

Lyle Shields Meeting Room, Brookens Administrative Center, 1776 East Washington Street, Urbana, Illinois

I. <u>Call To Order</u>

II. <u>Roll Call</u>

- III. <u>Approval of Minutes</u> A. May 15, 2014 (to be distributed)
- IV. Approval of Agenda/Addenda
- V. <u>Public Participation</u>
- VI. <u>Communications</u>

VII. Justice & Social Services

- A. Mental Health Board 2014 Update & Report
- B. Re-Entry Program Quarterly Report March 2014-May 2014

3-5

- C. <u>Monthly Reports</u> All reports are available on each department's webpage through the department reports page at: <u>http://www.co.champaign.il.us/COUNTYBD/deptrpts.htm</u>
 - 1. Animal Control April 2014
 - 2. Emergency Management Agency May 2014
 - 3. Head Start May 2014
 - 4. Probation & Court Services April 2014
 - 5. Public Defender April 2014
 - 6. Veterans' Assistance Commission May 2014
- D. Other Business
- E. Chair's Report
 - 1. Determination to Cancel July Justice & Social Services Committee of the Whole Meeting
- F. Designation of Items to be Placed on the Consent Agenda

VIII. Policy, Personnel, & Appointments

- A. <u>Appointments/Reappointments (italics indicate incumbent)</u>
 - 1. Bailey Cemetery Association **3 Terms** July 1, 2014-June 30, 2020
 - Thomas Barnhart
 - Gary Fisher
 - Michael Freese Jr.

Committee of the Whole Agenda

Finance; Policy, Personnel, & Appointments; Justice & Social Services

June 10, 2014

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|----|---|-------|
| | 2. <u>Clements Cemetery Board – 1 Term July 1, 2014-June 30, 2020</u> | 6 |
| | Cecil McCormick | |
| | 2 Locust Grove Compters Association 2 Terms July 1 2014 June 20 2020 | 7-8 |
| | 3. Locust Grove Cemetery Association – 2 Terms July 1, 2014-June 30, 2020 Gregory Burr | /-8 |
| | Marcia Fisher | |
| | | |
| | 4. Mt. Olive Cemetery Association – 3 Terms July 1, 2014-June 30, 2020 | 9-11 |
| | Thomas Gordon | |
| | Robert Trumbull | |
| | Jack Knott | |
| | 5. <u>Prairie View Cemetery Association – 3 Terms July 1, 2014-June 30, 2020</u> | 12-14 |
| | Pamela Carpenter | |
| | Marc Shaw | |
| | Clark Wise | |
| | 6. Yearsley Cemetery Association – 1 Term July 1, 2014-June 30, 2020 | 15 |
| | Phillip Nigg | 10 |
| | | |
| | 7. Forest Preserve Board – 1 Term July 1, 2014-June 30, 2019 | 16-28 |
| | Bobbie (Roberta) Herakovich | |
| | <i>Robin Hall</i> | |
| | 8. <u>Board of Health – 2 Terms July 1, 2014-June 30, 2017</u> | 29-32 |
| | Michael Ruffatto | |
| | John Peterson | |
| | 9. Developmental Disabilities Board – 1 Term July 1, 2014-June 30, 2017 | 33-41 |
| | Elaine Fowler Palencia | 55-41 |
| | Barbara Jewett | |
| | Deborah Curtin | |
| | Debra Ruesch | |
| R | County Clerk | |
| D. | 1. May 2014 Report | 42 |
| | 2. Semi-Annual Report | 43 |
| a | | |
| C. | County Administrator 1. Administrative Services May 2014 Report | 44-46 |
| | Administrative Services May 2014 Report Job Content Evaluation Committee Recommendation for County Clerk Director of | 44-40 |
| | Training Position | |
| | 3. Job Content Evaluation Committee Recommendation for Positions in | |
| | Administrative Services (to be distributed) | |
| | | |

- D. Other Business
 - 1. Issues Report on Elimination of Recorder of Deeds Position in Champaign County 53-56

- E. Chair's Report
 - 1. Determination of Ballot Question Regarding Maintaining the Elected Recorder
 - 2. Rules Change Discussion Temporary Telecommunications Trial
 - 3. Determination to Cancel July Policy, Personnel, and Appointments Committee of the Whole Meeting
- F. Designation of Items to be Placed on the Consent Agenda

IX. Finance

A. Budget Amendments/Transfers 1. Budget Amendment #14-00023 57 Fund/Dept. 641 ACCESS Initiative Grant-053 Mental Health Board Increased Appropriations: \$215,139 Increased Revenue: None: from Fund Balance Reason: To Allow for Grant Expenditures to Contracting Agencies Through December 31, 2014. Grant Adjustments from the Prior Federal Fiscal Year were Implemented Through IDHS Allowing for Additional Funding for ACCESS Federal Contracts. 2. Budget Amendment #14-00024 58-59 Fund/Dept. 104 Early Childhood Fund-612 HS-United Way Community Impact Increased Appropriations: \$37,950 Increased Revenue: \$37,950 Reason: Receipt of United Way Funding to Support a Temporary Home Visitor to Serve an Additional 10-12 At-Risk, Low-Income Children, and Families. The Home Visitor Will Provide Educational, Child Development, Health Screening, and Family Social Services. 3. Budget Amendment #14-00025 60 Fund/Dept. 620 Health-Life Insurance-120 Employee Group Insurance Increased Appropriations: \$200 Increased Revenue: \$200

Reason: Received AFSCME Donation for 2014 Health Fair to be Used for Expenses for the Health Fair4. Budget Transfer #14-00005

Fund/Dept. 080 General Corporate-075 General County, 022 County Clerk, 026
County Treasurer, 040 Sheriff
Total Amount: \$435
Reason: To Move Money to Correct Line Items to Allow Approved Salary Increase
for Elected Officials, Effective December 1, 2014 for FY 2014

61

B. Treasurer

1. Monthly Report – May 2014 – Reports are available on the Treasurer's webpage at: http://www.co.champaign.il.us/TREAS/reports.htm

| C. | <u>Auditor</u> 1. Monthly Report – May 2014 – Reports are available on the Auditor's webpage at: <u>http://www.co.champaign.il.us/Auditor/monthlyreports.htm</u> | |
|----|--|------------------|
| D. | Nursing Home Monthly Report | 62-93 |
| | <u>State's Attorney</u> . Presentation and Discussion Regarding Fees to Support Existing Programs | 94-100 |
| F. | <u>Animal Control</u> 1. Request Approval of an Intergovernmental Agreement Between the County of Champaign and the City of Champaign for Animal Impound Services | 101-106 |
| G. | <u>Emergency Management Agency</u> 1. Request Approval of Application for Renewal & If Awarded, Acceptance of the Hazardous Materials Emergency Preparedness Planning Grant | 107-120 |
| H. | <u>Sheriff</u> 1. Request Approval of Justice Assistance Grant Program Agreement Between the City of Champaign and Champaign County | 121-123 |
| I. | <u>County Administrator</u> General Corporate Fund FY2014 Budget Projection Report (<i>to be distributed</i>) General Corporate Fund FY2014 Budget Change Report (<i>to be distributed</i>) Engagement Letter with William Blair to Serve as Underwriter to Champaign County for Potential Bond Refunding and Bond Issues Job Content Evaluation Committee Recommendation for Establishment of County Clerk Training Director Position | 124-136 47-52 |
| | Job Content Evaluation Committee Recommendation for Positions in Administrative Services (<i>to be distributed</i>) FY2015 Salary Recommendation for Non-Bargaining Employees (<i>to be distributed</i>) | |
| J. | Other Business 1. Approval of Contract with MPA for Nursing Home Management Services (<i>to be distributed</i>) | |
| K. | <u>Chair's Report</u>1. Determination to Cancel July Finance Committee of the Whole Meeting | |
| L. | Designation of Items to be Placed on the Consent Agenda | |

X. <u>Other Business</u>

XI. <u>Adjournment</u>



wellness and recovery for the community

Community Reentry Quarterly Report March - May 2014

Submitted To: Ms. Debra Busey County Administrator Brookens Administrative Center 1776 E. Washington Urbana, IL 61802

May 29, 2014

In March, Community Elements collaborated with the County to write and submit a proposal for a Second Chance Act grant from the Department of Justice, entitled The Coming Home Program.

In May, after an extensive search process throughout March and April, Jenee Westjohn was hired as Community Reentry Case Manager. Ms. Westjohn is currently in training and expected to begin formal reentry efforts the last week of May. Celeste Blodgett transitioned from Criminal Justice Assistant to the Reentry Program Coordinator and has been researching numerous reentry programs throughout the United States. The purpose is to provide the Reentry Council with a summary of valuable information regarding successful, evidence-based reentry programs and practices they may wish to duplicate in local reentry efforts.

The first Reentry Council meeting was held on May 7. Representatives from all stakeholder organizations, departments, and constituencies were present. The major topic of discussion throughout the first meeting was identification of a target population. A number of Council members voiced an interest in targeting high-risk offenders. Initial recommendations which will be discussed at the next meeting included:

- 1. Offenders who receive a sentence of 18 months-3 years in IDOC. Initiate engagement at the County Jail with and maintain regular contact during their incarceration in IDOC.
- 2. Offenders at a lower-risk in order to demonstrate success within the timeframe of the project.
- 3. Include both category 1 and 2 with a goal to balance limited resources available

In addition to the discussion regarding the target population, the Council collectively agreed to meet on the first Wednesday of every month, at Community Elements' Fox Drive location. Thus, the next Reentry Council meeting is scheduled for June 4, 2014.

1801 Fox Drive, Champaign IL 61820 217 398 8080 202 West Park, Champaign IL 61820 217 373 2430

In addition to holding the first Reentry Council meeting, Bruce Barnard and Celeste Blodgett held interviews with individual representatives on the Council, for the purpose of gathering individual, detailed views regarding target population, role of the Council, and direction of the program. Further, Mr. Barnard conducted a focus group at the prison in Danville to gain a better understanding of the priority of inmate needs when transitioning back into community settings.

With a Reentry Case Manager in place, collection and tracking of data for the reentry population, (offenders who have completed a sentence at the Champaign County Jail or Illinois Department of Corrections approved for release in Champaign County), will begin. To aid the data collection process, Reentry Council members with access to substantial data regarding the justice-involved population volunteered to share their data set which will enable the Reentry Council to synthesize current information and conduct a robust evaluation of program efforts.

Respectfully Submitted By: Bruce Barnard and Celeste Blodgett

PLEASE TYPE OR PRINT IN BLACK INK

| NAME: Thomas C. Barnhart |
|--|
| ADDRESS: 895 County Road 800 North Tolono, Il. 61880 |
| Street City State Zip Code |
| EMAIL: None PHONE: 217-485-8575 |
| NAME OF APPOINTMENT BODY OR BOARD: <u>Bailey Cemetary Board</u> Trustee |
| BEGINNING DATE OF TERM: <u>June 30,2020</u> BEGINNING DATE OF TERM: <u>June 30,2020</u> |
| The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION. |
| 1. What experience and background do you have which you believe qualifies you for this appointment? |
| I have a hugh intrest in Bailey as all my relatives are burried there. By wife |
| and I have our plot there as well. I was caretaker there for 20 years from |
| 1980-2000. I have served on this board for the past 6 years and an head of the |
| finance commite. I keep track of the CD's and try to get the best intrest rate |
| 2. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees? |
| I have been responsible for buying the movers and other equipment .1 got bids |
| from achpalt companies to pave roadways. I help the caretaker trim hedge in |
| summer and notify the light company when night lights burn out. Inske sure the |
| dirt pile gets removed from time to time. I would like to continue to serve |
| as I enjoy it very much and I have the time to do it as I'm retired. 3. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the appointed body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes No X If yes, please explain: |
| |
| |
| Thomas & Bunkuit |
| Signature H-15-14 |

Date

PLEASE TYPE OR PRINT IN BLACK INK

| NAME: GARY L. FIS | HER |
|--|--|
| ADDRESS: 701 E. WALN | UT ST., TOLONO IL 61880 City State Zip Code |
| | |
| EMAIL: | PHONE: $217 - 493 - 8120$ |
| Check Box to Have Email Address Redacted | on Public Documents |
| NAME OF APPOINTMENT BODY OR BOARD: | BAILEY CEMETERY |
| | ENDING DATE: $\frac{6}{30}$ 20 20 |

The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

1. What experience and background do you have which you believe qualifies you for this appointment?

2

2. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees?

3. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the appointed body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes \Box No \Box If yes, please explain:

Signature

4-14-2014

Date

PLEASE TYPE OR PRINT IN BLACK INK

| NAME: Michael J. Frei | ese Jr. | | |
|--|--|--|---|
| 0 6 8 99 | | | 1,1880 |
| ADDRESS: <u>Po Box 828</u> Street | City | State | Zip Code |
| | | | |
| Check Box to Have Email Address R | edacted on Public Documents | | |
| NAME OF APPOINTMENT BODY OR BO | ARD: Bailey Mem | ariel Cor | netery Associat |
| NAME OF APPOINTMENT BODY OR BO BEGINNING DATE OF TERM: <u>JUL</u> | L Zora ENDING DAT | re: <u>?</u> | June 30,20 |
| The Champaign County Board appreciates you background and philosophies will assist the following questions by typing or legibly APPOINTMENT, OR REAPPOINTMENT, CA | our interest in serving your comm County Board in establishing you printing your response. IN OI | unity. A clean r qualifications RDER TO BE | understanding of your B. Please complete the CONSIDERED FOR |
| I. What experience and background do you hav | ve which you believe qualifies you f | or this appointn | nent? |
| I have preferent the | duties of Sect 7 | Thesever | for |
| Bailey memoinel Comet. | · · Coc has o | C.2055 | |
| and menories and | my to NPARZ 10 | year | |
| | | | |
| 2. What is your knowledge of the appointed boo I am well versed in H Cometing I have handle all uguind populitation of | ed the destres of | operation paying 1 | s or the |
| 3. Can you think of any relationship or other re o serve on the appointed body for which you ntended to provide information.) Yes | | | |
| | | A | |
| | $\frac{M}{S_{ignature}} = \frac{51314}{Date}$ | J. Fre | -Un |

5

PLEASE TYPE OR PRINT IN BLACK INK

| ADDRESS: | 502 East Marshall Stree | t, POB 892 | Tolono | | IL | 61880 | |
|--|---|--|--|---|--------------------|------------------------|---------------------------|
| <i>DD</i> (D)001 | Street | | City | | State | Zip Code | |
| MAIL: | معود الدين | | PHONE: 217 | 7/ 485-4120 | | | |
| [| Check Box to Have Email Add | ress Redacted on Pul | blic Documents | | | | |
| ME OF A | APPOINTMENT BODY OI | R BOARD: | ustee - Clemen | its Cemetery | / Assoc | ation | , j |
| GINNING | G DATE OF TERM: | e 30, 2014 7 | <u>///14</u> endin | G DATE: | June 3(| ,-2018- | 6/30/ |
| ckground a lowing qu | ign County Board appreciat and philosophies will assist testions by typing or legi ENT, OR REAPPOINTMEN | the County Bo bly printing yo | ard in establishiour response. | ing your qua IN ORDER | lification TO B | ns. Please E CONSII | complete the DERED FOR |
| - | rience and background do yo e-President - Champaign / | - | | | s appoint | ment? | |
| 5 Yrs - Ma | yor - Village of Tolono / 3 | Yrs - Trustee - | Village of Tolo | no | | | |
| | | ~~~~~ | | | | | |
| 8 Yrs - Tru | stee - Tolono Fire Protecti | on District | | | | | ***** |
| 8 Yrs - Tru What is you | stee - Clements Cemetery | Association | | - | | 1 fees? | |
| 8 Yrs - Tru What is you have maint | stee - Clements Cemetery ur knowledge of the appointe tained the cemetery's finan ink of any relationship or oth the appointed body for which | Association d body's operation ncial, maintenar er reason that m | nce and burials | for the last of a stitute a continue to the | 6 yrs. | nterest if yo | |
| 8 Yrs - Tru What is you have maint Can you thi serve on th | stee - Clements Cemetery ur knowledge of the appointe tained the cemetery's finan ink of any relationship or oth the appointed body for which | Association d body's operation ncial, maintenar er reason that m | ight possibly corng? (This quest | for the last of a stitute a continue to the | 6 yrs. | nterest if yo | |
| 8 Yrs - Tru What is you have maint Can you thi serve on th | stee - Clements Cemetery ur knowledge of the appointe tained the cemetery's finan ink of any relationship or oth the appointed body for which | Association d body's operation incial, maintenar er reason that m you are applyin es No 🔳 I | ight possibly corng? (This quest | for the last of a stitute a continue to the | 6 yrs. | nterest if yo | |
| 3 Yrs - Tru What is you nave maint Can you thi serve on th | stee - Clements Cemetery ur knowledge of the appointe tained the cemetery's finan ink of any relationship or oth the appointed body for which | Association d body's operation d body's operation d body's operation d body's operation d body is operation er reason that m i you are applyin es No II II | ight possibly con ng? (This quest f yes, please expl | for the last of a stitute a continue to the | 6 yrs. | nterest if yo | |

PLEASE TYPE OR PRINT IN BLACK INK

| NAME: Gregory A. Burr |
|--|
| ADDRESS: 1779 6 R.J. 1000 N URBANA JL 61802 Street City State Zip Code |
| EMAIL: <u>Oldskyl 59@gmail.com</u> PHONE: <u>217-684-2188</u> Check Box to Have Email Address Redacted on Public Documents |
| NAME OF APPOINTMENT BODY OR BOARD: Locust Grove Cenetery 7/1/14 BEGINNING DATE OF TERM: Fant 30, 2070 ENDING DATE: June 30, 2070 |
| The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION. |
| 1. What experience and background do you have which you believe qualifies you for this appointment? I have been on the board since 2002. |
| |
| 2. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees? I have been on the bound since 2002 and an currently Sec- |
| I have been on the bound since 2002 and an currently Sec- Treasurer and have been since 2011. I was also President Sron 2008 until 2011. |
| 3. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the appointed body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes \Box No \boxtimes If yes, please explain: |

<u>Dregory a Bran</u> Signature <u>4-12-2014</u> Date _____

PLEASE TYPE OR PRINT IN BLACK INK

| NAME: MARCIA K. FISHER |
|--|
| ADDRESS: 604 S. LINCOLN ST. PHILO 11 61864 Street City State Zip Code |
| EMAIL: PHONE: 217-684238 Check Box to Have Email Address Redacted on Public Documents |
| NAME OF APPOINTMENT BODY OR BOARD: LOCUST GROVE CEMETERY BOARD |
| BEGINNING DATE OF TERM: $\frac{7/1/2014}{5400}$ ENDING DATE: $\frac{5400}{2014}$ (0/30/2020) |
| The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION. |
| 1. What experience and background do you have which you believe qualifies you for this appointment? |
| I was appointed to yill my fathers term |
| when he passed away, The had been on |
| the board for 30 years so I learned from him. |
| 2. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees? |
| Ic much the meeds of families in a troubled |
| time, imanage the mowing and upkeep of the |
| property, work with stajy and other trustees to see |
| that the cometery is in good shape |

3. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the appointed body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes \square No \boxtimes If yes, please explain: intended to provide information.)

Marcia K. Ficher Signature April 16, 2014

Date

PLEASE TYPE OR PRINT IN BLACK INK

| NAME: | THOMAS GORDON |
|-------------|--|
| ADDRESS: | Street CURETON DR. URBANAILLe 1801 Street City State Zip Code |
| EMAIL: | PHONE: (217) 3 ξ 4 - 4020 Check Box to Have Email Address Redacted on Public Documents |
| | PPOINTMENT BODY OR BOARD: <u>MTOLIVE</u> CEMETERY |
| BEGINNING | DATE OF TERM: JULY 1, 2014 ENDING DATE: JUNE 30 2020 |
| The Champai | gn County Board appreciates your interest in serving your community. A clear understanding of your |

background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

1. What experience and background do you have which you believe qualifies you for this appointment?

2. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees?

HIRING CARETALKERS, HIRING A COMPANY TO SPRAY WEEDS PURCHASING SIGNS, THKING CARE OF COMPLAINTS, EASEMENTS, ETI 3. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected

to serve on the appointed body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes \square No \square If yes, please explain:

Signature APRIL 29 2014

Date

PLEASE TYPE OR PRINT IN BLACK INK

| NAME: ROBENT B. TRUMONILL |
|--|
| ADDRESS: 1774 CR / 1050 N URBANA IL 61802 Street City State Zip Code |
| EMAIL: <u>IKTRUMB</u> ONT 166 (um PHONE: <u>217-367-3037</u> Check Box to Have Email Address Redacted on Public Documents |
| NAME OF APPOINTMENT BODY OR BOARD: MTULINE Come Leven BUADON TRUSTER |
| NAME OF APPOINTMENT BODY OR BOARD: MTULINE Come teen BUARD of TRUSTER BEGINNING DATE OF TERM: 2-1-14 ENDING DATE: 7-1-12 (0/30/2020 |
| The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION. |
| 1. What experience and background do you have which you believe qualifies you for this appointment? |
| PREVIOUS TERMS UN BOARD |
| SERVING AS CARE PUND TREASUNER |
| SURVING THE CALLE FUNDS DULAS OF ALL |
| |
| 2. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees? |
| 3. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the appointed body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes No I f yes, please explain: |
| |
| Robert B Rund |
| 4-15-14 |
| Date |

PLEASE TYPE OR PRINT IN BLACK INK

| NAME: Jack KNOTT |
|--|
| ADDRESS: <u>ZOSICR 1700N STJOSEPH 61873</u> Street City State Zip Code |
| ADDRESS: $\frac{205/CR}{Street}$ 1700N St JOSEPH 6/873 City State Zip Code EMAIL: PHONE: (217) (649-3659 Check Box to Have Email Address Redacted on Public Documents |
| NAME OF APPOINTMENT BODY OR BOARD: MT OLIVE Cemetary |
| BEGINNING DATE OF TERM: July 1, 7014 ENDING DATE: June 30, 2020 |
| The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION. |
| 1. What experience and background do you have which you believe qualifies you for this appointment? |
| Previous board member |
| |
| |
| 2. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees? |
| 3. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the appointed body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes \square No \square If yes, please explain: |
| |
| Signature |
| $\frac{5 1 2 7 1 4}{Date}$ |

PLEASE TYPE OR PRINT IN BLACK INK

| NAME: Panela B. Carpenter |
|--|
| ADDRESS: 3203 Fawn Hill Ct. Urbana II 61802 Street City State Zip Code |
| EMAIL: <u>Pambcarp@gnael Com</u> PHONE: (217) 367-2985 |
| |
| NAME OF APPOINTMENT BODY OR BOARD: <u>Prairie View Cemetery Assoc</u> BEGINNING DATE OF TERM: $\frac{7/1}{14}$ ENDING DATE: $\frac{6/30}{20}$ |
| The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION. |
| 1. What experience and background do you have which you believe qualifies you for this appointment? <u>Thave served as secretary-treasurer for Prairie</u> <u>View Cemetery for at least 18 years</u> . |
| |
| 2. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees? A |
| As secretary-treasurer I serve as the main contact and primarily handle all finances for the association |
| 3. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the appointed body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes \square No \bigotimes If yes, please explain: |
| mul Cause to |

Signature

L

Date

PLEASE TYPE OR PRINT IN BLACK INK

| NAME: MARC SHAW |
|---|
| ADDRESS: 1003 SOUTH BARKER RO. CHAMPATED ILL GB22 Street City State Zip Code |
| EMAIL: <u>SHAW FARMS 01 9. GMAJL</u> PHONE: <u>217-390-5539</u> Check Box to Have Email Address Redacted on Public Documents |
| NAME OF APPOINTMENT BODY OR BOARD: <u>IRAILE UIEW (EMETANY ASSOCIATION</u> |
| BEGINNING DATE OF TERM: $JULY 1, 2UY$ ENDING DATE: $JUNE 30, 2070$ |
| The Champaign County Board appreciates your interest in serving your community. A clear understanding of you background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION. |
| 1. What experience and background do you have which you believe qualifies you for this appointment? <u>I HAVE BEED ON THIS BOARD FOR ALMOST 40 YEARS MANT</u> |
| OF MY FAMILY ARE AND WILL BE AT THIS CEMETARY. THE UPKEED AWD FUTURE OF THE CEMETARY IS VERY IMPORTANT TO ME. |
| 2. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees? |
| |
| 3. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selecte to serve on the appointed body for which you are applying? (This question is not meant to disqualify you; it is onl intended to provide information.) Yes \square NoVZ- If yes, please explain: |
| |

Signature

14, 2014

Date

PLEASE TYPE OR PRINT IN BLACK INK

| NAME: | Clark E. Wise | | | |
|------------------------|---|--|---------------------------|--|
| ADDRES | 14882 N 8th Ave. | Effingham | IL | 62401-5087 |
| | Street | City | State | Zip Code |
| EMAIL: | <u></u> | PHONE: (217) 868 | -5068 | |
| | Check Box to Have Email Address Reda | | | |
| NAME O | F APPOINTMENT BODY OR BOAI | RD: Prairie View Cemetery A | ssociation | |
| BEGINN | DF APPOINTMENT BODY OR BOAH ING DATE OF TERM: $-7/1$ | ZO14 ENDING DAT | TE: | 10200 ZOZO |
| backgrour following | npaign County Board appreciates your ad and philosophies will assist the Co questions by typing or legibly prin IMENT, OR REAPPOINTMENT, CAN | unty Board in establishing you nting your response. IN Ol | ır qualificati RDER TO | ons. Please complete the BE CONSIDERED FOR |
| | xperience and background do you have v erved as a trustee on the Prairie View | | | |
| active pa | rt in the management and decision-r | naking. | | |
| | your knowledge of the appointed body' gnificant knowledge of Prairie View C | | | |
| to serve o | u think of any relationship or other reason n the appointed body for which you ar o provide information.) Yes N | | | |
| | | Signature 13 April 2014 | n | |
| | | Date 14 | | |

PLEASE TYPE OR PRINT IN BLACK INK

| NAME: | Philli | p Roy | y Nigg | | | |
|-----------|---------------|---------------|------------------|--------------------|------------------------|----------|
| ADDRESS: | 1815 | CR | DOODN | Urbana | 14 | 61802 |
| | Street | | | City | State | Zip Code |
| EMAIL: | RKCn3 | Gaol | Com | PHONE: | (217) 493 | 3-9011 |
| | Check | Box to Have E | mail Address Red | acted on Public Do | cuments | |
| NAME OF A | PPOINTMEN | F BODY OR B | OARD: HEA | RSKEY C. | emetery | |
| BEGINNING | G DATE OF TER | : M: | 1/1/2014 | ENDING D | ATE: <u>·</u> <u>6</u> | 30/2020 |

The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

- 1. What experience and background do you have which you believe qualifies you for this appointment? I grew up men yearsley Cometary and an familian with the area. I have family buried there and feel will be a good candidate for the board to help oversee the care of the cometary.
- i'm familiar with some of the board members and look forward to assisting with dutes as needed. 2. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees? as needed
- 3. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the appointed body for which you are applying?, (This question is not meant to disqualify you; it is only intended to provide information.) Yes No V If yes, please explain:

utlin Roy Nug

Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE TYPE OR PRINT IN BLACK INK

| Bobbie (Roberta) Herakovich | | | |
|---|--|---|--|
| NAME: | Urbana | IL | 61801 |
| ADDRESS:Street | City | State | Zip Code |
| bobbiehcomcast.net EMAIL: | PHONE: | | 66 (h) 217-649-0083 |
| Check Box to Have Email Address Red | acted on Public Docu Champaign County Fore | | pard |
| NUMBER OF A DROINING FORT OF DO ADD | | | |
| BEGINNING DATE OF TERM: $1/1/14$ | ENI | DING DATI | E: 6/30/19 |
| The Champaign County Board appreciates your interery your background and philosophies will assist the Cocomplete the following questions by typing or let CONSIDERED FOR APPOINTMENT, OR REAPPO SIGN THIS APPLICATION. 1. What experience and background do you have which reappointment? I have worked for local government for almost 40 years, working Director of Parks and Recreation in Palm Beach Gardens Flor in Farmer City, Illinois and then finally serving as Executive Di an avid proponent of conservation of the natural environment for all residents. I have served on the joint Illinois Association | punty Board in estab gibly printing your INTMENT, A CANE h you believe qualifie ng up through the ranks to ida and then as City Mar rector of the Champaign and making sure that pa | lishing your response. DIDATE MU s you for this irst in the Urb hager in the sa Park District rks and forest | qualifications. Please IN ORDER TO BE JST COMPLETE AND s appointment/ ana Park District, as ame city. As City Manager for the past 11 years. I am preserves are available |
| the Illinois Association of Park Districts Legislative Committee burden local districts. I beleive in collaboration for working thro past 11 years, my staff and I were able to garner over \$6.4 mi | ough challenges and kee | ping tax rates | affordable. During the |
| Forest Preserve District. 2. What do you believe is the role of a trustee/comminent out the responsibilities of that role? I beleive the role of a Commissioner is to set policy, ensure the rate, annual operating and capital improvement budgets. As a County as a great place to live, work and play and the forest p Commissioner should also work with residents and landholder I LITHA LOTA FOLLARS TO THE | at residents needs are b a Commissioner I would reserve district as a viab s to understand their iss | eing met and expect to adv le provider of ues and conc | to set and monitor the tax ocate for Champaign services. I beleive a erns. |
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3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?

I am familiar with the District's operations and have worked with the past 3 Executive Directors on joint projects, joint purchasing, etc.

I lived in Mahomet for several years and Lakd of the woods was my neighborhood park. I am familiar with most of the district's holdings and jointly worked on the grant for the accessible pier for the forest preserve and Champaign and Urbana Park Districts. I have been a user of Homer Lake as well.

I am familiar with several staff and have served in a mentoring capacity for several of them. I understand the tax structure, levy and guidelines and mandates affecting the District as well as am familiar with most personnel and land use issues.

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| Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) \Box Yes \boxtimes No If yes, please explain: |
|--|
| |
| Would you be available to regularly attend the scheduled meeting of the appointed body? |
| |
| |

The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.

Signature

03/29/0014

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•

Date

BOBBIE HERAKOVICH 105 E. Mumford Drive Urbana, Illinois 61801 217-384-7866 Bobbieh@comcast.net

EMPLOYMENT HISTORY

Executive Director January 2001-January 2014 Champaign Park District Champaign, Illinois (Pop. 81,055)

Responsibilities: Served as Executive Director for a full service, Distinguished Accreditation and Gold Medal Award winning parks and recreation agency reporting to a 5 member elected Board of Commissioners. Have direct responsibility for all Business functions, Operations, Recreation, and Marketing Departments with a staff of 77 fulltime year-round staff and 400 parttime staff and an operating and capital budget of \$22 million for FY13-14. Coordinate with Board appointed attorney, treasurer and consultants. Serve as official Secretary to the Board, Certified Freedom of Information Officer and Certified Open Meetings Act Officer. With a great Board and staff team, we have accomplished:

- Acquired a \$454,000 25.4 acre future park site with Department of Natural Resources funding and matching funds from the Sanitary District at a cost to the District of \$11,000. Acquired an additional 12.5 acres through a long-term lease and subsequent ownership. Acquired and developed 19 acre Sunset Park, acquired and developed Dog Park, totally redeveloped urban park known as Scott Park to enhance stormwater drainage and improve services through grant and Tif funding.
- Developed Dodds Park Soccer Complex; an eleven-field complex with concession and restroom facilities.
- Developed Dodds Park Softball Complex, a complex of 4 lighted fields, concession and restroom facility, parking lot and pathway facility.
- Conducted many community Focus Meetings and Town Meeting to solicit input into community needs assessment process.
- Conducted random survey (needs assessment) of households to help identify residents' priorities in 2003 and 2011 and responded to top 5 needs.
- Built Skate Park and Dog Park to meet community needs.
- Added several rain gardens to address wet park areas.
- Created 367 flower beds throughout the community through a cost sharing formula.
- Received the following recognition: IPRA Best Facility Award (Skate Park), Best Communication Award, Best Special Event (Symphony at Sunset), Best flyer for Prairie Farm, and Best single ad piece for Holiday Parade of Lights, Illinois Turf Award, and annual Illinois Arts Council Awards, NRPA Dorothy Mullen Arts and Humanities Award, GFOA Financial Reporting Award, 2001-2012, GFOA Distinguished Budget Award, 2008-2010, Arts Alliance Illinois Award for art in the park programs, 2011 Joseph R. Bannon Practitioner of the Year Award, 2013 Illinois Therapeutic Recreation Section Program Award for "Frunner Program" pairing able bodied people with persons with disabilities in a running program, 2013 Honored Professional Award.

- Developed Champaign Parks Foundation, a 501(3) c to provide philanthropic support to the Park District. Reached balance of \$1.8 million in 4 years.
- Built \$6.4 million Sholem Aquatic Center.
- Developed *Joint Trails Plan* with the City of Champaign
- Served as Chair of Champaign County Visitor's Bureau for 3+ years.
- Served as founding Board member of 40 North/88 West Champaign County Arts & Entertainment Council.
- Awarded approximately \$7.4 million in grant funds.
- Initiated "Green Team" and environmental incentives for energy reduction.
- Co-chaired City of Champaign's 150th anniversary celebration.
- Received Innovation Celebration Award for Economic Development Impact Award
- Created "A Decade of Excellence, a Strategic Plan"
- Created sculpture opportunities in parks, added *Tootsie*, *Double Dutch-Jump for Joy* and *New Holland Yellow Dinosaur* sculptures.
- Hosted a KaBoom playground build with 300 volunteers, Kraft employees and Rotary members.
- Established a 120 day operating reserve balance in major funds.
- Restoring 1921 vaudeville theatre known as the Virginia Theatre-Phase 3 renovation \$6.5 million.
- Added Para-Olympians to the Olympic Tribute recognizing local athletes.
- Took over hosting the 4th of July fireworks when the previous location became unavailable
- Maximized equalized assessed value by dropping tax abatement when enterprise zone ordinance expired.
- Successful in working with the City for mandatory Pipeline Trail dedication.
- Initiated idea of Lighted School Program known as Community Matters with City and School District to serve area where crime was increasing.
- Initiated and completed 2012 ADA Transition Plan.
- Partnering with the Y to offer special recreation programs.
- Partnering with Human Kinetics for open space use.
- Building a \$6 million recreation center.
- Served as chair of the County-wide Greenways and Trails committee

City Administrator City of Farmer City November 1999-January 2001 Farmer City, Illinois (Pop. 2,000)

Responsibilities: Served as Chief Administrative Officer for a full service city and reported to a 7 member elected City Council. Had direct responsibility for all City Departments including Parks, Emergency Rescue, Police, Water and Sewer, Electricity, Finance, City Clerk and Public Works upon my return to Illinois. Supervised parks, pool, fairgrounds and contractual legal and engineering. Year round staff of 20 fulltime and 12 year round part-time and operating budget of approximately \$6 million. (Contracted fire services).

Achievements:

- Created first summer recreation program serving 120 youth by working through the University of Illinois Cooperative Extension Service and establishing a citizen's advisory committee.
- Trained aquatic staff and created facility use manual.
- Bid out concessions for pool and ballfields.
- Worked with City Council and residents to change to City Manager form of Government.
- Shifted electrical plant staff responsibilities to street maintenance during times we were not generating electricity.
- Created agreements with nearby towns, which were utilizing paramedic services to help offset costs.
- Remodeled City Hall meeting room, purchased emergency response vehicle, balanced budget, worked with 2 City Tif Districts and Tif Review Board, made street repairs, etc.
- Hosted national BMX tournament in local park.
- Hosted downtown Main Street programs such as antique car shows, antique shows and hot car shows.
- Managed lease for City owned Fairgrounds.
- Began municipal recycling program.
- Worked with residential Tif program.
- Bid banking services.
- Managed electric generation and supply,
- Managed water and wastewater plants.

CITY MANAGER

July 1993– October 1999 City of Palm Beach Gardens, Palm Beach Gardens, Florida (Pop. 33,824/40,000 seasonal)

Responsibilities: Served as City Manager of a full service City of 54 square miles and as such reported to a 5 member City Council. Had responsibility for all City Departments including Police, Fire-Rescue, Parks and Recreation (including a Municipal Golf Course), Growth Management (Building, Planning and Zoning and Code Enforcement), Finance and contractual Legal and Engineering services. Indirectly supervised 348 full time employees. Worked with citizen advisory boards and tasks forces. Served as Chairman of Seacoast Utility Authority providing potable and reclaimed water and wastewater services to a 5-member consortium of cities and unincorporated County areas. The following list highlights major achievements by our staff team during the timeframe of 1993 to 1999.

