

**CHAMPAIGN COUNTY BOARD
COMMITTEE OF THE WHOLE**

Finance/ Policy, Personnel, & Appointments/Justice & Social Services Agenda

County of Champaign, Urbana, Illinois

Tuesday, August 12, 2014 – 6:30 p.m.

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

I. Call To Order

II. Roll Call

III. Approval of Minutes

A. June 10, 2014

1-10

IV. Approval of Agenda/Addenda

V. Public Participation

VI. Communications

VII. Policy, Personnel, & Appointments

A. Appointments/Reappointments (*italics indicate incumbent*)

1. Drainage Districts –Terms: September 1, 2014-August 31, 2017

11-38

- Blackford Slough – *Vern Zehr*
- Conrad & Fisher – *Harlan Trotter*
- Fountain Head – *Robert Barker*
- Kerr & Compromise – *Wayne Emkes*
- Lower Big Slough – *Lowell Estes*
- South Fork – *Richard Rice*
- Nelson-Moore-Fairfield - *John Heiser*
- Okaw – *Larry Dallas*
- Pesotum Slough Special – *Forrest Brewer*
- Prairie Creek – *Stanley Wolken*
- Raup – *Lester Wolken*
- Salt Fork – *Dennis Bergman*
- Silver Creek – *Cecil Hudson*
- St. Joseph #3 – *Charles Daly*
- Somer #1 – *Troy Flessner*
- Union Stanton & Ogden Townships – *Les Olson*
- St. Joseph #4 – *Duane Goodwin*
- Triple Fork – *Lowell Johnson*
- Union #1 Philo & Crittenden – *Robert Grove*
- Union #3 South Homer & Sidney – *Robert Lee*
- Upper Embarras River Basin – *Andrew Edwards*
- Union #1 Philo & Urbana – *Roy Douglas*
- West Branch – *Stanley Wolken*
- Willow Branch – *Steve Maddock*
- Wrisk – *Steven Herriott*

• #2 Town of Scott – <i>Daniel Noel</i>	
• Pesotum Consolidated – <i>Chris Hausman</i>	
• Longbranch Mutual – <i>Norman Uken</i>	
2. <u>Dewey Community Public Water District-Unexpired Term Ending 5/31/2018</u>	39
• Karen Hughey	
3. <u>Ludlow Fire Protection District-Unexpired Term Ending 4/30/2017</u>	40
• Rodney Loschen	
B. <u>County Clerk</u>	
1. June & July 2014 Reports	41-42
C. <u>Circuit Court</u>	
1. Request to Send Specialty Courts Coordinator Position to the Job Content Evaluation Committee for Review and Evaluation	43-44
D. <u>Planning & Zoning</u>	
1. Request to Send Associate Planner Position to the Job Content Evaluation Committee for Re-evaluation	45
E. <u>Job Content Evaluation Committee</u>	
1. Report and Recommendation Regarding CAC Forensic Interviewer Position	46-51
F. <u>County Administrator</u>	
1. Administrative Services June & July 2014 Reports	52-56
2. Champaign County Travel Policy Revision and Update	57-67
G. <u>Other Business</u>	
H. <u>Chair’s Report</u>	
1. Strategic Planning Subcommittee Update	68-69
I. <u>Designation of Items to be Placed on the Consent Agenda</u>	

VIII. Finance

A. County Administrator

1. Proposed Refunding of Champaign County Series 2005B Bonds (*Separate Attachment*)
2. General Corporate Fund FY2014 Budget Projection Report (*to be distributed*)
3. General Corporate Fund FY2014 Budget Change Report (*to be distributed*)

B. Treasurer

1. Monthly Reports – June & July 2014 – Reports are available on the Treasurer’s Webpage at: <http://www.co.champaign.il.us/TREAS/reports.htm>

2. Resolution Authorizing Disbursement of Funds on Defaulted Contract for Mobile Home Tax Sale, Permanent Parcel No. 14-019-0102 70
- C. Auditor
1. Monthly Reports – June & July 2014 – Reports are available on the Auditor’s Webpage at: <http://www.co.champaign.il.us/Auditor/monthlyreports.htm>
2. Quarterly Financial Report Through June 30, 2014 71-74
3. FY2013 Popular Annual Financial Report (*Separate Attachment*)
- D. Nursing Home Monthly Report 75-79
- E. Budget Transfers/Amendments
1. Budget Transfer #14-00007 80
Fund/Dept. 080 General Corporate-075 General County, 040 Sheriff, 140 Correctional Center
Total Amount: \$112,841
Reason: Move Money to Correct Budgets to Pay for Increase in Salaries Due to Settlement of FOP Contracts
2. Budget Amendment #14-00029 81
Fund/Dept. 620 Health-Life Insurance-120 Employee Group Insurance
Increased Appropriations: \$2,500
Increased Revenue: None: from Fund Balance
Reason: To Pay Additional Fee for Valuation of Plan changes-OPEB Actuarial Study
3. Budget Amendment #14-00030 82
Fund/Dept. 085 County Motor Fuel Tax
Increased Appropriations: \$1,400,000
Increased Revenue: None: from Fund Balance
Reason: \$400,000 – City of Urbana Philo road Project #11-00504-01-PV;
\$250,000 – Salt Purchase for the Coming Winter; \$750,000 – CH 20 & 11 Project #13-00434-00-RS
- F. Emergency Management Agency
1. Request Approval of Application, & If Awarded, Acceptance of the FY2015 Illinois Emergency Management Agency Assistance Grant 83-114
- G. State’s Attorney
1. Request Approval of Contract Between the Illinois Department of Children & Family Services and the Champaign County States Attorney for FY2015 115-178
2. Request Approval of Violent Crime Victims Assistance Program Grant Agreement Between the Illinois Attorney General and the Champaign County State’s Attorney for FY2015 179-193

- H. Job Content Evaluation Committee
 - 1. Recommendation Regarding CAC Forensic Interviewer Position 46-51

- I. Other Business

- J. Chair's Report

- K. Designation of Items to be Placed on the Consent Agenda

IX. Justice & Social Services

- A. Monthly Reports – All reports are available on each department's webpage through the department reports page at: <http://www.co.champaign.il.us/COUNTYBD/deptrpts.htm>
 - 1. Animal Control – May & June 2014
 - 2. Emergency Management Agency – June & July 2014
 - 3. Head Start – June 2014
 - 4. Probation & Court Services – May & June 2014; 2nd Quarter Statistics
 - 5. Public Defender – May & June 2014
 - 6. Veterans' Assistance Commission – June & July 2014

- B. Other Business

- C. Chair's Report

- D. Designation of Items to be Placed on the Consent Agenda

X. Other Business

- A. Approval of Closed Session Minutes – June 10, 2014

XI. Adjournment

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CHAMPAIGN COUNTY BOARD COMMITTEE OF THE WHOLE MINUTES

9 **Finance; Policy, Personnel, & Appointments; Justice & Social Services**
10 **Tuesday, June 10, 2014**
11 **Lyle Shields Meeting Room**

12
13
14
15

16 **MEMBERS PRESENT:** Christopher Alix, Astrid Berkson, Lloyd Carter, Lorraine Cowart,
17 Aaron Esry, Stan Harper, Josh Hartke, Stan James, John Jay, Jeff
18 Kibler, Alan Kurtz, Ralph Langenheim, Gary Maxwell, Jim
19 McGuire, Diane Michaels, Max Mitchell, Patsi Petrie, James Qui-
20 senberry, Michael Richards, Giraldo Rosales, Jon Schroeder, Ra-
21 chel Schwartz

22
23

24 **MEMBERS ABSENT:** None

25
26
27
28

29 **OTHERS PRESENT:** Van Anderson (Deputy County Administrator/Finance), Deb Busey
30 (County Administrator), John Farney (Auditor), Barb Frasca (Re-
31 corder), Gordy Hulten (County Clerk), Julia Rietz (State's Attor-
32 ney), Kay Rhodes (Administrative Assistant), Peter Tracy
33 (MHB/DDB Director), Dan Welch (Treasurer)

34
35

CALL TO ORDER

36 Kurtz called the meeting to order at 6:30 p.m.

37
38

ROLL CALL

39 Rhodes called the roll. Alix, Berkson, Carter, Cowart, Esry, Harper, Hartke, James, Jay,
40 Kibler, Kurtz, Langenheim, Maxwell, McGuire, Michaels, Mitchell, Petrie, Quisenberry, Rich-
41 ards, Rosales, Schroeder, and Schwartz were present at the time of roll call, establishing the pres-
42 ence of a quorum.

43
44

APPROVAL OF MINUTES

45
46

MOTION by Mitchell to approve the Committee of the Whole minutes of May 15, 2014;
seconded by James. **Motion carried with unanimous support.**

APPROVAL OF AGENDA/ADDENDA

MOTION by Rosales to approve the Agenda/Addenda; seconded by Jay. Alix asked to
move item IX-J1 MPA Contract for Nursing Home Management Services to occur after item IX-
D, the Nursing Home Monthly Report. A Closed Session was added for item IX-I6, FY2015 Sala-
ry Recommendation for Non-bargaining Employees. **Motion carried with unanimous support.**

47 **PUBLIC PARTICIPATION**

48
49 Steve Moser spoke of the importance of maintaining the office of the Recorder of Deeds.

50
51 **COMMUNICATIONS**

52
53 Kurtz read a letter from Representative Chad Hays reporting that the property tax relief
54 bill, SB3259, amendment 4 for small businesses affected by the tornados last November, had
55 passed both the House of Representatives and the Senate, and was on the Governor's desk for
56 signature. Kurtz sent a letter to the Governor in support of SB3259.

57
58 **JUSTICE & SOCIAL SERVICES**

59 Mental Health Board 2014 Update & Report

60
61 Peter Tracy, Director of the Mental Health Board and the Developmental Disabilities
62 Board updated the Committee of the Whole on both of the board's funding activities. Tracy ex-
63 plained that Illinois was in the middle of major changes in the delivery of support and services for
64 people with mental illnesses, substance use disorders, and intellectual disabilities and develop-
65 mental disabilities. The changes were a result of the State's rebalancing efforts, lawsuits and con-
66 sent decrees, national trends and paradigm shifts, new statutes, implementation of the Affordable
67 Care Act, Medicaid expansion, and various managed care pilot projects including the Choices
68 project in Champaign, Vermilion, Ford, and Iroquois Counties.

69
70 Tracy stated that mental health authorities and county developmental disabilities boards
71 were concerned about how these changes would affect funding patterns. The State's shift away
72 from General Revenue Funding (GRF) to Federal Financial Participation (FFP) would continue to
73 redefine the funding parameters, and would create additional stress on an already stressed system
74 because of the inadequacy of Medicaid rates.

75
76 Tracy stated that the changes would also provide opportunities for rethinking how to prior-
77 itize local dollars. He said that the State would control costs by making adjustments in clinical
78 eligibility requirements. Major systemic changes are currently underway pertaining to the deliv-
79 ery of services and support for people with intellectual disabilities and developmental disabilities
80 (ID/DD) in the United States. Factors that will influence the MHB/DDB policies, service/support
81 prioritization, and funding decisions include: (1) Olmstead, (2) Ligas Consent Decree, (3) Wil-
82 liams Consent Decree, (4) Illinois Employment First Act, (5) the final CMS Home and Communi-
83 ty Based Services (HCBS) rule, (6) the shift of funding from the Illinois General Revenue Fund
84 (GRF) to Federal Financial Participation, (7) the EPSDT class action lawsuit in Illinois, (8) pend-
85 ing lawsuits in a number of states concerning sheltered workshops and segregated centers, (9)
86 Medicaid supplementation issues, and (10) the Affordable Care Act and Medicaid.

87
88 Tracy explained that there would be a continuation during FY15 of the reconfigured be-
89 havioral health system, which was designed to assure appropriate linkage to behavioral health
90 services following incarceration, deflection of people with serious behavioral health problems
91 prior to incarceration, and improved coordination between community based service providers
92 and the Champaign County Jail's behavioral health service provider for people during their incar-

93 ceration. Full compliance with memoranda of understandings pertaining to specialty courts would
94 be continued during FY15.

95

96 Tracy said they would support local funder collaborations intended to expand the availa-
97 bility of psychiatric services in Champaign County and/or development of an emergency shelter
98 for families facing homelessness. Expansion of psychiatric services could include supporting a
99 partnership between community based behavioral health providers and the Federally Qualified
100 Health Center (FQHC) in Champaign County.

101

102 Tracy listed the MHB FY2015 decision priorities and decision support criteria as collabo-
103 ration with the Champaign County DDB; ACCESS Initiative sustainability; behavioral health
104 programs for youth with serious emotional disturbances; behavioral health services and supports
105 for adults with behavioral health and criminal justice interface; and local funder collaboration on
106 special initiatives.

107

108 Tracy said that the DDB approved decision support and decision support criteria in No-
109 vember 2013 and those are person centered planning; employment services and supports; com-
110 prehensive services and supports for young children; flexible family support; adult day program-
111 ming and social and community integration; self-advocacy and family support organizations; in-
112 clusion and anti-stigma programs and supports; and individualized residential service options.

113

114 Tracy stated that the overall decision support considerations for both the MHB and DDB
115 would require applications to address the following criteria: underserved populations, countywide
116 access, budget and program connectedness, realignment of existing FY2014 contracts to address
117 priorities, and anti-stigma efforts.

118

119 Tracy said that ACCESS Initiative direct match contracts totaling \$534,724 would be used
120 to coordinate with the reduced Cooperative Agreement funding to move into the sustainability
121 phase of the project.

122

123 Tracy said they wanted to increase the availability of four-person or less Community Inte-
124 grated Living Arrangements (CILA) for people with intellectual and developmental disabilities in
125 Champaign County. He explained that it was important to develop more CILA homes in the
126 community as soon as possible.

127

128 **MOTION** by Kurtz to receive the Mental Health Board report and place on file; seconded
129 by Kibler. **Motion carried.**

130

131 Re-Entry Program Quarterly Report
132 & Departmental Monthly Reports

133

134 **OMNIBUS MOTION** by James to receive the Re-Entry Program Quarterly Report for
135 March –May 2014; Animal Control-April 2014; Emergency Management Agency-May 2014;
136 Head Start-May 2014; Probation & Court Services-April 2014; Public Defender-April 2014; and
137 the Veterans’ Assistance Commission-May 2014 reports and place them on file; seconded by Kib-
138 ler. **Motion carried with unanimous support.**

139 There was no other business.

140

141 Chair's Report

142 Cancellation of July Justice & Social Services meeting

143

144 **MOTION** by Langenheim to cancel the July Justice & Social Services Committee of the
145 Whole meeting; seconded by Kurtz. **Motion carried.**

146

147 **POLICY, PERSONNEL, & APPOINTMENTS**

148 Appointments/Reappointments

149

150 **OMNIBUS MOTION** by Kurtz to recommend County Board approval of resolutions au-
151 thorizing the appointments of Thomas Barnhart, Gary Fisher, and Michael Freese, Jr., to the Bai-
152 ley Cemetery Association-terms 7/1/2014-6/30/2020; seconded by Esry. Petrie was concerned
153 about the terms because they were not staggered as per statute. Busey explained that staggering
154 terms would be optimal, however, some of these appointment terms had been vacant for years and
155 historically when an appointment was made it was for six years and the statute did allow for half
156 the appointments to be done for the same term. **Motion carried with unanimous support.**

157

158 **MOTION** by Kurtz to recommend County Board approval of a resolution authorizing the
159 appointment of Cecil McCormick to the Clements Cemetery Board-term 7/1/2014-6/30/2020; se-
160 conded by Esry. **Motion carried with unanimous support.**

161

162 **OMNIBUS MOTION** by Kurtz to recommend County Board approval of resolutions au-
163 thorizing the appointments of Gregory Burr and Marcia Fisher to the Locust Grove Cemetery As-
164 sociation-terms 7/1/2014-6/30/2020; seconded by Kibler. **Motion carried with unanimous sup-
165 port.**

166

167 **OMNIBUS MOTION** by Kurtz to recommend County Board approval of resolutions au-
168 thorizing the appointments of Thomas Gordon, Robert Trumbull, and Jack Knott to the Mount
169 Olive Cemetery Association-terms 7/1/2014-6/30/2020; seconded by Esry. **Motion carried with
170 unanimous support.**

171

172 **OMNIBUS MOTION** by Kurtz to recommend County Board approval of resolutions au-
173 thorizing the appointments of Pamela Carpenter, Marc Shaw, and Clark Wise to the Prairie View
174 Cemetery Association-terms 7/1/2014-6/30/2020; seconded by Schroeder. Mitchell questioned the
175 residency of Mr. Wise because he listed an Effingham, Illinois address. Busey explained that one
176 of the requirements for cemetery appointments was to have a family member buried at the par-
177 ticular cemetery and an appointee did not necessarily need to live in the County to qualify. **Mo-
178 tion carried with unanimous support.**

179

180 **MOTION** by Kurtz to recommend County Board approval of a resolution authorizing the
181 appointment of Phillip Nigg to the Yearsley Cemetery Association-term 7/1/2014-6/30/2020; se-
182 conded by Michaels. **Motion carried with unanimous support.**

183

184 **MOTION** by Kurtz to recommend County Board approval of a resolution authorizing the
185 appointment of Bobbie (Roberta) Herakovich to the Forest Preserve Board-term 7/1/2014-
186 6/30/2019; seconded by Kibler. **Motion carried.**

187
188 **OMNIBUS MOTION** by Kurtz to recommend County Board approval of resolutions au-
189 thorizing the appointments of Michael Ruffatto and John Peterson to the Board of Health-terms
190 7/1/2014-6/30/2017; seconded by James. **Motion carried with unanimous support.**

191
192 Kurtz explained that he and Mr. Tracy performed interviews with all of the applicants for
193 the Developmental Disabilities Board together and his decision was very difficult because they
194 were all very qualified. **MOTION** by Kurtz to recommend County Board approval of a resolution
195 authorizing the appointment of Debra Ruesch to the Developmental Disabilities Board-term
196 7/1/2014-6/30/2017; seconded by Maxwell. **Motion carried.**

197
198 County Clerk

199
200 **OMNIBUS MOTION** by Langenheim to receive the May 2014 report and the Semi-
201 Annual report and place them on file; seconded by Harper. Kibler asked Hulten to provide num-
202 bers regarding the conversion of civil unions to same sex marriages since the new law came into
203 effect June 1, 2014. Hulten stated that there 42 couples came in on Sunday, June 1, 2014 for mar-
204 riage licenses and of those, 41 requested same sex marriage license conversions. Since then, the
205 office had issued an additional 20-25 same sex marriage licenses. **Motion carried with unani-**
206 **mous support.**

207
208 County Administrator

209
210 **MOTION** by James to receive the Administrative Services May 2014 report and place it
211 on file; seconded by Rosales. **Motion carried with unanimous support.**

212
213 **MOTION** by Schroeder to approve the recommendation of the Job Content Evaluation
214 Committee for the County Clerk Director of Training position and forward it to the Finance
215 Committee; seconded by McGuire. **Motion carried.**

216
217 **MOTION** by Alix to approve the recommendations of the Job Content Evaluation Com-
218 mittee for the Administrative Services positions of Budget & Human Resource Specialist and Ex-
219 ecutive Assistant to the County Administrator and forward them to the Finance Committee; se-
220 conded by Berkson. **Motion carried with unanimous support.**

221
222 There was no other business.

223
224 Chair's Report
225 Ballot Question Regarding Maintaining Elected Recorder of Deeds

226
227 Quisenberry stated that due to the underwhelming support from County Board members,
228 he was withdrawing the discussion of the ballot question regarding elimination of the office of the
229 Recorder of Deeds.

230 County Board Rules Change Discussion-Temporary Telecommunications Trial

231

232 Quisenberry asked for a straw poll to gauge County Board members interest in conducting
233 a temporary telecommunications trial. It was determined that there was little interest based on the
234 vote.

235

236 Determination to Cancel July Policy, Personnel, and Appointments Committee meeting

237

238 **MOTION** by Jay to cancel the July Policy, Personnel, and Appointments Committee
239 meeting; seconded by Kurtz. **Motion carried.**

240

241 Designation of Items for the Consent Agenda

242

243 Items A1-6, 8 were designated for the Consent Agenda.

244

245 **FINANCE**

246 Budget Amendments/Transfers

247

248 **MOTION** by Kurtz to recommend County Board approval of a resolution authorizing
249 **Budget Amendment #14-00023** for Fund/Dept. 641 ACCESS Initiative Grant-053 Mental Health
250 Board with increased appropriations of \$215,139 and increased revenue of \$215,139 as amended
251 per discussion to allow for grant expenditures to contracting agencies through December 31,
252 2014; seconded by Berkson. As per discussion from Kibler and Michaels, an amended Budget
253 Amendment would be presented at the County Board meeting on June 19, 2014 for approval,
254 showing the matching increased revenue as opposed to the current amendment in the packet,
255 which showed no increased revenue. **Motion carried.**

256

257 **MOTION** by Cowart to recommend County Board approval of a resolution authorizing
258 **Budget Amendment #14-00024** for Fund/Dept. 104 Early Childhood Fund-612 Head Start Unit-
259 ed Way Community Impact with increased appropriations of \$37,950 and increased revenue of
260 \$37,950 for receipt of United Way funding to support a temporary Home Visitor for low-income
261 children and families; seconded by Langenheim. Michaels abstained from vote due to a conflict of
262 interest. **Motion carried.**

263

264 **MOTION** by Michaels to recommend County Board approval of a resolution authorizing
265 **Budget Amendment #14-00025** for Fund/Dept. 620 Health-Life Insurance-120 Employee Group
266 Insurance with increased appropriations of \$200 and increased revenue of \$200 to receive dona-
267 tion from AFSCME for 2014 Health Fair expenses; seconded by Hartke. **Motion carried with**
268 **unanimous support.**

269

270 **MOTION** by Jay to recommend County Board approval of a resolution authorizing
271 **Budget Transfer #14-00005** for Fund/Dept. 080 General Corporate-075 General County, 022
272 County Clerk, 026 County Treasurer, 040 Sheriff of \$435 to accommodate approved salary in-
273 crease for elected officials, effective December 1, 2014 for FY2014; seconded by Esry. **Motion**
274 **carried.**

275

276 Treasurer

277

278 **MOTION** by Kibler to receive the Treasurer's May 2014 report and place on file; se-
279 conded by Berkson. **Motion carried with unanimous support.**

280

281 Auditor

282

283 **MOTION** by James to receive the Auditor's May 2014 report and place on file; seconded
284 by Quisenberry. **Motion carried with unanimous support.**

285

286 Nursing Home Monthly Report

287

288 **MOTION** by McGuire to receive the Nursing Home Monthly Report and place it on file;
289 seconded by Langenheim. **Motion carried with unanimous support.**

290

291 State's Attorney

292 Presentation & Discussion Regarding Fees to Support Existing Programs

293

294 Rietz gave a presentation pointing out the possibility that the County Board may adopt
295 mandatory fees to help support the existing programs of the Children's Advocacy Center, Court
296 Appointed Special Advocates (CASA), and several youth diversion programs, such as Peer Court
297 as per statutes. All of these programs assist children involved in the Juvenile Justice System. She
298 explained that all of these programs were funded by Champaign County in one way or another
299 and she asked that board members keep this information in mind as the County begins its FY2015
300 budget preparations. Rush Record, Director of Champaign County CASA and Lieutenant Bryant
301 Seraphin of the Champaign Police Department also discussed the programs benefits and the need
302 to maintain these programs.

303

304 The Committee of the Whole took a five-minute break at 8:45 p.m.

305

306 Animal Control

307 Intergovernmental Agreement with the City of Champaign

308

309 **MOTION** by Esry to recommend County Board approval of a resolution authorizing an
310 Intergovernmental Agreement Between Champaign County and the City of Champaign for Ani-
311 mal Impound Services; seconded by Hartke. Cowart asked why the Animal Control office hours
312 for Saturdays was marked out. Busey explained that this was in case the Saturday hours were no
313 longer available in the near future; at this time, the facility was still opened on Saturdays. **Motion**
314 **carried.**

315

316 Emergency Management Agency

317 Hazardous Materials Preparedness Grant Renewal

318

319 **MOTION** by Kurtz to recommend County Board approval of a resolution authorizing the
320 application for renewal, and if awarded, the acceptance of the Hazardous Materials Emergency
321 Preparedness Grant; seconded by Jay. **Motion carried with unanimous support.**

322 Sheriff
323 Justice Assistance Grant Program Agreement

324
325 **MOTION** by James to recommend County Board approval of a resolution authorizing the
326 Justice Assistance Grant Program Agreement between the Champaign County and the City of
327 Champaign; seconded by Hartke. **Motion carried with unanimous support.**

328
329 County Administrator

330
331 **OMNIBUS MOTION** by Kurtz to receive and place on file the General Corporate Fund
332 FY 2014 Budget Projection and the General Corporate Fund FY 2014 Budget Change reports;
333 seconded by Berkson. **Motion carried with unanimous support.**

334
335 **MOTION** by James to recommend County Board approval of a resolution authorizing a
336 letter of engagement with William Blair and Company, LLC to serve as underwriter for Cham-
337 paign County for potential bond refunding and bond issues; seconded by Schroeder. **Motion car-
338 ried with unanimous support.**

339
340 **MOTION** by Langenheim to recommend County Board approval of a resolution authoriz-
341 ing the addition of the Director of Training position to the County Clerk's staffing budget in
342 Grade Range I and the elimination of the Executive Assistant position from Grade Range E from
343 the County Clerk's staffing budget; seconded by Kurtz. **Motion carried with unanimous sup-
344 port.**

345
346 **MOTION** by Esry to recommend County Board approval of a resolution authorizing the
347 addition of the position of Budget and Human Resource Specialist in Grade Range J to the Ad-
348 ministrative Services staffing budget and elimination of the previous Executive Assistant to the
349 County Administrator position from the staffing budget and authorizing the new Executive Assis-
350 tant to the County Administrator position in Grade Range H to the Administrative Services staff-
351 ing budget and the elimination of the Human Resources Generalist position in Grade Range I
352 from the staffing budget; seconded by Langenheim. **Motion carried with unanimous support.**

353
354 **MOTION** by Michaels to enter into Closed Session pursuant to 5 ILCS 120/2(c) 2, to
355 consider salary schedules for one or more classes of employees. She further moved that the fol-
356 lowing individuals remained present: the County Administrator, the Deputy County Administrator
357 and the Recording Secretary; seconded by Hartke. **Motion carried with a roll call vote of 19-1.**
358 Alix, Berkson, Carter, Cowart, Esry, Harper, Hartke, James, Jay, Kurtz, Langenheim, Maxwell,
359 McGuire, Michaels, Mitchell, Petrie, Richards, Schroeder, and Schwartz voted in favor of the mo-
360 tion. Quisenberry voted against it.

361
362 Kibler, Hartke, Cowart, and Michaels left the meeting immediately after the Closed Ses-
363 sion was approved. The Committee of the Whole entered into Closed Session at 8:54 p.m. and
364 resumed Open Session at 9:12 p.m.

365
366 **MOTION** by Quisenberry to recommend County Board approval of a resolution authoriz-
367 ing the FY2015 Non-Bargaining Employee's Salary Schedule to be increased by 1.5% effective

368 on January 1, 2015, and that all non-bargaining unit employees shall receive 1.5% cost-of-living
369 adjustment effective January 1, 2015, and an additional 1% be allocated to the department heads
370 to be distributed to individual employees based on merit and/or compa-ratio movement; seconded
371 by Kurtz. **Motion carried with unanimous support.**

372

373 Other Business

374 Approval of Contract with MPA for Nursing Home Management Services

375

376 **MOTION** by Hartke to recommend County Board approval of a resolution authorizing a
377 contract with MPA for nursing home management services; seconded by Berkson. Kibler ab-
378 stained from the vote due to a conflict of interest.

379

380 Petrie asked why the Nursing Home Policies were not included in the text on page 7 of the
381 contract, under 2.1-Primary Goals. Alix agreed with her concern and felt that it was something
382 that could be added without any objection from MPA. Maxwell explained that the Nursing Home
383 Bylaws is where the CCNH mission statement could be found and this was what the text refer-
384 enced. Alix said that the language would be reviewed before the County Board meeting.

385

386 Petrie asked for clarification on the intention of the text on page 4, section 2.1(b) (6), Con-
387 tracts. Busey said that all new contracts come to the Nursing Home Board of Directors for ap-
388 proval. The text insured that MPA would review all current contracts with the Nursing Home
389 Board of Directors during the month of August every year, including the schedule for renewal and
390 any required competitive procurement processes.

391

392 Carter said he was currently a resident at the nursing home and had a first-hand account of
393 the nursing home operations. He felt improvements could be made, particularly in the Dietary Di-
394 vision. Hartke stated that the Nursing Home Board of Directors had just approved a contract with
395 a new food service management company. He explained that their first area targeted for im-
396 provements was sanitation, and then they would begin to address the food service. Hartke added
397 that the new food delivery carts would be delivered later in the week, which should assist with
398 faster delivery of the food to the residents.

399

400 Maxwell stated that the new MPA contract should help to manage some of the issues and
401 he felt that the Board of Directors had begun to take a more proactive approach to the issues fac-
402 ing the nursing home. **Motion carried.**

403

404 Chair's Report

405 Determination to Cancel July Finance Committee of the Whole meeting.

406

407 **MOTION** by Quisenberry to cancel the July Committee of the Whole meeting; seconded
408 by Kurtz. **Motion carried with unanimous support.**

409

410 Designation of Items for the Consent Agenda

411

412 Items A3; G1; H1; I3-6 were designated for the County Board Consent Agenda.

413

414 **OTHER BUSINESS**

415

416 There was no other business.

417

418 **Adjourn**

419

420 The meeting adjourned at 9:22 p.m.

421

422 Respectfully submitted,

423

424 Kay Rhodes,

425 Administrative Assistant

426 *Please note the minutes reflect the order of the agenda and may not necessarily reflect the order of business conducted at the meeting.*

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: MR LAVERN "VERN" ZEHR

ADDRESS: 309 E. FRANKLIN - P.O. BOX 626 FISHER IL 61843
Street City State Zip Code

EMAIL: _____ PHONE: 217-897-1597

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: BLACK FORD SLough DISTRICT BOARD

BEGINNING DATE OF TERM: 9/1/14 ENDING DATE: 8/31/17

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 and my sons own 510 acres of land that adjoins the Blackford and we farm it. I believe this would be my 7th or 8th term on this Board.

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

I have been the chair since September of 2000. I have experienced a ditch cleanout, a spraying, and yearly decisions on Tax assessments

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 If yes, please explain:

Lavern Zehr
Signature

5/27/14
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: HARLAN R. TROTTER

ADDRESS: 776 Co RD 2800 N DEWEY ILL 61840
Street City State Zip Code

EMAIL: _____ PHONE: 897-6465

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Conrad & Fisher Drainage

BEGINNING DATE OF TERM: 1 Sept 2014 ENDING DATE: 8/31/2017

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 several year on the district
and I am still willing to learn more

2. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees?
I am fully aware of the district holding
thanks.

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 If yes, please explain:

Harlan R Trotter
Signature
5-23-14
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Robert Barker

ADDRESS: 5512 W. Windsor Rd Champaign IL 61822
Street City State Zip Code

EMAIL: _____ **PHONE:** 217-202-2020

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Fountain Head Drainage District

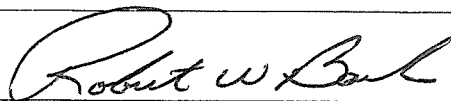
BEGINNING DATE OF TERM: September 2, 2014 **ENDING DATE:** September 2, 2017

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 a Commissioner for many years, and am a lifelong farmer, who owns and operates farmland within the District boundaries.

2. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees?
I have been intimately involved in, on a day to day basis, all aspects of the District's operations. I have dealt directly with contractors, engineers, other municipal officers, and attorneys for the District. I have also communicated with landowners, as well. I have been involved in the assessment and re-assessing of lands within the District, and I am also familiar with all expenses and staffing issues.

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 If yes, please explain:



Signature

6-8-14

Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: WAYNE F. EMIKES

ADDRESS: 102 S. Church ST. THOMASBORO IL 61878
Street City State Zip Code

EMAIL: _____ PHONE: 217 643 3604

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: COMMISSIONER / KERR - COMPROMISE

BEGINNING DATE OF TERM: 2014 ENDING DATE: 2017

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 held this position for
over 20 years. and farmed in this
area most of my life.

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

I have done this position for many
years.

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 If yes, please explain:

Wayne F. Emkes
Signature

June 2, 2014
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Lowell Estes

ADDRESS: 2632 CR 700 E Dewey IL 61840
Street City State Zip Code

EMAIL: _____ PHONE: 217-202 2358

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Lower Big Slough Drainage District

BEGINNING DATE OF TERM: 9/1/2014 ENDING DATE: 8/31/2017

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 am currently a Commissioner of the District, and have been for many years.

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

I am aware of the operations of the Drainage District and its expenditures, and am familiar with the District's facilities, as well.

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 If yes, please explain:

Lowell Estes
Signature

7-17-14
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: RICHARD T. RICE

ADDRESS: 510 SOUTH LINCOLN PHILO IL 61864
Street City State Zip Code

EMAIL: — PHONE: 684-2195

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: SOUTH FORK DRAINAGE DISTRICT

BEGINNING DATE OF TERM: 9/1/2014 ENDING DATE: 8/31/2017

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?

FARMLAND OWNER WITHIN THE DISTRICT
30 YEARS DRAINAGE COMMISSIONER
COLLEGE DEGREE WILDLAND MANAGEMENT

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

EXTENSIVE !
30 YEARS EXPERIENCE

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 If yes, please explain:

Richard Rice
Signature

5/22/2014
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: John B. Heiser

ADDRESS: 458 Co Rd 3100 N. Fisher Illinois 61843
Street City State Zip Code

EMAIL: _____ PHONE: (217) 897-1962

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Nelson-Moore-Fairfield Drainage Dist.

BEGINNING DATE OF TERM: _____ ENDING DATE: 8/31/14

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?
Farmer 36 years
Previous Commissioner

2. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees?
Been involved with previous meetings
for 2 years.

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 If yes, please explain:

Signature John B. Heiser
Date 6/17/14

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Larry W Dallas

ADDRESS: 650 E CR 1450 N Tuscola IL 61953
Street City State Zip Code

EMAIL: lwd@conxxus.com PHONE: 217 840 4297
 Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Okaw Drainage District

BEGINNING DATE OF TERM: Sept 1 2014 ENDING DATE: Aug 31 2017

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 farm and own ground in Okaw Drainage District
We have done several projects over the years that have
increased my knowledge of drainage and conservation

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

I have served on this board since 1996 and have very
good knowledge of the tile, outlets and land in
Okaw's jurisdiction. I have worked closely during
that time with the other commissioners

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 If yes, please explain:

Larry W Dallas
Signature

5-23-2014
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Forrest Brewer

ADDRESS: 931 CR 800 N TOLONO IL 61880
Street City State Zip Code

EMAIL: _____ PHONE: (217) 425-5305

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Pesotum Slough Drainage District

BEGINNING DATE OF TERM: 9-1-14 ENDING DATE: 8-31-17

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 farmed and owned land in the district for over 40 years. I have been a drainage commissioner for several years. I am interested in the district and trying to solve any problems.

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

I know the districts boundaries and problems. I know many of the land owners and tenants in the area. I am familiar with the taxing levies and the district lawyer and staff.

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 If yes, please explain:

Forrest Brewer
Signature

6-8-14
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Stanley Walken

ADDRESS: 2222 CR 3200 N Gifford IL 61847
Street City State Zip Code

EMAIL: _____ PHONE: 217-568-7318

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Prairie Creek Drainage

BEGINNING DATE OF TERM: 8-31-14 ENDING DATE: 8-31-17

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 served as a commissioner for two terms.
I feel I am gaining experience every day.

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

Every year plan a budget to cover the fees and the
MAINTENANCE of the ditch & submain.

