dental hygienists are nationally in short supply. To be competitive, PHC will  
54 need to offer at least a \$15,000.00 sign-on bonus for each of three new dentist hires to encourage new  
55 candidates to commit to positions. In addition, Promise Healthcare is raising its Dental Hygienist salary  
56 to be more competitive in the marketplace.

57

58 Mr. Thies asked if PHC also serves the needs of adult clients. Ms. Dahlman replied that they do, but the  
59 requested funding would target pediatric needs. She noted that the COVID epidemic significantly  
60 damaged low-income pediatric dental programs nationally and most, including Smile Healthy, are  
61 engaged in rebuilding.

62

63 Dr. Peterson asked about the number of patients seen by PHC per year. Ms. Dahlman reported that  
64 there are about 35,000 medical and dental patient visits per year – she was not sure what percentage of  
65 those were dental but estimated that one dentist services about 2,100 visits per year.

66

67 Dr. Jones reviewed the proposed expenditures of the \$50,000.00 Dental Practitioner Recruiting Focus  
68 request to reflect the Board's estimated thirty percent share of the Recruiting Program. Thirty percent  
69 of the \$45,000.00 in bonuses needed to recruit three dentists (\$15,000.00 each) totals \$13,500.00;  
70 thirty percent of the estimated \$45,000.00 in recruiting costs would be another \$13,500.00; and thirty  
71 percent of the estimated \$76,666.00 in marketing costs totals \$23,000.00, for a grand total of  
72 \$50,000.00. Dr. Goodly asked the length of time that a newly recruited dentist must commit after  
73 accepting a bonus. Ms. Dahlman stated that he or she would be obligated to serve for two years or  
74 would have to return the bonus, prorated for time employed.

75

76 Dr. Jones commented that the Champaign County Board of Health could choose to forego funding for  
77 the marketing portion of the request since marketing expenditures would not be specific to Champaign  
78 County, noting that there are other funding sources for PHC to pursue. She suggested that the Board  
79 subtract the Board's portion of marketing costs (\$23,000.00) from the \$50,000.00 total and consider

80 funding \$27,000.00 of the original request.

81

82 Dr. Peterson motioned that the Board fund the full \$50,000.00 for the *Child Dental Access Program –*  
83 *General Support Services Request*, which was seconded by Mr. Thies. With all present in agreement, the  
84 motion passed.

85

86 Dr. Goodly motioned that the Board fund the *Child Dental Access Program – Dental Practitioner*  
87 *Recruiting Focus* proposal for the adjusted amount of \$27,000.00. Dr. Peterson seconded the motion,  
88 and with all present in favor, the motion passed.

89

90 The Board discussed what would be an appropriate Fund Balance level for the Board. The Fund Balance  
91 is currently 25% of the expenditure budget, which was established by the Board to ensure an  
92 appropriate balance to address cash flow requirements and reserve funding for public health  
93 emergencies. Ms. Knight noted that some government entities have Fund Balances that range between  
94 25 to 50 percent. This topic will be revisited at the November 15, 2022 meeting.

95

96 The Board reviewed the request from Whitney Greger, Director of C-UPHD's Wellness and Health  
97 Promotion Division, for \$30,000.00 to fund Champaign County Comprehensive Sexual Health Education  
98 Program ("*Making Proud Choices!*") for the 2022/2023 School Year. Ms. Greger remarked that since they  
99 meet the requirement of having a 40% minority population, Champaign and Urbana Middle Schools  
100 receive a grant for sexual health education from the Illinois Department of Human Services, but most  
101 County schools do not meet this condition. The \$30,000.00 provided by the Board would allow CUPHD  
102 to deliver the program to students at schools such as J.W. Eater Middle School in Rantoul, schools in  
103 Thomasboro and Ludlow, and other schools that feed into Rantoul High School. Funding would support  
104 CUPHD staffing and travel (mileage) as well as materials. Dr. Peterson asked if this is a one-time grant;  
105 Ms. Greger stated that this will likely be requested year-to-year but that the Agency will also be looking  
106 for other funding sources as well. Mr. Thies asked about specific components of the Program and if  
107 parents are involved in any decision processes regarding the Program. Ms. Greger explained  
108 components of the Program and noted parents are offered an opt-out option for their children. Ms.  
109 Greger also explained how the Program is evaluated. Ms. Emanuel motioned to approve the \$30,000.00  
110 grant for the Program, to be taken from the Fund Balance, which was seconded by Dr. Vura-Weis. With  
111 all present in agreement, the motion passed.

112

### 113 **Discussion of the Proposed FY2023 County Board of Health Budget**

114 Ms. Tami Ogden, Director of Finance for Champaign County, presented information on the state of the  
115 Health Fund Property Tax Levy. The County is presently under a restriction prohibiting more than a 5%  
116 increase in the Cost Performance Index (CPI) set by the Illinois Department of Revenue. The Health Fund  
117 Property Tax Levy grew 7.79% between FY2022 and FY2023. Property tax revenue is only estimated at  
118 this time of year; the total levy is not split between CUPHD and the Board until the County Clerk's Office  
119 provides the equalized assessed values (EAV) in May of the subsequent year. The split is expected to be  
120 44.6% for the Board and 55.4% for CUPHD. The total Levy amount now stands at \$1.5 million.

121 Dr. Jones noted that the County Board Meeting is scheduled for 6:00 PM on Monday, August 29, 2022,  
 122 where Ms. Ogden will present the Board's budget. Dr. Jones, Ms. Pryde and Ms. Knight will also be in  
 123 attendance.

124

125 Dr. Jones noted that there will be an adjustment to the FY2023 Proposed County Board of Health Budget  
 126 to reflect the \$23,000.00 removed from Promise Healthcare's *Child Dental Access Program – Dental*  
 127 *Practitioner Recruiting Focus Request*. Ms. Emanuel motioned to approve the amended budget, which  
 128 was seconded by Dr. Vura-Weiss. With all present in favor, the motion passed.

129

130 Ms. Amanda Knight, Director, CUPHD Division of Finance responded to Dr. Peterson's request  
 131 for a summary of the differences from the FY2022 to FY2023 budget other than property tax and wage  
 132 increases. Ms. Knight stated most items were the same except for the addition of a COVID-19 Crisis  
 133 Grant in the amount of \$181,817.00 and the addition of a potential one-time fund balance usage for a  
 134 total of \$80,000.00. Requests for consideration included the \$30,000.00 for CUPHD to expand Sex  
 135 Education to additional County Schools and Smile Healthy Recruitment and Retention bonuses in the  
 136 amount of \$50,000.00, which was adjusted to \$27,000.00.

137 **Correspondence and Communications**

138 None.

139

140 **Smile Healthy**

141 Mr. Thies motioned to place reports from Smile Healthy for May and June FY 2022 on file and approve  
 142 invoices from June of FY2022 and July and August FY2023, seconded by Dr. Vura-Weis. With all present  
 143 in favor, the motion carried.

144 **CUPHD**

145 Dr. Vura-Weis motioned to approve CUPHD invoices from April, May, and June of FY2022 as well as  
 146 place monthly reports from Communicable Disease Morbidity and CUPHD Performance Management on  
 147 file. This was seconded by Dr. Peterson. With all present in favor, the motion carried.

148 **Old Business**

149 None.

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

151 None.

152 **Monkeypox update from CUPHD Administrator**

153 Ms. Julie Pryde, CUPHD Administrator, briefed the Board on the monkeypox situation in Champaign  
 154 County, noting that there were currently 10 confirmed cases and that CUPHD had given about 275  
 155 monkeypox vaccinations. She applauded the efforts of CUPHD's healthcare partners in detecting and  
 156 treating monkey pox in the county. She noted that there had been no further spread from the case  
 157 detected at a Rantoul daycare center earlier in August. CUPHD has added monkey pox information to its  
 158 website.

159

160 **Next Meeting**

161 The next meeting of the Champaign County Board of Health will be held in person on Tuesday,  
162 November 15, 2022, at 5:00 PM in the Main Conference Room at CUPHD, 201 W. Kenyon Road in  
163 Champaign. All meetings going forward will begin at 5:00 PM.

