

CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center
1776 E. Washington
Urbana, IL 61802

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

Quarterly meeting of the Champaign County Board of Health

Tuesday, March 21, 2023

5:00 PM, Main Conference Room
Champaign-Urbana Public Health District
201 W. Kenyon Rd.
Champaign, IL 61820

AGENDA

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I. Call to Order	
II. Roll Call	
III. Approval of Agenda/Addenda	
IV. Approval of Minutes – December 5, 2022	1 - 3
V. Public Participation on Agenda Items Only	
VI. Correspondence and Communications	
VII. SmileHealthy Reports and Invoices	
<i>Reports</i>	
A. Monthly Report - FY 2022; December 2022	4
B. Monthly Report – FY 2023; January 2023	5
C. Monthly Report - FY 2023; February 2023	6
<i>Invoices</i>	
D. Invoice number 74 to Champaign County Administrative Services for Child Dental Access Program – FY 2022; December 2022, for \$4,166.66.	7
E. Invoice number 75 to Champaign County Administrative Services for Child Dental Access Program – FY 2023; January 2023, for \$6,416.66.	8
F. Invoice number 76 to Champaign County Administrative Services for Child Dental Access Program – FY 2023; February 2023 for \$6,416.66.	9

VIII. CUPHD

- A. Approval of CUPHD Invoice 2211 for November 2022 Services for \$74,642.58. 10 - 15
- B. Approval of CUPHD Invoice 2212 for December 2022 Services for \$169,513.11. 16 - 37
- C. Monthly reports on Communicable Disease Morbidity
https://www.c-uphd.org/comm_dis/
- D. Monthly Reports on CUPHD Performance Management
<http://www.c-uphd.org/pmts/index.php?s=1>

IX. Old Business

None.

X. Other Business

- A. Update on the Making Proud Choices Program from Whitney Greger, Director of CUPHD's Wellness and Health Promotion Division.
- B. Approval of sub recipient grants between CCPHD and CUPHD.

XI. Public Participation on Non-Agenda Items Only

XII. Next Meeting

June 20, 2023, at 5:00 PM at CUPHD in the Main Conference Room.

XIII. Adjournment

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

2 **Meeting Minutes**

3
4 *Monday, December 5, 2022*

5 **Call to Order**

6 The Champaign County Board of Health (“the Board”) conducted a meeting via Zoom on
7 December 5, 2022. Dr. Krista Jones, President, called the meeting to order at 5:02 PM. The
8 meeting was rescheduled from its original date of November 15, 2022.

9 **Roll Call**

10 Upon roll call, Board members Dr. Krista Jones, President; Dr. David Thies, Vice President; Dr.
11 John Peterson; Dr. Dorothy Vura-Weis; and Dr. Lyndon Goodly were present. Dr. Brent
12 Reifsteck joined the call at 5:07 PM. Mr. Jacob Paul, Ms. Cathy Emanuel, and Dr. Vihn Hick
13 were absent.

14 Also in attendance via Zoom were Ms. Julie Pryde, CUPHD Administrator; Ms. Alyx McElfresh,
15 Educator for CUPHD’s Wellness and Health Promotion Division; Ms. Sarah Michaels, CUPHD
16 Director of Environmental Health; Mr. Rob Davies, Director of CUPHD’s Planning and Research
17 Division; Ms. Amanda Knight, Director of CUPHD’s Finance Division; Ms. Candi Crause,
18 Director of CUPHD’s Teen and Adult Services Division; Ms. Anne Jensen, Director of Oral
19 Health for Promise Healthcare’s Smile Healthy Program; Ms. Jennifer Henry, Executive
20 Director of Promise Healthcare; and Ms. Jodie Ellis, Administrative Assistant for CUPHD’s
21 Human Resources Division.

22 **Approval of Agenda/Addendum**

23 Dr. Vura-Weis motioned to approve the meeting agenda, seconded by Dr. Goodly. With all
24 present in favor, the agenda was approved.

25 **Approval of Minutes**

26 Dr. Thies moved to approve the meeting minutes from August 23, 2022, seconded by Dr. Vura-
27 Weis. With all present in favor, the minutes were approved.

28 **Public Participation on Agenda Items Only**

29 None.

30 **Correspondence and Communications**

31 Ms. Julie Pryde noted that as of that morning Carle Hospital had only 2 pediatric floor beds and
32 2 pediatric ICU beds available. There have recently been many pediatric admissions due to
33 several respiratory viruses circulating in the community. Dr. Reifsteck commented that Carle’s
34 pediatric units have been closed to the region for weeks, meaning that they are unable to
35 accommodate requests to accept patients from other areas. He noted that the children who
36 become sickest are typically under 6 months of age. Many of the current viruses circulating in
37 the community can cause bronchiolitis, an inflammation and congestion in the small airways
38 (bronchioles) of the lungs. Ms. Pryde recommended that the public wear masks during the
39 coming winter months to protect vulnerable populations.

40 Dr. Vura-Weis commented that Mr. J.R. Lill has been a great new addition to the Behavioral
41 Health Panel for the I-Plan. Mr. Lill is an employee of the Champaign County United Way.

42 **Smile Healthy Reports and Invoices**

43 Dr. Peterson made an omnibus motion to place reports on file and approve invoices from Smile
44 Healthy from July, August, and September of FY 2022. This was seconded by Dr. Goodley. With
45 all present in favor, the motion carried. Ms. Anne Jensen and Ms. Jennifer Henry were present
46 for questions. Ms. Jensen reported that Smile Health recently hired an additional hygienist, so
47 there are now two hygienists and two fulltime dentists onboard. She said Smile Healthy
48 anticipates interviewing more candidates soon. Ms. Henry observed that at a recent national
49 dental conference, every agency present was actively recruiting dental professionals.