Citizen Participation

- Initiated and oversaw a successful \$19.1 million General Obligation Bond Referendum for a new City Hall, police station, park development and renovation of a fire station.
- Created City "VISION" and strategic planning process through citizen participation.
- Worked with citizen advisory boards including Art, Education, Planning and Zoning, Beautification and Environmental, Code Enforcement, Parks and Recreation and Neighborhood Initiative Task Force to effectuate art in public places programs, art impact fees, code and land development regulations, recognition programs, park development and neighborhood infrastructure improvements.
- Initiated citizen response teams, one stop complaint center and volunteer programs.
- Initiated Inclusion programs for residents with disabilities to participate in recreation programs, Police Athletic Leagues (PAL), Truancy Interdiction, DARE and GREAT.

- Celebrated 35th City anniversary.
- Established neighborhood signage/recognition/programs.

Finance

- Achieved the Government Finance Officers Association Certificate for Excellence in Financial Reporting (FY 1995, 1996, 1997, 1998, 1999) and Distinguished Budget Presentation Awards (FY 1996, 1997, 1998, 1999).
- Maintained a 4.06 mil-operating budget (10 mil cap) and combined debt service of .4 mils in a community with and an assessed value of approximately \$3.5 billion.
- Competitively bid bond underwriting, trash, vegetation and yard waste removal franchise, golf course management as well as various City contracts and services, created and then renegotiated telecommunications franchises.
- Applied for and received grants for city services with a projected income of \$3,676,430 for FY 99.
- Initiated compressed natural gas (CNG) program for city vehicles, garbage haulers and police cars.
- Initiated highway off ramp naturalized plantings and trees through state grant process.

Long Range Planning

- Negotiated purchase and received funding for the purchase of a 122-acre park site through local, county and state funding.
- Negotiated purchase of land for additional parks, storage facility area, police substations, park-school land dedication and negotiated future fire station and public works sites.
- Developed a future land use plan and growth boundaries for efficient service during a period of rapid growth.
- Created protective zoning overlay for City's "main street" corridor.
- Redesigned vehicle "flyover' to be pedestrian friendly along PGA Blvd.-the main street of the community.
- Redesgined PGA Blvd. building setbacks and meandering trail/sidewalk.
- Worked with developers through 3 building moratorium for the purpose of catching up municipal services.

Personnel

- Administered 2 inherited Consent Decrees with the United States Department of Justice for prior hiring practices achieving a 15% of total Department goal of minority police officers. (Closed out 5 year Consent Degree for discrimination in hiring females and African Americans in the Police Department in 4 years.)
- Wrote a new Personnel Policy Code.
- Implemented Total Quality Leadership Program, Team Awards and Labor Management meetings.
- Worked with 4 bargaining units as well as non-bargaining staff. Implemented interest based bargaining techniques.
- Implemented a master plan for computer technology for all city departments, providing for intranet service through the use of fiber optic cabling and Internet accessibility.

Public Safety

- Created Fire-Rescue Department by adding basic and emergency medical services and equipping engines as well as emergency rescue vehicles with automatic defibrillators.
- Received National Police Department Accreditation.

- Implemented Community Policing, bicycle patrols for police and K-9 units and paramedics on bikes for community events.
- Maintained a 4 minute response time for police and fire service calls.
- Implemented use of Compressed Natural Gas (CNG) program through grant funding for City owned vehicles to improve air quality and reduce operational costs.
- Implemented an 800 MHz trunked public safety communication system through contractual arrangements.
- Worked with consortium of communities and special districts to apply for and implement National Pollution Discharge Elimination (NPDES) Permit requirements.
- Certificate for Outstanding Municipal Recycling Participation from Solid Water Authority.

Parks and Recreation

- Maintained a nature preserve and tortoise sanctuary.
- Built \$1.5 million tennis facility with 8 clay courts.
- Created art impact fee/donation and sculpture/art walk.
- Acquired 120 acres of land through a lease/purchase with the MacArthur Foundation
- Built 11-field soccer complex.
- Built 8 field ball diamond complex
- Worked out an agreement with the EPA for discovered chemical removal from new park site.

Acting City Manager May 1993-July1993 City of Palm Beach Gardens, Florida

Responsibilities: Filled in for retiring City Manager while national search for City Manager was held.

DIRECTOR OF PARKS AND RECREATION February 1992- April 1993 City of Palm Beach Gardens, Florida

Responsibilities: Responsible for the overall operation of a Gold Medal Award winning department. Direct supervision of thirteen full time staff with an operating budget of \$800,000 plus \$600,000 program fund and approximately \$1 million capital fund. Responsible for the supervision and operation of two community centers, a municipal pool, two year round sports complexes, golf course, programs and park and facility maintenance.

- Attained certification as Florida Recreation and Parks Professional.
- Built in line skating facility for league play.
- Implemented lottery and computer generated registration.
- Obtained Audubon Golf Course Certification.
- Managed Golf Course wetlands and environmentally sensitive areas.
- Managed tortoise preserve in conjunction with elementary school benefitting developers required to relocate tortoises and benefiting school children and the turtles.
- Sponsored major special events with attendance from 4,000-30,000 including "Bop till You Drop", Gardens Art Program and 11th largest juried Art Fair in the country, state baseball and softball tournaments, Crafts Fairs and "Battle of the Wings", (a restaurant contest).

ASSISTANT DIRECTOR OF PARKS AND RECREATION (PREVIOUSLY SUPERINTENDENT OF RECREATION AND PREVIOUS TO THAT PROGRAM COORDINATOR) 1973-1992

Urbana Park District, Urbana, Illinois

Responsibilities: Responsible for planning, organizing and administering a diversified recreation program for a community of 33,000 residents. Responsible for overseeing the development and operation of Thornburn Community Center (80,000 annual visitors), the planning and operation of the Anita Purves Nature Center (20,000 annual visitors), Crystal Lake Pool Complex (22,000 seasonal visitors) and the Lake House meeting facility, café and boat rental operations (22,000 annual visitors). Responsible for 22 full time and approximately 150 part-time and volunteer staff.

- Implemented a Special Recreation Program for residents with disabilities and achieved the National Park and Recreation Gold Medal Award.
- Started Women's Business Council served as Chair and Downtown Urbana Promotional Committee Chair.
- Started Dance Arts program.
- Worked with committee to replace Crystal Lake Pool, build the Lake House and build the Anita Purves Nature Center.
- Worked on long-range master planning process.
- Started as preschool instructor and then Program Coordinator in several different specialty areas up through Superintendent of Recreation after which title was changed to Assistant Director of Parks and Recreation when capital improvement responsibilities were assumed.
- Certified Leisure Professional.

PROGRAM COORDINATOR

1973-1978

Urbana Park District, Urbana, Illinois

Responsibilities: Held different titles as responsibilities changed including Aquatics, sports, neighborhood and environmental programs and senior programs.

• Operated Thornburn Recreation Center including the Environmental Awareness Center, Pottery Club, senior center and adult and youth recreation programs.

EDUCATIONAL BACKGROUND

Master of Public Administration (M.P.A.) Governor's State University Park Forest, Illinois

Bachelor of Science: Parks and Recreation Minor: Social Science University of Illinois Urbana-Champaign, Illinois

Executive Development School, Indiana University

Western Resources Revenue Management School, National Park and Recreation Association

NRPA Certified CAPRA Evaluator

Certified Freedom of Information Officer-Sate of Illinois Certified Open Meetings Act-State of Illinois Illinois Distinguished Accreditation Agency

Several courses in fundraising, Indiana University School of Philanthropy

PROFESSIONAL MEMBERSHIPS

Illinois Parks and Recreation National Parks and Recreation Association Florida Parks and Recreation Association (previous) International City/County Management Association, Illinois and Florida City Management Associations (previous) Florida Municipal League (previous) Illinois Municipal League (previous) 40 North/88 West Champaign County Arts Council Founding Board member Champaign County Convention and Visitor's Bureau former Board Chair **Champaign Rotary** 2012-13 C-U Optimist Club Current Vice Chair University of Illinois Alumni Association NAACP member American Trails Association member LeisureVision Advisory Committee member 2011 University of Illinois Arboretum Advisory Board member 2008-2013 Champaign County Greenways and Trails Chair, 2012-2013 University of Illinois, Recreation, Sport and Tourism Advisory Committee, 2010-2013 IAPD/IPRA Joint Legislative Committee, 2008-2014

Awards

2013 Illinois Association of Park Districts Honored Professional Award 2011 Joseph J. Bannon Practitioner Award 2008 Chosen as "Most Distinguished Woman in Champaign County You Should Know" Downtown Urbana Business Leaders Award Certified Leisure Professional (Florida, Illinois and National accreditation previously, being first guinea pig for NRPA certification) 2008 Certificate of Appreciation, Champaign County Visitor's Bureau 2007 Economic Development Impact Award from the University of Illinois and the Academy of Entrepreneurial leadership 2006 Certification of Appreciation, Champaign County Alliance 2003 Illinois Park and Recreation Association Programming Award 1999 Awarded Certificate of Appreciation from Palm Beach Gardens Police Department 1999 Awarded Key to the City in Palm Beach Gardens, Florida-Accreditation initiative 1999 Awarded Certificate of Appreciation from Palm Beach Gardens Fire Department-migrant worker's initiative YWCA Achievement Award for Leadership Vercelli-Frazier Young Award for Continuing Education

Presentations/Publications/Professional Involvement

Chair Champaign County Greenways and Trails Committee, 2013 Succession Planning, Illinois Parks and Recreation Magazine, 2013 Balanced Decision Making, Illinois Parks and Recreation Conference presentation, 2012 Developing Your Advocacy Skills, 34th Annual Legislative Conference, 2012 Community Recreation-Why it is the Best, University of Illinois Student Forum, 2011and 2012 *Living at Meadowbrook Park*, a publication of the Urbana Parks Foundation, 2010 KaBoom or a Case of Goose Bumps, IPRA submitted for publication Surveys- Needs Assessment. National Parks and Recreation Congress, 2010 Current member of the Illinois Association of Park Districts and Illinois Parks and Recreation Association Joint Legislative Committee, 2007-2014 Universal Design, IPRA Annual Conference Presentation, 2009 A Decade of Excellence, Champaign Park District Strategic Plan, 2005-2015 Strategic Planning Presentation and Workshop, Environmental Education Association of Illinois, 2007 Ethics, Values and Standards, Florida City Management Retreat, 1999 Chair Seacoast Utility Authority, 1996, 1997, 1998 OUR VISION: A Strategic Plan, Palm Beach Gardens, Florida, 1998 What a City Manager wants to see in their Parks and Recreation Director, FRPA Annual Conference, 1997 A Case Study: A Personnel Program for the City of Palm Beach Gardens, Florida, 1997 Parks and Recreation for the Year 2000-Background for Planning, Urbana, Illinois, 1991 Illinois Parks and Recreation Board member several terms Chair IPRA Mid Year Forum several times in the 1990's Strike Out-Illinois Parks and Recreation magazine concerning Park District's response to Teacher's Strike, 1993 Teenage Leisure Time Activity Preferences, 1989 Governor's State University on behalf of the

Urbana Park District

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE TYPE OR PRINT IN BLACK INK

| NAME:ROBINHALL | |
|--|--------|
| ADDRESS: 405 N. ABRBY ROAD URBANA, ILL 61802 | |
| Street City State Zip Code | |
| EMAIL: RK41@concest. Net PHONE: <u>217 621-4317(cbl)</u> 217 367-1830(40042) | |
| Check Box to Have Email Address Redacted on Public Documents | |
| NAME OF APPOINTMENT BODY OR BOARD: (WAMPAIGN COUNT FORBET PARENENE DISTRI | α |
| BEGINNING DATE OF TERM: JULY 1, 2014 ENDING DATE: JUNE 30, 2019 | |
| The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION. | |
| 1. What experience and background do you have which you believe qualifies you for this appointment/ reappointment? | |
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| 2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role? |) |
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| 3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees? | |
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3 (CONTR) GABBRATIONS AND FINANCIAL ACTIVITIES AND STUATION OF THUS DISTRICT.

| 4. | Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) \Box Yes \mathbf{X} No If yes, please explain: |
|----|---|
| | |
| | Would you be available to regularly attend the scheduled meeting of the appointed body? |
| | e facts set forth in my application for appointment are true and complete. I understand this application is a ument of public record that will be on file in the County Board Office. |

Signature MAY 18, 2014 Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE TYPE OR PRINT IN BLACK INK

| NAME: Dr. Michael R Ruffetho | | ······ | |
|---|--|----------------------|--------------------------|
| ADDRESS: 1202 Hannington Dr. | <u>Champ</u> City | J L State | <u>61821</u> Zip Code |
| EMAIL: Mikenuffatto@gmail.com | PHONI | E: <u>217-351-</u> | 6388 |
| Check Box to Have Email Address Redact | ed on Public Do | ocuments | |
| NAME OF APPOINTMENT BODY OR BOARD: | hampargn (| County Board | of Health |
| NAME OF APPOINTMENT BODY OR BOARD: $($ BEGINNING DATE OF TERM: $() y l, 201$ | <u>4 </u> | NDING DATE: <u>J</u> | une 30, 2017 |
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The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

1. What experience and background do you have which you believe qualifies you for this appointment/ reappointment?

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2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?

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| | | the Krith of our citizens we have accomplished |
| this goal | | |

3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?

the knowledge of those things that have been meeting that I have attended DUSY

4. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) X Yes No If yes, please explain:

| My | wife 1 | is the | dentist | For | CUTHD | | | |
|----------|--------|---------------|---------|---------|------------------|------------|---------|--|
| | | | | | | | | |
| • | | - | - | schedul | ed meeting of th | e appointe | d body? | |
| Yes 🕅 No | If no | , please expl | ain: | | | | | |
| ······ | | | | | | | | |
| | | | | | | | | |

The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.

<u>Muo R. Rullo Duz</u> Signature <u>4/16/14</u> Date

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P. 002

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE TYPE OR PRINT IN BLACK INK

| NAME:John A. Peterson, MD |
|--|
| ADDRESS: 702 West Pennsylvania Avenue Urbana, Illinois 61801 |
| Street City State Zip Code |
| EMAIL: peterson@shout.net PHONE:217.344.5338 |
| Check Box to Have Email Address Redacted on Public Documents |
| NAME OF APPOINTMENT BODY OR BOARD: Champaign County Board of Health |
| BEGINNING DATE OF TERM: 07/2014 ENDING DATE: |
| The Chempsign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION. |
| What experience and background do you have which you believe qualifies you for this appointment/ reappointment? |
| Reappointment. I am currently therlongest serving member of the Board, |
| serving as Treasurer. I am by training and practice an active public health |
| physician, |
| |
| |
| 2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role? |
| Our role is to represent the public and to oversee the administration |
| of the public health duties of the County. |
| · · · · · · · · · · · · · · · · · · · |
| |
| |
| What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees? I serve as current Treasurer. |
| |
| } |
| |
| |
| |
| |

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4. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes X No If yes, please explain:

5. Would you be available to regularly attend the scheduled meeting of the appointed body?

Yes $\chi \chi$ No If no, please explain:

| The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office. |
|--|
| Signature |
| <u>May 19, 2014</u> Date |

3006 Valleybrook Drive Champaign IL 61822-6114 (217)356-3893 <u>efpalenci@gmail.com</u> 14 April 2014

Alan Kurtz, Chair County Board Brookens Administrative Center 1776 Washington Street Urbana IL 61802

Dear Mr. Kurtz:

I am applying for a second term on the Champaign County Developmental Disabilities Board.

I did not expect the learning curve for my first term to be quite so steep. The complexity and interdependence of the issues regarding support for people with disabilities is daunting. However, I have learned a great deal and feel that if I am given a second term, my effectiveness on the board can only increase. These are interesting times, with many changes and challenges ahead for service providers. I would like to help set our course as a community as we debate the best use of our resources.

Our son lived at home for twenty-eight years before he was ready to move into a more independent life. He is thirty-six now, settled in a local group home and a day program with staff who understand his multiple mental and physical disabilities. I have not forgotten his ten years on the waiting list for a placement and am particularly interested in helping individuals and their families find good living situations with opportunities for growth towards independence.

I also serve on the county Rural Transportation Advisory Group as a disabilities advocate. The two posts complement each other.

Sincerely,

Elaine Fowler Palencia

Elaine Fowler Palencia

Enc

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE TYPE OR PRINT IN BLACK INK

Elaine Fowler Palencia NAME: <u>61822-6114</u> Zip Code ADDRESS: 3006 Valleybroo rive, Champaign State (217)356-3897etpalenci@gmail.com EMAIL: PHONE: Check Box to Have Email Address Redacted on Public Documents MENT BODY OR BOARD: Champaign County Developmental Disabilities NAME OF APPOINT ENDING DATE: 2017 **BEGINNING DATE OF TERM:** The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

1. What experience and background do you have which you believe qualifies you for this appointment/ reappointment?

I was along-time member of two advocacy groups term. Before serving my As the parent of a 36-year-old son with severe mental isa , and social service. have heartiated medical, educational As an author, T have published and lectur ounty nam As a CC DDB member, I have deal about agreat on disabilities issues. learned 2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role? CCDD Board members must make hard financial decisions regarding country Iam committed to familiarizing myself with ities tor people with statewide, and nationally as Champaign County tries to both locally tor those currently unserved recipients and to make noom Serve Current Underserved. Board members must listente citizens, be open to innovation, SUPPON advocate for "best practices," and lead rather than follow on expanding 3. What is your knowledge of the appointed body's operations, specifically property holdings and management, of for individue staff, taxes, fees? and famil the annual ications tor funding very closely and have how they und's they r understand the staff and tr of many allestions to keep rom Funding practices local, State Ing 5 Being a good tax h imbor -tant 10 9002+ number With Enhovat 1 1_ 1 _

4. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.)

| My son receives services from Developmental Services Center, I do not |
|---|
| personally see this as a conflict. The could not live in this community |
| if he did not receive those services, but I believe in encouraging a healthy |
| MIX of agencies and hope we can all act more to the area, 5. Would you be available to regularly attend the scheduled meeting of the appointed body? |
| Yes No If no, please explain: |
| |

The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.

<u>Elané Tourbr/Palencia</u> Signature <u>14 April 2014</u> Date

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CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE TYPE OR PRINT IN BLACK INK

| NAME: Barbara Jewett | | | | | |
|--|---|----------------------------|-------------------------------|--------------------------|--|
| ADDRESS: 1201 W France | s Dr. | Mahomet | ۱L | 61853 | |
| Street | | City | State | Zip Code | |
| EMAIL: | | PHONE: | 217-586-6 | 778 (home) | |
| Check Box to I | Have Email Address Red | | | | |
| NAME OF APPOINTMENT | BODY OR BOARD: _ | Developmental Disa | bilities Boar | d | |
| BEGINNING DATE OF TER | RM: | EN | DING DATE | .: | |
| The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION. | | | | | |
| 1. What experience and backg reappointment? | round do you have which | h you believe qualifie | s you for this | appointment/ | |
| I am the parent of a young man | (age 21) with Down syn | drome and autism. B | ecause my so | on attends a residential | |
| school out of state and I have n | elatives who work in this | field in other states, I | have a broad | d perspective | |
| of possibilities for people living | with a developmental dis | sability. In addition, I h | ave observed | d operations at nearly a | |
| dozen CILAs and day programs | in Illinois and elsewhere | e which also provides | depth. I parti | cipate in seminars, | |
| trainings, and forums. I can brin | ig fresh perspective to th | e Board in this time o | f system chai | nge at the state level. | |
| | 2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role? | | | | |
| DD Board members are not | only the stewards of ta | expayer money, they | / must also \ | work with Board staff | |
| to ensure that the money is spent for best return on investment, i.e. provides meaningful services for the people the money is intended to help. To develop comprehensive services my role would be to carefully review information from staff, participate in information-gathering when requested, help set policies and strategic goals, and make informed votes on matters before the Board. Equally important, I would listen to taxpayers and DD/ID clients to make sure the board is responsive to their wishes. I can read financial statements, and have over 30 years of public relations experience. | | | | | |
| What is your knowledge of staff, taxes, fees? By attending Board meetings statutes, I know the DD Boar intellectual and development | , meeting with staff, th d sets specific strategi | e DD Board website | e, and reviev assisting Co | wing the state | |

These goals are met primarily through allocating millions of dollars each year through a grant system. Revenue is generated through a property tax approved by voter referendum. Although state statute allows for property holdings, the DD Board currently does not.

| 4. | Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are |
|----|--|
| | selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is |
| | only intended to provide information.) Yes XNo If yes, please explain: |
| | |
| | |

5. Would you be available to regularly attend the scheduled meeting of the appointed body?

| Yes 🔀 No 🗌 If no, please explain: | |
|---|--|
| | |
| | |
| The facts set forth in my application for appointment document of public record that will be on file in the Co | are true and complete. I understand this application is a unty Board Office. \bigwedge |
| | |

Date

Eebruary 6, 2014

37

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE TYPE OR PRINT IN BLACK INK

| NAME: | Deborah (Debbie) Curtin | | | |
|----------------------------------|---|---|------------------------|--|
| ADDRES | 705 Hillside Dr. | Mahomet | IL | 61853 |
| | Street | City | State | Zip Code |
| EMAIL: | deb_curtin@aol.com | PHONE: | 217-493-4 | \$810 |
| .** _** | Check Box to Have Email Address R | edacted on Public Docu | | |
| NAME O | F APPOINTMENT BODY OR BOARD: | Champaign County | Disability B | oard |
| BEGINNI | NG DATE OF TERM: | ENI | DING DAT | E: |
| your back complete CONSIDE | paign County Board appreciates your inte ground and philosophies will assist the of the following questions by typing or RED FOR APPOINTMENT, OR REAPP S APPLICATION. | County Board in estable legibly printing your | lishing your response. | qualifications. Please IN ORDER TO BE |
| | experience and background do you have wh intment? | ich you believe qualifie: | s you for this | s appointment/ |
| Please see | | | | |
| out the | lo you believe is the role of a trustee/comr responsibilities of that role? ee attached. | nissioner/board member | r and how d | o you envision carrying |
| staff, ta | s your knowledge of the appointed body's ixes, fees? e attached. | operations, specifically | property hol | dings and management, |
| | · • | | | |

| 4. | Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes No If yes, please explain: |
|----|---|
| | |
| | Would you be available to regularly attend the scheduled meeting of the appointed body? |
| | · |

The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.

<u>Debbii Cuchin</u> Signature <u>31 Jun 2014</u> Date

CCDDB - Board member application: D. Curtin

1. What experience and background do you have which you believe qualifies you for this appointment/ reappointment?

I have 2 adult children with developmental disabilities at home one of which has specialized need, additionally I am POA for my sister who has resided in a local CILA for over 25 years. Both of my children are part of the Ligas class action and received their award letters in Oct 2012. I have engaged with the Ligas compliance monitor, DHS officials, and local state Senators to assist me in dealing with the State's inadequate Ligas implementation plan. Additionally I represent a group of Mahomet parents with children w/DD diagnoses who will be aging out of the school system over the next couple of years and will need support; I am currently working with local providers to bring support services to our local community. As the Ligas implementation continues the lack of capacity (beds, specialized support and day services) is going to worsen. As a parent I understand the frustration of not being able to provide for my children according to the intent of Ligas; because I have worked with providers for years I understand the challenges they face especially in light of the States financial crisis. I feel my experience speaks for itself in determining my qualifications.

2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?

I believe the role of a board member is to work effectively with other Board members to assess and prioritize the needs of DD community fairly and objectively. I also recognize the importance of a good solid working relationship with the CCDDB/MHB staff and Executive Director. CCDDB members are / should be responsible for identifying current program and services, but look towards the future for how to meet the needs in a resource-challenged environment. Advocacy should also be an element of responsibility for a board member.

3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?

I understand that the CCDDB falls under the auspices of the Champaign County Board along with the Mental Health Board/organizational structure. Although the revenue stream comes from the local taxing bodies via property taxes, I believe the Board will have to look towards identifying other funding sources/resources such as volunteerism, donation, and Federal grants. The Board has established and executed policies and procedures to assure fiscal accountability for the effective and efficient execution of the budget in such a manner to meet program needs while meeting the challenges of the State's funding crisis. The Board should exam current policies and procedures to ensure they are adequate to meet current challenges to adequately meet the needs especially as Ligas implementation moves forward.

<u>Champaign County Developmental Disability Board</u> Appointment Request: For the term beginning July 1, 2014

Debra A. Ruesch 4416 Southford Trace Drive, Champaign, IL 61822 Home Phone: 217 355-7908; Cell: 217 493-6463; E-Mail: <u>debruesch@comcast.net</u>

1. What experience and background do you have which you believe qualifies you for this appointment?

I am the mother of two children with developmental disabilities. My son, Michael Ruesch, passed away at age 7 and I am the co-guardian of a 25-year old son, Daniel Ruesch, who has autism. Although my husband has been a strong advocate for both Michael and Daniel, in recent years that role has primarily become mine. Daniel is a delightful young man with certain charm and a world-class smile, but he is non-verbal. As he is unable to champion himself, I have been his voice, navigating the educational, governmental and legal systems on his behalf. In a professional capacity, as a speech-language pathologist, I have extensive experience serving individuals with communication disorders. I have worked primarily with school-aged children. Focus has been on evaluation and treatment of speech and language deficits, which so often occur concurrently with developmental disabilities and/or mental health issues.

2. What do you believe is the role of a board member and how do you envision carrying out the responsibilities of that role?

The role of the board members is to gain a broad understanding of the many areas of need in the Champaign County disabilities community, to carefully consider the identified needs, and to strive to use allocated funds as wisely and effectively as possible to address those needs. I believe the adage that a society should be judged by the way it treats its weakest, most vulnerable members. So, board members should be the best advocates they can be for the un-served and under-served in our disabilities community.

3. What is your knowledge of the appointed body's operations, specifically property holdings management, staff, taxes, fees

I have just recently become familiar with the workings of the CCDDB, so my knowledge base is limited. But, I've been attending meetings, networking with other individuals who are involved with the disabilities community, including those receiving or seeking services, their parents/guardians/advocates, board members and service providers. I want to learn and serve.

4. I can think of no relationship or other reason that might possibly constitute a conflict of interest if I am selected to serve on the CCDD Board.

5. I will be available to regularly attend the scheduled meetings of the CCDD Board.

Sincerely, Debra A. Ruesch May 23, 2014



Gordy Hulten Champaign County Clerk Champaign County, Illinois

1776 East Washington Street Urbana, IL 61802 Email: mail@champaigncountvclerk.com Website: www.champaigncountyclerk.com

Vital Records: (217)384-3720 (217)384-3724 (217)384-1241 Elections: Fax: (217)384-8601 TTY:

COUNTY CLERK MONTHLY REPORT MAY 2014

| Liquor Licenses & Permits | 120.00 |
|---------------------------|-----------|
| Civil Union License | 140.00 |
| Marriage License | 10,920.00 |
| Interests | 25.44 |
| State Reimbursements | - |
| Vital Clerk Fees | 23,880.50 |
| Tax Clerk Fees | 2,665.00 |
| Refunds of Overpayments | 5.05 |
| TOTAL | 37,755.99 |
| Additional Clerk Fees | 1,548.00 |

SEMI-ANNUAL REPORT MAY 2014

| Liquor Licenses & Permits | 1,228.00 |
|---------------------------|------------|
| Civil Union License | 630.00 |
| Marriage License | 34,290.00 |
| Interests | 98.37 |
| State Reimbursements | - |
| Vital Clerk Fees | 126,488.40 |
| Tax Clerk Fees | 34,662.04 |
| Refunds of Overpayments | 344.42 |
| | |

TOTAL

Additional Clerk Fees

8,758.00

State of Illinois)) SS

Champaign County)

I, Gordy Hulten, do solemnly swear that the foregoing account is in all respects true, according to the best of my knowledge and belief; and that I have neither received nor directly or indirectly agreed to receive, or be paid for my own or another's benefit, any other money, article or consideration than therein stated, nor am I entitled to any fee or emolument for the period therein mentioned, other than those therein specified.

Signed this 2nd day of June, A.D. 2014

GORDY HUL/FN Champaign County Clerk



CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

1776 East Washington Street, Urbana, Illinois 61802-4581

ADMINISTRATIVE, BUDGETING, PURCHASING, & HUMAN RESOURCE MANAGEMENT SERVICES

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Deb Busey, County Administrator

ADMINISTRATIVE SERVICES – MONTHLY HR REPORT <u>MAY 2014</u>

VACANT POSITIONS LISTING

| FUND | DEPT | POSITION TITLE | HOURLY RATE | REG HRS | REGULAR SALARY | FY 2014 HRS | FY 2014 SALARY |
|------|------|----------------------|-----------------------|------------|-------------------|-------------------|-------------------|
| | | FOSITION TITLE | NAIL | 11110 | JALANI | | - OALANT |
| 00 | 40 | | *••••••••••••• | 4050 | A 44 700 00 | 0400 5 | |
| 80 | 16 | HR GENERALIST | \$21.40 | 1950 | \$41,730.00 | 2122.5 | \$45,421.50 |
| 80 | 22 | EXECUTIVE ASST | \$14.10 | 1950 | \$27,495.00 | 2122.5 | \$29,927.25 |
| 80 | 30 | LEGAL CLERK | \$11.86 | 1950 | \$23,127.00 | 2122.5 | \$25,172.85 |
| 80 | 30 | PT LEGAL CLERK | \$11.86 | 1040 | \$12,334.40 | 1132 | \$13,425.52 |
| 80 | 40 | CLERK | \$11.86 | 1950 | \$23,127.00 | 2122.5 | \$25,172.85 |
| 80 | 41 | ASST STATE'S ATTY | \$24.45 | 1950 | \$47,677.50 | 2122.5 | \$51,895.13 |
| 80 | 71 | PT CUSTODIAN | \$10.47 | 1040 | \$10,888.80 | 1132 | \$11,852.04 |
| 80 | 77 | ASSOCIATE PLANNER | \$18.38 | 1950 | \$35,841.00 | 2122.5 | \$39,011.55 |
| 80 | 140 | CORRECTIONAL OFCR | \$18.85 | 2080 | \$39,208.00 | 2264 | \$42,676.40 |
| 80 | 140 | CORRECTIONAL OFCR | \$18.85 | 2080 | \$39,208.00 | 2264 | \$42,676.40 |
| 80 | 140 | CORRECTIONAL OFCR | \$18.85 | 2080 | \$39,208.00 | 2264 | \$42,676.40 |
| 80 | 140 | CORRECTIONAL OFCR | \$18.85 | 2080 | \$39,208.00 | 2264 | \$42,676.40 |
| 80 | 140 | MASTER CONTROL OFCR | \$11.86 | 2080 | \$24,668.80 | 2264 | \$26,851.04 |
| 80 | 140 | PT MASTER CNTRL OFCR | \$11.86 | 1040 | \$12,334.40 | 1132 | \$13,425.52 |
| 80 | 141 | LEGAL SECRETARY | \$13.96 | 1950 | \$27,222.00 | 2122.5 | \$29,630.10 |
| 80 | 141 | LEGAL SECRETARY | \$13.96 | 1950 | \$27,222.00 | 2122.5 | \$29,630.10 |
| 83 | 60 | SENOR ENGINEER | \$24.45 | 2080 | \$50,856.00 | 2264 | \$55,354.80 |
| 91 | 247 | ANIMAL CNTRL WARDEN | \$14.97 | 2080 | \$31,137.60 | 2264 | \$33,892.08 |
| 850 | 111 | BUS SYS ANALYST | \$24.45 | 1950 | \$47,677.50 | 2122.5 | \$51,895.13 |
| 000 | 111 | BOO OTO ANALI OT | φ24.40 | 1900 | ψ47,077.30 | 2122.0 | ψυτ,080.13 |
| | | TOTAL | \$315.29 | | \$600,171.00 | | \$653,263.06 |

UNEMPLOYMENT REPORT

| Notice of Claims received - 24 total | Employer Protests Filed – 7 total |
|--------------------------------------|-----------------------------------|
| Head Start – 15 | Head Start - 1 |
| Nursing Home – 8 | Nursing Home - 3 |
| RPC/WIA – 1 | RPC/WIA - 1 |
| | Statement of Benefit Charges - 1 |
| | |

 $\frac{\text{Benefit Determinations - 9}}{\text{Nursing Home Denied - 2}}$ $\frac{1}{\text{Nursing Home Allowed - 6}}$ $\frac{1}{\text{Head Start Allowed - 1}}$

Notice of Telephone Hearing - 4 Nursing Home - 4

PAYROLL REPORT

MAY PAYROLL

| | 5/2/2014 | | | 5/ | /16/2014 |
|----------------|------------------|---------------------------|----------|-----|---------------------------|
| | | | E | E's | |
| Pay Group | <u>EE's Paid</u> | <u>Total Payroll \$\$</u> | <u>P</u> | aid | <u>Total Payroll \$\$</u> |
| General Corp | 502 | \$909,075.81 | 4 | 98 | \$892,696.04 |
| Nursing Home | 198 | \$225,682.57 | 2 | 201 | \$230,040.41 |
| RPC/Head Start | 220 | \$273,961.84 | 2 | 21 | \$272,998.88 |
| Total | 920 | \$1,408,720.22 | g | 20 | \$1,395,735.33 |

| | - 10 0 10 0 1 1 | | | |
|----------------|-----------------|---------------------------|--|--|
| | 5/30/2014 | | | |
| Pay Group | EE's Paid | <u>Total Payroll \$\$</u> | | |
| General Corp | 502 | \$889,310.36 | | |
| Nursing Home | 202 | \$228,044.74 | | |
| RPC/Head Start | 220 | \$269,070.68 | | |
| | | | | |
| Total | 924 | \$1,386,425.78 | | |

HEALTH INSURANCE/BENEFITS REPORT

May, 2014 Total Number of Employees Enrolled: 735 <u>General County Union</u>: Single 220; EE+spouse 26; EE+child(ren) 66; Family 33; waived 40 <u>Nursing Home Union</u>: Single 70; EE+spouse 7; EE+child(ren) 10; Family 2; waived 7 <u>Non-bargaining employees</u>: Single 119; EE+spouse 31; EE+child(ren) 31; Family 20; waived 53 Life Insurance Premium paid by County: \$1,876.55 Health Insurance Premium paid by County: \$361,101.60 Health Reimbursement Account contribution paid by County: \$20,423.00

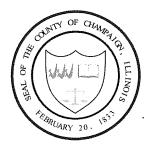
TURNOVER REPORT

Turnover is the rate at which an employer gains and loses employees. To get the best picture for turnover the calculations are based on rolling year averages.

General County May 2014 : 6.14% May 2014 : 2 out of 578 Employees left Champaign County

ADMINISTRATIVE SUPPORT to COUNTY BOARD REPORT

| Agendas Posted | 14 | Meetings Staffed | 11 | Minutes Posted | 10 |
|---------------------|----|-----------------------------|----|---------------------|----|
| Appointments Posted | 35 | Notification of Appointment | 2 | Contracts Posted | 3 |
| Calendars Posted | 5 | Resolutions Prepared | 21 | Ordinances Prepared | 0 |
| | | | | | |



CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

1776 East Washington Street, Urbana, Illinois 61802-4581

ADMINISTRATIVE, BUDGETING, PURCHASING, & HUMAN RESOURCE MANAGEMENT SERVICES

Deb Busey, County Administrator

<u>Memorandum</u>

| TO: | James Quisenberry, Deputy Chair of Policy, Personnel & Appointments; |
|-------|--|
| | Christopher Alix, Deputy Chair of Finance; |
| | And MEMBERS of the CHAMPAIGN COUNTY BOARD |
| FROM: | Deb Busey, County Administrator, and Job Content Evaluation Committee |
| DATE: | May 29, 2014 |
| RE: | REVIEW and RECOMMENDATION for COUNTY CLERK – DIRECTOR OF TRAINING |

Pursuant to direction from the Policy, Personnel & Appointments Committee of the Whole on May 13, 2014, the Job Content Evaluation Committee has met to review the County Clerk's recommendation to eliminate the current position of Executive Assistant and create the position of Director of Training.

REPORT:

The Job Content Evaluation Committee reviewed the submitted position analysis questionnaire that had been completed and approved by County Clerk Gordy Hulten. The Committee was also provided with the proposed job description for the new Director of Training position. Mr. Hulten met with the Committee and explained the parameters and scope of responsibility for the new position in terms of additional management, training and supervisory responsibilities which will be incorporated in the new position – some of which, but not all, had been responsibilities of the Executive Assistant position. Based upon the information received, the Job Content Evaluation Committee has classified the Director of Training position as an FLSA Exempt position in Grade I. The Committee also recommends adoption of the Director of Training job description as presented by the County Clerk (included as an attachment to this Memorandum).

This is a non-bargaining unit position which is currently vacant because the previous Executive Assistant resigned as of March 10, 2014. The FY2014 hourly rates pursuant to the County's approved Salary Ranges for Grade Range I are \$21.40/hour/minimum, \$26.75/hour/mid-point, and \$32.10/hour/maximum.

REQUESTED ACTION for POLICY, PERSONNEL & APPOINTMENTS:

The Policy, Personnel & Appointments Committee recommends to the Finance Committee approval of classification of the County Clerk Director of Training position to Grade Range I.

REQUESTED ACTION for FINANCE:

The Finance Committee recommends to the County Board approval of the addition of Director of Training position in Grade Range I to the County Clerk staffing budget, and the elimination of the Executive Assistant position in Grade Range E from the County Clerk staffing budget.