164 **Adjournment**

165 With no further business to be discussed, Dr. Jones adjourned the meeting at 7:20 PM.



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

<b>Champaign County Board of Health</b>			
<b>Monthly Report for</b>		<b>August 2022</b>	
Total number of children seen from all programs this month:			150
Total number of unique pediatric dental patients in BOH Fiscal Year			590
Breakdown of current month of patients for all programs by town.			
Champaign:	46	Savoy:	5
• 61820:	16	St. Joseph:	3
• 61821:	19	Thomasboro:	0
• 61822:	11	Tolono:	0
• 61824:	0	Urbana:	50
• 61826:	0	• 61801:	12
Ludlow:	0	• 61802:	38
Rantoul:	20	Other/Unknown:	26
Breakdown of services provided for current month.			
Nitrous oxide:		Sealant:	47
Extraction:	13	Fluoride:	94
Pulpotomy:		Prophylaxis:	96
Stainless Steel Crown:		X-rays:	172
Fillings:	14	Exams:	129
Silver Diamine Fluoride:	31		

**August 2022- aprx. 100-150 calls daily in dental clinic.**

**Hired new RDH-Sept. 28 start date, interviewing for 1 more position**

**Dr. Coker started September 7, started seeing patients September 9**

**Headstart visits start in October, 5 schools scheduled thru December**

**Dental construction will begin soon, adding 2 operatories, dental lab and dentist office**

**Jan.2023 will resume dental sealant clinics in schools**

**Fall 2023 will resume dental services at Urbana School**

<b>Champaign County Board of Health</b>			
<b>Monthly Report for</b>		September, 2022	
Total number of children seen from all programs this month:		159	
Total number of unique pediatric dental patients in BOH Fiscal Year		749	
Breakdown of current month of patients for all programs by town.			
Champaign:	73	Savoy:	7
• 61820:	28	St. Joseph:	5
• 61821:	45	Thomasboro:	0
• 61822:		Tolono:	0
• 61824:		Urbana:	39
• 61826:		• 61801:	13
Ludlow:	0	• 61802:	26
Rantoul:	34	Other/Unknown:	
Breakdown of services provided for current month.			
Nitrous oxide:	0	Sealant:	36
Extraction:	20	Fluoride:	111
Pulpotomy:		Prophylaxis:	110
Stainless Steel Crown:	0	X-rays:	187
Fillings:	13	Exams:	156
Silver Diamine Fluoride:	22		

**Dr. Coker first day Sept. 6**

**Jennifer Jackson RDH first day Sept. 28**

**Received nitrous grant, DA's attending training, start end of year**

**October-Exams and fluoride in two Champaign Headstarts**

**Construction on new ops and dental lab beginning soon**

**Actively recruiting for another DDS**

**Univ of Illinois Intern providing education to Pregnant women at Promise**

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



## INVOICE

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

Invoice number: 65  
Date: August 19, 2022

Champaign County Board of Health

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

Please pay from this invoice. Thank you.



## INVOICE

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

Invoice number: 70  
Date: September 14, 2022

Champaign County Board of Health

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

Please pay from this invoice. Thank you.



## INVOICE

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

Invoice number: 71  
Date: October 6, 2022

Champaign County Board of Health

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

Please pay from this invoice. Thank you.

Invoice Number:	2207
Date of Invoice:	August 30, 2022
Billing Period:	July 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	\$	7,428.34
533.07 Professional Services - LHPG Disease Intervention	\$	14,151.72
533.07 Professional Services - LHPG Tuberculosis	\$	2,865.12
533.07 Professional Services - LHPG Food	\$	20,292.20
533.07 Professional Services - LHPG Water	\$	4,044.75
533.07 Professional Services - LHPG Sewage	\$	7,182.62
533.07 Professional Services - Administration	\$	13,603.25
533.07 Professional Services - PHEP Grant	\$	-
533.07 Professional Services - TFC Grant	\$	-
533.07 Professional Services - Body Art Grant	\$	-
533.07 Professional Services - Perinatal Hep B Grant	\$	-
533.07 Professional Services - Tanning Inspection Grant	\$	-
533.07 Professional Services - Vector Surveillance & Control Grant	\$	-
533.07 Professional Services - COVID-19 Crisis Grant	\$	-
533.07 Professional Services - COVID-19 Mass Vaccination Grant	\$	-
533.07 Professional Services - COVID-19 Response Grant	\$	-
533.07 Professional Services - Preventative Services	\$	-
533.07 Professional Services - County Well Water Testing	\$	100.99
<b>Total Amount Due to CUPHD per Contract</b>	<b>\$</b>	<b>69,668.99</b>

## CERTIFICATION:

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

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

08/30/2022

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
<b>Core Service Contract</b>															
Communicable Disease	89,137.00	7,428.06	7,428.06	7,428.06	7,428.06	7,428.06	7,428.06	7,428.34						51,996.70	37,140.30
Disease Intervention	169,818.00	14,151.48	14,151.48	14,151.48	14,151.48	14,151.48	14,151.48	14,151.72						99,060.60	70,757.40
Tuberculosis	34,381.00	2,865.08	2,865.08	2,865.08	2,865.08	2,865.08	2,865.08	2,865.12						20,055.60	14,325.40
Food	243,502.00	20,291.80	20,291.80	20,291.80	20,291.80	20,291.80	20,291.80	20,292.20						142,043.00	101,459.00
Water	48,537.00	4,044.75	4,044.75	4,044.75	4,044.75	4,044.75	4,044.75	4,044.75						28,313.25	20,223.75
Sewage	86,191.00	7,182.58	7,182.58	7,182.58	7,182.58	7,182.58	7,182.58	7,182.62						50,278.10	35,912.90
Administration	163,239.00	13,603.25	13,603.25	13,603.25	13,603.25	13,603.25	13,603.25	13,603.25						95,222.75	68,016.25
	834,805.00	69,567.00	69,567.00	69,567.00	69,567.00	69,567.00	69,567.00	69,568.00	-	-	-	-	-	486,970.00	347,835.00
PHEP	64,562.00	4,331.24	4,047.94	3,302.37	5,085.91	4,189.52	5,377.83	-						26,334.81	38,227.19
Tobacco Free Communities	57,517.00	-	-	7,836.75	-	-	12,893.66	-						20,730.41	36,786.59
Body Art Inspection	413.00	-	-	-	-	-	-	-						-	413.00
Influenza Vaccine Promotion	25,000.00	This grant was included in the FY22 CHPG notification letter, but was not included in the application and was never received												-	25,000.00
Narcan	3,000.00	-	-	-	-	-	3,000.00	Grant not renewed						3,000.00	-
Perinatal Hepatitis B Prevention	7,002.00	-	-	-	-	-	-	-						-	7,002.00
Pre-Exposure Prophylaxis	162,272.00	-	-	49,229.30	-	-	62,345.64	Grant not renewed						111,574.94	50,697.06
Tanning Inspection	400.00	-	-	-	-	-	-	-						-	400.00
Vector Surveillance & Control	24,179.00	-	-	-	-	-	4,906.29	-						4,906.29	19,272.71
COVID-19 Crisis	-	-	-	62,141.19	-	-	14,045.89	-						76,187.08	(76,187.08)
COVID-19 Mass Vaccination	-	-	-	34,317.48	-	-	40,013.45	-						74,330.93	(74,330.93)
COVID-19 Contact Tracing	-	-	-	174,155.72	Grant not renewed									174,155.72	(174,155.72)
COVID-19 Response	-	-	-	-	44,520.38	-	85,613.26	-						130,133.64	(130,133.64)
	344,345.00	4,331.24	4,047.94	330,982.81	49,606.29	4,189.52	228,196.02	-	-	-	-	-	-	621,353.82	(277,008.82)
<b>Fee for Service</b>															
Well Water Testing	1,126.00	371.19	204.53	569.31	137.10	6.01	104.18	100.99						1,493.31	(367.31)
Preventative Services	50,000.00	-	-	-	-	217.33	34.28	-						251.61	49,748.39
Emergency Non-Contract	15,000.00	-	-	-	-	-	-	-						-	15,000.00
	66,126.00	371.19	204.53	569.31	137.10	223.34	138.46	100.99	-	-	-	-	-	1,744.92	64,381.08
Smoke-Free IL Citation Fee	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1,245,276.00	74,269.43	73,819.47	401,119.12	119,310.39	73,979.86	297,901.48	69,668.99	-	-	-	-	-	1,110,068.74	135,207.26

County Well Water Testing  
July 2022

	Jul-22
<b>PERSONAL SERVICES</b>	
Jeff Blackford	45.79
Laura Shobe	24.66
<b>Total Personal Services</b>	<b>70.45</b>
<b>FRINGE BENEFITS</b>	
Health Insurance	6.84
Life Insurance	0.03
FICA	5.22
IMRF	4.42
Illinois Unemployment Insurance	-
Workers Compensation	2.03
<b>Total Fringe Benefits</b>	<b>18.54</b>
<b>Total Personal Services &amp; Fringe Benefits</b>	<b>88.99</b>
<b>CONTRACTUAL SERVICES</b>	
Printing	0.43
Postage	11.57
<b>Total Contractual Services</b>	<b>12.00</b>
<b>SUPPLIES</b>	
<b>Total Supplies</b>	<b>-</b>
<b>TRAVEL</b>	
<b>Total Travel</b>	<b>-</b>
<b>Total</b>	<b>100.99</b>