50 **CUPHD**

51 Dr. Thies made an omnibus motion to approve CUPHD invoices from July, August, and
52 September of FY2022. The motion was seconded by Dr. Vura-Weis. With all present in favor,
53 the motion carried. Dr. Vura-Weis motioned to place monthly reports from Communicable
54 Disease Morbidity and CUPHD Performance Management on file. This was seconded by Dr.
55 Thies, and, with all present in favor, the motion carried.

56 **Old Business**

57 The Board resumed a discussion from August 23, 2022, to determine an appropriate percentage
58 to maintain the CUPHD Fund Balance Reserve, currently at 33 percent of the budget. Dr. Jones
59 reported that although the Board recently used funds from the Fund Balance Reserve to support
60 two projects – CUPHD’s Making Proud Choices Program in county schools and Promise
61 Healthcare’s Smile Healthy Program –a substantial fund balance reserve remains. Ms. Pryde
62 observed that reserve fund balances in comparable agencies typically varied from 25 to 50
63 percent. Ms. Knight agreed that a balance of 25 to 50 percent would likely address most
64 emergency needs. Dr. Knight mentioned that there may be additional funds available after legal
65 issues regarding the county tax levy is resolved, possibly around \$50,000.00. After discussion,
66 Board members agreed that maintaining between 25 to 35 percent of the budget in the CUPHD
67 Fund Balance Reserve would be suitable. Dr. Peterson motioned that the CUPHD Fund Balance
68 Reserve be maintained at between 25 and 35 percent of the budget, which was seconded by Dr.
69 Thies. With all present in favor, the motion passed.

70 **Other Business**

71 Ms. Alyx McElfresh, Health Educator for CUPHD’s Wellness and Health Promotion Division,
72 provided an update on the Making Proud Choices Program (MPCP). Ms. McElfresh reported
73 that all has gone well this fall. MPCP worked in Rantoul with eighth graders at JW Eater Junior
74 High School during the fall semester. The MPCP will be presented to freshman at Fisher High
75 School before the 2022 winter break and later during the spring semester to a different cohort at
76 the school. Fisher Junior High School requested that CUPHD bring the program to its seventh
77 graders in the spring. Dr. Jones thanked Alyx and her co-workers for their excellent work.

78 **Meeting Starting Time**

79 The Board agreed to continue starting quarterly meetings at 5:00 PM (instead of 5:30 PM) in
80 2023.

81 **2023 Schedule for Meetings**

82 Next year's quarterly meetings will be held March 21, June 20, August 22, and November 14,
83 2023. Dr. Peterson motioned to approve the 2023 schedule and Dr. Vuru-Weis seconded. With
84 all present in favor, the motion passed.

85 **Public Participation on Non-Agenda Items**

86 None.

87 Mr. Davies and Dr. Reifsteck urged the community to wear masks in public to protect vulnerable
88 people from COVID and the other viruses circulating locally and nationally.

89 **Next Meeting**

90 The next meeting of the Champaign County Board of Health will be held on Tuesday, March 21,
91 2023, at 5:00 PM in person in the Main Conference Room at CUPHD, 201 W. Kenyon Road in
92 Champaign.

93 **Adjournment**

94 With no further business, Dr. Goodley motioned to adjourn the meeting at 5:55 PM, seconded
95 by Dr. Vuru-Weis. With all present in agreement, Dr. Jones adjourned the meeting at 5:55 PM.

Champaign County Board of Health			
Monthly Report for		December 2022	
Total number of children seen from all programs this month:			167
Total number of unique pediatric dental patients in BOH Fiscal Year			1341
Breakdown of current month of patients for all programs by town.			
Champaign:	66	Savoy:	8
• 61820:	38	St. Joseph:	3
• 61821:	18	Thomasboro:	
• 61822:	10	Tolono:	2
• 61824:		Urbana:	39
• 61826:		• 61801:	18
Ludlow:		• 61802:	21
Rantoul:	28	Other/Unknown:	21
Breakdown of services provided for current month.			
Nitrous oxide:	0	Sealant:	22
Extraction:	30	Fluoride:	74
Pulpotomy:	1	Prophylaxis:	59
Stainless Steel Crown:	3	X-rays:	149
Fillings:	46	Exams:	88
Silver Diamine Fluoride:	27		

Two new Dentist hired-Dr. Song, Dr. Krishna-start date TBA

Christiana Whitehed RDH starts January 2023

Expansion of six ops continues, March 1, 3 ops completed

Nitrous will start to be offered

Training 3 DA's, received DA grant from state to help train

5 Headstart visits scheduled in January and February



Champaign County Board of Health			
Monthly Report for			
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:			

Champaign County Board of Health			
Monthly Report for		February	2023
Total number of children seen from all programs this month:			180
Total number of unique pediatric dental patients in BOH Fiscal Year			359
Breakdown of current month of patients for all programs by town.			
Champaign:	60	Savoy:	7
• 61820:	19	St. Joseph:	3
• 61821:	29	Thomasboro:	0
• 61822:	12	Tolono:	1
• 61824:		Urbana:	54
• 61826:		• 61801:	15
Ludlow:	3	• 61802:	39
Rantoul:	36	Other/Unknown:	16
Breakdown of services provided for current month.			
Nitrous oxide:	0	Sealant:	31
Extraction:	17	Fluoride:	86
Pulpotomy:	1	Prophylaxis:	90
Stainless Steel Crown:	4	X-rays:	140
Fillings:	42	Exams:	125
Silver Diamine Fluoride:	8		

Dr. Song start date April
 Actively recruiting another Dentist and RDH
 Two headstart clinics-average of 20 children, prophylaxis, fluoride, exam
 Nitrous and endo available
 New ops 5 and 6 complete
 Ops 7-9 will be complete in May
 New dental lab almost complete
 Two Dental assistants trained with assisting grant



INVOICE

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

Invoice number: 74
Date: December 8, 2022

Champaign County Board of Health

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

Please pay from this invoice. Thank you.