Thank you for your consideration of this recommendation

cc: Gordy Hulten, County Clerk

attachments

CHAMPAIGN COUNTY SALARY ADMINISTRATION PROGRAM JOB CONTENT EVALUATION COMMITTEE REPORT

Date of Request:

May 13, 2014

ELIMINATION OF EXISTING POSITION & CREATION OF NEW POSITION

| Existing Position | | |
|------------------------------|---------------------|---------|
| Department Requesting: | County Clerk | |
| Position Title: | Executive Assistant | |
| Current Job Points: | 340 | |
| FLSA Status: | Non-Exempt | |
| Current Salary Range: | Grade Range E | |
| *Ranges effective for FY2013 | Minimum: | \$14.10 |
| | Mid-Point: | \$17.62 |
| | Maximum: | \$21.15 |

Job Evaluation Committee Recommendation:

New Position

| New Position Job Points | 717 | |
|------------------------------|----------------------|---------|
| Recommended Title: | Director of Training | |
| FLSA Status: | Exempt | |
| Recommended Salary Range: | Grade Range I | |
| *Ranges effective for FY2013 | Minimum: | \$21.40 |
| | Mid-Point: | \$26.75 |
| | Maximum: | \$32.10 |

Date of Job Evaluation Committee Recommendation:

May 29, 2014

Champaign County Job Description

| Job Title: | Director of Training |
|--------------------|----------------------|
| Department: | County Clerk |
| Reports To: | County Clerk |
| FLSA Status: | Exempt |
| Grade Range: | I |
| Prepared Date: | May 2014 |

SUMMARY Develops and conducts training programs for employees, Deputy Registrars, Election Judges and other election workers. Supervises the administration of the Champaign County Election Day pollbook software.

ESSENTIAL DUTIES and RESPONSIBILITIES include the following. Other duties may be assigned.

Trains or supervises the training of new and current employees in the elections, property tax, county board and vital records functions of the County Clerk's Office.

Formulates teaching outlines and determines instructional methods such as individual training, group instruction, lectures, demonstrations, meetings and workshops.

Selects or develops teaching aids such as training handbooks, procedure manuals, multimedia visual aids, computer tutorials and online instructions.

Conducts training sessions covering specified areas such as use of computers, software, customer service, interpersonal skills, quality and process issues and service knowledge.

Develops and administers tests of trainees to measure progress and to evaluate effectiveness of training. Conducts performance appraisals of probationary employees and presents evaluations to the County Clerk with recommendations to pass or fail probation.

Develops metrics to measure job performance and effectiveness of training of Election Judges and election workers.

Reports on the progress of employees under guidance during training periods. Maintains trainee records.

Confers with management, supervisors and employees to gain knowledge of work situations requiring training and to better understand changes in policies, procedures, regulations, business initiatives and technologies.

Acts as the Chief Deputy County Clerk in the absence of the Chief Deputy County Clerk.

Provides input and technical support necessary for the development and maintenance of Champaign County Election Day pollbook software and voter registration software. Provides the initial and on-going training of County Clerk personnel in the use of Election Day pollbook software and voter registration software.

Has knowledge and assists with interpretation of the National Voter Registration Act (NVRA-Moter Voter), Help America Vote Act (HAVA) and Illinois Election Code regarding voter registration and election administration rules and regulations and be aware of changing laws and procedures.

Evaluates voter registration and election procedures and recommends changes based on efficiency, technology and changing State and Federal requirements.

Performs any of the duties and responsibilities of the Deputy County Clerk position.

SUPERVISORY RESPONSIBILITIES Supervises the training of all new employees. Supervises the training and writes procedural manuals for all new software applications. Reports directly to the County Clerk on recommendations of employees passing or failing probation.

QUALIFICATIONS To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required.

EDUCATION and/or EXPERIENCE College degree or applicable experience or an acceptable combination required. Excellent computer, software, and writing skills and good interpersonal communication skills required. Experience speaking to and training groups required. Experience with online and/or technology based training preferred.

LANGUAGE SKILLS Candidate must have the ability to read, interpret, write and produce procedure manuals as required. Ability to write routine reports and correspondence and ability to speak effectively before customers or employees of the organization a must. Ability to professionally represent the office to outside agencies required.

MATHEMATICAL SKILLS Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.

REASONING ABILITY Ability to design instructions in written, oral, or diagram form. Ability to deal with problems involving several concrete variables in standardized situations.

CERTIFICATES, LICENSES, REGISTRATIONS As required.

PHYSICAL DEMANDS The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. While performing the duties of this job, the employee is frequently required to use hands to finger, handle or feel; talk; or hear. The employee is occasionally required to stand; walk; sit; reach with hands and arms; and stoop; kneel; or crouch. The employee must occasionally lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision, depth perception and ability to adjust focus.

WORK ENVIRONMENT The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Normal office conditions. The noise level in the work environment is quiet to moderate.

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<u>ISSUES REPORT – MAINTAINING OR ELIMINATING THE OFFICE OF ELECTED</u> <u>RECORDER IN CHAMPAIGN COUNTY</u>

STATUTORY AUTHORITY:

The Illinois Constitution – Article VII, Section 4(c) provides the following authority regarding elected county offices:

Each county shall elect a sheriff, county clerk and treasurer and may elect or appoint a coroner, recorder, assessor, auditory and such other officers as provided by law or by county ordinance. Except as changed pursuant to this Section, elected county officers shall be elected for terms of four years at general elections as provided by law. Any office may be created or eliminated and the terms of office and manner of selection changed by county-wide referendum. Offices other than sheriff, county clerk and treasurer may be eliminated and the terms of office and manner of selection changed by law. Offices other than sheriff, county clerk, treasurer, coroner, recorder, assessor and auditory may be eliminated and the terms of office and manner of selection changed by county ordinance.

The Illinois Compiled Statutes -10 ILCS 5/28-7 – provides the process for implementing a recommendation under Illinois Constitution Article VII, Section 4(c):

Sec. 28-7. In any case in which Article VII or paragraph (a) of Section 5 of the Transition Schedule of the Constitution authorizes any action to be taken by or with respect to any unit of local government, as defined in Section 1 of Article VII of the Constitution, by or subject to approval by referendum, any such public question shall be initiated in accordance with this Section.

Any such public question may be initiated by the governing body of the unit of local government by resolution or by the filing with the clerk or secretary of the governmental unit of a petition signed by a number of qualified electors equal to or greater than at least 8% of the total votes cast for candidates for Governor in the preceding gubernatorial election, requesting the submission of the proposal for such action to the voters of the governmental unit at a regular election.

The Illinois Compiled Statutes -55 ILCS 5/3 - provides the statutory authority for the office of Recorder, and also establishes that where there is not an elected Recorder, those duties are placed with the Office of the County Clerk:

Sec. 3-5001. County clerk as recorder; election of recorder. The county clerk in counties having a population of less than 60,000 inhabitants shall be the recorder in his county. In counties having a population of 60,000 or more inhabitants, there shall be elected a recorder, as provided by law, who shall hold his office until his successor is qualified. If the population of any county in which a recorder has been elected decreases to less than 60,000, the voters of that county shall continue to elect a recorder if the county board adopts a resolution to continue the office of an elected recorder.

ELECTED RECORDERS THROUGHOUT THE STATE OF ILLINOIS

A total of 19 Illinois Counties, ranked in the listing below by population, operate with the elected Office of Recorder:

| <u>County</u> | Population Ranking | Population |
|---------------|--------------------|------------|
| Cook | 1 | 5,231,351 |
| DuPage | 2 | 927,987 |
| Lake | 3 | 702,120 |
| Will | 4 | 682,518 |
| Kane | 5 | 522,487 |
| McHenry | 6 | 308,145 |
| Winnebago | 7 | 292,069 |
| St. Clair | 8 | 268,858 |
| Madison | 9 | 267,883 |
| Champaign | 10 | 203,276 |
| Sangamon | 11 | 199,271 |
| Peoria | 12 | 187,254 |
| Rock Island | 14 | 147,457 |
| Tazewell | 15 | 135,949 |
| Kankakee | 17 | 113,040 |
| LaSalle | 18 | 112,973 |
| Vermilion | 21 | 80,727 |
| Whiteside | 25 | 57,846 |
| Knox | 29 | 52,247 |

The following counties with a population of over 60,000 combine the functions of the elected office of Recorder with the County Clerk:

| County | Population Ranking | Population |
|------------|--------------------|-------------------|
| McLean | 13 | 172,281 |
| Kendall | 16 | 118,105 |
| Macon | 19 | 110,122 |
| DeKalb | 20 | 104,704 |
| Adams | 22 | 67,197 |
| Williamson | 23 | 66,674 |

The remaining 77 counties in Illinois, all with populations below 60,000, utilize the County Clerk/Recorder form of operation.

TIMING OF THE QUESTION

Barb Frasca has indicated that she will retire in 2016 at the end of her current term, after a twenty-year career as the Recorder for Champaign County. If the County Board decides to seek the voters' opinion of the continuation of the elected Office of Recorder, the 2014 General

Election is an ideal time to do that. The answer from the voters would be provided well in advance of candidates coming forward to express interest in running for the vacant position in 2016.

McLEAN COUNTY TRANSITION

The voters of McLean County approved a referendum in November 2012 to eliminate the office of the elected Recorder, and the County Board implemented that change effective January 1, 2014. The following benefits have been achieved and acknowledged by McLean County Board with this transition:

- Savings of the elected Recorder's salary the Recorder's Office Staffing included the Recorder, one Chief Deputy, and four line staff. Since the transition, the Chief Deputy has transitioned to a Program Administrator of the County Clerk's Office (at the same classification and salary previously held as Chief Deputy) to oversee the operation of the functions related to Recorder. The actual Recorder position was eliminated, and thus all salary dollars for that position are saved.
- Efficiency in operation the line staff of the Recorder's Office will be cross-trained with several line-staff positions in the County Clerk's Office. Both offices experience spikes in activity which are generally offset in timing, e.g. Recording spikes in summer and year-end; tax cycle in the County Clerk's office spike in the Spring; vital statistics tend to spike in late spring, early fall, etc. It is anticipated greater efficiency will be achieved as these line staff can move from one function to another, depending on the demand at the time.

POTENTIAL OUTCOMES of ELIMINATION

It is fully anticipated that Champaign County would see similar results to those experienced by McLean County if the elected Office of Recorder were eliminated at the end of 2016. The staffing in Champaign County is comparable to that of McLean County, with the exception of the four line staff in McLean, where Champaign County only has 3.5 line staff positions. The assignment of management responsibility to a position similar to that of the Chief Deputy Recorder, under the supervision of the County Clerk, could be achieved similar to how it was done in McLean County. There would likely not be the capacity to save entirely one full-time equivalent in Champaign County as there was in McLean County. We are a larger county with a higher volume of recording transactions. With the elimination of the elected Recorder position, an additional line staff position would likely need to be added to maintain the staffing budget at the current level of 5.5 positions. However, the difference between the salary of the elected Recorder and that of a line staff position would be the generated savings – this is a potential annual savings of approximately \$40,000 in salary costs.

The other potential benefit is in bringing the oversight of the clerical support positions of County Clerk and Recorder under the direction of one official. This creates the opportunity for cross training of all staff, resulting in the flexibility to move staff from one function to another depending on current demand.

The functions of the Office of Recorder are administrative. The elimination of the elected Recorder position and placing the administrative functions and responsibilities under the authority of the elected County Clerk is a responsible form of management that works in over 50% of the counties of the State of Illinois. I do not believe the responsible management and oversight of these functions is any more at risk with the elimination of the elected Recorder position, than if the position is maintained as elected.

Report prepared and submitted by Deb Busey, County Administrator, May 5, 2014

FUND 641 ACCESS INITIATIVE GRANT DEPARTMENT 053 MENTAL HEALTH BOARD

INCREASED APPROPRIATIONS:

| ACCT. NUMBER & TITLE | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|---------------------------------------|-----------------------------------|-------------------|-------------------------------------|-------------------------------------|
| 541-053-533.92 CONTRIBUTIONS & GRANTS | 835,772 | 835,772 | 1,050,911 | 215,139 |
| | <u> </u> | | | |
| | 1 | | | |
| TOTALS | 835,772 | 835,772 | 1,050,911 | 215,139 |

INCREASED REVENUE BUDGET:

| ACCT. NUMBER & TITLE | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|-------------------------|-----------------------------------|-------------------|-------------------------------------|-------------------------------------|
| None: from Fund Balance | | |] | |
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| | | | | |
| TOTALS | 0 | 0 | 0 | 0 |
| TO ALLOW FOR OD | זרחאים רעים יחיא א | | יום א ריתיד אזרי א ריביא | |

EXPLANATION: TO ALLOW FOR GRANT EXPENDITURES TO CONTRACTING AGENCIES THROUGH DECEMBER 31, 2014. GRANT ADJUSTMENTS FROM THE PRIOR FEDERAL FISCAL YEAR WERE IMPLEMENTED THROUGH IDHS ALLOWING FOR ADDITIONAL FUNDING FOR ACCESS FEDERAL CONTRACTS.

| DATE SUBMITTED: | AUTHORIZED SIGNATURE ** PLEASE SIGN IN BLUE INK /** |
|------------------------------|---|
| 05-14-14 | Darcy & Crawford |
| APPROVED BY BUDGET & FINANCE | COMMITEE: DATE: |
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| Page | 1 | of | 2 | REQUEST | FOR | BUDGET | AMENDMENT | |
|------|---|----|---|---------|-----|--------|-----------|--|
|------|---|----|---|---------|-----|--------|-----------|--|

FUND 104 EARLY CHILDHOOD FUND DEPARTMENT 612 HS-UWAY COMMUNITY IMPACT

INCREASED APPROPRIATIONS:

| BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|--|----------------------|-------------------------------------|---|
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| TALS | 0 | | 50 37,950 |
| | BUDGET AS OF 12/1 | BUDGET BUDGET AS OF 12/1 | BUDGET BUDGET REQUEST IS AS OF 12/1 APPROVED |

INCREASED REVENUE BUDGET:

| ACCT. NUMBER & TITLE | | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REOUESTED |
|----------------------|------------------|-----------------------------------|-------------------|-------------------------------------|-------------------------------------|
| See att | | | | | |
| | | | | | |
| | | | | | |
| | | | | | · · |
| | TOTALS | 0 | 0 | 37,950 | 37,950 |
| EXPLANATION: _ | RECEIPT OF UNIT | ED WAY FUNDI | NG TO SUPPOR | RT A TEMPORAR | <u>y home visi</u> t |
| OR TO SERVE | AN ADDITIONAL 1 | 0-12 AT-RISK | C, LOW-INCOME | E CHILDREN AN | D FAMILIES. |
| THE HOME VI | ISITOR WILL PROV | IDE EDUCATIO | NAL, CHILD I | DEVELOPMENT, | HEALTH SCREE |
| NING, AND FA | MILY SOCIAL SER | VICES. | | | |

| DATE : |
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COUNTY BOARD COPY

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Page 2 of 2 REQUEST FOR BUDGET AMENDMENT

| ACCT. NUMBER & TITLE | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED | |
|--|-----------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|--|
| ACCI, NUMBER & IIILE | <u>AS OF 12/1</u> | | APPROVED | REQUESTED | |
| 104-612-511.03 REG. FULL-TIME EMPLOYEES | 0 | 0 | 28,975 | 28,975 | |
| 104-612-513.01 SOCIAL SECURITY-EMPLOYER | 0 | 0 | 2,216 | 2,216 | |
| 104-612-513.02 IMRF - EMPLOYER COST | 0 | 00 | 2,874 | 2,874 | |
| 104-612-513.04 WORKERS' COMPENSATION INS | 0 | 00 | 490 | 490 | |
| 104-612-513.05 UNEMPLOYMENT INSURANCE | 0 | 0 | 710 | 710 | |
| 104-612-522.02 OFFICE SUPPLIES | 00 | 0 | 150 | 150 | |
| 104-612-522.96 SCHOOL SUPPLIES | 0 | 0 | 500 | 500 | |
| 104-612-533.12 JOB-REQUIRED TRAVEL EXP | 0 | 0 | 835 | 835 | |
| 104-612-533.95 CONFERENCES & TRAINING | 0 | 0 | 1,200 | 1,200 | |
| | | | | <u> </u> | |
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| TOTAL | | | | | |
| | 0 | 00 | 37,950 | 37,950 | |

INCREASED APPROPRIATIONS:

INCREASED REVENUE BUDGET:

| BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | REQUE | ST IS | INCREASE (DECREASE) REQUESTED |
|-----------------------------------|----------------------|---------------------------------------|---|---|
| | 0 | 0 | 37,950 | 37,950 |
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| | | | | 1 |
| | 0 | 0 | 37,950 | 37,950 |
| | BUDGET AS OF 12/1 | BUDGET BUDGET AS OF 12/1 0 0 | BUDGET BUDGET REQUE AS OF 12/1 APPRO | BUDGET BUDGET REQUEST IS AS OF 12/1 APPROVED |

FUND 620 HEALTH-LIFE INSURANCE DEPARTMENT 120 EMPLOYEE GROUP INSURANCE

INCREASED APPROPRIATIONS:

| ACCT. NUMBER & TITLE | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|--|-----------------------------------|-------------------|-------------------------------------|-------------------------------------|
| 620-120-533.84 BUSINESS MEALS/EXPENSES | 0 | 0 | 200 | 200 |
| | | | | |
| | | | | |
| | | | | |
| TOTALS | 0 | 0 | 200 | 200 |

INCREASED REVENUE BUDGET:

| ACCT. NUMBER & TITLE | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|------------------------------------|-----------------------------------|-------------------|---|-------------------------------------|-------------------------------------|
| 620-120-363.10 GIFTS AND DONATIONS | 0 | | 0 | 200 | 200 |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTALS | 0 | | 0 | 200 | 200 |
| | | | | | |

EXPLANATION: RECEIVE AFSCME DONATION FOR 2014 HEALTH FAIR TO BE USED FOR

EXPENSES FOR THE HEALTH FAIR.

| DATE SUBMITTED: | AUTHORIZED SIGNATURE ** PLEASE SIGN IN BLUE INK ** |
|------------------------------|--|
| 6-4-2014 | Demal. Juny |
| APPROVED BY BUDGET & FINANCE | COMMITEE: DATE: |
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REQUEST FOR BUDGET TRANSFER NEEDING CHAMPAIGN COUNTY BOARD APPROVAL

| FUND | 080 | GENERAL | CORPORATE |
|------|-----|---------|-----------|
| | 080 | GENERAL | CORPORATE |
| | 080 | GENERAL | CORPORATE |
| | 080 | GENERAL | CORPORATE |

| DEPARTMENT | 075 | GENERAL | COUNTY |
|------------|-----|---------|--------|
| | | | |

- 022 COUNTY CLERK
- 026 COUNTY TREASURER
- 040 SHERIFF

TO LINE ITEM:

FROM LINE ITEM:

| NUMBER/TITLE | \$ AMOUNT | NUMBER/TITLE |
|---------------------------------|----------------|-------------------------------|
| 080-022-511.01 | | 080-075-533.99 |
| ELECTED OFFICIAL SALARY | 134. | CONTINGENT EXPENSE |
| 080-026-511.01 | | 080-075-533.99 |
| ELECTED OFFICIAL SALARY | 134. | CONTINGENT EXPENSE |
| 080-040-512.01 | | 080-075-533.99 |
| SLEP ELECTED OFFCL SALARY | 167. | CONTINGENT EXPENSE |
| | | |
| | | |
| | | |
| | | |
| | | |
| EXPLANATION: TO MOVE MONEY TO (| CORRECT LINE I | TEMS TO ALLOW APPROVED SALARY |
| INCREASE FOR ELECTED OFFICIALS | G, EFFECTIVE D | ECEMBER 1, 2014 FOR FY 2014. |

| DATE SUB | MIT | red: | | 5-2 | <u>9</u> - | 14 | | | | | ~ | Dry | na | Ĺ | R | m | | | | |
|----------|-----|------|----------|-----|------------|---------|---|-------|----------|------|---------|------------------------|----|---|--------------|-----------------|---------------|-----------------|--------------|----------|
| APPROVED | ВΥ | PAR | ENI | CC | MM: | ITTEE | : | DÆ | ATE: | | | | | | AUTI plea | HOR I SE SIG | ZED N IN P | SIGN BLUE II | ATUR NK * | Ε |
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| | С | 0 | U | N | T | Y | В | 0 | A | R | D | | C | 0 | P | Y | | | | |

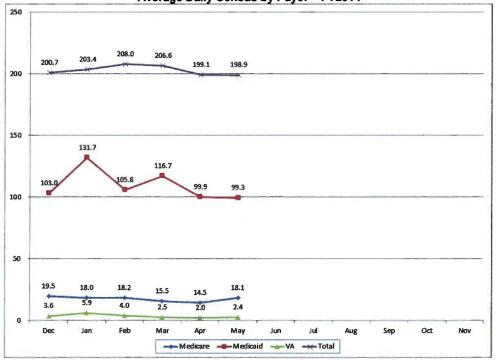
| To: | Board of Directors Champaign County Nursing Home |
|-------|---|
| From: | Scott Gima Manager |
| Date: | June 4, 2014 |
| Re: | April 2014 Financial Management Report |

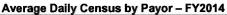
The census fell from 206.6 in March to 199.1 in April. Medicare was down by one, from 15.5 to 14.5. May's census is 198.9 with Medicare jumping up to 18.1. Medicaid conversion days totaled 160 in May, up slightly from 70 in April, but nowhere near the numbers seen in January (970) or March (437).

April showed a net income of \$26,381, down from \$56,533 in March but we continue the streak with five straight months in the black. Net income for the year is \$324,556. Cash flow from operations totaled \$88,301 in April. For the year, cash flow is a positive \$632,805.

Statistics

Medicare census was stagnant in March and April but shows a positive bump in May. The VA census increased to 2.4 in May.



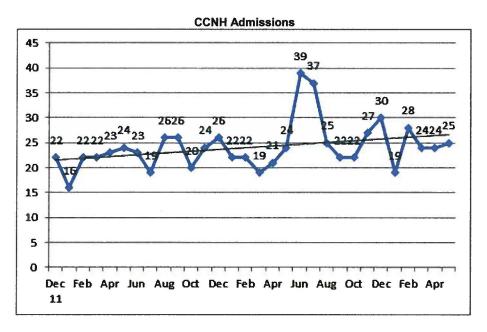


May admissions totaled 25. Medicare admissions were 13. Outflow totaled 21.

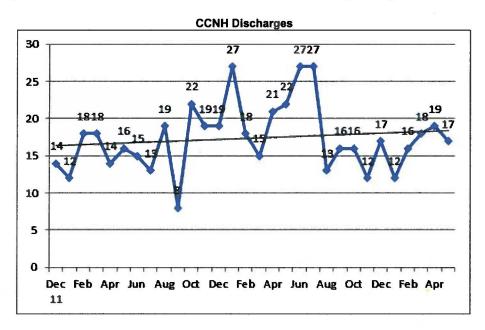
| | Medicare Admits | Non-Medicare Admits | Total Admits | Discharges | Expirations | Total Discharges/Expirations |
|--------|--------------------|------------------------|--------------|------------|-------------|---------------------------------|
| May | 13 | 11 | 24 | 22 | 8 | 30 |
| June | 23 | 16 | 39 | 27 | 7 | 34 |
| July | 18 | 19 | 37 | 27 | 9 | 36 |
| August | 11 | 14 | 25 | 13 | 4 | 17 |
| Sept | 11 | 14 | 25 | 16 | 4 | 20 |
| Oct | 13 | 9 | 22 | 16 | 10 | 26 |
| Nov | 16 | 11 | 27 | 12 | 9 | 21 |
| Dec | 16 | 14 | 30 | 17 | 7 | 24 |
| Jan 14 | 9 | 10 | 19 | 12 | 8 | 20 |
| Feb | 16 | 12 | 28 | 16 | 6 | 22 |
| Mar | 10 | 14 | 24 | 18 | 8 | 26 |
| Apr | 18 | 6 | 24 | 19 | 11 | 30 |
| May | 13 | 12 | 25 | 17 | 4 | 21 |

Admissions and Discharges December 2012 to April 2014

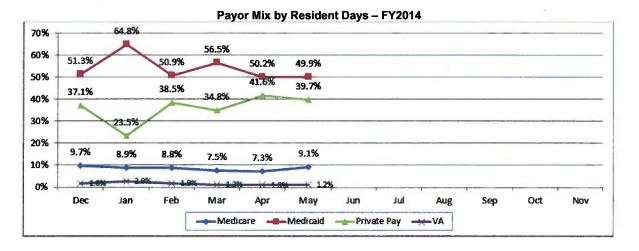
In FY2012, monthly admissions averaged 22.2 per month. FY2013 admissions averaged 25.5 per month, a 15 percent increase. So far in 2014, the monthly average is 25.0.



Discharges occurred at a higher pace in 2013 compared to 2012. In FY2012, the average monthly discharges was 15.7, ranging between 8 and 22. The monthly average for FY2013 is 19.4, a 24 percent increase from 2012. So far in 2014, the monthly average is 16.5.



The FY2013 payor mix was Medicare -8.7%, Medicaid -56.3% and Private pay 35.0%. FY2014 conversion days totaled as follows: December -87, January -970, February, 112, and March -437, April -70, and May -160. The 2014YTD payor mix is Medicare -8.5%, Medicaid -54.0% and Private pay -35.8%, and VA -1.7%.



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Net Income/(Loss)/Cash from Operations

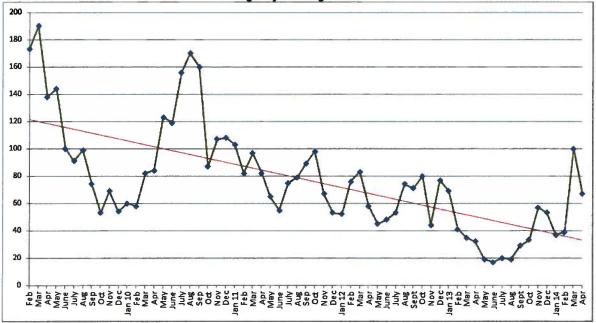
Net income in April was 26,381, down from 83,314 in February. Medicaid conversion days totaled 70 – relatively speaking, a low volume month.

Revenues

• Revenues fell from \$1.266 million in March to \$1,194 million, a decrease of \$71.4k. Medicare revenue fell from \$217,759 to \$170,531. Revenue per day fell increased slightly from \$197.62 to \$199.89. In 2013, the average revenue was \$196.61 per day.

Expenses

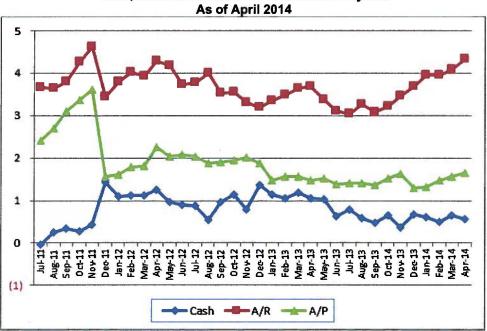
- Expenses decreased from \$1.302 million in March to \$1.260 million in April, a decrease of \$42.3k. Expenses per day increased from \$203 to \$211 per day. The average cost per day in FY2013 was \$220.81 per day.
- Wages fell from \$491,585 in March to \$483,168 in April, but wages per day increased from \$76.76 to \$80.88 due to the drop in total resident days (6,404 down to 5,974).
- Non-labor expenses dropped from \$622,669 in March to \$595,015 in April, but like wages per day, non-labor expenses per day fell increased from \$97.23 to \$99.60. The FY2013 average was \$95.62 per day.
- Agency expenses in April were \$66.5k. CNA vacancies continues to drive higher agency costs this year compared to last year.





Cash Position

Cash remains stagnant in April with a month ending cash balance of \$556,637, which is down from \$660,010 in March. A/R has totaled \$4.3 million in April, up from just over \$4 million in March. Medicaid pending applications are becoming a serious issue.



Cash, Accounts Receivable & Accounts Payable

The number of pending cases at CCNH is up to 56. The majority of the applications are residents that were admitted as Medicare or private pay and are in the process of converting to Medicaid. In recent months, CCNH has admitted residents from the community who have been approved for "community" Medicaid, but have never required nursing home services. Because they are already receiving Medicaid benefits, the transition to coverage for long term care services is usually a quick process. But these cases are also being delayed and we have had 17 of these cases since November.

The delays in the Medicaid application process is a statewide issue facing all homes that accept Medicaid, which makes it a significant issue for county homes. State budget cutbacks have led to consolidation of local Medicaid offices throughout the State (the Champaign office remains) and less caseworkers handling more applications. We have been "working these applications" on a continuous basis with the caseworkers on speed dial. Local legislative assistance has resulted in temporary payments for a couple of applications. One application has been open since December of 2012. On a positive note, Medicaid will begin making temporary Medicaid payments for this application retroactive to December 2012 – approximately 540 days

The solution is the need for more Medicaid caseworkers. There is nothing that CCNH can do to expedite the process except to make sure the resident/families file the application completely and in a timely fashion.

The recently passed Senate Bill 741 includes legislation to address this issue including a \$50 million advanced payment fund and the requirement to reduce the backlog. The bill also requires 1,500 applications to be released for approval by September 1st. My understanding is that these 1,500 applications have been sitting without any processing or investigation taking place and they will deemed approved applications. There is no information on how to determine if any of our current applications are included in the 1,500. The backlog reduction requirement did not include any funding for more caseworkers. Current information on the legislation is summarized later in the management report.

So what can we do that we are not already doing? The \$50 million advance payment fund provides an opportunity for CCNH and other county homes. In the management report, I discuss MPA's plan to renew lobbying efforts for permanent expedited Medicaid payment status. MPA will also discuss the need for county homes to receive preferential access to the \$50 million advance payment fund. The State should treat CCNH and all Illinois county homes as safety net nursing homes.

| To: | Board of Directors Champaign County Nursing Home |
|-------|---|
| From: | Scott T Gima Manager |
| Date: | June 4, 2014 |
| Re: | Management Update |

Impact of Illinois State Budget Bill for FY 2014-15

What we are hearing from Springfield is that the failure to extend the temporary individual income tax rate significantly increases the chances of Medicaid payment delays sometime after July 1, 2014. The exact timing if unknown. In 2013, MPA was actively in discussions with the Comptroller's office and the Governor's office to get county homes expedited Medicaid payments. The Comptroller was very sympathetic to County homes and has been expediting payment of vouchers. In other words, our vouchers were put on the top of the payment pile. The catch has always been getting the vouchers from the Department of Healthcare and Family Services (HFS). When cash is short, HFS will delay payments by not generating vouchers. The Comptroller has no authority to expedite the creation of vouchers.

That led to meetings with the Governor's office, which has the authority to expedite the vouchers. Discussions with the Governor's office at the time were very positive. No action was taken at that time because Medicaid payments were occurring on a regular basis and pension reform was the primary topic of debate.

With the income tax rollback, it is time to restart our lobbying efforts. This is our best solution to insulate us from payment delays. Without a policy change by the Governor's office, the only options we have are to borrow funds against future Medicaid payments and/or delaying payments to vendors.

Senate Bill 741 - Changes to Medicaid

Senate Bill 741 was also passed last week. It includes a number of elements that will directly impact CCNH.

Increases in Medicaid Funding

This is not a joke – \$100 million in additional funding will begin on July 1st. Life Services Network roughly estimates that CCNH will see a \$5 per day increase in its' Medicaid rate. This would increase Medicaid revenue by \$180k to \$200k on an annual basis.

Medicaid Application Processing

SB 471 requires HFS to do the following to reduce the processing time for Medicaid applications:

- Increase caseworker staffing (but where is the money going to come from?)
- Re-engineer and streamline processes to reduce delays in application processing
- Require full disclosure of the status of Medicaid applications
- Require all long-term care caseworkers to focus on current open long-term care applications

Advance Payments

\$50 million in advance payments will be made to facilities based on Medicaid pending admissions, facility's proportion of Medicaid and length of time pending applications have been waiting. This provision will provide some cash flow relief. We await the specific qualifying criteria for advance payments.