Invoice Number:	2208
Date of Invoice:	September 29, 2022
Billing Period:	August 2022

To:

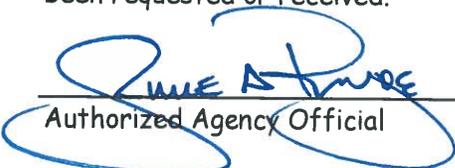
Champaign County Public Health Department  
1776 East Washington Street  
Urbana, Illinois 61802

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	\$	3,745.15
533.07 Professional Services - TFC Grant	\$	-
533.07 Professional Services - Body Art Grant	\$	-
533.07 Professional Services - Perinatal Hep B Grant	\$	-
533.07 Professional Services - Tanning Inspection Grant	\$	-
533.07 Professional Services - Vector Surveillance & Control Grant	\$	-
533.07 Professional Services - COVID-19 Crisis Grant	\$	-
533.07 Professional Services - COVID-19 Mass Vaccination Grant	\$	-
533.07 Professional Services - COVID-19 Response Grant	\$	51,975.52
533.07 Professional Services - Preventative Services	\$	529.94
533.07 Professional Services - County Well Water Testing	\$	352.09
<b>Total Amount Due to CUPHD per Contract</b>	<b>\$</b>	<b>126,169.70</b>

**CERTIFICATION:**

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

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

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
<b>Core Service Contract</b>															
Communicable Disease	89,137.00	7,428.06	7,428.06	7,428.06	7,428.06	7,428.06	7,428.06	7,428.34	7,428.06					59,424.76	29,712.24
Disease Intervention	169,818.00	14,151.48	14,151.48	14,151.48	14,151.48	14,151.48	14,151.48	14,151.72	14,151.48					113,212.08	56,605.92
Tuberculosis	34,381.00	2,865.08	2,865.08	2,865.08	2,865.08	2,865.08	2,865.08	2,865.12	2,865.08					22,920.68	11,460.32
Food	243,502.00	20,291.80	20,291.80	20,291.80	20,291.80	20,291.80	20,291.80	20,292.20	20,291.80					162,334.80	81,167.20
Water	48,537.00	4,044.75	4,044.75	4,044.75	4,044.75	4,044.75	4,044.75	4,044.75	4,044.75					32,358.00	16,179.00
Sewage	86,191.00	7,182.58	7,182.58	7,182.58	7,182.58	7,182.58	7,182.58	7,182.62	7,182.58					57,460.68	28,730.32
Administration	163,239.00	13,603.25	13,603.25	13,603.25	13,603.25	13,603.25	13,603.25	13,603.25	13,603.25					108,826.00	54,413.00
	834,805.00	69,567.00	69,567.00	69,567.00	69,567.00	69,567.00	69,567.00	69,568.00	69,567.00	-	-	-	-	556,537.00	278,268.00
<b>PHEP</b>															
Tobacco Free Communities	64,562.00	4,331.24	4,047.94	3,302.37	5,085.91	4,189.52	5,377.83	-	3,745.15					30,079.96	34,482.04
Body Art Inspection	57,517.00	-	-	7,836.75	-	-	12,893.66	-	-					20,730.41	36,786.59
Influenza Vaccine Promotion	413.00	-	-	-	-	-	-	-	-					-	413.00
Narcan	25,000.00	This grant was included in the FY22 CHPG notification letter, but was not included in the application and was never received												-	25,000.00
Perinatal Hepatitis B Prevention	3,000.00	-	-	-	-	-	3,000.00	Grant not renewed				-	3,000.00	-	
Pre-Exposure Prophylaxis	7,002.00	-	-	-	-	-	-	-	-					-	7,002.00
Tanning Inspection	162,272.00	-	-	49,229.30	-	-	-	62,345.64	Grant not renewed				111,574.94	50,697.06	
Vector Surveillance & Control	400.00	-	-	-	-	-	-	-	-					-	400.00
COVID-19 Crisis	24,179.00	-	-	-	-	-	4,906.29	-	-					4,906.29	19,272.71
COVID-19 Mass Vaccination	-	-	-	62,141.19	-	-	14,045.89	-	-					76,187.08	(76,187.08)
COVID-19 Contact Tracing	-	-	-	34,317.48	-	-	40,013.45	-	-					74,330.93	(74,330.93)
COVID-19 Response	-	-	-	174,155.72	Grant not renewed				-	-				174,155.72	(174,155.72)
	-	-	-	-	44,520.38	-	85,613.26	-	51,975.52					182,109.16	(182,109.16)
	344,345.00	4,331.24	4,047.94	330,982.81	49,606.29	4,189.52	228,196.02	-	55,720.67	-	-	-	-	677,074.49	(332,729.49)
<b>Fee for Service</b>															
Well Water Testing	1,126.00	371.19	204.53	569.31	137.10	6.01	104.18	100.99	352.09					1,845.40	(719.40)
Preventative Services	50,000.00	-	-	-	-	217.33	34.28	-	529.94					781.55	49,218.45
Emergency Non-Contract	15,000.00	-	-	-	-	-	-	-	-					-	15,000.00
	66,126.00	371.19	204.53	569.31	137.10	223.34	138.46	100.99	882.03	-	-	-	-	2,626.95	63,499.05
<b>Smoke-Free IL Citation Fee</b>															
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1,245,276.00	74,269.43	73,819.47	401,119.12	119,310.39	73,979.86	297,901.48	69,668.99	126,169.70	-	-	-	-	1,236,238.44	9,037.56

### REIMBURSEMENT CERTIFICATION

Champaign, County of

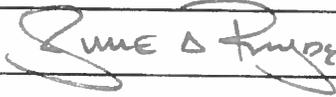
FE ID Number 37-6006910		Contract Number 37180009K		Appropriation Number 063-48270-1900-0200				Page 1	Of 2		
Local Agency Name Champaign, County of		Program Public Health Emergency Preparedness - 2023						Code			
Street Address 1776 E. Washington		Report Period 07/01/2022				Thru 07/31/2022		Final	Γ	Date Prepared	Date Approved
City, State, ZIP Code Urbana, IL, 61802		Agreement Period 07/01/2022				Thru 06/30/2023		Operational Advance 0.00			
Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
<b>Program Expenses</b>											
1. Personal Services (Incl Salary & Wages)	2,920.04	0.00	0.00	0.00	2,920.04	0.00	2,920.04	0.00	26,504.42	23,584.38	11.02%
2. Fringe Benefits	824.86	0.00	0.00	0.00	824.86	0.00	824.86	0.00	7,100.81	6,275.95	11.62%
3. Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	657.25	657.25	0.00%
4. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,725.22	9,725.22	0.00%
5. Supplies	0.25	0.00	0.00	0.00	0.25	0.00	0.25	0.00	12,347.30	12,347.05	0.00%
6. Contractual Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,196.00	3,196.00	0.00%
7. Occupancy - Rent and Utilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
8. Telecommunications	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	400.00	400.00	0.00%
9. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,795.00	2,795.00	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%
<b>Total Program Expenses</b>	<b>3,745.15</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3,745.15</b>	<b>0.00</b>	<b>3,745.15</b>	<b>0.00</b>	<b>62,726.00</b>	<b>58,980.85</b>	<b>5.97%</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>3,745.15</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3,745.15</b>	<b>0.00</b>	<b>3,745.15</b>	<b>0.00</b>	<b>62,726.00</b>	<b>58,980.85</b>	<b>5.97%</b>
<b>Indirect Costs</b>	<b>0.00</b>	<b>0.00</b>	<b>374.52</b>	<b>374.52</b>	<b>374.52</b>	<b>0.00</b>	<b>374.52</b>	<b>374.52</b>	<b>6,273.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>TOTAL EXPENDITURES</b>	<b>3,745.15</b>	<b>0.00</b>	<b>374.52</b>	<b>374.52</b>	<b>4,119.67</b>	<b>0.00</b>	<b>4,119.67</b>	<b>374.52</b>	<b>68,999.00</b>	<b>58,980.85</b>	<b>5.97%</b>
<b>TOTAL PAYABLE</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3,745.15</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>Source of Funds</b>											
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	3,745.15	0.00	0.00	0.00	3,745.15	0.00	3,745.15	0.00	62,726.00	58,980.85	5.97%
3. Local	0.00	0.00	374.52	374.52	374.52	0.00	374.52	374.52	6,273.00	0.00	0.00%
4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
<b>Total Source of Funds</b>	<b>3,745.15</b>	<b>0.00</b>	<b>374.52</b>	<b>374.52</b>	<b>4,119.67</b>	<b>0.00</b>	<b>4,119.67</b>	<b>374.52</b>	<b>68,999.00</b>	<b>58,980.85</b>	<b>5.97%</b>