INVOICE

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

Invoice number: 75
Date: February 6, 2023

Champaign County Board of Health

Child Dental Access Program - FY 2023 – January General	\$4,166.66
Child Dental Access Program – FY2023 – January Recruit	<u>\$2,250.00</u>
Total January Invoice	\$6,416.66

Please pay from this invoice. Thank you.



INVOICE

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

Invoice number: 76
Date: March 2, 2023

Champaign County Board of Health

Child Dental Access Program - FY 2023 – February General	\$4,166.66
Child Dental Access Program – FY2023 – February Recruit	<u>\$2,250.00</u>
Total February Invoice	\$6,416.66

Please pay from this invoice. Thank you.

Invoice Number:	2211
Date of Invoice:	January 3, 2023
Billing Period:	November 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	\$	3,608.86
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	\$	1,278.61
533.07 Professional Services - County Well Water Testing	\$	188.11
Total Amount Due to CUPHD per Contract	\$	74,642.58

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
Core Service Contract															
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	7,428.06	7,428.06	7,428.06	81,708.94	7,428.06
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	14,151.48	14,151.48	14,151.48	155,666.52	14,151.48
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	2,865.08	2,865.08	2,865.08	31,515.92	2,865.08
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	20,291.80	20,291.80	20,291.80	223,210.20	20,291.80
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	4,044.75	4,044.75	4,044.75	44,492.25	4,044.75
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	7,182.58	7,182.58	7,182.58	7,182.58	7,182.58	79,008.42	7,182.58
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	13,603.25	13,603.25	13,603.25	149,635.75	13,603.25
	834,805.00	69,567.00	69,567.00	69,567.00	69,567.00	69,567.00	69,567.00	69,568.00	69,567.00	69,567.00	69,567.00	69,567.00	69,567.00	-	765,238.00
Other Services															
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	3,282.94	3,608.86	-	43,077.09	21,484.91
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	-	29,506.31	-	-	211,615.47	(211,615.47)
	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	32,789.25	3,608.86	-	788,702.14	(444,357.14)
Fee for Service															
Well Water Testing	1,126.00	371.19	204.53	569.31	137.10	6.01	104.18	100.99	352.09	70.46	57.70	188.11	-	2,161.67	(1,035.67)
Preventative Services	50,000.00	-	-	-	-	217.33	34.28	-	529.94	1,632.84	1,056.47	1,278.61	-	4,749.47	45,250.53
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	1,114.17	1,466.72	-	6,911.14	59,214.86
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	103,470.42	74,642.58	-	1,560,851.28	(315,575.28)

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 11/01/2022	Thru 11/30/2022	Final <input type="checkbox"/>	Date Prepared 12/27/2022
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%
Program Expenses											
1. Personal Services (Incl Salary & Wages)	2,487.90	0.00	0.00	0.00	2,487.90	0.00	11,981.52	0.00	26,504.42	14,522.90	45.21%
2. Fringe Benefits	611.09	0.00	0.00	0.00	611.09	0.00	3,044.63	0.00	7,100.81	4,056.18	42.88%
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	57.87	0.00	0.00	0.00	57.87	0.00	683.34	0.00	12,347.30	11,663.96	5.53%
6. Contractual Services	452.00	0.00	0.00	0.00	452.00	0.00	777.60	0.00	3,196.00	2,418.40	24.33%
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	255.19	0.00	2,795.00	2,539.81	9.13%
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	3,608.86	0.00	0.00	0.00	3,608.86	0.00	16,742.28	0.00	62,726.00	45,983.72	26.69%
TOTAL DIRECT EXPENSES	3,608.86	0.00	0.00	0.00	3,608.86	0.00	16,742.28	0.00	62,726.00	45,983.72	26.69%
Indirect Costs	0.00	0.00	360.89	360.89	360.89	0.00	1,674.23	1,674.23	6,273.00	0.00	0.00%
TOTAL EXPENDITURES	3,608.86	0.00	360.89	360.89	3,969.75	0.00	18,416.51	1,674.23	68,999.00	45,983.72	26.69%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	3,608.86	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	3,608.86	0.00	0.00	0.00	3,608.86	0.00	16,742.28	0.00	62,726.00	45,983.72	26.69%
3. Local	0.00	0.00	360.89	360.89	360.89	0.00	1,674.23	1,674.23	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%
Total Source of Funds	3,608.86	0.00	360.89	360.89	3,969.75	0.00	18,416.51	1,674.23	68,999.00	45,983.72	26.69%

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 <i>Amanda Knight</i>	Date 12/28/2022	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					
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.		