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 If yes, please explain:

Stanley Walken
Signature

5-29-14
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: LESTER WOLKEN

ADDRESS: 2478 Co. Rd. 1600E Thomasboro IL 61878
Street City State Zip Code

EMAIL: _____ PHONE: 217 643 6065

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: RAUP DRAINAGE DISTRICT

BEGINNING DATE OF TERM: Sept. 1, 2014 ENDING DATE: Aug. 30, 2017

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?

been a drainage commissioner for 30 + years

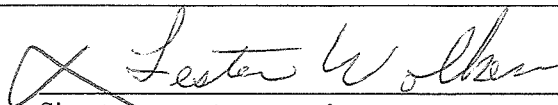
been a farmer for 60 years

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

check drainage ditch meeting several times a year

with other commissioners

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 If yes, please explain:



Signature Lester Woken

5-27-2014

Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Lonnie Bergman

ADDRESS: 1997 24th Street Union IL 61864
Street City State Zip Code

EMAIL: _____ PHONE: 217-541-4889

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Salt Fork Drainage District

BEGINNING DATE OF TERM: Sept 1 2014 ENDING DATE: Aug 31 2017

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 drainage board for the past 20 years
I farm along the south end of the district.
We try to keep the drainage district well maintained.

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

Operations is checking washouts and covers that maybe
washed out and also check for daming or blockage.
Knowing where our district boundaries are
Setting tax fees for the maintenance each year.

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 If yes, please explain:

Lonnie Bergman
Signature

6-10-14
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Cecil L. Hudson

ADDRESS: 1341 C.R. 1800 E. Urbana IL 61807
Street City State Zip Code

EMAIL: chudson@illinois.edu PHONE: 217 688 2297

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Silver Creek Drainage Dist.

BEGINNING DATE OF TERM: 9/1/2014 ENDING DATE: 8/31/2017

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?

Have served this district several years already.

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

Collect the assessments and apply toward maintenance of the drainage ditch.

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 If yes, please explain:

Cecil L. Hudson
Signature

May 27, 2014
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Charles M. Deely

ADDRESS: 1701 etg. Rd. 1400 N Urbana IL 61802
Street City State Zip Code

EMAIL: _____ PHONE: 3672025

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: St. Joseph Drainage # 5

BEGINNING DATE OF TERM: ? 9/1/2014 ENDING DATE: ? 8/31/2017

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?

25 years of Service

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

100%

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 If yes, please explain:

Charles M. Deely
Signature
5/22/14
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: TROY FLESSNER

ADDRESS: 2103 RIVER ROCK DRIVE URBANA ILL. 61802
Street City State Zip Code

EMAIL: TKFLESS@COMCAST.NET PHONE: 217-778-8571

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: SOMER #1 DRAINAGE DISTRICT

BEGINNING DATE OF TERM: 9-1-2014 ENDING DATE: 8-31-2017

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?

FARMER FOR THE LAST 25 YEARS.
I FARM IN SOMER TOWNSHIP.
I UNDERSTAND DRAINAGE AND ITS PROCESS.

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

HAVE BEEN ON THIS DRAINAGE DISTRICT FOR
THE LAST 6 YEARS.

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 If yes, please explain:

Troy Flessner
Signature

6-2-2014
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: LES OLSON

ADDRESS: 2316 CR 1950N St. Joseph IL 61873
Street City State Zip Code

EMAIL: _____ PHONE: _____

Check Box to Have Email Address Redacted on Public Documents Union Drainage District of Stanton & Ogden Twp.

NAME OF APPOINTMENT BODY OR BOARD: Drainage Commissioner

BEGINNING DATE OF TERM: Sept 1 2014 ENDING DATE: Aug 31 2017

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?
Life long Farmer IN District
Also serves on Spoon River DD
Owns land in District
Has been commissioner for many years

2. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees?
Has been with District many years

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 If yes, please explain:

Les Olson
Signature
6/23/2014
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: DUANE W. (DUKE) GOODWIN

ADDRESS: 1374 Co Rd 2625E ST Joseph IL 61873
Street City State Zip Code

EMAIL: _____ PHONE: 217-469-2054

Check Box to Have Email Address Redacted on Public Documents St. Joe #4 DD

NAME OF APPOINTMENT BODY OR BOARD: County

BEGINNING DATE OF TERM: ~~Oct 1~~ 2014 ENDING DATE: ~~Oct 1~~ 2017
9/1 8/31

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?
ON DRAINAGE - COMMISSIONER - Long time

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

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 If yes, please explain:

Duane W. Goodwin
Signature
5-28-14
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: LOWELL PETE JOHNSON

ADDRESS: 3215 CR. 1700 E. RAVENS IL. 61866
Street City State Zip Code

EMAIL: _____ PHONE: 717-377-2902 CELL

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: TRIPLE FORK DRAINAGE COMMISSIONER

BEGINNING DATE OF TERM: 8-31-14 9/1/14 ENDING DATE: 8/31/17

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?

DRAINAGE COMMISSIONER ON (TRIPLE FORK) (BIG SLOUGH), (WIDCAT)
FARMER
PREVIOUS DRAINAGE CONTRACTOR UNTIL RETIREMENT

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

HAVE SERVED ON TRIPLE FORK BOARD FOR 12 YEARS

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 If yes, please explain:

Lowell Pete Johnson
Signature

6-4-14
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Robert W. Grove

ADDRESS: 1470 Co Rd 1100N Urbana Ill 61802
Street City State Zip Code

EMAIL: _____ PHONE: 217 684-2286

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Drainage Comm Union DD #1 - Philot Crittenden

BEGINNING DATE OF TERM: ~~2014~~ 9/1/2014 ENDING DATE: ~~2018~~ 8/31/2017

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?

25-30 years as a Drainage Comm.
land owner in District

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

Past experience as Comm.

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 If yes, please explain:

Robert W. Grove
Signature

5-23-14
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Robert K. Lee

ADDRESS: 999 County Road 2500 E. Homer IL 61849-9731
Street City State Zip Code

EMAIL: -----4C----- PHONE: 896-2379

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Drainage Commissioner for
Union Drainage District # 3 of the Towns
of South Homer and Sidney
BEGINNING DATE OF TERM: 9-1-2014 ENDING DATE: 8-31-2017

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 own farmland in the District and I have served as a commissioner
for many years.

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

I inspect the drainage district every year and recommend to the other
commissioners what needs to be done. We have money in CD's and a bank
account. We can levy \$2.00 per acre per year but sometimes do \$1.00
and other years do not make a levy. In the past, if maintenance needs to be
done, I have contacted the businesses to do the work.

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 If yes, please explain:

Robert K. Lee

Signature

6-10-14

Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: ANDREW EDWARDS

ADDRESS: 990 A CRIBSD TOLONO IL 61880
Street City State Zip Code

EMAIL: _____ PHONE: 217-369-4014
 Check Box to Have Email Address Redacted on Public Documents Upper Embarras River Basin

NAME OF APPOINTMENT BODY OR BOARD: DRAINAGE DISTRICT

BEGINNING DATE OF TERM: SEP 1 2014 ENDING DATE: 8/31/2017

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?

FARMER LANDS OWNER
FORMER DRAINAGE DISTRICT DIRECTOR

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

FULL

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 If yes, please explain:

Signature [Handwritten Signature]
Date 5/29/14

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Roy C. Douglas

ADDRESS: 4572 S. Philo Rd Urbana IL 61802
Street City State Zip Code

EMAIL: roydouglas@volcomail.net PHONE: 217-202-4543
 Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Union Drainage District 1 of Philo Urbana

BEGINNING DATE OF TERM: Sept 1, 2014 ENDING DATE: 8/31/2017

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?

Farmed in the district for 39 years. Served as commissioner for two previous terms.

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

Very familiar since I have served in the past.

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 If yes, please explain:

Roy C. Douglas
Signature

5-24-14
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Stanley Walken

ADDRESS: 2222 CR 3200 N. Gifford IL. 61847
Street City State Zip Code

EMAIL: _____ PHONE: 217-568-7318

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: West Branch Drainage

BEGINNING DATE OF TERM: 8-31-14 ENDING DATE: 8-31-17

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 served as a commissioner for two terms
I feel I am gaining experience every day.

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

Every year plan a budget to cover the fees and
The maintenance of the tile in the district.

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 If yes, please explain:

Stanley Walken
Signature

5-29-14
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Steven Maddock

ADDRESS: 1945 CR 2200E St. Joseph IL 61873
Street City State Zip Code

EMAIL: _____ PHONE: (217) 469-2495

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Willow Branch Drainage District

BEGINNING DATE OF TERM: Sept 1, 2014 ENDING DATE: August 31, 2017

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 am on another Drainage District. So I have knowledge of what needs to take place to have good drainage. I also farm in this drainage district so I do have concerns that have come up.

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

I have served the last 3 years on this district so I am familiar with the tax rate and what money we have to fix or repair anything that might tax place.

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 If yes, please explain:

Steven Maddock
Signature
7-19-14
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Steven Herrick

ADDRESS: 1926 C.R. 800 N. Sidney, IL. 61877
Street City State Zip Code

EMAIL: stevenherrick@hotmail.com PHONE: 217 684 2129

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: West Drainage

BEGINNING DATE OF TERM: 9/1/14 ENDING DATE: 8/31/17

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?
served on board several years

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

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 If yes, please explain:

Steven Herrick
Signature
5/26/14
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: DANIEL M. NOEL

ADDRESS: 1802 FOX DRIVE CHAMPAIGN, IL 61821
Street City State Zip Code

EMAIL: noelfarms@sbcglobal.net PHONE: 217-352-2246
 Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: DIST # 2 TOWN OF SCOTT

BEGINNING DATE OF TERM: 9/1/2014 ENDING DATE: 8/31/2017

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?

REAPPOINTMENT - Current Commissioner

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

13 years experience

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 If yes, please explain:

Daniel M. Noel
Signature

6-11-14
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Chris Hausman

ADDRESS: 948 CR 100N Perotum IL 61863
Street City State Zip Code

EMAIL: _____ PHONE: 217 867 2369

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Drainage Commissioner for Perotum Cons. Drainage Dist.

BEGINNING DATE OF TERM: 9/2014 ENDING DATE: 8/2017

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've been a Drainage Commissioner for many years, and also farm, which includes understanding drainage, and being able to operate our budget, within the dollars that we levy. I've been a Twp. Supervisor, & Trustee for the Perotum Fire Dist.

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

I have a clear understanding of our District tiles, by maps, and we have 1 1/2 miles of open ditch. We also installed a new 24" main to help drain the west side of the village of Perotum.

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 If yes, please explain:

Chris Hausman

Signature

6/3/14

Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: NORMAN UKEN

ADDRESS: 2419 COUNTY RD. URBANA, IL 61802
Street 1800 E City State Zip Code

EMAIL: _____ PHONE: 217-643-3615

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: LONGBRANCH DRAINAGE DISTRICT BOARD

BEGINNING DATE OF TERM: SEPT. 1, 2014 ENDING DATE: AUG. 31, 2017

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 OWN AND OPERATE FARM GROUND THAT DRAINS INTO THE
LONGBRANCH. I HAVE SERVED ON THE DRAINAGE BOARD FOR MANY
YEARS. HAVE ALWAYS KEPT UP WITH THE MAINTENANCE TO KEEP
THE WATER FLOWING FREELY.

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

HAVING BEEN ON THE BOARD, WE MEET WITH OUR ATTORNEY
EVERY YEAR TO DECIDE ON THE TAX LEVY WE NEED TO RECEIVE
ANNUALLY AND HOW WE CAN IMPROVE OUR DRAINAGE
DISTRICT FOR THE FUTURE.

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 If yes, please explain:

Norman Uken
Signature

6/30/14
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Karen Hughey

ADDRESS: 102 E Second Street Dewey IL 61840
Street City State Zip Code

EMAIL: katie4256@aol.com PHONE: 217-897-1984

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Dewey Water Board

BEGINNING DATE OF TERM: unexpired ENDING DATE: May 31, 2018

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 lived in Dewey for 30 years and know the town well. I have worked with many of the people in this town and believe I have many ways of helping the water board in Dewey

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

I have worked with the board before. My husband used to be on the board several years ago. I have spoken with some of the board members and have been filled in a little bit of what they are doing right now.

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 If yes, please explain:

Signature

06/17/2014

Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Fire, Drainage, Cemetery, Water, & Farmland Assessment

PLEASE TYPE OR PRINT IN BLACK INK

NAME: Rodney W. Loschen

ADDRESS: 2146 CR 3500 N Ludlow IL 60949
Street City State Zip Code

EMAIL: closchenfarm@aol.com PHONE: (217) 396-7301

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: Ludlow Fire Protection District - Trustee

BEGINNING DATE OF TERM: Aug. 1, 2014 ENDING DATE: April 30, 2017

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 a former Ludlow fireman for 15 years.
I have served on our local elevator board
I also run my own farming business for the past 40 years.

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

I am familiar with the fire districts equipment and know
many of the volunteer fireman.

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 If yes, please explain:

Rodney W. Loschen
Signature

7/25/14
Date



Gordy Hulten
Champaign County Clerk
Champaign County, Illinois

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

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

COUNTY CLERK
MONTHLY REPORT
JUNE
2014

Liquor Licenses & Permits	75.00
Civil Union Licenses	0.00
Marriage License	10,570.00
Interests	20.95
State Reimbursements	-
Vital Clerk Fees	23,802.50
Tax Clerk Fees	2,790.55
Refunds of Overpayments	<u>42.00</u>
TOTAL	37,301.00
Additional Clerk Fees	1,608.00



Gordy Hulten
Champaign County Clerk
Champaign County, Illinois

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

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

COUNTY CLERK
MONTHLY REPORT
JULY
2014


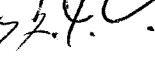

Liquor Licenses & Permits	25.00
Civil Union Licenses	70.00
Marriage License	10,220.00
Interests	16.57
State Reimbursements	-
Vital Clerk Fees	26,442.00
Tax Clerk Fees	1,736.55
Refunds of Overpayments	-
TOTAL	38,510.12
Additional Clerk Fees	1,714.00

Thomas J. Difanis
CIRCUIT JUDGE
COURTHOUSE
101 East Main Street
URBANA, ILLINOIS 61801-2772

SIXTH JUDICIAL CIRCUIT
CHAMPAIGN COUNTY

TELEPHONE 384-3704
AREA CODE 217

TO: Mr. James Quisenberry, Deputy Chair and
Members of the Policy, Personnel & Appointments Committee of the Whole

FROM: The Honorable Thomas J. Difanis, Presiding Judge 
The Honorable Jeffrey B. Ford, Circuit Judge 
Roger W. Holland, Court Administrator 

RE: Problem-Solving Court Coordinator

DATE: July 18, 2014

We write to request that the Champaign County Board establish the Problem-Solving Court Coordinator position as a full-time County employee and refer the position to the Job Content Evaluation Committee for review. For the reasons set forth below, we believe that the costs associated with the position are less and the supervision of the position is more direct if the Problem-Solving Court Coordinator is a County employee rather than an employee of Prairie Center.

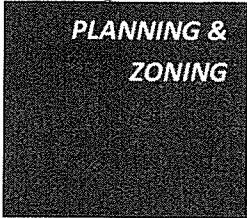
In 2011, the Champaign County Mental Health Board received a Department of Justice grant to fund the Drug Court Coordinator position. The funds from the grant were administered by the Champaign County Mental Health Board but the position was supervised by Prairie Center. In FY2014, this grant expired. The County Board then recognized that the position was necessary for the operations of the Drug Court and funded the position for the remainder of the fiscal year (approximately 9 months).

In anticipation of the FY2015 budget process, we engaged in conversations with Prairie Center about going forward with the position. As part of these discussions, it was determined that the name of the position should be changed to Problem-Solving Court Coordinator. Prairie Center also provided information about the costs associated with their continued supervision of this position. The costs that would be incurred by the County for supervision of the position were then estimated and compared to those provided by Prairie Center. Because Prairie Center's expenses include building/rent costs, administrative fees, professional insurance, technology support and other costs, their costs were about \$14,000 higher than if Champaign County supervised the position. (Many of these expenses are already assumed by the County as part of overall County operations) Because of the savings to the County, the Court is requesting that the Problem-Solving Court Coordinator position be established as a County position.

In addition, having the Problem-Solving Court Coordinator as a Courthouse employee would provide the judge presiding over Drug Court (and any future Problem-Solving Courts) with more direct supervision of the employee. It would provide easier communication and collaboration with the remainder of the Drug Court Team (most of whom work in the Courthouse). The incumbent in the position already spends considerable time at the Courthouse and at Prairie Center. It is not anticipated that this would change.

For the foregoing reasons, we request that the County Board authorize the evaluation of the Problem-Solving Court Coordinator by the Job Content Evaluation Committee. We hope that the Board will continue to acknowledge the valuable contributions made by the Problem-Solving Courts Coordinator and will fund the position for FY2015. If you have any questions, please do not hesitate to contact us.

Champaign County
Department of



Brookens Administrative
Center
1776 E. Washington Street
Urbana, Illinois 61802

(217) 384-3708
zoningdept@co.champaign.il.us
www.co.champaign.il.us/zoning

TO: **Committee of the Whole- Personnel**

FROM: **John Hall, Zoning Administrator**

DATE: **August 5, 2014**

RE: **Re-evaluating the Associate Planner staff position in the Department of Planning and Zoning**

REQUEST

This memorandum requests a re-evaluation of the Associate Planner staff position in the Department of Planning and Zoning.

BACKGROUND

The Associate Planner position is one of four authorized staff positions in the Department of Planning and Zoning (not including the Director) and is the only staff position other than the Director that is required to have a college degree. When the Director is absent the Associate Planner is the acting Director. See the attached Job Description for the Associate Planner position. The minimum required combination of education and experience is a Bachelor's Degree and one to three years of experience. The salary range for the Associate Planner position is Grade Range H (\$18.02 to \$27.03 with a midpoint of \$22.52 for 1950 hours).

The depth of knowledge and skills actually required in the Associate Planner position are very similar to the knowledge and skills required in the Regional Planning Commission's Planner II (see attached Job Posting). The minimum required combination of education and experience for the RPC Planner II is a Master's Degree and one to three years of experience. The pay range for the RPC Planner II starts at \$22.49.

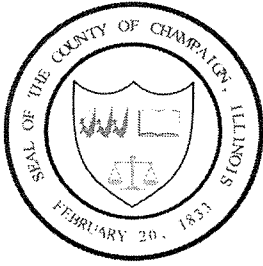
I believe the Associate Planner position should be re-evaluated to establish a similar level of required education and experience as the RPC Planner II and also establish an appropriate salary range.

The Associate Planner position has been vacant since the last Planner left on November 15, 2013, after only two years of employment with Champaign County. That short term of employment is very consistent with the history of this position. Over the last 23 years there have been 7 different Associate Planners with an average length of employment of 3.3 years and all but one Associate Planner held a Master's Degree. Re-evaluation would therefore establish a more realistic requirement for education and experience and the presumably higher salary range may help retain future Associate Planners for longer than 3.3 years.

I hope that the re-evaluation can be completed in time for recruitment of a new Associate Planner at the end of FY2014.

ATTACHMENTS

- A Champaign County Job Description: Associate Planner
- B Job Posting Regional Planning Commission: Planner II



CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

1776 East Washington Street, Urbana, Illinois 61802-4581

*ADMINISTRATIVE, BUDGETING, PURCHASING, & HUMAN RESOURCE
MANAGEMENT SERVICES*

Deb Busey, County Administrator

MEMORANDUM

**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: August 7, 2014

RE: REVIEW and RECOMMENDATION for CAC FORENSIC INTERVIEWER

Pursuant to direction from the Policy, Personnel & Appointments Committee of the Whole on July 24, 2014, the Job Content Evaluation Committee has met to review the request of the CAC Director to create the position of Forensic Interviewer.

REPORT:

The Job Content Evaluation Committee reviewed the submitted position analysis questionnaire that had been completed and approved by CAC Director Adelaide Aime. The Committee was also provided with the proposed job description for the new Forensic Interviewer position. Ms. Aime met with the Committee and explained the parameters and scope of responsibility for the new position in terms of the technical responsibilities of the position in conducting interviews with children, and the educational requirements of the position in providing public education on issues related to child abuse. Pursuant to this review and evaluation, the Committee recommends the classification of the CAC Forensic Interviewer position in Salary Grade Range H, and the adoption of the job description as documented in the attachment to this Memo. This is documented as a non-bargaining, FLSA Exempt position within the Champaign County Staffing Plan.

REQUESTED ACTION for POLICY, PERSONNEL & APPOINTMENTS:

The Policy, Personnel & Appointments Committee recommends to the Finance Committee approval of classification of the CAC Forensic Interviewer position to Grade Range H.

REQUESTED ACTION for FINANCE:

The Finance Committee recommends to the County Board approval of the addition of CAC Forensic Interviewer position in Grade Range H to the CAC staffing budget, effective August 17, 2014.

Thank you for your consideration of this recommendation

cc: Adelaide Aime, CAC Executive Director

attachments

CHAMPAIGN COUNTY SALARY ADMINISTRATION PROGRAM
JOB EVALUATION COMMITTEE REPORT

Date of Request:

July 24, 2014

EVALUATION OF NEW POSITION

Department Requesting: CAC
Recommended Position Title: Forensic Interviewer
Job Points 621
FLSA Status: Exempt
Recommended Salary Range: Grade Range H
Bargaining Unit Status: Non-Bargaining

FY2014 Salary Range - Grade H

	<u>Hourly</u>	<u>Annual</u>
Minimum	\$18.38	\$35,139.00
Mid-Point	\$22.97	\$43,914.00
Maximum	\$27.57	\$52,708.50

Date of Job Evaluation Committee Recommendation:

August 7, 2014

Champaign County Job Description

Job Title: Forensic Interviewer/Community Educator
Department: Children's Advocacy Center (CAC)
Reports To: CAC Executive Director
FLSA Status: Exempt
Grade Range: H
Date Approved: August, 2014

SUMMARY Works to advance the mission of the Children's Advocacy Center (CAC) by conducting forensic interviews with children and youth aged 3-18, and by providing presentations to community groups on subjects related to the CAC mission.

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

Interacts with clients, family members, professionals and the public in a respectful and culturally competent manner.

Conducts legally-sound, child-sensitive, developmentally-appropriate forensic interviews at the request of law enforcement, child protective service, and/or criminal justice investigators.

Participates in pre- and post-interview meetings with non-offending parent(s) or caregiver and Multi-Disciplinary Team members.

Maintains documentation of all services provided in accordance with CAC protocols and local, state and federal laws, including evidentiary laws.

Prepares for, and testifies during, legal proceedings.

Participates in case reviews and other meetings involving the Multi-Disciplinary Team.

If not already forensically certified, successfully completes a basic child forensic interviewing training course, as specified by the Executive Director, within three months of first day of work.

Maintains and improves forensic interviewing skills through continuing training and peer review in accordance with CAC national accreditation standards.

Responsible for implementing most aspects of CAC community education program, including outreach, scheduling, conducting presentations, and program documentation.

Occasionally, when not conducting the forensic interview, acts in place of the case manager while the child and parent/caregiver are at the CAC.

Assists as needed with reception, general office duties, facility upkeep.

Works effectively individually and as part of a team.

Other duties as assigned.

SUPERVISORY RESPONSIBILITIES May provide some direct supervision to interns and volunteers.

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 Bachelor's degree from a four-year college or university with a focus in criminal justice, education and/or social sciences and 1-3 years related experience, or 2 years professional experience as a child abuse and/or sexual abuse investigator through employment with a law enforcement or child protective agency or department. Preference given to candidates with previous experience in criminal justice or human services.

LANGUAGE SKILLS Ability to read and interpret documents such as law enforcement reports, government or agency regulations and legal opinions. Ability to write reports and business correspondence.

MATHEMATICAL SKILLS Ability to calculate figures and amounts such as discounts, interest, commissions, proportions and percentages.

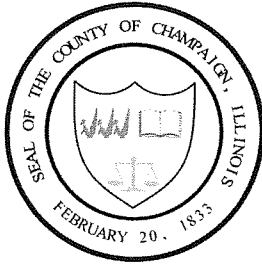
REASONING ABILITY Ability to solve practical problems and deal with a variety of variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

CERTIFICATES, LICENSES, REGISTRATIONS None required before start date. Required training and certification while in position is detailed under essential duties and responsibilities.

OTHER SKILLS and ABILITIES Ability to quickly build rapport with children and adolescents. Ability to speak effectively before individuals and groups, both professional and public. Ability to work quietly while an interview is being conducted at the CAC. Willingness to travel for up to six consecutive days (and five nights) in order to participate in out-of-town forensic interview training. Ability to pass required DCFS and criminal background checks.

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 stand; walk; sit; use hands to finger, handle or feel; reach with hands and arms; and talk; or hear. The employee must occasionally lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision and distance vision.

WORK ENVIRONMENT The work environment described here is representative of those an employee encounters while performing the essential duties of this job. Normal office conditions are common. The employee will often perform duties off-site in public places or businesses. The noise level in the work environment is usually quiet.



CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

1776 East Washington Street, Urbana, Illinois 61802-4581

ADMINISTRATIVE, BUDGETING, PURCHASING, & HUMAN RESOURCE
MANAGEMENT SERVICES

Deb Busey, County Administrator

ADMINISTRATIVE SERVICES – MONTHLY HR REPORT

JUNE 2014

VACANT POSITIONS LISTING

FUND	DEPT	POSITION TITLE	HOURLY RATE	REG HRS	REGULAR SALARY	FY 2014 HRS	FY 2014 SALARY
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	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	SENIOR 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
-- TOTAL --			\$290.84		\$552,493.50		\$601,367.93

UNEMPLOYMENT REPORT

Notice of Claims received – 29 total

Head Start – 25

Nursing Home – 3

RPC – 1

Employer Protests Filed – 6 total

RPC - 1

Nursing Home - 2

Head Start - 3

Benefit Determinations

WIA – denied – 1

Nursing Home – approved – 1

RPC – denied – 1

Head Start – denied – 1

Notice of Telephone Hearing- 0

Notice of Pending Appeal - 0

PAYROLL REPORT

JUNE PAYROLL
INFORMATION

Pay Group	6/13/2014		6/27/2014	
	EE's Paid	Total Payroll \$\$	EE's Paid	Total Payroll \$\$
General Corp	500	\$911,625.57	502	\$893,458.91
Nursing Home	198	\$230,646.65	195	\$225,247.45
RPC/Head Start	205	\$255,791.37	304	\$261,712.78
Total	903	\$1,398,063.59	1001	\$1,380,419.14

HEALTH INSURANCE/BENEFITS REPORT

June, 2014

Total Number of Employees Enrolled: 687

General County Union:

Single 204; EE+spouse 24; EE+child(ren) 63; Family 33; waived 25

Nursing Home Union:

Single 67; EE+spouse 7; EE+child(ren) 8; Family 1; waived 7

Non-bargaining employees:

Single 114; EE+spouse 30; EE+child(ren) 33; Family 19; waived 52

Life Insurance Premium paid by County: \$1,760.85

Health Insurance Premium paid by County: \$343,936.60

Health Reimbursement Account contribution paid by County: \$19,528.00

WORKERS' COMPENSATION REPORT

Entire County Report	June 2014	June 2013
New Claims 6/1 – 6/30	2	0
Closed Claims 6/1 – 6/30	7	4
Open Claims	28	13

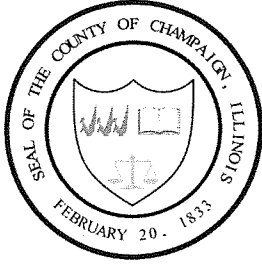
(Ongoing #, total number of open claims as of 6/30)

Year to Date Total (Ongoing #, total number of open claims)

June 2013	39
June 2014	37

ADMINISTRATIVE SUPPORT to COUNTY BOARD REPORT

Agendas Posted	9	Meetings Staffed	8	Minutes Posted	12
Appointments Posted	1	Notification of Appointment	18	Contracts Posted	7
Calendars Posted	4	Resolutions Prepared	41	Ordinances Prepared	0



CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

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ADMINISTRATIVE, BUDGETING, PURCHASING, & HUMAN RESOURCE
MANAGEMENT SERVICES

Deb Busey, County Administrator

ADMINISTRATIVE SERVICES – MONTHLY HR REPORT JULY 2014

VACANT POSITIONS LISTING

FUND	DEPT	POSITION TITLE	HOURLY RATE	REG HRS	REGULAR SALARY	FY 2014 HRS	FY 2014 SALARY
80	16	ADMIN ASSISTANT	\$15.34	1950	\$29,913.00	2122.5	\$32,559.15
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	40	CLERK	\$11.86	1950	\$23,127.00	2122.5	\$25,172.85
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	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	140	PT MASTER CNTRL OFCR	\$11.86	1040	\$12,334.40	1132	\$13,425.52
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	SENIOR ENGINEER	\$24.45	2080	\$50,856.00	2264	\$55,354.80
850	111	BUS SYS ANALYST	\$24.45	1950	\$47,677.50	2122.5	\$51,895.13
-- TOTAL --			\$231.26		\$417,407.90		\$454,332.45

UNEMPLOYMENT REPORT

Notice of Claims received – 16 total

Head Start – 9
Nursing Home – 4
State's Attorney – 1
Sheriff – 1
RPC – 1

Employer Protests Filed – 5 total

Nursing Home - 3
RPC – 1
Head Start - 1

Benefit Determinations

Nursing Home – benefits denied 6

Notice of Telephone Hearing

Nursing Home - 1
RPC – 1

PAYROLL REPORT

JULY PAYROLL
INFORMATION

Pay Group	7/3/2014 FOP RETRO		7/11/2014	
	EE's Paid	Total Payroll \$\$	EE's Paid	Total Payroll \$\$
General Corp	105	\$100,084.32	488	\$918,416.93
Nursing Home			198	\$234,525.85
RPC/Head Start			325	\$270,350.13
Total	105	\$100,084.32	1011	\$1,423,292.91

Pay Group	7/25/2014	
	EE's Paid	Total Payroll \$\$
General Corp	492	\$899,609.65
Nursing Home	198	\$230,178.32
RPC/Head Start	330	\$273,074.03
Total	1020	\$1,402,862.00

HEALTH INSURANCE/BENEFITS REPORT

July, 2014

Total Number of Employees Enrolled: 687

General County Union:

Single 207; EE+spouse 23; EE+child(ren) 63; Family 33; waived 24

Nursing Home Union:

Single 67; EE+spouse 7; EE+child(ren) 9; Family 1; waived 7

Non-bargaining employees:

Single 113; EE+spouse 31; EE+child(ren) 33; Family 19; waived 50

Life Insurance Premium paid by County: \$1,764.36

Health Insurance Premium paid by County: \$344,166.60

Health Reimbursement Account contribution paid by County: \$19,623.00

WORKERS' COMPENSATION REPORT

Entire County Report	July 2014	July 2013
New Claims 7/1 – 7/31	2	1
Closed Claims 7/1 – 7/31	6	8
Open Claims	26	13

(Ongoing #, total number of open claims as of 7/31)

Year to Date Total (Ongoing #, total number of open claims)

July 2013	44
July 2014	39

ADMINISTRATIVE SUPPORT to COUNTY BOARD REPORT

Agendas Posted	12	Meetings Staffed	7	Minutes Posted	6
Appointments Posted	0	Notification of Appointment	0	Contracts Posted	5
Calendars Posted	5	Resolutions Prepared	19	Ordinances Prepared	1

**TRAVEL REGULATIONS
CHAMPAIGN COUNTY, ILLINOIS
ESTABLISHED PURSUANT TO
CHAMPAIGN COUNTY ORDINANCE NO. 780**

ARTICLE I. APPLICABILITY AND POLICY

APPLICABILITY: These Travel Regulations apply to all Elected Officials, Appointed Officials and Employees of the County of Champaign, regardless of source of funds. Mental Health is specifically excluded from this policy. These regulations do not apply to members of advisory boards or committees or other persons who are not employed financially by the County, except as provided in Article IX, A and B. Appropriations for travel must be in appropriate County budgets prior to travel.

POLICY: The purpose of the Regulations is to insure that Elected and Appointed Officials and Employees who travel on official business will be treated fairly and reimbursed at rates which are reasonable, consistent with actual, necessary costs, and which will insure the promotion of economy in County government. The purpose is not to create any additional source of income beyond the Official's or Employee's compensation.

EFFECTIVE DATE: These Regulations are to be effective May 18, 2006.

ARTICLE II. AUTHORITY TO TRAVEL

- A. The County Board, through its budget system, shall be responsible for maintaining a system for control of travel for officials and employees which will provide for the efficient and economical conduct of the County's business, both within and outside the County.
- B. Prior authorization for all trips planned during the budget year shall be obtained as part of the approved budget for each department. If appropriations are depleted from all travel line items during the budget year, an additional appropriate sum may be added by budget amendment or transfer for unanticipated trips, subject to County Board approval. Transfers within the same category are allowed.
- C. All travel shall be approved by either Appointed or Elected Officials, as department heads, prior to the beginning of travel. Said approval may be oral, but where requested, same can be in writing.
- D. As a courtesy, summary reports of travel for Conferences and Instruction and Schooling may be reported to the ~~Department's appropriate parent committee relevant Department Head, or in the case of travel of a Department Head to the County Board.~~ Such summary reports provided to parent committees are not a requirement for reimbursement of expenses.

ARTICLE III. ALLOWABLE TRANSPORTATION EXPENSES

A. Governing Regulations

1. All travel shall be by the most direct route.
2. All travel shall be by the most economical mode of transportation available, considering travel, time, costs, and work requirements.
3. County owned vehicles shall be used whenever possible.

B. Use of Public Transportation

1. The full cost of public transportation is recoverable if it is the chosen mode of transportation in view of Article III; A, 1 and 2.

C. Use of Personal Vehicle

1. When the use of a privately owned vehicle is necessary or desirable in consideration of the County's travel policy and expenditures, it may be used at the reimbursement rate given in the current year IRS provision for determination of mileage for business expenses.
2. When the use of public transportation is a reasonable alternative to the use of a personal vehicle, the mileage payment shall not exceed the cost of travel by public transportation.
3. Mileage will be payable to only one of two or more individuals traveling in the same vehicle. The names of all travelers and their employing department shall be listed on the travel voucher, along with a travel log that indicates date, purpose of trip, and total mileage.
4. No mileage payments are allowed for Elected or Appointed departments to attend committee meetings, subcommittee meetings and County Board meetings. The County Board Chair~~man~~ and County Board members are allowed mileage payments to attend committee meetings, subcommittee meetings, any other meetings they attend in fulfilling their duties as County Board Members, and County Board meetings.

ARTICLE IV. ALLOWABLE LIVING EXPENSES

A. Meal Expense

1. When traveling outside Champaign County, reimbursement for meals and tips shall be allowed, in accordance with Internal Revenue Service per diem meal allowances as published annually for all cities within the continental United States. In January, the Auditor's Office will provide departments with a chart of the breakfast, lunch, and dinner reimbursement allowed within each per diem category for the calendar year.

Receipts for individual meals need not be submitted, but a travel log must be submitted in accordance with IRS regulations, which substantiates the business purpose (meeting type, seminar or conference title), the travel dates, the applicable meals to be reimbursed for each day, and the place (city).

2. Meals and tips will not be reimbursed, if the cost of meals for seminars or official meetings is included in the registration fee. A copy of the meeting brochure should be submitted with the travel log at the time of request for reimbursement.
3. Within Champaign County, meals and tips may be reimbursed for Officials and Employees attending meetings, conferences and seminars, if the attendance at the meeting, conference or seminar is required by the Department Head and if the meeting, conference or seminar requires the Official or Employee to be away from their workplace or home during a meal, includes a meal for which the employee is expected to pay. The same limits apply as noted in Article IV. Section A, Items 1 and 2.
4. Alcoholic beverages are excluded from reimbursement.
5. Any exceptions to the above shall be presented in a letter to the Policy, Personnel and Appointments Committee for approval.

B. Lodging

1. Actual lodging expense will be reimbursed, with the understanding that:
 - a. The person traveling will always seek, and use, when available, the "government economy" room rate offered by the hotel.
 - b. When the "government economy" rate is not available, and a convention is the reason for the trip, the person will be reimbursed only in terms of the lowest two levels of convention lodging rates, unless such accommodations are not available to the person making the trip.