**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 9/28/2022	Title: Administrator
Contact Person Name: Esther Thomas			Telephone Number: 217-531-4262
Authorized Signature (additional)		Date	Title:
Contact Person Name:			Telephone Number:
IDPH Authorized Signature		Date	Title:

**FOR STATE USE ONLY**

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

## REIMBURSEMENT CERTIFICATION

Champaign, County of

FE ID Number 37-6006910	Contract Number 28180508J	Appropriation Number 063-48250-1900-0100			Page 1	Of 5	
Local Agency Name Champaign, County of	Program COVID-19 Response Grant - 2022				Code		
Street Address 1776 E. Washington	Report Period 07/01/2022	Thru	08/31/2022	Final	<input type="checkbox"/>	Date Prepared	Date Approved
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 01/01/2022	Thru	12/31/2022	Operational Advance 0.00			
Category	Expenditures				Agreement		
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
<b>Program Expenses</b>							
<b>1. Personal Services (Incl Salary &amp; Wages)</b>							
Project Director	2,421.41	2,421.41	0.00	5,445.26	9,888.85	4,443.59	55.06%
Others (Public Health Administrator)	0.00	0.00	0.00	11,384.64	37,948.80	26,564.16	30.00%
Others (Deputy Administrator & Epidemiologist)	0.00	0.00	0.00	4,866.25	4,866.25	0.00	100.00%
Others (Data Manager)	1,838.73	1,838.73	0.00	7,256.34	8,321.60	1,065.26	87.20%
Others (Resource Coordinator)	2,382.60	2,382.60	0.00	6,570.90	9,531.19	2,960.29	68.94%
Others (Resource Coordinator)	1,635.55	1,635.55	0.00	4,155.09	4,765.60	610.51	87.19%
Others (Prevention Specialist)	3,271.49	3,271.49	0.00	8,904.83	10,523.63	1,618.80	84.62%
Others (Special Project Assistant)	2,101.87	2,101.87	0.00	7,086.25	7,114.17	27.92	99.61%
Others (Special Project Assistant)	1,123.07	1,123.07	0.00	3,294.16	4,765.60	1,471.44	69.12%
Others (Special Project Assistant)	2,427.94	2,427.94	0.00	7,366.26	7,397.92	31.66	99.57%
Others (Special Project Assistant)	445.60	445.60	0.00	1,562.09	1,707.48	145.39	91.49%
Others (Special Project Assistant)	2,641.53	2,641.53	0.00	7,233.45	10,728.59	3,495.14	67.42%
Others (Special Project Assistant)	990.86	990.86	0.00	3,183.26	3,378.59	195.33	94.22%
Others (Special Project Assistant)	11.27	11.27	0.00	450.81	526.70	75.89	85.59%

## REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures				Agreement		
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
Assistant)							
Others (Special Project Assistant)	0.00	0.00	0.00	238.14	238.14	0.00	100.00%
Others (Special Project Assistant)	1,383.95	1,383.95	0.00	3,441.83	3,741.23	299.40	92.00%
Others (Special Project Assistant)	1,953.35	1,953.35	0.00	5,864.10	5,851.11	-12.99	100.22%
Others (Special Project Assistant)	3,201.38	3,201.38	0.00	8,099.72	10,138.25	2,038.53	79.89%
Others (Special Project Assistant)	1,275.38	1,275.38	0.00	5,336.90	5,082.75	-254.15	105.00%
Others (Special Project Assistant)	63.75	63.75	0.00	2,700.06	2,854.34	154.28	94.59%
Others (Special Project Assistant)	1,233.79	1,233.79	0.00	3,567.06	3,470.25	-96.81	102.79%
Others (Special Project Assistant)	28.62	28.62	0.00	2,636.80	3,477.60	840.80	75.82%
Others (Special Project Assistant)	873.05	873.05	0.00	1,102.92	1,214.25	111.33	90.83%
Others (Program Manager)	4,010.79	4,010.79	0.00	9,575.03	9,888.85	313.82	96.83%
Others (Communications)	57.58	57.58	0.00	183.05	184.92	1.87	98.99%
Program Manager	0.00	0.00	0.00	891.27	1,054.81	163.54	84.50%
Others (Food Resources)	2,136.98	2,136.98	0.00	2,136.98	2,136.77	-0.21	100.01%
Others (Food Resources)	63.45	63.45	0.00	63.45	70.23	6.78	90.35%
Project Director	377.27	377.27	0.00	377.27	439.50	62.23	85.84%
Others (Food resources)	20.31	20.31	0.00	20.31	20.31	0.00	100.00%
Others (Food Resources)	7.27	7.27	0.00	7.27	7.29	0.02	99.73%
<b>Sub Total for Personal Services (Incl Salary &amp; Wages)</b>	<b>37,978.84</b>	<b>37,978.84</b>	<b>0.00</b>	<b>125,001.75</b>	<b>171,335.57</b>	<b>46,333.82</b>	<b>72.96%</b>
<b>2. Fringe Benefits</b>							
FICA	2,851.33	2,851.33	0.00	9,295.23	13,107.17	3,811.94	70.92%
Retirement	1,749.53	1,749.53	0.00	5,556.84	11,102.54	5,545.70	50.05%
Health Insurance	4,376.01	4,376.01	0.00	15,358.80	18,941.30	3,582.50	81.09%

## REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures				Agreement		
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
Others (Life Insurance)	10.57	10.57	0.00	36.74	49.70	12.96	73.92%
Others (Unemployment)	55.45	55.45	0.00	376.97	1,756.19	1,379.22	21.47%
Workmens Compensation	185.12	185.12	0.00	560.96	717.90	156.94	78.14%
<b>Sub Total for Fringe Benefits</b>	<b>9,228.01</b>	<b>9,228.01</b>	<b>0.00</b>	<b>31,185.54</b>	<b>45,674.80</b>	<b>14,489.26</b>	<b>68.28%</b>
<b>3. Travel</b>							
InState Mileage	43.63	43.63	0.00	43.63	702.00	658.37	6.22%
<b>4. Equipment</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>5. Supplies</b>							
Others (Office Supplies)	0.00	0.00	0.00	26.90	60.00	33.10	44.83%
Others (copies)	0.00	0.00	0.00	3.11	7.50	4.39	41.47%
<b>Sub Total for Supplies</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>30.01</b>	<b>67.50</b>	<b>37.49</b>	<b>44.46%</b>
<b>6. Contractual Services</b>							
Others (Translation Services)	0.00	0.00	0.00	0.00	200.00	200.00	0.00%
Others (Quarantine housing)	0.00	0.00	0.00	3,592.86	3,592.86	0.00	100.00%
Others (Quarantine per diem)	0.00	0.00	0.00	5,700.00	5,700.00	0.00	100.00%
<b>Sub Total for Contractual Services</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>9,292.86</b>	<b>9,492.86</b>	<b>200.00</b>	<b>97.89%</b>
<b>7. Occupancy - Rent and Utilities</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>8. Telecommunications</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>9. Training and Education</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>

## REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures				Agreement		
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
Total Program Expenses	47,250.48	47,250.48	0.00	165,553.79	227,272.73	61,718.94	72.84%
TOTAL DIRECT EXPENSES	47,250.48	47,250.48	0.00	165,553.79	227,272.73	61,718.94	72.84%
Indirect Costs							
De Minimis Rate – up to 10%	4,725.04	4,725.04	0.00	16,555.37	22,727.27	6,171.90	72.84%
TOTAL EXPENDITURES	51,975.52	51,975.52	0.00	182,109.16	250,000.00	67,890.84	72.84%
TOTAL PAYABLE	0.00	51,975.52	0.00	0.00	0.00	0.00	0.00%
Source of Funds							
1. Fees and Collections	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
2. State Agreement	51,975.52	51,975.52	0.00	182,109.16	250,000.00	67,890.84	72.84%
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	51,975.52	51,975.52	0.00	182,109.16	250,000.00	67,890.84	72.84%

