

CHAMPAIGN COUNTY BOARD
COMMITTEE OF THE WHOLE
Finance/ Policy, Personnel, & Appointments/Justice & Social Services Agenda
County of Champaign, Urbana, Illinois
Tuesday, August 10, 2021 at 6:30 p.m.
Shields-Carter Meeting Room
Brookens Administrative Center
1776 East Washington Street, Urbana, Illinois

| <u>Agenda Items</u> | <u>Page #</u> |
|---|----------------------|
| I. <u>Call to Order</u> | |
| II. <u>Roll Call</u> | |
| III. <u>Approval of Agenda/Addenda</u> | |
| IV. <u>Approval of Minutes</u> | |
| A. June 15, 2021 – Regular Meeting | 1-8 |
| V. <u>Public Participation</u> | |
| VI. <u>Communications</u> | |
| VII. <u>Finance</u> | |
| A. Budget Amendments/Transfers | |
| 1. Budget Amendment 21-00044 | 9-11 |
| Fund 679 Child Advocacy Center / Dept 179 Child Advocacy Center | |
| Increased Appropriations: \$6,000 | |
| Increased Revenue: \$5,690 | |
| Reason: Increase in appropriations and revenue following increase in funding from grant. See memo. | |
| 2. Budget Amendment 21-00043 | 12-13 |
| Fund 080 General Corporate / Dept 140 Correctional Center | |
| Increased Appropriations: \$17,450 | |
| Increased Revenue: \$17,450 | |
| Reason: Receipt of revenue funds from County insurance claim from satellite jail incident of 7/14/2021. CCSO will use other appropriated funds from our budget to pay the difference for the purchase of a new transit van. | |
| 3. Budget Amendment 21-00045 | 14-15 |
| Fund 080 General Corporate / Dept 040 Sheriff | |
| Increased Appropriations: \$10,225 | |
| Increased Revenue: \$10,225 | |
| Reason: Receipt of revenue funds from County insurance claim from accident with squad car. CCSO will use other appropriated funds from our budget to pay the difference for the purchase of a new squad SUV. | |
| 4. Budget Amendment 21-00046 | 16-18 |
| Fund 080 General Corporate / Dept 140 Correctional Center | |
| Increased Appropriations: \$494,100 | |
| Increased Revenue: \$0 | |
| Reason: Funds needed for expenses associated with outside prisoner boarding for FY21 | |

| | | |
|------|---|-------|
| 5. | Budget Amendment 21-00047 Fund 080 General Corporate / Dept 071 Public Properties Increased Appropriations: \$7,500 Increased Revenue: \$0 Reason: Engineering study for video surveillance at Satellite Jail, Sheriff's Office/ Downtown Jail, and Brookens, and Master Control Systems at Downtown Jail and Satellite Jail. | 19-20 |
| | | |
| B. | Treasurer | |
| 1. | Resolution authorizing the cancellation of the appropriate certificate of purchase on a mobile home, permanent parcel 15-025-0334 | 21 |
| 2. | Resolution authorizing the cancellation of the appropriate certificate of purchase on a mobile home, permanent parcel 20-032-0213 | 22 |
| 3. | Resolution authorizing the cancellation of the appropriate certificate of purchase on a mobile home, permanent parcel 30-058-0295 | 23 |
| 4. | Resolution authorizing the cancellation of the appropriate certificate of purchase on a mobile home, permanent parcel 04-002-0138 | 24 |
| 5. | Resolution authorizing the cancellation of the appropriate certificate of purchase on a mobile home, permanent parcel 04-002-0089 | 25 |
| 6. | Resolution authorizing the cancellation of the appropriate certificate of purchase on a mobile home, permanent parcel 30-054-0030 | 26 |
| 7. | Resolution authorizing the cancellation of the appropriate certificate of purchase on a mobile home, permanent parcel 04-006-0213 | 27 |
| 8. | Resolution authorizing the cancellation of the appropriate certificate of purchase on real estate, permanent parcel 02-01-31-178-006 | 28 |
| 9. | Resolution authorizing the cancellation of the appropriate certificate of purchase on real estate, permanent parcel 02-01-31-178-005 | 29 |
| | | |
| C. | Auditor | |
| 1. | Monthly Report – June and July 2021 - Reports are available on the Auditor's webpage at: http://www.co.champaign.il.us/auditor/countyboardreports.php | |
| 2. | Champaign County bank reconciliations (information only) | 30 |
| 3. | Approval of award of contract to the review committee's recommendation for financial auditing services, pursuant to RFP 2021-005 (to be distributed) | |
| | | |
| D. | Sheriff | |
| 1. | Approval of application and, if awarded, acceptance of the Illinois Emergency Management Agency Assistance Grant | 31-70 |
| 2. | Approval of a sign-on incentive for correctional officers hired in 2021 | 71-73 |

