

**RENEWAL OF PARTICIPATION AGREEMENT**

WHEREAS, the Champaign County Health Department, through its duly authorized agent, the Champaign County Board of Health, hereinafter known as the "Board", and SmileHealthy also known as Promise Healthcare, NFP (formerly Central Illinois Dental Education and Services or SmileHealthy), entered into a Participation Agreement dated December 15, 2005, a copy of which is attached to this Renewal of Participation Agreement and marked as "Exhibit A"; and

WHEREAS, the Champaign County Board has approved its budget for the County's Fiscal Year from January 1, 2021 to December 31, 2021 in which it has included a grant for the cost of the renewal of the Participation Agreement between the Board and SmileHealthy in the amount of \$50,000; and

WHEREAS, the Board believes it is in the best interest of residents served by the Champaign County Health Department that the Participation Agreement should be renewed for the period January 1, 2021 to December 31, 2021, with all of the terms and conditions previously contained in the Participation Agreement attached to this Renewal of Participation Agreement and marked as "Exhibit A", with the following exception:

The Board and SmileHealthy agree that should SmileHealthy merge with the Champaign-Urbana Public Health District or any other entity during the term of this Renewal of Participation Agreement, or alternatively should the services presently performed by SmileHealthy be subsumed by the Champaign-Urbana Public Health District, the parties shall modify the terms and conditions of this Renewal of Participation Agreement as necessitated by the said merger or take-over; and

WHEREAS, the Board and SmileHealthy agree that the annual contract cost for the renewal of the Participation Agreement shall be the sum of \$50,000;

The Champaign County Board of Health and SmileHealthy enter into this Renewal of Participation Agreement for the period January 1, 2021 to December 31, 2021 in the amount of \$50,000, with the monthly payments to be \$4,166.66 per month, and with the said Renewal to be pursuant to the remaining terms and conditions outlined in this Renewal of Participation Agreement and the attached "Exhibit A", on this   18th   day of   August  , 2020.

CHAMPAIGN COUNTY HEALTH  
DEPARTMENT

SMILEHEALTHY, NFP

DocuSigned by:  
BY: Krista Jones  
36014905B055401  
Chair, Champaign County Board  
of Health

BY: [Signature]  
President, SmileHealthy dba  
Promise Healthcare, NFP

Originally Prepared by:

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With edits for dates and budgeted amounts by Promise Healthcare