2. Receipts are required to be submitted with travel vouchers to support accommodation expenses claimed.

ARTICLE V. ALLOWANCE MISCELLANEOUS EXPENSES

A. The following are items that may be reimbursed by the County under Miscellaneous Expenses, if authorized by the affected elected official/department head:

1. ~~Business telephone calls.~~
2. Taxicab fares (where a hotel limousine is available, it is to be used).
3. Limousine fares, i.e. hotel limousine.
4. City transit (if used instead of taxicab or limousine).
5. Parking fees.
6. Bridge, road and tunnel tolls.
7. Registration fees.
8. Storage of baggage.
9. Hire of room for official business (when appropriate).
- ~~10. Credit card membership fees, if approved by the Policy, Procedures and Appointments Committee.~~
- ~~11.10. Car rentals (when appropriate).~~
- ~~12.11. Tips for parking attendants and baggage handling.~~
- ~~13. Reimbursement for one (1) personal phone call per day while employee is attending schooling, conference, etc.~~

B. Any miscellaneous expense OVER \$20.00 shall be accompanied by a receipt.

ARTICLE VI. EXCEPTIONS TO TRAVEL REGULATIONS

A. Any Exceptions

1. The Policy, Personnel and Appointments Committee may direct the Auditor to grant any exceptions to the above regulations, when necessary to meet special circumstances in the best interests of the County. Any exception to the above regulations shall be presented in a letter submitted to the Policy, Personnel and Appointments Committee for approval.

ARTICLE VII. PREPARATION OF A TRAVEL VOUCHER

A. All claims for the reimbursement of traveling expenditures shall be submitted within sixty (60) days of the last date of travel on a County voucher and shall be itemized in accordance with the regulations. If an employee is unable to meet the specified deadline of within sixty days of the last date of travel, the employee will not receive reimbursement.

B. Each year, there shall be an exception period to the sixty day requirement for submission of travel receipts with regard to travel occurring up to ~~November 30th~~ ~~December 31st~~, the last day of the fiscal year. All requests for reimbursement of travel expenses incurred up to ~~November 30th~~ ~~December 31st~~ of each year should be submitted to the Auditor’s Office by the ~~December~~ deadline established by the Auditor for submission of payments to allow payment out of the appropriate fiscal year expenditure budget. If the payment is not submitted in that time frame, the Auditor’s Office will not pay the reimbursement.

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C. In all instances, travel vouchers shall be supported by receipts for public transportation, lodging, and all other miscellaneous items in excess, individually, of \$20.00.

~~1. If telephone calls are included in the receipt for lodging, they should be subtracted from the lodging expense and entered under Miscellaneous Expense.~~

D. Individuals submitting travel vouchers are personally responsible for the accuracy and propriety of said vouchers. Any misrepresentation shall be grounds for disciplinary or legal action.

E. In order to avoid unnecessary paperwork, cash advances are to be issued for travel only when the trip is outside Champaign County and involves an overnight stay, otherwise reimbursements for travel shall be made through the accounts payable system and not by issuing advances.

ARTICLE VIII. OTHER EXPENSE GUIDELINES

- A. **Items Billed Directly.** No requests for reimbursement shall be made for items of expenditure, in connection with travel, that are billed directly to the County. Travel expense items billed to a credit card should accompany an appropriately signed and completed County voucher for reimbursement.
- B. **Business Meals & Expenses.** Business breakfasts, lunches and dinners, for both County employee and appropriate guest, which are involved in the course of conducting County business shall be termed a legitimate expenditure for County Officials, Employees and appropriate County guests.

Example: A County employee pays for his own lunch and that of an architect working on space needs for the county. BOTH lunches would be charged to 533.84. (The cost of the employee's lunch is subject to meal allowance limitations; the cost of the guest's meal is not.)

Business breakfasts, lunches and dinners shall:

1. Be in accord with IRS per diem meal allowances as published annually, for county employees.
 2. Have documentation of the nature of the business and expenses incurred, attached to the reimbursement voucher submitted.
- C. All reimbursement is subject to budget limitations.
- D. Reimbursement will be made for travel expenses of job applicants while in Champaign County for interviewing purposes. This can include transportation, hotel, meals and other allowable expenses. Total expenses are set by the Policy Personnel and Appointments Committee for each job search, but other County limitations will not apply. Job applicants should be advised in advance that the Internal Revenue Service requires that we have documentation for reimbursed expenses.

The Search Committee may invite County employees, County Board members, and other public local officials to eat meals with, or attend receptions for, job applicants, subject to the total search expense limitation. Specific meal allowances per person will not apply to such meals.

ARTICLE IX. PROSPECT AND APPOINTEE TRAVEL

- A. Upon the request of the County, a prospect for a position in County government may be reimbursed for reasonable travel expenses incurred in coming to County office buildings for interviews.
- B. Upon request of the County to travel to the County to conduct official business prior to employment, an individual appointed by the County to an authorized position may be reimbursed for travel expenses, within the reimbursement guidelines of this policy.

ARTICLE X. CREDIT CARDS

A credit card may be obtained by a County department for the efficient operation of the department in regard to charging and payment of business expenses including air fares, lodging, car rental, hotels, other ground transportation, meals, and other miscellaneous expenses that cannot be conveniently paid for by other means.

1. **ELIGIBILITY** – Champaign County business credit cards may be issued to department heads, for allowable use by that department.
2. **POLICY** – Champaign County credit cards are issued for the convenience of department heads and their designees. Champaign County credit cards are for business related purchases only.
3. **PROCEDURES** –
 1. **Purchasing Limits** – All Champaign County departments issued credit cards, are authorized to utilize Champaign County business credit cards for purchases of up to \$5,000 for travel arrangements in compliance with the Champaign County Travel Policy. Purchases of all other goods and/or services, up to \$5,000, that can be made more conveniently through the use of the credit card are also authorized if made in compliance with the Champaign County Purchasing Policy.
 2. **Tax Exempt Status** – Champaign County Department Heads are also required to ensure that vendors are made aware of and provided with Champaign County tax exemption information whenever applicable.
 3. **Receipts** - Receipts for all purchases made on Champaign County business credit cards are to be submitted to the Department Head or his/her designee as soon as practicable after the charge is made; and receipts for all purchases made on Champaign County business credit cards are to be submitted to the Auditor's Office with the monthly payment requisition for reconciliation with account statements.
 4. **Examples of Allowable Use** – Champaign County business credit cards may be used for, but not limited to the following:
 - i. Hotel expenses

- ii. Conference Registration
- iii. Business meals
- iv. Car rentals and fuel
- v. Supplies and equipment which can be more conveniently purchased through a credit card and whereby tax exempt purchases can be accomplished.

ARTICLE XI. ADVISORY BOARDS AND COMMITTEES

- A. Boards and committees having a budget included as part of the County operating expense, are entitled to include a travel item in their budgets, subject to County revenue limitations. Members of such boards and committees shall be reimbursed for approved travel expenses in accordance with the provisions contained in these regulations.
- B. Members of advisory boards, committees, or other groups of private citizens which have no board, committee, or group-budget subject to County support, are not covered by these regulations and shall not be reimbursed for travel expenses by the County unless specifically authorized by the County Board, by the recommendation of the Policy, Personnel and Appointments Committee.

ARTICLE XII. FOR COUNTY BOARD MEMBERS ONLY

- A. County Board members shall be paid one per diem daily for meetings attended, whether local or outside Urbana, in accordance with County Board regulations and except where such per diem payment is expressly forbidden by state law. The per diem shall be in addition to approved travel allowance for transportation, meals, and other miscellaneous accompanying expenses.
- B. ~~No mileage payments are allowed for elected or appointed department heads to attend committee meetings, subcommittee meetings and County Board meetings.~~ The County Board Chairman and County Board members are allowed mileage payments to attend committee meetings, subcommittee meetings, any other meetings they attend in fulfilling their duties as County Board Members, and County Board meetings.

ARTICLE XIII. APPROPRIATE BUDGET LINE ITEMS FOR TRAVEL EXPENSES

The following line items are to be used for the charging of travel expenses. The proper account should be used for travel-related expenses, based on the descriptions below:

533.12 JOB-REQUIRED TRAVEL – Reimbursement will be made for travel expenses as a result of performing mandatory, job-required duties. Mileage will be paid for the use of personal vehicles for business trips inside the County when such trips are a normal part of getting the job done.

- Examples:
- Viewing property – Assessor’s Office
 - Inspecting county roads – Highway Department
 - Delivering reports, etc. – Coroner

Reimbursement may be made for trips outside the County which are required by the individual’s job ~~and are not an option~~. This can include mileage, public transportation, meals, hotel, registration and other expenses as allowed by the travel policy.

- Examples:
- Transporting prisoners – Correctional Center
 - Meeting with IDOT officials in Paris, IL – Highway
 - Attendance at UCCI Meetings – County Board

533.95 CONFERENCE & SCHOOLING – Reimbursement may be made for travel expenses related to attending a conference, seminar, or workshop which employees have the option to attend. This can include mileage, public transportation, meals, hotel, registration and other expenses as allowed by the travel policy.

Examples: – National Association of County Officials Annual **Meeting Conference**

- American Payroll Association Annual IRS Up-Date
- County Clerk/Recorder Zone meetings
- Total Quality Management Two-Day Seminar
(If the zone meeting is in Champaign County, the meal will not be reimbursed, unless part of the meeting fee. If the TQM seminar is in Champaign/Urbana, tuition and books will be reimbursed, but meals and mileage will not be.)

Reimbursement may be made for expenses (registration/tuition, books) incurred by an employee while attending educational courses for the improvement of their job performance. If the approved course is out of the County, other allowable expenses may be reimbursed; transportation, hotel, and meals. All such expenses should be charged to 533.95.

Examples: - IN-COUNTY: Parkland College business writing class,
University of Illinois accounting class

- OUT-OF-COUNTY: Danville Community College workshop on
Microsoft Windows

Some employees are required to attend classes or workshops in order to maintain their job status. Employees generally have the option to attend courses from a list of several. This is properly considered schooling and should NOT be charged to 533.12 Job Required Travel.

Examples – Property Assessment Institute classes, for Board of Review members or Supervisor of Assessment employees, to maintain CIAO designation.

- Coroner’s classes to satisfy 24-hr annual schooling requirement.

NOTE: Restrictions set forth in the Travel Policy apply.

ARTICLE XIV. MISUSE OF CHAMPAIGN COUNTY TRAVEL POLICY

Any misrepresentation or misuse of this policy shall be grounds for disciplinary and/or criminal or civil liability.

CHAMPAIGN COUNTY BOARD STRATEGIC PLAN

VALUES

Diversity
~~*Quality of Life*~~ *Teamwork*
Justice *Responsibility to the Public*
~~*Teamwork*~~ *Justice*
~~*Responsibility to the Public*~~ *Quality of Life*

VISION

*Our vision is to be a recognized leader in local government where every official and employee has a personal devotion to excellence in public service and embraces the highest standards of ethics and integrity, ~~which enables us to provide the best customer services to~~ *serve* the citizens of Champaign County.*

MISSION

Champaign County Board is committed to its citizens by offering a wide range of services in a cost-effective and responsible manner.

DEFINING OUR VALUES

DIVERSITY

- Hiring practices to promote a workforce reflective of the community
- Recognition and appreciation of diversity of the community
- Equal and inclusive access to services and programs

QUALITY OF LIFE

- Value broad range of quality education
- Manage and encourage delivery of quality and effective health care services
- Effectively manage real estate tax ~~system~~ *cycle*
- Support of local business community
- Promote effective economic development
- *Management of Natural Resources*

JUSTICE

- Equal access to civil and criminal justice services
- Place value on public safety and individuals' rights
- Encourage effective communication among public safety/criminal justice system providers
- Prevention of recidivism
- Manage safe and secure detention facilities

CHAMPAIGN COUNTY BOARD STRATEGIC PLAN

TEAMWORK

- Intra-governmental cooperation
- Inter-governmental cooperation
- Collaboration to achieve goals
- Civility and cooperation among the County Board

RESPONSIBILITY TO THE PUBLIC

- Fiscal solvency
- Transparency
- Responsiveness
- Efficient and friendly delivery of services
- Ethical acts
- Critical thinking

RESOLUTION



WHEREAS, pursuant to the authority of 35 ILCS 516/35 the County of Champaign, as Trustee for the Taxing Districts, has undertaken a program to collect delinquent mobile home taxes;

AND WHEREAS, Pursuant to this program, the County of Champaign, as Trustee for the Taxing Districts, has acquired an interest in the following described mobile home:

MH PARK:
VIN: 07310651U
YR/SQ FT: 1984 / 924

PERMANENT PARCEL NUMBER: 14-019-0102 sold on October 28, 2009

Commonly known as: 1229 WEDGEWOOD
and it appearing to the Budget & Finance Committee that the redemption/reconveyance party, Lou Ann Shaffer, has defaulted a time payment contract.

Of the total amount due of \$821.42, the redemption/reconveyance party has only paid \$350.00. After several attempts to collect the balance, the Budget & Finance Committee feels that the above mentioned party has defaulted on the contract and the funds collected should be disbursed.

THEREFORE, your Budget & Finance Committee recommends the adoption of the following resolution:

BE IT RESOLVED BY THE COUNTY BOARD OF CHAMPAIGN COUNTY, ILLINOIS, that the sum paid under this defaulted contract for redemption/reconveyance be disbursed as follows:

\$0.00 to be paid to the County Clerk to reimburse the revolving account for the charges advanced from this account, \$270.83 is to be paid to the Agent for his services under his contract and the balance, \$79.17, shall be paid to the Treasurer of Champaign County, Illinois, to be disbursed according to law. This resolution to be effective for sixty (60) days from this date and any transaction between the above parties not occurring within this period shall be null and void.

ADOPTED by roll call vote this _____ day of _____, _____

ATTEST:

CLERK

COUNTY BOARD CHAIRMAN

JOHN FARNEY
COUNTY AUDITOR



1776 EAST WASHINGTON
URBANA, ILLINOIS 61802
TELEPHONE (217) 384-3763
FAX (217) 384-1285

OFFICE OF THE AUDITOR
CHAMPAIGN COUNTY, ILLINOIS

To: Alan Kurtz, Champaign County Board Chair
Chris Alix, Deputy Chair for Finance
Members of the Champaign County Board
Elected Officials & Department Heads

From: John Farney, Champaign County Auditor

Subject: Quarterly Financial Report through the four months ended June 30, 2014

Date: August 12, 2014

In accordance with Chapter 55, Act 5, Section 3-1005, Illinois Compiled Statutes, the following Quarterly Financial Report of the financial operations of Champaign County through June 30, 2014 is presented.

This report presents actual revenues and expenditures as entered into the County's AS400 Accounting System through the close of the reporting period. Budgeted amounts listed come directly from the County AS400 Accounting System, and include amendments approved by the County Board during the fiscal year.

Champaign County maintains five major governmental funds that are presented individually in this report: the General Corporate Fund; Mental Health Fund; Developmental Disabilities Fund; IMRF Fund; and the Regional Planning Commission Fund. The remaining governmental funds are considered "non-major". Also presented is the Nursing Home Fund, the County's sole Enterprise Fund.

Additionally, I have compiled data on various revenue and expenditure lines that may be of interest to County Board Members.

Should you have any questions, comments or requests for further data, please feel free to contact me.

Sincerely,

JOHN FARNEY
CHAMPAIGN COUNTY AUDITOR

JOHN FARNEY, CHAMPAIGN COUNTY AUDITOR
Champaign County Quarterly Financial Report
 Through the seven months ended June 30, 2014

	General Corporate Fund		Mental Health Fund		Developmental Disabilities Fund		IMRF Fund	
	Total Fiscal Year Budget	Actual Year-to-Date Amounts	Total Fiscal Year Budget	Actual Year-to-Date Amounts	Total Fiscal Year Budget	Actual Year-to-Date Amounts	Total Fiscal Year Budget	Actual Year-to-Date Amounts
Revenues:								
Property Taxes	\$8,998,568	\$4,886,782	\$4,050,762	\$2,199,353	\$3,532,482	\$1,907,197	\$3,225,384	\$1,750,570
Public Safety Sales Tax	0	0	0	0	0	0	0	0
Intergovernmental Revenue	16,011,071	6,353,277	337,536	181,755	0	0	0	124,000
Charges for services	5,271,449	1,919,971	0	0	0	0	0	0
Fines & Forfeitures	1,115,500	537,259	0	0	0	0	0	0
Other revenues	5,503,147	2,192,221	16,300	80,852	3,000	12,025	2,092,994	537,772
Total Revenues	\$36,899,735	\$15,889,510	\$4,404,598	\$2,461,960	\$3,535,482	\$1,919,222	\$5,318,378	\$2,412,342
Expenditures:								
Personnel	\$26,295,087	\$12,983,336	\$537,932	\$268,829	\$0	\$0	\$5,318,378	\$2,141,832
Commodities	2,256,892	1,018,234	17,000	2,715	0	0	0	0
Services	7,119,919	3,133,840	4,186,591	2,159,267	3,829,856	1,738,310	0	0
Capital outlay	257,885	165,862	0	0	0	0	0	0
Transfers	1,030,279	46,963	0	0	0	0	0	0
Bond and debt service	959,945	432,209	0	0	0	0	415,828	415,328
Bad debt expense	0	0	0	0	0	0	0	0
Total Expenditures	\$37,920,007	\$17,780,444	\$4,741,523	\$2,430,811	\$3,829,856	\$1,738,310	\$5,734,206	\$2,557,160

NOTES:

- 1) Report includes 7 months, December 1, 2013-June 30, 2014, due to 13 month Fiscal Year.
- 2) Revenues and expenditures are reported using the cash basis.
- 3) This report is unaudited.
- 4) Fiscal year budgeted revenues and expenditures obtained from FY2014 County Budget as recorded in the County AS400 Accounting System.

JOHN FARNEY, CHAMPAIGN COUNTY AUDITOR
Champaign County Quarterly Financial Report
 Through the seven months ended June 30, 2014

	<u>Regional Planning Commission Fund</u>		<u>Nursing Home Fund</u>		<u>Non-major Funds</u>		<u>Combined Funds</u>	
	<u>Total Fiscal Year Budget</u>	<u>Actual Year-to-Date Amounts</u>	<u>Total Fiscal Year Budget</u>	<u>Actual Year-to-Date Amounts</u>	<u>Total Fiscal Year Budget</u>	<u>Actual Year-to-Date Amounts</u>	<u>Total Fiscal Year Budget</u>	<u>Actual Year-to-Date Amounts</u>
Revenues:								
Property Taxes	\$0	\$0	\$1,103,390	\$596,424	\$8,779,782	\$4,781,984	\$29,690,368	\$16,122,310
Public Safety Sales Tax	0	0	0	0	\$5,085,203	\$1,894,798	5,085,203	1,894,798
Intergovernmental Revenue	13,565,750	4,988,642	0	0	\$16,601,072	\$8,623,663	46,515,429	20,271,337
Charges for services	1,258,798	360,857	16,082,271	7,159,479	\$4,805,144	\$1,396,970	27,417,662	10,837,277
Fines & Forfeitures	0	0	0	0	\$58,250	-\$13,560	1,173,750	523,699
Other revenues	578,400	229,323	31,863	20,478	\$10,051,327	\$5,599,140	18,277,031	8,671,811
Total Revenues	\$15,402,948	\$5,578,822	\$17,217,794	\$7,776,381	\$45,380,508	\$22,282,995	\$128,159,443	\$58,321,232
Expenditures:								
Personnel	\$5,575,625	\$2,280,305	\$10,411,420	\$4,065,208	\$21,210,465	\$9,932,905	\$69,348,907	\$31,672,415
Commodities	391,166	101,875	1,437,465	611,520	\$1,167,026	\$578,646	5,269,549	2,312,990
Services	8,870,555	3,439,167	4,448,664	2,236,272	\$12,200,155	\$5,055,588	40,655,740	17,762,444
Capital outlay	133,950	0	201,466	26,719	\$4,850,724	\$770,771	5,444,025	963,352
Transfers	428,052	140,489	548,710	61,333	\$1,929,762	\$643,203	3,936,803	891,988
Bond and debt service	0	0	7,583	0	\$9,267,233	\$4,112,994	10,650,589	4,960,531
Bad debt expense	0	0	0	0	\$255,000	\$0	255,000	0
Total Expenditures	\$15,399,348	\$5,961,836	\$17,055,308	\$7,001,052	\$50,880,365	\$21,094,107	\$135,560,613	\$58,563,720

NOTES:

- 1) First quarter includes 4 months, December 1, 2013-March 31, 2014, due to 13 month Fiscal Year.
- 2) Revenues and expenditures are reported using the cash basis.
- 3) This report is unaudited.
- 4) Fiscal year budgeted revenues and expenditures obtained from FY2014 County Budget as recorded in the County AS400 Accounting System.

JOHN FARNEY, CHAMPAIGN COUNTY AUDITOR
Champaign County Quarterly Financial Report
 Through the seven months ended June 30, 2014

**Fiscal Year to Date
 Top 5 Revenue Lines
 All Funds**

Revenue Source	FY 2014	FY 2013
Property Tax	\$4,660,125	\$4,232,344
HHS Head Start Grant	2,788,911	2,552,698
Motor Fuel Tax	2,787,923	1,947,999
NH Care - Private Pay	2,594,583	2,020,118
NH Care - Medicaid	2,383,722	2,515,301

**Fiscal Year to Date
 Top 5 Revenue Lines
 General Corporate Fund Only**

Revenue Source	FY 2014	FY 2013
Property Tax	\$4,660,125	\$4,232,344
1/4% Sales Tax (All County)	2,162,358	2,600,830
Income Tax	1,104,618	1,505,577
State Reimbursement	833,714	1,298,739
Circuit Clerk Fees	815,567	879,099

**Fiscal Year to Date
 Top 5 Revenue Lines
 Champaign County Nursing Home**

Revenue Source	FY 2014	FY 2013
NH Care - Private Pay	\$2,594,583	\$2,020,118
NH Care - Medicaid	2,383,722	2,515,301
NH Care - Medicare A	912,000	1,160,294
NH Care - Private Insurance	481,363	294,537
NH Care - Hospice	232,406	330,415

**Fiscal Year to Date
 Accounts Payable
 Monthly Warrants Paid**

Monthly Warrants Paid	FY 2014	FY 2013
April	\$5,642,259	\$5,934,804
May	7,417,261	7,222,690
June	5,839,392	5,666,349

**Fiscal Year to Date
 Top 5 Expenditure Lines
 All Funds**

Expenditure	FY 2014	FY 2013
Reg. Full Time Employees	\$13,034,196	\$12,446,881
Health/Life Insurance	5,049,875	4,748,311
Contributions/Grants	4,953,792	5,035,612
SLEP Reg. Full Time Employees	3,583,223	4,044,800
Energy Assistance	2,301,496	1,988,908

**Fiscal Year to Date
 Top 5 Expenditure Lines
 General Corporate Fund Only**

Expenditure	FY 2014	FY 2013
Regular Full Time Employees	\$6,582,473	\$6,066,788
SLEP Reg. Full Time Employees	3,583,223	4,044,800
Employee Health/Life Insurance	1,398,069	1,332,345
Document Stamps	440,000	440,000
Electric Service	303,185	336,438

**Fiscal Year to Date
 Top 5 Expenditure Lines
 Champaign County Nursing Home**

Expenditure	FY 2014	FY 2013
Regular Full Time Employees	\$1,952,111	\$2,018,477
Professional Services	999,261	1,113,112
No Benefit Full Time Employees	567,484	742,990
Overtime	381,341	322,598
Employee Health/Life Insurance	378,642	318,413
Contract Nursing **	315,798	328,206

** Contract Nursing is not a Top 5 expense, included for Board information only

NOTES:

- 1) Report includes months, December 1, 2013-June 30, 2014, due to 13 month Fiscal Year.
- 2) Revenues and expenditures are reported using the cash basis
- 3) This report is unaudited.

To: Board of Directors
Champaign County Nursing Home

From: Scott Gima
Manager

Date: August 4, 2014

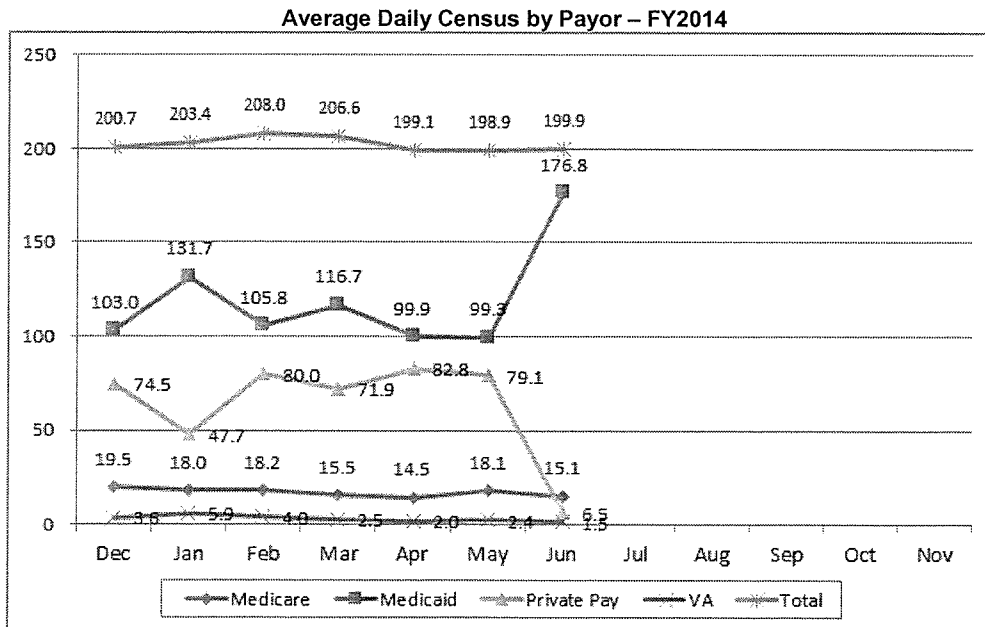
Re: June 2014 Financial Management Report

June's average daily census was 199.9 with 17.6 Medicare. An adjustment of 2,139 Medicaid pending days from private pay to Medicaid, which reduced revenues by \$100k due to the difference of approximately \$50 per day. July is expected to have 578 conversion days. July's ADC is 203.7 with 14.3 Medicare. The census as of August 4th is 206 with 15 Medicare.

June showed a net loss of -\$91,193. Net income for the year is \$362,594. Cash flow from operations for the month of June was -\$29,585, bringing the YTD cash flow from operations to \$794,059.

Statistics

Overall census showed little change between April and May. Medicare fell from 18.1 in May to 15.1 in June. The chart below shows the significant skewing of Medicaid and private pay census due to the 2,139 conversion days.

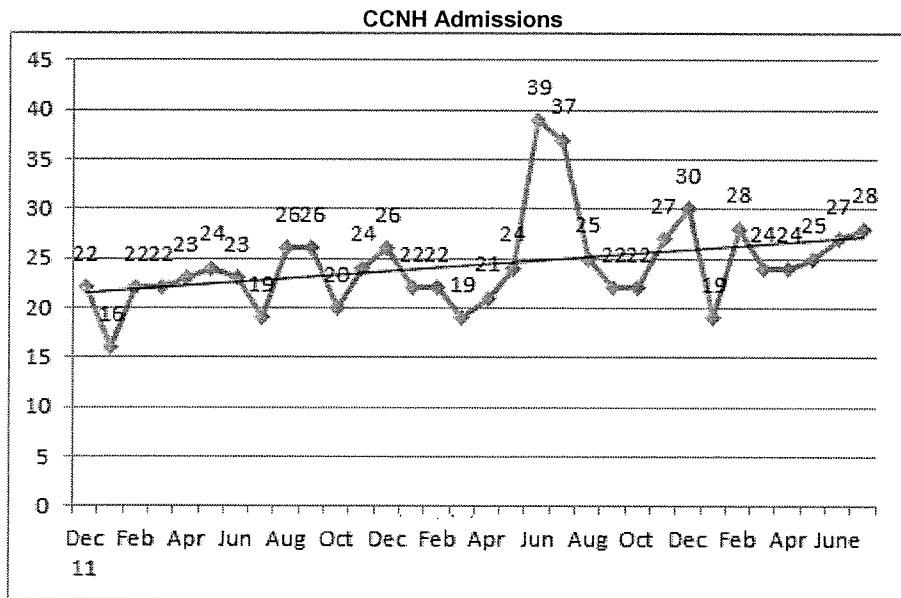


There was a total of 28 admissions in July, including 16 Medicare admissions. Discharges were up in July, totaling 21. Total outflow was 27.

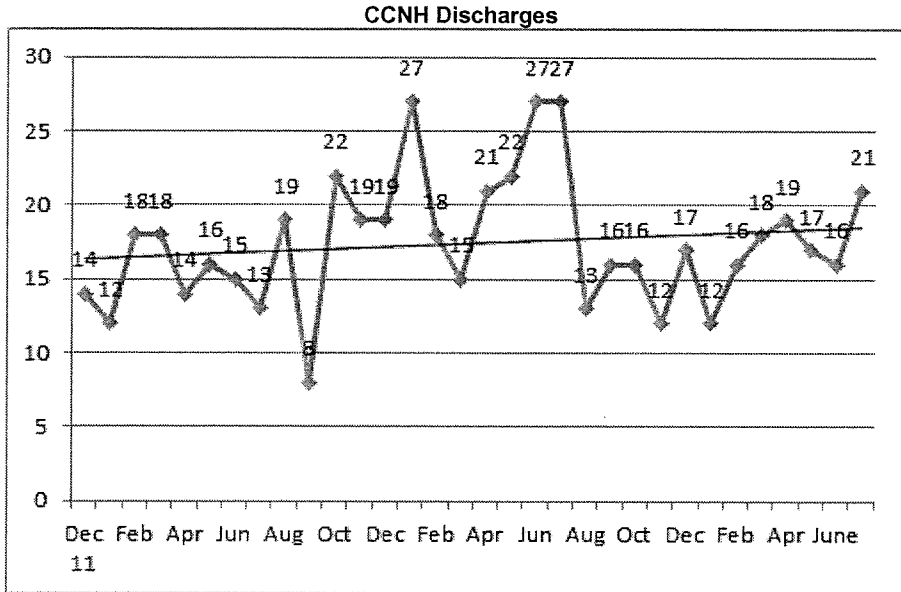
**Admissions and Discharges
June 2013 to July 2014**

	Medicare Admits	Non-Medicare Admits	Total Admits	Discharges	Expirations	Total Discharges/Expirations
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
June	12	15	27	16	10	26
July	16	12	28	21	5	27

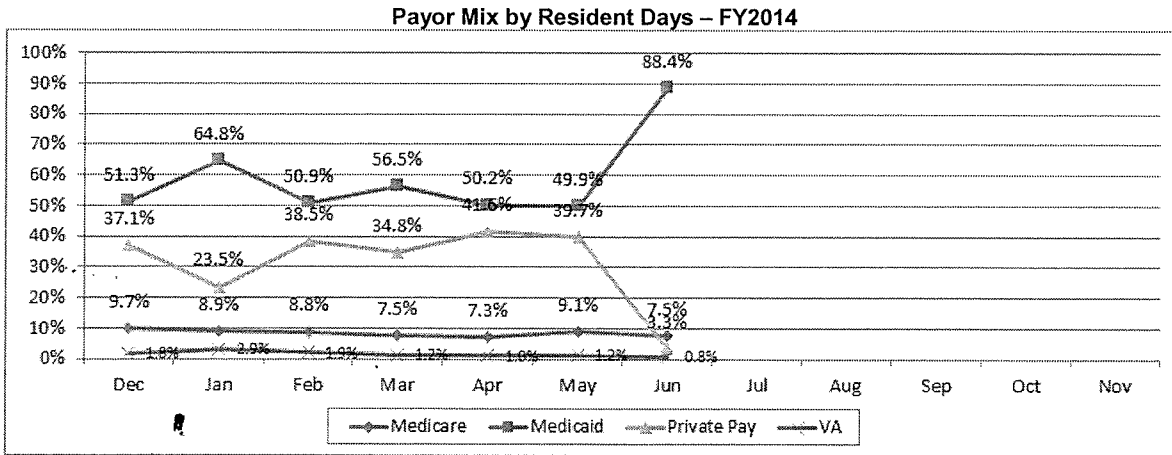
In FY2012, monthly admissions averaged 22.2 per month. FY2013 admissions averaged 25.5 per month, a 15 percent increase. So far in 2014, the monthly average is 25.6.



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 17.



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, May – 160, June – 2,139. The 2014 YTD payor mix through June is Medicare – 8.4%, Medicaid – 58.8%, Private pay – 31.2%, and VA – 1.5%. The June payor mix as shown below is skewed due to the June conversion days.



Net Income/(Loss)/Cash from Operations

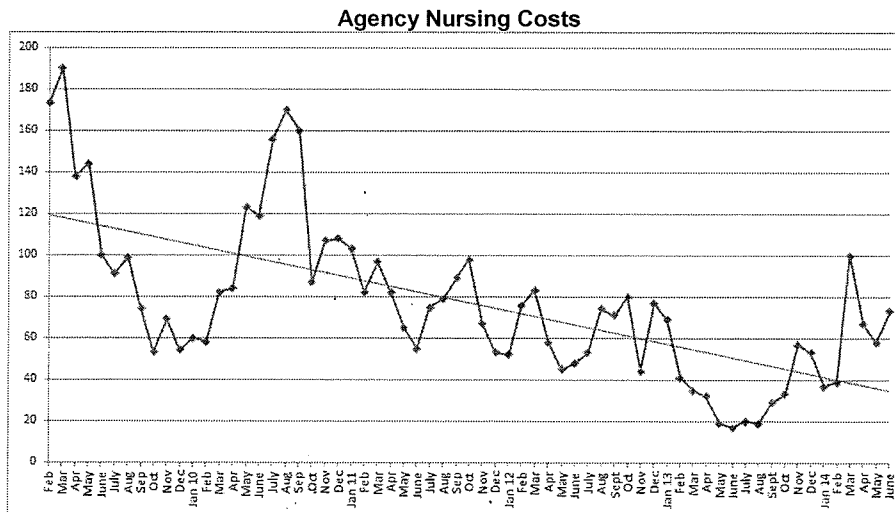
June showed a net loss of -\$91,193. Net income for the year is \$362,594. Cash flow from operations for the month of June was -\$29,585, bringing the YTD cash flow from operations to \$794,059.

Revenues

- Operating revenues fell from \$1.311 million to \$1.119 million between May and June, a decrease of \$192k. Medicaid conversion days decreased revenue by about \$100k. Medicare revenue was down by \$64k and VA revenue fell by \$10k. Medicare revenue was the revenue driver increasing from \$170,531 to \$276,413. Revenue per day fell from \$212.63 in May to \$186.62 in June. In 2013, the average revenue was \$196.61 per day. So far in 2014, the average is \$201.06 per day.

Expenses

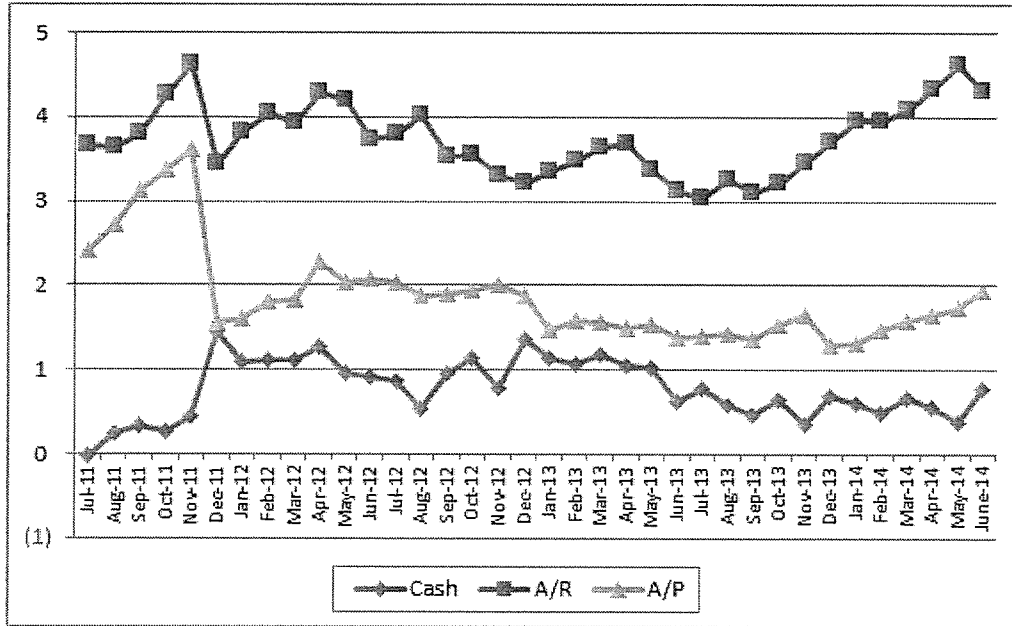
- Expenses increased from \$1.274 million in May to \$1.303 million in June, an increase of \$28,488. Expenses per day increased from \$206.64 to \$217.29. The average cost per day in FY2013 was \$220.81 per day. YTD cost per day is \$207.78.
- Wages fell from \$510,245 to \$468,989 between May and June. Wages per day fell from \$82.74 to \$78.22.
- Non-labor expenses increased from \$594,029 in May to \$669,065 in June, an increase of \$75k. \$54k was due to an accrual entry to expense the pending retroactive 2014 wage increase. A 1% wage increase was being expensed monthly beginning in January of 2014. The \$54k represents the additional 1% wage increase that will be retroactive to December 1st. Non-Labor expenses per day increased from \$96.32 to \$111.59. The FY2013 average was \$95.62 per day. The 2014 YTD average is \$95.78.
- Agency expenses increased from \$57,635 in May to \$73,131 in June. The monthly average is running \$60,819 so far this year.