Preventative Services - County Sex Ed
November 2022

	Nov-22
PERSONAL SERVICES	
Alyx McElfresh	864.21
Total Personal Services	864.21
FRINGE BENEFITS	
Health Insurance	208.73
Life Insurance	0.38
FICA	64.34
IMRF	54.18
Illinois Unemployment Insurance	-
Workers Compensation	3.76
Total Fringe Benefits	331.39
Total Personal Services & Fringe Benefits	1,195.60
CONTRACTUAL SERVICES	
Printing	4.88
Total Contractual Services	4.88
SUPPLIES	
Total Supplies	-
TRAVEL	
Mileage	78.13
Total Travel	78.13
Total	1,278.61

County Well Water Testing
November 2022

	Nov-22
PERSONAL SERVICES	
Jeff Blackford	74.81
Laura Shobe	66.27
Total Personal Services	141.08
FRINGE BENEFITS	
Health Insurance	11.18
Life Insurance	0.06
FICA	10.43
IMRF	8.80
Illinois Unemployment Insurance	-
Workers Compensation	3.41
Total Fringe Benefits	33.88
Total Personal Services & Fringe Benefits	174.96
CONTRACTUAL SERVICES	
Printing	0.28
Postage	9.06
Total Contractual Services	9.34
SUPPLIES	
Total Supplies	-
TRAVEL	
Mileage	3.81
Total Travel	3.81
Total	188.11

Invoice Number:	2212
Date of Invoice:	February 3, 2023
Billing Period:	December 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	\$	2,066.54
533.07 Professional Services - TFC Grant	\$	7,548.50
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	\$	814.00
533.07 Professional Services - COVID-19 Crisis Grant	\$	11,864.85
533.07 Professional Services - COVID-19 Mass Vaccination Grant	\$	38,768.29
533.07 Professional Services - COVID-19 Response Grant	\$	37,381.40
533.07 Professional Services - Preventative Services	\$	1,259.30
533.07 Professional Services - County Well Water Testing	\$	243.23
Total Amount Due to CUPHD per Contract	\$	169,513.11

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	
Core Service Contract																
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	7,428.06	7,428.06	7,428.06	89,137.00	-	
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	14,151.48	14,151.48	14,151.48	169,818.00	-	
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	2,865.08	2,865.08	2,865.08	34,381.00	-	
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	20,291.80	20,291.80	20,291.80	243,502.00	-	
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	4,044.75	4,044.75	4,044.75	4,044.75	4,044.75	48,537.00	-	
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	7,182.58	7,182.58	7,182.58	7,182.58	86,191.00	-	
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	13,603.25	13,603.25	13,603.25	163,239.00	-	
	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	69,567.00	69,567.00	69,567.00	69,567.00	834,805.00	-	
PHEP																
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	3,282.94	3,608.86	2,066.54	45,143.63	19,418.37	
Tobacco Free Communities	57,517.00	-	-	7,836.75	-	-	12,893.66	-	-	14,542.80	-	-	7,548.50	42,821.71	14,695.29	
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	-	-	814.00	13,790.18	10,388.82	
COVID-19 Crisis	-	-	-	62,141.19	-	-	14,045.89	-	-	8,737.97	-	-	11,864.85	96,789.90	(96,789.90)	
COVID-19 Mass Vaccination	-	-	-	34,317.48	-	-	40,013.45	-	-	37,773.55	-	-	38,768.29	150,872.77	(150,872.77)	
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	-	29,506.31	-	37,381.40	248,996.87	(248,996.87)	
	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	32,789.25	3,608.86	98,443.58	887,145.72	(542,800.72)	
Fee for Service																
Well Water Testing	1,126.00	371.19	204.53	569.31	137.10	6.01	104.18	100.99	352.09	70.46	57.70	188.11	243.23	2,404.90	(1,278.90)	
Preventative Services	50,000.00	-	-	-	-	217.33	34.28	-	529.94	1,632.84	1,056.47	1,278.61	1,259.30	6,008.77	43,991.23	
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	1,114.17	1,466.72	1,502.53	8,413.67	57,712.33	
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	103,470.42	74,642.58	169,513.11	1,730,364.39	(485,088.39)	

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 12/01/2022 Thru 12/31/2022 Final <input type="checkbox"/>						Date Prepared 1/23/2023	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%
Program Expenses											
1. Personal Services (Incl Salary & Wages)	1,655.81	0.00	0.00	0.00	1,655.81	0.00	13,637.33	0.00	26,504.42	12,867.09	51.45%
2. Fringe Benefits	397.38	0.00	0.00	0.00	397.38	0.00	3,442.01	0.00	7,100.81	3,658.80	48.47%
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	0.55	0.00	0.00	0.00	0.55	0.00	683.89	0.00	12,347.30	11,663.41	5.54%
6. Contractual Services	12.80	0.00	0.00	0.00	12.80	0.00	790.40	0.00	3,196.00	2,405.60	24.73%
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	255.19	0.00	2,795.00	2,539.81	9.13%
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	2,066.54	0.00	0.00	0.00	2,066.54	0.00	18,808.82	0.00	62,726.00	43,917.18	29.99%
TOTAL DIRECT EXPENSES	2,066.54	0.00	0.00	0.00	2,066.54	0.00	18,808.82	0.00	62,726.00	43,917.18	29.99%
Indirect Costs	0.00	0.00	206.65	206.65	206.65	0.00	1,880.88	1,880.88	6,273.00	0.00	0.00%
TOTAL EXPENDITURES	2,066.54	0.00	206.65	206.65	2,273.19	0.00	20,689.70	1,880.88	68,999.00	43,917.18	29.99%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	2,066.54	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	2,066.54	0.00	0.00	0.00	2,066.54	0.00	18,808.82	0.00	62,726.00	43,917.18	29.99%
3. Local	0.00	0.00	206.65	206.65	206.65	0.00	1,880.88	1,880.88	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%
Total Source of Funds	2,066.54	0.00	206.65	206.65	2,273.19	0.00	20,689.70	1,880.88	68,999.00	43,917.18	29.99%

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 <i>Amanda Knight</i>	Date 1/23/2023	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.