**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 Amanda Knight	<small>Digitally signed by Amanda Knight DN: cn=Amanda Knight, ou=Champaign-Urbana Public Health District, ou=email=Aknigh@ic- uphd.org, c=US Date: 2022.09.29 11:05:55 -0500</small>	Date 9/29/2022	Title: Director of Finance
Contact Person Name: Esther Thomas	Telephone Number: 217-531-4262		
Authorized Signature (additional)	Date	Title:	
Contact Person Name:	Telephone Number:		
IDPH Authorized Signature	Date	Title:	

**REIMBURSEMENT CERTIFICATION**

Champaign, County of

*FOR STATE USE ONLY*

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

Preventative Services - County Sex Ed  
August 2022

	Aug-22
<b>PERSONAL SERVICES</b>	
Alyx McElfresh	355.20
Total Personal Services	355.20
<b>FRINGE BENEFITS</b>	
FICA	26.43
IMRF	22.27
Health Insurance	86.94
Life Insurance	0.14
Illinois Unemployment Insurance	-
Workers Compensation	1.52
Total Fringe Benefits	137.30
<b>Total Personal Services &amp; Fringe Benefits</b>	<b>492.50</b>
<b>CONTRACTUAL SERVICES</b>	
<b>Total Contractual Services</b>	<b>-</b>
<b>SUPPLIES</b>	
<b>Total Supplies</b>	<b>-</b>
<b>TRAVEL</b>	
Mileage	37.44
<b>Total Travel</b>	<b>37.44</b>
<b>Total</b>	<b>529.94</b>

County Well Water Testing  
August 2022

	Aug-22
<b>PERSONAL SERVICES</b>	
Jeff Blackford	135.79
Tammy Hamilton	20.02
Laura Shobe	89.08
<b>Total Personal Services</b>	<b>244.89</b>
<b>FRINGE BENEFITS</b>	
Health Insurance	24.95
Life Insurance	0.11
FICA	18.15
IMRF	15.34
Illinois Unemployment Insurance	-
Workers Compensation	6.12
<b>Total Fringe Benefits</b>	<b>64.67</b>
<b>Total Personal Services &amp; Fringe Benefits</b>	<b>309.56</b>
<b>CONTRACTUAL SERVICES</b>	
Printing	0.16
Postage	38.50
<b>Total Contractual Services</b>	<b>38.66</b>
<b>SUPPLIES</b>	
<b>Total Supplies</b>	<b>-</b>
<b>TRAVEL</b>	
Mileage	3.87
<b>Total Travel</b>	<b>3.87</b>
<b>Total</b>	<b>352.09</b>

Invoice Number:	2209
Date of Invoice:	October 26, 2022
Billing Period:	September 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	\$	6,105.33
533.07 Professional Services - TFC Grant	\$	14,542.80
533.07 Professional Services - Body Art Grant	\$	-
533.07 Professional Services - Perinatal Hep B Grant	\$	-
533.07 Professional Services - Tanning Inspection Grant	\$	-
533.07 Professional Services - Vector Surveillance & Control Grant	\$	8,069.89
533.07 Professional Services - COVID-19 Crisis Grant	\$	8,737.97
533.07 Professional Services - COVID-19 Mass Vaccination Grant	\$	37,773.55
533.07 Professional Services - COVID-19 Response Grant	\$	-
533.07 Professional Services - Preventative Services	\$	1,632.84
533.07 Professional Services - County Well Water Testing	\$	70.46
<b>Total Amount Due to CUPHD per Contract</b>	<b>\$</b>	<b>146,499.84</b>

## CERTIFICATION:

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

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

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
<b>Core Service Contract</b>															
Communicable Disease	89,137.00	7,428.06	7,428.06	7,428.06	7,428.06	7,428.06	7,428.06	7,428.34	7,428.06	7,428.06				66,852.82	22,284.18
Disease Intervention	169,818.00	14,151.48	14,151.48	14,151.48	14,151.48	14,151.48	14,151.48	14,151.72	14,151.48	14,151.48				127,363.56	42,454.44
Tuberculosis	34,381.00	2,865.08	2,865.08	2,865.08	2,865.08	2,865.08	2,865.08	2,865.12	2,865.08	2,865.08				25,785.76	8,595.24
Food	243,502.00	20,291.80	20,291.80	20,291.80	20,291.80	20,291.80	20,291.80	20,292.20	20,291.80	20,291.80				182,626.60	60,875.40
Water	48,537.00	4,044.75	4,044.75	4,044.75	4,044.75	4,044.75	4,044.75	4,044.75	4,044.75	4,044.75				36,402.75	12,134.25
Sewage	86,191.00	7,182.58	7,182.58	7,182.58	7,182.58	7,182.58	7,182.58	7,182.62	7,182.58	7,182.58				64,643.26	21,547.74
Administration	163,239.00	13,603.25	13,603.25	13,603.25	13,603.25	13,603.25	13,603.25	13,603.25	13,603.25	13,603.25				122,429.25	40,809.75
	834,805.00	69,567.00	69,567.00	69,567.00	69,567.00	69,567.00	69,567.00	69,568.00	69,567.00	69,567.00	-	-	-	626,104.00	208,701.00
PHEP	64,562.00	4,331.24	4,047.94	3,302.37	5,085.91	4,189.52	5,377.83	-	3,745.15	6,105.33				36,185.29	28,376.71
Tobacco Free Communities	57,517.00	-	-	7,836.75	-	-	12,893.66	-	-	14,542.80				35,273.21	22,243.79
Body Art Inspection	413.00	-	-	-	-	-	-	-	-	-				-	413.00
Influenza Vaccine Promotion	25,000.00	This grant was included in the FY22 CHPG notification letter, but was not included in the application and was never received											-	25,000.00	
Narcan	3,000.00	-	-	-	-	-	3,000.00	Grant not renewed						3,000.00	-
Perinatal Hepatitis B Prevention	7,002.00	-	-	-	-	-	-	-	-	-				-	7,002.00
Pre-Exposure Prophylaxis	162,272.00	-	-	49,229.30	-	-	62,345.64	Grant not renewed						111,574.94	50,697.06
Tanning Inspection	400.00	-	-	-	-	-	-	-	-	-				-	400.00
Vector Surveillance & Control	24,179.00	-	-	-	-	-	4,906.29	-	-	8,069.89				12,976.18	11,202.82
COVID-19 Crisis	-	-	-	62,141.19	-	-	14,045.89	-	-	8,737.97				84,925.05	(84,925.05)
COVID-19 Mass Vaccination	-	-	-	34,317.48	-	-	40,013.45	-	-	37,773.55				112,104.48	(112,104.48)
COVID-19 Contact Tracing	-	-	-	174,155.72	Grant not renewed									174,155.72	(174,155.72)
COVID-19 Response	-	-	-	-	44,520.38	-	85,613.26	-	51,975.52					182,109.16	(182,109.16)
	344,345.00	4,331.24	4,047.94	330,982.81	49,606.29	4,189.52	228,196.02	-	55,720.67	75,229.54	-	-	-	752,304.03	(407,959.03)
<b>Fee for Service</b>															
Well Water Testing	1,126.00	371.19	204.53	569.31	137.10	6.01	104.18	100.99	352.09	70.46				1,915.86	(789.86)
Preventative Services	50,000.00	-	-	-	-	217.33	34.28	-	529.94	1,632.84				2,414.39	47,585.61
Emergency Non-Contract	15,000.00	-	-	-	-	-	-	-	-	-				-	15,000.00
	66,126.00	371.19	204.53	569.31	137.10	223.34	138.46	100.99	882.03	1,703.30	-	-	-	4,330.25	61,795.75
Smoke-Free IL Citation Fee	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	1,245,276.00	74,269.43	73,819.47	401,119.12	119,310.39	73,979.86	297,901.48	69,668.99	126,169.70	146,499.84	-	-	-	1,382,738.28	(137,462.28)

**REIMBURSEMENT CERTIFICATION**

Champaign, County of

FE ID Number 37-6006910	Contract Number 37180009K	Appropriation Number 063-48270-1900-0200	Page 1	Of 2
Local Agency Name Champaign, County of	Program Public Health Emergency Preparedness - 2023		Code	
Street Address 1776 E. Washington	Report Period 09/01/2022	Thru 09/30/2022	Final <input type="checkbox"/>	Date Prepared
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 07/01/2022	Thru 06/30/2023	Date Approved	
			Operational Advance 0.00	