As always, give me a call (314-434-4227, x21) or contact me via e-mail at stg@healthcareperformance.com.

| | Champa | ign County Nu | irsing Home | | | |
|----------------------------------|--------------|---------------|----------------|--------------|--------------|--------------|
| 04/30/14 | Actual vs Bu | dget Statemer | nt of Operatio | ons | | • |
| Description | Actual | Budget | Variance | YTD Actual | YTD Budget | Variance |
| Operating Income | | | | | | |
| Miscellaneous Revenue | 3,363.94 | 2,038.00 | 1,325.94 | 11,296.16 | 10,190.00 | 1,106.16 |
| Medicare A Revenue | 170,530.81 | 250,040.00 | (79,509.19) | 1,116,950.29 | 1,250,200.00 | (133,249.71) |
| Medicare B Revenue | 31,074.00 | 28,462.00 | 2,612.00 | 178,966.24 | 142,310.00 | 36,656.24 |
| Medicaid Revenue | 449,093.94 | 460,442.00 | (11,348.06) | 2,486,303.45 | 2,302,210.00 | 184,093.45 |
| Private Pay Revenue | 517,636.11 | 387,557.00 | 130,079.11 | 2,314,058.16 | 1,937,785.00 | 376,273.16 |
| Adult Day Care Revenue | 22,448.40 | 15,467.00 | 6,981.40 | 85,872.60 | 77,335.00 | 8,537.60 |
| Total income | 1,194,147.20 | 1,144,006.00 | 50,141.20 | 6,193,446.90 | 5,720,030.00 | 473,416.90 |
| Operating Expenses | | | | | | |
| Administration | 261,560.68 | 236,216.00 | (25,344.68) | 1,298,017.11 | 1,181,080.00 | (116,937.11) |
| Environmental Services | 88,964.44 | 90,544.00 | 1,579.56 | 450,203.30 | 452,720.00 | 2,516.70 |
| Laundry | 18,366.84 | 16,287.00 | (2,079.84) | 85,126.09 | 81,435.00 | (3,691.09 |
| Maintenance | 24,303.86 | 31,255.00 | 6,951.14 | 125,015.35 | 156,275.00 | 31,259.65 |
| Nursing Services | 514,092.89 | 455,596.00 | (58,496.89) | 2,547,770.13 | 2,277,980.00 | (269,790.13 |
| Activities | 20,060.96 | 26,859.00 | 6,798.04 | 95,039.71 | 134,295.00 | 39,255.29 |
| Social Services | 10,795.82 | 18,980.00 | 8,184.18 | 69,103.13 | 94,900.00 | 25,796.87 |
| Physical Therapy | 40,676.55 | 30,059.00 | (10,617.55) | 210,901.66 | 150,295.00 | (60,606.66 |
| Occupational Therapy | 28,643.22 | 26,283.00 | (2,360.22) | 162,666.55 | 131,415.00 | (31,251.55) |
| Speech Therapy | 12,583.72 | 7,705.00 | (4,878.72) | 53,735.73 | 38,525.00 | (15,210.73) |
| Respiratory Therapy | 9,171.25 | 8,000.00 | (1,171.25) | 45,320.00 | 40,000.00 | (5,320.00) |
| Total This Department | 21,754.97 | 15,705.00 | (6,049.97) | 99,055.73 | 78,525.00 | (20,530.73) |
| Food Services | 119,262.80 | 128,235.00 | 8,972.20 | 572,631.42 | 641,175.00 | 68,543.58 |
| Barber & Beauty | 7,048.58 | 6,372.00 | (676.58) | 32,827.52 | 31,860.00 | (967.52) |
| Adult Day Care | 18,800.32 | 23,450.00 | 4,649.68 | 99,899.14 | 117,250.00 | 17,350.86 |
| Alzheimers and Related Disorders | 85,698.05 | 135,748.00 | 50,049.95 | 482,782.80 | 678,740.00 | 195,957.20 |
| Total Expenses | 1,260,029.98 | 1,241,589.00 | (18,440.98) | 6,331,039.64 | 6,207,945.00 | (123,094.64) |
| Net Operating Income | (65,882.78) | (97,583.00) | 31,700.22 | (137,592.74) | (487,915.00) | 350,322.26 |
| NonOperating Income | | | | | | |
| Local Taxes | 91,949.17 | 79,877.00 | 12,072.17 | 459,747.42 | 399,385.00 | 60,362.42 |
| Miscellaneous NI Revenue | 314.74 | 211.00 | 103.74 | 2,401.51 | 1,055.00 | 1,346.51 |
| Total NonOperating Income | 92,263.91 | 80,088.00 | 12,175.91 | 462,148.93 | 400,440.00 | 61,708.93 |
| Net Income (Loss) | 26,381.13 | (17,495.00) | 43,876.13 | 324,556.19 | (87,475.00) | 412,031.19 |
| | | | | | | |

| 04/30/14 | Champaign County Nursing Home Actual vs Budget Statement of Operations | | | | | | | | | |
|---|---|----------------------|-----------------------|---------------------------|--------------------------|----------------------|--|--|--|--|
| Description | Actual | Budget | Variance | YTD Actual | YTD Budget | Variance | | | | |
| Operating Income | | | | | | | | | | |
| Miscellaneous Revenue | | | | | | | | | | |
| Lunch Reimbursement | 177.00 | 385.00 | (208.00) | 1,659.00 | 1,925.00 | (266.00 | | | | |
| Late Charge, NSF Check Charge | 628.68 | 1,538.00 | (909.32) | 6,928.18 | 7,690.00 | (761.82 | | | | |
| Other Miscellaneous Revenue Total Miscellaneous Revenue | 2,558.26 | 2,038.00 | 2,443.26 | 2,708.98 | 575.00 | 2,133.9 | | | | |
| | 0,000.04 | 2,000.00 | 1,525.54 | 11,230.10 | 10,150.00 | 1,100.1 | | | | |
| Medicare A Revenue | | | | | | | | | | |
| Medicare A | 65,455.14 | 192,794.00 | (127,338.86) | 652,530.18 | 963,970.00 | (311,439.8 | | | | |
| ARD - Medicare A | 6,365.24 | 17,552.00 | (11,186.76) | 105,914.31 | 87,760.00 | 18,154.3 | | | | |
| NH Pt_Care - Medicare Advantage/ Hmo | 88,781.63 | 39,042.00 | 49,739.63 | 317,382.21 | 195,210.00 | 122,172.2 | | | | |
| ARD_Pt Care - Medicare Advantage/ HMO | 9,928.80 | 652.00 | 9,276.80 | 41,123.59 | 3,260.00 | 37,863.5 | | | | |
| Total Medicare A Revenue | 170,530.81 | 250,040.00 | (79,509.19) | 1,116,950.29 | 1,250,200.00 | (133,249.71 | | | | |
| Medicare B Revenue | | | | | | | | | | |
| Medicare B | 31,074.00 | 28,462.00 | 2,612.00 | 178,966.24 | 142,310.00 | 36,656.24 | | | | |
| Total Medicare B Revenue | 31,074.00 | 28,462.00 | 2,612.00 | 178,966.24 | 142,310.00 | 36,656.24 | | | | |
| Medicaid Revenue | | | | | | | | | | |
| Medicaid Title XIX (IDHFS) | 303,290.51 | 291,809.00 | 11,481.51 | 1,665,957.63 | 1,459,045.00 | 206,912.6 | | | | |
| ARD - Medicaid Title XIX (IDHFS) | 117,739.54 | 117,509.00 | 230.54 | 617,021.95 | 587,545.00 | 29,476.9 | | | | |
| Patient Care-Hospice | 21,220.57 | 30,241.00 | (9,020.43) | 152,481.15 | 151,205.00 | 1,276.1 | | | | |
| ARD Patient Care - Hospice | 6,843.32 | 20,883.00 | (14,039.68) | 50,842.72 | 104,415.00 | (53,572.2 | | | | |
| Total Medicaid Revenue | 449,093.94 | 460,442.00 | (11,348.06) | 2,486,303.45 | 2,302,210.00 | 184,093.4 | | | | |
| Private Pay Revenue | 17 0 40 00 | 40.047.00 | 4 000 00 | 101 007 00 | | | | | | |
| VA-Veterans Nursing Home Care ARD - VA - Veterans Care | 17,016.69 | 12,947.00 | 4,069.69 | 131,297.20 | 64,735.00 | 66,562.2 | | | | |
| Nursing Home Patient Care - Private Pay | 342,531.48 | 439.00 270,974.00 | (439.00) 71,557.48 | 10,546.84 1,501,874.05 | 2,195.00 1,354,870.00 | 8,351.8 147,004.0 | | | | |
| Nursing Home Beauty Shop Revenue | 3,344.50 | 3,141.00 | 203.50 | 16,052.50 | 15,705.00 | 347.5 | | | | |
| Medical Supplies Revenue | 8,097.88 | 5,273.00 | 2,824.88 | 35,870,79 | 26,365.00 | 9,505.7 | | | | |
| Patient Transportation Charges | 1,113.31 | 1,631.00 | (517.69) | 7,762.78 | 8,155.00 | (392.2 | | | | |
| ARD Patient Care- Private Pay | 145,532.25 | 93,152.00 | 52,380.25 | 610,654.00 | 465,760.00 | 144,894.0 | | | | |
| Total Private Pay Revenue | 517,636.11 | 387,557.00 | 130,079.11 | 2,314,058.16 | 1,937,785.00 | 376,273.1 | | | | |
| Adult Day Care Revenue | | | | | | | | | | |
| VA-Veterans Adult Daycare | 6,054.30 | 3,728.00 | 2,326.30 | 25,141.20 | 18,640.00 | 6,501.2 | | | | |
| IL Department Of Aging-Day Care Grant (Title XX) | 13,184.34 | 10,258.00 | 2,926.34 | 46,760.45 | 51,290.00 | (4,529.5 | | | | |
| Adult Day Care Charges-Private Pay | 3,209.76 | 1,481.00 | 1,728.76 | 13,970.95 | 7,405.00 | 6,565.9 | | | | |
| Total Adult Day Care Revenue | 22,448.40 | 15,467.00 | 6,981.40 | 85,872.60 | 77,335.00 | 8,537.6 | | | | |
| Total Income | 1,194,147.20 | 1,144,006.00 | 50,141.20 | 6,193,446.90 | 5,720,030.00 | 473,416.9 | | | | |
| Operating Expenses | | | | | | | | | | |
| Administration | | | | | | | | | | |
| Reg. Full-Time Employees | 27,838.77 | 25,061.00 | (2,777.77) | 129,144.31 | 125,305.00 | (3,839.3 | | | | |
| Temp. Salaries & Wages | 1,893.89 | 1,120.00 | (773.89) | 11,333.85 | 5,600.00 | (5,733.8 | | | | |
| Per Diem | 180.00 | 203.00 | 23.00 | 945.00 | 1,015.00 | 70.0 | | | | |
| Overtime | 313.88 | 230.00 | (83.88) | 1,836.39 | 1,150.00 | (686.3 | | | | |
| TOPS - Balances | 349.72 | 199.00 | (150.72) | 3,117.65 | 995.00 | (2,122.6 | | | | |
| TOPS - FICA | 26.76 | 15.00 | (11.76) | 238.50 | 75.00 | (163.5 | | | | |
| Social Security - Employer | 2,179.08 | 1,894.00 | (285.08) | 10,313.18 | 9,470.00 | (843.1 | | | | |
| IMRF - Employer Cost | 2,705.91 | 2,352.00 | (353.91) | 12,645.05 | 11,760.00 | (885.0 | | | | |
| Workers' Compensation Insurance | 923.35 | 1,589.00 | 665.65 | 4,205.40 | 7,945.00 | 3,739.6 | | | | |
| Unemployment Insurance | 812.18 | 910.00 | 97.82 | 5,255.97 | 4,550.00 | (705.9 | | | | |

| 04/30/14 | Champaign County Nursing Home Actual vs Budget Statement of Operations | | | | | | | | | |
|---|---|------------|-------------|--------------|---|-------------|--|--|--|--|
| Description | Actual | Budget | Variance | YTD Actual | YTD Budget | Variance | | | | |
| Employee Health/Life Insurance | 4,276.20 | 4,319.00 | 42.80 | 20,853.40 | 21,595.00 | 741.60 | | | | |
| Employee Development/Recognition | 15.98 | 25.00 | 9.02 | 145.90 | 125.00 | (20.90 | | | | |
| Employee Physicals/Lab | 5,213.60 | 1,923.00 | (3,290.60) | 12,998.40 | 9,615.00 | (3,383.40 | | | | |
| Stationary & Printing | 253.55 | 78.00 | (175.55) | 1,228.44 | 390.00 | (838.44 | | | | |
| Books, Periodicals & Manuals | | 41.00 | 41.00 | 69.00 | 205.00 | 136.00 | | | | |
| Copier Supplies | 913.80 | 631.00 | (282.80) | 3,246.65 | 3,155.00 | (91.65 | | | | |
| Postage, UPS, Federal Express | 453.12 | 515.00 | 61.88 | 2,873.34 | 2,575.00 | (298.34 | | | | |
| Equipment < \$2,500 | | | | 122.48 | _, | (122.48 | | | | |
| Operational Supplies | 757.56 | 845.00 | 87.44 | 3,977.75 | 4,225.00 | 247.25 | | | | |
| Audit & Accounting Fees | 4,179.00 | 4,308.00 | 129.00 | 20,895.00 | 21,540.00 | 645.00 | | | | |
| Attorney Fees | 4,933.30 | 4,615.00 | (318.30) | 25,461.95 | 23,075.00 | (2,386.95 | | | | |
| Professional Services | 37,523.28 | 33,004.00 | (4,519.28) | 196,555.66 | 165,020.00 | (31,535.66 | | | | |
| Job Required Travel Expense | 130.44 | 257.00 | 126.56 | 1,072.17 | 1,285.00 | 212.83 | | | | |
| Insurance | 23,167.00 | 22,124.00 | (1,043.00) | 115,835.00 | 110,620.00 | (5,215.00 | | | | |
| | 23,107.00 | 22,124.00 | (1,043.00) | | 110,020.00 | | | | | |
| Property Loss & Liability Claims | E 70E 00 | 4 000 00 | (062.00) | 950.00 | 04 610 00 | (950.00 | | | | |
| Computer Services | 5,785.00 | 4,922.00 | (863.00) | 34,402.92 | 24,610.00 | (9,792.92 | | | | |
| Telephone Services | 1,314.20 | 1,370.00 | 55.80 | 7,425.57 | 6,850.00 | (575.57 | | | | |
| Legal Notices, Advertising | 4,867.06 | 2,633.00 | (2,234.06) | 18,551.70 | 13,165.00 | (5,386.70 | | | | |
| Photocopy Services | 1,024.68 | 1,025.00 | 0.32 | 6,489.94 | 5,125.00 | (1,364.94 | | | | |
| Public Relations | 221.40 | 66.00 | (155.40) | 250.22 | 330.00 | 79.78 | | | | |
| Dues & Licenses | 1,625.08 | 1,617.00 | (8.08) | 8,375.40 | 8,085.00 | (290.40 | | | | |
| Conferences & Training | 1,661.92 | 962.00 | (699.92) | 3,880.92 | 4,810.00 | 929.08 | | | | |
| Finance Charges, Bank Fees | 0.66 | 192.00 | 191.34 | 0.66 | 960.00 | 959.34 | | | | |
| Cable/Satellite TV Expense | 2,234.84 | 2,147.00 | (87.84) | 11,771.98 | 10,735.00 | (1,036.98 | | | | |
| IPA Licensing Fee | 45,595.00 | 40,612.00 | (4,983.00) | 229,534.50 | 203,060.00 | (26,474.50 | | | | |
| Fines & Penalties | | 2,308.00 | 2,308.00 | | 11,540.00 | 11,540.00 | | | | |
| Fumishings, Office Equipment | | 5,769.00 | 5,769.00 | | 28,845.00 | 28,845.00 | | | | |
| Depreciation Expense | 61,920.12 | 56,361.00 | (5,559.12) | 308,248.81 | 281,805.00 | (26,443.81 | | | | |
| Miscellaneous Expense | 6,048.27 | | (6,048.27) | 32,653.65 | | (32,653.65 | | | | |
| Interest-Tax Anticipation Notes Payable | | 538.00 | 538.00 | | 2,690.00 | 2,690.00 | | | | |
| Interest- Bonds Payable | 10,222.08 | 9,436.00 | (786.08) | 51,110.40 | 47,180.00 | (3,930.40 | | | | |
| Total Administration | 261,560.68 | 236,216.00 | (25,344.68) | 1,298,017.11 | 1,181,080.00 | (116,937.11 | | | | |
| Environmental Services | | | | | | | | | | |
| Reg. Full-Time Employees | 27,162.26 | 32,327.00 | 5,164.74 | 132,884.41 | 161,635.00 | 28,750.59 | | | | |
| Reg. Part-Time Employees | 817.71 | | (817.71) | 3,827.90 | | (3,827.90 | | | | |
| Overtime | 67.30 | 462.00 | 394.70 | 11,000.59 | 2,310.00 | (8,690.59 | | | | |
| TOPS - Balances | 700.60 | | (700.60) | 6,222.47 | | (6,222.47 | | | | |
| TOPS-FICA | 53.59 | | (53.59) | 476.02 | | (476.02 | | | | |
| Social Security - Employer | 2,094.35 | 2,394.00 | 299.65 | 11,042.67 | 11,970.00 | 927.33 | | | | |
| IMRF - Employer Cost | 2,718.87 | 3,315.00 | 596.13 | 14,425.74 | 16,575.00 | 2,149.26 | | | | |
| Workers' Compensation Insurance | 793.22 | 1,957.00 | 1,163.78 | 4,087.74 | 9,785.00 | 5,697.26 | | | | |
| Unemployment Insurance | 1,239.24 | 1,452.00 | 212.76 | 6,407.02 | 7,260.00 | 852.98 | | | | |
| Employee Health/Life Insurance | 7,449.18 | 6,772.00 | (677.18) | 37,445.72 | 33,860.00 | (3,585.72 | | | | |
| Operational Supplies | 3,796.44 | 5,089.00 | 1,292.56 | 22,868.29 | 25,445.00 | 2,576.71 | | | | |
| Gas Service | 16,584.45 | 9,938.00 | (6,646.45) | 86,084.10 | 49,690.00 | (36,394.10 | | | | |
| Electric Service | 17,378.26 | 19,889.00 | 2,510.74 | 71,957.99 | 99,445.00 | 27,487.01 | | | | |
| Water Service | 2,855.83 | 2,401.00 | (454.83) | 11,832.98 | 12,005.00 | 172.02 | | | | |
| Pest Control Service | 482.00 | 449.00 | (33.00) | 2,410.00 | 2,245.00 | (165.00 | | | | |
| Waste Disposal & Recycling | 3,293.86 | 2,627.00 | (666.86) | 17,991.16 | 13,135.00 | (4,856.16 | | | | |
| Equipment Rentals | 258.00 | 222.00 | (36.00) | 1,290.00 | 1,110.00 | (180.00 | | | | |
| Conferences & Training | | | (00.00) | 30.00 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (30.00 | | | | |
| Sewer Service & Tax | 1,219.28 | 1,250.00 | 30.72 | 7,918.50 | 6,250.00 | (1,668.50 | | | | |
| | 88,964.44 | 90,544.00 | 1,579.56 | 450,203.30 | 0,200.00 | (1,000.00 | | | | |

Laundry

| | ; |
|------------|---|
| YTD Budget | Variance |
| 43,815.00 | (3,965.32 |
| 1,215.00 | (1,066.26 |
| 2,125.00 | 655.98 |
| 165.00 | 52.62 |
| 3,375.00 | (345.74 |
| 4,525.00 | (336.47 |
| 2,690.00 | 1,261.25 |
| 2,075.00 | (143.24 |
| 8,415.00 | (3,948.00 |
| 7,315.00 | 5,579.61 |
| 5,720.00 | 827.75 |
| | (2,175.32 |
| | (87.95 |
| 81,435.00 | (3,691.09 |
| | |
| 49,350.00 | 21,554.22 |
| 245.00 | (588.13 |
| 385.00 | (2,295.43 |
| 30.00 | (175.06 |
| 3,780.00 | 1,733.48 |
| 5,065.00 | 2,392.11 |
| 2,960.00 | 2,129.00 |
| 2,325.00 | 934.76 |
| 3,045.00 | (5,074.30 |
| 2,030.00 | 649.28 |
| | (301.35 |
| 15,485.00 | 4,501.78 |
| | (985.33 |
| | (61.61 |
| | (350.00 |
| 1,350.00 | (3,283.16 |
| 11,005.00 | (2,763.47 |
| 475.00 | 181.80 |
| 35,255.00 | 3,137.60 |
| 4,260.00 | (9,306.54 |
| 19,230.00 | 19,230.00 31,259.65 |
| | |
| 529,580.00 | (94,065.52) |
| 529,000.00 | (94,005.52 |
| 52,395.00 | • |
| 169,940.00 | (8,228.23 |
| (1,775.00) | (46,994.08 (16,882.98 |
| 338,595.00 | 24,020.57 |
| 167,740.00 | 42,851.32 |
| 625.00 | |
| 94,405.00 | (530.76) (7,662.59) |
| 121,015.00 | (4,950.42 |
| 75,120.00 | 40,869.21 |
| | (5,165.93 |
| | (12,595.57 |
| | (12,595.57 395.00 |
| | (1,298.98 |
| | (1,298.98 (3,691.74 |
| | 47,510.00 102,610.00 395.00 8,425.00 5,020.00 |

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| 04/30/14 | Champaign County Nursing Home Actual vs Budget Statement of Operations | | | | | | | | | | |
|---------------------------------|---|------------|-------------|--------------|--------------|-------------|--|--|--|--|--|
| Description | Actual | Budget | Variance | YTD Actual | YTD Budget | Variance | | | | | |
| Oxygen | 3,148.30 | 2,781.00 | (367.30) | 17,996.70 | 13,905.00 | (4,091.70 | | | | | |
| Incontinence Supplies | 8,276.33 | 7,780.00 | (496.33) | 48,034.51 | 38,900.00 | (9,134.51 | | | | | |
| Pharmacy Charges - Insurance | 8,428.49 | 3,000.00 | (5,428.49) | 41,300.79 | 15,000.00 | (26,300.79 | | | | | |
| Equipment < \$2,500 | 1,255.95 | 1,511.00 | 255.05 | 8,520.97 | 7,555.00 | (965.97 | | | | | |
| Operational Supplies | 15,208.93 | 15,396.00 | 187.07 | 76,386.74 | 76,980.00 | 593.26 | | | | | |
| Pharmacy Charges-Medicare | 9,857.56 | 14,774.00 | 4,916.44 | 49,498.15 | 73,870.00 | 24,371.85 | | | | | |
| Medical/Dental/Mental Health | 3,400.00 | 3,170.00 | (230.00) | 17,600.00 | 15,850.00 | (1,750.00 | | | | | |
| Professional Services | 29,140.09 | 31,997.00 | 2,856.91 | 157,658.56 | 159,985.00 | 2,326.44 | | | | | |
| Job Require Travel | | 28.00 | 28.00 | 194.88 | 140.00 | (54.88 | | | | | |
| Laboratory Fees | 2,759.53 | 2,168.00 | (591.53) | 13,744.29 | 10,840.00 | (2,904.29 | | | | | |
| Equipment Rentals | 4,044.50 | 4,039.00 | (5.50) | 18,875.05 | 20,195.00 | 1,319.95 | | | | | |
| Dues & Licenses | | | | 150.00 | | (150.00 | | | | | |
| Conferences & Training | | | | 1,275.00 | | (1,275.00 | | | | | |
| Contract Nursing Services | 57,819.37 | 23,077.00 | (34,742.37) | 253,352.56 | 115,385.00 | (137,967.56 | | | | | |
| Medicare Medical Services | 7,469.59 | 3,555.00 | (3,914.59) | 15,914.70 | 17,775.00 | 1,860.30 | | | | | |
| Total Nursing Services | 514,092.89 | 455,596.00 | (58,496.89) | 2,547,770.13 | 2,277,980.00 | (269,790.13 | | | | | |
| Activities | | | | | | | | | | | |
| Reg. Full-Time Employees | 12,512.04 | 18,447.00 | 5,934.96 | 61,057.35 | 92,235.00 | 31,177.65 | | | | | |
| Overtime | 62.82 | 114.00 | 51.18 | 218.53 | 570.00 | 351.47 | | | | | |
| TOPS - Balances | (461.00) | | 461.00 | (2,653.52) | | 2,653.52 | | | | | |
| TOPS - FICA | (35.26) | | 35.26 | (202.99) | | 202.99 | | | | | |
| Social Security - Employer | 921.01 | 1,345.00 | 423.99 | 4,403.76 | 6,725.00 | 2,321.24 | | | | | |
| IMRF - Employer Cost | 1,195.72 | 1,803.00 | 607.28 | 5,750.19 | 9,015.00 | 3,264.81 | | | | | |
| Workers' Compensation Insurance | 363.60 | 1,108.00 | 744.40 | 1,825.49 | 5,540.00 | 3,714.51 | | | | | |
| Unemployment Insurance | 620.14 | 844.00 | 223.86 | 2,791.91 | 4,220.00 | 1,428.09 | | | | | |
| Employee Health/Life Insurance | 4,279.20 | 2,609.00 | (1,670.20) | 18,502.09 | 13,045.00 | (5,457.09 | | | | | |
| Books, Periodicals & Manuals | | 22.00 | 22.00 | | 110.00 | 110.00 | | | | | |
| Operational Supplies | 477.99 | 424.00 | (53.99) | 2,693.40 | 2,120.00 | (573.40 | | | | | |
| Professional Services | 124.70 | 143.00 | 18.30 | 623.50 | 715.00 | 91.50 | | | | | |
| Conferences & Training | | | | 30.00 | | (30.00 | | | | | |
| Total Activities | 20,060.96 | 26,859.00 | 6,798.04 | 95,039.71 | 134,295.00 | 39,255.29 | | | | | |
| Social Services | | | | | | | | | | | |
| Reg. Full-Time Employees | 6,837.96 | 12,827.00 | 5,989.04 | 45,097.44 | 64,135.00 | 19,037.56 | | | | | |
| Overtime | 72.56 | 113.00 | 40.44 | 863.37 | 565.00 | (298.37 | | | | | |
| TOPS - Balances | 169.85 | 184.00 | 14.15 | 751.21 | 920.00 | 168.79 | | | | | |
| TOPS - FICA | 12.99 | 14.00 | 1.01 | 57.47 | 70.00 | 12.53 | | | | | |
| Social Security - Employer | 514.44 | 1,167.00 | 652.56 | 3,437.98 | 5,835.00 | 2,397.02 | | | | | |
| IMRF - Employer Cost | 667.82 | 1,192.00 | 524.18 | 4,493.92 | 5,960.00 | 1,466.08 | | | | | |
| Workers' Compensation Insurance | 193.38 | 773.00 | 579.62 | 1,348.45 | 3,865.00 | 2,516.55 | | | | | |
| Unemployment Insurance | 355.73 | 592.00 | 236.27 | 1,940.82 | 2,960.00 | 1,019.18 | | | | | |
| Employee Health/Life Insurance | 1,846.39 | 1,802.00 | (44.39) | 10,488.97 | 9,010.00 | (1,478.97 | | | | | |
| Operational Supplies | | 8.00 | 8.00 | | 40.00 | 40.00 | | | | | |
| Professional Services | 124.70 | 308.00 | 183.30 | 623.50 | 1,540.00 | 916.50 | | | | | |
| Total Social Services | 10,795.82 | 18,980.00 | 8,184.18 | 69,103.13 | 94,900.00 | 25,796.87 | | | | | |
| Physical Therapy | | | | | | | | | | | |
| Reg. Full-Time Employees | 4,331.33 | 4,015.00 | (316.33) | 20,873.06 | 20,075.00 | (798.06 | | | | | |
| Overtime | 4.16 | 22.00 | 17.84 | 626.53 | 110.00 | (516.53 | | | | | |
| TOPS - Balances | 23.81 | 107.00 | 83.19 | 405.59 | 535.00 | 129.41 | | | | | |
| TOPS - FICA | 1.82 | 8.00 | 6.18 | 31.03 | 40.00 | 8.97 | | | | | |
| Social Security - Employer | 319.70 | 356.00 | 36.30 | 1,587.20 | 1,780.00 | 192.80 | | | | | |
| IMRF - Employer Cost | 415.13 | 478.00 | 62.87 | 2,073.50 | 2,390.00 | 316.50 | | | | | |
| Workers' Compensation Ins. | 123.57 | 241.00 | 117.43 | 653.49 | 1,205.00 | 551.51 | | | | | |
| Unemployment Insurance | 218.23 | 181.00 | (37.23) | 956.27 | 905.00 | (51.27 | | | | | |

| 04/30/14 | Champaign County Nursing Home Actual vs Budget Statement of Operations | | | | | | | | | | |
|---------------------------------|---|-----------------------|----------------------|-----------------------|-------------|--------------------------|--|--|--|--|--|
| Description | Actual | Budget | Variance | YTD Actual | YTD Budget | Variance | | | | | |
| Employee Health/Life Insurance | 1,243.20 | 1,137.00 | (106.20) | 6,282.00 | 5,685.00 | (597.00) | | | | | |
| Professional Services | 33,995.60 | 23,514.00 | (10,481.60) | 177,412.99 | 117,570.00 | (59,842.99) | | | | | |
| Total Physical Therapy | 40,676.55 | 30,059.00 | (10,617.55) | 210,901.66 | 150,295.00 | (60,606.66) | | | | | |
| Occupational Therapy | | | | | | | | | | | |
| Reg. Full-Time Employees | 2,164.80 | 2,003.00 | (161.80) | 10,627.21 | 10,015.00 | (612.21) | | | | | |
| Overtime | | 21.00 | 21.00 | | 105.00 | 105.00 | | | | | |
| TOPS - Balances | 30.13 | 11.00 | (19.13) | (179.58) | 55.00 | 234.58 | | | | | |
| TOPS - FICA | 2.31 | 1.00 | (1.31) | (13.74) | 5.00 | 18.74 | | | | | |
| Social Security - Employer | 164.26 | 154.00 | (10.26) | 806.46 | 770.00 | (36.46) | | | | | |
| IMRF - Employer Cost | 213.29 | 206.00 | (7.29) | 1,053.70 | 1,030.00 | (23.70) | | | | | |
| Workers' Compensation Ins. | 61.62 | 121.00 | 59.38 | 288.29 | 605.00 | 316.71 | | | | | |
| Unemployment Insurance | 110.70 | 92.00 | (18.70) | 479.70 | 460.00 | (19.70) | | | | | |
| Emptoyee Health/Life Insurance | 621.60 | 569.00 | (52.60) | 3,124.50 | 2,845.00 | (279.50) | | | | | |
| Professional Services | 25,274.51 | 23,105.00 | (2,169.51) | 146,480.01 | 115,525.00 | (30,955.01) | | | | | |
| Total Occupational Therapy | 28,643.22 | 26,283.00 | (2,360.22) | 162,666.55 | 131,415.00 | (31,251.55) | | | | | |
| Speech Therapy | | | | | | | | | | | |
| Professional Services | 12,583.72 | 7,705.00 | (4,878.72) | 53,735.73 | 38,525.00 | (15,210.73) | | | | | |
| Total Speech Therapy | 12,583.72 | 7,705.00 | (4,878.72) | 53,735.73 | 38,525.00 | (15,210.73) | | | | | |
| Respiratory Therapy | 0.474.05 | 0.000.00 | (1.171.05) | 45 800 00 | 40,000,00 | (* 0.00 0.00 | | | | | |
| Professional Services | 9,171.25 | 8,000.00 | (1,171.25) | 45,320.00 | 40,000.00 | (5,320.00) | | | | | |
| Total Respiratory Therapy | 9,171.25 | 8,000.00 | (1,171.25) | 45,320.00 | 40,000.00 | (5,320.00) | | | | | |
| Total This Department | 21,754.97 | 15,705.00 | (6,049.97) | 99,055.73 | 78,525.00 | (20,530.73) | | | | | |
| Food Services | 20 50 4 25 | E2 020 00 | 10 404 05 | 140 001 00 | 200 445 00 | 111 100 04 | | | | | |
| Reg. Full-Time Employees | 32,594.35 | 52,089.00 3,648.00 | 19,494.65 | 149,321.09 | 260,445.00 | 111,123.91 | | | | | |
| Reg. Part-Time Employees | 2,380.73 2,835.94 | | 1,267.27 | 4,266.01 | 18,240.00 | 13,973.99 | | | | | |
| Overtime TOPS - Balances | (908.16) | 1,513.00 | (1,322.94) 908.16 | 15,678.46 2,206.94 | 7,565.00 | (8,113.46) (2,206.94) | | | | | |
| TOPS - FICA | (69.47) | | 69.47 | 168.83 | | (168.83) | | | | | |
| Social Security - Employer | 2,840.04 | 4,333.00 | 1,492.96 | 12,772.21 | 21,665.00 | 8,892.79 | | | | | |
| IMRF - Employer Cost | 3,686.67 | 5,809.00 | 2,122.33 | 16,658.68 | 29,045.00 | 12,386.32 | | | | | |
| Workers' Compensation Insurance | 993.85 | 3,418.00 | 2,424.15 | 4,592.20 | 17,090.00 | 12,497.80 | | | | | |
| Unemployment Insurance | 1,952.36 | 2,695.00 | 742.64 | 8,160.93 | 13,475.00 | 5,314.07 | | | | | |
| Employee Health/Life Insurance | 8,673.40 | 6,997.00 | (1,676.40) | 36,097.30 | 34,985.00 | (1,112.30) | | | | | |
| Books, Periodicals & Manuals | 208.58 | 0,007.00 | (208.58) | 208.58 | 04,000.00 | (208.58) | | | | | |
| Food | 46,275.06 | 32,817.00 | (13,458.06) | 214,711.47 | 164,085.00 | (50,626.47) | | | | | |
| Non-Food Supply | (103.11) | 02,011100 | 103.11 | 936.32 | 101,000,000 | (936.32) | | | | | |
| Nutritional Supplements | 3,443.92 | 3,211.00 | (232.92) | 15,935.83 | 16,055.00 | 119.17 | | | | | |
| Equipment < \$2,500 | 76.10 | 0,211.00 | (76.10) | 248.88 | 10,000-00 | (248.88) | | | | | |
| Operational Supplies | 4,128.15 | 3,854.00 | (274.15) | 25,255.01 | 19,270.00 | (5,985.01) | | | | | |
| Professional Services | 9,819.44 | 3,615.00 | (6,204.44) | 62,922.47 | 18,075.00 | (44,847.47) | | | | | |
| Equipment Rentals | 404.95 | 378.00 | (26.95) | 2,335.21 | 1,890.00 | (445.21) | | | | | |
| Dues & Licenses | 404.00 | 12.00 | 12.00 | 80.00 | 60.00 | (20.00) | | | | | |
| Conferences & Training | 30.00 | 12.00 | (30.00) | 75.00 | 00.00 | (75.00) | | | | | |
| Kitchen/ Laundry | 30.00 | 3,846.00 | 3,846.00 | 10.00 | 19,230.00 | 19,230.00 | | | | | |
| Total Food Services | 119,262.80 | 128,235.00 | 8,972.20 | 572,631.42 | 641,175.00 | 68,543.58 | | | | | |
| Barber & Beauty | | | | | | | | | | | |
| Reg. Full-Time Employees | 1,297.40 | 4,010.00 | 2,712.60 | 21,453.12 | 20,050.00 | (1,403.12) | | | | | |
| TOPS - Balances | 3,255.68 | | (3,255.68) | 866.20 | | (866.20) | | | | | |
| TOPS - FICA | 14.00 | | (14.00) | 66.26 | | (66.26) | | | | | |
| Social Security - Employer | 288.73 | 271.00 | (17.73) | 1,466.28 | 1,355.00 | (111.28) | | | | | |
| Sucial Security - Culture | | | | | | | | | | | |

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| 04/30/14 | • | ign County Nu dget Statemer | - | ne | | 1 |
|--|--------------|--------------------------------|-------------|--------------|--------------|-------------|
| | | - | - | | | |
| Description | Actual | Budget | Variance | YTD Actual | YTD Budget | Variance |
| Workers' Compensation Insurance | 125.02 | 239.00 | 113.98 | 641.51 | 1,195.00 | 553.49 |
| Unemployment Insurance | 220.35 | 180.00 | (40.35) | 954.87 | 900.00 | (54.8 |
| Employee Health/Life Insurance | 1,243.20 | 1,213.00 | (30.20) | 5,005.80 | 6,065.00 | 1,059.20 |
| Operational Supplies | 229.24 | 70.00 | (159.24) | 458.22 | 350.00 | (108.22 |
| Conferences & Training | | 25.00 | 25.00 | | 125.00 | 125.00 |
| Total Barber & Beauty | 7,048.58 | 6,372.00 | (676.58) | 32,827.52 | 31,860.00 | (967.52 |
| Adult Day Care | | | | | | |
| Reg. Full-Time Employees | 10,168.22 | 12,515.00 | 2,346.78 | 66,413.68 | 62,575.00 | (3,838.68 |
| Temp. Salaries & Wages | 1,201.76 | | (1,201.76) | 1,896.58 | | (1,896.5 |
| Overtime | 138.68 | 21.00 | (117.68) | 572.77 | 105.00 | (467.7) |
| TOPS - Balances | (135.64) | | 135.64 | (6,794.56) | | 6,794.56 |
| TOPS - FICA | (10.38) | | 10.38 | (519.78) | | 519.78 |
| Social Security - Employer | 863.63 | 939.00 | 75.37 | 5,177.10 | 4,695.00 | (482.10 |
| IMRF - Employer Cost | 1,001.99 | 1,247.00 | 245.01 | 6,556.25 | 6,235.00 | (321.2 |
| Workers' Compensation Insurance | 322.16 | 748.00 | 425.84 | 2,042.52 | 3,740.00 | 1,697.48 |
| Unemployment insurance | 522.50 | 556.00 | 33.50 | 3,137.83 | 2,780.00 | (357.83 |
| Employee Health/Life Insurance | 3,081.00 | 2,426.00 | (655.00) | 15,487.50 | 12,130.00 | (3,357.50 |
| Books, Periodicals & Manuals | | 14.00 | 14.00 | | 70.00 | 70.00 |
| Gasoline & Oil | 1,211.21 | 1,086.00 | (125.21) | 4,699.85 | 5,430.00 | 730.1 |
| Equipment < \$2,500 | | 18.00 | 18.00 | | 90.00 | 90.0 |
| Operational Supplies | 165.07 | 23.00 | (142.07) | 852.24 | 115.00 | (737.24 |
| Job Required Travel | 194.88 | | (194.88) | 194.88 | | (194.8 |
| Field Trips/Activities | 75.24 | 11.00 | (64.24) | 152.28 | 55.00 | (97.28 |
| Conferences & Training | | | | 30.00 | | (30.00 |
| Fumishings, Office Equipment | | 3,846.00 | 3,846.00 | | 19,230.00 | 19,230.00 |
| Total Adult Day Care | 18,800.32 | 23,450.00 | 4,649.68 | 99,899.14 | 117,250.00 | 17,350.86 |
| Alzheimers and Related Disord | | | | | | |
| Reg. Full-Time Employees | 20,366.75 | 26,821.00 | 6,454.25 | 101,229.60 | 134,105.00 | 32,875.40 |
| Overtime | 4,843.45 | 12,047.00 | 7,203.55 | 44,300.42 | 60,235.00 | 15,934.58 |
| TOPS - Balances | 26.75 | 308.00 | 281.25 | 2,775.67 | 1,540.00 | (1,235.67 |
| No Benefit Full-Time Employees | 19,039.31 | 27,244.00 | 8,204.69 | 114,993.54 | 136,220.00 | 21,226.46 |
| No Benefit Part-Time Employees | 13,532.19 | 27,898.00 | 14,365.81 | 71,106.35 | 139,490.00 | 68,383.6 |
| TOPS - FICA | 2.05 | 24.00 | 21.95 | 212.34 | 120.00 | (92.34 |
| Social Security - Employer | 4,374.35 | 7,120.00 | 2,745.65 | 25,088.41 | 35,600.00 | 10,511.59 |
| IMRF - Employer Cost | 5,677.67 | 9,545.00 | 3,867.33 | 32,779.07 | 47,725.00 | 14,945.93 |
| Workers' Compensation Insurance | 1,428.21 | 5,612.00 | 4,183.79 | 8,591.67 | 28,060.00 | 19,468.33 |
| Unemployment Insurance | 2,459.27 | 3,081.00 | 621.73 | 14,384.01 | 15,405.00 | 1,020.99 |
| Employee Health/Life Insurance | 4,927.80 | 4,500.00 | (427.80) | 22,856.70 | 22,500.00 | (356.70 |
| Books, Periodicals & Manuals | 233.10 | | (233.10) | 233.10 | | (233.10 |
| Operational Supplies | | 1.00 | 1.00 | 111.33 | 5.00 | (106.33 |
| Professional Services | | | | 349.04 | | (349.04 |
| Conferences & Training | 99.00 | 9.00 | (90.00) | 99.00 | 45.00 | (54.00 |
| ARD - Contract Nursing | 8,688.15 | 11,538.00 | 2,849.85 | 43,672.55 | 57,690.00 | 14,017.45 |
| Total Alzheimers and Related Disorders | 85,698.05 | 135,748.00 | 50,049.95 | 482,782.80 | 678,740.00 | 195,957.20 |
| Total Expenses | 1,260,029.98 | 1,241,589.00 | (18,440.98) | 6,331,039.64 | 6,207,945.00 | (123,094.64 |
| Net Operating Income | (65,882.78) | (97,583.00) | 31,700.22 | (137,592.74) | (487,915.00) | 350,322.26 |