**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: 2/2/2023

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	\$14,542.80	7/1/2022 - 9/30/2022	\$7,548.50	10/1/2022 - 12/31/2022		1/1/2023 - 3/31/2023		4/1/2023 - 6/30/2023
Grant #:	33281005K								
Program Name:	Illinois Tobacco-Free Communities							\$22,091.30	YTD
		Billing Period:	10/1/22-12/31/22						

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed	Match
Salary & Wages				
Whitney Greger	Program Coordinator	10/1/22-12/31/22	\$1,403.12	
Alyx McElfresh	Health Educator	10/1/22-12/31/22	\$1,101.52	
Kami Lafoon	Health Educator	10/1/22-12/31/22	\$2,653.63	
Taylor Thompkins	Health Educator	10/1/22-12/31/22	-\$90.19	
Total Salary & Wages			\$5,068.08	
Fringe Benefits				
Social Security	FICA	10/1/22-12/31/22	\$377.43	
Retirement	IMRF	10/1/22-12/31/22	\$311.78	
Health Insurance	Health Insurance	10/1/22-12/31/22	\$1,054.93	
Life Insurance	Life Insurance	10/1/22-12/31/22	\$2.02	
Unemployment	Unemployment	10/1/22-12/31/22	\$5.19	
Workers Comp	Workers Comp	10/1/22-12/31/22	\$22.15	
Total Fringe Benefits			\$1,773.50	
Travel				
Kami Lafoon	SFIA Travel	10/1/22-12/31/22	\$20.06	
Total Travel			\$20.06	
Supplies				
Lazers Edge Office	Copies	10/1/22-12/31/22	\$0.63	
Total Supplies			\$0.63	
Indirect Cost	De Minimis Rate of 10% or MTDC	10/1/22-12/31/22	\$686.23	
Grand Total			\$7,548.50	

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.



 Date 2-2-2023

Champaign County Board of Health
 Authorized Agency Official
 March 21, 2023
 Date 20

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 10/01/2022	Thru 12/31/2022	Final <input type="checkbox"/>	Date Prepared 1/30/2023	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%
Program Expenses											
1. Personal Services (Incl Salary & Wages)											
Program Supervisor	46.48	0.00	0.00	0.00	46.48	0.00	440.91	0.00	416.04	-24.87	105.98%
Program Manager	564.12	0.00	0.00	0.00	564.12	0.00	1,862.85	0.00	4,750.79	2,887.94	39.21%
Others (Mosquito Surveillance & Abatement Biker)	0.00	0.00	0.00	0.00	0.00	0.00	415.64	0.00	1,423.16	1,007.52	29.21%
Others (Mosquito Surveillance & Abatement Biker)	0.00	0.00	0.00	0.00	0.00	0.00	508.94	0.00	1,339.16	830.22	38.00%
Others (Mosquito Surveillance & Abatement Biker)	0.00	0.00	0.00	0.00	0.00	0.00	1,236.97	0.00	1,339.16	102.19	92.37%
Others (Mosquito Surveillance & Abatement Biker)	0.00	0.00	0.00	0.00	0.00	0.00	1,029.60	0.00	1,339.16	309.56	76.88%
Others (Mosquito Surveillance & Abatement Biker)	0.00	0.00	0.00	0.00	0.00	0.00	618.94	0.00	1,339.16	720.22	46.22%
Sub Total for Personal Services (Incl Salary & Wages)	610.60	0.00	0.00	0.00	610.60	0.00	6,113.85	0.00	11,946.63	5,832.78	51.18%
2. Fringe Benefits											
FICA	45.83	0.00	0.00	0.00	45.83	0.00	464.23	0.00	905.26	441.03	51.28%
Retirement	38.65	0.00	0.00	0.00	38.65	0.00	145.62	0.00	325.63	180.01	44.72%

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	6.95	0.00	0.00	0.00	6.95	0.00	65.89	0.00	59.94	-5.95	109.93%
Others (Life Insurance)	0.33	0.00	0.00	0.00	0.33	0.00	1.09	0.00	2.76	1.67	39.49%
Others (Unemployment)	0.00	0.00	0.00	0.00	0.00	0.00	39.06	0.00	82.11	43.05	47.57%
Workmens Compensation	25.58	0.00	0.00	0.00	25.58	0.00	361.02	0.00	667.22	306.20	54.11%
Sub Total for Fringe Benefits	117.34	0.00	0.00	0.00	117.34	0.00	1,076.91	0.00	2,042.92	966.01	52.71%
3. Travel											
InState Mileage	12.06	0.00	0.00	0.00	12.06	0.00	385.46	0.00	525.00	139.54	73.42%
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 (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)	0.00	0.00	0.00	0.00	0.00	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%
Sub Total for Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.04	0.00	110.00	109.96	0.04%
6. Contractual Services											
Others (Tire Disposal)	0.00	0.00	0.00	0.00	0.00	0.00	500.00	0.00	500.00	0.00	100.00%
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	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	740.00	0.00	0.00	0.00	740.00	0.00	8,076.26	0.00	15,124.55	7,048.29	53.40%

REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures								Agreement		
	Expense	Cash	Inkind	Total Match	Current Period	Correction	Agreement YTD	Match YTD	Budget	Balance	Expend%
TOTAL DIRECT EXPENSES	740.00	0.00	0.00	0.00	740.00	0.00	8,076.26	0.00	15,124.55	7,048.29	53.40%
Indirect Costs											
De Minimis Rate – up to 10%	74.00	0.00	0.00	0.00	74.00	0.00	807.63	0.00	1,512.45	704.82	53.40%
TOTAL EXPENDITURES	814.00	0.00	0.00	0.00	814.00	0.00	8,883.89	0.00	16,637.00	7,753.11	53.40%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	814.00	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	814.00	0.00	0.00	0.00	814.00	0.00	8,883.89	0.00	16,637.00	7,753.11	53.40%
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	814.00	0.00	0.00	0.00	814.00	0.00	8,883.89	0.00	16,637.00	7,753.11	53.40%
<p>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).</p>											
Authorized Signature		Amanda Knight				Date 1/30/2023		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					
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 10/01/2022	Thru 12/31/2022	Final <input type="checkbox"/>	Date Prepared 1/27/2023	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)	9,131.70	0.00	0.00	0.00	9,131.70	0.00	15,514.47	0.00	126,155.42	110,640.95	12.30%
2. Fringe Benefits	1,654.53	0.00	0.00	0.00	1,654.53	0.00	2,585.37	0.00	42,260.14	39,674.77	6.12%
3. Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,559.00	6,559.00	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	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	7,000.00	7,000.00	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%
Total Program Expenses	10,786.23	0.00	0.00	0.00	10,786.23	0.00	18,729.84	0.00	225,003.56	206,273.72	8.32%
TOTAL DIRECT EXPENSES	10,786.23	0.00	0.00	0.00	10,786.23	0.00	18,729.84	0.00	225,003.56	206,273.72	8.32%
Indirect Costs	1,078.62	0.00	0.00	0.00	1,078.62	0.00	1,872.98	0.00	22,038.36	20,165.38	8.50%
TOTAL EXPENDITURES	11,864.85	0.00	0.00	0.00	11,864.85	0.00	20,602.82	0.00	247,041.92	226,439.10	8.34%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	11,864.85	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	11,864.85	0.00	0.00	0.00	11,864.85	0.00	20,602.82	0.00	247,041.92	226,439.10	8.34%
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	11,864.85	0.00	0.00	0.00	11,864.85	0.00	20,602.82	0.00	247,041.92	226,439.10	8.34%

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 <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> Amanda Knight <small>Digitally signed by Amanda Knight DN: cn=Amanda Knight, o=Champaign-Urbana Public Health District, ou, email=aknight@c-uptd.org, c=US Date: 2023.01.27 13:41:56 -0600</small> </div> <div style="text-align: center;"> Date 1/27/2023 </div> <div style="text-align: center;"> Title: Director of Finance </div> </div>		
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 10/01/2022	Thru	12/31/2022	Final <input checked="" type="checkbox"/>
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%
Program Expenses											
1. Personal Services (Incl Salary & Wages)											
Program Manager	10,430.57	0.00	0.00	0.00	10,430.57	0.00	62,723.51	0.00	46,843.30	-15,880.21	133.90%
Others (Nurses)	3,646.99	0.00	0.00	0.00	3,646.99	0.00	81,488.14	0.00	76,524.33	-4,963.81	106.49%
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)	75.16	0.00	0.00	0.00	75.16	0.00	2,099.24	0.00	2,283.19	183.95	91.94%
Others (Case Managers)	161.99	0.00	0.00	0.00	161.99	0.00	11,936.10	0.00	16,172.78	4,236.68	73.80%
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)	4,350.70	0.00	0.00	0.00	4,350.70	0.00	34,795.41	0.00	31,200.26	-3,595.15	111.52%
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)	27.90	0.00	0.00	0.00	27.90	0.00	1,151.77	0.00	329.80	-821.97	349.23%
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)	267.92	0.00	0.00	0.00	267.92	0.00	14,022.61	0.00	31,139.99	17,117.38	45.03%
Others (Special Project Assistants)	2,947.19	0.00	0.00	0.00	2,947.19	0.00	49,756.08	0.00	53,347.10	3,591.02	93.27%
Others (Licensed Vaccinators)	4,505.82	0.00	0.00	0.00	4,505.82	0.00	59,088.48	0.00	50,378.79	-8,709.69	117.29%