Cash Position

Cash increased from \$369,779 in May to \$778,419 in June. A/R is down from \$4.6 million in May to \$4.3 million in June due to the extra Medicaid payment and release of funds for the 2,130 Medicaid pending conversion days. The July 31st cash balance is \$997,366.

**Cash, Accounts Receivable & Accounts Payable
As of June 2014**



REQUEST FOR BUDGET TRANSFER
NEEDING CHAMPAIGN COUNTY BOARD APPROVAL

BT NO. 14-00007

FUND 080 GENERAL CORPORATE
 080 GENERAL CORPORATE
 080 GENERAL CORPORATE

DEPARTMENT 075 GENERAL COUNTY
 040 SHERIFF
 140 CORRECTIONAL CENTER

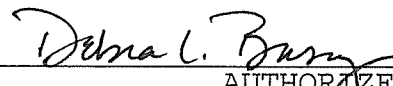
TO LINE ITEM:

FROM LINE ITEM:

NUMBER/TITLE	\$ AMOUNT	NUMBER/TITLE
080-040-512.03 SLEP REG FULL-TIME EMP'EE	47,645.	080-075-533.99 CONTINGENT EXPENSE
080-140-512.03 SLEP REG FULL-TIME EMP'EE	65,196.	080-075-533.99 CONTINGENT EXPENSE

EXPLANATION: MOVE MONEY TO CORRECT BUDGETS TO PAY FOR INCREASE IN SALARIES
DUE TO SETTLEMENT OF FOP CONTRACTS.

DATE SUBMITTED: 7-25-2014



AUTHORIZED SIGNATURE

APPROVED BY PARENT COMMITTEE:

DATE: _____

* PLEASE SIGN IN BLUE INK *

APPROVED BY BUDGET AND FINANCE COMMITTEE:

DATE: _____

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
620-120-533.01 AUDIT & ACCOUNTING SERVCS	13,000	12,950	15,450	2,500
TOTALS	13,000	12,950	15,450	2,500

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				
TOTALS	0	0	0	0

EXPLANATION: TO PAY ADDITIONAL FEE FOR VALUATION OF PLAN CHANGES - OPEB ACTUARIAL STUDY.

DATE SUBMITTED: <u>7-23-2014</u>	AUTHORIZED SIGNATURE <u>Debra L. Busby</u>	** PLEASE SIGN IN BLUE INK **
---	---	-------------------------------

APPROVED BY BUDGET & FINANCE COMMITTEE: _____ DATE: _____

FUND 085 COUNTY MOTOR FUEL TAX

DEPARTMENT 060 HIGHWAY

INCREASED APPROPRIATIONS:

ACCT. NUMBER & TITLE	BEGINNING BUDGET AS OF 12/1	CURRENT BUDGET	BUDGET IF REQUEST IS APPROVED	INCREASE (DECREASE) REQUESTED
085-060-544.11 ROAD IMPROVEMENTS	1,500,000	1,500,000	2,650,000	1,150,000
085-060-533.48 ROAD/BRIDGE MAINTENANCE	480,000	480,000	730,000	250,000
TOTALS	1,980,000	1,980,000	3,380,000	1,400,000

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				
TOTALS	0	0	0	0

EXPLANATION: \$400,000 - CITY OF URBANA PHILO ROAD PROJECT #11-00504-01-PV
 \$250,000 - SALT PURCHASE FOR THE COMING WINTER
 \$750,000 - CH. 20 & 11 PROJECT #13-00434-00-RS

DATE SUBMITTED:

8/5/14

AUTHORIZED SIGNATURE



** PLEASE SIGN IN BLUE INK **

APPROVED BY BUDGET & FINANCE COMMITTEE:

DATE:

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

Department: Champaign County Emergency Management Agency/Champaign County Sheriff's Office

Grant Funding Agency: Illinois Emergency Management Agency

Amount of Grant: \$56,000 est.

Begin/End Dates for Grant Period: Oct 1, 2014-Sep 30, 2015

Additional Staffing to be Provided by Grant: none

Application Deadline: August 31, 2014

Parent Committee Approval of Application: Justice

Is this a new grant, or renewal or extension of an existing grant? renewal

If renewal of existing grant, date grant was first obtained: 2008

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 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.

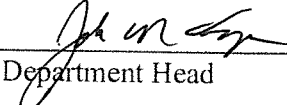
The activity should, or could be, assumed by County (or specific fund) general and recurring operating funds.

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: 07/15/2014

SIGNED: 
Department Head

Application for & Acceptance of Grant Approval:

Approved by Finance Committee: _____

Approved by County Board: _____

Approved by Grant Executive Committee: _____

COUNTY OF CHAMPAIGN

FINANCIAL IMPACT STATEMENT

(To accompany Grant Applications or Appropriate Resolutions/Ordinances)

Current Year Annual Expenditure Estimate:

Number of Positions	<u>2</u>	Personnel \$	<u>133,805</u>
Commodities:	<u>\$ 8537</u>		
Contractual:	<u>\$ 33811</u>		
Capital:	<u>\$ 0</u>		

Long Term Expenditure Estimate:

Current Year Annual Revenue Estimate:

Long Term Revenue Estimate:

Approved by Finance Committee:

Date: _____

Approved by County Board:

Date: _____

**Emergency Management Assistance (EMA) Grant Program
FFY 2015 GRANT PROGRAM APPLICATION**

Date: mm/dd/yyyy

07/18/2014

JURISDICTION: Champaign County

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 376006910

D-U-N-S NUMBER (DUNS): 961922478 SAM EXPIRATION DATE: 01/13/2015

ESDA/EMA COORDINATOR/DIRECTOR: First: John Last: Dwyer

MAILING ADDRESS: 1905 E. Main St.

CITY: Urbana ZIP CODE + FOUR: 61802 - 4581

OFFICE TELEPHONE: (217) 384-3826

E-MAIL: jdwyer@co.champaign.il.us

MAIL CHECK TO THIS ADDRESS: 1776 E. Washington St.

CITY AND ZIP CODE: Urbana 61802

IEMA REGION #: 7 JURISDICTION FISCAL YEAR START DATE: 01/01/2015

POPULATION - Year 2010 CENSUS: 201,081

CHIEF ELECTED OFFICIALS NAME First: Alan Last: Kurtz

TITLE: County Board Chair

BUDGET INFORMATION	
Automaticaly filled from section pages	
TOTAL Personnel & Benefits (Totals from Section 2 & Section 3)	\$118,410.83
TOTAL Travel (Total from Section 4)	\$0.00
TOTAL Organizational Expenses (Total from Section 5)	\$0.00
TOTAL Equipment Expenses (Total from Section 6)	\$0.00
EMA BUDGET - EXCLUDING Additional Program Needs Costs	\$118,410.83
TOTAL Additional Program Needs (Total from Section 7)	\$0.00
TOTAL EMA BUDGET (Including Additional Program Needs)	\$118,410.83
FINAL ALLOCATION FOR GRANT AGREEMENT (IEMA USE ONLY)	

IEMA ATTACHMENT A: PERSONNEL

Enter the number of people on ESDA staff for which reimbursement is being requested: 2

Directions. Enter job title, name of employee, ESDA, % of time per week for ESDA Work, annual ESDA/EMA Salary to be submitted for reimbursement, Total Annual Salary from local government and ESDA % 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. 37.5 The percentage listed should reflect the number of ESDA hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for ESDA ONLY is divided by the Total Annual Salary from local government to report the ESDA % of Salary in the last column. This ESDA % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% ESDA TIME - (of a *Standard work week - See Expl. Above)	Annual Salary for ESDA ONLY	Total Annual Salary from local government	ESDA % of Salary
Coordinator	John Dwyer	100.000%	\$62,224.50	\$62,224.50	100.000%
Deputy Coordinator	Bill James	95.000%	\$56,186.33	\$59,143.50	95.000%
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		

TOTAL SALARIES FOR ESDA WORK ONLY: **\$118,410.83**
 Total of all pages for ESDA Salaries (Only) is listed at bottom of this page, and on first page.

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

YES	NO
	✓

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 Department"	% of Time Worked for "Other Department"	Annual Salary for work From "Other Department"

TOTAL ESDA SALARIES: **\$118,410.83**
 (Do NOT include Salaries from other departments.) This amount will be added to total on page 1

IEMA ATTACHMENT A: PERSONNEL

Enter the number of people on ESDA staff for which reimbursement is being requested: _____

Directions: Enter job title, name of employee, ESDA, % of time per week for ESDA Work, annual ESDA/EMA Salary to be submitted for reimbursement, Total Annual Salary from local government and ESDA % 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 ESDA hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for ESDA ONLY is divided by the Total Annual Salary from local government to report the ESDA % of Salary in the last column. This ESDA % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% ESDA TIME - (of a *Standard work week - See Expl. Above)	Annual Salary for ESDA ONLY	Total Annual Salary from local government	ESDA % of Salary

TOTAL SALARIES FOR ESDA WORK ONLY
(This amount also listed at bottom of page, and on first page.)

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

YES	NO
-----	----

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 Department"	% of Time Worked for "Other Department"	Annual Salary for work From "Other Department"

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

2-B

IEMA ATTACHMENT A: PERSONNEL

Enter the number of people on ESDA staff for which reimbursement is being requested: _____

Directions: Enter job title, name of employee, ESDA, % of time per week for ESDA Work, annual ESDA/EMA Salary to be submitted for reimbursement, Total Annual Salary from local government and ESDA % 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 ESDA hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for ESDA ONLY is divided by the Total Annual Salary from local government to report the ESDA % of Salary in the last column. This ESDA % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% ESDA TIME - (of a *Standard work week - See Expl. Above)	Annual Salary for ESDA ONLY	Total Annual Salary from local government	ESDA % of Salary

TOTAL SALARIES FOR ESDA WORK ONLY:

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

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

YES	NO
-----	----

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 Department"	% of Time Worked for "Other Department"	Annual Salary for work From "Other Department"

TOTAL ESDA SALARIES: _____

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

2-C

IEMA ATTACHMENT A: PERSONNEL

Enter the number of people on ESDA staff for which reimbursement is being requested: _____

Directions: Enter job title, name of employee, ESDA, % of time per week for ESDA Work, annual ESDA/EMA Salary to be submitted for reimbursement, Total Annual Salary from local government and ESDA % 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 ESDA hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for ESDA ONLY is divided by the Total Annual Salary from local government to report the ESDA % of Salary in the last column. This ESDA % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% ESDA TIME - (of a *Standard work week - See Expl. Above)	Annual Salary for ESDA ONLY	Total Annual Salary from local government	ESDA % of Salary

TOTAL SALARIES FOR ESDA WORK ONLY:
(This amount also listed at bottom of page, and on first page.)

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

YES	NO
-----	----

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 Department"	% of Time Worked for "Other Department"	Annual Salary for work From "Other Department"

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

2-D

IEMA ATTACHMENT A: PERSONNEL

Enter the number of people on ESDA staff for which reimbursement is being requested: _____

Directions: Enter job title, name of employee, ESDA, % of time per week for ESDA Work, annual ESDA/EMA Salary to be submitted for reimbursement, Total Annual Salary from local government and ESDA % 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 ESDA hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for ESDA ONLY is divided by the Total Annual Salary from local government to report the ESDA % of Salary in the last column. This ESDA % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% ESDA TIME - (of a *Standard work week - See Expl. Above)	Annual Salary for ESDA ONLY	Total Annual Salary from local government	ESDA % of Salary

TOTAL SALARIES FOR ESDA WORK ONLY:
(This amount also listed at bottom of page, and on first page.)

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

YES	NO
-----	----

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 Department"	% of Time Worked for "Other Department"	Annual Salary for work From "Other Department"

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

IEMA ATTACHMENT A: PERSONNEL

Enter the number of people on ESDA staff for which reimbursement is being requested: _____

Directions. Enter job title, name of employee, ESDA, % of time per week for ESDA Work, annual ESDA/EMA Salary to be submitted for reimbursement, Total Annual Salary from local government and ESDA % 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 ESDA hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for ESDA ONLY is divided by the Total Annual Salary from local government to report the ESDA % of Salary in the last column. This ESDA % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% ESDA TIME - (of a *Standard work week - See Expl. Above)	Annual Salary for ESDA ONLY	Total Annual Salary from local government	ESDA % of Salary

TOTAL SALARIES FOR ESDA WORK ONLY:
(This amount also listed at bottom of page, and on first page.)

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

YES	NO
-----	----

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 Department"	% of Time Worked for "Other Department"	Annual Salary for work From "Other Department"

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

2-F

IEMA ATTACHMENT A: PERSONNEL

Enter the number of people on ESDA staff for which reimbursement is being requested: _____

Directions: Enter job title, name of employee, ESDA, % of time per week for ESDA Work, annual ESDA/EMA Salary to be submitted for reimbursement, Total Annual Salary from local government and ESDA % 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 ESDA hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for ESDA ONLY is divided by the Total Annual Salary from local government to report the ESDA % of Salary in the last column. This ESDA % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% ESDA TIME - (of a *Standard work week - See Expl. Above)	Annual Salary for ESDA ONLY	Total Annual Salary from local government	ESDA % of Salary

TOTAL SALARIES FOR ESDA WORK ONLY:
(This amount also listed at bottom of page, and on first page.)

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

YES	NO
-----	----

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 Department"	% of Time Worked for "Other Department"	Annual Salary for work From "Other Department"

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

2-G

IEMA ATTACHMENT A: PERSONNEL

Enter the number of people on ESDA staff for which reimbursement is being requested: _____

Directions: Enter job title, name of employee, ESDA, % of time per week for ESDA Work, annual ESDA/EMA Salary to be submitted for reimbursement, Total Annual Salary from local government and ESDA % 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 ESDA hours worked per week, divided by the hours of the local government's standard full-time work week. The Annual Salary for ESDA ONLY is divided by the Total Annual Salary from local government to report the ESDA % of Salary in the last column. This ESDA % of Salary is also utilized in the Benefits section, to determine the eligible amount of benefits.

Title	Name	% ESDA TIME - (of a *Standard work week - See Expl. Above)	Annual Salary for ESDA ONLY	Total Annual Salary from local government	ESDA % of Salary

TOTAL SALARIES FOR ESDA WORK ONLY:
(This amount also listed at bottom of page, and on first page.)

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

YES	NO
-----	----

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 Department"	% of Time Worked for "Other Department"	Annual Salary for work From "Other Department"

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

IEMA ATTACHMENT 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 ESDA/EMA 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 by the ESDA % of Salary to get the ESDA Benefit Amount for the year, for each benefit. The "ESDA % of Salary" was calculated on page 2 "Personnel" of this IEMA Attachment A. Provide the grand total of all ESDA benefits for the entire year below.

NAME	BENEFIT - (LIST THE TYPE)	BENEFIT EXPENSE				A Gross Benefit Annual Total	B ESDA % of Salary	A X B ESDA Benefit AMOUNT
		Percentage % of Gross Paycheck	OR Total Annual Salary	Dollar Amount	Annual # of Pay Periods			
John Dwyer	S.S.	7.650%	\$62,224.50			\$4,760.17		\$0.00
	IMRF	9.920%	\$62,224.50			\$6,172.67		\$0.00
	Life Insurance			\$3.00	12	\$36.00		\$0.00
	Health			\$640.00	12	\$7,680.00		\$0.00
	Work Comp		\$57.99	\$201.64	26	\$5,242.64		\$0.00
	Unemployment	5.150%	\$13,500.00			\$695.25		\$0.00
Bill James	S.S	7.650%	\$59,143.50			\$4,524.48		\$0.00
	IMRF	9.920%	\$59,143.50			\$5,867.04		\$0.00
	Life Insurance			\$3.00	12	\$36.00		\$0.00
	Health			\$640.00	12	\$7,680.00		\$0.00
	Work Comp			\$201.00	26	\$5,226.00		\$0.00
	Unemployment	5.150%	\$13,500.00			\$695.25		\$0.00
						\$0.00		\$0.00
						\$0.00		\$0.00
						\$0.00		\$0.00
						\$0.00		\$0.00
						\$0.00		\$0.00
						\$0.00		\$0.00
						\$0.00		\$0.00
						\$0.00		\$0.00

TOTAL BENEFITS FOR ESDA WORK: \$0.00
 This amount will be added to total on page 1.

3-A

IEMA ATTACHMENT 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 ESDA/EMA 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 by the ESDA % of Salary to get the ESDA Benefit Amount for the year, for each benefit. The "ESDA % of Salary" was calculated on page 2 "Personnel" of this IEMA Attachment A. Provide the grand total of all ESDA benefits for the entire year below.

NAME	BENEFIT - (LIST THE TYPE)	BENEFIT EXPENSE				A Gross Benefit Annual Total	B ESDA % of Salary	A X B ESDA Benefit AMOUNT
		Percentage		OR				
		% of Gross Paycheck	Total Annual Salary	Dollar Amount	Annual # of Pay Periods			

TOTAL BENEFITS FOR ESDA WORK:
This amount will be added to total on page 1.

3-B

IEMA ATTACHMENT 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 repres

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 ESDA/EMA 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 by the ESDA % of Salary to get the ESDA Benefit Amount for the year, for each benefit. The "ESDA % of Salary" was calculated on page 2 "Personnel" of this IEMA Attachment A. Provide the grand total of all ESDA benefits for the entire year below.

NAME	BENEFIT - (LIST THE TYPE)	BENEFIT EXPENSE				A Gross Benefit Annual Total	B ESDA % of Salary	A X B ESDA Benefit AMOUNT
		Percentage		OR				
		% of Gross Paycheck	Total Annual Salary	Dollar Amount	Annual # of Pay Periods			

TOTAL BENEFITS FOR ESDA WORK:
This amount will be added to total on page 1.

IEMA ATTACHMENT 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 repres

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 ESDA/EMA 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 by the ESDA % of Salary to get the ESDA Benefit Amount for the year, for each benefit. The "ESDA % of Salary" was calculated on page 2 "Personnel" of this IEMA Attachment A. Provide the grand total of all ESDA benefits for the entire year below.

NAME	BENEFIT - (LIST THE TYPE)	BENEFIT EXPENSE				A Gross Benefit Annual Total	B ESDA % of Salary	A X B ESDA Benefit AMOUNT
		Percentage		Dollar Amount				
		% of Gross Paycheck	Total Annual Salary	Dollar Amount	Annual # of Pay Periods			

TOTAL BENEFITS FOR ESDA WORK:
This amount will be added to total on page 1.

3-D

IEMA ATTACHMENT 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 repres

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 ESDA/EMA 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 by the ESDA % of Salary to get the ESDA Benefit Amount for the year, for each benefit. The "ESDA % of Salary" was calculated on page 2 "Personnel" of this IEMA Attachment A. Provide the grand total of all ESDA benefits for the entire year below.

NAME	BENEFIT - (LIST THE TYPE)	BENEFIT EXPENSE				A Gross Benefit Annual Total	B ESDA % of Salary	A X B ESDA Benefit AMOUNT
		Percentage		OR				
		% of Gross Paycheck	Total Annual Salary	Dollar Amount	Annual # of Pay Periods			

TOTAL BENEFITS FOR ESDA WORK:
This amount will be added to total on page 1.

3-E

IEMA ATTACHMENT 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 repres

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 ESDA/EMA 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 by the ESDA % of Salary to get the ESDA Benefit Amount for the year, for each benefit. The "ESDA % of Salary" was calculated on page 2 "Personnel" of this IEMA Attachment A. Provide the grand total of all ESDA benefits for the entire year below.

NAME	BENEFIT - (LIST THE TYPE)	BENEFIT EXPENSE				A Gross Benefit Annual Total	B ESDA % of Salary	A X B ESDA Benefit AMOUNT
		Percentage		Dollar Amount				
		% of Gross Paycheck	Total Annual Salary	Dollar Amount	Annual # of Pay Periods			

TOTAL BENEFITS FOR ESDA WORK:
This amount will be added to total on page 1.

ATTACHMENT A: TRAVEL

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

CHOOSE ONE OF THE TWO CATEGORIES BELOW:

- 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](#)
- 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.

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 cents per mile.

Meals and/or per diem:

Lodging Allowance:

LIST REASONS FOR TRAVEL AND ESTIMATED COSTS

TRAVEL ACTIVITY	AMOUNT

TOTAL TRAVEL EXPENSES: \$0.00

Enter this total on Page 1

**IEMA ATTACHMENT A: FACILITIES MANAGEMENT
INSTRUCTIONS**

Application for Reimbursement of Rent, Maintenance and/or Utility Service Charges

In order to update EMA Grant Program records for all expenses claimed, ALL applicants desiring to claim expenses in the categories listed on "Attachment A: Facilities Management- Application for Reimbursement of Rent, Maintenance and/or Utility Service Charges" are required to submit this form.

In accordance with provisions of OMB Circular A-87, reimbursement in these categories is eligible only upon approval of IEMA for administrative offices, or those portions of local offices that are used for administrative purposes. These costs are part of the allowable cost category "organizational" expenses.

A detailed, scaled floor plan of the area must be attached which sets forth usage of the entire area. Only that portion used for day-to-day administration, properly identified, is eligible for reimbursement.

Documentation of rates claimed is required, e.g. letter from your local central billing department, lease or contract. All costs will be reflected on a monthly basis.

5-A

**Facilities Management - Page 1
APPLICATION FOR REIMBURSEMENT OF RENT,
MAINTENANCE AND/OR UTILITY SERVICE CHARGES**

Illinois Emergency Management Agency
Emergency Management Assistance Program

This application is for requesting reimbursement of rent, janitorial, maintenance and utility service charges other than rent, or charges made in lieu thereof. *A DETAILED, SCALED PLAN OF AREA SHALL BE ATTACHED. USAGE OF TOTAL AREA SHALL BE INDICATED. ATTACH COPY OF CURRENT CONTRACT, AGREEMENT, OR LEASE AS APPLICABLE.

Read each section carefully, fill out information accurately, and provide all documentation as requested

Location of Property: _____

Owner of Property: _____

Constructed with Federal Funds? (circle or check one) Yes No

1. Reimbursement will be based on the following facts:

Total square footage of area _____

Total square footage used for administrative purposes and occupied on a day-to-day basis _____

*Administrative area is NaN % of total square footage.

2. Reimbursement request for the following costs or services (use above percentage):

<input type="checkbox"/> Rent - Monthly Rent	Monthly Cost \$ _____	% Listed in #1 _____ %	\$ <u>0.00</u> Monthly Cost multiplied by %
Rent Includes: (Checkmark if applicable)			
<input type="checkbox"/> Janitorial Services	<input type="checkbox"/> Electricity		
<input type="checkbox"/> Heat	<input type="checkbox"/> Water		
<input type="checkbox"/> Gas	<input type="checkbox"/> Other (Specify)		
<input type="checkbox"/> Janitorial Maintenance	Monthly Cost \$ _____	% Listed in #1 _____ %	\$ <u>0.00</u> Monthly Cost multiplied by %
<input type="checkbox"/> Utilities (Gas, Electric, Water)	_____ % % of Total Charges for all utilities	Estimated Gas total for a month	Estimated Water total for a month Estimated Electric total for a month
<input type="checkbox"/> Reimbursement in lieu of Rent, Utilities, etc.	\$ _____ Monthly Rent		

(A separate letter of explanation and formula used in making calculations must accompany this request for consideration.)

This request will be effective beginning with the new Federal fiscal year (October 1) or the date this application is accepted if not part of the EMA annual application.

5-B

**Facilities Management - Page 2
APPLICATION FOR REIMBURSEMENT OF RENT,
MAINTENANCE AND/OR UTILITY SERVICE CHARGES**

Illinois Emergency Management Agency
Emergency Management Assistance Program

This application is for requesting reimbursement of rent, janitorial, maintenance and utility service charges other than rent, or charges made in lieu thereof. *A DETAILED, SCALED PLAN OF AREA SHALL BE ATTACHED. USAGE OF TOTAL AREA SHALL BE INDICATED. ATTACH COPY OF CURRENT CONTRACT, AGREEMENT, OR LEASE AS APPLICABLE.

Read each section carefully, fill out information accurately, and provide all documentation as requested

Location of Property: _____

Owner of Property: _____

Constructed with Federal Funds? (circle or check one) Yes No

1. Reimbursement will be based on the following facts:

Total square footage of area _____

Total square footage used for administrative purposes and occupied on a day-to-day basis _____

*Administrative area is NaN % of total square footage.

2. Reimbursement request for the following costs or services (use above percentage):

<input type="checkbox"/> Rent - Monthly Rent	Monthly Cost \$ _____	% Listed in #1 _____ %	\$ <u>0.00</u>		
	Monthly Cost multiplied by %				
Rent Includes: (Checkmark if applicable)					
<input type="checkbox"/> Janitorial Services		<input type="checkbox"/> Electricity			
<input type="checkbox"/> Heat		<input type="checkbox"/> Water			
<input type="checkbox"/> Gas		<input type="checkbox"/> Other (Specify)			
<input type="checkbox"/> Janitorial Maintenance	Monthly Cost \$ _____	% Listed in #1 _____ %	\$ <u>0.00</u>		
Monthly Cost multiplied by %					
<input type="checkbox"/> Utilities (Gas, Electric, Water)	_____ %				
% of Total Charges for all utilities		Estimated Gas total for a month	Estimated Water total for a month	Estimated Electric total for a month	
<input type="checkbox"/> Reimbursement in lieu of Rent, Utilities, etc.	\$ _____	Monthly Rent			

(A separate letter of explanation and formula used in making calculations must accompany this request for consideration.)

This request will be effective beginning with the new Federal fiscal year (October 1) or the date this application is accepted if not part of the EMA annual application.

5-C

IEMA ATTACHMENT A: ORGANIZATIONAL EXPENSES

DIRECTIONS: List the items that are necessary and essential for the day-to-day operations of the emergency management office, along with costs and other information requested in this form.

CATEGORY	ITEM DESCRIPTIONS				ANNUAL AMOUNT
TELEPHONES	PHONE TYPE		NUMBER OF PHONES		Annual Amount
	Office Phone(s)				
	Fax Line(s)				
	Cell Phone(s)				
	Other Other Other				
VEHICLE MAINTENANCE	MAKE	MODEL	YEAR	LICENSE #	Annual Amount
OFFICE EQUIPMENT	TYPE OF EQUIPMENT		DESCRIPTION (IF APPLICABLE)		Annual Amount
SUPPLIES	ITEM		DESCRIPTION (IF APPLICABLE)		Annual Amount
INFORMATION COPIED FROM FACILITIES MANAGEMENT FORM - Page 1 - SUBJECT TO IEMA APPROVAL	CATEGORY				Annual Amount
	RENT				\$ 0.00
	GAS				\$ 0.00
	WATER				\$ 0.00
	ELECTRIC				\$ 0.00
	JANITORIAL AND/OR MAINTENANCE				\$ 0.00
REIMBURSEMENT IN LIEU OF RENT, UTILITIES, JANITORIAL AND/OR MAINTENANCE				\$ 0.00	
GRAND TOTAL OF ORGANIZATIONAL EXPENSES:					\$ 0.00

5-D

IEMA ATTACHMENT A: ORGANIZATIONAL EXPENSES

DIRECTIONS: List the items that are necessary and essential for the day-to-day operations of the emergency management office, along with costs and other information requested in this form.

CATEGORY	ITEM DESCRIPTIONS				ANNUAL AMOUNT
TELEPHONES	PHONE TYPE		NUMBER OF PHONES		Annual Amount
	Office Phone(s) Fax Line(s) Cell Phone(s) Other Other				
VEHICLE MAINTENANCE	MAKE	MODEL	YEAR	LICENSE #	Annual Amount
OFFICE EQUIPMENT	TYPE OF EQUIPMENT		DESCRIPTION (IF APPLICABLE)		Annual Amount
SUPPLIES	ITEM		DESCRIPTION (IF APPLICABLE)		Annual Amount
INFORMATION COPIED FROM FACILITIES MANAGEMENT FORM - Page 2 - SUBJECT TO IEMA APPROVAL	CATEGORY				Annual Amount
	RENT				\$ 0.00
	GAS				\$ 0.00
	WATER				\$ 0.00
	ELECTRIC				\$ 0.00
	JANITORIAL AND/OR MAINTENANCE				\$ 0.00
REIMBURSEMENT IN LIEU OF RENT, UTILITIES, JANITORIAL AND/OR MAINTENANCE				\$ 0.00	
GRAND TOTAL OF ORGANIZATIONAL EXPENSES:					\$ 0.00

IEMA ATTACHMENT A: EQUIPMENT

Additional Informational Links

FEMA Preparedness Grants and Authorized Equipment List
Grant Programs Directorate Information Bulletin
ENVIRONMENTAL and HISTORIC PRESERVATION SCREENING FORM
ITTF POLICY STATEMENT 2009 (3)
ITTF POLICY STATEMENT 2012 (2)

Authorized Equipment List Number	Item Description	Unit Number	Unit Price	Total	EHP Required ?	Provide narrative as to how the equipment is going to be utilized for day-to-day emergency management activities
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
PAGE TOTAL						\$0.00

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IEMA ATTACHMENT A: EQUIPMENT

Additional Informational Links

[FEMA Preparedness Grants and Authorized Equipment List](#)
[Grant Programs Directorate Information Bulletin](#)
[ENVIRONMENTAL and HISTORIC PRESERVATION SCREENING FORM](#)
[ITTF POLICY STATEMENT 2009 \(3\)](#)
[ITTF POLICY STATEMENT 2012 \(2\)](#)

Authorized Equipment List Number	Item Description	Unit Number	Unit Price	Total	EHP Required ?	Provide narrative as to how the equipment is going to be utilized for day-to-day emergency management activities
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
PAGE TOTAL						\$0.00

6-B

IEMA ATTACHMENT A: EQUIPMENT

Additional Informational Links

FEMA Preparedness Grants and Authorized Equipment List
Grant Programs Directorate Information Bulletin
ENVIRONMENTAL and HISTORIC PRESERVATION SCREENING FORM
ITTF POLICY STATEMENT 2009 (3)
ITTF POLICY STATEMENT 2012 (2)

Authorized Equipment List Number	Item Description	Unit Number	Unit Price	Total	EHP Required ?	Provide narrative as to how the equipment is going to be utilized for day-to-day emergency management activities
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
				\$ 0.00	No	
PAGE TOTAL						\$0.00

ITEMA ATTACHMENT A: ADDITIONAL PROGRAM NEEDS FUNDING REQUEST

Additional Program Needs expenses are those expenses that are necessary and essential local emergency preparedness ESDA personnel and administrative purposes including, but not limited to:

- 1) Additional exercises beyond the biennial EOP exercise;
- 2) Personnel costs beyond those required for basic preparedness;
- 3) Mitigation planning and awareness; and
- 4) Emergency management public awareness efforts

For purposes of this Additional Program Needs Funding Request, costs associated with items 1, 2 and 3 listed above can be submitted in this section of the application. In the space provided below, enter the category for the proposed cost, where "1" means "Additional exercises beyond the biennial EOP exercise", "2" is "Personnel costs beyond those required for basic preparedness", "3" is "Mitigation planning and awareness", and "4" for "Emergency management public awareness efforts". The basic eligibility criteria for the EMA Program centers around reimbursement of organizational costs, and this should be considered when submitting this section of the application. "Response" related equipment, and costs that are not directly related to day-to-day operation of an emergency management program are generally not eligible. *All personnel costs should be entered into the personnel costs section of this form. Please attach any relevant documentation that can be provided to support the costs claimed in this section of the EMA application.

CATEGORY Enter 1, 2, 3 or 4	NARRATIVE DESCRIPTION	COST
--Select-		
--Select-		
--Select-		
--Select-		
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TOTAL COSTS CLAIMED - ADDITIONAL PROGRAM NEEDS SECTION: \$0.00

IEMA Attachment A: Annual Work Plan

FFY 2014 Emergency Management Assistance (EMA) Grant

Preparedness: Report describes activities including exercises, plan updates, training, etc., planned for the coming Federal Fiscal Year, that fall into the category of emergency management "preparedness".

1st Quarter (Oct - Dec)

- Monthly test of radio and siren capabilities
- Regional Emergency Coordination Group meeting
- Monthly meeting with EMA Liaison team
- Conduct County Damage Assessment / Debris Management training
- Host Public Information Officer and local Media meetings
- Meet with Local ESDA's about their individual plans to include damage assessment
- Attend quarterly IEMA Region 7 meeting

2nd Quarter (Jan - Mar)

- Monthly test of radio and siren capabilities
- Regional Emergency Coordination Group meeting
- Monthly meetings with EMA Liaison team
- Conduct Severe Weather training for Storm Spotter by National Weather Service
- Host Public Information Officer and local Media meeting
- Attend quarterly IEMA Region 7 meeting
- Conduct Community Outreach events and speaking to groups on emergency preparedness
- Host meeting with Local ESDA's about severe weather protocols and EMA protocols

3rd Quarter (Apr -Jun)

- Monthly test of radio and siren capabilities
- Regional Emergency Coordination Group meetings
- Attend the Illinois Emergency Services Management Association Training conference
- Monthly meetings with EMA Liaison team
- Conduct Community Outreach events and speak to groups on emergency preparedness
- Attend quarterly IEMA Region 7 meeting
- Participate in Willard Airport functional emergency response exercise
- Conduct Community Outreach events and speak to groups on emergency preparedness

4th Quarter (Jul - Sep)

- Monthly test of radio and siren capabilities
- Monthly meetings with EMA Liaison team
- Regional Emergency Coordination Group meeting
- Host Public Information Officer and local Media meetings
- Attend Illinois Emergency Management Agency Annual conference
- Participate in an higher education school emergency response and evacuation functional exercise
- Attend quarterly IEMA Region 7 meeting
- Conduct Community Outreach events and speak to groups on emergency preparedness

IEMA Attachment A: Annual Work Plan

FFY 2014 Emergency Management Assistance (EMA) Grant

Mitigation: The working definition for mitigation, as reported in the Annual Work Plan, is "activities and planning with the intent of reducing the impacts of future disasters:. This section of the report describes activities including mitigation planning, mitigation projects, participation in mitigation programs, membership and/or attendance at mitigation meetings,

IEMA Attachment A: Annual Work Plan

FFY 2014 Emergency Management Assistance (EMA) Grant

Recovery: (If applicable) - This section will not be included in the Annual Work Plan unless a disaster has recently occurred and the recovery process is ongoing. An example might be that a recent flood has caused the need for debris clearance and permanent restoration projects. A brief listing of projects planned for the recovery effort could be included in this section of the Annual Work Plan.

IEMA Attachment A: Annual Work Plan

FFY 2014 Emergency Management Assistance (EMA) Grant

Issues of Concern: Any issues related to emergency management, that are of concern to the local ESDA/EMA organization, are reported in this section of the Annual Work Plan.

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, subcontracts, loans, grants, sub-grants, and/or cooperative agreements?"

No

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:
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EXECUTIVE #2

First Name:	Last Name:	Compensation Amount:
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EXECUTIVE #3

First Name:	Last Name:	Compensation Amount:
-------------	------------	----------------------

EXECUTIVE #4

First Name:	Last Name:	Compensation Amount:
-------------	------------	----------------------

EXECUTIVE #5

First Name:	Last Name:	Compensation Amount:
-------------	------------	----------------------



Julia R. Rietz
State's Attorney



Courthouse
101 East Main Street
P. O. Box 785
Urbana, Illinois 61801
Phone (217) 384-3733
Fax (217) 384-3816
email: statesatty@co.champaign.il.us

**Office of
State's Attorney
Champaign County, Illinois**

July 17, 2014

Christopher Alix
Deputy Chair
Finance Committee
Champaign County Board Office
Brookens Administration Center
1776 E. Washington Street
Urbana, IL 61802

Re: Renewal of DCFS contract for FY15

Dear Deputy Chair and County Board Members:

Enclosed for the Committee's consideration is a packet from the Illinois Department of Children and Family Services, concerning a contract for legal services this office would perform on behalf of DCFS.