 Local Taxes
 91,949.17
 79,877.00
 12,072.17
 459,747.42
 399,385.00
 60,362.42

 Total Local Taxes
 91,949.17
 79,877.00
 12,072.17
 459,747.42
 399,385.00
 60,362.42

Miscellaneous NI Revenue

| 04/30/14 Champaign County Nursing Home 04/30/14 Actual vs Budget Statement of Operations | | | | | | | | | | | | |
|--|-----------|-------------|-----------|------------|-------------|------------|--|--|--|--|--|--|
| Description | Actual | Budget | Variance | YTD Actual | YTD Budget | Variance | | | | | | |
| Investment Interest | 24.74 | 57.00 | (32.26) | 125.33 | 285.00 | (159.67) | | | | | | |
| Restricted Donations | 290.00 | 154.00 | 136.00 | 2,276.18 | 770.00 | 1,506.18 | | | | | | |
| Total Miscellaneous NI Revenue | 314.74 | 211.00 | 103.74 | 2,401.51 | 1,055.00 | 1,346.51 | | | | | | |
| Total NonOperating Income | 92,263.91 | 80,088.00 | 12,175.91 | 462,148.93 | 400,440.00 | 61,708.93 | | | | | | |
| Net Income (Loss) | 26,381.13 | (17,495.00) | 43,876.13 | 324,556.19 | (87,475.00) | 412,031.19 | | | | | | |

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| 04/30/14 | | | | | paign Courical Staten | | | | | | | | |
|----------------------------------|-------|--------|-------|-------|-----------------------|-------|-------|-----------|-----------|-----------|-----------|-----------|-----------|
| Description | 05/13 | 06/13 | 07/13 | 08/13 | 09/13 | 10/13 | 11/13 | 12/13 | 01/14 | 02/14 | 03/14 | 04/14 | Tota |
| Operating Income | | | | | | | | | | | | | |
| Miscellaneous Revenue | | | | | | | | 1,828 | 2,486 | 1,348 | 2,270 | 3,364 | 11,296 |
| Medicare A Revenue | | | | | | | | 267,837 | 245,602 | 215,221 | 217,759 | 170,531 | 1,116,950 |
| Medicare B Revenue | | | | | | | | 35,157 | 37,756 | 45,663 | 29,316 | 31,074 | 178,966 |
| Medicaid Revenue | | | | | | | | 459,986 | 601,386 | 437,374 | 538,463 | 449,094 | 2,486,303 |
| Private Pay Revenue | | | | | | | | 493,612 | 358,642 | 484,074 | 460,093 | 517,636 | 2,314,058 |
| Adult Day Care Revenue | | | | | | | | 17,903 | 13,323 | 14,550 | 17,648 | 22,448 | 85,873 |
| Total Income | | | | | | | | 1,276,324 | 1,259,195 | 1,198,232 | 1,265,549 | 1,194,147 | 6,193,447 |
| Operating Expenses | | | | | | | | | | | | | |
| Administration | | | | | | | | 249,903 | 258,385 | 263,618 | 264,550 | 261,561 | 1,298,017 |
| Environmental Services | | | | | | | | 89,239 | 91,219 | 90,808 | 89,972 | 88,964 | 450,203 |
| Laundry | | | | | | | | 15,239 | 17,613 | 16,566 | 17,341 | 18,367 | 85,126 |
| Maintenance | | | | | | | | 20,574 | 22,631 | 29,249 | 28,258 | 24,304 | 125,015 |
| Nursing Services | | | | | | | | 511,150 | 523,369 | 468,410 | 530,748 | 514,093 | 2,547,770 |
| Activities | | | | | | | | 18,500 | 19,891 | 17,504 | 19,083 | 20,061 | 95,040 |
| Social Services | | | | | | | | 16,433 | 16,243 | 14,405 | 11,226 | 10,796 | 69,103 |
| Physical Therapy | | | | | | | | 42,804 | 45,374 | 41,437 | 40,610 | 40,677 | 210,902 |
| Occupational Therapy | | | | | | | | 33,140 | 37,567 | 33,600 | 29,716 | 28,643 | 162,667 |
| Speech Therapy | | | | | | | | 9,543 | 10,714 | 9,459 | 11,436 | 12,584 | 53,736 |
| Respiratory Therapy | | | | | | | | | | | | | |
| Respiratory Therapy | | | | | | | | 9,226 | 9,199 | 8,525 | 9,199 | 9,171 | 45,320 |
| Total This Department | | | | | | | | 18,769 | 19,913 | 17,984 | 20,635 | 21,755 | 99,056 |
| Food Services | | | | | | | | 122,660 | 118,964 | 101,807 | 109,938 | 119,263 | 572,631 |
| Barber & Beauty | | | | | | | | 6,316 | 7,212 | 5,215 | 7,036 | 7,049 | 32,828 |
| Adult Day Care | | | | | | | | 18,583 | 19,543 | 18,670 | 24,303 | 18,800 | 99,899 |
| Alzheimers and Related Disorders | | | | | | | | 101,641 | 105,787 | 87,614 | 102,043 | 85,698 | 482,783 |
| Total Expenses | | ······ | | | | | | 1,264,950 | 1,303,712 | 1,206,888 | 1,295,460 | 1,260,030 | 6,331,040 |
| Net Operating Income | | | | | | | | 11,374 | (44,517) | (8,656) | (29,911) | (65,883) | (137,593) |
| NonOperating Income | | | | | | | | | | | | | |
| Local Taxes | | | | | | | | 91,951 | 91,949 | 91,947 | 91,951 | 91,949 | 459,747 |
| Miscellaneous NI Revenue | | | | | | | | 506 | 111 | 23 | 1,446 | 315 | 2,402 |
| Total NonOperating Income | | | | | | | | 92,457 | 92,060 | 91,970 | 93,398 | 92,264 | 462,149 |
| Net Income (Loss) | | | | | | | | 103,831 | 47,544 | 83,314 | 63,487 | 26,381 | 324,556 |
| | | | | | | | | | | | | | |

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| 04/30/14 | Champaign County Nursing Home Historical Statement of Operations | | | | | | | | | | | | 1 |
|-------------------------------------|---|-------|-------|-------|-------|-------|-------|---------|---------|---------|---------|---------|-----------|
| Description | 05/13 | 06/13 | 07/13 | 08/13 | 09/13 | 10/13 | 11/13 | 12/13 | 01/14 | 02/14 | 03/14 | 04/14 | Tota |
| Operating Income | | | | | | | | | | | | | |
| Miscellaneous Revenue | | | | | | | | | | | | | |
| Lunch Reimbursement | | | | | | | | 180 | | 171 | 1,131 | 177 | 1,659 |
| Late Charge, NSF Check Charge | | | | | | | | 1,648 | 2,476 | 1,059 | 1,116 | 629 | 6,928 |
| Other Miscellaneous Revenue | | | | | | | | | 10 | 118 | 22 | 2,558 | 2,709 |
| Total Miscellaneous Revenue | | | | | | | | 1,828 | 2,486 | 1,348 | 2,270 | 3,364 | 11,296 |
| Medicare A Revenue | | | | | | | | | | | | | |
| Medicare A | | | | | | | | 146,013 | 168,901 | 130,033 | 142,128 | 65,455 | 652,530 |
| ARD - Medicare A | | | | | | | | 45,056 | 14,465 | 25,253 | 14,775 | 6,365 | 105,914 |
| NH Pt_Care - Medicare Advantage/ H | | | | | | | | 56,134 | 58,715 | 52,895 | 60,857 | 88,782 | 317,382 |
| ARD_Pt Care - Medicare Advantage/ | ····· | | | | | | | 20,635 | 3,520 | 7,040 | | 9,929 | 41,124 |
| Total Medicare A Revenue | | | | | | | | 267,837 | 245,602 | 215,221 | 217,759 | 170,531 | 1,116,950 |
| Medicare B Revenue | | | | | | | | | | | | | |
| Medicare B | | | | | | | | 35,157 | 37,756 | 45,663 | 29,316 | 31,074 | 178,966 |
| Total Medicare B Revenue | | | | | | | | 35,157 | 37,756 | 45,663 | 29,316 | 31,074 | 178,966 |
| Medicaid Revenue | | | | | | | | | | | | | |
| Medicaid Title XIX (IDHFS) | | | | | | | | 277,188 | 431,022 | 282,473 | 371,984 | 303,291 | 1,665,958 |
| ARD - Medicaid Title XIX (IDHFS) | | | | | | | | 126,822 | 129,179 | 109,666 | 133,616 | 117,740 | 617,022 |
| Patient Care-Hospice | | | | | | | | 39,930 | 30,703 | 35,788 | 24,840 | 21,221 | 152,481 |
| ARD Patient Care - Hospice | | | | | | | | 16,047 | 10,482 | 9,447 | 8,023 | 6,843 | 50,843 |
| Total Medicaid Revenue | | | | | | | | 459,986 | 601,386 | 437,374 | 538,463 | 449,094 | 2,486,303 |
| Private Pay Revenue | | | | | | | | | | | | | |
| VA-Veterans Nursing Home Care | | | | | | | | 25,726 | 34,966 | 33,123 | 20,466 | 17,017 | 131,297 |
| ARD - VA - Veterans Care | | | | | | | | 2,187 | 8,360 | | | | 10,547 |
| Nursing Home Patient Care - Private | | | | | | | | 355,996 | 199,863 | 311,187 | 292,298 | 342,531 | 1,501,874 |
| Nursing Home Beauty Shop Revenue | | | | | | | | 3,074 | 3,429 | 3,092 | 3,112 | 3,345 | 16,053 |
| Medical Supplies Revenue | | | | | | | | 6,717 | 4,748 | 7,767 | 8,541 | 8,098 | 35,871 |
| Patient Transportation Charges | | | | | | | | 2,780 | 453 | 2,416 | 1,000 | 1,113 | 7,763 |
| ARD Patient Care- Private Pay | | | | | | | | 97,132 | 106,824 | 126,489 | 134,677 | 145,532 | 610,654 |
| Total Private Pay Revenue | | | | | | | | 493,612 | 358,642 | 484,074 | 460,093 | 517,636 | 2,314,058 |
| Adult Day Care Revenue | | | | | | | | | | | | | |
| VA-Veterans Adult Daycare | | | | | | | | 3,572 | 4,270 | 5,586 | 5,658 | 6,054 | 25,141 |
| IL Department Of Aging-Day Care Gra | | | | | | | | 10,258 | 7,283 | 6,821 | 9,215 | 13,184 | 46,760 |
| Adult Day Care Charges-Private Pay | | | | | | | | 4,073 | 1,770 | 2,143 | 2,775 | 3,210 | 13,971 |
| Tuesday, June 03, 2014 | | | | | | | | | | | | | 10:28 AM |

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| 04/30/14 | | | | | | nty Nursing tent of Ope | | | | | | | 2 |
|----------------------------------|-------|-------|-------|-------|-------|----------------------------|-------|-----------|-----------|-----------|-----------|-----------|-----------|
| Description | 05/13 | 06/13 | 07/13 | 08/13 | 09/13 | 10/13 | 11/13 | 12/13 | 01/14 | 02/14 | 03/14 | 04/14 | Tota |
| Total Adult Day Care Revenue | | | | | | | | 17,903 | 13,323 | 14,550 | 17,648 | 22,448 | 85,873 |
| Total Income | · | | | | | | | 1,276,324 | 1,259,195 | 1,198,232 | 1,265,549 | 1,194,147 | 6,193,447 |
| Operating Expenses | | | | | | | | | | | | | |
| Administration | | | | | | | | | | | | | |
| Reg. Full-Time Employees | | | | | | | | 25,469 | 24,513 | 25,345 | 25,978 | 27,839 | 129,144 |
| Temp. Salaries & Wages | | | | | | | | 1,852 | 1,884 | 2,353 | 3,351 | 1,894 | 11,334 |
| Per Diem | | | | | | | | 180 | 225 | 225 | 135 | 180 | 945 |
| Overtime | | | | | | | | 140 | 1,093 | 199 | 91 | 314 | 1,836 |
| TOPS - Balances | | | | | | | | (1,100) | 1,674 | 626 | 1,568 | 350 | 3,118 |
| TOPS - FICA | | | | | | | | (84) | 128 | 48 | 120 | 27 | 239 |
| Social Security - Employer | | | | | | | | 1,963 | 1,992 | 2,041 | 2,138 | 2,179 | 10,313 |
| IMRF - Employer Cost | | | | | | | | 2,429 | 2,376 | 2,491 | 2,643 | 2,706 | 12,645 |
| Workers' Compensation Insurance | | | | | | | | 1,026 | 875 | 768 | 613 | 923 | 4,205 |
| Unemployment Insurance | | | | | | | | 116 | 1,766 | 1,403 | 1,158 | 812 | 5,256 |
| Employee Health/Life Insurance | | | | | | | | 4,292 | 4,249 | 4,381 | 3,655 | 4,276 | 20,853 |
| Employee Development/Recognition | | | | | | | | 30 | | 78 | 22 | 16 | 146 |
| Employee Physicals/Lab | | | | | | | | 100 | 312 | 4,094 | 3,279 | 5,214 | 12,998 |
| Stationary & Printing | | | | | | | | 212 | | 47 | 716 | 254 | 1,228 |
| Books, Periodicals & Manuals | | | | | | | | 69 | | | | | 69 |
| Copier Supplies | | | | | | | | 518 | 536 | 548 | 731 | 914 | 3,247 |
| Postage, UPS, Federal Express | | | | | | | | 391 | 667 | 534 | 827 | 453 | 2,873 |
| Equipment < \$2,500 | | | | | | | | | | 160 | (37) | | 122 |
| Operational Supplies | | | | | | | | 1,081 | 585 | 701 | 853 | 758 | 3,978 |
| Audit & Accounting Fees | | | | | | | | 4,179 | 4,179 | 4,179 | 4,179 | 4,179 | 20,895 |
| Attorney Fees | | | | | | | | 3,281 | 1,862 | 7,323 | 8,064 | 4,933 | 25,462 |
| Professional Services | | | | | | | | 41,722 | 40,781 | 38,590 | 37,939 | 37,523 | 196,556 |
| Job Required Travel Expense | | | | | | | | 123 | 109 | 506 | 204 | 130 | 1,072 |
| Insurance | | | | | | | | 23,167 | 23,167 | 23,167 | 23,167 | 23,167 | 115,835 |
| Property Loss & Llability Claims | | | | | | | | | | | 950 | , | 950 |
| Computer Services | | | | | | | | 10,271 | 6,116 | 6,052 | 6,179 | 5,785 | 34,403 |
| Telephone Services | | | | | | | | 1,872 | 1,255 | 1,280 | 1,705 | 1,314 | 7,426 |
| Legal Notices, Advertising | | | | | | | | 3,008 | 2,866 | 4,892 | 2,918 | 4,867 | 18,552 |
| Photocopy Services | | | | | | | | 1,591 | 1,025 | 1,774 | 1,075 | 1,025 | 6,490 |
| Public Relations | | | | | | | | 70 | (55) | 5 | 10 | 221 | 250 |
| Dues & Licenses | | | | | | | | 1,725 | 1,725 | 1,675 | 1,625 | 1,625 | 8,375 |
| Conferences & Training | | | | | | | | 99 | 1,029 | 1,228 | (137) | 1,662 | 3,881 |
| Finance Charges, Bank Fees | | | | | | | | | | | | 1 | 1 |
| Cable/Satellite TV Expense | | | | | | | | 2,534 | 2,534 | 2,235 | 2,235 | 2,235 | 11,772 |
| IPA Licensing Fee | | | | | | | | 46,385 | 46,591 | 43,093 | 47,872 | 45,595 | 229,535 |
| Fumishings, Office Equipment | | | | | | | | | | | | | |
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Tuesday, June 03, 2014

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| 04/30/14 | | | | | ipaign Cou ical Staten | | | | | | | | 3 |
|---------------------------------|-------|-------|-------|-------|---------------------------|-------|-------|---------|---------|---------|---------|---------|-----------|
| Description | 05/13 | 06/13 | 07/13 | 08/13 | 09/13 | 10/13 | 11/13 | 12/13 | 01/14 | 02/14 | 03/14 | 04/14 | Tota |
| Depreciation Expense | | | | | | | | 60,971 | 60,693 | 62,193 | 62,472 | 61,920 | 308,249 |
| Bad Debt Expense | | | | | | | | | | | | • • • | |
| Miscellaneous Expense | | | | | | | | | 11,412 | 9,163 | 6,030 | 6,048 | 32,654 |
| Interest- Bonds Payable | | | | | | | | 10,222 | 10,222 | 10,222 | 10,222 | 10,222 | 51,110 |
| Total Administration | | | | | | | | 249,903 | 258,385 | 263,618 | 264,550 | 261,561 | 1,298,017 |
| Environmental Services | | | | | | | | | | | | | |
| Reg. Full-Time Employees | | | | | | | | 27,568 | 25,755 | 25,244 | 27,155 | 27,162 | 132,884 |
| Reg. Part-Time Employees | | | | | | | | 766 | 709 | 738 | 796 | 818 | 3,828 |
| Overtime | | | | | | | | 3,624 | 6,739 | 331 | 240 | 67 | 11,001 |
| TOPS - Balances | | | | | | | | 1,584 | 1,274 | 877 | 1,787 | 701 | 6,222 |
| TOPS- FICA | | | | | | | | 121 | 97 | 67 | 137 | 54 | 476 |
| Social Security - Employer | | | | | | | | 2,392 | 2,486 | 1,966 | 2,105 | 2,094 | 11,043 |
| IMRF - Employer Cost | | | | | | | | 3,218 | 3,228 | 2,547 | 2,714 | 2,719 | 14,426 |
| Workers' Compensation Insurance | | | | | | | | 1,050 | 885 | 753 | 607 | 793 | 4,088 |
| Unemployment insurance | | | | | | | | 209 | 2,102 | 1,376 | 1,481 | 1,239 | 6,407 |
| Employee Health/Life Insurance | | | | | | | | 7,450 | 7,450 | 7,647 | 7,449 | 7,449 | 37,446 |
| Operational Supplies | | | | | | | | 4,662 | 5,616 | 4,078 | 4,716 | 3,796 | 22,868 |
| Gas Service | | | | | | | | 11,372 | 18,339 | 20,970 | 18,818 | 16,584 | 86,084 |
| Electric Service | | | | | | | | 15,517 | 11,077 | 13,640 | 14,346 | 17,378 | 71,958 |
| Water Service | | | | | | | | 2,631 | (766) | 4,728 | 2,384 | 2,856 | 11,833 |
| Pest Control Service | | | | | | | | 482 | 482 | 482 | 482 | 482 | 2,410 |
| Waste Disposal & Recycling | | | | | | | | 5,036 | 2,738 | 3,766 | 3,159 | 3,294 | 17,991 |
| Equipment Rentals | | | | | | | | 258 | 258 | 258 | 258 | 258 | 1,290 |
| Conferences & Training | | | | | | | | | | 30 | | | 30 |
| Sewer Service & Tax | | | | | | | | 1,300 | 2,751 | 1,311 | 1,337 | 1,219 | 7,919 |
| Total Environmental Services | | | | | | | | 89,239 | 91,219 | 90,808 | 89,972 | 88,964 | 450,203 |
| Laundry | | | | | | | | | | | | | |
| Reg. Full-Time Employees | | | | | | | | 9,465 | 9,158 | 9,382 | 9,989 | 9,786 | 47,780 |
| Overtime | | | | | | | | 509 | 1,129 | | 643 | · | 2,281 |
| TOPS Balances | | | | | | | | (494) | 846 | 273 | 539 | 305 | 1,469 |
| TOPS - FICA | | | | | | | | (38) | 65 | 21 | 41 | 23 | 112 |
| Social Security - Employer | | | | | | | | 744 | 764 | 697 | 791 | 726 | 3,721 |
| IMRF - Employer Cost | | | | | | | | 1,004 | 993 | 904 | 1,019 | 942 | 4,861 |
| Workers' Compensation Insurance | | | | | | | | 336 | 324 | 261 | 203 | 305 | 1,429 |
| Unemployment Insurance | | | | | | | | | 668 | 485 | 567 | 498 | 2,218 |
| Employee Health/Life Insurance | | | | | | | | 2,462 | 2,457 | 2,525 | 2,459 | 2,459 | 12,363 |
| Laundry Supplies | | | | | | | | 1,029 | | 226 | 254 | 226 | 1,735 |
| Linen & Bedding | | | | | | | | 222 | 1,210 | 1,792 | 415 | 1,254 | 4,892 |
| Professional Services | | | | | | | | | | | 421 | 1,754 | 2,175 |
| Laundry & Cleaning Service | | | | | | | | | | | | 88 | 88 |

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| 04/30/14 | | | | Cham Histor | ipaign Cou ical Statem | nty Nursing ent of Ope | a Home erations | | | | | | |
|-------------------------------------|-------|-------|-------|----------------|---------------------------|---------------------------|--------------------|---------|---------|---------|---------|---------|---------|
| Description | 05/13 | 06/13 | 07/13 | 08/13 | 09/13 | 10/13 | 11/13 | 12/13 | 01/14 | 02/14 | 03/14 | 04/14 | Tota |
| Total Laundry | | | | | | | | 15,239 | 17,613 | 16,566 | 17,341 | 18,367 | 85,126 |
| Maintenance | | | | | | | | | | | | | |
| Reg. Full-Time Employees | | | | | | | | 5,557 | 5,585 | 5,095 | 5,540 | 6,018 | 27,796 |
| Overtime | | | | | | | | 63 | 573 | 197 | | | 833 |
| TOPS - Balances | | | | | | | | (120) | 44 | 126 | 2,113 | 518 | 2,680 |
| TOPS - FICA | | | | | | | | (9) | 3 | 10 | 162 | 40 | 205 |
| Social Security - Employer | | | | | | | | 420 | 437 | 373 | 391 | 426 | 2,047 |
| MRF - Employer Cost | | | | | | | | 564 | 568 | 485 | 503 | 553 | 2,673 |
| Workers' Compensation Insurance | | | | | | | | 208 | 190 | 147 | 115 | 172 | 831 |
| Unemployment Insurance | | | | | | | | 174 | 331 | 274 | 305 | 305 | 1,390 |
| Employee Health/Life Insurance | | | | | | | | 622 | 1,865 | 1,903 | 1,865 | 1,865 | 8,119 |
| Gasoline & Oil | | | | | | | | 1,365 | | 15 | | | 1,381 |
| Ground Supplies | | | | | | | | 258 | 26 | | 17 | | 301 |
| Maintenance Supplies | | | | | | | | 2,144 | 2,508 | 1,339 | 1,330 | 3,663 | 10,983 |
| Equipment < \$2,500 | | | | | | | | | - | | 985 | | 985 |
| Operational Supplies | | | | | | | | | 45 | 16 | | | 62 |
| Professional Services | | | | | | | | (653) | 1,003 | | | | 350 |
| Automobile Maintenance | | | | | | | | 1,227 | 764 | 128 | 1,195 | 1,319 | 4,633 |
| Equipment Maintenance | | | | | | | | 673 | 1,765 | 4,225 | 6,024 | 1,082 | 13,768 |
| Equipment Rentals | | | | | | | | 262 | 4 | 9 | 9 | 9 | 293 |
| Nursing Home Building Repair/Mainte | | | | | | | | 6,318 | 1,718 | 9,740 | 6,005 | 8,336 | 32,117 |
| Parking Lot/Sidewalk Maintenance | | | | | | | | 1,500 | 5,200 | 5,167 | 1,700 | 0,000 | 13,567 |
| Total Maintenance | | | | | | | | 20,574 | 22,631 | 29,249 | 28,258 | 24,304 | 125,015 |
| Nursing Services | | | | | | | | | | | | | |
| Reg. Full-Time Employees | | | | | | | | 124,975 | 114,312 | 116,157 | 131,433 | 136,769 | 623,646 |
| Reg. Part-Time Employees | | | | | | | | 5,299 | 4,239 | 3,687 | 4,566 | 3,945 | 21,737 |
| Temp. Salaries & Wages | | | | | | | | 14,897 | 15,079 | 9,722 | 9,777 | 11,149 | 60,623 |
| Overtime | | | | | | | | 59,507 | 75,128 | 28,578 | 26,220 | 27,500 | 216,934 |
| TOPS - Balances | | | | | | | | 912 | 1,132 | 3,302 | 5,816 | 3,945 | 15,108 |
| No Benefit Full-Time Employees | | | | | | | | 71,239 | 61,996 | 55,680 | 61,488 | 64,172 | 314,574 |
| No Benefit Part-Time Employees | | | | | | | | 17,794 | 23,177 | 26,352 | 29,650 | 27,915 | 124,889 |
| TOPS - FICA | | | | | | | | 70 | 87 | 253 | 445 | 302 | 1,156 |
| Social Security - Employer | | | | | | | | 22,083 | 22,059 | 17,940 | 19,678 | 20,307 | 102,068 |
| IMRF - Employer Cost | | | | | | | | 27,870 | 26,450 | 22,092 | 24,417 | 25,137 | 125,965 |
| Workers' Compensation Insurance | | | | | | | | 8,716 | 7,335 | 6,289 | 5,010 | 6,901 | 34,251 |
| Unemployment Insurance | | | | | | | | 2,046 | 19,086 | 12,058 | 11,513 | 7,973 | 52,676 |
| Employee Health/Life Insurance | | | | | | | | 21,821 | 22,439 | 23,638 | 23,654 | 23,654 | 115,206 |
| Stocked Drugs | | | | | | | | 2,460 | 985 | 2,470 | 1,969 | 1,840 | 9,724 |
| Pharmacy Charges-Public Aid | | | | | | | | 1,082 | 2,278 | 1,645 | 1,931 | 1,775 | 8,712 |
| Oxygen | | | | | | | | 3,808 | 1,576 | 5,424 | 4,040 | 3,148 | 17,997 |

| 04/30/14 | | | | | ipaign Cou ical Staten | nty Nursing | | | | | | | |
|---------------------------------|-------|-------|-------|-------|---------------------------|-------------|-------|---------|---------|---------|---------|---------|-----------|
| Description | 05/13 | 06/13 | 07/13 | 08/13 | 09/13 | 10/13 | 11/13 | 12/13 | 01/14 | 02/14 | 03/14 | 04/14 | Tota |
| Incontinence Supplies | | | | | | | | 11,735 | 7,767 | 11,821 | 8,435 | 8,276 | 48,035 |
| Pharmacy Charges - Insurance | | | | | | | | 6,385 | 10,492 | 12,466 | 3,530 | 8,428 | 41,301 |
| Equipment < \$2,500 | | | | | | | | 2,471 | 328 | 2,414 | 2,053 | 1,256 | 8,521 |
| Operational Supplies | | | | | | | | 9,278 | 17,837 | 19,899 | 14,165 | 15,209 | 76,387 |
| Pharmacy Charges-Medicare | | | | | | | | 8,754 | 12,236 | 9,250 | 9,401 | 9,858 | 49,498 |
| Medical/Dental/Mental Health | | | | | | | | 3,400 | 3,600 | 3,600 | 3,600 | 3,400 | 17,600 |
| Professional Services | | | | | | | | 30,149 | 28,388 | 34,549 | 35,432 | 29,140 | 157,659 |
| Job Require Travel | | | | | | | | | | 195 | | | 195 |
| Laboratory Fees | | | | | | | | 3,770 | 2,795 | 2,369 | 2,051 | 2,760 | 13,744 |
| Equipment Rentals | | | | | | | | 3,077 | 5,437 | 3,567 | 2,749 | 4,045 | 18,875 |
| Dues & Licenses | | | | | | | | | | | 150 | | 150 |
| Conferences & Training | | | | | | | | 120 | | 120 | 1,035 | | 1,275 |
| Contract Nursing Services | | | | | | | | 45,410 | 33,095 | 32,154 | 84,875 | 57,819 | 253,353 |
| Medicare Medical Services | | | | | | | | 2,022 | 4,038 | 720 | 1,665 | 7,470 | 15,915 |
| Medical/ Health Equipment | | | | | | | | | | | | | |
| Total Nursing Services | | | | | | | | 511,150 | 523,369 | 468,410 | 530,748 | 514,093 | 2,547,770 |
| Activities | | | | | | | | | | | | | |
| Reg. Full-Time Employees | | | | | | | | 12,573 | 12,951 | 10,365 | 12,656 | 12,512 | 61,057 |
| Overtime | | | | | | | | 6 | 40 | 103 | 7 | 63 | 219 |
| TOPS - Balances | | | | | | | | (799) | (921) | (519) | 46 | (461) | (2,654) |
| TOPS - FICA | | | | | | | | (61) | (70) | (40) | 4 | (35) | (203) |
| Social Security - Employer | | | | | | | | 897 | 917 | 751 | 917 | 921 | 4,404 |
| IMRF - Employer Cost | | | | | | | | 1,206 | 1,192 | 974 | 1,182 | 1,196 | 5,750 |
| Workers' Compensation Insurance | | | | | | | | 477 | 426 | 322 | 237 | 364 | 1,825 |
| Unemployment Insurance | | | | | | | | 146 | 803 | 544 | 678 | 620 | 2,792 |
| Employee Health/Life Insurance | | | | | | | | 3,687 | 3,687 | 3,785 | 3,065 | 4,279 | 18,502 |
| Operational Supplies | | | | | | | | 244 | 741 | 1,064 | 166 | 478 | 2,693 |
| Professional Services | | | | | | | | 125 | 125 | 125 | 125 | 125 | 624 |
| Conferences & Training | | | | | | | | | | 30 | | | 30 |
| Total Activities | | | | | | <u>_</u> | | 18,500 | 19,891 | 17,504 | 19,083 | 20,061 | 95,040 |
| Social Services | | | | | | | | | | | | | |
| Reg. Full-Time Employees | | | | | | | | 10,896 | 10,736 | 9,670 | 6,956 | 6,838 | 45.097 |
| Overtime | | | | | | | | 84 | 602 | 29 | 76 | 73 | 863 |
| TOPS - Balances | | | | | | | | 575 | (957) | 401 | 562 | 170 | 751 |
| TOPS - FICA | | | | | | | | (33) | 3 | 31 | 43 | 13 | 57 |
| Social Security - Employer | | | | | | | | 823 | 848 | 728 | 524 | 514 | 3,438 |
| IMRF - Employer Cost | | | | | , | | | 1,107 | 1,102 | 941 | 676 | 668 | 4,494 |
| Workers' Compensation Insurance | | | | | | | | 413 | 354 | 340 | 47 | 193 | 1,348 |
| Unemployment Insurance | | | | | | | | | 862 | 353 | 370 | 356 | 1,941 |
| Employee Health/Life Insurance | | | | | | | | 2,442 | | 1,912 | 1,846 | | 10,489 |

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| 04/30/14 | | | | | npaign Cou rícal Stater | | | | | | | | (|
|--------------------------------|-------|-------|-------|-------|----------------------------|---------|-------|--------|--------|--------|--------|--------|---------|
| Description | 05/13 | 06/13 | 07/13 | 08/13 | 09/13 | 10/13 | 11/13 | 12/13 | 01/14 | 02/14 | 03/14 | 04/14 | Tot |
| Operational Supplies | | | | | | | | | 125 | (125) | | | |
| Professional Services | | | | | | | | 125 | 125 | 125 | 125 | 125 | 624 |
| Total Social Services | , | | | | | | | 16,433 | 16,243 | 14,405 | 11,226 | 10,796 | 69,103 |
| Physical Therapy | | | | | | | | | | | | | |
| Reg. Full-Time Employees | | | | | | | | 4,351 | 4,098 | 3,940 | 4,153 | 4,331 | 20,873 |
| Overtime | | | | | | | | 8 | 610 | 4 | | 4 | 627 |
| TOPS - Balances | | | | | | | | (42) | 351 | (14) | 87 | 24 | 406 |
| TOPS - FICA | | | | | | | | (3) | 27 | (1) | 7 | 2 | 31 |
| Social Security - Employer | | | | | | | | 323 | 348 | 291 | 306 | 320 | 1,587 |
| IMRF - Employer Cost | | | | | | | | 435 | 452 | 377 | 395 | 415 | 2,074 |
| Workers' Compensation Ins. | | | | | | | | 165 | 167 | 59 | 139 | 124 | 653 |
| Unemployment Insurance | | | | | | | | | 308 | 204 | 226 | 218 | 956 |
| Employee Health/Life Insurance | | | | | | | | 1,243 | 1,243 | 1,309 | 1,243 | 1,243 | 6,282 |
| Professional Services | | | | | | | | 36,324 | 37,772 | 35,268 | 34,054 | 33,996 | 177,413 |
| Total Physical Therapy | | | | | | | | 42,804 | 45,374 | 41,437 | 40,610 | 40,677 | 210,902 |
| Occupational Therapy | | | | | | | | | | | | | |
| Reg. Full-Time Employees | | | | | | | | 2,165 | 2,263 | 1,968 | 2,066 | 2,165 | 10,627 |
| TOPS - Balances | | | | | | | | (324) | (10) | 227 | (103) | 30 | (180) |
| TOPS - FICA | | | | | | | | (25) | . (1) | 17 | (8) | 2 | (14) |
| Social Security - Employer | | | | | | | | 164 | 172 | 149 | 157 | 164 | 806 |
| IMRF - Employer Cost | | | | | | | | 222 | 223 | 194 | 202 | 213 | 1,054 |
| Workers' Compensation Ins. | | | | | | | | 82 | 46 | 29 | 69 | 62 | 288 |
| Unemployment Insurance | | | | | | | | | 151 | 103 | 114 | 111 | 480 |
| Employee Health/Life Insurance | | | | | | | | 622 | 622 | 638 | 622 | 622 | 3,125 |
| Professional Services | | | | | | | | 30,235 | 34,101 | 30,274 | 26,596 | 25,275 | 146,480 |
| Total Occupational Therapy | | | | | | <u></u> | | 33,140 | 37,567 | 33,600 | 29,716 | 28,643 | 162,667 |
| Speech Therapy | | | | | | | | | | | | | |
| Professional Services | | | | | | | | 9,543 | 10,714 | 9,459 | 11,436 | 12,584 | 53,736 |
| Total Speech Therapy | | | | | | | | 9,543 | 10,714 | 9,459 | 11,436 | 12,584 | 53,736 |
| Respiratory Therapy | | | | | | | | | | | | | |
| Professional Services | | | | | | | | 9,226 | 9,199 | 8,525 | 9,199 | 9,171 | 45,320 |
| Total Respiratory Therapy | | | | | | | | 9,226 | 9,199 | 8,525 | 9,199 | 9,171 | 45,320 |
| Total This Department | | | | | | | | 18,769 | 19,913 | 17,984 | 20,635 | 21,755 | 99,056 |
| Food Services | | | | | | | | | | | | | |
| Reg. Full-Time Employees | | | | | | | | 24,375 | 28,723 | 29,998 | 33,630 | 32,594 | 149,321 |
| Reg. Part-Time Employees | | | | | | | | | 63 | 709 | 1,114 | 2,381 | 4,266 |
| Truesday, June 00,0044 | | | | | | | | | | | | | |

| 04/30/14 | | | | | npaign Cou rical Staten | | | | | | | | 7 |
|---------------------------------|-------|-------|-------|-------|----------------------------|---------|-------|---------|---------|---------|---------|---------|---------|
| Description | 05/13 | 06/13 | 07/13 | 08/13 | 09/13 | 10/13 | 11/13 | 12/13 | 01/14 | 02/14 | 03/14 | 04/14 | Total |
| Overtime | | | | | | <u></u> | | 4,675 | 5,538 | 1,070 | 1,559 | 2,836 | 15,678 |
| TOPS - Balances | | | | | | | | 646 | 210 | 32 | 2,227 | (908) | 2,207 |
| TOPS - FICA | | | | | | | | 49 | 16 | 2 | 170 | (69) | 169 |
| Social Security - Employer | | | | | | | | 2,199 | 2,598 | 2,403 | 2,732 | 2,840 | 12,772 |
| IMRF - Employer Cost | | | | | | | | 2,955 | 3,375 | 3,118 | 3,524 | 3,687 | 16,659 |
| Workers' Compensation Insurance | | | | | | | | 885 | 1,021 | 396 | 1,296 | 994 | 4,592 |
| Unemployment Insurance | | | | | | | | 716 | 1,911 | 1,687 | 1,895 | 1,952 | 8,161 |
| Employee Health/Life Insurance | | | | | | | | 5,594 | 6,189 | 6,992 | 8,648 | 8,673 | 36,097 |
| Books, Periodicals & Manuals | | | | | | | | | | | | 209 | 209 |
| Food | | | | | | | | 49,016 | 43,855 | 40,960 | 34,606 | 46,275 | 214,711 |
| Non-Food Supply | | | | | | | | | | | 1,039 | (103) | 936 |
| Nutritional Supplements | | | | | | | | 2,538 | 4,239 | 3,072 | 2,642 | 3,444 | 15,936 |
| Equipment < \$2,500 | | | | | | | | | | 173 | | 76 | 249 |
| Operational Supplies | | | | | | | | 5,484 | 6,881 | 6,007 | 2,755 | 4,128 | 25,255 |
| Professional Services | | | | | | | | 22,810 | 13,939 | 4,724 | 11,630 | 9,819 | 62,922 |
| Equipment Rentals | | | | | | | | 715 | 405 | 405 | 405 | 405 | 2,335 |
| Dues & Licenses | | | | | | | | | | | 80 | | 80 |
| Conferences & Training | | | | | | | | | | 60 | (15) | 30 | 75 |
| Kitchen/ Laundry | | | | | | | | | | | (11) | | |
| Total Food Services | | | | | | <u></u> | ···· | 122,660 | 118,964 | 101,807 | 109,938 | 119,263 | 572,631 |
| Barber & Beauty | | | | | | | | | | | | | |
| Reg. Full-Time Employees | | | | | | | | 6,611 | 2,328 | 3,973 | 7,244 | 1,297 | 21,453 |
| TOPS - Balances | | | | | | | | (2,389) | 2,225 | 285 | (2,510) | 3,256 | 866 |
| TOPS - FICA | | | | | | | | (11) | (1) | 22 | 43 | 14 | 66 |
| Social Security - Employer | | | | | | | | 297 | 320 | 278 | 283 | 289 | 1,466 |
| IMRF - Employer Cost | | | | | | | | 400 | 415 | 360 | 365 | 375 | 1,915 |
| Workers' Compensation Insurance | | | | | | | | 166 | 152 | 59 | 139 | 125 | 642 |
| Unemployment Insurance | | | | | | | | | 301 | 206 | 228 | 220 | 955 |
| Employee Health/Life Insurance | | | | | | | | 1,243 | 1,243 | 33 | 1,243 | 1,243 | 5,006 |
| Operational Supplies | | | | | | | | | 229 | | - | 229 | 458 |
| Total Barber & Beauty | | | | | | | | 6,316 | 7,212 | 5,215 | 7,036 | 7,049 | 32,828 |
| Adult Day Care | | | | | | | | | | | | | |
| Reg. Full-Time Employees | | | | | | | | 12,615 | 12,798 | 10,856 | 19,976 | 10,168 | 66,414 |
| Temp. Salaries & Wages | | | | | | | | | | , | 695 | 1,202 | 1,897 |
| Overtime | | | | | | | | 183 | 59 | 136 | 56 | 139 | 573 |
| TOPS - Balances | | | | | | | | (985) | (600) | 365 | (5,440) | (136) | (6,795) |
| TOPS - FICA | | | | | | | | (75) | (46) | 28 | (416) | (10) | (520) |
| Social Security - Employer | | | | | | | | 961 | 962 | 823 | 1,568 | 864 | 5,177 |
| IMRF - Employer Cost | | | | | | | | 1,292 | 1,239 | 1,066 | 1,957 | 1,002 | 6,556 |
| Workers' Compensation Insurance | | | | | | | | 475 | 427 | 168 | 649 | 322 | 2,043 |