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)	26,414.24	0.00	0.00	0.00	26,414.24	0.00	354,754.09	0.00	362,215.93	7,461.84	97.94%
2. Fringe Benefits											
Retirement	1,325.53	0.00	0.00	0.00	1,325.53	0.00	17,959.73	0.00	20,705.05	2,745.32	86.74%
FICA	1,987.73	0.00	0.00	0.00	1,987.73	0.00	26,304.45	0.00	27,709.52	1,405.07	94.93%
Health Insurance	3,016.60	0.00	0.00	0.00	3,016.60	0.00	40,946.34	0.00	49,306.98	8,360.64	83.04%
Others (Life Insurance)	4.95	0.00	0.00	0.00	4.95	0.00	109.94	0.00	124.08	14.14	88.60%
Others (Unemployment)	69.42	0.00	0.00	0.00	69.42	0.00	2,087.86	0.00	2,499.29	411.43	83.54%
Workmens Compensation	205.45	0.00	0.00	0.00	205.45	0.00	1,889.25	0.00	1,756.75	-132.50	107.54%
Sub Total for Fringe Benefits	6,609.68	0.00	0.00	0.00	6,609.68	0.00	89,297.57	0.00	102,101.67	12,804.10	87.46%
3. Travel											
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%
Sub Total for Travel	0.00	0.00	0.00	0.00	0.00	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)	2,013.14	0.00	0.00	0.00	2,013.14	0.00	32,787.68	0.00	37,442.00	4,654.32	87.57%
Others (Office Supplies)	64.32	0.00	0.00	0.00	64.32	0.00	3,366.01	0.00	3,935.00	568.99	85.54%
Others (Copies & Printing)	89.73	0.00	0.00	0.00	89.73	0.00	5,495.63	0.00	8,012.20	2,516.57	68.59%
Sub Total for Supplies	2,167.19	0.00	0.00	0.00	2,167.19	0.00	41,649.32	0.00	49,389.20	7,739.88	84.33%
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)	52.79	0.00	0.00	0.00	52.79	0.00	369.55	0.00	65.00	-304.55	568.54%
Sub Total for Contractual Services	52.79	0.00	0.00	0.00	52.79	0.00	642.18	0.00	508.51	-133.67	126.29%
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	35,243.90	0.00	0.00	0.00	35,243.90	0.00	487,193.12	0.00	515,455.00	28,261.88	94.52%
TOTAL DIRECT EXPENSES	35,243.90	0.00	0.00	0.00	35,243.90	0.00	487,193.12	0.00	515,455.00	28,261.88	94.52%
Indirect Costs											
De Minimis Rate – up to 10%	3,524.39	0.00	0.00	0.00	3,524.39	0.00	48,719.31	0.00	51,545.00	2,825.69	94.52%
TOTAL EXPENDITURES	38,768.29	0.00	0.00	0.00	38,768.29	0.00	535,912.43	0.00	567,000.00	31,087.57	94.52%
TOTAL PAYABLE	0.00	0.00	0.00	0.00	38,768.29	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	38,768.29	0.00	0.00	0.00	38,768.29	0.00	535,912.43	0.00	567,000.00	31,087.57	94.52%
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	38,768.29	0.00	0.00	0.00	38,768.29	0.00	535,912.43	0.00	567,000.00	31,087.57	94.52%

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 Knight <small>Digitally signed by Amanda Knight DN: cn=Amanda Knight, o=Champaign-Urbana Public Health District, ou, email=aknight@cuphd.org, c=US Date: 2023.01.27 13:42:53 -0600</small>	Date	1/27/2023	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 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 11/01/2022	Thru 12/31/2022	Final <input type="checkbox"/>	Date Prepared 1/27/2023			
City, State, ZIP Code Urbana, IL, 61802	Agreement Period 01/01/2022	Thru 06/30/2023	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	1,013.83	1,013.83	0.00	8,215.40	9,888.85	1,673.45	83.08%
Others (Public Health Administrator)	12,782.75	12,782.75	0.00	33,203.38	37,948.80	4,745.42	87.50%
Others (Deputy Administrator & Epidemiologist)	0.00	0.00	0.00	4,866.25	4,866.25	0.00	100.00%
Others (Data Manager)	1,209.75	1,209.75	0.00	9,594.09	8,321.60	-1,272.49	115.29%
Others (Resource Coordinator)	1,427.63	1,427.63	0.00	8,550.95	9,531.19	980.24	89.72%
Others (Resource Coordinator)	1,213.65	1,213.65	0.00	6,088.56	4,765.60	-1,322.96	127.76%
Others (Prevention Specialist)	1,512.58	1,512.58	0.00	12,185.10	10,523.63	-1,661.47	115.79%
Others (Special Project Assistant)	0.00	0.00	0.00	7,086.25	7,114.17	27.92	99.61%
Others (Special Project Assistant)	271.19	271.19	0.00	3,929.45	4,765.60	836.15	82.45%
Others (Special Project Assistant)	0.00	0.00	0.00	7,366.26	7,397.92	31.66	99.57%
Others (Special Project Assistant)	0.00	0.00	0.00	1,562.09	1,707.48	145.39	91.49%
Others (Special Project Assistant)	2,617.79	2,617.79	0.00	12,226.99	10,728.59	-1,498.40	113.97%
Others (Special Project Assistant)	0.00	0.00	0.00	3,183.26	3,378.59	195.33	94.22%
Others (Special Project Assistant)	0.00	0.00	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)	0.00	0.00	0.00	3,441.83	3,741.23	299.40	92.00%
Others (Special Project Assistant)	0.00	0.00	0.00	5,864.10	5,851.11	-12.99	100.22%
Others (Special Project Assistant)	2,645.29	2,645.29	0.00	13,109.55	10,138.25	-2,971.30	129.31%
Others (Special Project Assistant)	0.00	0.00	0.00	5,336.90	5,082.75	-254.15	105.00%
Others (Special Project Assistant)	0.00	0.00	0.00	2,700.06	2,854.34	154.28	94.59%
Others (Special Project Assistant)	0.00	0.00	0.00	3,567.06	3,470.25	-96.81	102.79%
Others (Special Project Assistant)	15.46	15.46	0.00	2,652.26	3,477.60	825.34	76.27%
Others (Special Project Assistant)	0.00	0.00	0.00	1,102.92	1,214.25	111.33	90.83%
Others (Program Manager)	2,659.48	2,659.48	0.00	13,880.96	9,888.85	-3,992.11	140.37%
Others (Communications)	0.00	0.00	-47.08	309.85	184.92	-124.93	167.56%
Program Manager	0.00	0.00	0.00	891.27	1,054.81	163.54	84.50%
Others (Food Resources)	0.00	0.00	0.00	2,136.98	2,136.77	-0.21	100.01%
Others (Food Resources)	0.00	0.00	0.00	63.45	70.23	6.78	90.35%
Project Director	0.00	0.00	0.00	377.27	439.50	62.23	85.84%
Others (Food resources)	0.00	0.00	0.00	120.45	20.31	-100.14	593.06%
Others (Food Resources)	0.00	0.00	0.00	7.27	7.29	0.02	99.73%
Sub Total for Personal Services (Incl Salary & Wages)	27,369.40	27,369.40	-47.08	174,309.16	171,335.57	-2,973.59	101.74%
2. Fringe Benefits							
FICA	1,264.39	1,264.39	0.00	11,991.48	13,107.17	1,115.69	91.49%
Retirement	1,558.11	1,558.11	0.00	8,422.68	11,102.54	2,679.86	75.86%
Health Insurance	3,675.82	3,675.82	0.00	21,031.03	18,941.30	-2,089.73	111.03%

REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures				Agreement		
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
Others (Life Insurance)	8.96	8.96	0.00	49.81	49.70	-0.11	100.22%
Others (Unemployment)	33.97	33.97	0.00	414.66	1,756.19	1,341.53	23.61%
Workmens Compensation	119.37	119.37	0.00	775.33	717.90	-57.43	108.00%
Sub Total for Fringe Benefits	6,660.62	6,660.62	0.00	42,684.99	45,674.80	2,989.81	93.45%
3. Travel							
InState Mileage	0.00	0.00	0.00	43.63	702.00	658.37	6.22%
4. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
5. Supplies							
Others (Office Supplies)	0.00	0.00	0.00	26.90	60.00	33.10	44.83%
Others (copies)	0.15	0.15	0.00	3.26	7.50	4.24	43.47%
Sub Total for Supplies	0.15	0.15	0.00	30.16	67.50	37.34	44.68%
6. Contractual Services							
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%
Sub Total for Contractual Services	0.00	0.00	0.00	9,292.86	9,492.86	200.00	97.89%
7. Occupancy - Rent and Utilities	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%
9. Training and Education	0.00	0.00	0.00	0.00	0.00	0.00	0.00%

REIMBURSEMENT CERTIFICATION

Champaign, County of

Category	Expenditures				Agreement		
	Expense	Current Period	Correction	Agreement YTD	Budget	Balance	Expend%
Total Program Expenses	34,030.17	34,030.17	-47.08	226,360.80	227,272.73	911.93	99.60%
TOTAL DIRECT EXPENSES	34,030.17	34,030.17	-47.08	226,360.80	227,272.73	911.93	99.60%
Indirect Costs							
De Minimis Rate – up to 10%	3,398.31	3,398.31	0.00	22,636.07	22,727.27	91.20	99.60%
TOTAL EXPENDITURES	37,428.48	37,428.48	-47.08	248,996.87	250,000.00	1,003.13	99.60%
TOTAL PAYABLE	0.00	37,381.40	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	37,428.48	37,428.48	-47.08	248,996.87	250,000.00	1,003.13	99.60%
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	37,428.48	37,428.48	-47.08	248,996.87	250,000.00	1,003.13	99.60%
<p>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).</p>							
Authorized Signature	 <small>Digitally signed by Amanda Knight DN: cn=Amanda Knight, o=Champaign-Urbana Public Health District, ou, email=aknight@dc-uphd.org, c=US Date: 2023.01.27 13:44:01 -0600</small>	Date	1/27/2023	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					
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.		

Preventative Services - County Sex Ed
December 2022

	Dec-22
PERSONAL SERVICES	
Alyx McElfresh	719.11
Kelly Flanigan	42.03
Total Personal Services	761.14
FRINGE BENEFITS	
Health Insurance	189.64
Life Insurance	0.35
FICA	56.30
IMRF	45.07
Illinois Unemployment Insurance	2.26
Workers Compensation	3.37
Total Fringe Benefits	296.99
Total Personal Services & Fringe Benefits	1,058.13
CONTRACTUAL SERVICES	
Printing	3.41
Total Contractual Services	3.41
SUPPLIES	
Program Materials	59.99
Total Supplies	59.99
TRAVEL	
Mileage	137.77
Total Travel	137.77
Total	1,259.30

County Well Water Testing
December 2022

	Dec-22
PERSONAL SERVICES	
Jeff Blackford	145.85
Tammy Hamilton	11.38
Laura Shobe	1.54
Total Personal Services	158.77
FRINGE BENEFITS	
Health Insurance	24.40
Life Insurance	0.05
FICA	11.93
IMRF	8.98
Illinois Unemployment Insurance	1.05
Workers Compensation	6.61
Total Fringe Benefits	53.02
Total Personal Services & Fringe Benefits	211.79
CONTRACTUAL SERVICES	
Printing	0.55
Postage	28.89
Total Contractual Services	29.44
SUPPLIES	
Total Supplies	-
TRAVEL	
Mileage	2.00
Total Travel	2.00
Total	243.23