After careful review of the contract, and on behalf of the Champaign County State's Attorney's Office, I respectfully request that the Committee approve this contract and forward the recommendation to the County Board.

Sincerely,

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

Julia R. Rietz
State's Attorney


Enclosure

**STATE OF ILLINOIS
CONTRACT
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

CDC: IGA Program Name: LEGAL SERVICES Contract #: 3695579015

CONTRACT SIGNATURES

VENDOR NAME: CHAMPAIGN COUNTY

DCFS Name: CHAMPAIGN COUNTY	Address: 101 E MAIN STATES ATTYS OFFICE
Signature: 	City, State ZIP: URBANA, IL 61801-2710
Printed Name: Julia R Rietz	Phone: (217) 384-3733
Title: State's Attorney	Fax: (217) 384-3816
Date: 7.16.14	Email:
Dept. of Human Rights Public Contract #: 11456-00	DUNS #: 830761313

STATE OF ILLINOIS

Procuring Agency: IL Department of Children and Family Services	Address: 406 E Monroe St.
Director Signature:	City, State ZIP: Springfield, IL 62701
Printed Name: Bobbie Gregg	Phone: (217) 785-3930
Title: Acting Director	Fax: (217) 782-3796
Date:	
Designee Signature:	Date:
Printed Name: William Wolfe	Phone: (217) 785-3930
Designee's Title: Deputy Director	Email: William.Wolfe@Illinois.Gov
If this Contract is in the amount of \$250,000 or more in a fiscal year, or order against a master contract in the amount of \$250,000 or more in a fiscal year, this Contract shall not be binding and enforceable until it is also approved and signed in writing by the Chief Legal Counsel and the Chief Fiscal Officer of the Department in accordance with 30 ILCS 105/9.02.	
DCFS Chief Legal Counsel Signature: N/A	Date:
Printed Name:	
DCFS Chief Financial Officer Signature: N/A	Date:
Printed Name:	

**STATE OF ILLINOIS
CONTRACT
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

CDC: IGA

Program Name: LEGAL SERVICES

Contract #: 3695579015

NOT PART OF CONTRACTUAL PROVISIONS

PBC # 14-87184 Project Title LEGAL SERVICES

Contract # 3695579015 Procurement Method (IFB, RFP, Small, Exempt): Exempt - Legal Services

IPB Ref. # IPB Publication Date: Award Code: T

Subcontractor Utilization? Yes No Subcontractor Disclosure? Yes No

Funding Source Obligation # 3695579015

Small Business Set-Aside? Yes No

Minority Owned Business? Yes No Percentage

Female-Owned Business? Yes No Percentage

Persons With Disabilities Owned Business? Yes No Percentage

Other Preferences?

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**STATE OF ILLINOIS
CONTRACT
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

CDC: IGA Program Name: LEGAL SERVICES Contract #: 3695579015

The Parties to this Contract are the State of Illinois acting through the undersigned Agency (collectively the State) and the Vendor. This Contract, consisting of the signature page and numbered sections listed below and any attachments referenced in this contract, constitute the entire contract between the Parties concerning the subject matter of the contract. This Contract supersedes all prior proposals, contracts and understandings between the Parties concerning the subject matter of the contract. This Contract can be signed in multiple counterparts and signature may be electronic or digital upon agreement of the Parties. The terms "Vendor" and "Contractor" are used interchangeably in the Contract and Supplemental Provisions, without any intended difference in meaning.

1. **DESCRIPTION OF SUPPLIES AND SERVICES**
2. **PRICING/RATE SCHEDULE**
3. **TERM AND TERMINATION**
4. **STANDARD BUSINESS TERMS AND CONDITIONS**
5. **SUPPLEMENTAL PROVISIONS**
6. **STANDARD CERTIFICATIONS**
7. **DISCLOSURE OF BUSINESS WITH IRAN**
8. **FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST AND TAX PAYER ID NUMBER**

In consideration of the mutual covenants and agreements contained in this contract, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree to the terms and conditions set forth herein and have caused this contract to be executed by their duly authorized representatives on the dates shown on the following CONTRACT SIGNATURES page. By signing this CONTRACT, the Vendor acknowledges that he/she has read and understands the terms in this Contract, including the Supplemental Provisions, and agrees to comply with the requirements reflected herein.

-BALANCE OF PAGE INTENTIONALLY LEFT BLANK-

DESCRIPTION OF SUPPLIES AND SERVICES

- 1.1 SUPPLIES AND/OR SERVICES REQUIRED:** Services delivered by the Vendor shall comply with all Department of Children and Family Services laws, rules, regulations, procedures, protocols, and policy guides (available for viewing on the DCFS website at www.state.il.us/dcfs), all of which are hereby incorporated by reference and made a part of this Contract. The contractual service requirements are identified in the Contract Program Plan/Scope of Services, which is inserted following this page. Boilerplate requirements resume with Section 1.2 Milestones and Deliverables.

-BALANCE OF PAGE INTENTIONALLY LEFT BLANK-

**STANDARDIZED
DCFS LEGAL PROGRAM PLAN OUTLINE**

Program Plan Name: Champaign County State's Attorney
Contract #: 369557-901-5

1.0 Provider Descriptive Information

1.1 Provider Agency Name: Champaign County State's Attorney

Address: 101 E. Main Street
Urbana, IL 61801

1.2 Corporate Office Information

Legal Entity Status: Governmental

License Status, if applicable: _____

Accreditation Status, if applicable: _____

Executive Director: Julia R. Rietz, State's Attorney

Telephone #: (217) 384-3733

Email Address: statesatty@co.champaign.il.us

1.3 Brief Description of Various Services Offered by Provider:

Legal services. The Illinois Department of Children and Family Services, Office of Legal Services ("DCFS"), and Champaign County, Illinois ("County"), a unit of local government and political subdivision of the State of Illinois, hereby agree that Champaign County will provide the legal services listed below to DCFS.

1.4 Brief Description of Services Provided Under DCFS Contract:

1. The County shall provide legal services to DCFS and support staff relative to termination of parental rights cases as requested by DCFS, Office of Legal Services. Both the County and DCFS acknowledge and agree that the purpose of this Intergovernmental Agreement is to allow the County, through the Office of the State's Attorney of Champaign County, Illinois ("the State's Attorney"), to provide an additional Attorney dedicated to prosecuting DCFS Termination of Parental Rights cases under the direct supervision of the State's Attorney, or his/her designee, as specified herein. The terms "County" and "State's Attorney" are used interchangeably in this Intergovernmental Agreement Program Plan/Scope of Services without any intended differences in meaning.

2. The State's Attorney shall provide an attorney dedicated to reviewing, preparing and prosecuting certain additional parental rights termination cases DCFS transmits to the County during the Term of the Intergovernmental Agreement ("the Case(s)"). Each dedicated attorney assigned by the State's Attorney to handle DCFS Cases is referred to hereafter in this Intergovernmental Agreement Program Plan/Scope of Services as the "Attorney." The State's Attorney shall provide the services of the Attorney to DCFS in addition to the regular staff of the State's Attorney, whether the

Attorney is provided as an additional independent contractor or as an additional full-time or part-time employee of the State's Attorney.

3. The Attorney assigned by the State's Attorney to handle DCFS Termination of Parental Rights Cases shall perform the following services relative to each Case:

- (a) Review and evaluate the appropriateness of filing a Petition or Motion requesting termination of parental rights ("Petition");
- (b) Prepare all documents and materials necessary to file and litigate a Petition, including, but not limited to, the Petition, summons, subpoenas, notices, motions, and all other necessary pleadings and Court filings;
- (c) Prepare for and attend all Court proceedings related to the Petition, including, but not limited to, conducting research, interviews, and conferences with caseworkers, witnesses, and other attorneys;
- (d) All other duties normally and customarily associated with or required to prosecute Petitions;
- (e) Assemble, maintain, and prepare the records and reports required by this Intergovernmental Agreement Program Plan/Scope of Services for transmittal to DCFS; and,
- (f) Prepare and submit a detailed monthly report with the completed Form CFS-1042 (Department of Children and Family Services Billing Summary) which documents the services provided by the County pursuant to this Intergovernmental Agreement Program Plan/Scope of Services.

Services are to promote permanency by maintaining, strengthening and safeguarding the functioning of families to (1) prevent substitute care placement (2) promote family reunification, (3) stabilize foster care placements, (4) facilitate youth development, and (5) ensure the safety, permanency and wellbeing of children.

1.5 Geographical Service Area(s):

<u>County of Service</u>	<u>Complete Address of Where Services Are Delivered</u>	<u>Description of Services provided at the Site, Program Contact Name, Telephone #, Fax #, & e-mail address</u>
Champaign County	101 E. Main Street Urbana, IL 61801	Legal services

1.6 DCFS Clients

Client Capacity Under DCFS Contract: Open
 Capacity at Any Given Time: Open

1.7 Agency Clients

Client Capacity Under Program: Open

Capacity at Any Given Time:

Open

1.8 Average Length of Services: To be determined on the basis of the legal issues as they arise during the course of litigation.

1.8.1 Services beyond the program plan service parameters:

The provider agrees to obtain prior authorization from DCFS to serve clients outside of the program plan parameters.

1.9 Definitions

1.9.1 Client

The Illinois Department of Children & Family Services.

1.9.2 Unit of Service

DCFS agrees to pay the County \$36,000.00 for legal and support services provided pursuant to this Intergovernmental Agreement Program Plan/Scope of Services. The payments will be made in twelve (12) equal monthly installments of \$3,000.00, one (1) installment for each calendar month of the Term of the Intergovernmental Agreement.

1.9.3 Other Definitions Pertinent to the Program

2.0 Target Population

2.1 Inclusions
Not applicable.

2.2 Exclusions
Not applicable.

3.0 Referral and Admission Procedures

3.1 Provider Responsibility

3.1.1 Referral Decision-Making Criteria:
Not applicable.

3.1.2 Admission Notification Procedures:
Not applicable.

3.2 Department Responsibility:
Not applicable.

3.3 Client Contacts:
Not applicable.

4.0 Program Staff

4.1 Qualifications

4.1.1 Direct Service:

1. The State's Attorney, as an officer of the County, agrees to provide trained and competent personnel to perform the services required by this Intergovernmental Agreement Program Plan/Scope of Services, supervise and monitor their performance, provide the requisite reports, and otherwise comply with the requirements of this Intergovernmental Agreement Program Plan/Scope of Services. The Attorney shall at all times be under the supervision and direction of the State's Attorney, or her/his designee.
2. The Attorney(s) selected by the State's Attorney to provide services to DCFS pursuant to this Intergovernmental Agreement Program Plan/Scope of Services shall be licensed to practice law in Illinois and in good standing.
 - (a) The State's Attorney shall provide written certification to both the DCFS General Counsel and local Regional Counsel at the beginning of the Term of the Intergovernmental Agreement that any Attorney it provides under this Intergovernmental Agreement Program Plan/Scope of Services is a licensed attorney in good standing and is being provided in addition to the regular staff of the State's Attorney. The State's Attorney shall also provide the DCFS General Counsel and local Regional Counsel written certification of any change to the pre-existing certification relative to the Attorney's status within five (5) calendar days of any such change.
 - (b) Prior to permitting an attorney to perform any services as Attorney pursuant to this Intergovernmental Agreement Program Plan/Scope of Services, the State's Attorney shall also submit a Statement of Good Standing on the form attached hereto duly executed by the Attorney to the DCFS General Counsel and local Regional Counsel.
 - (c) The State's Attorney shall submit copies of the current Illinois Attorney Registration and Disciplinary Commission cards of any Attorney it provides under this Intergovernmental Agreement Program Plan/Scope of Services to both the DCFS General Counsel and local Regional Counsel at the beginning of the Term of the Intergovernmental Agreement and by January 30 of the next calendar year.
3. Prior to permitting an attorney to perform any services as Attorney pursuant to this Intergovernmental Agreement Program Plan/Scope of Services, the State's Attorney shall submit an Attorney Acknowledgment duly executed by the Attorney to the DCFS General Counsel and local Regional Counsel. The State's Attorney must submit the Attorney Acknowledgment on the form attached hereto as Attachment A for each Attorney. The State's Attorney shall further require each Attorney performing services pursuant to this Intergovernmental Agreement Program Plan/Scope of Services to comply with and maintain his or her compliance with the Attorney Acknowledgment requirements.

- (a) Both the State's Attorney and DCFS agree that the requirements reflected in the Attorney Acknowledgment are incorporated by reference into this Intergovernmental Agreement Program Plan/Scope of Services and, accordingly, are requirements of this Intergovernmental Agreement Program Plan/Scope of Services.
 - (b) Both the State's Attorney and DCFS further agree that the failure of any Attorney to comply with or maintain compliance with the Attorney Acknowledgment requirements or other terms of this Intergovernmental Agreement Program Plan/Scope of Services shall, at DCFS' sole discretion, constitute just cause for DCFS' immediate termination of the Intergovernmental Agreement.
4. Both the State's Attorney and DCFS acknowledge and agree that the Attorney shall serve as a full-time or part-time independent contractor or employee of the County. Neither the County, State's Attorney, nor the dedicated Attorney the State's Attorney assigns to handle DCFS Termination of Parental Rights Cases are agents or employees of DCFS.
 5. The State's Attorney shall submit proof of licensure and good standing and a summary resume of each attorney the County intends to hire or assign to perform any of the services required pursuant to this Intergovernmental Agreement Program Plan/Scope of Services to DCFS at least fifteen (15) calendar days prior to the hiring and/or assignment of the attorney to perform services as Attorney. DCFS shall have the right to provide comments about each Attorney candidate's qualifications to the State's Attorney, which comments the State's Attorney shall consider in making his or her Attorney selection.
 6. Each candidate the State's Attorney submits to DCFS for consideration as the Attorney the County intends to hire or assign to perform any of the services required pursuant to this Intergovernmental Agreement Program Plan/Scope of Services shall be subject to approval by DCFS as being duly qualified educationally, ethically, and professionally to perform the services required by this Intergovernmental Agreement Program Plan/Scope of Services prior to the State's Attorney permitting the candidate to perform any services required under this Intergovernmental Agreement Program Plan/Scope of Services.
 7. Nothing in this Intergovernmental Agreement Program Plan/Scope of Services shall provide DCFS either the right, directly or indirectly, to require the State's Attorney to hire, refuse to hire, discipline, refuse to discipline, terminate, or refuse to terminate any specific person provided by the State's Attorney as Attorney to perform any of the services required by this Intergovernmental Agreement Program Plan/Scope of Services, as long as the Attorney meets the requirements reflected in this Intergovernmental Agreement Program Plan/Scope of Services.
 8. DCFS shall have no responsibilities regarding the hiring, direction, supervision, discipline or termination of any Attorney or any other support personnel provided by the State's Attorney to perform any of the services required by this Intergovernmental Agreement Program Plan/Scope of Services. DCFS may participate in any such activities at the State's Attorney's request, provided that

the State's Attorney shall at all times have the sole right and responsibility to make such decisions.

9. The County is solely responsible for negotiating the terms and conditions of employment and/or contract and salaries of the Attorney and support personnel it provides to perform any of the services required by this Intergovernmental Agreement Program Plan/Scope of Services.

4.1.2 Supervisory:
Not applicable.

4.2 Minimum Staffing Expectations:

1. The County shall provide legal services to DCFS and support staff relative to termination of parental rights cases as requested by DCFS, Office of Legal Services. Both the County and DCFS acknowledge and agree that the purpose of this Intergovernmental Agreement is to allow the County, through the Office of the State's Attorney of Champaign County, Illinois to provide an additional Attorney dedicated to prosecuting DCFS Termination of Parental Rights cases under the direct supervision of the State's Attorney, or his/her designee, as specified herein.
2. The State's Attorney is responsible for the performance of any service requirement reflected in the Intergovernmental Agreement and Intergovernmental Agreement Program Plan/Scope of Services.
3. The State's Attorney, or her/his designee, shall provide directions and Case assignments to each Attorney the County provides to perform services pursuant to this Intergovernmental Agreement Program Plan/Scope of Services.

4.3 Staff Development

4.3.1 DCFS Required Trainings:
Not applicable.

4.3.2 Provider Required Trainings:
Not applicable.

4.3.3 Other Staff Development Activities:
Not applicable.

4.4 Board of Directors
Not applicable.

4.5 Subcontracting
Not applicable.

5.0 Service Parameters

5.1 Provider Physical Plant:

5.1.1 Accessibility:

Not applicable.

5.2 Description of Services:

The provider agrees to support achievement of the outcomes of safety, permanency and well being for children and their parents and other family members served under this contract. The Provider also agrees to ensure the safety and well being of all clients while receiving services under this contract.

Case Management

1. The State's Attorney is responsible for the performance of any service requirement reflected in the Intergovernmental Agreement and Intergovernmental Agreement Program Plan/Scope of Services.

2. The State's Attorney, or her/his designee, shall provide directions and Case assignments to each Attorney the County provides to perform services pursuant to this Intergovernmental Agreement Program Plan/Scope of Services.

3. The State's Attorney, or her/his designee, shall have the sole discretion to decide which Cases shall be prosecuted, withdrawn, or dismissed as required by the Illinois Juvenile Court Act.

4. DCFS may assign a maximum of eight (8) open Cases to the State's Attorney at any one time under this Intergovernmental Agreement Program Plan/Scope of Services, unless the State's Attorney agrees to accept a higher number of Cases.

(a) The State's Attorney may assign a maximum of eight (8) open Cases to any one Attorney at any one time under this Intergovernmental Agreement Program Plan/Scope of Services, unless the receiving/assigned Attorney agrees to accept a higher number of Cases.

(b) For purposes of calculating the number of cases pursuant to this Paragraph, the Cases of siblings having both the same parents, i.e., both the same mother and father, shall count as a single Case, regardless of the number of siblings.

5. The State's Attorney shall require that the Attorney attend and directly handle all Court hearings scheduled relative to each of his or her assigned Cases. Court attendance and case management responsibilities relative to the DCFS cases are not transferable and shall not be delegated to a different attorney without the State's Attorney's express prior approval.

- (a) Each Attorney shall attempt to schedule Court hearings lasting at least one (1) full Court day, per calendar week and shall be available to attend the same.

6. The State's Attorney agrees that upon termination or expiration of the Intergovernmental Agreement, the State's Attorney will continue to diligently and professionally prosecute all Petitions requesting termination of parental rights pending at the time of termination or expiration which fall within the parameters of this Intergovernmental Agreement Program Plan/Scope of Services without any compensation in excess of that provided for herein.

7. The State's Attorney and DCFS agree that the State's Attorney shall complete an average of 2.5 Cases per calendar month per assigned Attorney to be considered in satisfactory compliance with the Intergovernmental Agreement.

- (a) The State's Attorney's failure to complete an average of 2.5 Cases per calendar month per assigned Attorney may constitute just cause for termination of the Intergovernmental Agreement and will result in DCFS' immediate review of the State's Attorney's performance of the Intergovernmental Agreement.

8. The State's Attorney's performance of the Intergovernmental Agreement will be subject to immediate review if the number of new cases is less than three (3) per month.

9. DCFS will consider the State's Attorney's performance of the Intergovernmental Agreement when deciding whether to renew, modify, or terminate this Intergovernmental Agreement and/or the County's qualification for future DCFS contractual opportunities.

Appeals

1. All decisions regarding whether any Case should be appealed, in whole or in part, is within the State's Attorney's sole discretion.
2. The State's Attorney shall cooperate with the State's Attorney Appellate Prosecutor relative to the appeal of any Petition or Motion which the County has provided any service under this Intergovernmental Agreement Program Plan/Scope of Services.
3. The County shall not require the Attorney to defend or prosecute any appeal, in whole or in part, arising out of any legal services provided pursuant to this Intergovernmental Agreement Program Plan/Scope of Services. Nothing in this Intergovernmental Agreement Program Plan/Scope of Services, however, shall prevent the State's Attorney from hiring or directing any such Attorney to provide services relative to any such appeal under the terms of any other agreement.

Ownership of Case Materials

1. All files, records, notes, and evidence which the State's Attorney acquires or maintains in the performance of the services required by this

Intergovernmental Agreement Program Plan/Scope of Services shall at all times be and remain the property of the State's Attorney.

2. The State's Attorney agrees that upon written request from either the DCFS General Counsel or local Regional Counsel, the State's Attorney shall deliver copies of any such files, records, notes, and evidence to DCFS within ten (10) calendar days upon receipt of such a request.
3. Both the State's Attorney and DCFS agree that the provisions of this Paragraph shall survive the termination or expiration of the Intergovernmental Agreement.

General Performance Provisions

1. DCFS employees will fully and completely cooperate with each Attorney and other County personnel relative to the State's Attorney's handling of Cases pursuant to the Intergovernmental Agreement.
2. The County and DCFS both agree that venue for any litigation that the County may initiate against DCFS concerning this Intergovernmental Agreement shall lie in the Court of Claims of the State of Illinois. The County and DCFS further agree that venue for all other litigation concerning this Intergovernmental Agreement, including any litigation DCFS may initiate against the County concerning its performance of the Intergovernmental Agreement, shall lie in the Circuit Court of Sangamon County, Illinois.
3. The County and DCFS both acknowledge and agree that the captions of each Section of this Intergovernmental Agreement Program Plan/Scope of Services are not substantive provisions of this Program Plan/Scope of Services. They are included for reference purposes only.

5.2.1 Specialized Services:
Not applicable.

5.2.2 Hard Goods:
Not applicable.

5.2.3 Fiscal Agent:
Not applicable.

5.3 Outcomes and metrics

1. Permanency: In order to ensure that cases continue to proceed toward permanency, the State's Attorney and DCFS agree that to be considered in satisfactory compliance with the Intergovernmental Agreement the State's Attorney shall (1) complete an average of 2.5 Cases per calendar month per assigned Attorney and (2) shall file all Termination Petitions within 3 months after the permanency goal is changed by the Court to Substitute Care Pending Court Determination of Parental Rights.

(a) The State's Attorney's failure to complete an average of 2.5 Cases per calendar month per assigned Attorney or to file all termination petitions within 3 months of the change of goal may constitute just cause for termination of the Intergovernmental

Agreement and will result in DCFS' immediate review of the State's Attorney's performance of the Intergovernmental Agreement.

2. The State's Attorney's performance of the Intergovernmental Agreement will be subject to immediate review if the number of new cases is less than three (3) per month.

3. DCFS will consider the State's Attorney's performance of the Intergovernmental Agreement when deciding whether to renew, modify, or terminate this Intergovernmental Agreement and/or the County's qualification for future DCFS contractual opportunities.

6.0 Treatment Goals/Service Plans
Not applicable.

7.0 Discharge Policy/Conclusion of Services/After Care

7.1 Definition of Grounds for Discharge/Conclusion of Services

7.1.1 Discharge Process when a Client's Treatment Goals are met
Not applicable.

7.1.2 Discharge Process when a Client's Treatment Goals are unmet
Not Applicable

7.2 Aftercare Services (If Applicable)
Not applicable.

8.0 Client and Program Reporting

8.1 Client Reports:
Not applicable.

8.2 Program Reports:

1. The State's Attorney shall maintain an accurate and complete record of all of the Cases DCFS transmits to him or her and, at a minimum, maintain the following additional information for each Case:

- (a) The name of the Attorney to whom the Case is assigned;
- (b) The date the Case was referred to the Attorney;
- (c) The date any Petition or Motion is filed with the Court;
- (d) The date, purpose, and result of each court appearance regarding the Petition or Motion, including, but not limited to, the date, purpose, and result of each hearing;

- (e) The date and purpose of each future hearing scheduled to be held regarding the Petition or Motion; and,
- (f) A general summary of all other activities the Attorney undertakes to prosecute the Case, Petition, and/or Motion.

2. The information identified in the above Paragraph above must also be included on the County's monthly Form CFS-1042 (Department of Children and Family Services Billing Summary) documenting the services provided by the County pursuant to this Intergovernmental Agreement Program Plan/Scope of Services.

3. Upon request of either the DCFS General Counsel or local Regional Counsel, the State's Attorney shall also provide the information identified in above Paragraph regarding each Case in writing to them within ten (10) calendar days of the end of each calendar month.

8.3 Immediate Reporting Requirements:

1. The State's Attorney shall immediately notify both the DCFS General Counsel and local Regional Counsel of the completion of a Case for any reason, including, but not limited to, the decision to not file a Petition or Motion, the granting of a Petition or Motion, the denial of a Petition or Motion, the dismissal of a Petition or Motion, or the withdrawal of a Petition or Motion and provide each with a summary written report explaining the outcome within five (5) calendar days of the Case completion.

2. The Attorney(s) selected by the State's Attorney to provide services to DCFS pursuant to this Intergovernmental Agreement Program Plan/Scope of Services shall be licensed to practice law in Illinois and in good standing.

- (a) The State's Attorney shall provide written certification to both the DCFS General Counsel and local Regional Counsel at the beginning of the Term of the Intergovernmental Agreement that any Attorney it provides under this Intergovernmental Agreement Program Plan/Scope of Services is a licensed attorney in good standing and is being provided in addition to the regular staff of the State's Attorney. The State's Attorney shall also provide the DCFS General Counsel and local Regional Counsel written certification of any change to the pre-existing certification relative to the Attorney's status within five (5) calendar days of any such change.

9.0 Fiscal and Program Monitoring

9.1 Provider Self-Monitoring and Self-Assessment:
Not Applicable

9.2 DCFS Monitoring

9.2.1 Program Monitoring:

The County shall provide legal services to DCFS and support staff relative to termination of parental rights cases as requested by DCFS, Office of Legal

Services. Both the County and DCFS acknowledge and agree that the purpose of this Intergovernmental Agreement is to allow the County, through the Office of the State's Attorney of Champaign County, Illinois to provide an additional Attorney dedicated to prosecuting DCFS Termination of Parental Rights cases under the direct supervision of the State's Attorney, or his/her designee, as specified herein.

Case Management

1. The State's Attorney is responsible for the performance of any service requirement reflected in the Intergovernmental Agreement and Intergovernmental Agreement Program Plan/Scope of Services.
2. The State's Attorney, or her/his designee, shall provide directions and Case assignments to each Attorney the County provides to perform services pursuant to this Intergovernmental Agreement Program Plan/Scope of Services.
3. The State's Attorney, or her/his designee, shall have the sole discretion to decide which Cases shall be prosecuted, withdrawn, or dismissed as required by the Illinois Juvenile Court Act.
4. DCFS may assign a maximum of eight (8) open Cases to the State's Attorney at any one time under this Intergovernmental Agreement Program Plan/Scope of Services, unless the State's Attorney agrees to accept a higher number of Cases.
 - (a) The State's Attorney may assign a maximum of eight (8) open Cases to any one Attorney at any one time under this Intergovernmental Agreement Program Plan/Scope of Services, unless the receiving/assigned Attorney agrees to accept a higher number of Cases.
 - (b) For purposes of calculating the number of cases pursuant to this Paragraph, the Cases of siblings having both the same parents, i.e., both the same mother and father, shall count as a single Case, regardless of the number of siblings.
5. The State's Attorney shall require that the Attorney attend and directly handle all Court hearings scheduled relative to each of his or her assigned Cases. Court attendance and case management responsibilities relative to the DCFS cases are not transferable and shall not be delegated to a different attorney without the State's Attorney's express prior approval.
 - (a) Each Attorney shall attempt to schedule Court hearings lasting at least one (1) full Court day, per calendar week and shall be available to attend the same.
6. The State's Attorney and DCFS agree that the State's Attorney shall complete an average of 2.5 Cases per calendar month per assigned Attorney to be considered in satisfactory compliance with the Intergovernmental Agreement.

- (a) The State's Attorney's failure to complete an average of 2.5 Cases per calendar month per assigned Attorney may constitute just cause for termination of the Intergovernmental Agreement and will result in DCFS' immediate review of the State's Attorney's performance of the Intergovernmental Agreement.
- 7. The State's Attorney's performance of the Intergovernmental Agreement will be subject to immediate review if the number of new cases is less than three (3) per month.
- 8. DCFS will consider the State's Attorney's performance of the Intergovernmental Agreement when deciding whether to renew, modify, or terminate this Intergovernmental Agreement and/or the County's qualification for future DCFS contractual opportunities.

9.2.2 Fiscal Monitoring:

DCFS will process each payment upon receipt of a properly completed Form CFS-1042 (Department of Children and Family Services Billing Summary) documenting the services provided by the County pursuant to this Intergovernmental Agreement Program Plan/Scope of Services. The billing summary shall include a monthly timesheet reflecting the time expended by the Attorney performing the services required by this Intergovernmental Agreement Program Plan/Scope of Services.

- 9.3 Corrective Action and Performance Improvement:
Not applicable.

10.0 Billing and Payment Procedures

10.1 Billing Submittal:

- 1. DCFS agrees to pay the County \$36,000.00 for legal and support services provided pursuant to this Intergovernmental Agreement Program Plan/Scope of Services. The payments will be made in twelve (12) equal monthly installments of \$3,000.00, one (1) installment for each calendar month of the Term of the Intergovernmental Agreement.
- 2. DCFS will process each payment upon receipt of a properly completed Form CFS-1042 (Department of Children and Family Services Billing Summary) documenting the services provided by the County pursuant to this Intergovernmental Agreement Program Plan/Scope of Services. The billing summary shall include a monthly timesheet reflecting the time expended by the Attorney performing the services required by this Intergovernmental Agreement Program Plan/Scope of Services.
- 3. If either DCFS or the County terminates the Intergovernmental Agreement prior to the expiration of its Term, the County shall be entitled to payment for services rendered in compliance with the Intergovernmental Agreement Program Plan/Scope of Services up to and including the date of termination. The County shall not be entitled to payment for any services performed after the date the Intergovernmental Agreement is terminated. If the Intergovernmental Agreement

termination occurs prior to the last day of a calendar month, the payment installment for that calendar month shall be prorated based on the number of calendar days which have elapsed prior to the date of termination.

4. The County agrees that all monies it receives from DCFS pursuant to the Intergovernmental Agreement shall be used solely to provide direct payment of either personal service contractual costs or wages to Attorney(s). The County further agrees that none of the monies it receives from DCFS pursuant to the Intergovernmental Agreement will be used to provide employee benefits to any Attorney(s) including, but not limited to, any type of insurance, employer liability for any type of payroll related taxes, and retirement benefits.

5. The County shall provide, at its own expense, any and all necessary telephone costs, facsimile charges, office space, office equipment, office supplies, clerical staff, secretarial staff and other support staff necessary and/or desirable for providing the service deliverables required by this Intergovernmental Agreement Program Plan/Scope of Services, and all reasonable and customary expenses of prosecuting the Cases, including, but not limited to, filing fees, service fees, publication costs, subpoenas fees, witness fees, Court reporter fees, and fees for the preparation or production of exhibits. All requests by the County for an exception to these expense requirements must be pre-approved by the DCFS General Counsel in writing. DCFS is not liable for any expenses incurred by the County prior to any such written agreement.

6. Payment rates are for Attorneys unless otherwise stated.

7. DCFS and the County acknowledge and agree that the Illinois Procurement Code, 30 ILCS 500/1-1 et seq., does not apply to the Intergovernmental Agreement.

8. The County warrants that its Federal Tax Identification Number is 37-6006910.

10.2 Description of Types of Service(s) that are Billable:

1. All Legal services performed in compliance with the Intergovernmental Agreement Program Plan/Scope of Services are billable. DCFS shall not be responsible for the Provider's administrative costs.

2. The County agrees that all monies it receives from DCFS pursuant to the Intergovernmental Agreement shall be used solely to provide direct payment of either personal service contractual costs or wages to Attorney(s). The County further agrees that none of the monies it receives from DCFS pursuant to the Intergovernmental Agreement will be used to provide employee benefits to any Attorney(s) including, but not limited to, any type of insurance, employer liability for any type of payroll related taxes, and retirement benefits.

3. The County shall provide, at its own expense, any and all necessary telephone costs, facsimile charges, office space, office equipment, office supplies, clerical staff, secretarial staff and other support staff necessary and/or desirable for providing the service deliverables required by this Intergovernmental Agreement Program Plan/Scope of Services, and all reasonable and customary expenses of prosecuting the Cases, including, but not limited to, filing fees, service fees,

publication costs, subpoenas fees, witness fees, Court reporter fees, and fees for the preparation or production of exhibits. All requests by the County for an exception to these expense requirements must be pre-approved by the DCFS General Counsel in writing. DCFS is not liable for any expenses incurred by the County prior to any such written agreement.

10.3 Payment:

All billing invoices should be sent to for review and service verification:

Andrew Killian, Program Monitor
DCFS, Office of Legal Services
508 S. Race St.
Urbana, IL 61801

10.4 Requirements for Grant and/or Lump Sum Payments

Not applicable.

Program Plan/Scope of Services Certification
Illinois Department of Children and Family Services
Office of Legal Services

FY2015

Provider Name: Champaign County State's Attorney

Contract Number: 369557-901-5

Program Name: Legal Services

Contract Manager: Assistant to the General Counsel
DCFS, Office of Legal Services
160 N. LaSalle St., Suite 600
Chicago, Illinois 60601
Telephone: (312) 814-2401
Fax: (312) 814-2442

Note: Please include any relevant Attachments/Addendums with this Program Plan/Scope of Services.

The attached Program Plan/Scope of Services is effective July 1, 2014-June 30, 2015. It has been reviewed and updated to reflect current requirements.

Deputy Director/General Counsel Signature

Date

ATTACHMENT A

ATTORNEY ACKNOWLEDGMENT

The undersigned Attorney ("Attorney") hereby (1) acknowledges the following requirements relative to providing services on behalf of the State's Attorney of Champaign County, Illinois ("the State's Attorney") funded through an Intergovernmental Agreement between the Champaign County State's Attorney and the Illinois Department of Children and Family Services, Office of Legal Services ("IDCFS") and (2) agrees to abide by and comply with all of said requirements. Attorney further agrees:

1. The following terms shall have the following definitions as used in this Acknowledgement:
 - a. "The Cases" are those requests made of Attorney by the State's Attorney to review case files to determine the appropriateness of prosecuting cases related to child abuse based upon the relevant laws of the State of Illinois, regardless as to whether or not any Charges are filed relative to any specific case file, and all such usual and customary duties associated with or required relative to such case files, and all resulting prosecutions of such case files as approved and directed by the State's Attorney.
 - b. "Charges" are any prosecutions of Cases, in whole or in part, by Attorney under the provisions of this Acknowledgement.
 - c. "Petitioner" shall include Plaintiff.

2. The Attorney shall perform the following services relative to each Case:
 - (A). Review, prepare, and prosecute the Cases;
 - (B). Review and evaluate the appropriateness of filing Charges;
 - (C). Prepare all documents and materials necessary to file and litigate Cases including, but not limited to, preparing the Petition, summons, subpoenas, notices, motions, and all other necessary pleadings and Court filings;
 - (D). Prepare for Court appearances and attend all Court proceedings related to the Cases including, but not limited to, conducting research, interviews, and conferences with caseworkers, witnesses, and other attorneys; and performing all other duties normally and customarily associated with, or required relative to, prosecution of Cases;
 - (E). Perform all other duties normally and customarily associated with or required to prosecute Cases;
 - (F). Assemble, maintain, and prepare the records and reports for transmittal to IDCFS as required by Paragraph 10 of this Acknowledgement.