Tuesday, June 03, 2014

85

10:28 AM

| Unscale/privat issums 263 771 580 990 522 3,1 Employeer Issums 3,061 | 04/30/14 | | | | | npaign Cou rical Staten | | | | | | | | 8 |
|--|--------------------------------------|-------|-------|-------|-------|----------------------------|-------|-------|-----------|-----------|-----------|-----------|-----------|-----------|
| Endpows HealtMulie Insurance 3.081 3.184 3.081 1.184 3.081 1.11 4.74 Operational Scopiles 346 961 1.066 1.169 1.168 8 Operational Scopiles 456 (110) 386 (69) 165 8 Decalment Col 12 65 75 1 Conferences A Training 30.81 18,553 18,553 18,553 18,553 18,550 24,503 16,800 98,8 Alzeinners and Related Disord 72 2,000 13,17 19,285 20,387 101,21 19,285 20,387 101,21 Operation Monopers 21,277 14,469 8,152 2,286 100,23 11,47 13,382 71,11 TOPS - Filadimens 27,27 2,000 1(31) 78,8 2,286 10,03 11,494 TOPS - Filadimens 27,87 2,001 22,782 10,03 11,494 13,322 11,137 17,823 71,11 15,202 13,184 <t< th=""><th>Description</th><th>05/13</th><th>06/13</th><th>07/13</th><th>08/13</th><th>09/13</th><th>10/13</th><th>11/13</th><th>12/13</th><th>01/14</th><th>02/14</th><th>03/14</th><th>04/14</th><th>Total</th></t<> | Description | 05/13 | 06/13 | 07/13 | 08/13 | 09/13 | 10/13 | 11/13 | 12/13 | 01/14 | 02/14 | 03/14 | 04/14 | Total |
| descine A Dil Operational Supples 314 951 1,046 1,029 1,211 4,7 Dob Requited Travel 456 (110) 336 (68) 169 5 Job Requited Travel 12 65 75 1 Conferences & Training 30 24,303 16,800 98,80 Arbitimes and Related Disord 18,893 19,643 19,817 19,245 20,367 101,2 Ordering 21,270 14,469 6,152 6,404 44,44 4,35 Ordering 72 22,050 (131) 73,82 7,27 7 No Branch Juli-Time Employees 21,270 14,469 6,152 6,404 44,35 Ordering 72,727 14,471 13,302 7,11 13,62 7,11 No Branch Juli-Time Employees 72,727 14,493 16,471 13,52 7,12 No Branch Juli-Time Employees 7,507 7,201 6,0,70 6,27,8 2,28 Nobertime Employees 2,303 | Unemployment Insurance | | | | | | | | 265 | 771 | 580 | 999 | 523 | 3,138 |
| Operational Supplies 466 (110) 396 (56) 195 95 Deb Rouched Travel 12 65 75 1 Pield Travel 12 65 75 1 Confinences & Training 33 19,543 18,573 19,243 18,583 19,543 18,573 24,303 16,800 99,8 Able Adult Day Care 12,276 14,494 6,15,275 14,494 6,15,27 14,494 6,15,27 14,494 6,13,2 2,03,87 101,2 0,98,8 27,23 2,300 101,2 0,99,8 27,237 2,301 12,27,22 14,494 4,432 11,2,202 16,147 13,532 11,352 11,352 11,352 11,352 11,352 11,352 11,413 113,202 11,417 13,532 11,352 11,352 11,413 113,202 11,413 13,522 11,413 13,522 11,413 13,522 11,5202 11,413 13,522 11,5202 11,414 4,353 14,44 4,453 | Employee Health/Life Insurance | | | | | | | | 3,081 | 3,081 | 3,164 | 3,081 | 3,081 | 15,488 |
| Job Required Travel 100 110 100 | | | | | | | | | 314 | 961 | 1,045 | 1,169 | 1,211 | 4,700 |
| Pield TippAck/Niles 12 65 73 1 Conferences A Training 19,543 19,543 19,567 24,303 16,800 98,8 Akheimers and Related Disord 20,160 21,601 19,817 19,285 20,367 101,202 Reg. Full Time Employees 20,160 21,601 19,817 19,285 20,367 101,202 Overline 12,767 14,469 61,626 64,44 44,44 TO'8<-Blainces | Operational Supplies | | | | | | | | 456 | (110) | 396 | (56) | 165 | 852 |
| Conference & Training 30 10 Total Adult Day Care 18,853 19,543 18,670 24,933 16,800 98,800 Abbit Mault Day Care 18,853 19,543 19,547 19,245 20,367 101,2 Abbit Mault Day Care 12,767 14,499 6,152 6,404 44,43 44,3 Overtime 12,777 14,499 6,152 6,404 44,43 44,33 Destring End/propes 27,237 2,0501 12,2762 22,664 10,059 11,474 15,522 16,147 15,983 27,17 14,499 6,152 6,404 4,443 44,33 44,31 14,731 15,922 16,147 15,922 16,147 15,922 16,147 15,922 16,147 15,922 16,147 15,923 16,147 15,923 16,147 15,923 16,147 15,923 16,147 15,923 16,143 36,35 2,459 14,3 Unerphysing Inscring - Spatial Spatia 5,583 5,583 4,585 2,459 | Job Required Travel | | | | | | | | | | | | 195 | 195 |
| Total Adult Day Care 18,883 19,843 18,870 24,303 16,800 99.8 Akbeimers and Related Disord Rep. Full-Time Employees 20,160 21,601 19,817 19,285 20,387 101.2 Overtime 12,787 14,469 6,152 6,049 4,443 44.3 TOPS - Bilances 72 20,060 (131) 758 27 277 22,061 113,041 14,731 13,202 16,147 13,582 71,11 Does Antific Part-Time Employees 13,494 14,731 13,202 16,147 13,582 71,11 25,631 5,833 4,884 4,865 4,314 25,83 2,2172 22,264 16,863 4,814 4,250 13,849 14,273 13,202 16,147 13,582 71,11 25,833 4,884 4,865 4,314 28,0 14,88 48,04 48,04 48,04 48,04 48,04 28,0 14,08 14,08 14,08 14,08 14,08 12,027 6,678 12,825 | Field Trips/Activities | | | | | | | | | | 12 | 65 | 75 | 152 |
| Abbeimers and Related Disord Reg. Full-Time Employees 20,160 21,601 19,817 19,285 20,387 101,2 Overtime 12,787 14,449 6,152 6,040 4,43 4,33 TOPS - Balances 72 2,050 (131) 758 22 22 752 2,050 (131) 758 22 22 753 31,494 14,731 13,292 16,147 13,592 71,11 TOPS - FICA 5 157 (100) 62,73 5,678 32,72 2,723 32,314 4,057 3,035 2,429 14,37 11,428 5,651 5,661 5,651 5,661 5,678 32,77 10,677 7,251 8,37 9,355 2,238 14,28 14,37 12,828 14,34 14,37 13,292 14,37 14,28 3,045 2,249 14,34 14,58 2,238 2,033 1,428 8,58 14,58 14,58 14,58 14,58 14,58 14,58 12,58 14,58 | _ | | | | | | | | | | 30 | | | 30 |
| Reg. Full-Time Employees 20,603 21,601 19,817 19,265 20,367 101.2 Overtime 12,767 14,469 6,162 6,049 4,443 44,3 TOPS - Bainces 22,269 (131) 768 22,762 22,864 19,039 114,9 No Benefit Ful-Time Employees 22,723 22,061 22,722 22,864 19,039 114,9 No Benefit Ful-Time Employees 13,444 14,731 13,202 16,147 13,582 71,11 TOPS - Bainces 5 157 (100) 58 2 | Total Adult Day Care | | | | | | | | 18,583 | 19,543 | 18,670 | 24,303 | 18,800 | 99,899 |
| Overtime 12,767 14,469 5,152 6,040 4,443 44,33 TOPS - Balances 72 2,050 (131) 775 2,7 2,7 2,737 2,3091 22,727 22,3091 22,7 2,237 2,3091 22,7 2,237 2,3091 22,7 2,237 2,3091 22,7 2,236 1,14,491 1,3,302 16,147 11,3532 71,1 No Bendit Part-Time Employees 13,494 14,731 13,302 16,147 13,532 71,1 3,502 3,613 5,681 5,583 4,684 4,885 4,374 25,00 Social Security - Employer Cost 7,507 7,251 6,070 6,273 5,573 3,22 14,483 3,085 2,459 14,33 Unemployment Insurance 2,297 8,306 4,306 4,306 4,308 4,324 4,228 2,2459 14,33 2,2459 14,33 2,2459 14,363 2,2459 14,363 2,2459 14,363 2,2459 16,342,436 1,263, | Alzheimers and Related Disord | | | | | | | | | | | | | |
| TOPS - Balances 1,7,000 0,101 7,740 9,740 7,240 No Benefit Full-Time Employees 27,237 23,091 22,762 22,864 19,039 114,00 No Benefit Full-Time Employees 13,44 14,731 13,202 16,147 13,832 16,147 13,832 16,147 13,832 16,147 13,832 16,147 13,832 16,147 13,832 16,147 13,832 16,147 13,832 14,147 13,832 16,147 13,832 17,11 10,058 77,21 6,070 6,273 5,873 3,27 10,070 6,273 5,873 3,27 14,28 8,58 2,053 1,428 8,58 2,053 1,428 8,58 2,053 1,428 8,58 2,053 1,428 8,58 2,2047 6,33 4,328 4,328 4,228 2,208 4,328 4,328 4,328 4,328 4,328 4,328 2,28 3,327 7,747 5,763 6,767 14,31 13,53,573 14,33 3,32,74 3,333,74 3,268 4,348 4,348 4,348 4,348 4,348 | Reg. Full-Time Employees | | | | | | | | 20,160 | 21,601 | 19,817 | 19,285 | 20,367 | 101,230 |
| TOPS 2060 (131) 769 27 27 No Benefit Full-Time Employees 27,237 23,091 22,762 22,664 19,039 114,93 No Benefit Full-Time Employees 13,494 14,731 13,202 11,447 13,202 11,447 13,202 11,447 13,202 11,447 13,202 11,447 13,202 11,447 13,202 11,447 13,202 11,447 13,202 11,447 13,202 11,447 13,202 11,447 13,202 11,447 13,202 11,447 13,202 11,447 13,202 11,447 13,202 11,447 13,202 11,447 13,202 11,447 13,202 11,447 13,202 11,448 54,217 144,513 14,563 14,421 14,248 54,21 14,248 54,21 14,248 54,21 14,248 54,21 14,248 54,21 14,248 54,21 14,248 54,21 14,248 54,21 14,248 54,21 14,248 54,51 14,31 54,51 | Overtime | | | | | | | | 12,787 | | | | | 44,300 |
| No Benefit Full-Time Employees 22,272 22,081 22,762 22,864 19,039 114,91 No Benefit Full-Time Employees 13,494 14,731 13,202 16,147 13,532 71,11 Social Security - Employer 5,561 5,563 5,638 4,668 4,874 25,05 Workers' Compensation Insurance 2,225 2,047 8,88 2,053 1,428 8,68 Unemploymer Kers' Compensation Insurance 2,225 2,047 8,38 2,063 1,428 8,68 Unemploymer Health/Life Insurance 2,925 2,047 8,38 2,063 1,428 8,68 Unemploymer Health/Life Insurance 2,932 4,305 2,459 14,33 Boots, Periodicals & Manuals 39 - 72 72 72 Professional Services 39 - 17,5 3 2,626 15,431 8,688 44,57 Operational Supplies 7,247 5,680 6,626 15,431 8,688 445,77 10al Expenses 1,280,403 <td>TOPS - Balances</td> <td></td> <td>-</td> <td>2,776</td> | TOPS - Balances | | | | | | | | | | | | - | 2,776 |
| No Benefit Part-Time Employees 13,494 14,731 13,202 16,147 13,502 71,1 TOPS - FICA 5 157 (10) 58 2 2 Social Security - Employer 5,561 5,563 4,864 4,865 4,374 25,68 32,74 38,82 2,433 5,678 32,74 Workers' Compensation Insurance 2,225 2,247 838 2,063 14,49 4,926 4,928 4,928 2,283 2,249 14,31 3,064 4,906 4,939 4,928 2,283 2,269 14,43 3,065 2,499 14,33 13,070 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,73 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 7,72 </td <td>No Benefit Full-Time Employees</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>27,237</td> <td></td> <td></td> <td></td> <td></td> <td>114,994</td> | No Benefit Full-Time Employees | | | | | | | | 27,237 | | | | | 114,994 |
| TOPS <pica< th=""> 5 157 (10) 58 2 2 Social Security - Employer 5,561 5,563 4,684 4,685 4,374 25,000 MRF - Employer Cost 7,507 7,221 6,070 6,273 3,214 3,085 2,459 14,33 Unemployment Insurance 8,306 4,389 4,928 4,936 4,926 1,939 4,936 4,936 4,936 4,936 4,936 4,936 4,936 4,936 4,936</pica<> | No Benefit Part-Time Employees | | | | | | | | 13,494 | | | | | 71,106 |
| Social Social/s-Employer 5,681 5,683 4,684 4,685 4,374 25,00 MRF - Employer Cost 7,507 7,251 6,070 6,273 5,678 32,7 Unemployment Insurance 2,225 2,247 383 2,249 14,3 Employee Heatth/Life Insurance 892 4,733 3,214 3,065 2,459 14,33 Books, Periodicals & Manuals 39 72 176 23 22 3 22 3 22 3 22 3 22 3 22 3 22 3 22 3 22 3 22 3 22 3 22 3 22 3 22 3 22 3 22 3 22 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 | TOPS - FICA | | | | | | | | | - | | | | 212 |
| IMPE 7,507 7,251 6,070 6,273 5,678 32,7 Workers' Compensation Insurance 2,225 2,047 838 2,053 1,428 6,50 Unemployment Insurance 4306 4,306 4,306 2,425 2,047 838 2,053 1,428 6,50 Unemployment Insurance 4,306 4,306 4,306 4,306 4,306 4,928 4,928 4,928 4,928 22,80 26,80 1,81,80 84,86 43,61 1,61,81 14,80 848,81 42,81 1 | Social Security - Employer | | | | | | | | 5,581 | 5,583 | | 4,865 | 4,374 | 25,088 |
| Workers' Compensation Insurance 2,225 2,047 838 2,053 1,428 8,50 Unemployment Insurance 8392 4,733 3,214 3,085 2,499 12,38 Employse HeathUilte Insurance 4,300 4,306 4,306 4,305 4,928 22,89 24,89 43,65 74,495 75,89 6,626 15,431 8,68,89 43,65 74,482,71 70,61,89 16,626,89 1,626,030 6,52,60 1,526,000 | IMRF - Employer Cost | | | | | | | | | | • | - | | 32,779 |
| Unemployment Insurance 892 4,733 3,214 3,085 2,459 14,3 Employment Insurance 4,306 4,306 4,306 4,308 4,389 4,282 22,83 2,28 3,08 4,27 1,28 2,28 1,28 2,28 1,28 2,28 1, | Workers' Compensation Insurance | | | | | | | | | | | | | 8,592 |
| Employee Health/Life Insurance 4,306 4,306 4,309 4,928 4,928 22,82 Books, Periodicals & Manuals 39 72 23 22 Operational Services 39 72 17 33 Conferences & Training 87 87 175 33 ARD - Confract Nursing 7,247 5,680 6,626 15,431 8,688 43,36 Total Abcheimers and Related Disorde 1010,641 105,787 87,614 102,043 85,698 482,67 Total Abcheimers and Related Disorde 11,374 (44,517) (8,656) (29,911) (65,833) (137,57 NonOperating Income 11,374 (44,517) (8,656) (29,911) (65,833) (137,57 NonOperating Income 11,374 91,949 91,947 91,951 91,949 91,947 91,951 91,949 459,74 Current-Nursing Home Operating 91,951 91,949 91,947 91,951 91,949 459,74 Miscellaneous NI Revenue 91,951 | Unemployment Insurance | | | | | | | | | | | • | | 14,384 |
| Books, Periodicals & Manuals 233 22 Operational Supplies 39 72 11 Professional Services 87 87 175 33 Conferences & Training 99 39 99 39 ARD - Contract Nursing 7,247 5,680 6,626 15,431 8,688 43,61 Total Alzheimers and Related Disorde 101,641 105,787 87,514 102,043 85,598 482,71 Total Alzheimers and Related Disorde 1,303,712 1,206,888 1,295,460 1,280,030 6,391,01 Net Operating Income 11,374 (44,517) (8,656) (29,911) (65,883) (13,755 NonOperating Income 11,374 91,947 91,951 91,949 459,77 Total Local Taxes 11,951 91,949 91,947 91,951 91,949 459,77 Total Local Taxes 91,951 91,949 459,77 91,949 91,947 91,951 91,949 459,77 Total Local Taxes 91,951 91,949 <td>Employee Health/Life Insurance</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>4,306</td> <td></td> <td></td> <td></td> <td></td> <td>22,857</td> | Employee Health/Life Insurance | | | | | | | | 4,306 | | | | | 22,857 |
| Operational Supplies 39 72 11 Professional Services 87 87 175 38 Conferences & Training 99 1 99 1 ARD - Contract Nursing 7,247 5,680 6,626 15,431 8,688 436,74 Total Atzheimers and Related Disorde 101,641 105,787 87,614 102,043 85,698 482,74 Total Expenses 1,264,950 1,303,712 1,206,888 1,265,600 6,626 1,80,030 6,331,00 Net Operating Income 11,374 (44,517) (8,656) (29,911) (65,883) (137,55 Corrent-Nursing Income 11,374 (44,517) (8,656) 91,947 91,951 91,949 459,74 Total Local Taxes Current-Nursing Home Operating 91,951 91,949 91,947 91,951 91,949 459,74 Total Local Taxes 91,951 91,949 91,957 91,951 91,949 459,74 Total Local Taxes 102 31,95 91,949 | Books, Periodicals & Manuals | | | | | | | | | · | | | | 233 |
| Professional Services 67 87 175 33 Conferences & Training 99 33 ARD - Contract Nursing 7,247 5,680 6,626 15,431 8,688 43,67 Total Akheimers and Related Disorde 101,614 105,787 87,614 102,043 85,698 482,74 Total Akheimers and Related Disorde 1,264,950 1,303,712 1,266,868 1,286,003 6,331,00 Net Operating Income 11,374 (44,517) (8,656) (29,911) (65,883) (137,55 NonOperating Income 11,374 91,947 91,947 91,949 91,947 91,949 459,74 Corrent-Nursing Home Operating 91,951 91,949 91,947 91,951 91,949 459,74 Total Akzes 91,951 91,949 91,947 91,951 91,949 459,74 Miscellaneous NI Revenue 101,614 105,775 91,949 91,949 91,949 91,949 91,949 91,949 91,949 91,949 91,949 91,949 | Operational Supplies | | | | | | | | 39 | | | 72 | | 111 |
| Conferences & Training 99 ARD - Contract Nursing 7,247 5,680 6,626 15,431 8,688 43,67 Total Alzheimers and Related Disorde 101,641 105,787 87,614 102,043 85,698 482,71 Total Expenses 1,264,950 1,303,712 1,206,888 1,229,460 1,260,030 6,331,07 Net Operating Income 11,374 (44,517) (8,656) (29,911) (65,883) (137,59 NonOperating Income 11,374 91,947 91,951 91,949 91,947 91,951 91,949 459,74 Current-Nursing Home Operating 91,951 91,949 91,947 91,951 91,949 459,74 Total Local Taxes 91,951 91,949 91,947 91,951 91,949 459,74 Miscellaneous NI Revenue 91,951 91,949 91,947 91,951 91,949 459,74 Investment Interest 25 36 23 16 25 11 Restricted Donations 481 75 | Professional Services | | | | | | | | 87 | 87 | | | | 349 |
| ARD - Contract Nursing 7,247 5,680 6,626 15,431 8,688 43,67 Total Atzheimers and Related Disorde 101,641 105,787 87,614 102,043 85,698 462,77 Total Expenses 1,264,950 1,303,712 1,206,888 1,285,460 1,260,030 6,331,07 Net Operating Income 11,374 (44,517) (8,656) (29,911) (65,883) (137,55 NonOperating Income 11,374 (44,517) (8,656) (29,911) (65,883) (137,55 Local Taxes 20 91,951 91,949 91,947 91,951 91,949 459,74 Total Local Taxes 31,951 91,949 91,947 91,951 91,949 459,74 Total Local Taxes 31,951 91,949 91,947 91,951 91,949 459,74 Miscellaneous NI Revenue 25 36 23 16 25 11 Investment Interest 25 36 23 16 25 11 Restricted | Conferences & Training | | | | | | | | | | | | 99 | 99 |
| Total Alzheimers and Related Disorde 101,641 105,787 87,614 102,043 85,698 482,77 Total Expenses 1,264,950 1,303,712 1,206,888 1,295,460 1,260,030 6,331,00 Net Operating Income 11,374 (44,517) (8,656) (29,911) (65,883) (137,56 NonOperating Income 11,374 91,947 91,951 91,949 91,947 91,951 91,949 459,74 Current-Nursing Home Operating 91,951 91,949 91,947 91,951 91,949 91,947 91,951 91,949 459,74 Total Local Taxes 91,951 91,949 91,947 91,951 91,949 459,74 Miscellaneous NI Revenue 102,743 25 36 23 16 25 17 Investment Interest 25 36 23 16 25 17 Restricted Donations 481 75 1,430 290 2,21 Total Miscellaneous NI Revenue 506 111 23 < | ARD - Contract Nursing | | | | | | | | 7,247 | 5,680 | 6,626 | 15,431 | | 43,673 |
| Net Operating Income 11,374 1,400,000 1,200,000 1,200,000 1,200,000 1,200,000 0,051, | Total Alzheimers and Related Disorde | | | | | | | | | | | | | 482,783 |
| NonOperating Income 21,951 91,947 91,951 91,949 459,74 Current-Nursing Home Operating 91,951 91,949 91,951 91,951 91,949 459,74 Total Local Taxes 91,951 91,949 91,947 91,951 91,949 459,74 Miscellaneous NI Revenue 1 25 36 23 16 25 12 Investment Interest 25 36 23 16 25 12 Restricted Donations 481 75 1,430 290 2,21 Total Miscellaneous NI Revenue 506 111 23 1,446 315 2,40 | | | | | | | | | 1,264,950 | 1,303,712 | 1,206,888 | 1,295,460 | 1,260,030 | 6,331,040 |
| Local Taxes Current-Nursing Home Operating 91,951 91,947 91,951 91,949 459,74 Total Local Taxes 91,951 91,949 91,947 91,951 91,949 459,74 Miscellaneous NI Revenue 25 36 23 16 25 123 Investment Interest 25 36 23 16 25 12 Restricted Donations 481 75 1,430 290 2,27 Total Miscellaneous NI Revenue 506 111 23 1,446 315 2,40 | Net Operating Income | | | | | | | | 11,374 | (44,517) | (8,656) | (29,911) | (65,883) | (137,593) |
| Current-Nursing Home Operating 91,951 91,949 91,947 91,951 91,949 459,74 Total Local Taxes 91,951 91,947 91,951 91,947 91,951 91,949 459,74 Miscellaneous NI Revenue 25 36 23 16 25 12 Investment Interest 481 75 1,430 290 2,27 Total Miscellaneous NI Revenue 506 111 23 1,446 315 2,40 | NonOperating Income | | | | | | | | | | | | | |
| Total Local Taxes Origin | Local Taxes | | | | | | | | | | | | | |
| Total Local Taxes 91,951 91,949 91,947 91,951 91,949 459,74 Miscellaneous NI Revenue Investment Interest 25 36 23 16 25 12 Restricted Donations 481 75 1,430 290 2,27 Total Miscellaneous NI Revenue 506 111 23 1,446 315 2,40 | Current-Nursing Home Operating | | | | | | | | 91,951 | 91,949 | 91,947 | 91,951 | 91,949 | 459,747 |
| Investment Interest 25 36 23 16 25 12 Restricted Donations 481 75 1,430 290 2,23 Total Miscellaneous NI Revenue 506 111 23 1,446 315 2,44 | Total Local Taxes | | | | | | | | | | | | | 459,747 |
| Restricted Donations 481 75 1,430 290 2,27 Total Miscellaneous NI Revenue 506 111 23 1,446 315 2,40 | Miscellaneous NI Revenue | | | | | | | | | | | | | |
| Restricted Donations 481 75 1,430 290 2,21 Total Miscellaneous NI Revenue 506 111 23 1,446 315 2,40 | Investment Interest | | | | | | | | 25 | 36 | 23 | 16 | 25 | 125 |
| Total Miscellaneous NI Revenue 506 111 23 1,446 315 2,40 | Restricted Donations | | | | | | | | | | | | | 2,276 |
| Total NonOperating Income 92,457 92,060 91,970 93,398 92,264 462,14 | Total Miscellaneous NI Revenue | | | | | | | | 506 | 111 | 23 | | 315 | 2,402 |
| | Total NonOperating Income | | | | | | | | 92,457 | 92,060 | 91,970 | 93,398 | 92,264 | 462,149 |

| 04/30/14 | | | | | | nty Nursin hent of Ope | | | | | | | 9 |
|-------------------|-------|--|-------|-------|-------|---------------------------|-------|---------|--------|--------|--------|--------|---------|
| Description | 05/13 | 06/13 | 07/13 | 08/13 | 09/13 | 10/13 | 11/13 | 12/13 | 01/14 | 02/14 | 03/14 | 04/14 | Total |
| Net Income (Loss) | | ······································ | | | | | | 103,831 | 47,544 | 83,314 | 63,487 | 26,381 | 324,556 |

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Statement of Cash Flows (Indirect Method) 5 Months November 30, 2013 through April 30, 2014

CASH FLOW FROM OPERATING ACTIVITIES:

| Net Income (Loss) - YTD | \$ 324,556 |
|---|---------------|
| Depreciation Expense | 308,249 |
| (Incr.)/Decr. in Accounts Receivable | (873,706) |
| (Incr.)/Decr. in Prepaid Expenses | (84,433) |
| (Incr.)/Decr. in Inventory | (463) |
| (Incr.)/Decr. in Patient Trust | (2,381) |
| Incr./(Decr.) in Accounts Payable | 1,390 |
| Incr./(Decr.) in Salaries and Wages Payable | 131,594 |
| Incr./(Decr.) in Interest Payable | (13,935) |
| Incr./(Decr.) in Accrued Com. Absences | 30,923 |
| Incr./(Decr.) in Other Liabilities | 2,250 |

Net Cash Provided by Operating Activities (175,956)

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CASH FLOW FROM INVESTING ACTIVITIES:

| Purchase of Equipment | (14,729) |
|---|----------|
| Improvements / (CIP) | (7,690) |
| Net Cash Provided by Investing Activities | (22,419) |

CASH FLOW FROM FINANCING ACTIVITIES:

| Increase in Tax Anticipation Note | 937,895 |
|---|----------------------------|
| (Decrease) Due to General Corp. Fund (Decrease) in Bonds Payable | - |
| Increase in Equity Adjustment | (180,000) (369,676) |
| Net Cash Provided by Financing Activities | 388,219 |
| Total Cash Flow | 189,844 |
| Begining Cash Flow - 11/30/2013 | 366,793 |
| ENDING CASH - 4/30/2014 | \$ 556,637 |

Champaign County Nursing Home Monthly Statements of Cash Flow (Indirect Method) November 30, 2013 through April 30, 2014

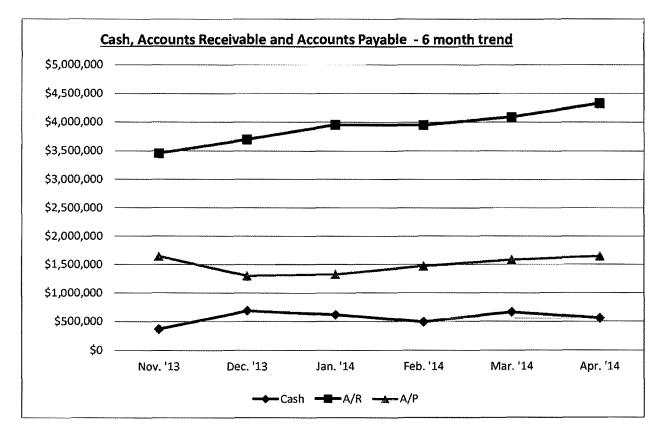
| CASH FLOW FROM OPERATING ACTIVITIES: | <u>Nov. '13</u> | <u>Dec. '13</u> | <u>Jar</u> | <u>n. '14</u> | <u>Feb. '14</u> | <u>Mar. '14</u> | <u>Apr. '14</u> |
|---|-------------------|-----------------|------------|---------------|-----------------|-----------------|-----------------|
| Net Income (Loss) - Monthly | \$ (53,412) \$ | 103,830 | \$ 41 | 7,544 | \$ 83,314 | \$ 63,487 | \$ 26,381 |
| Depreciation Expense | 60,973 | 60,971 | 6(|),693 | 62,193 | 62,472 | 61,920 |
| (Incr.)/Decr. in Accounts Receivable | (240,843) | (238,594) | (259 | 9,929) | 5,397 | (137,718) | (242,861) |
| (Incr.)/Decr. in Prepaid Expenses | 16,284 | (42,224) | 16 | 5,283 | (10,022) | 16,283 | (64,753) |
| (Incr.)/Decr. in Inventory | - | - | | - | (463) | - | - |
| (Incr.)/Decr. in Patient Trust | 939 | (246) | (3 | 3,102) | 325 | (661) | 1,303 |
| Incr./(Decr.) in Accounts Payable | 116,360 | (346,943) | 24 | 1,829 | 151,676 | 103,365 | 68,463 |
| Incr./(Decr.) in Salaries and Wages Payable | (170,674) | 14,690 | 5(|),007 | (18,231) | 46,330 | 38,798 |
| Incr./(Decr.) in Interest Payable | 10,841 | 10,222 | 10 |),222 | (54,823) | 10,222 | 10,222 |
| Incr./(Decr.) in Accrued Com. Absences | (15,755) | (319) | | 5,544 | 9,257 | 11,330 | 5,111 |
| Incr./(Decr.) in Other Liabilities | (939) | 246 | | 3,102 | (456) | 661 | (1,303) |
| Net Cash Provided (Used) by Operating Activities | (276,226) | (438,367) | (44 | 1,807) | 228,167 | 175,771 | (96,719) |
| CASH FLOW FROM INVESTING ACTIVITIES: Purchase of Equipment | (3,990) | - | | - | (1,141) | (6,934) | (6,654) |
| Improvements / (CIP) | (8,761) | | | - | (5,143) | (2,547) | - |
| Net Cash Provided (Used) by Investing Activities | (12,751) | - | | - | (6,284) | (9,481) | (6,654) |
| CASH FLOW FROM FINANCING ACTIVITIES: | | | | | | | |
| Incr./(Decr.) in Tax Anticipation Note | - | 937,885 | | - | 10 | - | - |
| Incr./(Decr.) in Due to General Corp. Fund | - | - | | - | - | - | - |
| Incr./(Decr.) in Bonds Payable | - | (180,000) | | - | - | - | - |
| Incr./(Decr.) in Equity Adjustment | - | (2,334) | (25 | 5,906) | (341,437) | - | - |
| Net Cash Provided (Used) by Financing Activities | | 755,551 | (25 | 5,906) | (341,427) | - | |
| Total Cash Flow | (288,977) | 317,184 | (7(|),713) | (119,544) | 166,290 | (103,373) |
| Beginning Cash Balance (Prior Month's) | 655,770 | 366,793 | • | ,977 | 613,264 | 493,720 | 660,010 |
| MONTH ENDING CASH BALANCE | \$ 366,793 \$ | 683,977 | <u> </u> | 3,264 | \$ 493,720 | \$ 660,010 | \$ 556,637 |

CCNH cash flow 6 mo end Apr 2014

Champaign County Nursing Home November 30, 2013 through April 30, 2014

Key Balance Sheet Items Charted Below:

| | <u>Nov. '13</u> | Dec. '13 | <u>Jan. '14</u> | <u>Feb. '14</u> | <u>Mar. '14</u> | <u>Apr. '14</u> |
|------|-----------------|-----------|-----------------|-----------------|-----------------|-----------------|
| Cash | 366,793 | 683,977 | 613,264 | 493,720 | 660,010 | 556,637 |
| A/R | 3,454,303 | 3,692,899 | 3,952,828 | 3,947,430 | 4,085,148 | 4,328,009 |
| A/P | 1,646,170 | 1,299,227 | 1,324,056 | 1,475,732 | 1,579,097 | 1,647,560 |



6/3/2014

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Champaign County Nursing Home Balance Sheet

ASSETS

Current Assets

| Cash | |
|--|----------------------------|
| Cash | \$556,336.96 |
| Petty Cash | \$300.00 |
| Total Cash | \$556,636.96 |
| Rec., Net of Uncollectible Amounts | |
| Accts Rec-Nursing Home Private Pay | \$1,378,522.47 |
| Accts Rec-Nursing Home Med Adv/ HMO/ Ins | \$696,413.32 |
| Total Rec., Net of Uncollectible Amounts | \$2,074,935.79 |
| Rec., Net of Uncollectible Amounts | |
| Accts Rec-Nursing Home Hospice | \$114,168.01 |
| Allowance for Uncollectible Accts-Private Pay | (\$42,520.00) |
| Allowance for Uncollectible Accts-Patient Care P | (\$35,140.60) |
| Allowance for Uncollectible Accts-Patient Care H | (\$3,258.00) |
| Total Rec., Net of Uncollectible Amounts | \$33,249.41 |
| Accrued Interest | |
| Property Tax Revenue Receivable | \$459,745.85 |
| Total Accrued Interest | \$459,745.85 |
| Intergyt. Rec., Net of Uncollectibl | |
| Due from Collector Funds | \$985.42 |
| Due from Other Governmental Units | \$699,908.42 |
| Due from IL Public Aid | \$722,413.37 |
| Due from IL Department of Aging-Title XX | \$48,164.94 |
| Due from US Treasury-Medicare | \$231,517.26 |
| Due From VA-Adult Daycare | \$25,371.56 |
| Due From VA-Nursing Home Care | \$124,805.98 |
| Allowance for Uncollectible Accts-IPA | (\$63,244.00) |
| Allow For Uncollectible Accts-IL Dept Of Aging | (\$1,630.00) |
| Allowance for Uncollectible Accts-Medicare | (\$26,119.00) |
| Allowance For Uncollectible Accts-VA Adult Day C | (\$362.00) |
| Allowance for Uncollectible Accts-VA Veterans Nu | (\$1,734.00) |
| Total Intergyt. Rec., Net of Uncollectibl | \$1,760,077.95 |
| Prepaid Expenses | |
| Prepaid Expenses | \$84,210.15 |
| Stores Inventory | \$11,739.41 |
| Total Prepaid Expenses | \$95,949.56 |
| Long-Term Investments | |
| Patient Trust Cash, Invested | \$11,345.21 |
| Total Long-Term Investments | \$11,345.21 |
| Total Current Assets | \$4,991,940.73 |
| | ψ 4,001,04 0./0 |

04/30/14

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Fixed Assets

| Nursing Home Buildings | \$23,291,270.61 |
|--|------------------|
| Improvements not Buildings | \$469,743.52 |
| Equipment, Furniture & Autos | \$1,369,950.04 |
| Construction in Progress | \$0.00 |
| Accumulated Deprecreciation-Land Improvements | (\$269,034.64) |
| Accumulated Depreciation-Equipment, Furniture, & | (\$934,823.18) |
| Accumulated Depreciation-Buildings | (\$4,209,697.44) |
| Total Fixed Assets | \$19,717,408.91 |
| Total ASSETS | \$24,709,349.64 |

Champaign County Nursing Home Balance Sheet

LIABILITIES & EQUITY

Current Liabilities

| A/R Refunds | \$0.00 |
|---------------------------------|----------------|
| Accounts Payable | \$1,647,559.90 |
| Salaries & Wages Payable | \$288,974.86 |
| Interest Payable - Bonds | \$51,110.40 |
| Due To Accounts Payable Fund | (\$131.27) |
| Tax Anticipation Notes Payable | \$937,885.00 |
| Total Current Liabilities | \$2,925,398.89 |
| Non-Current Liabilities | |
| Nursing Home Patient Trust Fund | \$11,345.21 |
| Bonds Payable | \$2,885,000.00 |
| Accrued Compensated Absences | \$344,893.69 |
| Total Non-Current Liabilities | \$3,241,238.90 |
| Total Current Liabilities | \$6,166,637.79 |
| | |

Equity

| Revenues | \$0.00 |
|------------------------------|-----------------|
| Retained Earnings-Unreserved | \$18,218,155.66 |
| Year To Date Earnings | \$0.00 |
| Contributed Capital | \$0.00 |
| Year To Date Earnings | \$324,556.19 |
| Total Equity | \$18,542,711.85 |
| Total LIABILITIES & EQUITY | \$24,709,349.64 |

Champaign County **Children's Advocacy Center** Program Information

The purpose of the **Children's Advocacy Center** (CAC) is to help children heal from sexual abuse, while working to hold offenders accountable.