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
<b>Program Expenses</b>											
1. Personal Services (Incl Salary & Wages)	2,722.27	0.00	0.00	0.00	2,722.27	0.00	7,488.23	0.00	26,504.42	19,016.19	28.25%
2. Fringe Benefits	638.26	0.00	0.00	0.00	638.26	0.00	1,920.90	0.00	7,100.81	5,179.91	27.05%
3. Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	657.25	657.25	0.00%
4. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,725.22	9,725.22	0.00%
5. Supplies	441.10	0.00	0.00	0.00	441.10	0.00	441.35	0.00	12,347.30	11,905.95	3.57%
6. Contractual Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,196.00	3,196.00	0.00%
7. Occupancy - Rent and Utilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
8. Telecommunications	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	400.00	400.00	0.00%
9. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,795.00	2,795.00	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%
<b>Total Program Expenses</b>	<b>3,801.63</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3,801.63</b>	<b>0.00</b>	<b>9,850.48</b>	<b>0.00</b>	<b>62,726.00</b>	<b>52,875.52</b>	<b>15.70%</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>3,801.63</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3,801.63</b>	<b>0.00</b>	<b>9,850.48</b>	<b>0.00</b>	<b>62,726.00</b>	<b>52,875.52</b>	<b>15.70%</b>
<b>Indirect Costs</b>	<b>0.00</b>	<b>0.00</b>	<b>380.16</b>	<b>380.16</b>	<b>380.16</b>	<b>0.00</b>	<b>985.05</b>	<b>985.05</b>	<b>6,273.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>TOTAL EXPENDITURES</b>	<b>3,801.63</b>	<b>0.00</b>	<b>380.16</b>	<b>380.16</b>	<b>4,181.79</b>	<b>0.00</b>	<b>10,835.53</b>	<b>985.05</b>	<b>68,999.00</b>	<b>52,875.52</b>	<b>15.70%</b>
<b>TOTAL PAYABLE</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3,801.63</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>Source of Funds</b>											
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	3,801.63	0.00	0.00	0.00	3,801.63	0.00	9,850.48	0.00	62,726.00	52,875.52	15.70%
3. Local	0.00	0.00	380.16	380.16	380.16	0.00	985.05	985.05	6,273.00	0.00	0.00%
4. Federal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
<b>Total Source of Funds</b>	<b>3,801.63</b>	<b>0.00</b>	<b>380.16</b>	<b>380.16</b>	<b>4,181.79</b>	<b>0.00</b>	<b>10,835.53</b>	<b>985.05</b>	<b>68,999.00</b>	<b>52,875.52</b>	<b>15.70%</b>

**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 Amanda Knight	<small>Digitally signed by Amanda Knight DN: cn=Amanda Knight, o=Champaign-Urbana Public Health District, ou, email=aknight@cp- uphd.org, c=US Date: 2022.10.20 13:36:53 -0500'</small>	Date 10/20/2022	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					
<b>Authority:</b> P.A. 368 of 1978 <b>Completion:</b> is a Condition of Reimbursement			The Champaign, County of is an equal opportunity employer, services, and program provider.		

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

Fiscal Contact Person: Esther Thomas  
 Telephone Number: 217-531-4262  
 Email Address: [ethomas@c-uphd.org](mailto:ethomas@c-uphd.org)  
 Date Submitted: 10/26/2022

<i>In the box below, please enter reimbursement amounts submitted for your FY19 grant.</i>							
	Qtr 1		Qtr 2		Qtr 3		Qtr 4
\$14,542.80	7/1/2022 -		10/1/2022 -		1/1/2023 -		4/1/2023 -
	9/30/2022		12/31/2022		3/31/2023		6/30/2023
						\$14,542.80	YTD

Agency Name: Champaign County  
 FEIN #: 37-6006910  
 Grant #: 33281005K  
 Program Name: Illinois Tobacco-Free Communities

Billing Period: 7/1/22-9/30/22

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed	Match
<b>Salary &amp; Wages</b>				
Whitney Greger	Program Coordinator	7/1/22-9/30/22	\$4,007.95	
Alyx McElfresh	Health Educator	7/1/22-9/30/22	\$1,605.18	
Kami Lafoon	Health Educator	7/1/22-9/30/22	\$2,467.78	
Taylor Thompkins	Health Educator	7/1/22-9/30/22	\$1,791.97	
<b>Total Salary &amp; Wages</b>			\$9,872.88	
<b>Fringe Benefits</b>				
Social Security	FICA	7/1/22-9/30/22	\$734.86	
Retirement	IMRF	7/1/22-9/30/22	\$619.16	
Health Insurance	Health Insurance	7/1/22-9/30/22	\$1,900.71	
Life Insurance	Life Insurance	7/1/22-9/30/22	\$3.27	
Unemployment	Unemployment	7/1/22-9/30/22	\$17.71	
Workers Comp	Workers Comp	7/1/22-9/30/22	\$42.60	
<b>Total Fringe Benefits</b>			\$3,318.31	
<b>Travel</b>				
Kami Lafoon	SFIA Travel	7/1/22-9/30/22	\$16.75	
<b>Total Travel</b>			\$16.75	
<b>Supplies</b>				
Lazers Edge Office	Copies	7/1/22-9/30/22	\$3.53	
USPS	Postage	7/1/22-9/30/22	\$9.26	
<b>Total Supplies</b>			\$12.79	
<b>Indirect Cost</b>	De Minimis Rate of 10% or MTDC	7/1/22-9/30/22	\$1,322.07	
<b>Grand Total</b>			\$14,542.80	

*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.*

  
 Champaign County Board of Health  
 November 15, 2022

10-26-22  
 Date

**REIMBURSEMENT CERTIFICATION**

Champaign, County of

FE ID Number 37-6006910		Contract Number 38080009K-VSC		Appropriation Number - 240-48250-1900-0000 for Vector Surveillance and Control				Page 1	Of 4		
Local Agency Name Champaign, County of		Program Comprehensive Health Protection Grant - FY 2023						Code Vector Surveillance and Control			
Street Address 1776 E. Washington		Report Period 07/01/2022				Thru 09/30/2022		Final <input type="checkbox"/>	Date Prepared	Date Approved	
City, State, ZIP Code Urbana, IL, 61802		Agreement Period 07/01/2022				Thru 06/30/2023		Operational Advance 0.00			
Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
<b>Program Expenses</b>											
<b>1. Personal Services (Incl Salary &amp; Wages)</b>											
Program Supervisor	394.43	0.00	0.00	0.00	394.43	0.00	394.43	0.00	416.04	21.61	94.81%
Program Manager	1,298.73	0.00	0.00	0.00	1,298.73	0.00	1,298.73	0.00	4,750.79	3,452.06	27.34%
Others (Mosquito Surveillance & Abatement Biker)	415.64	0.00	0.00	0.00	415.64	0.00	415.64	0.00	1,423.16	1,007.52	29.21%
Others (Mosquito Surveillance & Abatement Biker)	508.94	0.00	0.00	0.00	508.94	0.00	508.94	0.00	1,339.16	830.22	38.00%
Others (Mosquito Surveillance & Abatement Biker)	1,236.97	0.00	0.00	0.00	1,236.97	0.00	1,236.97	0.00	1,339.16	102.19	92.37%
Others (Mosquito Surveillance & Abatement Biker)	1,029.60	0.00	0.00	0.00	1,029.60	0.00	1,029.60	0.00	1,339.16	309.56	76.88%
Others (Mosquito Surveillance & Abatement Biker)	618.94	0.00	0.00	0.00	618.94	0.00	618.94	0.00	1,339.16	720.22	46.22%
<b>Sub Total for Personal Services (Incl Salary &amp; Wages)</b>	<b>5,503.25</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>5,503.25</b>	<b>0.00</b>	<b>5,503.25</b>	<b>0.00</b>	<b>11,946.63</b>	<b>6,443.38</b>	<b>46.07%</b>
<b>2. Fringe Benefits</b>											
FICA	418.40	0.00	0.00	0.00	418.40	0.00	418.40	0.00	905.26	486.86	46.22%
Retirement	106.97	0.00	0.00	0.00	106.97	0.00	106.97	0.00	325.63	218.66	32.85%