3. Attorney shall be housed and work full time at the Champaign County State's Attorney's Office and/or other location pre-approved by the State's Attorney.
4. Attorney's direction and Case assignment shall be made by the State's Attorney, directly or through her/his designee, who shall have the sole discretion to decide if a Case shall be prosecuted, withdrawn or dismissed. Attorney shall at all times provide advice to the State's Attorney relative to said decisions.
5. Attorney shall at all times keep and maintain an active and in good standing status with the Attorney Registration and Disciplinary Commission of the Supreme Court of the State of Illinois, shall immediately upon receipt of notification of same advise the State's Attorney of each and every change in such status and shall prior to performing any services hereunder deliver to the State's Attorney a copy of her/his current registration card issued by said Commission. At anytime the Attorney's license to practice law in the State of Illinois is suspended or revoked, this Acknowledgement and any and all agreements under which Attorney is to provide services on any Case(s) shall be immediately and automatically terminated; and Attorney shall immediately deliver to the State's Attorney written notice of said suspension or revocation and all materials as required by the terms of Paragraph 6 of this Acknowledgment.
6. All files, records, notes, and evidence which comes into the possession of Attorney in the performance of Attorney's duties under this Acknowledgement shall at all times be and remain the property of the State's Attorney, provided that Attorney specifically agrees to deliver to the State's Attorney all such files, records, notes and evidence immediately upon demand from the State's Attorney and/or upon the termination of this Acknowledgment. Attorney may retain for his/her records, copies of said files and records at his/her expense.
7. Upon the completion of a Case for any reason, including but not limited to, the decision to not file Charges, dismissal of Charges, withdrawal of Charges, conviction of Charges, acquittal of Charges, granting of Charges or denial of Charges, Attorney shall immediately notify the State's Attorney, and any designated head of the Juvenile Division of the State's Attorney's Office, of the occurrence of such event together with a summary report explaining same.
8. During the term of this Acknowledgment, and for so long thereafter as Attorney remains the attorney on the Court's record relative to any pending Charges filed and/or prosecuted, in whole or in part, by Attorney pursuant to this or any preceding or subsequent similar Acknowledgment,

Attorney shall not:

(A). Represent, counsel, advise or otherwise professionally interact with any other client in any proceeding in which IDCFS, the Director, the Guardianship Administrator, the Inspector General or any other employee of IDCFS is an adverse party in her/his official capacity; nor

(B). Represent, counsel, advise or otherwise professionally interact with any other client in any proceeding in any Juvenile Court or any proceeding in any other Court in which the State's Attorney is the legal advocate for an adverse party.

9. All appeals received by the Attorney relative to any Case or the prosecution of any appeals on behalf of the Petitioner(s) in any Case shall be immediately tendered by Attorney to the State's Attorney for referral to the State's Attorney Appellate Prosecutor. All decisions as to whether or not an adverse decision to any Petitioner shall be appealed shall at all times remain within the sole discretion of State's Attorney. Attorney shall not be obligated under this Acknowledgment to defend or prosecute any appeal relative to any Petition as to which Attorney has provided any service under this Acknowledgment. Attorney shall cooperate with the State's Attorney and the State's Attorney Appellate Prosecutor relative to any appeal relative to any Charges as to which Attorney has provided any service under this Acknowledgment.
10. Attorney shall at all times during the term of this Acknowledgment maintain a current record of all of the Cases referred to her/him by the State's Attorney and for each said Case the following information at a minimum shall be so maintained; the date the case was referred to Attorney; the date any Charges were filed with the Court; the date, purpose and result of each hearing held relative to the Charges; the date and purpose of each hearing scheduled to be held relative to the Charges; and a general summary of all other activities engaged in by Attorney relative to the Case and/or the Charges. Upon request made by the State's Attorney, or her/his designee, and at least with five (5) calendar days after the end of each calendar month, said information shall be presented to the State's Attorney, who is required to provide such information to the General Counsel of IDCFS and the local Regional Counsel of IDCFS, each, within ten (10) calendar days after the end of each calendar month.
11. All Court hearings scheduled relative to each Case assigned to Attorney by the State's Attorney shall be attended and directly handled by Attorney. No such responsibility shall be assigned to any other attorney at law without the express advance permission of the State's Attorney.
12. The State's Attorney represents that IDCFS has agreed that all of its employees will at all times fully and completely cooperate with Attorney in fulfillment of her/his duties under this Acknowledgment.

13. In any case in which the Court dismisses or denies, in whole or in part, any Charges, Attorney shall within five (5) calendar days of receipt of such order provide to the State's Attorney, with a copy directed to the General Counsel of IDCFS and the local Regional Counsel of IDCFS, each, a written report of the reasons for said dismissal or denial together with a copy of the written order.
14. Attorney shall submit monthly to the State's Attorney all information necessary to permit the State's Attorney to timely complete a IDCFS Billing Summary, Form CFS-1042, relative to the services performed by Attorney under this Acknowledgment.
15. Upon the termination of this Acknowledgement, Attorney shall in a timely manner take all reasonable steps necessary to withdraw as attorney on the record of the Court relative to all pending Charges relative to any of the Cases.
16. At all times Attorney shall perform all services relative to the Cases in due course using all professional skill and judgment normally exercised by a duly licensed attorney in the State of Illinois.

Both the Attorney and State's Attorney must each initial the applicable Paragraph 17. One alternative Paragraph 17 must be initialed by both the Attorney and State's Attorney before this Acknowledgment is valid.

17. _____
 Attorney State's Attorney

(A). Attorney's employment capacity in performing services under this Acknowledgment shall at all times be that of Special Prosecutor and/or independent contractor of the _____ County State's Attorney. Attorney is not an agent or employee of IDCFS and shall not be entitled to any benefits of any kind or nature whatsoever available to IDCFS employees or employees of the State's Attorney.

(B). This Acknowledgement shall immediately automatically be terminated upon the termination of Attorney's contractual relationship with the Office of the State's Attorney.

(C). Attorney's performance under this Acknowledgement will be evaluated solely in the discretion of the State's Attorney; and, Attorney's contractual relationship may be continued or terminated, regardless of the performance or lack of performance of Attorney relative to the requirements of this Acknowledgment, within the State's Attorney's sole discretion.

(D). At all times during the term of the Acknowledgement and for at least two (2) calendar years after termination of this Acknowledgment, Attorney shall maintain at her/his cost a policy of professionally liability insurance covering the services to be performed under this Acknowledgment providing for

single occurrence coverage of at least \$1,000,000.00; and a current copy of proof of such coverage issued by the company providing such insurance be filed during all said times with State's Attorney, the General Counsel of IDCFS and the local Regional Counsel of IDCFS, each.

(E). Attorney agrees that any meetings or conferences with witnesses, caseworkers and others involved in the prosecution of the Cases shall take place in person in _____ County, Illinois, unless said duties can be efficiently and appropriately done by telephone or other reasonable communication, or unless the person(s) with whom Attorney must meet are closer in distance to Attorney's office location, if Attorney represents that her/his office location is _____, _____ County, Illinois.

(F). All compensation and reimbursement of expenses to be paid to Attorney for the performance of services relative to the Cases shall be the sole responsibility of the State's Attorney and IDCFS shall have no responsibility of any kind or nature whatsoever to Attorney relative to the Cases except for cooperation as referred to in Paragraph 12 of this Acknowledgment.

(G). Attorney shall at all times in the performance of services under this Acknowledgment comply with all laws, including but not limited to, all laws relative to non-discrimination in employment, applicable to persons performing business in the State of Illinois.

OR

17. 
Attorney 
State's Attorney

(A). Attorney's employment capacity in performing services under this Acknowledgment shall at all times be that of an Assistant State's Attorney in the Office of the Champaign County State's Attorney. Attorney is not an agent or employee of IDCFS and shall not be entitled to any benefits of any kind or nature whatsoever available to IDCFS employees.

(B). This Acknowledgement shall immediately automatically be terminated upon the termination of Attorney's employment as an Assistant State's Attorney in the Office of the State's Attorney.

(C). Attorney's performance under this Acknowledgement will be evaluated solely in the discretion of the State's Attorney; and, Attorney's employment as an Assistant State's Attorney in the Office of the State's Attorney may be continued or terminated, regardless of the performance or lack of performance of Attorney relative to the requirements of this Acknowledgment, within the State's Attorney's sole discretion.

(D). Attorney acknowledges the requirements of the Intergovernmental Agreement existing between the State's Attorney and IDCFS requiring the State's Attorney to provide services of the kind and nature provided for in this Acknowledgement relative to the Cases and agrees to abide by and comply with all of said requirements.

Date 07/16/14

L. T. Selauer

Attorney Signature

Lawrence T. Selauer

Name Printed

6243927

Attorney Registration Number

Illinois Department of Children and Family Services
Office of Legal Services

Statement of Good Standing with the Illinois
Attorney Registration & Disciplinary Commission

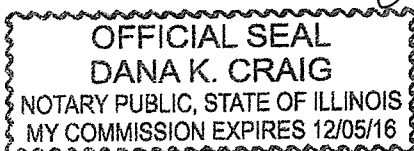
FY2014

I, Lawrence T. Solara, hereby certify that I am a licensed attorney in good standing in the State of Illinois, and that I have never been subjected to discipline by the Illinois Attorney Registration and Disciplinary Commission, or any other body responsible for licensing and regulating attorneys in any other state. Further, I attest that I am not currently the subject of a formal complaint by the Illinois Attorney Registration and Disciplinary Commission. In the event that a formal complaint is filed against me by the Illinois Attorney Registration and Disciplinary Commission at any time during the course of this Contract/Intergovernmental Agreement between the Illinois Department of Children and Family Services, Office of Legal Services, and my employer, Champaign County State's Attorney's Office, I will provide written notification of the Complaint to the Illinois Department of Children and Family Services' General Counsel and local Regional Counsel (if applicable) immediately as part of the contractual requirements for any attorney performing services pursuant to the Illinois Department of Children and Family Services Contract/Intergovernmental Agreement. I understand that this Certification is a required condition of my qualifications to perform the services required by the Illinois Department of Children and Family Services Contract/Intergovernmental Agreement with my employer and the failure to provide accurate and complete information may result in adverse employment action, my disqualification to perform any of the services required by the Illinois Department of Children and Family Services Contract/Intergovernmental Agreement, and/or the Illinois Department of Children and Family Services' termination of the Contract/Intergovernmental Agreement for cause. I hereby certify under oath that all information is true and correct and I will comply with the requirements reflected herein.

Signed:

S. T. Solara Date 07/16/14
Attorney Signature


Dana K. Craig Date 7/16/14
Witness Signature



- 1.2 **MILESTONES AND DELIVERABLES:** Are as stated in the Program Plan/Scope of Services. Vendor shall not perform services, provide supplies or incur expenses in an amount exceeding the amount shown in Section 2.2 and stated in the Pricing/Rate Schedule following Page 7, unless the State has authorized a higher amount in writing prior to the Vendor performing the services, providing the supplies, or incurring the expenses.
- 1.3 **VENDOR / STAFF SPECIFICATIONS:** Any staff specifications are detailed in the Contract Program Plan/Scope of Services following Section 1.1.
- 1.4 **BOARD OF DIRECTORS:** Vendor shall provide a list of its Board of Directors with contact information including name, address, phone number (including fax) and email.

1.5 **SUBCONTRACTING**

For purposes of this section, subcontractors are those specifically hired to perform all or part of the work covered by the contract or to provide to the Vendor some or all of the goods, services, property, remuneration, or other forms of consideration that are the subject of this Contract. If subcontractors will be utilized, Vendor must identify below or in an attachment the names and addresses of all subcontractors it will be entering into a contractual agreement with in the performance of this Contract, together with a description of the work to be performed by the subcontractor and the anticipated amount of money to the extent the information is known that each subcontractor is expected to receive pursuant to this Contract. Vendor shall provide a copy of any subcontracts within 15 days of execution of this Contract or after execution of the subcontract, whichever is later, to the Department. A subcontractor may identify information that is deemed proprietary or confidential. All subcontracts must include the same certifications that Vendor must make as a condition of this Contract. The Vendor agrees to systematically and accurately track all monies billed by its subcontractors under applicable subcontracts. The Vendor must accurately report those services provided by subcontractors and who is ultimately receiving State funds, in order to prevent conflicts of interest and possible financial improprieties.

1.5.1. Will subcontractors be utilized? Yes No 

- Subcontractor Name: _____
 Amount to be paid: \$ _____
 Address: _____
 Description of work: _____
- Subcontractor Name: _____
 Amount to be paid: \$ _____
 Address: _____
 Description of work: _____


All subcontracts must use the Subcontract Agreement and Subcontractor Standard Certifications and Financial Disclosures and Conflicts of Interest (Form CFS 968-SUB, Rev. 4/2014) completed and signed by the subcontractor. If any subcontractor is anticipated to receive and bill for more than 10% of the total amount to be paid to Vendor under this Contract, then that subcontractor must also submit a Budget in the same format as Vendor.

1.5.2. If at any time during the term of the Contract, Vendor adds or changes any subcontractors, Vendor will be required to notify, by written amendment to the Contract, the Department of the names and addresses, description of the work to be performed and the expected amount of money that each new or replaced subcontractor will receive pursuant to the Contract. Vendor shall provide a copy of any such subcontracts within 15 days after execution of the subcontract. All subcontracts must use the Subcontract Agreement and Subcontractor Standard Certifications and Financial Disclosures and Conflicts of Interest (Form CFS 968-SUB, Rev. 4/2014) completed and signed by the subcontractor. Subcontracts must also include a Budget if such subcontractor is anticipated to receive and bill for more than 10% of the total amount to be paid to Vendor under this Contract. Any subcontracts entered into prior to award of the Contract are done at the Vendor's and subcontractor's risk.

1.6 WHERE SERVICES ARE TO BE PERFORMED: Unless otherwise disclosed in this section all services shall be performed in the United States. If the Vendor performs the services purchased hereunder in another country in violation of this provision, such action may be deemed by the State as a breach of the contract by Vendor.

Vendor shall disclose the locations where the services required shall be performed and the known or anticipated value of the services to be performed at each location. If the Vendor received additional consideration in the evaluation based on work being performed in the United States, it shall be a breach of contract if the Vendor shifts any such work outside the United States.

- Complete Address of Location where services will be performed:

101 E. Main St., Urbana, IL 61801 

Value of services performed at this location: 100%

- Complete Address of Location where services will be performed:

Value of services performed at this location: _____

2. PRICING

2.1 FORMAT OF PRICING: The State will compensate Vendor for the initial term as follows:

The Department will pay per the payment rates listed on the "Pricing/Rate Schedule" which is inserted following Page 7.

2.2 **TYPE OF PRICING:** Pricing pursuant to this contract is

Firm \$ _____

Estimated \$ __\$36,000.00__

2.3 **EXPENSES:** Unless otherwise agreed upon and stated herein, this Contract does not allow for reimbursement of any expense incurred by Vendor, including but not limited to telephone or other communications device, postage, copying, travel, transportation, lodging, food and per diem. Any approved travel expenses shall be reimbursed in accordance with the Travel Regulation Council and Governor's Travel Control Board rules.

2.4 **DISCOUNT:** The State may receive a N/A% discount for payment within N/A days of receipt of correct invoice.

2.5 **TAXES:** Pricing shall not include and Vendor shall not bill for any taxes unless accompanied by proof the State is subject to the tax. If necessary, Vendor may request the applicable agency's Illinois tax exemption number and federal tax exemption information.

2.6 **RENEWAL PRICING:** If the contract is renewed, the price shall be at the same rate as for the initial term unless a different compensation or formula for determining the renewal pricing is stated in the Pricing/Rate Schedule.

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RATE SCHEDULE

RATE CNT	PAY FREQ	SERVICE NARRATIVE	BEGIN DATE	END DATE	TYPE SERV	MAXIMUM RATE AMT
01	MO	Termination of Parental Rights Cases	7/1/2014	6/30/2015	0302	\$3,000.00

TERM AND TERMINATION

3.1 TERM OF THIS CONTRACT: This contract has an initial term of 12 months. This Contract shall be effective starting 7/1/2014 and shall expire on 6/30/2015. If a start date is not identified, the term shall commence upon the last dated signature of the Parties.

3.1.1 In no event will the total term of the contract, including the initial term, any renewal terms and any extensions, exceed 10 years.

3.1.2 Vendor shall not commence billable work in furtherance of the contract prior to final execution of the contract.

3.2 RENEWAL:

3.2.1 Subject to the maximum total term as identified above, the State has the option to renew this Contract. Any renewal is subject to the same terms and conditions as the original contract unless otherwise provided in the pricing section and Pricing/Rate Schedule. The State may renew this contract for any or all of the option periods specified, may exercise any of the renewal options early, and may exercise more than one option at a time based on continuing need and favorable market conditions, when in the best interest of the State. The contract may neither renew automatically nor renew solely at the Vendor's option.

3.2.2 Pricing for the renewal term(s), or the formula for determining price, is shown in the Pricing/Rate Schedule in the pricing section of this contract.

3.2.3 The State reserves the right to renew this contract in any one of the following manners:

3.2.3.1 One renewal covering the entire renewal allowance;

3.2.3.2 Individual one-year renewals up to and including the entire renewal allowance; or

3.2.3.3 Any combination of full or partial year renewals up to and including the entire renewal allowance.

3.3 TERMINATION FOR CAUSE: The State may terminate this contract, in whole or in part, immediately upon notice to the Vendor if: (a) the State determines that the actions or inactions of the Vendor, its agents, employees or subcontractors have caused, or reasonably could cause, jeopardy to health, safety, or property, or (b) the Vendor has notified the State that it is unable or unwilling to perform the contract.

If Vendor fails to perform to the State's satisfaction any material requirement of this contract, is in violation or breach of a material provision of this contract, including the Program Plan/Scope of Services and any Supplemental Terms and Provisions, or the State determines that the Vendor lacks the financial resources to perform the contract, the State shall provide written notice to the Vendor to cure the problem identified within the period of time specified in the State's written notice. If not cured by that date the State may either: (a) immediately terminate the contract, in whole or in part, without additional written notice, or (b) enforce the terms and conditions of the contract.

- 3.4 TERMINATION FOR CONVENIENCE:** The State may, for its convenience and with 30 days prior written notice to Vendor, terminate this contract in whole or in part and without payment of any penalty or incurring any further obligation to the Vendor.
- 3.5 AVAILABILITY OF FUNDING:** This contract is contingent upon and subject to the availability of funds. The State, at its sole option, may terminate or suspend this contract, in whole or in part, without penalty or further payment being required, if (1) the Illinois General Assembly or the federal funding source fails to make an appropriation sufficient to pay such obligation, or if funds needed are insufficient for any reason (30 ILCS 500/20-60); (2) the Governor decreases the Department's funding by reserving some or all of the Department's appropriation(s) pursuant to power delegated to the Governor by the Illinois General Assembly; or (3) the Department determines, in its sole discretion or as directed by the Office of the Governor, that a reduction is necessary or advisable based upon actual or projected budgetary considerations. Vendor will be notified in writing of the failure of appropriation or of a reduction or decrease.
- 3.6 STATE COMPENSATION UPON TERMINATION:** Should Vendor breach this Contract and not cure any breach susceptible of being cured within the time specified by the State, or for termination due to any of the reasons stated above, the State retains its rights to seek any available legal or equitable remedies, including but not limited to monetary damages and reasonable attorney fees and costs.
- 3.7 VENDOR COMPENSATION UPON TERMINATION:** The Vendor shall be entitled to compensation upon submission of invoices and proof of claim for supplies and services provided in compliance with this contract up to and including the date of termination.

4. STANDARD BUSINESS TERMS AND CONDITIONS

4.1 PAYMENT TERMS AND CONDITIONS:

4.1.1 Invoicing: Vendor shall provide accurate and timely invoices on a monthly basis, unless the Program Plan/Scope of Services identifies a different time period for invoice submission. The submission of invoices may also correspond to milestones or deliverables, or completion of the Contract by written agreement of the Parties. By submitting an invoice, Vendor certifies that the supplies or services provided meet all requirements of the Contract and Program Plan/Scope of Services, and the amount billed and expenses incurred are as allowed in the contract. Invoices for supplies purchased, services performed and expenses incurred through June 30 of any year must be submitted to the State no later than July 31 of that year; otherwise Vendor may have to seek payment through the Illinois Court of Claims. 30 ILCS 105/25. All invoices are subject to statutory offset. 30 ILCS 210, 15 ICLS 405/10.05, 10.05c, 10.05d.

Send invoices to: __Person identified as Program Monitor on Department intranet (D-Net).__

4.1.2 Payment Terms: Payments, including late payment charges, will be paid in accordance with the State Prompt Payment Act and rules when applicable. 30 ILCS 540; 74 Ill. Adm. Code 900. This shall be Vendor's sole remedy for late payments by the State. Payment terms contained on Vendor's invoices shall have no force and effect. Payments delayed at the beginning of the State's fiscal year because of the appropriation process shall not be considered a breach of this contract.

- 4.1.3 **Minority Contractor Initiative:** Any Vendor awarded a contract under Section 20-10, 20-15, 20-25 or 20-30 of the Illinois Procurement Code (30 ILCS 500) of \$1,000 or more is required to pay a fee of \$15 to cover expenses related to the administration of the Minority Contractor Opportunity Initiative. The Comptroller shall deduct the fee from the first check issued to the Vendor under the contract and deposit the fee in the Comptroller's Administrative Fund. 15 ILCS 405/23.9.
- 4.1.4 **Pre-Contract Costs:** The State will not pay for supplies provided or services rendered, including related expenses, incurred prior to the execution of this contract by the Parties even if the effective date of the contract is prior to execution.
- 4.1.5 **Prevailing Wage:** As a condition of receiving payment Vendor must (i) be in compliance with the contract, (ii) pay its employees prevailing wages when required by law, (iii) pay its suppliers and subcontractors according to the terms of their respective contracts, and (iv) provide lien waivers to the State upon request. Examples of prevailing wage categories include public works, printing, janitorial, window washing, building and grounds services, site technician services, natural resource services, security guard and food services. The prevailing wages are revised by the Department of Labor and are available on the Department's official website, which shall be deemed proper notification of any rate changes under this subsection. Vendor is responsible for contacting the Illinois Department of Labor to ensure understanding of prevailing wage requirements at 217-782-6206 or (<http://www.state.il.us/agency/idol/index.htm>).
- 4.1.6 **Federal Funding:** This contract may be partially or totally funded with Federal funds. If federal funds are expected to be used, then the percentage of the good/service paid using Federal funds and the total Federal funds expected to be used will be provided in the award notice.
- 4.1.7 **Surety Bond:** The Department's Director may authorize advance disbursements for any new program initiative to any Vendor contracting with the Department. As a prerequisite for an advance disbursement, the Vendor must post a surety bond in the amount of the advance disbursement and have a purchase of service contract approved by the Department. (20 ILCS 505/5) (from Ch. 23, par. 5005) Bond must be submitted within 10 days of the effective date of the contract. The bond must be from a surety licensed to do business in Illinois by the Illinois Department of Insurance or other applicable regulatory entity. An irrevocable letter of credit from an Illinois financial institution in good standing is an acceptable substitute. The form of surety must be acceptable to the Department.
- 4.1.8 **Invoice Certifications:** Vendor certifies that the funds awarded and payments made pursuant to this Contract shall be used only for the specific purposes authorized in, and shall meet all the requirements of, the approved Contract, Budget, and Program Plan/Scope of Services. Vendor shall also be required to make such certification with all payment vouchers and billing invoices submitted to the Department.
- 4.2 **ASSIGNMENT:** This contract may not be assigned, or transferred in whole or in part by Vendor without the prior written consent of the State.
- 4.3 **AUDIT/RETENTION OF RECORDS:** Vendor and its subcontractors shall maintain books and records relating to the performance of the contract or subcontract and necessary to support amounts charged to the State pursuant the contract or subcontract. Books and records, including information stored in databases or other computer systems, shall be maintained by the Vendor for a period of three years from the later of the date of final payment under the contract or completion of the contract, and by the subcontractor for a period of three years from the later of final payment under the term or completion of the subcontract. If federal funds are used to pay contract costs, the Vendor and its subcontractors

must retain its records for five years. Books and records required to be maintained under this section shall be available for review or audit by representatives of: the procuring Agency, the Auditor General, the Executive Inspector General, the Chief Procurement Officer, State of Illinois internal auditors or other governmental entities with monitoring authority, upon reasonable notice and during normal business hours. Vendor and its subcontractors shall cooperate fully with any such audit and with any investigation conducted by any of these entities. Failure to maintain books and records required by this section shall establish a presumption in favor of the State for the recovery of any funds paid by the State under the contract for which adequate books and records are not available to support the purported disbursement. The Vendor or subcontractors shall not impose a charge for audit or examination of the Vendor's books and records. 30 ILCS 500/20-65.

- 4.4 TIME IS OF THE ESSENCE:** Time is of the essence with respect to Vendor's performance of this contract. Vendor shall continue to perform its obligations while any dispute concerning the contract is being resolved unless otherwise directed by the State.
- 4.5 NO WAIVER OF RIGHTS:** Except as specifically waived in writing, failure by a Party to exercise or enforce a right does not waive that Party's right to exercise or enforce that or other rights in the future.
- 4.6 FORCE MAJEURE:** Failure by either Party to perform its duties and obligations will be excused by unforeseeable circumstances beyond its reasonable control and not due to its negligence, including acts of nature, acts of terrorism, riots, labor disputes, fire, flood, explosion, and governmental prohibition. The non-declaring Party may cancel the contract without penalty if performance does not resume within 30 days of the declaration.
- 4.7 CONFIDENTIAL INFORMATION:** Each Party, including its agents and subcontractors, to this contract may have or gain access to confidential data or information owned or maintained by the other Party in the course of carrying out its responsibilities under this contract. Vendor shall presume all information received from the State or to which it gains access pursuant to this contract is confidential. Vendor information, unless clearly marked as confidential and exempt from disclosure under the Illinois Freedom of Information Act, shall be considered public. No confidential data collected, maintained, or used in the course of performance of the contract shall be disseminated except as authorized by law and with the written consent of the disclosing Party, either during the period of the contract or thereafter. The receiving Party must return any and all data collected, maintained, created or used in the course of the performance of the contract, in whatever form it is maintained, promptly at the end of the contract, or earlier at the request of the disclosing Party, or notify the disclosing Party in writing of its destruction. The foregoing obligations shall not apply to confidential data or information lawfully in the receiving Party's possession prior to its acquisition from the disclosing Party; received in good faith from a third Party not subject to any confidentiality obligation to the disclosing Party; now is or later becomes publicly known through no breach of confidentiality obligation by the receiving Party; or is independently developed by the receiving Party without the use or benefit of the disclosing Party's confidential information.
- 4.8 USE AND OWNERSHIP:** All work performed or supplies created by Vendor under this contract, whether written documents or data, goods or deliverables of any kind, shall be deemed work for hire under copyright law and all intellectual property and other laws, and the State of Illinois is granted sole and exclusive ownership to all such work, unless otherwise agreed in writing. Vendor hereby assigns to the State all right, title, and interest in and to such work including any related intellectual property rights, and/or waives any and all claims that Vendor may have to such work including any so-called "moral

rights" in connection with the work. Vendor acknowledges the State may use the work product for any purpose. Confidential data or information contained in such work shall be subject to confidentiality provisions of this contract.

- 4.9 INDEMNIFICATION AND LIABILITY:** The Vendor shall indemnify and hold harmless the State of Illinois, its agencies, officers, employees, agents and volunteers from any and all costs, demands, expenses, losses, claims, damages, liabilities, settlements and judgments, including in-house and contracted attorneys' fees and expenses, arising out of: (a) any breach or violation by Vendor of any of its certifications, representations, warranties, covenants or agreements; (b) any actual or alleged death or injury to any person, damage to any property or any other damage or loss claimed to result in whole or in part from Vendor's negligent performance; or (c) any negligent act, activity or omission of Vendor or any of its employees, representatives, subcontractors or agents. Neither Party shall be liable for incidental, special, consequential or punitive damages.
- 4.10 INSURANCE:** Vendor shall, at all time during the term and any renewals maintain and provide a Certificate of Insurance naming the State as additional insured for all required bonds and insurance. Certificates may not be modified or canceled until at least 30 days notice has been provided to the State. Vendor shall provide: (a) General Commercial Liability occurrence form in amount of \$1,000,000 per occurrence (Combined Single Limit Bodily Injury and Property Damage) and \$2,000,000 Annual Aggregate; (b) Auto Liability, including Hired Auto and Non-owned Auto, (Combined Single Limit Bodily Injury and Property Damage) in amount of \$1,000,000 per occurrence; and (c) Worker's Compensation Insurance in amount required by law. Insurance shall not limit Vendor's obligation to indemnify, defend, or settle any claims.
- 4.11 INDEPENDENT CONTRACTOR:** Vendor shall act as an independent contractor and not an agent or employee of, or joint venturer with the State. All payments by the State shall be made on that basis.
- 4.12 SOLICITATION AND EMPLOYMENT:** Vendor shall not employ any person employed by the State during the term of this contract to perform any work under this contract. Vendor shall give notice immediately to the Agency's director if Vendor solicits or intends to solicit State employees to perform any work under this contract.
- 4.13 COMPLIANCE WITH THE LAW:** The Vendor, its employees, agents, and subcontractors shall comply with all applicable federal, state, and local laws, rules, ordinances, regulations, orders, federal circulars and all license and permit requirements in the performance of this contract. Vendor shall comply with all applicable HIPAA regulations. (45 CFR 160, 162, and 164) Vendor shall be in compliance with applicable tax requirements and shall be current in payment of such taxes. Vendor shall obtain at its own expense, all licenses and permissions necessary for the performance of this contract.
- 4.14 BACKGROUND CHECK:** Whenever the State deems it reasonably necessary for security reasons, the State may conduct, at its expense, criminal and driver history background checks of Vendor's and subcontractors officers, employees or agents. Vendor or subcontractor shall reassign immediately any such individual who, in the opinion of the State, does not pass the background check.
- 4.15 APPLICABLE LAW:** This contract shall be construed in accordance with and is subject to the laws and rules of the State of Illinois. The Department of Human Rights' Equal Opportunity requirements (44 Ill. Adm. Code 750) are incorporated by reference. Any claim against the State arising out of this contract

must be filed exclusively with the Illinois Court of Claims. 705 ILCS 505/1. The State shall not enter into binding arbitration to resolve any contract dispute. The State of Illinois does not waive sovereign immunity by entering into this contract. The official text of cited statutes is incorporated by reference. An unofficial version can be viewed at (www.ilga.gov/legislation/ilcs/ilcs.asp). In compliance with the Illinois and United States Constitutions, the Illinois Human Rights Act, the U. S. Civil Rights Act, and Section 504 of the federal Rehabilitation Act and other applicable laws and rules, the State does not unlawfully discriminate in employment, contracts, or any other activity.

- 4.16 ANTI-TRUST ASSIGNMENT:** If Vendor does not pursue any claim or cause of action it has arising under federal or state antitrust laws relating to the subject matter of the contract, then upon request of the Illinois Attorney General, Vendor shall assign to the State rights, title and interest in and to the claim or cause of action.
- 4.17 CONTRACTUAL AUTHORITY:** Each Party to this Contract represents and warrants to the other that: (a) it has the right, power and authority to enter into and perform its obligations under this Contract and (b) it has taken all requisite action (corporate, statutory or otherwise) to approve execution, delivery and performance of this Contract, and (c) this Contract constitutes a legal, valid and binding obligation upon itself in accordance with its terms. The Agency that signs for the State of Illinois shall be the only State entity responsible for performance and payment under the contract. When the Chief Procurement Officer or authorized designee signs in addition to an Agency, they do so as approving officer and shall have no liability to Vendor. When the Chief Procurement Officer or authorized designee, or State Purchasing Officer signs a master contract on behalf of State agencies, only the Agency that places an order with the Vendor shall have any liability to Vendor for that order.
- 4.18 NOTICES:** Notices and other communications provided for herein shall be given in writing by registered or certified mail, return receipt requested, by receipted hand delivery, by courier (UPS, Federal Express or other similar and reliable carrier), by e-mail, or by fax showing the date and time of successful receipt. Notices shall be sent to the individuals who signed the contract using the contact information following the signatures. Each such notice shall be deemed to have been provided at the time it is actually received. By giving notice, either Party may change the contact information.
- 4.19 MODIFICATIONS AND SURVIVAL:** All changes to the Contract, Budget, and Program Plan/Scope of Services must be expressly pre-approved by the Department in writing. Amendments, modifications and waivers must be in writing and signed by authorized representatives of the Parties. Any provision of this contract officially declared void, unenforceable, or against public policy, shall be ignored and the remaining provisions shall be interpreted, as far as possible, to give effect to the Parties' intent. All provisions that by their nature would be expected to survive, shall survive termination. In the event of a conflict between the State's and the Vendor's terms, conditions and attachments, the State's terms, conditions and attachments shall prevail.
- 4.20 PERFORMANCE RECORD / SUSPENSION:** Upon request of the State, Vendor shall meet to discuss performance or provide contract performance updates to help ensure proper performance of the contract. The State may consider Vendor's performance under this contract and compliance with law and rule to determine whether to continue the contract, suspend Vendor from doing future business with the State for a specified period of time, or to determine whether Vendor can be considered responsible on specific future contract opportunities. The Department also reserves the right, within its

sole discretion, to reduce or suspend service referrals to Vendor or to reduce contract amounts based on operational and/or programmatic needs.

4.21 FREEDOM OF INFORMATION ACT: This contract and all related public records maintained by, provided to or required to be provided to the State are subject to the Illinois Freedom of Information Act (FOIA) (50 ILCS 140) notwithstanding any provision to the contrary that may be found in this contract.

4.22 SCHEDULE OF WORK: Any work performed on State premises shall be done during the hours designated by the State and performed in a manner that does not interfere with the State and its personnel.

4.23 WARRANTIES FOR SUPPLIES AND SERVICES:

4.23.1 Vendor warrants that the supplies furnished under this contract will: (a) conform to the standards, specifications, drawing, samples or descriptions furnished by the State or furnished by the Vendor and agreed to by the State, including but not limited to all specifications attached as exhibits hereto; (b) be merchantable, of good quality and workmanship, and free from defects for a period of twelve months or longer if so specified in writing, and fit and sufficient for the intended use; (c) comply with all federal and state laws, regulations and ordinances pertaining to the manufacturing, packing, labeling, sale and delivery of the supplies; (d) be of good title and be free and clear of all liens and encumbrances and; (e) not infringe any patent, copyright or other intellectual property rights of any third party. Vendor agrees to reimburse the State for any losses, costs, damages or expenses, including without limitations, reasonable attorney's fees and expenses, arising from failure of the supplies to meet such warranties.

4.23.2 Vendor shall insure that all manufacturers' warranties are transferred to the State and shall provide a copy of the warranty. These warranties shall be in addition to all other warranties, express, implied or statutory, and shall survive the State's payment, acceptance, inspection or failure to inspect the supplies.

4.23.3 Vendor warrants that all services will be performed to meet the requirements of the contract in an efficient and effective manner by trained and competent personnel. Vendor shall monitor performances of each individual and shall reassign immediately any individual who is not performing in accordance with the contract or Program Plan/Scope of Services, who is disruptive or not respectful of others in the workplace, or who in any way violates the contract or State policies.

4.24 REPORTING, STATUS AND TAX CREDITS:

4.24.1 Vendor shall immediately notify the State of any event that may have a material impact on Vendor's ability to perform the contract.

4.24.2 By August 31 of each year, Vendor shall report to the Agency the number of qualified veterans and certain ex-offenders hired during Vendor's last completed fiscal year. Vendor may be entitled to employment tax credit for hiring individuals in those groups. 30 ILCS 500/45-67 and 45-70.

4.24.3 Vendors who hire ex-offenders within one year after being released from an Illinois adult correctional center, and/or qualified veterans who are Illinois residents, may be eligible for employment tax credits. 35 ILCS 5/216, 5/217, and 5/217.1. Please contact the Illinois Department of Revenue (telephone #: 217-524-4772) for information about tax credits.

4.25 **SUPPLEMENTAL PROVISIONS:** The Supplemental Provisions are expressly incorporated by reference into this Contract.

5. SUPPLEMENTAL PROVISIONS

5.1 STATE SUPPLEMENTAL PROVISIONS:

- Department Supplemental Terms and Conditions
- Required Federal Clauses, Certifications and Assurances
- Public Works Requirements (construction and maintenance of a public work). 820 ILCS 130/4.
- Prevailing Wage (janitorial cleaning, window cleaning, building and grounds, site technician, natural resources, food services, and security services, if valued at more than \$200 per month or \$2,000 per year or printing) 30 ILCS 500/25-60.
- Annual Standard Budget – Short Form
- Exhibit C – Checklist & Interrogatory For Financial And Statistical Reporting
- Exhibit E – CFS 968-32 Civil Rights Reporting
- Vendor’s Board of Directors Information
- Subcontract Agreement(s) and Standard Certifications and Disclosures and Conflicts of Interest
- Subcontractor Budget
- Fiscal Agent Agreement
- State Board of Elections Certificate of Registration
- Other (describe)

6. STANDARD CERTIFICATIONS

Vendor acknowledges and agrees that compliance with this subsection in its entirety for the term of the contract and any renewals is a material requirement and condition of this contract. By executing this contract Vendor certifies compliance with this subsection in its entirety, and is under a continuing obligation to remain in compliance and report any non-compliance.