We do this by:

- Providing a child-friendly space and trained personnel to conduct the legally-sound Child Forensic Interview
- Coordinating the Multi-Disciplinary investigation into the suspected abuse
- Providing case management and crisis counseling services to the child and a nonoffending parent or guardian for up to two years, or as long as the court case lasts.

Numbers in Brief;

- <u>200 Interviews</u>: Each year the CAC team interviews approximately 180-200 children. This includes up to 170 primary child or youth victims, and 20-30 non-victim siblings or witnesses.
- <u>60 Specialized Team Members</u>: The Multi-Disciplinary Team (MDT) is comprised of approximately 60 specially-trained members including Law Enforcement Investigators from seven jurisdictions, Child Protection Investigators from Illinois Department of Children and Family Services, several Assistant State's Attorneys, and specialized medical, mental health, and social service providers.
- <u>3 Federal Partners</u>: The CAC team conducts interviews several times each year for the FBI and U.S. Marshal's service, as well as for the U.S. Attorney's Office housed in the Urbana Federal Courthouse. Most of these cases involve child pornography.
- <u>100 Families at a Time</u>: Our Case Manager of eight years, Elaine Mitchell, provides support and information to approximately 100 children and their non-offending family members at any one time.
- <u>3-5 Cases Annually of Severe Physical Child Abuse</u>: The CAC is charged with coordinating the investigation of the average of 3-5 cases per year of severe physical child abuse— those cases which may be prosecuted in criminal court such as suspected child deaths caused by abuse or neglect.
- <u>1 Staff Child Forensic Interviewer</u>: In January of this year the CAC added a *Child Forensic Interviewer*, Mary Bunyard, to the staff. Having a CAC-based interviewer frees up the investigators to focus on the facts of the case during the forensic interview, and provides for more consistent and legally-sound interviews. At the request of MDT investigators, Ms. Bunyard conducts 75%-90% of the child forensic interviews.

Additional Fees to Finance Court System

Children's Advocacy Center Fee 55 ILCS 5/5-1101(f-5)

The County Board may adopt a mandatory fee of between \$5 and \$30 to be paid by the defendant on a judgment of guilty or a grant of supervision under Section 5-9-1 of the Unified Code of Corrections for a felony; for a class A, Class B, or Class C misdemeanor; for a petty offense; and for a business offense. Assessments shall be collected by the clerk of the circuit court and must be deposited into an account specifically for the operation and administration of the Children's Advocacy Center. The clerk of the circuit court shall collect the fees as provided in this subsection and must remit the fees to the Children's Advocacy Center.

Court Appointed Special Advocates Fee 55 ILCS 5/5-1101(f-10)

The County Board may adopt a mandatory fee of between \$10 and \$30 to be paid by the defendant on a judgment of guilty or a grant of supervision under Section 5-9-1 of the Unified Code of Corrections for a felony; for a class A, Class B, or Class C misdemeanor; for a petty offense; and for a business offense; where a court appearance is required. The clerk of the circuit court shall collect the fees as provided in this subsection and must remit the fees to the Court Appointed Special Advocates Fund that the county board shall create for the receipt of funds collected under this subsection, and from which the county board shall make grants to support the activities and services of the Court Appointed Special Advocates within that county.

Youth Diversion program fee 55 ILCS 5/5-1101(e)

In each county in which a teen court, peer court, peer jury, youth court or other youth diversion program has been created, a county may adopt a mandatory fee of up to \$5 on a judgment of guilty or grant of supervision for a violation of the Illinois Vehicle Code, on a judgment of guilty or grant of supervision for a felony, for a class A, B or C misdemeanor, for a petty offense, and for a business offense. The clerk of the court shall collect the fees and must remit the fees to the program monthly, less 5% which is to be retained as fee income to the office of the clerk of the circuit court.

| FEE | Peoria | Sangamon | McLean | Champaign |
|-------------------------------------|---------|----------|---------|-----------|
| CAC Fee | \$30.00 | \$10.00 | \$15.00 | \$0.00 |
| Juvenile Delinquency Prevention Fee | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| CASA Fee | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Drug Court Fee | \$5.00 | \$5.00 | \$5.00 | \$5.00 |

Comparable Counties:

Champaign County **Children's Advocacy Center** Financial Information

The Children's Advocacy Center (CAC) is entirely grant-funded--it gets no dollars from County revenue funds. The County does provide generous in-kind services such as Audit, HR, IT, Payroll and Accounting services.

| CAC Revenue | (FY14 twelve-month equivalent): | |
|---------------|------------------------------------|--|
| on to nevenue | i i i i circirc monen equivalence. | |

| \$50,338 | IL Criminal Justice Information Authority Victims of Crime Act |
|-----------|--|
| 9,000 | National Children's Alliance |
| 14,535 | IL Attorney General Crime Victim's Assistance |
| 67,740 | IL Dept. of Children and Family Services |
| 37,080 | Champaign County Mental Health Board |
| 44,586 | Gift from University of Illinois (August 2013) |
| 6,750 | Local Government Reimbursement |
| 2,505 | Gifts & Donations/investment interest |
| \$232,534 | TOTAL Revenue |

CAC Expenditures (FY14 twelve-month equivalent):

| \$112,343 | Permanent Staff Salaries & Fringe Benefits (2 FTE) | | |
|---------------------------|---|--|--|
| 36,942 | Child Forensic Interviewer Salary & Fringe (0.8 FTE)— | | |
| | [Temporary Employee=no health ins or paid leave time] | | |
| 42,338 | Crisis Counseling Services (Contractual Clinicians) | | |
| 11,035 | Supplies & Program Equipment Purchase | | |
| 24,593 | Occupancy & Office Equipment Rental | | |
| 1,265 Liability Insurance | | | |
| 2,650 | Public Relations/Dues/Conferences, Training & Travel | | |
| \$231,166 | TOTAL Expenditures | | |
| +1,368 | Revenue minus Expenditures | | |

University of Illinois Gift to the CAC--August 2013 initial gift of \$44,586:

- Must be spent in 12 months on program-related items. Cannot be used for capital purchases.
- Has been renewed recently for a second year at a slightly higher amount.
- *Possibility* of additional gifts in 2015 and 2016. Gifts will *end* on or before 2016.
- 2013 gift spent on: a) therapy groups for sexually abused girls; b) 12 month salary for Child Forensic interviewer; c) training and hiring costs for Child Forensic Interviewer.

CAC Anticipated Financial Needs over the next few years:

- Replace interview recording system=approximately \$10,000 (one time cost).
- Ongoing funding for therapy groups (\$3,200/year).
- Ongoing funding for Child Forensic Interviewer/change it to a permanent position (\$45,000/year).
- Ongoing funding for Child Forensic Interviewer continuing training (\$2,000/year).

Champaign County **Children's Advocacy Center** Revenue History

| | Funder Name/ Use of Funds | FY2008 Actual | FY2009 Actual | FY2010 Actual | FY2011 Actual | FY2012 Actual | FY2013 Actual |
|--------------|---|---------------|---------------|-----------------|---------------|---------------|---------------|
| А | IL Criminal Justice Information Authority | 7,000 | 7,805 | 7,000 | 7,000 | 7,000 | 7,500 |
| | GRANT/ part of CM salary | | | | | | |
| В | IL Criminal Justice Information Authority | 69,600 | 51,805 | 22,500 | 35,762 | 30,424 | 14,487 |
| | fee-for-service/optional crisis counseling | | | | | | |
| С | National Children's Alliance/ | 11,469 | 11,050 | 11,181 | 10,000 | 10,000 | 7,500 |
| | part of ED salary | | | | | | |
| D | IL Attorney General/ | 17,000 | 17,200 | 15,229 | 15,477 | 14,535 | 15,458 |
| | part of CM salary | | | | | | |
| E | IL Dept. of Children & Family Services/ | 68,425 | 48,467 | 88,382* | 51,318 | 68,253 | 67,740 |
| | part of CM salary, CM fringe benefits, | | | Incl late check | | | |
| | rent, leases, supplies, part of ED salary | | | from prev yr | | | |
| њ <u>9</u> 7 | Champaign County Mental Health | 37,080 | 50,522 | 37,080 | 37,080 | 37,080 | 37,080 |
| 7 | Board/ | | | | | | |
| | part of ED salary & fringe benefits, dues | | | | | | |
| G | Local Government Reimbursement/ | 0 | 1,990 | 2,500 | 3,500 | 6,750 | 7,000 |
| | part of ED fringe benefits | | | | | | |
| Н | Gifts & Donations& Investment Interest/ | 4,464 | 5,409 | 7,682 | 5,519 | 5,161 | 5,932 |
| | part of ED fringe benefits & misc. supplies | | | | | | |
| | Annual Revenue before UI gift | 215,038 | 193,443 | 191,554 | 165,656 | 179,203 | 162,697 |
| I | University of Illinois Gift/ | 0 | 0 | 0 | 0 | 0 | 44,586 |
| | Child Forensic Interviewer salary & fringe | | | | | | |
| | benefits, therapy groups for girls & moms | | | | | | |
| | Annual Revenue TOTAL | 215,038 | 193,443 | 191,554 | 165,656 | 179,203 | 207,283 |

i) Line B: Crisis counseling is optional; totals vary greatly from year to year depending on family wishes.

ii) Line G: CAC instituted an assessment on local law enforcement entities beginning in FY2009

iii) Line I: University of Illinois Gift will end by FY2016 or earlier (no more than 4 years total)

That's Correct; She Did Not Cry.

BY LINDA MIKOW, LEAD FORENSIC INTERVIEWER, RALSTON HOUSE, ARVADA, CO

TELEVISION CRIME SHOWS, such as Law and Order: Special Fictims Unit, appear to make every spectator and potential juror an "expert" in sexual assault. This is far from accurate. These shows portray child victims being interviewed at police stations, in their homes, at school, or even being stopped on the street for questioning. But in the real world, when a case of child sexual assault goes to court, juries often see a different portraval. In some cases, they might see, in addition to the child himself or herself, a DVD of the child or teen victim being interviewed at a child advocacy center about their abuse. In some of these DVDs, children are shown calmly answering questions and talking in great detail about what happened to them. Jurors expect to see such children cry and show signs of distress. Who wouldn't cry after such traumatizing events? And vet, in real life, they see these children and teens calmly disclose to a trained forensic interviewer explicit details about their abuse that may traumatize even the jurors.

Defense attorneys know this of jurors. So they routinely ask forensic interviewers who testify in court hearings questions like, "This child did not seem upset or distressed, nor did the child cry or seem in pain when they told you about what happened to them, isn't that correct?" And often the answer is, "Yes, that's correct." And of course, it is reasonable for people who are abhorred by such violence, including judges, defense attorneys, detectives, and juries to believe that a child or teenager who was sexually abused will cry and be emotionally distraught when talking about it. If they don't show any emotion, they must be lying and making it up. How could a child or teen calmly talk about something as horrific as sexual abuse without a tear in their eye? This doesn't seem possible if what they are saying really happened to them.

While in some cases of reporting sexual abuse the child may cry and show emotion, the interview process is more comfortable for a child when interviewed in a children's advocacy center (CAC) and therefore, the child is more relaxed and calm. The foremost goal of the forensic interviewing techniques at a CAC is to keep from re-traumatizing the child victim. The CAC is set up to provide a childfair, relaxing and safe setting for a child or teen to talk about what did or didn't happen. Forensic interviews conducted by a trained forensic interviewer in a CAC are specifically structured so as not to traumatize children. A CAC provides a psychologically safe place for children and teens to give their account of events. The lack of emotion has no bearing on whether the child is telling the truth. The process of giving their account at a CAC results in children seldom expressing the negative emotions that keep them from talking. Unfortunately, though, that may be then questioned in court.

The questioning techniques depicted on TV and in the movies are interrogative and influential. Consideration is not shown for the confidentiality and comfort of the child to be able to relate details of their abuse with all the details, in their own words. If it were done the way it is depicted in the media, it would almost certainly be, in most cases, far more traumatic for children and teens.

I'm a forensic interviewer at a child advocacy center in Colorado. When people ask me what I do for a living, my inswer usually stops them in their tracks. I tell them I interview children who have made outcries of sexual abuse, and they immediately say, "Whoa, how do you sleep at night? It must be so hard on you to hear children cry and see their pain." At that pomt I, like other forensic interviewers, often find myself defending a child's calm demeanor, just as I do in court.

The perception is that a child will be hysterical when reporting such awful information. But children cry when they are afraid; child advocacy centers are designed to allay fears and put children and families at ease. CACs are relatively new, but are now considered best practice in the investigation of abuse. Most people do not have any handson experience with a CAC and may picture an interrogation room like what they have seen on television. At my CAC there is a process for helping children ease into the environment. When they walk through the front door, the child and family are greeted by a victim advocate, given a tour, and shown the waiting rooms and playrooms to get settled in. While the investigative team, including a victim advocate, meets with the parent or caregiver in another room, the child plays and spends time with a second victim advocate. Safety and comfort for the child has already been established before the actual interview even begins.

One little girl said after her interview at our CAC, "I like the playrooms. The people who work here were nice to me," The comforting atmosphere established at the outset continues into the interview room with the trained forensic interviewer. Forensic interviewers are trained to be warm and friendly. They also have extensive training in researched-based forensic interviewing protocols that ensure interviews are neutral, and also developmentally and culturally appropriate. It is an art to talk with a child in a way that is compassionate, effective, non-leading, and nonsuggestive.

Although interviewers ask the questions and initially guide the conversation, interviewers are trained to follow the child's pace in the conversation. Interviewers are also trained to be neutral. The most effective way for interviewers to avoid imposing their own beliefs on the child's statements is to keep quiet while listening, preserve an open mind and avoid prejudging the facts of the case."

Children and teens report many disturbing and traumatic events to forensic interviewers. They describe being anally penetrated, being forced to perform oral sex, being forced to watch pornography, being fondled, and other acts of sexual exploitation. The vast majority of the time, these offenses were committed by someone close to them, a person they loved or trusted: a parent, family member, teacher or coach.² Because of the close relationship between most abusers and the children they abuse, some kids feel guilty about getting the abuser in trouble. Or, they may wonder and worry about what the consequences could be. This is often because, despite the circumstances, they may yet have feelings for the person who hurt them.

Children are not interrogated during a forensic interview or questioned in an accusatory manner. The child is allowed to relate events while the reaction of the forensic interviewer remains calm and neutral, with attempts to further the questioning to try to get more information for the investigation. Children never hear shock, disdain, horror or disgust from an interviewer. Nor are they questioned in a way that challenges or tries to change what the child said. If a child does not talk, she is not made to feel bad or guilty or suffer any other repercussions for not talking about the allegation.

A critical phase of the forensic interview is rapport building. During this phase, the interviewer asks questions that invite the child or teen to talk about something unrelated to the incident that brought them in-something about themselves or what they like to do. "The rapport building phase is designed to create a relaxed, supportive environment and establish rapport between children and interviewers." One teen commented, "I felt at ease to talk about everything and felt no pressure to answer questions right away." Asking open-ended, non-leading and non-suggestible questions sets the tone for the interview. It provides an inviting environment to try to gather information and details from the child. One young child said she felt relieved to talk about what happened and another teenager said, "I felt very comfortable and at ease here. It's better than a police station."

Children react in a number of different ways during a forensic interview. Young children may giggle, be silly, or

become easily distractible. They may talk about the events matter-of-factly while coloring or moving around the room. In scenarios where young children are drawn into sexual activity by abusers referring to it as a game, some may not understand that "the special game" they were taught is even a crime. They may have been told they were playing a secret game, to be kept just between the two of them. Typically, young children are not hurt physically during sexual abuse. The manipulative grooming process is shown as "care" for the child or something similar. Instead of pain, the child may feel tickled or soothed. They may not feel any harm and may even receive rewards.

Teenagers, too, react in diverse ways. They may relate details of a sexual assault without showing much emotion, while engaged with the interviewer, smiling and acting relaxed. They may report things matter-of-factly, and this may allow them to keep themselves from falling apart. In some instances teens do not agree that what happened to them was bad. They believe they are in love and enjoy what they consider mutual affection. Others try to hide their embarrassment and the shame they feel by masking their emotions. When handled competently and compassionately, teens generally report feeling welcomed and respected at the CAC.

Unfortunately, the child or teen's lack of emotional response can become a problem during the investigation. The very process of the forensic interview in a CAC is brought into question in court because the child did not show a typically presumed "traumatic reaction" when discussing the events of the abuse to the forensic interviewer. One teen commented, "[the] lady was nice and didn't push me to talk about anything." Because they seemed so relaxed and comfortable when providing the information and details, their truthfulness is called into question. Surely they would be upset, cry and express pain. How could they not? The very process of following best practice interview techniques for the benefit of the child puts that child's credibility into question by the untrained observer.

There may be circumstances where a lack of displayed emotion could be due to the stress a child or teen is experiencing. While giving the appearance of being unaffected, the child is simply not engaging and shows little to no emotion or expression. Forensic interviewers are generally aware when this happens, but to some observers it is not obvious. The forensic interviewer does not pressure a child who is not ready to talk or is unable to finish talking about such a sensitive topic. One child commented, "It is hard to talk about scary things, but I felt safe here."

Sexual assault is a traumatic event. Children and teens are, of course, distressed and upset, and may have spent considerable time crying prior to the interview. They may go home and cry after the interview. Certainly there are interviews during which a child cries, becomes upset or agitated, avoids the topic, wants to end the interview or just leaves the room. These reactions might be considered the norm for children being interviewed, when actually they are not. "If an interview becomes traumatizing for a child, the interview should be stopped and resumed later...." The role of a children's advocacy center is to provide a safe, child and family friendly and fair environment for children and teens who may have been a victim of a crime or witness to a crime. The purpose of a forensic interview is to try to gather information in a non-leading, non-suggestive manner and in a way that is not traumatizing for the child. When the child advocacy center is a good one, one that adheres to best practice techniques, has experienced staff and volunteers, and works hard to ensure a climate of caring, most children and teens will not cry or even show signs of distress during their interview. After being interviewed, many children and teens actually report that they feel safe and happy.

From the front door to the kitchen to the interview room, a child advocacy center provides a safe, comfortable place where children and teens are able to talk about what happened to them in their own words. As one young child said, "I was comfortable here because I got to tell them what happened to me."

That's correct, she did not cry.

References:

¹ Saywitz & Lyon, 2002, circd in Kathleen Coulborn Faller, (2007). *Interviewing Children about Nexual Abuse*. Oxford: University Press, 31.

- ³ Michael E, Lamb, Irit Hershkowitz, Yael Orbach, & Philip W. Esplin. (2008). Tell me What Happened, Structured Investigative Interviews of Clubb Victims and Winnesses, Wiley-Blackwell.
- ⁴ Kathleen Coulborn Faller, (2007). Interviewing Children about Sexual Abuse. Oxford: University Press, 29-30.

Contributing Editors: Kathy Pettit, Grants Specialist, Donald Moseley, Executive Director, Ralston House Child Advocacy Center, 17505 W. 58th Avenue, Arvada, CO 80002, www.ralstonhouse.net

² Darkness to Light and the U.S. Department of Justice.



CHAMPAIGN COUNTY ANIMAL CONTROL DEPARTMENT

210 S. Art Bartell Rd URBANA, IL 61802 (217) 384-3798 (217) 384-1238 – FAX (217) 384-3864 – TDD Website: www.co.champaign.il.us

MEMORANDUM

- TO: Christopher Alix, Deputy Chair and Members of the Finance Committee of the Whole
- FROM: Stephanie Joos, Animal Control Director
- DATE: June 2, 2014

RE: Intergovernmental Agreement with the City of Champaign

Please accept for your review the intergovernmental agreement with the City of Champaign to provide animal impoundment services. This agreement is a renewal of the June 2011 agreement. The City of Champaign and County Animal Control have agreed to a one year agreement with a 3% increase for service costs. During the next year the City and County Animal Control will work together to develop a formula for costs that reflect the true costs of service. Thank you for your time.

Sincerely,

Stephanie Joos Director of Animal Control Champaign County

AN INTERGOVERNMENTAL AGREEMENT FOR ANIMAL IMPOUND SERVICES

(City of Champaign – County of Champaign)

THIS AGREEMENT is made and entered by and between the City of Champaign, an Illinois Municipal Corporation, (hereinafter referred to as "City") and the County of Champaign, (hereinafter referred to as "County") effective on the last date signed by a party hereto.

WHEREAS, Section 10 of Article VII of the Illinois Constitution of 1970 and the Illinois Intergovernmental Cooperation Act, 5 ILCS 220/1 et seq. enables the parties to enter into agreements among themselves and provide authority for intergovernmental cooperation; and

WHEREAS, the County proposes to provide an Animal Service Facility primarily for the impounding of animals for the use of local law enforcement agencies; and

WHEREAS, this Agreement is in the best interest of the City and the County.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

1. <u>County to Provide Facilities and Services.</u> The County shall maintain and operate an animal services facility for the impoundment of animals that are seized by the City pursuant to the provisions of Chapter 7 of the Municipal Code of Champaign, 1985, as amended, entitled "Animals" ("Chapter 7"). The County shall provide all services necessary for the impoundment, care, transfer, and euthanasia of all animals delivered by the City. The County will be solely responsible for the hiring of facility personnel and veterinarian services. For the purposes of this agreement, "Veterinarian services" shall include rabies vaccinations, health evaluations, treatment of minor curable diseases, spaying/neutering, pain reduction services and euthanasia. In no event will the County be required to perform major surgery or treat terminal illnesses.

2. Compliance With Laws; Inspections. The County shall operate the facility in a

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humane and sanitary manner and in compliance with all applicable state and local laws, ordinances and regulations, including Chapter 7. The Chief of Police or his designee shall be entitled to inspect and examine the premises and to examine the records kept of impounded animals received from the City to ensure compliance with this Agreement during normal business hours. Nothing contained herein shall make the City responsible for the manner of operation or maintenance of the facilities.

3. <u>Hours of Operation; Access.</u> The facility shall be open to the public no less than 8 hours per day, Monday through Friday, and no less than 3 hours per day Saturday, excluding County holidays. The County has sole discretion to establish the specific hours of operation per day. City personnel shall have access to the facilities for the purpose of delivering impounded animals at all times. The County shall provide necessary keys, access cards and/or codes to the City for such purposes. The City shall be responsible for securing animals delivered and securing the facilities upon departure in the event no County staff is available.

4. Equipment. The County shall provide adequate facilities to house all animals delivered in a safe and sanitary manner. The County shall endeavor to maintain a minimum of one run or cage for the proper housing and exercise of animals. The County shall maintain separate cages for animals of different species. The County will notify the City as soon as possible in the event it does not have the capacity to house and maintain animals pursuant to this Agreement. The City shall provide advance notice, to the extent practical, to the County, in the event any extraordinary event would result in a large influx of animals. The County shall have an affirmative duty to have in place, a stand-by contract with a facility licensed and approved by the State of Illinois to provide necessary facilities in the event the subject premises are at capacity.

5. **Notice of Delivery and Special Directions.** The City shall notify the County as soon as practical of its intent to deliver animals to the facility for impound. The City shall provide

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information concerning the nature of the impoundment and indicate any special directions it believes may be necessary for the proper handling, care and treatment of the animals. The County shall keep animals impounded for bite quarantine or that are infected with a contagious disease in isolation from all other animals as required by law or in the exercise of sound veterinary practices.

6. <u>Hold Orders; Orders of Destruction.</u> In the event a hold order is issued by the City or a court of competent jurisdiction, the County shall hold the animal and shall not make it available for redemption, adoption or euthanasia without written consent of the City or Court issuing the hold order. In the event an Order of Destruction is issued, the County shall humanely euthanize the subject animal(s) pursuant to the Order.

7. **Transfer of Ownership.** Animals delivered to the facility shall become the property of the County after one of the following events occurs: after the expiration of any applicable redemption period of 5 business days; upon execution of an owner-relinquishment form of the animal(s) owner(s); after issuance of an order or other release authorizing the County to take ownership of the animal. The County is thereafter authorized to sell, adopt out, convey, euthanize or otherwise dispose of the animal in whatever manner it deems appropriate. The County accepts sole responsibility for its discretionary decision.

8. <u>Euthanasia</u>. All animals will be humanely euthanized if the County deems the animal not fit for adoption or transfer. Animals will be euthanized in accordance to the State of Illinois Animal Welfare Act. No animal will be euthanized based on breed or species.

9. <u>Fees.</u> The County is authorized to collect fees and fines for violations of Chapter 7 on behalf of the City, as set forth in the Champaign Municipal Code, 1985, as amended. The County is authorized to impose such additional fees and costs as authorized by the Champaign County Board. All fines and fees collected on behalf of the City shall be remitted

3-13-14

monthly, to be received no later than the 15th day of each month. If an animal must be held beyond five (5) days because of court proceedings, the City will remit to the County any impound fees for said animal. After holding an animal for five (5) days, any boarding fees received shall be paid to the County. It will be in the County's discretion to hold an animal beyond five (5) days for any reason other than court proceedings.

10. **Payment.** The City shall pay the sum of \$57,266 for (FY2015) payable in monthly installments of \$4,772.16 from July 1, 2014 through June 30, 2015. In March of 2015 agreement is in effect, the County shall provide an itemized statement of costs to the City and submit its proposed annual charge for the impound services provided for herein. The parties shall negotiate in good faith to issue any necessary amendments to this Agreement to facilitate the uninterrupted provision of services provided for herein on a fair and just basis.

11. <u>**Records.**</u> The County shall keep and maintain all required records in compliance with the Ordinances of the City and the Statutes of the State of Illinois, which shall include but not be limited to complete financial records covering fees, fines and other charges as well as records of the type and number of animals impounded. The County shall provide a monthly report of the number of animals received and the final dispositions of the animals. The City shall provide information concerning the status of pending cases upon request.

12. <u>Computer Records.</u> The parties shall endeavor to design/evaluate, procure, implement and maintain a computer records management program. Necessary data shall include: the number of animals housed and/or received on behalf of the City of Champaign, boarding dates, date of final disposition, type of disposition and any fees associated therewith. Such pertinent data shall be made part of the basis in determining costs associated with the impoundment services provided by the County.

13. **Duration.** The initial term of this agreement shall be from the date last signed by the parties until June 30, 2015 unless earlier terminated by either party. All terms and conditions will remain in full force and effect unless otherwise amended as set forth herein.

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14. <u>**Termination.**</u> Either party may terminate this contract with or without cause by providing ninety (90) days written notice to the other party.

15. The written notice shall be sent first class mail, return receipt requested to:

City ManagerChampaign County BoardCity of ChampaignChair102 N. Neil Street1776 East Washington StreetChampaign, Illinois 61820Urbana, Illinois 61801

And

Champaign Chief of Police 82 E. University Avenue Champaign, Illinois 61820

16. **<u>Amendments.</u>** This Agreement may be amended only by writing signed by both

parties.

17. Survival of Provisions. Any terms of this Agreement that by their nature extend after

the end of the Agreement, whether by way of expiration or termination, will remain in effect until

fulfilled.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed on

the date and year indicated herein.

| CITY OF CHAMPAIGN An Illinois Municipal Corporation | CHAMPAIGN COUNTY |
|--|---------------------------|
| Ву: | Ву: |
| Date: | Date: |
| ATTEST: | ATTEST: |
| APPROVED AS TO FORM: | APPROVED AS TO FORM: |
| City Attorney | State's Attorney's Office |
| CB 2014 | |

CHAMPAIGN COUNTY APPLICATION FORM FOR GRANT CONSIDERATION, ACCEPTANCE, RENEWAL/EXTENSION

| Department: Champaign County Sheriff's OfficeChampaign County Emergency Management Agency |
|--|
| Grant Funding Agency: Illinois Emergency Management Agency (IEMA)-HMEP Planning Grant |
| Amount of Grant: \$3,279.83 award with \$2,045.91 local match |
| Begin/End Dates for Grant Period: Oct 1, 2014-Sept 30, 2015 |
| Additional Staffing to be Provided by Grant: |
| Application Deadline: June 15, 2014 |
| Parent Committee Approval of Application: |
| Is this a new grant, or renewal or extension of an existing grant? renewal |
| If renewal of existing grant, date grant was first obtained: Jan 2012 |
| Will the implementation of this grant have an effect of increased work loads for other departments? (i.e. increased caseloads, filings, etc.) Yes No If yes, please summarize the anticipated impact: |
| Does the implementation of this grant require additional office space for your department that is not provided by the grant? Yes V No If yes, please summarize the anticipated space need: |
| Please check the following condition which applies to this grant application: |

The activity or service provided can be terminated in the event the grant revenues are discontinued.

✓ The activity should, or could be, assumed by County (or specific fund) general and recurring operating funds.

Departments are encouraged to seek additional sources or revenue to support the services prior to expiration of grant funding.

This Grant Application Form must be accompanied by a Financial Impact Statement. (See back of form)

All staff positions supported by these grant funds will exist only for the term award of grant, unless specific action is taken by the County Board to extend the position.

| DATE: | 6- | 3- | - |
|-------|----|----|---|
| | | | |

| SIGNED: | An | Walsh |
|---------|--------------|-------|
| | Department I | Head |

COUNTY OF CHAMPAIGN

FINANCIAL IMPACT STATEMENT

(To accompany Grant Applications or Appropriate Resolutions/Ordinances)

Current Year Annual Expenditure Estimate:

| Number of Positions | 2 | Personnel \$ _133,805 |
|---|-------------------------|-----------------------|
| Commodities: | \$ | |
| Contractual: | \$ | |
| Capital: | \$ | |
| <u>Long Term Expendi</u> \$166,000 | iture Estimate: | |
| <u>Current Year Annu</u> \$78,000 | <u>al Revenue Estim</u> | <u>nate:</u> |
| <u>Long Term Revenue</u> \$55,000 per year | <u>e Estimate:</u> | |
| Approved by Finance | ce Committee: | Date: |
| Approved by Count | y Board: | Date: |

Hazardous Materials Emergency Preparedness (HMEP) Planning Grant Program FFY 2014 GRANT PROGRAM APPLICATION

DATE 06/01/2014

| JURISDICTION | Champaign Cou | unty | | | |
|--|------------------------------|---------------|-----------------|----------------------|-------|
| FEDERAL EMPLOYER IDENTIFICATION NUMBER (F | EIN): | 376006 | 5910 | | |
| D-U-N-S NUMBER (DUNS): 961922478 | SAM EXPIRAT | TION DATE: | | | |
| GRANT POINT OF CONTACT: FIRST: John | Last: | | Dwyer | | |
| MAILING ADDRESS: | 1905 E. Main | ı St | | | |
| CITY: Urbana | ZIP CODE + F | FOUR: 618 | 302 _ [| 4581 | |
| OFFICE TELEPHONE: (217) 384-3826 | | | - | | |
| EMAIL: jdw | yer@co.champaign.il.u | S | | | |
| MAIL CHECK TO THIS ADDRESS: | 1776 E. W | ashington | | | |
| CITY: Urbana | ZIP CODE + F | OUR: 61 | 802 - | 4581 | |
| IEMA REGION #: Region 7 JURISDICTIO | ON FISCAL YEAR START | DATE: | 12/01/2 | 014 | |
| CHIEF EL | ECTED OFFICIAL | | | | |
| FIRST NAME: AI | AST NAME: | | Kurtz | |] |
| CEO TITLE: | Chair | | | |] |
| LOCAL EMERGENCY PLANNING COMMITTEE CHAIRPERSON | | | | |] |
| FIRST NAME: John LAST NAME: Dwyer | | | | | |
| ESDA/EMA COORDINATOR/DIRECTOR | | | | | |
| FIRST NAME: John | LAST NAME: | | Dwyer | | |
| | GET INFORMATION | | | | |
| | ally filled from section pag | | TION OF UP | COMBINATION | VOFUE |
| FORM SECTIONS | SECTION TOTALS | TO 80% - | FEDERAL ATCH | TO 20% - LO MATCH | CAL |
| PERSONNEL & BENEFITS | \$3,495.73 | \$ 1,4 | 49.83 | \$ 2,045. | 91 |
| TRAVEL | \$ 1,630.00 | \$ 1,6 | 530.00 | \$ 0.00 |) |
| BASIC NEEDS | \$200.00 | \$ 20 | 00.00 | \$ 0.00 |) |
| GRAND TOTAL FOR ALL SECTIONS | \$ 5,325.73 | \$ 3,2 | 79.83 | \$ 2,045. | 91 |
| GRANT MATCH - 80% / 20% | FEDERAL | FEDERAL 80% L | | OCAL 20% | |
| THE MOST ALLOWED UNDER THIS GRAN | Г \$4,260.5 | 59 | 9 | \$1,065.15 | |
| | | | | | |
| FINAL ALLOCATION FOR GRANT AGREEMEN (IEMA USE ONLY) | Т | | | | |

2 PERSONNEL

Directions: Enter job title, name of employee, % of time per week for HMEP Grant Work, annual Grant Salary to be submitted for reimbursement, Total Annual Salary from local government and HMEP % of Salary . *<u>STANDARD</u> WORK WEEK means a 35 to 40 hour work week. Please enter in this box the standard work week for your Jurisdiction. 35 The percentage listed should reflect the number of HMEP Grant hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for HMEP Grant ONLY is divided by the Total Annual Salary from local government to report the HMEP % of Salary in the last column. This HMEP % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

| Title | Name | % HMEP Grant Time (of a *Standard work week - See Expl. Above) | Annual Salary for HMEP Grant | Total Annual Salary from local government | HMEP % of Salary | Is this match? |
|--------------------|------------|---|---------------------------------|---|---------------------|----------------|
| Deputy Coordinator | Bill James | 5.000% | \$1,449.83 | \$57,993.00 | 2.500% | Yes |
| Deputy Coordinator | Bill James | 5.000% | \$1,449.83 | \$57,993.00 | 2.500% | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |

TOTAL SALARIES FOR HMEP WORK ONLY: \$2,899.65 Total of all pages for HMEP Salaries (Only) is listed at bottom of this page, and on first page. TOTAL SALARIES FOR HMEP WORK ONLY:

YES

NO

| Do any of the above named employees divide their work between the HMEP and another department or grant in the co | unty |
|--|------|
| or municipal government? (PLACE AN "X" in the appropriate box.) | L |

If the answer is YES, list the job title, name, department or grant worked for, percentage of time worked for other department, and annual salary in that job, in the following table

| Title | Name | Name of "Other Dept. or grant" | % of Time Worked for "Other Dept. or grant" | Annual Salary for work From "Other Depart or grant program" |
|--------------------|------------|-----------------------------------|---|--|
| Deputy Coordinator | Bill James | EMA | 95.000% | \$1.#R |
| | | | | · · · · · · · |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

\$2,899.65 TOTAL HMEP SALARIES:

This amount will be added to total on page 1

FFY 2014 - HMEP Grant Application Section 2: Personnel Page 2

2-A PERSONNEL

Directions: Enter job title, name of employee, % of time per week for HMEP Work, annual Grant Salary to be submitted for reimbursement, Total Annual Salary from local government and HMEP % of Salary *STANDARD WORK WEEK means a 35 to 40 hour work week. Please enter in this box the standard work week for your Jurisdiction. The percentage listed should reflect the number of HMEP Grant hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for HMEP Grant ONLY is divided by the Total Annual Salary from local government to report the % of Salary in the last column. This HMEP % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

| Title | Name | % HMEP Grant Time (of a *Standard work week - See Expl. Above) | Annual Salary for HMEP ONLY | Total Annual Salary from local government | HMEP % of Salary | Is this match? |
|-------|------|---|--------------------------------|---|---------------------|-------------------|
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | 9 - - | 5 | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |
| | | | \$0.00 | | | No |

TOTAL SALARIES FOR HMEP WORK ONLY:

\$0.00

(This amount also listed at bottom of page, and on first page.)