## 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	58.94	0.00	0.00	0.00	58.94	0.00	58.94	0.00	59.94	1.00	98.33%
Others (Life Insurance)	0.76	0.00	0.00	0.00	0.76	0.00	0.76	0.00	2.76	2.00	27.54%
Others (Unemployment)	39.06	0.00	0.00	0.00	39.06	0.00	39.06	0.00	82.11	43.05	47.57%
Workmens Compensation	335.44	0.00	0.00	0.00	335.44	0.00	335.44	0.00	667.22	331.78	50.27%
<b>Sub Total for Fringe Benefits</b>	<b>959.57</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>959.57</b>	<b>0.00</b>	<b>959.57</b>	<b>0.00</b>	<b>2,042.92</b>	<b>1,083.35</b>	<b>46.97%</b>
<b>3. Travel</b>											
InState Mileage	373.40	0.00	0.00	0.00	373.40	0.00	373.40	0.00	525.00	151.60	71.12%
<b>4. Equipment</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>5. Supplies</b>											
Others (Larvicide)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00%
Others (Copies)	0.04	0.00	0.00	0.00	0.04	0.00	0.04	0.00	5.00	4.96	0.80%
Others (Postage)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00	5.00	0.00%
<b>Sub Total for Supplies</b>	<b>0.04</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.04</b>	<b>0.00</b>	<b>0.04</b>	<b>0.00</b>	<b>110.00</b>	<b>109.96</b>	<b>0.04%</b>
<b>6. Contractual Services</b>											
Others (Tire Disposal)	500.00	0.00	0.00	0.00	500.00	0.00	500.00	0.00	500.00	0.00	100.00%
<b>7. Occupancy - Rent and Utilities</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>8. Telecommunications</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>9. Training and Education</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>Total Program Expenses</b>	<b>7,336.26</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>7,336.26</b>	<b>0.00</b>	<b>7,336.26</b>	<b>0.00</b>	<b>15,124.55</b>	<b>7,788.29</b>	<b>48.51%</b>

## REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
<b>TOTAL DIRECT EXPENSES</b>	<b>7,336.26</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>7,336.26</b>	<b>0.00</b>	<b>7,336.26</b>	<b>0.00</b>	<b>15,124.55</b>	<b>7,788.29</b>	<b>48.51%</b>
<b>Indirect Costs</b>											
De Minimis Rate – up to 10%	733.63	0.00	0.00	0.00	733.63	0.00	733.63	0.00	1,512.45	778.82	48.51%
<b>TOTAL EXPENDITURES</b>	<b>8,069.89</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>8,069.89</b>	<b>0.00</b>	<b>8,069.89</b>	<b>0.00</b>	<b>16,637.00</b>	<b>8,567.11</b>	<b>48.51%</b>
<b>TOTAL PAYABLE</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>8,069.89</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>Source of Funds</b>											
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	8,069.89	0.00	0.00	0.00	8,069.89	0.00	8,069.89	0.00	16,637.00	8,567.11	48.51%
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%
<b>Total Source of Funds</b>	<b>8,069.89</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>8,069.89</b>	<b>0.00</b>	<b>8,069.89</b>	<b>0.00</b>	<b>16,637.00</b>	<b>8,567.11</b>	<b>48.51%</b>
<p><b>CERTIFICATION:</b> By signing this report [or payment request or both], I certify to the best of my knowledge and belief that the report [or payment request] is true, complete, and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the State or federal pass-through award; and that supporting documentation has been submitted as required by the grant agreement. I acknowledge that approval for any other expenditure described herein shall be considered conditional subject to further review and verification in accordance with the monitoring and records retention provisions of the grant agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812; 30 ILCS 708/120).</p>											
Authorized Signature <b>Amanda S Knight</b> <small>Digitally signed by Amanda Knight DN: cn=Amanda Knight, ou=Champaign- Urbana Public Health District, ou= email=aknight@cp.uphd.org, c=US Date: 2022.10.20 13:39:06 -05'00'</small>						Date <b>10/20/2022</b>		Title: <b>Director of Finance</b>			
Contact Person Name: <b>Esther Thomas</b>						Telephone Number: <b>217-531-4262</b>					
Authorized Signature (additional)						Date		Title:			
Contact Person Name:						Telephone Number:					
IDPH Authorized Signature						Date		Title:			

**REIMBURSEMENT CERTIFICATION**

Champaign, County of

*FOR STATE USE ONLY*

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message					
<b>Authority:</b> P.A. 368 of 1978 <b>Completion:</b> 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 07/01/2022	Thru	09/30/2022	Final <input type="checkbox"/>	Date Prepared 10/26/2022	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%
<b>Program Expenses</b>											
1. Personal Services (Incl Salary & Wages)	6,382.77	0.00	0.00	0.00	6,382.77	0.00	6,382.77	0.00	126,155.42	119,772.65	5.06%
2. Fringe Benefits	930.84	0.00	0.00	0.00	930.84	0.00	930.84	0.00	42,260.14	41,329.30	2.20%
3. Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,940.00	8,940.00	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	630.00	0.00	0.00	0.00	630.00	0.00	630.00	0.00	3,029.00	2,399.00	20.80%
7. Consultant Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,619.00	4,619.00	0.00%
8. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40,000.00	40,000.00	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%
<b>Total Program Expenses</b>	<b>7,943.61</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>7,943.61</b>	<b>0.00</b>	<b>7,943.61</b>	<b>0.00</b>	<b>225,003.56</b>	<b>217,059.95</b>	<b>3.53%</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>7,943.61</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>7,943.61</b>	<b>0.00</b>	<b>7,943.61</b>	<b>0.00</b>	<b>225,003.56</b>	<b>217,059.95</b>	<b>3.53%</b>
<b>Indirect Costs</b>	<b>794.36</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>794.36</b>	<b>0.00</b>	<b>794.36</b>	<b>0.00</b>	<b>22,038.36</b>	<b>21,244.00</b>	<b>3.60%</b>
<b>TOTAL EXPENDITURES</b>	<b>8,737.97</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>8,737.97</b>	<b>0.00</b>	<b>8,737.97</b>	<b>0.00</b>	<b>247,041.92</b>	<b>238,303.95</b>	<b>3.54%</b>
<b>TOTAL PAYABLE</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>8,737.97</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>Source of Funds</b>											
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	8,737.97	0.00	0.00	0.00	8,737.97	0.00	8,737.97	0.00	247,041.92	238,303.95	3.54%
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%
<b>Total Source of Funds</b>	<b>8,737.97</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>8,737.97</b>	<b>0.00</b>	<b>8,737.97</b>	<b>0.00</b>	<b>247,041.92</b>	<b>238,303.95</b>	<b>3.54%</b>

**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	Amanda Knight	<small>Digitally signed by Amanda Knight DN: cn=Amanda Knight, ou=Champaign- Urbana Public Health District, ou= email=aknight@cpd.org, c=US Date: 2022.10.26 08:13:08 -0500</small>	Date	10/26/2022	Title:	Director of Finance
Contact Person Name:	Esther Thomas					Telephone Number:	217-531-4262
Authorized Signature (additional)						Date	
Contact Person Name:						Telephone Number:	
IDPH Authorized Signature						Date	

**FOR STATE USE ONLY**

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Message					
<b>Authority:</b> P.A. 368 of 1978 <b>Completion:</b> 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 150806091	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 07/01/2022	Thru	09/30/2022	Final	<input type="checkbox"/>	Date Prepared		Date Approved			
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 12/01/2020	Thru	12/31/2022	Operational Advance 0.00							
Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
<b>Program Expenses</b>											
<b>1. Personal Services (Incl Salary &amp; Wages)</b>											
Program Manager	8,206.10	0.00	0.00	0.00	8,206.10	0.00	52,292.94	0.00	46,843.30	-5,449.64	111.63%
Others (Nurses)	4,417.75	0.00	0.00	0.00	4,417.75	0.00	77,841.15	0.00	76,524.33	-1,316.82	101.72%
Others (Nurse Practitioners)	0.00	0.00	0.00	0.00	0.00	0.00	25,898.45	0.00	38,445.43	12,546.98	67.36%
Others (Dentists)	0.00	0.00	0.00	0.00	0.00	0.00	2,845.52	0.00	3,687.31	841.79	77.17%
Others (Data Manager)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	316.77	316.77	0.00%
Others (Administrative Assistants)	0.00	0.00	0.00	0.00	0.00	0.00	2,024.08	0.00	2,283.19	259.11	88.65%
Others (Case Managers)	384.63	0.00	0.00	0.00	384.63	0.00	11,774.11	0.00	16,172.78	4,398.67	72.80%
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)	4,794.04	0.00	0.00	0.00	4,794.04	0.00	30,444.71	0.00	31,200.26	755.55	97.58%
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)	498.21	0.00	0.00	0.00	498.21	0.00	1,123.87	0.00	329.80	-794.07	340.77%
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)	274.08	0.00	0.00	0.00	274.08	0.00	13,754.69	0.00	31,139.99	17,385.30	44.17%
Others (Special Project Assistants)	2,960.11	0.00	0.00	0.00	2,960.11	0.00	46,808.89	0.00	53,347.10	6,538.21	87.74%
Others (Licensed Vaccinators)	6,815.89	0.00	0.00	0.00	6,815.89	0.00	54,582.66	0.00	50,378.79	-4,203.87	108.34%

## REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
<b>Sub Total for Personal Services (Incl Salary &amp; Wages)</b>	<b>28,350.81</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>28,350.81</b>	<b>0.00</b>	<b>328,339.85</b>	<b>0.00</b>	<b>362,215.93</b>	<b>33,876.08</b>	<b>90.65%</b>
<b>2. Fringe Benefits</b>											
Retirement	1,424.99	0.00	0.00	0.00	1,424.99	0.00	16,634.20	0.00	20,705.05	4,070.85	80.34%
FICA	2,146.80	0.00	0.00	0.00	2,146.80	0.00	24,316.72	0.00	27,709.52	3,392.80	87.76%
Health Insurance	1,926.84	0.00	0.00	0.00	1,926.84	0.00	37,929.74	0.00	49,306.98	11,377.24	76.93%
Others (Life Insurance)	6.69	0.00	0.00	0.00	6.69	0.00	104.99	0.00	124.08	19.09	84.61%
Others (Unemployment)	53.96	0.00	0.00	0.00	53.96	0.00	2,018.44	0.00	2,499.29	480.85	80.76%
Workmens Compensation	248.07	0.00	0.00	0.00	248.07	0.00	1,683.80	0.00	1,756.75	72.95	95.85%
<b>Sub Total for Fringe Benefits</b>	<b>5,807.35</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>5,807.35</b>	<b>0.00</b>	<b>82,687.89</b>	<b>0.00</b>	<b>102,101.67</b>	<b>19,413.78</b>	<b>80.99%</b>
<b>3. Travel</b>											
InState Mileage	0.00	0.00	0.00	0.00	0.00	0.00	847.98	0.00	1,239.69	391.71	68.40%
InState Other	0.00	0.00	0.00	0.00	0.00	0.00	1.98	0.00	0.00	-1.98	198.00%
<b>Sub Total for Travel</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>849.96</b>	<b>0.00</b>	<b>1,239.69</b>	<b>389.73</b>	<b>68.56%</b>
<b>4. Equipment</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>5. Supplies</b>											
Others (Vaccination supplies)	0.00	0.00	0.00	0.00	0.00	0.00	30,774.54	0.00	37,442.00	6,667.46	82.19%
Others (Office Supplies)	102.24	0.00	0.00	0.00	102.24	0.00	3,301.69	0.00	3,935.00	633.31	83.91%
Others (Copies & Printing)	0.00	0.00	0.00	0.00	0.00	0.00	5,405.90	0.00	8,012.20	2,606.30	67.47%
<b>Sub Total for Supplies</b>	<b>102.24</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>102.24</b>	<b>0.00</b>	<b>39,482.13</b>	<b>0.00</b>	<b>49,389.20</b>	<b>9,907.07</b>	<b>79.94%</b>
<b>6. Contractual Services</b>											
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	316.76	0.00	65.00	-251.76	487.32%
<b>Sub Total for Contractual Services</b>	<b>79.19</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>79.19</b>	<b>0.00</b>	<b>589.39</b>	<b>0.00</b>	<b>508.51</b>	<b>-80.88</b>	<b>115.91%</b>
<b>7. Occupancy - Rent and Utilities</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>8. Telecommunications</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>9. Training and Education</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>Total Program Expenses</b>	<b>34,339.59</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>34,339.59</b>	<b>0.00</b>	<b>451,949.22</b>	<b>0.00</b>	<b>515,455.00</b>	<b>63,505.78</b>	<b>87.68%</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>34,339.59</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>34,339.59</b>	<b>0.00</b>	<b>451,949.22</b>	<b>0.00</b>	<b>515,455.00</b>	<b>63,505.78</b>	<b>87.68%</b>
<b>Indirect Costs</b>											
De Minimis Rate – up to 10%	3,433.96	0.00	0.00	0.00	3,433.96	0.00	45,194.92	0.00	51,545.00	6,350.08	87.68%
<b>TOTAL EXPENDITURES</b>	<b>37,773.55</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>37,773.55</b>	<b>0.00</b>	<b>497,144.14</b>	<b>0.00</b>	<b>567,000.00</b>	<b>69,855.86</b>	<b>87.68%</b>
<b>TOTAL PAYABLE</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>37,773.55</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>
<b>Source of Funds</b>											
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	37,773.55	0.00	0.00	0.00	37,773.55	0.00	497,144.14	0.00	567,000.00	69,855.86	87.68%
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%
<b>Total Source of Funds</b>	<b>37,773.55</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>37,773.55</b>	<b>0.00</b>	<b>497,144.14</b>	<b>0.00</b>	<b>567,000.00</b>	<b>69,855.86</b>	<b>87.68%</b>

**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 Amanda Knight	<small>Digitally signed by Amanda Knight DN: cn=Amanda Knight, o=Champaign-Urbana Public Health District, ou, email=aknight@ uphd.org, c=US Date: 2022.10.20 13:37:30 -05'00'</small>	Date 10/20/2022	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					
<b>Authority:</b> P.A. 368 of 1978 <b>Completion:</b> is a Condition of Reimbursement			The Champaign, County of is an equal opportunity employer, services, and program provider.		

Preventative Services - County Sex Ed  
September 2022

	Sep-22
<b>PERSONAL SERVICES</b>	
Alyx McElfresh	\$1,178.93
Total Personal Services	1,178.93
<b>FRINGE BENEFITS</b>	
Health Insurance	160.43
Life Insurance	0.28
FICA	88.83
IMRF	74.82
Illinois Unemployment Insurance	-
Workers Compensation	5.09
Total Fringe Benefits	329.45
<b>Total Personal Services &amp; Fringe Benefits</b>	<b>1,508.38</b>
<b>CONTRACTUAL SERVICES</b>	
Printing	4.16
<b>Total Contractual Services</b>	<b>4.16</b>
<b>SUPPLIES</b>	
Office Supplies	
Program Materials	7.98
<b>Total Supplies</b>	<b>7.98</b>
<b>TRAVEL</b>	
Mileage	112.32
<b>Total Travel</b>	<b>112.32</b>
<b>Total</b>	<b>1,632.84</b>

County Well Water Testing  
September 2022

	Sep-22
<b>PERSONAL SERVICES</b>	
Tammy Hamilton	17.58
Laura Shobe	20.78
<b>Total Personal Services</b>	<b>38.36</b>
<b>FRINGE BENEFITS</b>	
Health Insurance	4.03
Life Insurance	-
FICA	2.82
IMRF	2.38
Illinois Unemployment Insurance	-
Workers Compensation	0.14
<b>Total Fringe Benefits</b>	<b>9.37</b>
<b>Total Personal Services &amp; Fringe Benefits</b>	<b>47.73</b>
<b>CONTRACTUAL SERVICES</b>	
Printing	1.40
Postage	17.21
<b>Total Contractual Services</b>	<b>18.61</b>
<b>SUPPLIES</b>	
<b>Total Supplies</b>	<b>-</b>
<b>TRAVEL</b>	
Mileage	4.12
<b>Total Travel</b>	<b>4.12</b>
<b>Total</b>	<b>70.46</b>

# Making Proud Choices! in Champaign County Schools (2022-2023)

## PROJECT DESCRIPTION

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

Updates as of 10/24/2022:

- **JW Eater Jr. High School** has been confirmed and is in progress! (8th grade students)
- **Fisher High School** has been confirmed and is scheduled! (Freshmen students)
- **Fisher Jr. High School** is interested and we are working to schedule lessons with them.
- **Heritage High School's** principal did not want to move forward with MPC programming.
- **Ludlow Grade School** confirmed interest previously, has not responded to multiple attempts to contact. Alyx McElfresh will visit in-person early Nov 2022 to promote the program.
- **Thomasboro Grade School** has previously received programming, but has not responded to multiple attempts to contact. Alyx McElfresh will visit in-person in early Nov 2022 to promote the program.

## HOW WILL FUNDS BE USED?

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

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

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



**Public Health**  
Prevent. Promote. Protect.

**Champaign-Urbana Public Health District**  
[www.c-uphd.org](http://www.c-uphd.org)

## TIMELINE OF THE PROJECT

- November 2022 - County BOH update
- Sept 2022-May 2023 - facilitation & evaluation
- April 2023-June 2023 - 2023-24 plan & County BOH update



**Champaign County Public Health Department Board of Health  
201 W. Kenyon Road  
Champaign, IL 61820**

**2023 MEETING SCHEDULE**

*Monthly Meetings*

March 21, 2023

June 20, 2023

August 22, 2023

November 21, 2023

All Monthly Meetings to be held at 5:00 PM at the CUPHD Main Conference Room unless notified.