This section, in its entirety, applies to subcontractors used on this contract. Vendor shall include these Standard Certifications in any subcontract used in the performance of the contract using the Subcontract Agreement and Subcontractor Standard Certifications and Financial Disclosures and Conflicts of Interest (Form CFS 968-SUB, Rev. 4/2014) completed and signed by the subcontractor.

If this contract extends over multiple fiscal years, including the initial term and all renewals, Vendor and its subcontractors shall confirm compliance with this section in the manner and format determined by the State by the date specified by the State and in no event later than July 1 of each year that this contract remains in effect.

If the Parties determine that any certification in this section is not applicable to this contract it may be stricken without affecting the remaining subsections.

6.1 As part of each certification, Vendor acknowledges and agrees that should Vendor or its subcontractors provide false information, or fail to be or remain in compliance with the Standard Certification requirements, one or more of the following sanctions will apply:

- the contract amount may be reduced,
- the contract may be void by operation of law,
- the State may void the contract, in whole or in part, and
- the Vendor and its subcontractors may be subject to one or more of the following: suspension, debarment, denial of payment, civil and/or criminal prosecution, civil fine, or criminal penalty.

Identifying a sanction or failing to identify a sanction in relation to any of the specific certifications does not waive imposition of other sanctions or preclude application of sanctions not specifically identified.

6.2 Vendor certifies it and its employees and subcontractors will comply with Title VI and VII of the U.S. Civil Rights Act of 1964 (42 U.S.C. 2000d et seq. and 2000e et seq.); Section 503 and 504 of the Federal Rehabilitation Act (29 U.S.C. 793 and 794); the Americans with Disabilities Act (42 U.S.C. § 12101 et seq.); applicable Department rules including Part 307, Indian Child Welfare Services which defines the special rights of American Indians; the U.S. Constitution; the 1970 Illinois Constitution; any state and federal laws, regulations or orders which prohibit discrimination in employment on the grounds of race, color, religion, sex, marital status, national origin or ancestry, age, physical or mental handicap unrelated to ability, or an unfavorable discharge from military service other than a dishonorable discharge and service delivery on the grounds of race, sex, color, religion, national origin or ancestry, limited English language proficiency, or by reason of any handicap, in performance of this contract. All providers with whom the Department contracts must submit Exhibit E assuring that they do not discriminate in their employment and service delivery practices, including semi-annual updates.

6.3 Vendor, if an individual, sole proprietor, partner or an individual as member of a LLC, certifies he/she is not in default on an educational loan. 5 ILCS 385/3.

- 6.4 Vendor, if an individual, sole proprietor, partner or an individual as member of a LLC, certifies it he/she has not received (i) an early retirement incentive prior to 1993 under Section 14-108.3 or 16-133.3 of the Illinois Pension Code or (ii) an early retirement incentive on or after 2002 under Section 14-108.3 or 16-133.3 of the Illinois Pension Code. 30 ILCS 105/15a; 40 ILCS 5/14-108.3; 40 ILCS 5/16-133.
- 6.5 Vendor certifies that it is a legal entity authorized to do business in Illinois prior to submission of a bid, offer, or proposal and is in good standing with the Illinois Secretary of State. 30 ILCS 500/1.15.80, 20-43.
- 6.6 To the extent there was a current Vendor providing the services covered by this contract and the employees of that Vendor who provided those services are covered by a collective bargaining agreement, Vendor certifies (i) that it will offer to assume the collective bargaining obligations of the prior employer, including any existing collective bargaining agreement with the bargaining representative of any existing collective bargaining unit or units performing substantially similar work to the services covered by the contract subject to its bid or offer; and (ii) that it shall offer employment to all employees currently employed in any existing bargaining unit who perform substantially similar work to the work that will be performed pursuant to this contract. This does not apply to heating, air conditioning, plumbing and electrical service contracts. 30 ILCS 500/25-80.
- 6.7 Vendor certifies it has neither been convicted of bribing or attempting to bribe an officer or employee of the State of Illinois or any other State, nor made an admission of guilt of such conduct that is a matter of record. 30 ILCS 500/50-5.
- 6.8 If Vendor has been convicted of a felony, Vendor certifies at least five years have passed after the date of completion of the sentence for such felony, unless no person held responsible by a prosecutor's office for the facts upon which the conviction was based continues to have any involvement with the business. 30 ILCS 500/50-10.
- 6.9 If Vendor or any officer, director, partner, or other managerial agent of Vendor has been convicted of a felony under the Sarbanes-Oxley Act of 2002, or a Class 3 or Class 2 felony under the Illinois Securities Law of 1953, Vendor certifies at least five years have passed since the date of the conviction. Vendor further certifies that it is not barred from being awarded a contract and acknowledges that the State shall declare the contract void if this certification is false. 30 ILCS 500/50-10.5.
- 6.10 Vendor certifies it is not barred from having a contract with the State based upon violating the prohibitions related to either submitting/writing specifications or providing assistance to an employee of the State of Illinois by reviewing, drafting, directing, or preparing any invitation for bids, a request for proposal, or request of information, or similar assistance (except as part of a public request for such information). 30 ILCS 500/50-10.5(e), amended by Pub. Act No. 97-0895 (August 3, 2012).
- 6.11 Vendor certifies that it and its affiliates are not delinquent in the payment of any debt to the State (or if delinquent has entered into a deferred payment plan to pay the debt), and Vendor and its affiliates acknowledge the State may declare the contract void if this certification is false or if Vendor or an affiliate later becomes delinquent and has not entered into a deferred payment plan to pay off the debt. 30 ILCS 500/50-11, 50-60.
- 6.12 Vendor certifies that it and all affiliates shall collect and remit Illinois Use Tax on all sales of tangible personal property into the State of Illinois in accordance with provisions of the Illinois Use Tax Act and acknowledges that failure to comply may result in the contract being declared void. 30 ILCS 500/50-12.
- 6.13 Vendor certifies that it has not been found by a court or the Pollution Control Board to have committed a willful or knowing violation of the Environmental Protection Act within the last five years, and is therefore not barred from being awarded a contract. 30 ILCS 500/50-14.

- 6.14 Vendor certifies it has neither paid any money or valuable thing to induce any person to refrain from bidding on a State contract, nor accepted any money or other valuable thing, or acted upon the promise of same, for not bidding on a State contract. 30 ILCS 500/50-25.
- 6.15 Vendor certifies it is not in violation of the "Revolving Door" provisions of the Illinois Procurement Code. 30 ILCS 500/50-30.
- 6.16 Vendor certifies that it has not retained a person or entity to attempt to influence the outcome of a procurement decision for compensation contingent in whole or in part upon the decision or procurement. 30 ILCS 500/50-38.
- 6.17 Vendor certifies it will report to the Illinois Attorney General and the Chief Procurement Officer any suspected collusion or other anti-competitive practice among any bidders, offerors, contractors, proposers, or employees of the State. 30 ILCS 500/50-40, 50-45, 50-50.
- 6.18 Vendor certifies steel products used or supplied in the performance of a contract for public works shall be manufactured or produced in the United States, unless the executive head of the procuring Agency grants an exception. 30 ILCS 565.
- 6.19 Drug Free Workplace
 - 6.19.1 If Vendor employs 25 or more employees and this contract is worth more than \$5,000, Vendor certifies it will provide a drug free workplace pursuant to the Drug Free Workplace Act.
 - 6.19.2 If Vendor is an individual and this contract is worth more than \$5000, Vendor certifies it shall not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during the performance of the contract. 30 ILCS 580.
- 6.20 Vendor certifies that neither Vendor nor any substantially owned affiliate is participating or shall participate in an international boycott in violation of the U.S. Export Administration Act of 1979 or the applicable regulations of the United States. Department of Commerce. 30 ILCS 582.
- 6.21 Vendor certifies it has not been convicted of the offense of bid rigging or bid rotating or any similar offense of any state or of the United States. 720 ILCS 5/33 E-3, E-4.
- 6.22 Vendor certifies it complies with the Illinois Department of Human Rights Act and rules applicable to public contracts, which include providing equal employment opportunity, refraining from unlawful discrimination, and having written sexual harassment policies. 775 ILCS 5/2-105.
- 6.23 Vendor certifies it does not pay dues to or reimburse or subsidize payments by its employees for any dues or fees to any "discriminatory club." 775 ILCS 25/2.
- 6.24 Vendor certifies that no foreign-made equipment, materials, or supplies furnished to the State under the contract have been or will be produced in whole or in part by forced labor or indentured labor under penal sanction. 30 ILCS 583.
- 6.25 Vendor certifies that no foreign-made equipment, materials, or supplies furnished to the State under the contract have been produced in whole or in part by the labor of any child under the age of 12. 30 ILCS 584.
- 6.26 Vendor certifies that it is not in violation of the Lead Poisoning Prevention Act, as it applies to owners of residential buildings, or any violation has been mitigated. 30 ILCS 500/50-14.5, 410 ILCS 45.

- 6.27 Vendor warrants and certifies that it and, to the best of its knowledge, its subcontractors have and will comply with Executive Order No. 1 (2007). The Order generally prohibits Vendors and subcontractors from hiring the then-serving Governor's family members to lobby procurement activities of the State, or any other unit of government in Illinois including local governments if that procurement may result in a contract valued at over \$25,000. This prohibition also applies to hiring for that same purpose any former State employee who had procurement authority at any time during the one-year period preceding the procurement lobbying activity.
- 6.28 Vendor certifies that information technology, including electronic information, software, systems and equipment, developed or provided under this contract comply with the applicable requirements of the Illinois Information Technology Accessibility Act Standards as published at (www.dhs.state.il.us/iitaa) 30 ILCS 587.
- 6.29 Vendor certifies that it has read, understands, and is in compliance with the registration requirements of the Elections Code (10 ILCS 5/9-35) and the restrictions on making political contributions and related requirements of the Illinois Procurement Code. 30 ILCS 500/20-160 and 50-37. Vendor will not make a political contribution that will violate these requirements.

In accordance with section 20-160 of the Illinois Procurement Code, Vendor certifies as applicable:

Vendor is not required to register as a business entity with the State Board of Elections.

or

Vendor has registered with and has attached a copy of the official certificate of registration as issued by the State Board of Elections. As a registered business entity, Vendor acknowledges a continuing duty to update the registration as required by the Act.

- 6.30 Vendor certifies that if it is awarded a contract through the use of the preference required by the Procurement of Domestic Products Act, then it shall provide products pursuant to the contract or a subcontract that are manufactured in the United States. 30 ILCS 517/15.
- 6.31 A person (other than an individual acting as a sole proprietor) must be a duly constituted legal entity and authorized to do business in Illinois prior to submitting a bid or offer. 30 ILCS 500/20-43. If you do not meet these criteria, then your bid or offer will be disqualified.

Vendor must make one of the following four certifications by checking the appropriate box. If C or D is checked, then Vendor must attach to this form the requested documentation.

- A. Vendor certifies it is an individual acting as a sole proprietor and is therefore not subject to the requirements of section 20-43 of the Procurement Code.

- B. Vendor certifies that it is a legal entity, and was authorized to do business in Illinois as of the date for submitting this bid or offer. The State may require Vendor to provide evidence of compliance before award.

C. Vendor certifies it is a legal entity, and is a foreign corporation performing activities that do not constitute transacting business in Illinois as defined by Illinois Business Corporations Act (805 ILCS 5/13.75). A vendor claiming exemption under the Act must provide a detailed explanation of the legal basis for the claim with its bid or offer and must provide additional detail upon request. If Vendor fails to provide the mandatory documentation with the bid or offer, or does not provide additional detail upon request within the timeframe specified in said request, then the State may deem the Vendor as being non-responsive or not responsible and may disqualify the Vendor.

D. Vendor certifies it is a legal entity, and is an entity otherwise recognized under Illinois law as eligible for a specific form of exemption similar to those found in the Illinois Business Corporation Act (805 ILCS 5/13.75). A vendor claiming exemption under a specific law must provide a detailed explanation of the legal basis for the claim with its bid or offer and must provide additional detail upon request. If Vendor fails to provide the mandatory documentation with the bid or offer, or does not provide additional detail upon request within the timeframe specified in said request, then the State may deem the Vendor as being non-responsive or not responsible and may disqualify the Vendor.

6.32 Vendor certifies it complies with the Illinois Religious Freedom Protection and Civil Union Act and all state laws and rules applicable to civil unions and which prohibit discrimination, and will provide persons entering into a civil union, the legal relationship between two persons of either the same or opposite sex established pursuant to the Illinois Religious Freedom Protection and Civil Union Act, with the same obligations, responsibilities, protections, and benefits afforded or recognized by the law of Illinois to spouses. 750 ILCS 75/1 et seq.

7. DISCLOSURE OF BUSINESS OPERATIONS WITH IRAN

In accordance with 30 ILCS 500/50-36, each bid, offer, or proposal submitted for a State contract, other than a small purchase defined in Section 20-20 of the Illinois Procurement Code, shall include a disclosure of whether or not the bidder, offeror, or proposing entity, or any of its corporate parents or subsidiaries, within the 24 months before submission of the bid, offer, or proposal had business operations that involved contracts with or provision of supplies or services to the Government of Iran, companies in which the Government of Iran has any direct or indirect equity share, consortiums or projects commissioned by the Government of Iran and:

- more than 10% of the company's revenues produced in or assets located in Iran involve oil-related activities or mineral-extraction activities; less than 75% of the company's revenues produced in or assets located in Iran involve contracts with or provision of oil-related or mineral – extraction products or services to the Government of Iran or a project or consortium created exclusively by that Government; and the company has failed to take substantial action; or
- the company has, on or after August 5, 1996, made an investment of \$20 million or more, or any combination of investments of at least \$10 million each that in the aggregate equals or exceeds \$20 million in any 12- month period that directly or significantly contributes to the enhancement of Iran's ability to develop petroleum resources of Iran.

A bid, offer, or proposal that does not include this disclosure shall not be considered responsive. We may consider this disclosure when evaluating the bid, offer, or proposal or awarding the contract.

There are no business operations that must be disclosed to comply with the above cited law.

The following business operations are disclosed to comply with the above cited law:

By signing this Contract and attached Disclosures, Vendor certifies that all information in this Contract is true and correct to the best of the Vendor's knowledge, information, and belief; that the funds awarded as a result of this Contract shall be used only for the specific purposes authorized in the approved Contract, Budget, and Program Plan/Scope of Services and that the award of said funds is conditioned upon such certification.

-BALANCE OF PAGE INTENTIONALLY LEFT BLANK-

8. FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST

Financial Disclosures and Conflicts of Interest forms (“forms”) must be accurately completed and submitted by the vendor, any parent entity(ies) and any subcontractors. There are Nine (9) steps to this form and each must be completed as instructed in the step heading, unless otherwise provided. A bid, offer, or proposal that does not include this form shall be considered non-responsive. The Agency will consider this form when evaluating the bid, offer, or proposal or awarding the contract.

Failure to fully disclose shall render the contract, bid, proposal, subcontract, or relationship voidable by the Chief Procurement Officer if s/he deems it in the best interest of the State of Illinois and may be cause for barring Vendor from future contracts, bids, proposals, subcontracts, or relationships with the State. The requirement of disclosure of financial interests and conflicts of interest is a continuing obligation. If circumstances change and the previously submitted form is no longer accurate, disclosing entities must provide an updated form.

Separate forms are required for the vendor, any parent entity(ies) and any subcontractors.

Subcontractor forms must be provided with a copy of the subcontract, if required, within 15 days after execution of the State contract or after execution of the subcontract, whichever is later, for all subcontracts.

This disclosure is submitted for:

- Vendor
- Vendor’s Parent Entity(ies) (100% ownership)
- Subcontractor(s)
- Subcontractor’s Parent Entity(ies)

Vendor Name	Champaign County State's Attorney's Office
Doing Business As (DBA)	
Parent Entity	
Subcontractor	
Instrument of Ownership or Beneficial Interest	

**STATE OF ILLINOIS
TAXPAYER IDENTIFICATION NUMBER**

I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding

I certify that I am a U.S. person (including a U.S. resident alien).

- If you are an individual, then enter your name and Social Security Number (SSN) as it appears on your Social Security Card.
- If you are a sole proprietor, then enter the owner's name on the name line followed by the name of the business and the owner's SSN or Employer Identification Number (EIN).
- If you are a single-member LLC that is disregarded as an entity separate from its owner, then enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, then enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

DCFS Name: CHAMPAIGN COUNTY _____

Certified Name: CHAMPAIGN COUNTY _____

Taxpayer Identification Number: 37-6006910 _____

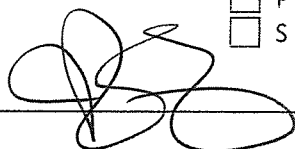
Social Security Number: _____

Or

Employer Identification Number: _____

Legal Status (check one):

- | | |
|---|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Governmental |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Nonresident alien |
| <input type="checkbox"/> Partnership or Legal Services Corporation | <input type="checkbox"/> Estate or trust |
| <input type="checkbox"/> Tax-exempt | <input type="checkbox"/> Pharmacy (Non-Corp.) |
| <input type="checkbox"/> Charitable Organization | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.) |
| <input type="checkbox"/> Corporation providing or billing medical and/or health care services | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Corporation NOT providing or billing medical and/or health care services | (select applicable tax classification) |
| | <input type="checkbox"/> D = disregarded entity |
| | <input type="checkbox"/> C = corporation |
| | <input type="checkbox"/> P = partnership |
| | <input type="checkbox"/> S = S corporation |

Signature of Authorized Representative:  _____

Printed Name of Authorized Representative: Julia R. Rietz

Date: 7.16.14

STEP 1
SUPPORTING DOCUMENTATION SUBMITTAL
(All vendors complete regardless of annual bid, offer, or contract value)

NOTE: Disclosures for Steps 1 through 7 need only be filled out once per entity. You must select one of the eight options below and select the documentation you are submitting. You must provide the documentation the applicable section requires with this form.

Option 1 – Publicly Traded Entities

1.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

1.B. Attach a copy of the Federal 10-K, and skip to Step 3.

Option 2 – Privately Held Entities with more than 200 Shareholders

2.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

2.B. Complete Step 2, Option A for each qualifying individual or entity holding any ownership share in excess of 5% and attach the information Federal 10-K reporting companies are required to report under 17 CFR 229.401.

Also complete Step 2, Option B.

Option 3 – All other Privately Held Entities, not including Individuals and Sole Proprietorships

3.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

Also complete Step 2, Option B.

Option 4 – Foreign Entities

4.A. Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

4.B. Attach a copy of the Securities Exchange Commission Form 20-F or 40-F and skip to Step 3.

Also complete Step 2, Option B.

Option 5 – Not-for-Profit Entities

Complete Step 2, Option B.

Option 6 – Governmental Entities

Complete Step 2, Option B.

Option 7 – Individuals

Skip to Step 3.

Option 8 – Sole Proprietors

Skip to Step 3.

STEP 2
DISCLOSURE OF FINANCIAL INTEREST OF BOARD OF DIRECTORS

Complete Option A and/or Option B. Additional rows may be inserted into the tables or an attachment may be provided if needed. Individuals, sole proprietors, and governmental entities are not required to complete Step 2.

OPTION A – Ownership Share and Distributive Income

Ownership Share – If you selected Option 1A, 2A, 2B, 3A, 4A in Step 1, provide the name and address of each individual and their percentage of ownership if said percentage exceeds 5%, or the dollar value of their ownership if said dollar value exceeds \$106,447.20.

Check here if including an attachment with requested information in a format substantially similar to the format below; please reference Step 2, Contract page number D-3.

TABLE – X

Name	Address	Percentage of Ownership	\$ Value of Ownership

Distributive Income – If you selected Option 1A, 2A, 3A, or 4A in Step 1, provide the name and address of each individual and their percentage of the disclosing vendor’s total distributive income if said percentage exceeds 5% of the total distributive income of the disclosing entity, or the dollar value of their distributive income if said dollar value exceeds \$106,447.20.

Check here if including an attachment with requested information in a format substantially similar to the format below; please reference Step 2, Contract page number D-3.

TABLE – Y

Name	Address	% of Distributive Income	\$ Value of Distributive Income

Please certify that the following statements are true.

I have disclosed all individuals or entities that hold an ownership interest of greater than 5% or greater than \$106,447.20.

Yes No

I have disclosed all individuals or entities that were entitled to receive distributive income in an amount greater than \$106,447.20 or greater than 5% of the total distributive income of the disclosing entity.

Yes No

OPTION B – Disclosure of Board of Directors or Board of Managers

N/A 

If you selected Option 2, 3, 4, 5 or 6 in Step 1, list members of your board of directors or board of managers. Please include an attachment if necessary with requested information in a format substantially similar to the format below; please reference Step 2, Option B, Contract page number D-4.

TABLE – Z	
Name	Address

**STEP 3
DISCLOSURE OF LOBBYIST OR AGENT**

Yes No. Is your company represented by or do you employ a lobbyist or other agent required to register under the Lobbyist Registration Act (lobbyist must be registered pursuant to the Act with the Secretary of State) or other agent who is not identified through Step 2, Option A above and who has communicated, is communicating, or may communicate with any State Agency officer or employee concerning the bid or offer? If yes, please identify each lobbyist and agent, including the name and address below.

Name	Address	Relationship to Disclosing Entity

Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative lobbyist or other agent to obtain an Agency contract:

STEP 4
PROHIBITED CONFLICTS OF INTEREST

Step 4 must be completed for each person disclosed in Step 2, Option A and for Individuals and sole proprietors identified in Step 1, Options 7 and 8 above.

N/A

1. Do you yourself hold, or are you the spouse or minor child of a person who holds an elective office in the State of Illinois or a seat in the General Assembly? Yes No

(1A) – If you answered yes to (1) above, please provide the following information:

Name of Elected Individual	Elected Office	Term Dates (start-end)	Relationship to Contractor

2. Are you appointed or employed (to the following), or are you the spouse, or minor child of a person who has been appointed to or employed in any offices or agencies of State government and receives compensation for such employment in excess of 60% (\$106,447.20) of the salary of the Governor? Yes No

(2A) – If you answered yes to (2) above, please provide the following information:

Name of Appointee/Employee	Office/Agency of State Government	Term Dates (start-end)	Relationship to Contractor

3. Are you an officer or employee (of the following) or are you the spouse or minor child of an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority? Yes No

(3A) – If you answered yes to (3) above, please provide the following information:

Name of Officer or Employee	Title	Relationship to Contractor

4. Have you, your spouse, or an immediate family member who lives in your residence currently or who lived in your residence within the last 12 months been appointed as a member of a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor? Yes No

(4A) – If you answered yes to (4) above, please provide the following information:

Name of Appointee	Board/Commission/Authority or Task Force	Relationship to Contractor

5. If you answered yes to any question in 1-4 above, please answer the following: Do you, or are you the spouse, or minor child of a person who receive from the Vendor more than 7.5% of the Vendor's total distributable income or an amount of distributable income in excess of the salary of the Governor (\$177,412.00)? Yes No

6. If you answered yes to any question in 1-4 above, please answer the following: Is there a combined interest of self with spouse or minor child more than 15% (\$354,824.00) in the aggregate of the vendor's distributable income or an amount of distributable income in excess of two times the salary of the Governor? Yes No

STEP 5

POTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELATIONSHIPS

Step 5 must be completed for each person disclosed in Step 2, Option A and for Individuals and sole proprietors identified in Step 1, Options 7 and 8 above.

N/A AB

Please provide the name of the person for which responses are provided in Step 6.

1. Do you currently have, or in the previous 3 years have you had State employment, including contractual employment of services other than this contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has your spouse, father, mother, son, or daughter, had State employment, including contractual employment for services, in the previous 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you hold currently or have you held in the previous 3 years elective office of the State of Illinois, the government of the United States, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you hold or have you held in the previous 3 years any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) that is or was a registered lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you currently have or in the previous 3 years had compensated employment by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son or daughter) who is or was a compensated employee of any registered election or reelection committee registered with the Secretary of State or any county Clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STEP 6 EXPLANATION OF AFFIRMATIVE RESPONSES

If you answered "Yes" in Step 5 (1-10), please provide a detailed explanation that includes, but is not limited to the information detailed in the key below. Please include an attachment if necessary with requested information in a format substantially similar to the format below; please reference Step 6, Contract page number D-7.

- A. Name (of individual for whom these response are provided)
- B. Relationship to Contractor
- C. Position/Title or Elected/Appointed Office
- D. State Agency or Organization
- E. Start/End dates of employment or elected/appointed term
- F. Salary/Compensation
- G. Date Compensation Began
- H. DCFS Contract # (if applicable)

N/A ~~B~~

The below explanations A-H are provided for Step 5, Question ____ (Specify which Step 5 question (1-10) is explained below. Mark n/a if necessary.)

A.	
B.	
C.	
D.	
E.	
F.	
G.	
H.	

The below explanations A-H are provided for Step 5, Question ____ (Specify which Step 5 question (1-10) is explained below. Mark n/a if necessary.)

A.	
B.	
C.	
D.	
E.	
F.	
G.	
H.	

STEP 7

DISCLOSURE OF CURRENT AND PENDING CONTRACTS

(All vendors complete regardless of annual bid, offer, or contract value)

Do you or your Affiliates have any contracts, pending contracts, bids, proposals, or other ongoing procurement relationships with or receive any other funding from units of State of Illinois government or other governmental entities?

Yes No.

~~XXXXXXXXXX~~  see Attached

If "Yes", please specify below. Vendors must disclose all other public funding that they or their Affiliates receive. Affiliates are business concerns, organizations, or individuals that control each other or that are controlled by a common third party. Please identify each contract, pending contract, bid, proposal and other ongoing procurement relationship with or the actual or anticipated receipt of any other funding from units of State of Illinois government or other governmental entities by showing awarding government entity name and other descriptive information including the project title, value, and contract reference, purchase order, or bid number. Vendor agrees to systematically and accurately track, and properly allocate, all funding received and monies billed by Vendor and its Affiliates under this Contract and under contracts with other governmental entities. Attach an additional page in the same format as provided below, if necessary; please reference Step 7, Contract page number D-8.

Awarding Government Entity	Project Title	Status	Value	Contract # Reference/P.O./Illinois Procurement Bulletin #

Please explain the procurement relationship if other than contract, purchase order, or bid:

SIGN THE DISCLOSURE

(All vendors must complete regardless of annual bid, offer, or contract value)

This disclosure is signed, and made under penalty of perjury, by an authorized officer or employee on behalf of the bidder offer or/Vendor pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code. This disclosure information is submitted on behalf of

Name of Disclosing Entity: _____

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone Number: _____

Email Address: _____

STEP 8
POTENTIAL CONFLICTS OF INTEREST FOR RELATED PARTY TRANSACTIONS

NOTE: For purposes of Steps 8 and Step 9 of this Contract, **Key Management Staff** is defined to include the top three highest paid staff funded under this Contract and the top persons managerially responsible for the services under this Contract.

N/A

Does any Key Management Staff receive compensation or payment in any form from another organization? If so, name the employee and the other organization, the position held, the amount of annual compensation or type of payment, and the date when the employee began receiving such compensation or payment. Please include an attachment if necessary with requested information in a format substantially similar to the format below; please reference Step 8, Contract page number D-9.

Name of Staff,	Other Organization	Work Hours, Compensation and Date of Hire for Other Organization

Does any Key Management Staff, Officer, Board Member, owner or majority stockholder (or members of their immediate families, i.e., spouse, father, mother, son, or daughter):

- 1 Hold an ownership interest in an organization that leases, subcontracts, or provides services or materials to you paid in whole or in part from funds generated by this Contract?; Yes No

- 2 Serve as an executive officer or board member of an organization that subcontracts or provides services or materials to you paid in whole or in part from funds generated by this Contract?;
 Yes No

- 3 Serve as an employee of an organization that subcontracts or provides services or materials and part of his/her job duties include performing services related to the subcontract or the provision of services or materials to the organization for which he/she is a board member Yes No

If you answered yes to A, B, or C above, disclose the name of the individual(s), the organization(s), the nature of the lease(s), materials, services or subcontract(s),. Please include an attachment if necessary with requested information in a format substantially similar to the format below; please reference Step 8, Contract page number D-9.

Name of Staff, Board Member, Owner or Stockholder	Organization Leasing, Contracting, Providing Services or Materials	Nature of Lease, Services, Material or Subcontract

STEP 9
POTENTIAL CONFLICTS OF INTEREST
RELATING TO DEBARMENT & LEGAL PROCEEDINGS
 (All vendors complete regardless of annual bid, offer, or contract value)

Please provide the name of the person or entity for which responses are provided:

N/A DS

1. Has any Key Management Staff or the Contracting Entity been debarred or suspended, or otherwise excluded or ineligible from participation in federal assistance programs or under other statutory or regulatory compliance requirements from contracting with any governmental entity? Yes No
2. Have any Key Management Staff had adverse action taken in relation to a professional license? Yes No
3. Has the Contracting Entity had any bankruptcies? Yes No
4. Has the Contracting Entity had any adverse civil judgments and administrative findings? Yes No
5. Has the Contracting Entity or any Key Management Staff had any criminal felony convictions? Yes No

If you answered "Yes", please provide a detailed explanation that includes, but is not limited to the name, entity, and position title of each individual. Please include an attachment if necessary with requested information in a format substantially similar to the format below; please reference Step 9, Contract page number D-10.

Name	Position	Organization	Nature of Proceedings	Date of Proceedings

SIGN THE DISCLOSURE

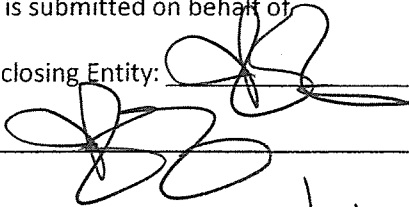
(All vendors must complete regardless of annual bid, offer, or contract value)

This disclosure is signed, and made under penalty of perjury, by an authorized officer or employee on behalf of the bidder offer or/Vendor pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code. This disclosure information is submitted on behalf of

Name of Disclosing Entity: _____

Julia R. Piatz

Signature: _____



Date: _____

7.16.14

Printed Name: _____

Julia R. Piatz

Title: _____

State's Attorney

Phone Number _____

217 384 3733

STATE SUPPLEMENTAL TERMS AND CONDITIONS

The following clauses are added to the State of Illinois – Contract with the Illinois Department of Children and Family Services, hereinafter referred to as the “Department” and are hereby incorporated into this contract with the signatures of the Contractor/Vendor and duly authorized representatives of the Department. The following provisions are numbered to correspond to and supplement the applicable sections in the Contract.

1.1 S SUPPLIES AND/OR SERVICES REQUIRED

- a) The Contractor shall comply with Department employment requirements in effect during the Contract Term.
- b) In the event any provision of this Contract is declared void, voidable or otherwise unenforceable, then such provision, term, or condition shall be severable from this Contract and this Contract shall otherwise be fully effective, binding and enforceable.
- c) In the event of a conflict between a provision(s) of the Contract Program Plan/Scope of Services and any other Contract requirement(s), the Contract requirement(s) shall apply.

1.5 S SUBCONTRACTING

- a) This contract or any part thereof shall not be subcontracted without a signed subcontract on file with the Contractor. The Contractor is required to use the Subcontract Agreement and Subcontractor Standard Certifications and Financial Disclosures and Conflicts of Interest (Form CFS 968-SUB, Rev. 4/2014).
- b) Subcontracted services shall be provided pursuant to a written contract between the subcontractor and the Contractor and shall comply with all provisions contained in this Contract. The Contractor shall remain responsible and liable for the performance of any person, organization or corporation with which it contracts.
- c) To the extent that the contractor chooses a subcontractor that provides the same or similar service to the Department, the subcontractor shall include a clause that states the subcontractor is not charging the contracting agency more per unit of service than it charges the Department for the same service.

2.1 S FORMAT OF PRICING

- a) When applicable, the Department will pay Contractors the payment rates listed on the “Pricing/Rate Schedule.”
- b) Contractors are expressly prohibited from charging Department clients and the public for services encompassed by the Department Contract and materials that arise out of the performance of the Contract.

2.6 S RENEWAL COMPENSATION

The Department reserves the right to modify the contract amount, unless otherwise noted in Section 1.2 Milestones and Deliverables, based on prior year expenditures or projected utilization.

3.4 S TERMINATION FOR CONVENIENCE

Each party reserves the right to terminate this Contract at any time for any reason, upon 30 days written notice to the other party.

4.1 S PAYMENT TERMS AND CONDITIONS

For payment, the Contractor shall submit to the Department invoice vouchers or reporting forms, as required by the Department, on a monthly basis, unless otherwise agreed. Such invoices or reporting forms shall be submitted within 30 days after the end of each month (unless otherwise stipulated in this contract) in which services are provided and shall include information to support the claim for payments, as may be requested by the Department.

- a) The Department shall process vouchers for payment within 60 days of verification, except in the lapse period beginning July 1 at which time the Department shall make reasonable efforts to process vouchers for payment within 30 days of voucher verification. The Contractor waives the right to full payment if vouchers, reporting forms or required supporting information are submitted later than 30 days after the end of the fiscal year or more than 30 days following the expiration or termination of the Contract, whichever is first.
- b) The Contractor agrees that the Department reserves the right to correct any mathematical or computational error(s) in the payment subtotals or total contract obligation.

4.2 S ASSIGNMENT

The Contractor understands and agrees that this Contract, or any portion of this Contract, may not be sold, assigned or transferred in any manner and that the actual attempted sale, assignment or transfer without the prior written approval of the Department shall render this Contract immediately null and void.

4.3 S AUDIT/RETENTION OF RECORDS (30 ILCS 500/20-65)

- a) Department Rule 401.270 (89 Ill. Admin. Code 401.270) requires the Contractor to maintain general and financial, personnel and licensing records available for inspection by authorized persons from the Department for at least five (5) years due to federal claiming regulations (45 CFS 92.42).
- b) The Contractor shall assist the Department in its functions of reviewing financial and programmatic records and monitoring and evaluating performances under this Contract. Except in emergency situations, the Department will attempt to notify the Contractor at least five (5) days prior to a review of financial and programmatic records relating to this Contract. The Contractor shall allow Department employees, federal officials authorized by the Director, and other qualified persons, total access to all financial and programmatic records relating to this Contract.
- c) The Contractor's books of accounts shall be kept in accordance with the standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations, or other methods which are consistent with generally accepted accounting principles.
- d) The Contractor shall keep true and accurate financial records reflecting all financial transactions pursuant to this Contract.
- e) The Contractor shall maintain time and attendance records for all staff whose salaries are funded in whole or in part pursuant to this Contract and consistent with generally accepted business practices.

4.7 S CONFIDENTIAL INFORMATION

- a) Except as may be required by state or federal law, regulation or order, the Contractor shall not release information concerning persons served by the Department without prior written approval of the Director of the Department, or designee.
- b) The Contractor shall inform its employees and subcontractors of such confidentiality obligations, as well as the penalties for violation thereof, and shall assure their compliance therewith. The Contractor acknowledges that

nothing herein prevents the Contractor from sharing any confidential information with the Department for youth for whom the Department has legal responsibility, and the Contractor is required to deliver said information to the Department upon request as allowable under state or federal law.