NO

YES

Do any of the above named employees divide their work between the HMEP and another department in the county or municipal government? (PLACE AN "X" in the appropriate box.)

If the answer is YES, list the job title, name, department worked for, percentage of time worked for other department, and annual salary in that job, in the following table:

| Title | Name | Name of "Other Dept. or grant" | % of Time Worked for "Other Depart or grant" | Annual Salary for work From "Other Depart or grant program" |
|-------|------|-----------------------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

\$0.00 TOTAL HMEP SALARIES:

(Do NOT include Salaries from other departments.) This amount will be added to total on page 1

3 BENEFITS

Please read the following directions carefully and complete the benefits information for each employee that will be claimed. Only the benefits listed below are to be submitted for reimbursement in the quarterly claims. List only the benefits that represent an out-of-pocket expense to the local government grant recipient. Do not list benefits that are paid by the employee.

There are two types of benefits; one is a percentage of gross paycheck, the other is a dollar amount each pay period. If your benefit is a percentage of your gross pay, list the correct percentage amount and in the next column provide the Total Annual Salary amount for the employee. The % of Gross Paycheck is multiplied by the Total Annual Salary Amount to calculate the Gross Benefit Annual Total column. Note: The Total Annual Salary is the full annual salary, including the HMEP salary, for the employee. If your benefit is a dollar amount, list the correct amount for each pay period and in the next column list the number of pay periods in a year. The "Dollar Amount" is multiplied by the "Annual Number of Pay Periods" to calculate the "Gross Benefit Annual Total" column. Thus, if the benefit is determined as percentage of gross paycheck the "Dollar Amount" and "Annual # of Pay Periods" will be left blank. Conversely, if the benefit is determined by a dollar amount for each pay period, the % of Gross Paycheck and Total Annual Salary will be left blank.

Once the "Gross Benefit Annual Total" has been calculated, multiply the HMEP% of Salary to get the HMEP Benefit Amount for the year, for each benefit. The "HMEP % of Salary" was calculated on page 2 "Personnel" of these HMEP grant application forms. Provide the grant total of HMEP benefits for the entire year below.

Benefits related to the employment of those individuals listed in the personnel section. These same criteria of eligible categories apply when evaluating the match opportunities. For volunteers, reasonable fringe benefits may be established based on ordinarily paid for similar work within the jurisdiction. Documentation about the rates will be required.

| | | | BENEFIT E | XPENSE | | A | В | | T |
|------------|------------------------------|-------------------------------|-----------------------------------|----------------------------|----------------------------|-------------------------------|---------------------|---------------------------------|---------------|
| NAME | BENEFIT - (LIST THE TYPE) | Per % of Gross Paycheck | centage OR Total Annual Salary | Dollar An Dollar Amount | Annual # of Pay Periods | Gross Benefit Annual Total | HMEP % of Salary | A X B HMEP Benefit AMOUNT | Is th matc |
| Bill James | S.S | 7.650% | \$57,993.00 | Donar Antoant | T ay T criticus | \$4,436.46 | 2.500% | \$110.91 | Yes |
| | IMRG | 9.920% | \$57,993.00 | | | \$5,752.91 | 2.500% | \$143.82 | Yes |
| | Life Insurance | | | \$3.00 | 12 | \$36.00 | 2.500% | \$0.90 | Yes |
| | Health | | | \$640.00 | 12 | \$7,680.00 | 2.500% | \$192.00 | Yes |
| | Work Comp | | \$57.99 | \$201.64 | 26 | \$5,242.64 | 2.500% | \$131.07 | Yes |
| | Unemployment | 5.150% | \$13,500.00 | | | \$695.25 | 2.500% | \$17.38 | Yes |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| : | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | ļ | \$0.00 | | \$0.00 | No |

TOTAL BENEFITS FOR HMEP WORK:

\$596.08

This amount will be added to total on page 1.

FFY 2014 - HMEP Grant Application Section 3 - Benefits Page 4

3-A BENEFITS

Please read the following directions carefully and complete the benefits information for each employee that will be claimed. Only the benefits listed below are to be submitted for reimbursement in the quarterly claims. List only the benefits that represent an out-of-pocket expense to the local government grant recipient. Do not list benefits that are paid by the employee.

There are two types of benefits; one is a percentage of gross paycheck, the other is a dollar amount each pay period. If your benefit is a percentage of your gross pay, list the correct percentage amount and in the next column provide the Total Annual Salary amount for the employee. The % of Gross Paycheck is multiplied by the Total Annual Salary Amount to calculate the Gross Benefit Annual Total column. Note: The Total Annual Salary is the full annual salary, including the HMEP salary, for the employee. If your benefit is a dollar amount, list the correct amount for each pay period and in the next column list the number of pay periods in a year. The "Dollar Amount" is multiplied by the "Annual Number of Pay Periods" to calculate the "Gross Benefit Annual Total" column. Thus, if the benefit is determined as percentage of gross paycheck, the "Dollar Amount" and "Annual # of Pay Periods" will be left blank. Conversely, if the benefit is determined by a dollar amount for each pay period, the % of Gross Paycheck and Total Annual Salary will be left blank.

Once the "Gross Benefit Annual Total" has been calculated, multiply the HMEP% of Salary to get the HMEP Benefit Amount for the year, for each benefit. The "HMEP % of Salary" was calculated on page 2 "Personnel" of these HMEP grant application forms. Provide the grand total of HMEP benefits for the entire year below.

Benefits related to the employment of those individuals listed in the personnel section. These same criteria of eligible categories apply when evaluating the match opportunities. For volunteers, reasonable fringe benefits may be established based on ordinarily paid for similar work within the jurisdiction. Documentation about the rates will be required.

| | | | BENEFIT E | XPENSE | | A | В | A V D | — |
|------|------------------------------|-------------------------------|------------------------------------|---------------|-------------------------------------|-------------------------------|---------------------|---------------------------------|-------------|
| NAME | BENEFIT - (LIST THE TYPE) | Per % of Gross Paycheck | rcentage OF Total Annual Salary | Dollar An | nount Annual # of Pay Periods | Gross Benefit Annual Total | HMEP % of Salary | A X B HMEP Benefit AMOUNT | Is the mate |
| | | Faycheck | Total Alindal Salary | Dollar Amount | Fay Fellous | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |
| | | | | | | \$0.00 | | \$0.00 | No |

TOTAL BENEFITS FOR HMEP WORK:

This amount will be added to total on page 1.

\$0.00

FFY 2014 - HMEP Grant Application Section 3-A - Benefits Page 5 4 TRAVEL

IEMA must have travel information on file before any travel expenses can be reimbursed.

CHOOSE ONE OF THE TWO CATEGORIES BELOW:

| 1 | A. LOCAL GOVERNMENT HAS NO TRAVEL REGULATIONS |
|---|--|
| | If this is the case, you will be covered by current State of Illinois travel regulations. Link to State Travel Board Site Click on the "Download Printer-friendly Travel Guide". (PDF Document) |
| ł | B. LOCAL GOVERNMENT HAS TRAVEL REGULATIONS |
| | If this is the case, attach a current copy of your local travel regulations. Failure to do so will cause applicant to be ineligible for travel reimbursement. |
| | IEMA will notify you when they will be accepting the travel regulations. |
| | |
| | b ENTER LETTER OF STATEMENT (A or B) THAT APPLIES TO YOUR LOCAL GOVERNMENT. IF YOU ENTERED B, PLEASE COMPLETE THE BOXES BELOW. |
| | Local Mileage is .56 cents per mile. |
| | Meals and/or per diem: \$46.000 |

Lodging Allowance:

LIST REASONS FOR TRAVEL AND ESTIMATED COSTS

\$70.00

| TRAVEL ACTIVITY | AMOUNT | IS THIS MATCH? |
|--|----------|-------------------|
| Midwest Emergency Preparedness Conference (mileage) 2 people | \$470.00 | No |
| Midwest Emergency Preparedness Conference (lodging) 2 people | \$420.00 | No |
| Midwest Emergency Preparedness Conference (meals) 2 people | \$98.00 | No |
| IESMA Conference (mileage) 2 people | \$200.00 | No |
| IESMA Conference (lodging) 2 people | \$400.00 | No |
| IESMA Conference (meals) 2 people | \$42.00 | No |
| | \$0.00 | No |

TOTAL TRAVEL EXPENSES:

\$1,630.00 Enter this total on Page 1

FFY 2014 - HMEP Grant Application Section 4 - Travel Page 6

4A TRAVEL

IEMA must have travel information on file before any travel expenses can be reimbursed.

LIST REASONS FOR TRAVEL AND ESTIMATED COSTS

| TRAVEL ACTIVITY | AMOUNT | IS THIS MATCH |
|----------------------------------|--------|------------------|
| | \$0.00 | No |
| FY 2014 - HMEP Grant Application | \$0.00 | I |

Section 4A - Travel Page 7

5 BASIC NEEDS

DIRECTIONS: List the items that are necessary and essential for the LEPC basic needs in the following 6 categories. These same criteria of eligible categories apply when evaluating the match opportunities. To determine the value of eligible donated equipment, determine the number of hours that each piece of donated equipment was used and multiply it by the jurisdiction's or FEMA's Equipment Rate, whichever is lower. http://www.fema.gov/pdf/government/grant/pa/eqrates_2010.pdf. The out-of-pocket cost to operate the equipment may be claimed as a donation for credit under this policy unless it is included in a reimbursed equipment rate.

| CATEGORY | ITEN | M DESCRIPTIONS | AMOUNT | IS THIS MATCH |
|---------------------------------------|-----------|--------------------------|-----------|------------------|
| | Item | Description | Amount | |
| | 1 | Printer cartridges | \$ 200.00 | No |
| OFFICE SUPPLIES | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | Item | Description | Amount | _ |
| PRINTING | | | \$ 0.00 | No |
| SERVICES | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | Item | Description | Amount | |
| POSTAGE | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| · · · · · · · · · · · · · · · · · · · | GRAND TOT | AL OF BASIC NEEDS PAGE 5 | \$ 200.00 | |

5-A BASIC NEEDS

DIRECTIONS: List the items that are necessary and essential for the LEPC basic needs in the following 6 categories. These same criteria of eligible categories apply when evaluating the match opportunities. To determine the value of eligible donated equipment, determine the number of hours that each piece of donated equipment was used and multiply it by the jurisdiction's or FEMA's Equipment Rate, whichever is lower. http://www.fema.gov/pdf/government/grant/pa/eqrates_2010.pdf. The out-of-pocket cost to operate the equipment may be claimed as a donation for credit under this policy unless it is included in a reimbursed equipment rate.

| CATEGORY | ITEN | AMOUNT | IS THIS MATCH? | |
|-----------------------------------|------|--------------------------|-------------------|----|
| | Item | Description | Amount | |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| FOUDMENT | | | \$ 0.00 | No |
| EQUIPMENT RENTAL | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | Item | Description | Amount | |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| CONTRACTUAL | | | \$ 0.00 | No |
| EXPENSES AND | | | \$ 0.00 | No |
| EXERCISE | | | \$ 0.00 | No |
| EXPENSES OTHER THAN EQUIPMENT | | | \$ 0.00 | No |
| RENTAL | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | Item | Description | Amount | |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| CONFEDENCE | | | \$ 0.00 | No |
| CONFERENCE REGISTRATION FEES | | | \$ 0.00 | No |
| FOR LEPC RELATED | | | \$ 0.00 | No |
| PROFESSIONAL TRAINING SESSIONS | | | \$ 0.00 | No |
| AND OTHER | | | \$ 0.00 | No |
| CONFERENCES | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | | \$ 0.00 | No |
| | | L OF BASIC NEEDS PAGE 5A | \$ 0.00 | |

FFY 2014 Hazardous Materials Emergency Preparedness (HMEP) Grant Program

Project Description:

Provide a brief descripton of the proposed project that summarizes the use of the grant award. Please note all workplans must implement a program that meets the requirements of Title III of the Superfund Amendments and Reauthorizations (SARA) and the Illinois Emergency Planning and Community Right to Know Act (IPCRA).

Collect and maintain information from facilities that store and use hazardous chemicals. Update the County Emergency Operations Plan Hazardous Materials Annex as needed. Run a drill to exercise the plan as needed. Update maps showing chemical facilities in the planning district. Develop LEPC operating procedures. Participate in public outreach and first responder activities. Continue to update LEPC website. Respond to requests for information from the public.

| FFY 2014 Hazardous Materials Emergency | | | | | | |
|--|---|---------------------------|--|--|--|--|
| Preparedness (HMEP) Grant Program | | | | | | |
| I asks: Mease list tasks | Tasks: Please list tasks for verification of progress on project. | | | | | |
| | Description of Task | Estimated Completion Date | | | | |
| Task 1 | Hold quarterly meetings with LEPC members | September 30, 2015 | | | | |
| Task 2 | Attend conferences and trainings regarding hazardous materials sessions | September 30, 2015 | | | | |
| Task 3 | Meet with a sampling of EHS facilities and railroad representatives | September 30, 2015 | | | | |
| Task 4 | Continue efforts with commodity flow study information with data collection | September 30, 2015 | | | | |
| Task 5 | Review and update Tier II data, update CAMEO suite with current Tier II data. Incorporate data from CAMEO and Tier II data into local Geographic Information System (GIS) programs | | | | | |
| Task 6 | Review and update local LEPC plan as needed | September 3015 | | | | |

Federal Funding Accountability and Transparency Act (FFATA)

Disclaimer: The data provided on this sheet will be uploaded into the website by IEMA as required by law.

PLEASE READ BELOW AND ANSWER THE FOLLOWING QUESTIONS:

"Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The intent is to empower every American with the ability to hold the government accountable for each spending decision. The end result is to reduce wasteful spending in the government. The FFATA legislation requires information on federal awards (federal financial assistance and expenditures) be made available to the public via a single, searchable website, which is www.USASpending.gov."

1. Answer the question,

As provided to you by your sub-awardee, in your sub-awardee's business or organization's preceding completed fiscal year, did its business or organization (the legal entity to which the DUNS number it provided belongs) receive (1) 80 percent or more of its annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000.00 or more in annual gross revenues from U.S. federal contracts, loans, grants, sub-grants, and/or cooperative agreements?"

2. Answer the question,

As provided to you by your Sub-awardee, does the public have access to information about the compensation of the executives in the sub-awardee's business or organization (the legal entity to which the DUNS number it provided belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?"

Yes

| | EXECUTIVE #1 | |
|-------------|---------------------|----------------------|
| First Name: | Last Name: | Compensation Amount: |
| | EXECUTIVE #2 | |
| First Name: | Last Name: | Compensation Amount: |
| | EXECUTIVE #3 | |
| First Name: | Last Name: | Compensation Amount: |
| | EXECUTIVE #4 | |
| First Name: | Last Name: | Compensation Amount: |
| | EXECUTIVE #5 | |
| First Name: | Last Name: | Compensation Amount: |

Submit

INTERGOVERNMENTAL AGREEMENT JAG_PROGRAM

(City of Champaign and Champaign County)

THIS AGREEMENT is made and entered by and among the City of Champaign, an Illinois Municipal Corporation ("Champaign), and Champaign County, an Illinois Unit of Local Government ("County"), effective on the last date signed by a party hereto.

WHEREAS, Section 10 of Article VII of the Illinois Constitution of 1970 and the Illinois Intergovernmental Cooperation Act, 5 ILCS 220/1 et seq. enables the parties to enter into agreements among themselves and provide authority for intergovernmental cooperation; and

WHEREAS, The Edward Byrne Memorial Justice Assistance Grant Program (JAG) is a partnership among federal, state, and local governments to create safer communities by improving the functioning of the criminal justice system; and

WHEREAS, Champaign and the County desire to apply for JAG funds to fund individual projects in the City of Champaign and Champaign County; and

NOW, THEREFORE, the parties agree as follows:

Section 1. The Funds. The parties acknowledge, as of the date of this Agreement, the total anticipated grant available to all agencies is SEVENTY-FOUR THOUSAND SEVEN HUNDRED NINETY-ONE DOLLARS (\$74,791.00).

Section 2. Grant Disposition. Proceeds from the grant shall be distributed to Champaign and County for funding individual local projects fitting into the JAG guidelines, in the amounts set forth in Exhibit A. County shall notify Champaign prior to expenditure of any funds indicating the purpose of the expenditure. If the purpose is not, or may not be, within the JAG program guidelines, the parties shall discuss the purchase and no purchase shall be made until the parties have resolved the issue.

Section 3. Lead Agency. The City of Champaign is hereby designated the Lead Agency for this Agreement. Responsibilities shall include leading the application process for the JAG funds, accepting any and all funds awarded through the JAG program, establishing a trust fund in which to deposit the funds received through the JAG program, distributing funds to the County and preparing required reports.

Section 4. Representative; Information Requirements. Each participant shall designate one representative to fulfill the requirements of this Agreement. The representative shall exercise due diligence in providing any and all information necessary or convenient for the performance of the duties required by Champaign in Section 3 above, including submitting the JAG application and preparation of performance measures and program assessment data.

Section 5. Fund Restriction. The parties agree that no funds will be used directly or indirectly for security enhancements or equipment to nongovernmental entities not engaged in criminal justice or public safety, and that the funds will not supplant existing budgeted funds.

Section 6. Liability. Nothing in the performance of this Agreement shall impose any liability for claims against any party other than claims for which liability may be imposed by the Illinois Local Governmental and Governmental Employees Tort Immunity Act, 745 ILCS 10/1-101 *et seq.* Each party to this Agreement shall be responsible for its own actions in providing services under this Agreement and shall not be liable for any civil liability that may arise from the furnishing of the services by the other party. The parties to this Agreement do not intend for any third party to obtain any rights by virtue of this Agreement.

1 **8 9** 1

Section 7. Amendments. Amendments to this Agreement shall be made in writing and signed by all parties. In the event the amount of funds received is different from the amount set forth in Section 1, the parties shall exercise principals of good faith and fair dealing to amend Exhibit A in a manner consistent with the principles of this Agreement and in accordance with all JAG program requirements. Such amendments may be entered into by the chief administrative officers of Champaign and the Sheriff.

. . .

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed on the date and year indicated herein.

| CITY OF CHAMPAIGN | CHAMPAIGN COUNTY |
|-----------------------|----------------------|
| Ву: | Ву: |
| Date: | Date: |
| ATTEST: | ATTEST: |
| APPROVED AS TO FORM: | APPROVED AS TO FORM: |
| City Attorney CB 2014 | State's Attorney |

EXHIBIT A (City of Champaign and Champaign County)

JAG AWARD DISPOSITION

The 2014 JAG funds will be distributed to the Champaign Police Department and the Champaign County Sheriff's Office to fund individual projects fitting into the guidelines of the JAG grant.

| Champaign PD | \$63,767 |
|------------------|----------|
| Champaign County | \$11,024 |

v

4

TOTAL \$74,791



June 2, 2014

Mr. Alan Kurtz, Chair Champaign County Board The County of Champaign Brookens Administrative Center 1776 E. Washington Urbana, IL 61802

Re: The County of Champaign, Illinois Agreement to provide underwriting services

Dear Alan:

This letter (the "Agreement") constitutes an agreement by the County of Champaign, Ilinois (the "*County*") to retain William Blair & Company, L.L.C. ("*Blair*" or the "*Underwriter*") to provide investment banking services as exclusive Underwriter relating to the preparation for and public offerings of one or more issues of bonds or (the "*Bonds*"), as agreed by the Underwriter and the County.

- I. The Underwriter agrees to provide underwriting services for no additional fees other than the underwriting discount on any Bonds sold including, but not limited to transactional structuring options, timing, terms, bond rating presentations and other analysis as needed.
- II. The Underwriter agrees to structure and to sell one or more issues of Bonds and/or Refunding Bonds as needed or required on a mutually agreed timetable. The bond issues contemplated included refunding of the Series 2005B Bonds, new money bonds for the renovation of the County Jail, refunding of the Series 2006A bonds and refunding of the Series 2007A bonds.
- III. Other terms and conditions relating to the Bonds are as follows:
 - A. The Bonds will be a general obligation of the County.
 - B. Redemption terms of the Bonds by the County will be negotiated.
 - C. The Underwriter agrees to work with the County to structure the underlying documentation, which documentation will include provisions for redemption and security.

- D. The Underwriter agrees that it will diligently attempt to bring the Bonds to market at such time as the County shall specify.
- E. The County and the Underwriter agree that the Underwriter's Discount for assistance related to financial analysis related to the Bonds, successful marketing of the Bonds and closing of the Bond issue(s) shall be no greater than .7% of the par amount of Bonds which receive a bond rating of "A" or better and are sold according to the debt structure(s) currently being contemplated by the County. There will be no fees incurred unless Bonds are issued.
- F. The County agrees to pay for expenses including reasonable bond counsel and disclosure counsel fees, printing, paying agent and registrar fees, cost of rating agency fees, bond insurance if appropriate and other related expenses.
- G. The Bonds will bear interest at rates determined by market conditions existing at the date of offering of the issue, subject to the approval of such interest rates and conditions by the County. The Underwriter and the County reserve the right to sell the Bonds with different maturities and upon different conditions than is presently contemplated, if it is in the mutual agreement of both parties to do so.
- IV. The Underwriter's obligation to sell the Bonds shall be subject to the satisfaction of the following conditions:
 - A. A definitive Purchase Contract to be agreed upon by the Underwriter and the County.
 - B. The unqualified opinion of a nationally recognized bond counsel that the interest on the Bonds is exempt from Federal income taxation.
 - C. The unqualified opinion of counsel that the Bonds are duly issued under appropriate Federal and State securities laws and is otherwise in conformance with other laws and codes, as applicable.
 - D. Approval of the form and substance of the documents in connection with the issuance of the Bonds by the Underwriter.
 - E. In the judgment of the Underwriter, after due inquiry, there shall not have occurred any material adverse change in the affairs or financial condition of the County or its affiliates since the date of the most recent audited financial statements provided to Underwriter except as previously disclosed to the Underwriter or contained in audited or unaudited financial statements of the County.

V. Compliance with MSRB Rule G-23 Disclosure.

In our capacity as underwriter, we will be acting as a principal in a commercial, arms' length transaction and not as a municipal advisor, financial advisor or fiduciary to you regardless of whether we, or an affiliate has or is currently acting as such on a separate transaction. The information we provide to you is not intended to be and should not be construed as "advice" within the meaning of Section 15B of the Securities Exchange Act of 1934 and we encourage you to consult with your own legal, accounting, tax, financial and other advisors, as applicable, to the extent you deem appropriate.

VI. Authority.

Each of the parties to this Agreement represents that it has duly authorized the execution, delivery and performance of this Agreement and that neither such execution and delivery nor the performance of its obligations hereunder conflict with or violate any provision of law, rule or regulation, or any instrument to which it is a party or to which any of its property is subject and that this Agreement is a valid and binding obligation.

- VII. Liability and Indemnification.
 - A. The County agrees that neither Blair nor any member, principal or employee of Blair shall be liable for any error in judgment or for any act or omission to act by Blair or any such person, except for any error in judgment, act or omission resulting from Blair's or such person's negligence, gross negligence, willful misconduct or malfeasance, in which case Blair shall indemnify and hold harmless County and each Board member and employee of County (collectively, the "County Indemnified Party") against any losses, claims, damages or liabilities, joint or several, to which any County Indemnified Party may become subject. Blair shall have no liability to the County if the issuance of the Securities does not occur for any reason, and has no obligation to purchase the Securities under any circumstances.
 - B. To the extent permitted by applicable law, the County shall indemnify and hold harmless Blair and each member, principal and employee of Blair (collectively, the "*Indemnified Party*") against any losses, claims, damages or liabilities, joint or several, to which any Indemnified Party may become subject, insofar as such losses, claims, damages or liabilities (or actions in respect thereof) arise out of or are based upon an untrue statement of a material fact contained in any Disclosure Document, or any amendment or supplement thereto, or arise out of or are based upon the omission or alleged omission to state therein a material fact required to be stated therein or necessary to make the statements therein not misleading, and will reimburse each Indemnified Party for any legal or other expenses reasonably incurred by such Indemnified Party in connection with investigating or defending any such action or claim. The County is

responsible for the truth, accuracy and completeness of all information relating to the County.

- C. The reimbursement, indemnity and contribution obligations of the parties hereunder shall be in addition to any liability which the parties may otherwise have.
- VIII. Termination and Assignment.
 - A. This Agreement may be terminated by either party at any time upon 30 days' prior written notice to the other party. Such termination shall be without the payment of any penalty and without liability of either party to the other, except (i) for any compensation and expense reimbursements due in accordance with Section III (F.) and (ii) that Blair and the County shall continue to be entitled to the benefits of Section VII following any such termination.
 - B. No assignment of this Agreement by Blair shall be effective without the written consent of the County.
- IX. Notices. Any notice or other written communication provided for herein shall be mailed to Blair at its address set forth above or to the County at 222 West Adams, Chicago, IL, 60606, unless either party notifies the other in writing of a different address.
- X. *General.* The validity and interpretation of this Agreement shall be governed by, and construed and enforced in accordance with, the laws of the State of Illinois applicable to Agreements made and to be fully performed therein. This Agreement may not be modified or amended except in writing executed by the parties hereto. This Agreement may be signed in counterparts, each of which shall be deemed an original and all of which shall constitute one and the same instrument.

XI. This Agreement is agreed to, accepted and effective as of the date set forth above.

THE COUNTY OF CHAMPAIGN, ILLINOIS

By: _____

Title: Chair Champaign County Board

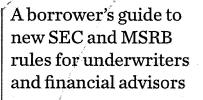
WILLIAM BLAIR & COMPANY, L.L.C.

By:

Algointe M. Hennery

Title:

Managing Director



Q&A: Understanding Regulatory Changes in the Municipal Market

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William Blair

The Securities and Exchange Commission and the Municipal Securities Rulemaking Board have enacted several rules to further clarify the different roles of underwriters (broker-dealers) and financial advisors.

As a firm that provides both underwriting and financial advisory services, William Blair & Company can provide some context to help borrowers in the municipal bond market to understand better the new regulatory standards.

The SEC's new Municipal Advisor Rule will change how information flows in the municipal securities market. Some consequences of the new rule may disadvantage borrowers by restricting their access to information historically provided by market participants.

What is the impetus behind the recent regulatory changes?

The Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010 (Act) was created in the wake of the financial crisis that started in 2007. The Act broadened the mission of the Municipal Securities Rulemaking Board (MSRB) and the Securities and Exchange Commission (SEC) to include the regulation of financial advisors and municipal advisors and to protect borrowers in the municipal bond market.

The portion of the Act that addresses the municipal bond market was created to protect borrowers from excessively risky transactions. Some notable examples included:

- Jefferson County, Alabama, which was forced into bankruptcy due to interest rate swaps on sewer bond debt and involved "pay-to-play" scandals.
- Several Wisconsin school districts that encountered financial trouble when a trusted advisor encouraged them to purchase collateralized debt obligations (CDOs) that later defaulted.
- Harrisburg, Pennsylvania, which underwent state supervision and a debt restructuring after incurring significant debt obligations for questionable projects.

In an effort to protect borrowers, the Act attempts to clarify the roles and responsibilities of various municipal market participants.

During a 2009 speech, former SEC Commissioner Elisse B. Walter said that the SEC should have regulatory authority over all financial intermediaries involved in the municipal securities market, not just broker-dealers.

"The observed and reported conduct of some municipal financial advisors is alarming. Here I am thinking of 'payto-play' practices, undisclosed conflicts of interest, advice rendered by financial advisors without adequate training or qualifications, and failure to place the duty of loyalty to their clients ahead of their own interests," Walter said. "Granting regulatory authority over the activities of municipal financial advisors, including swap advisors, to the [SEC] would significantly benefit issuers and investors alike."

Please see important disclosures at the end of this document.

What are the new or recently revised SEC and MSRB rules?

The SEC's new Municipal Advisor Rule (MA Rule) takes effect on July 1, 2014 and regulates the providers of information to borrowers in the municipal bond market. Previously, underwriters and other market participants were free to share financial structuring and refunding ideas with borrowers. As a result of these new regulations, borrowers may no longer have access to customized, relevant and specific analytical information from key market participants. William Blair, for example, builds customized databases for use by borrowers in evaluating their debt capacity and financing alternatives. Firms like William Blair will still be able to provide borrowers with information of a general nature that does not involve a recommendation. However, the new MA Rule will restrict a borrower's access to customized information and analysis unless it takes some affirmative steps such as those described below.

How can borrowers continue to have access to important information and avoid the potentially adverse impacts of the MA Rule?

A municipal advisor's advice to a borrower is deemed, under the MA Rule, to be advice that precludes its author from underwriting the borrower's bonds for a period of two years. An underwriter can give advice to a borrower as long as it is clear that its author is not serving as a municipal advisor and falls within one of the Rule's limited exemptions.

In order to maintain a free flow of information from its trusted underwriting partners, borrowers may wish to consider one or more of the following actions:

- Enter into a pre-engagement letter with one or more underwriters, terminable at will or under certain conditions, to permit underwriters to provide relevant market-based information about your capital structure and information relating to a specific transaction.
- Formally engage the financing team (financial advisor and underwriter) early in the process.
- Use the RFP process to elicit ideas from a select or broad group of underwriters.
- Retain an independent financial advisor (IRMA) registered with the SEC and provide written notice that the borrower has engaged and is relying on a specified IRMA with respect to a certain scope of matters, either generally through a website posting, or specifically to selected market participants.

The MSRB recently proposed Rule G- 42 to regulate the conduct and duties of municipal advisors. It is not possible to predict the timing and final content of the draft rule.

MSRB Rule G-17 applies to municipal advisors and underwriters (broker-dealers) and states that advisors and underwriters shall deal fairly with all persons and shall not engage in any deceptive, dishonest, or unfair practice.

MSRB Rule G-23 prohibits switching roles from financial advisor to underwriter on a debt offering and requires underwriters to state their primary role in a proposed transaction up front. The rule also prohibits a financial advisor from switching to the role of a placement agent on any debt offering.

Some in the municipal finance community believe that the status of underwriters as non-fiduciaries creates an inherent conflict of interest. The fact is that an underwriter's continued existence depends on its client's success.

William Blair's contributions to a borrower's goals must stand the test of time, and remain sound long after any financing has been completed.

What can borrowers expect from William Blair when it is acting as an underwriter?

In order to facilitate a more open dialogue and a freer flow of information, we may seek a formal written engagement, subject to customary termination provisions, earlier in the transaction process. Borrowers may see more disclaimers in our presentations, correspondence and agreements. We may be unable to offer suggestions relating to the investment of bond proceeds and similar questions.

Which government agencies regulate underwriters and financial advisors?

Since long before the financial crisis and the Act, underwriters have been highly regulated by the MSRB, the SEC, and the Financial Industry Regulatory Authority (FINRA). Underwriters are subject to registration, testing, licensing, periodic compliance examinations, supervision, record retention, fee disclosure, restrictions on political contributions, and financial disclosure. Underwriters are obligated to deal fairly with their clients.

The regulation of dedicated municipal financial advisors is a recent development. Before the Act was passed in 2010, there were no qualifications or regulations concerning financial advisors. Fortunately for borrowers in the municipal market, this has now changed as all financial advisors are now required to be registered with the SEC and the MSRB as "municipal advisors" with a fiduciary duty to their municipal clients and a duty of care to other obligated persons.

What roles do underwriters and financial advisors play in a financing?

The underwriter is the gatekeeper to the capital markets, putting issuers together with investors to finance capital and other vital funding needs. In addition to purchasing debt obligations for resale in the capital markets, underwriters typically work with borrowers on debt service structures, including repayment terms, security, credit rating agency review and preparation, and redemption terms and prices. Firms with underwriting capabilities may also act as financial advisors when they do not bid or serve as an underwriter for the bonds.

A financial advisor helps a borrower determine whether a competitive or negotiated bond sale best suits its needs based on the borrower's credit rating, frequency of issuance, size of issue, debt structure, and market conditions. Financial advisors can also offer an opinion or advice on debt structure, repayment terms, security, and credit rating review and preparation, and they can provide an independent opinion on the fairness of the bond pricing.

The different standards that apply to underwriters (fair dealing) and financial advisors (fiduciary or a duty of care) are a result of the distinct roles each plays in the financing process. William Blair is held to regulatory standards of fair dealing, and we have built our reputation by demonstrating our ability to achieve the best possible outcomes for our clients. Our business success depends on the success of our clients.

Are borrowers required to hire a financial advisor in addition to an underwriter?

The new rules do *not* require borrowers to hire an independent financial advisor in addition to an underwriter. Borrowers, however, may seek additional advice from financial experts regarding a bond issue, especially when the borrower would like a second opinion or additional information.

For certain borrowers, hiring a financial advisor may be cost prohibitive, and some of the services provided by a financial advisor could be duplicative of those provided by the underwriter. Engaging a financial advisor with a limited scope can help solve this problem. One solution is to task the financial advisor with the role of pricing consultant to assist the borrower in evaluating the pricing of bonds by the underwriter. Some of the most sophisticated borrowers use this approach on an ongoing basis.

How can borrowers evaluate underwriting and financial advisor fees?

Whether using an underwriter in a negotiated sale, a financial advisor in a competitive bond sale, or an underwriter and a financial advisor in a negotiated sale, you should understand all of the facts about the firms you will use. The request-for-proposal (RFP) process is valuable in gathering this information.

Underwriting fees are public information and required to be disclosed to borrowers and investors. Financial advisory fees are often not completely transparent, so check the fees of each party and use comparative pricing analyses for similar deals. It can be beneficial for an issuer to work with an underwriter or financial advisor that knows the borrower's history. Having knowledge of the purposes and outcomes of past bond issues can be valuable in informing the underwriter's or financial advisor's recommendations. It is also important to check several references when selecting underwriters and financial advisors. By speaking with past clients and well-respected professionals in the municipal finance industry, issuers can obtain valuable information about a firm's capabilities, track record, and reputation.

How do underwriters obtain the market information needed to determine the most beneficial structure of the bond issue?

Underwriters speak daily to thousands of major institutional investors and receive current updates from market participants. Based on this market information, underwriters can inform borrowers concerning structural opportunities to help reduce the cost of capital right up to the moment of the sale. During the pricing process, underwriters typically present the client with an extensive array of current comparable bond issues with similar credit ratings in the market at the same time as the borrower.

At William Blair, our staff monitors the primary and secondary market through proprietary software to discover pricing trends that may aid the issuer. When acting as underwriter, we provide our clients with pricing comparisons before, during, and after the bond sale as proof of the pricing's competitiveness.

William Blair Investment Banking Debt Capital Markets

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A Trusted Partner to the Public and Nonprofit Sectors

Issuers count on William Blair & Company for objective advice, competitive underwriting, and strong institutional and retail sales distribution. We are dedicated to helping governments, school districts, non-profit organizations and private sector borrowers fund new projects, lower their borrowing costs, and strengthen their financial positions. We are one of the leading underwriters of municipal debt.

About William Blair & Company

William Blair & Company is a global investment banking and asset management firm. We are committed to building enduring relationships with our clients and providing expertise and solutions to meet their evolving needs. An independent and employee-owned firm, William Blair is based in Chicago, with office locations in 12 cities including London, New York, Shanghai, and Zurich. For more information, please visit williamblair.com.



Important Disclosures

(a) William Blair & Company is not recommending an action to you as the municipal entity or obligated person; (b) William Blair is not acting as a municipal advisor to you and does not owe a fiduciary duty pursuant to Section 15B of the Exchange Act to you with respect to the information and material contained in this communication; (c) William Blair is acting for its own interests; and (d) this information is being provided for discussion purposes and you should discuss any information and material contained in this communication with any and all internal or external advisors and experts that you deem appropriate before acting on this information or material.

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