4.8 S USE AND OWNERSHIP

- a) Performance by the Contractor may include access to and use of documents and data which may be confidential or considered proprietary to the Department or a Department Contractor, or which may otherwise be of such a nature that its dissemination or use, other than in performance of the Contract, would be adverse to the interest of the Department or others.
- b) Any reports, studies, publications, training manuals, participant materials, slides, designs, drawings, specifications, notes, documents, software and documentation, computer based training modules, electronic, magnetic or digital material and other work in whatever form shall be referred to as "the materials." The Department shall own all rights, title and interest in all of the materials conceived or created by the Contractor, or its employees, or subcontractors, either individually or jointly with others, that arise out of the performance of this Contract.
- c) The Contractor shall, upon request of the Department, execute all papers and perform all other acts necessary to assist the State to obtain and register copyrights, patents or other forms of protection provided by law for the materials.
- d) The Contractor shall provide the Department with all computer source code, object code, and all other documentation necessary to understand and use such codes.
- e) The Contractor, its employees and any subcontractors, shall not copyright, copy, reproduce, allow or cause to have the materials copied, reproduced or used for any purpose other than performance of the Contractor's obligations under this Contract without the prior written consent of the Department's Director.
- f) Upon expiration or termination of this Contract, all of the materials whether in paper, electronic or other forms shall be, at the option of the Department, delivered to the Department by the Contractor.
- g) All equipment the Department assigns to Contractors or equipment otherwise purchased with State or federal funds received from the Department, is owned by the Department of Children and Family Services. The use of State-owned property and equipment for personal use or private gain is strictly prohibited. Contractors assigned equipment must also properly use, maintain, secure, and store the equipment in accordance with Department Administrative Procedures 19 Property Control and 20 Electronic Mail/Internet Usage/SACWIS Search Function (available at <http://dcfswebresource.dcf.illinois.gov>). Contractors shall return all equipment to the Department upon request.
- h) The Contractor is strictly prohibited from using any funds provided under this contract for the purchase or acquisition of real estate or other real property.
- i) The Department, in its sole discretion, has the right to limit or restrict access to its data and materials. The Department also has the right to limit or restrict individuals who work on specific Department projects.

4.14 S BACKGROUND CHECK

- a) The Contractor certifies that a criminal history check via fingerprints of persons age 17 and over, a check of the Child Abuse and Neglect Tracking System and other state child protection systems, as appropriate, drug testing in accordance with Department Administrative Procedure 24 Drug Testing of Employment Applicants, and a check

of the Illinois Sex Offender Registry have been conducted for each employee, operator, others in family home, individual used to replace or supplement staff, service provider for the Department who has access to children, work study student, contractual staff, volunteers and parents, all as set forth in Department rules, regulations, procedures, and protocols. The Contractor further acknowledges that the Department may declare the Contract void if this certification is false.

- b) The authorization required by the Department's background check screening process identified in Paragraph 4.14 a) above shall be on forms prescribed by the Department and comply with Department Rule 385 Background Checks (89 Ill. Admin. Code 385). A Contractor's failure to comply with the background check screening requirements shall constitute grounds for immediate contract termination and the Contractor's reimbursement of costs and expenses to the Department for all background check screenings authorized by the Contractor for applicants who are not persons subject to background checks as defined in Department Rule 385.20. "Persons subject to background checks" means:

- * the operators of the child care facility;
- * all current and conditional employees of the child care facility;
- * any person who is used to replace or supplement staff
- * any person who has access to children, as defined in this Section; and
- * any person who provides services that allow unsupervised access to children if the requirement for background checks is a condition of a contract or agreement or is required otherwise under 89 Ill. Admin. Code 357, Purchase of Service.

If the child care facility operates in a family home, the license applicants and all members of the household age 13 and over are subject to background checks, as appropriate, even if these members of the household are not usually present in the home during the hours the child care facility is in operation.

- c) All persons subject to background check screening must complete the Department's authorization forms and certify by their signature that the information provided on their authorization forms is true and accurate and acknowledge that any misrepresentation and/or omission of any material fact on the authorization forms shall render him or her ineligible to perform services pursuant to the Contractor's Contract.

4.18 S NOTICES

- a) For any address change, the Contractor will give written notice of any change(s) of its principal office address at least 30 days in advance of the change.
- b) Written notice of changes of name, ownership, taxpayer identification number or taxpayer certification should be provided at least 60 calendar days in advance. Such changes may require new licenses and Contracts.
- c) The Department retains the right to amend Budgets, Program Plans, and Contracts based on its operational needs after notifying the Contractor of the changes.

4.24 S REPORTING, STATUS AND TAX CREDITS

- a) The Contractor agrees to immediately notify the Department of service of summons on Contractor of an action against Contractor for any and all liability, loss, damage, cost or expenses including attorneys' fees, arising from the acts or omissions of the contractor and/or its employees and/or its subcontractors relating to services delivered by Contractor to the Department.
- b) All Department Contractors and Grant recipients are required to identify their staff responsible for contract monitoring and require that they attend trainings provided by the Department on the Contract or Grant

requirements and Department rules and procedures. The Contractor trainings will be required annually and within three months of the Contractor's or Grant recipient's employees' assumption of Contract or Grant monitoring responsibilities.

- c) The Contractor shall submit quarterly reconciliation and budget reviews to the Department as specified in the Contract Program Plan/Scope of Services.

4.25 S SUPPLEMENTAL PROVISIONS

- a) The Office of the Inspector General (OIG) of the Department has the authority to impound and have access to records and facilities without advance notice. The Contractor further agrees that, for the purposes of this section, documents and records include all computer, electronic and digital data. In cooperation with the OIG, the Contractor agrees to the following:
 - 1) To fully comply with requests or Notices of Impounding by the OIG for the production of documents and records.
 - 2) To refrain from removing, altering or tampering with documents requested or impounded by the OIG or that are the subject of a pending OIG investigation.
 - 3) To maintain any records identified by the OIG in a manner to prevent tampering, altering or removal by employees.
 - 4) To allow and encourage employees to speak to the OIG regarding pending investigations.
- b) The Contractor certifies that it is in compliance with the Pro-Children Act of 1994, (Public Law 103-227). The Contractor prohibits smoking in any portion of its facility used for the provision of health, day care, early childhood development services, education or library services to children under 18 years of age which services are supported by Federal or State government assistance (except portions of the facilities which are used for inpatient substance abuse treatment).
- c) No funds received under this Contract shall be used for attempting to influence federal legislation or to pay the salary or expenses of any individual engaging in said activity.
- d) No federally appropriated funds have been paid or will be paid, by or on behalf of the Contractor, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.
- e) If any funds, other than federally appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence any of the above persons in connection with this Contract, etc., the Contractor must also complete and submit timely, federal form LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.
- f) If there are any indirect costs associated with this Contract, totally-lobbying costs shall be separately identified in the indirect cost rate proposal, and thereafter treated as other unallowable activity costs.
- g) The Contractor must include the language of this certification in the award documents for all subcontracts. All subcontractors are required to be subject to and to comply timely with said certification and disclosure.
- h) This certification is a material representation of fact upon which reliance was placed to enter into this transaction and is a prerequisite for this transaction, pursuant to 31 U.S.C. Sec. 1352 (1989). Any person who fails to file the

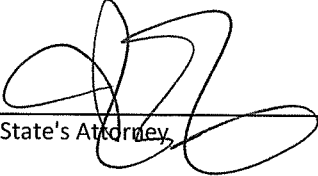
required certifications shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.

- i) The Contractor understands and agrees that when adoptive parents request the names of attorneys, the Contractor will refer adoptive parents to the Statewide Adoption Attorney Panel (SAAP) list that may be obtained by calling the Department Advocacy Office for Children and Families or by checking on the Department Website at www.state.il.us/dcfs. The Contractor shall inform the adoptive parents that if they choose an attorney not on the SAAP, he or she will be responsible for payment of the legal fees; however the adoptive parent may be eligible for reimbursement.

8.5 FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST

The Contractor will create and adopt a Conflict of Interest Policy that reflects the specifications outlined in Department Rule 437, Employee Conflict of Interest (89 Ill. Admin. Code 437).

Awarding Government Entity	Project Title	Status	Value	Contract Reference/P.O./Illinois Procurement Bulletin #
Illinois Criminal Justice Information Authority	Victims of Crime Act (VOCA)	Open	\$ 34,525.00	#213078
Illinois Attorney General's Office	Violent Crime Victims Assistance Program (VCVA)	Open	\$ 28,160.00	#15-0410
Illinois Dept. of Children and Family Services	Legal Services Provider	Open	\$ 36,000.00	#369557-901-5
Illinois State's Attorneys Appellate Prosecutor	Multi-Jurisdictional Drug Prosecution Unit Grant	Open	\$ 28,200.00	#37-6006910
Illinois State's Attorneys Appellate Prosecutor	Appellate Prosecutor Matching Funds	Open	\$ 32,500.00	Resolution 8733
Illinois Dept. of Healthcare and Family Services	Legal Services Provider	Open	\$ 286,634.00	#2015-55-013-K



 _____ Date 7.16.14

Julia R. Rietz
State's Attorney



Courthouse
101 East Main Street
P. O. Box 785
Urbana, Illinois 61801
Phone (217) 384-3733
Fax (217) 384-3816
email: statesatty@co.champaign.il.us

**Office of
State's Attorney
Champaign County, Illinois**

July 17, 2014

Christopher Alix
Deputy Chair
Finance Committee
Champaign County Board Office
Brookens Administration Center
1776 E. Washington Street
Urbana, IL 61802

Re: VCVA grant for FY15

Dear Deputy Chair and County Board Members:

Enclosed for the Committee's consideration is a packet from the Illinois Attorney General's Office, concerning a grant for victim services this office would perform on behalf of the Attorney General's Office.

After careful review of the contract, and on behalf of the Champaign County State's Attorney's Office, I respectfully request that the Committee approve this contract and forward the recommendation to the County Board.

Sincerely,

A handwritten signature in black ink, appearing to read "Julia R. Rietz". The signature is stylized with large loops and flourishes.

Julia R. Rietz
State's Attorney

Enclosure



**OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS**

Lisa Madigan
ATTORNEY GENERAL

**VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM
GRANT AGREEMENT
Grant 15-0410**

This agreement, made this _____ day of _____, 2014, by and between the State of Illinois represented by the Attorney General of the State of Illinois, hereinafter referred to as Administrator, and Champaign County State's Attorney's Office, an Illinois governmental entity, hereinafter referred to as Grantee, witnesseth:

WHEREAS, sections 6 and 7 of the Violent Crime Victims Assistance Act (725 ILCS 240/6, 7) authorize the Administrator to designate as victim and witness assistance centers, any public or private nonprofit agencies, and to award grants to such agencies for the establishment and operation of such centers pursuant to the Violent Crime Victims Assistance Act (725 ILCS 240/1 *et seq.*); and

WHEREAS, the Administrator has promulgated rules to implement the provisions of the Violent Crime Victims Assistance Act, which are codified at Title 89 of the Illinois Administrative Code, Part 1100 (hereafter referred to as the "Rules"); and including procedures for the designation and funding of victim and witness assistance centers; and

WHEREAS, Grantee has submitted to the Administrator a grant proposal dated, January 29, 2014, together with plans and specifications for the development and operation of a victim and witness assistance center in the County(ies) of Champaign, State of Illinois; and

WHEREAS, the grant proposal is acceptable to the Administrator and appears to comport with the standards, procedures, and objectives of the Violent Crime Victims Assistance Act and the rules implementing said Act; and

WHEREAS, the Administrator desires that Grantee perform services as hereinafter set forth in accordance with the terms and conditions hereinafter provided;

NOW, THEREFORE, pursuant to and for the purpose of carrying out the provisions of the Violent Crime Victims Assistance Act, and in consideration of Grantee's representations contained in its grant proposal dated January 29, 2014, and of the benefits to accrue to the People of the State of Illinois from the accomplishment of the project detailed in said grant proposal, the parties hereto mutually promise and agree as follows:

1. TERM. The term of this Agreement is for a period of twelve (12) months, commencing July 1, 2014, and ending June 30, 2015, unless sooner terminated as herein provided.

2. PROVISION OF SERVICES AND GRANT ADMINISTRATION. Grantee agrees as follows:

- (a) Grantee shall operate a program in accordance with "Program Description B" and "Clients Served C" of the application submitted to the Administrator;
- (b) Grantee shall use \$28,160.00 of grant funds toward the salary for the Victim/Witness Advocate who works full-time for 37.5 hours per week and will devote 17 hours per week performing direct services.
- (c) Direct services to victims and witnesses of violent crimes include, but are not limited to: notification regarding status of the case and dates of court proceedings, information about the criminal justice system, information about the exercise of constitutional and statutory rights set forth in Article 1, section 8(a) of the Illinois Constitution, information about statutory rights set forth in the Rights of Crime Victims and Witnesses Act (725 ILCS 120/1 et.seq.), assistance with restitution, coordination with the Attorney General's office in cases which victims have filed a victim compensation claim, assistance with impact statements, assistance with employers, assistance with return of property, court advocacy, emotional support, information about the Automated Victim Notification system, cooperation with the Administrator's staff in the Crime Victim Services unit to seek restitution for awards made by the crime victim compensation program, and networking with community groups, social service agencies, and law enforcement organizations that provide additional services for crime victims. Networking and case review meetings shall not exceed 10% of the required VCVA funded hours. Direct services do not include: supervision of staff, administration of the program, development of the program, fundraising, outreach or education;
- (d) Grantee shall maintain time and attendance records for funded staff reflecting the dates and hours providing direct services set forth in paragraph 2(b) and (c);
- (e) Grantee shall have funded staff complete one Administrator-sponsored training during the term of the grant as follows:
 - (i) Grantee shall have funded staff complete the basic 40-hour Illinois Victim Assistance Academy, if the funded staff has not completed a basic Academy and the basic Academy is offered during the term of the grant;
 - (ii) If funded staff has completed the basic Academy but has not attended the Advanced Illinois Victim Assistance Academy, Grantee

shall have funded staff apply to attend the Advanced Academy, if it is offered during the term of the grant;

(iii) If funded staff has completed the basic 40-hour Illinois Victim Assistance Academy and does not attend the Advanced Illinois Victim Assistance Academy during the term of the grant, Grantee shall have funded staff complete any other Administrator-sponsored training during the term of the grant when available;

- (f) Grantee shall maintain an accounting system in accordance with Section 1100.200 of the Rules;
- (g) Grantee shall submit to the Administrator financial and activity reports each quarter covering the previous three (3) month period. Such reports shall be on forms specified by the Administrator. All reporting forms must be received by the Administrator no later than fifteen (15) days following the end of the reporting period. Such reports shall contain the information required by Section 1100.270(a) and (b) of the Rules. Failure to comply with the deadlines for filing reports may result in the delay of payment, the withholding or suspension of the distribution of funds, or the termination of this Agreement.
- (h) Grantee shall provide information regarding the Illinois Crime Victims Compensation program to all clients who have been victims of violent crime. To that end, Grantee shall maintain a supply of current materials, including, but not limited to, Crime Victims Compensation applications and Instruction Sheets, Crime Victims Compensation brochures and Crime Victims Compensation FAQ sheets. Grantee shall attend Administrator-sponsored trainings regarding the Crime Victims Compensation program as requested by the Administrator. Grantee shall submit to the Administrator data substantiating Grantee's compliance with this subsection on Grantee's quarterly activity reports;
- (i) Grantee shall permit agents of the Administrator to inspect the financial records of Grantee as they relate to this Agreement; and
- (j) Grantee shall permit agents of the Administrator to enter the premises of Grantee to observe the operation of Grantee's program. The Administrator shall give Grantee reasonable notice of intent to enter for purposes of observing, and such observation shall not unreasonably interfere with the conduct of Grantee in the providing of its services.

3. GRANT AWARD. Administrator agrees to contribute and provide financial support from the Violent Crimes Victims Assistance Fund to Grantee in the amount of \$28,160.00. Grantee agrees to use such funds solely for the provision of services as specified in paragraph 2 of this Agreement and strictly in accordance with the project budget, which is attached hereto, marked as "Exhibit A," and by reference incorporated herein, unless Grantee has otherwise modified the program

or provision of services, in accordance with paragraph four (4) of this Grant Agreement. Administrator shall complete processing for payment of 25 percent of said grant award within 45 days of the execution of this Grant Agreement. The remaining, unpaid balance of said grant award shall be processed for payment in three (3) equal installments within 30 days after the end of each subsequent calendar quarter, provided that the Grantee has complied with quarterly reporting requirements as required under paragraph 2 of this Grant Agreement, on the conditions that sufficient funds have been deposited into the Violent Crimes Victims Assistance Fund and that such funds have been appropriated for the purposes of this Grant Agreement by the General Assembly of the State of Illinois and are available to the Administrator for disbursement for purposes of this Grant Agreement. The Administrator may delay the distribution of funds if a quarterly report reflects that the Grantee has unexpended funds at the end of the quarter, resulting from a failure to obtain approval for the modification of services, including personnel, or to provide the services specified in the Grant Agreement.

4. **MODIFICATION OF PROGRAM.** Grantee shall not change, modify, revise, alter, amend, or delete any part of the services it has agreed to provide or change, alter, or extend the time constraints for the provision of such services as provided herein unless it shall have first obtained the written consent for such change, modification, revision, alteration, amendment, deletion, or extension from the Administrator. Furthermore, unless Grantee obtains the prior written consent of the Administrator, Grantee shall not do or cause to be done any of the following:
 - (a) Incur any expense or financial obligation from the grant award except as authorized by and provided in paragraph 2 and the project budget, which is attached hereto, marked as "Exhibit A," and by reference incorporated herein;
 - (b) Incur expenses or financial obligations from such grant award in any line item category of such project budget in excess of the amount provided in such line item category; or
 - (c) Transfer any money from one line item category of such project budget to another line item category of such project budget except that a total amount of less than \$1,000 may be transferred within the budget without prior consent if done in accordance with the requirements and restrictions of the applicable Quarterly Report Instructions.
5. **ASSIGNMENT.** Grantee shall make no assignment of this Agreement or of any right accruing under this Agreement or of any monies granted to Grantee pursuant to this Agreement without the written consent of the Administrator.
6. **TERMINATION OF AGREEMENT.** This Agreement may be terminated and canceled for cause by the Administrator, by giving written notice to Grantee thirty (30) days in advance of such termination and cancellation, delivered by certified mail, return receipt requested, to Grantee as hereinafter provided. In the event that this Agreement is terminated prior to the expiration date, Grantee shall promptly

return to Administrator all unexpended or lapsed funds, as provided in the rules promulgated by the Administrator for the implementation of the Violent Crime Victims Assistance Fund.

7. EXPENDITURE OF GRANT FUNDS.

(a) All grant funds awarded hereunder shall be expended within the term of this Grant Agreement. Any grant funds not expended or legally obligated by the end of the term of this Grant Agreement must be returned to the Administrator within forty-five (45) days after the end of the term of this Grant Agreement. This Grant Agreement is subject to the Illinois Grant Funds Recovery Act (30 ILCS 705/1 *et seq.*), as now or hereafter amended; and all the terms, conditions, and provisions of the Illinois Grant Funds Recovery Act apply to this Grant Agreement and are made a part of this Grant Agreement the same as though they were expressly incorporated and included herein.

(b) Grantee agrees that neither it nor its employees shall:

1) knowingly use grant funds, or good or services purchased with grant funds, to engage, either directly or indirectly, in a prohibited political activity; or

2) be knowingly compensated from grant funds for time spent engaging in a prohibited political activity (30 ILCS 705/4.3).

For purposes of this paragraph, "prohibited political activity" has the meaning established in Section 1-5 of the State Officials and Employees Ethics Act (5 ILCS 430/1-5). Grantee acknowledges that a knowing violation of this paragraph is a business offense and that Grantee may be fined up to \$5,000.

8. SEVERABILITY. This Agreement and all provisions hereof are intended to be whole and entire, and no provision or any part hereof is intended to be severable. This Agreement contains all the terms and conditions agreed upon by the parties hereto, and no other Agreements, oral or otherwise, regarding the subject matter of the Agreement, shall be deemed to exist or bind any party hereto.

9. PERSONNEL. Grantee shall appoint, assign, and commit the following named person or persons to perform the services to be provided by Grantee:

Susan Chapin, Victim/Witness Coordinator

If for any reason Grantee finds it necessary or desirable to substitute, add, or subtract personnel to perform its services under this Agreement, Grantee shall submit a written notice to Administrator within ten (10) days of the personnel substitution, addition, or subtraction. Such notice must include the name or names of any substituted or additional personnel, together with such person's resume and

the reason for such personnel substitution, addition, or subtraction. Any substitutions or additional personnel must meet the qualifications of the written job description on file with the current application.

10. CHARITABLE ORGANIZATION STATUS. Grantee certifies that it is not a charitable organization subject to Illinois' Charitable Trust Act (760 ILCS 55/1 *et seq.*) and the Solicitation For Charity Act (225 ILCS 460/0.01 *et seq.*), and, if subject to either of these Acts, that all appropriate registration materials and annual reports have been filed with the Attorney General's Charitable Trust Bureau.
11. CONFLICT OF INTEREST. Grantee agrees to comply with the provisions of the Illinois Procurement Code prohibiting conflicts of interest (30 ILCS 500/50-13) and the Attorney General's rules relating to ethics (44 Ill. Adm. Code §§1300.5013 through 1300.5035); and all the terms, conditions, and provisions of those sections apply to this Agreement and are made a part of this Agreement the same as though they were incorporated and included herein.
12. DISCRIMINATION.
 - (a) The provisions of Public Works Employment Discrimination Act (775 ILCS 10/0.01 *et seq.*) are applicable to this contract.
 - (b) Grantee hereby agrees to:
 - 1) Refrain from unlawful discrimination and discrimination based on citizenship status in employment and undertake affirmative action to assure equality of employment opportunity and eliminate the effects of past discrimination;
 - 2) Comply with the procedures and requirements of the regulations of the Department of Human Rights concerning equal employment opportunities and affirmative action; and
 - 3) Provide such information, with respect to its employees and applicants for employment, and assistance as the Department of Human Rights may reasonably request. 775 ILCS 5/2-105.
 - (c) The Americans with Disabilities Act of 1990 (42 U.S.C. §12101 *et seq.*) and the regulations promulgated thereunder (28 C.F.R. §35.130), hereinafter collectively referred to as the "ADA," prohibit discrimination against persons with disabilities by the State, whether directly or through contractual arrangements, in the provision of any aid, benefit, or service. As a condition to this Grant Agreement, Grantee certifies that services, programs, activities provided under this Grant Agreement are and will continue to be in compliance with the ADA.
13. SEXUAL HARASSMENT POLICIES. Grantee agrees to establish and maintain written sexual harassment policies that shall include, at a minimum, the following

information: (i) the illegality of sexual harassment; (ii) the definition of "sexual harassment" under State law; (iii) a description of sexual harassment, utilizing examples; (iv) the grantee's internal complaint process including penalties; (v) the legal recourse, investigative and complaint process available through the Department of Human Rights and the Human Rights Commission; (vi) directions on how to contact the Department of Human Rights and the Human Rights Commission; and (vii) protection against retaliation as provided by section 6-101 of the Illinois Human Rights Act. 775 ILCS 5/6-101.

14. IMMIGRATION REFORM AND CONTROL ACT OF 1986. Grantee hereby certifies that, to the extent applicable to this Agreement, Grantee has complied with the provisions and requirements of the Immigration Reform and Control Act of 1986 (Public Law 99-603, effective November 6, 1986).
15. BRIBERY. Grantee hereby certifies that neither it nor any of its authorized agents has been convicted or made an admission as a matter of record of having bribed or attempted to bribe an officer or employee of any federal, State, or local governmental entity. 30 ILCS 500/50-5. Grantee acknowledges that the Administrator may declare this contract void if this certificate is false.
16. FELONY CONVICTION. Grantee certifies that it is not barred from being awarded a contract or subcontract under Section 50-10 of the Illinois Procurement Code (30 ILCS 500/50-10), which prohibits a person or business convicted of a felony from doing business with the State of Illinois or any State agency from the date of conviction until five (5) years after the completion of the sentence for that felony, unless the person(s) held responsible by a prosecutorial office for the facts upon which the conviction was based has no involvement with the business. Grantee acknowledges that the Administrator may declare this contract void if this certificate is false.
17. SARBANES-OXLEY ACT. Grantee certifies that it is not barred from being awarded a contract under Section 50-10.5 of the Illinois Procurement Code (30 ILCS 500/50-10.5), which prohibits a business from bidding on or entering into a contract or subcontract under the Code, if the business or any officer, director, partner, or other managerial agent of the business has been convicted of a felony under the Sarbanes-Oxley Act of 2002 (15 U.S.C. §7201 *et seq.*) or a Class 3 or Class 2 felony under the Illinois Securities Law of 1953 (815 ILCS 5/1 *et seq.*) for a period of five (5) years prior to the date of the bid or contract. Grantee acknowledges that the Administrator shall declare this contract void if this certification is false.
18. NON-ASSISTANCE CERTIFICATION. Grantee certifies that it is not barred from being awarded a contract under Section 50-10.5(e) of the Illinois Procurement Code (30 ILCS 500/50-10(e)), which prohibits a person or business from bidding on or entering into a contract with the State if the person or business:

(a) assisted the State or the Administrator in determining whether there is a need for the contract except as part of a response to a publicly issued request for information; or

(b) assisted the State or the Administrator by reviewing, drafting, or preparing any invitation for bids, a request for proposal, or request for information or provided similar assistance, except as part of a publicly issued opportunity to review drafts of all or part of these documents.

For purposes of this Certification, "business" includes all individuals with whom a business is affiliated, including, but not limited to, any officer, agent, employee, consultant, independent contractor, director, partner, manager, or shareholder of business.

19. **DEBT DELINQUENCY.** Grantee certifies that neither it nor any of its affiliates is barred from entering into a contract or subcontract under Section 50-11 of the Procurement Code (30 ILCS 500/50-11), which prohibits any person who knows or should know that he or she or any affiliate is delinquent in the payment of any debt to the State from entering into a contract with a State agency, unless that person or affiliate of that person, has entered into a deferred payment plan to pay off the debt. Grantee acknowledges that the Administrator may declare this contract void if this certification is false.
20. **USE TAX.** Grantee certifies that neither it nor any of its affiliates is barred from entering into a contract or subcontract under Section 50-12 of the Illinois Procurement Code (30 ILCS 500/50-12), which prohibits a person from entering into a contract with a State agency, unless the person and all of the person's affiliates collect and remit Illinois Use Tax on all sales of tangible personal property into the State of Illinois in accordance with the provisions of Illinois' Use Tax Act (35 ILCS 105/1 *et seq.*) regardless of whether the person or affiliate is a "retailer maintaining a place of business within Illinois." Grantee acknowledges that the Administrator may declare this contract void if this certification is false.
21. **ENVIRONMENTAL PROTECTION ACT.** Grantee certifies that it is not barred from being awarded a contract or subcontract under Section 50-14 of the Illinois Procurement Code (30 ILCS 500/50-14), which prohibits for a period of five (5) years a person or business from doing business with the State of Illinois, including any State agency if the person or business has been found by a court or by the Pollution Control Board to have committed a willful or knowing violation of the Environmental Protection Act and unless the person or business can show that no person involved in the violation continues to have any involvement with the business or there is no practicable contractual alternative available to the State. Grantee acknowledges that the Administrator may declare this contract void if this certification is false.
22. **FORCED LABOR.** Grantee certifies, in accordance with Section 10 of the State Prohibition of Goods from Forced Labor Act (30 ILCS 583/10), that none of the equipment, materials or supplies furnished pursuant to the provisions of this

contract constitute imported, foreign-made goods which were produced in whole or in part by forced labor, convict labor or indentured labor. Grantee acknowledges that providing a false certification under this Section of the contract may result in: (1) this contract being voided at the Administrator's option; (2) the Grantee being assessed a penalty of \$1,000 or an amount equal to 20% of the value of the equipment, materials or supplies produced by forced labor, convict labor or indentured labor; and/or (3) the Grantee being suspended from bidding on any State contract for up to 360 days.

23. CHILD LABOR CERTIFICATION. Grantee certifies, in accordance with Section 10 of the State Prohibition of Goods from Child Labor Act (30 ILCS 584/10), that none of the equipment, materials or supplies furnished pursuant to the provisions of this contract constitute imported, foreign-made goods which were produced in whole or in part by the labor of a child under the age of 12. Grantee acknowledges that providing a false certification under this Section of the contract may result in: (1) this contract being voided at the Administrator's option; (2) the Grantee being assessed a penalty of \$1,000 or an amount equal to 20% of the value of the equipment, materials or supplies produced by child labor; and/or (3) the Grantee being suspended from bidding on any State contract for up to 360 days.
24. EDUCATIONAL LOANS. To the extent that the Educational Loan Default Act (5 ILCS 385/1 *et seq.*) applies hereto, Grantee certifies that it is not in default on an educational loan.
25. BID RIGGING AND BID ROTATING. Grantee certifies that it has not been barred from bidding on this contract as a result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961 or the Criminal Code of 2012 (720 ILCS 5/33E-3, 33E-4).
26. DUES TO CLUBS WHICH DISCRIMINATE. Grantee certifies that it is not prohibited from providing goods or services to the State of Illinois or from receiving any award or grant from the State of Illinois because it pays dues or fees on behalf of its employees or agents or subsidizes or otherwise reimburses them for payment of their dues or fees to any club which unlawfully discriminates. 775 ILCS 25/2.
27. INTERNATIONAL ANTI-BOYCOTT. Grantee certifies and agrees that neither it nor any substantially-owned affiliated company is participating or shall participate in an international boycott in violation of the provisions of the United States Export Administration Act of 1979 (50 App. U.S.C. §2401 *et seq.*) or the regulations of the United States Department of Commerce promulgated under that Act.
28. DRUG FREE WORKPLACE CERTIFICATION. This Grant Agreement may be subject to the Drug Free Workplace Act (30 ILCS 580/1 *et seq.*). If it meets the definition of "grantee" under section 2 of the aforementioned Act (30 ILCS 580/2), Grantee certifies and agrees that it will provide a drug free workplace as provided under section 3 of the Drug Free Workplace Act by:

- (a) Publishing a statement:
 - i) Notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance, including cannabis, is prohibited in Grantee's or contractor's workplace;
 - ii) Specifying the actions that will be taken against employees for violations of such prohibition; and
 - iii) Notifying the employee that, as a condition of employment on such contract or grant, the employee will:
 - A) Abide by the terms of the statement; and
 - B) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- (b) Establishing a drug free awareness program to inform employees about:
 - i) The dangers of drug abuse in the workplace;
 - ii) Grantee's or contractor's policy of maintaining a drug free workplace;
 - iii) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - iv) The penalties that may be imposed upon an employee for drug violations.
- (c) Providing a copy of the statement required by subsection (a) to each employee engaged in the performance of the contract or grant and to post the statement in a prominent place in the workplace.
- (d) Notifying the Administrator within ten (10) days after receiving notice under part (B) of paragraph (3) of subsection (a) above from an employee or otherwise receiving actual notice of such conviction.
- (e) Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is so convicted, as required by section 5 of the Drug Free Workplace Act.
- (f) Assisting employees in selecting a course of action in the event drug counseling, treatment, and rehabilitation is required and indicating that a trained referral team is in place.
- (g) Making a good faith effort to continue to maintain a drug free workplace through implementation of the Drug Free Workplace Act.

29. REVOLVING DOOR PROHIBITION CERTIFICATION. Grantee certifies that it is not barred from engaging in any procurement activities under Section 50-30 of the Illinois Procurement Code (30 ILCS 500/50-30).
30. TAXPAYER IDENTIFICATION NUMBER CERTIFICATION. Grantee certifies, under penalty of perjury, that its Federal Taxpayer Identification Number listed herein is accurate and true. Grantee further certifies that it is not subject to backup withholding because: (a) Grantee is exempt from backup withholding; or (b) Grantee has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified Grantee that it is no longer subject to backup withholding. Grantee also certifies that it is a U.S. citizen or other U.S. person.

TIN Number (Employer Identification Number): 37-6006910

Grantee certifies it is performing the services covered by this Agreement as a (please check appropriate legal status):

- Tax-exempt not for profit corporation: _____
(Provide name of not for profit corporation)
- Government Entity: Champaign County State's Attorney's Office
(Provide name of governmental agency)

31. BOARD OF ELECTIONS REGISTRATION CERTIFICATION. Grantee certifies that either (*check applicable box*):

- The Grantee is not required to register as a business entity with the State Board of Elections pursuant to sections 20-160 of the Code (30 ILCS 500/20-160) and Title 44, Section 1300.08 of the Attorney General's Procurement rules with respect to its contracts, bids, and proposals with the Office of the Attorney General; or
- The Grantee has registered as a business entity with the State Board of Elections with respect to its contracts, bids, and proposals with the Office of the Attorney General and acknowledges a continuing duty to update the registration.

This contract is voidable in accordance with the provisions of section 50-60 of the Procurement Code (30 ILCS 500/50-60) for Grantee's failure to comply with section 20-160 with respect to the Grantee's contracts, bids, and proposals with the Attorney General.

32. NOTICES. All notices required to be served shall be served by certified mail, return receipt requested, duly addressed and postage prepaid. Notices shall be sent to the parties at the addresses given below, unless otherwise instructed:

ADMINISTRATOR:

Attorney General of the State of Illinois
Violent Crime Victims Assistance Program
100 West Randolph Street, 13th Floor
Chicago, Illinois 60601

GRANTEE:

Champaign County State's Attorney's Office
101 East Main Street, 2nd Floor
Urbana, IL 61801

In all correspondence between the parties hereto with respect to this Grant Agreement, the grant number shall be clearly identified and referred to. The grant number of this Grant Agreement is 15-0410.

33. MAINTENANCE OF RECORDS. Grantee shall maintain and preserve all books, records, or papers relating to the programs or projects for which funds were provided under this contract, including the amounts, recipients, and uses of all disbursements of funds passing in conjunction with the contract for a period of five (5) years after the completion of the contract. Grantee shall make available the contract and all books, records, and papers related to the contract for review and audit by the Auditor General of the State of Illinois or the Administrator. Grantee agrees to cooperate fully with any audit conducted hereunder and to provide full and free access to all relevant materials. Grantee's failure to maintain the books, records, and papers required by this paragraph shall establish a presumption in favor of the Administrator for the recovery of any funds paid under the Grant Agreement for which adequate books, records, and supporting documentation are not available to support their purported disbursement.
34. INDEPENDENT CONTRACTOR. Nothing in this Agreement shall be considered to create the relationship of employer and employee or principal and agent between the parties hereto. In the performance of this Agreement, Grantee shall act as and shall be deemed at all times to be an independent contractor.
35. MODIFICATION OF AGREEMENT. No alteration, amendment, modification, variation, addition, or deletion of any provision of this Agreement shall be effective unless it is in writing and signed by the parties hereto.
36. APPLICABLE LAWS. The Grant Agreement and the Grantee's obligations and services under the Grant Agreement are hereby made subject to and must be performed in compliance with all Federal and State laws. The Grant Agreement shall be construed in accordance with and governed in all respects by the laws of the State of Illinois.

IN WITNESS WHEREOF the parties hereto have hereunto set their hands on the day and year first above written.

Administrator:

By: _____

Lisa Madigan, Attorney General

Date

Grantee:

By: _____

Type or print name and title

Date

GRANTEE CERTIFICATION:

I, Julia R. Rutz, State's Attorney
(Print Name) (Print Title)

hereby certify under oath, in accordance with section 4 of the Illinois Grant Funds Recovery Act (30 ILCS 705/4 (West 2010)), that all information in this Grant Agreement is true and correct to the best of the my knowledge, information and belief. I further certify, under oath, that the funds shall be used only for the purposes set forth in this Grant Agreement and that the award of grant funds is conditioned upon this certification.

[Signature]

(Signature)

Subscribed and sworn before me on this 16th day of July, 2014

[Signature]
Notary Public

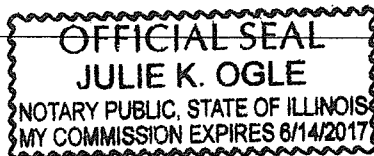


EXHIBIT A
VIOLENT CRIMES VICTIM ASSISTANCE PROGRAM
PROJECT BUDGET
Grant 15-0410

PERSONNEL:

SALARIES	\$28,160.00
BENEFITS	\$0.00
CONTRACTUAL EMPLOYMENT	\$0.00
PROFESSIONAL INSURANCE	\$0.00
OTHER	\$0.00
TOTAL PERSONNEL	\$28,160.00

OPERATING EXPENSES:

CONTRACTUAL SERVICES	\$0.00
SUPPLIES	\$0.00
PRINTING	\$0.00
OTHER	\$0.00
TOTAL OPERATING EXPENSES	\$0.00

TRAVEL:

TRAVEL	\$0.00
TRAINING - ATTENDANCE	\$0.00
TRAINING - HOSTING	\$0.00
TOTAL TRAVEL EXPENSES	\$0.00

TOTAL EXPENSES	\$28,160.00
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