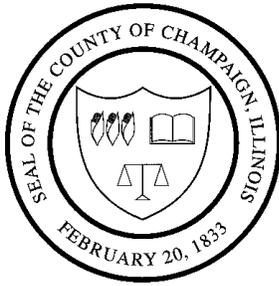
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|--------------|--|---------|
| E. | County Executive | |
| 1. | Approving Employee Health Insurance and related benefit plans for FY2022 | 74-78 |
| 2. | Request for Job Evaluation Content Committee review of new Application Support Specialist position | 79-83 |
| 3. | Executive's update | 84 |
| F. | Other Business | |
| G. | Chair's Report | |
| H. | Designation of Items to be Placed on the Consent Agenda | |
| VIII. | <u>Policy, Personnel, & Appointments</u> | |
| A. | County Executive | |
| 1. | Monthly HR Report – June and July 2021 | 85-90 |
| 2. | Appointments/Reappointments | |
| a. | Resolution appointing Lyle Brock to the Beaver Lake Drainage District, term 9/1/2021-8/31/2024 | 91-92 |
| b. | Resolution appointing Delmar Banner to the Conrad & Fisher Mutual Drainage District, term 9/1/2021-8/31/2024 | 93-94 |
| c. | Resolution appointing Gerald Reifsteck to the Fountain Head Drainage District, term 9/1/2021-8/31/2024 | 95-96 |
| d. | Resolution appointing Brian Emkes to the Kerr and Compromise Drainage District, term 9/1/2021-8/31/2024 | 97-98 |
| e. | Resolution appointing Dirk Rice to the South Fork Drainage District, term 9/1/2021-8/31/2024 | 99-100 |
| f. | Resolution appointing Rick Wolken to the Longbranch Mutual Drainage District, term 9/1/2021-8/31/2024 | 101-102 |
| g. | Resolution appointing Tim Huls to the Drainage District #10 Town of Ogden, term 9/1/2021-8/31/2024 | 103-104 |
| h. | Resolution appointing Gerald Henry to the Okaw Drainage District, term 9/1/2021-8/31/2024 | 105-106 |
| i. | Resolution appointing Leonard Stocks to the Owl Creek Drainage District, term 9/1/2021-8/31/2024 | 107-108 |
| j. | Resolution appointing Jeffrey Little to the Pesotum Slough Drainage District, term 9/1/2021-8/31/2024 | 109-110 |
| k. | Resolution appointing Keith Harms to the Prairie Creek Drainage District, term 9/1/2021-8/31/2024 | 111-112 |

Committee of the Whole Agenda
Finance; Policy, Personnel, & Appointments; Justice & Social Services
Tuesday, August 10, 2021
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- | | |
|--|---------|
| l. Resolution appointing Kevin Wolken to the Raup Drainage District, term 9/1/2021-8/31/2024 | 113-114 |
| m. Resolution appointing Reggie Peters to the Salt Fork Drainage District, term 9/1/2021-8/31/2024 | 115-116 |
| n. Resolution appointing Lloyde Esry to the St. Joseph #3 Drainage District, term 9/1/2021-8/31/2024 | 117-118 |
| o. Resolution appointing William Shumate to the Somer #1 Drainage District, term 9/1/2021-8/31/2024 | 119-120 |
| p. Resolution appointing Barry Fisher to the St. Joseph ##6 Drainage District, term 9/1/2021-8/31/2024 | 121-122 |
| q. Resolution appointing Bruce Killian to the Sangamon & Drummer Drainage District, term 9/1/2021-8/31/2024 | 123-124 |
| r. Resolution appointing Greg Smith to the St. Joseph #4 Drainage District, term 9/1/2021-8/31/2024 | 125-126 |
| s. Resolution appointing David Wolken to the Triple Fork Drainage District, term 9/1/2021-8/31/2024 | 127-128 |
| t. Resolution appointing Travis Fruhling to the Union Drainage District #2 of St. Joseph an Ogden, term 9/1/2021-8/31/2024 | 129-130 |
| u. Resolution appointing Colten Allen to the Union Drainage District #3 of South Homer and Sidney, term 9/1/2021-8/31/2024 | 131-132 |
| v. Resolution appointing Donald Maxwell to the Upper Embarras River Basin Drainage District, term 9/1/2021-8/31/2024 | 133-134 |
| w. Resolution appointing Ed Decker to the Union Drainage District #1 of Philo and Urbana, term 9/1/2021-8/31/2024 | 135-136 |
| x. Resolution appointing Richard Peavler to the West Branch Drainage District, term 9/1/2021-8/31/2024 | 137-138 |
| y. Resolution appointing Francis Lafenhagen to the Wrisk Drainage District, term 9/1/2021-8/31/2024 | 139-140 |
| z. Resolution appointing Paul Berbaum to the Drainage District #2 Town of Scott, term 9/1/2021-8/31/2024 | 141-142 |
| aa. Resolution appointing Douglas Reinhart to the Pesotum Consolidated Drainage District, term 9/1/2021-8/31/2024 | 143-144 |
| bb. Resolution appointing Susan Frobish to the Board of Review, unexpired term ending 5/31/2022 | 145-146 |
| cc. Resolution appointing Debra Estes to the Board of Review, unexpired term ending 5/31/2022 | 147-148 |

- dd. Currently vacant appointments – full list and information is available on the County’s website at:
<http://www.co.champaign.il.us/CountyExecutive/appointments/CurrentVacantOpenings.pdf>
(information only)
- ee. Applications for open appointments (information only) 149-154
- B. County Clerk 155-157
1. Monthly Report – June 2021, July 2021 and Semi-Annual Report
- C. County Board 158
1. Proposed Special Committee on Jail Facilities
- D. Other Business
- E. Chair’s Report
- F. Designation of Items to be Placed on the Consent Agenda
- IX. Justice and 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/CountyBoard/Reports.php>
- Animal Control – May 2021
 - Emergency Management Agency – June 2021
 - Probation & Court Services – April, May, June 2021 and 2nd Quarter Statistics
 - Public Defender – May & June 2021
- B. Rosecrance Re-Entry Financial Report – May & June 2021 (information only) 159-160
- C. Other Business
- D. Chair’s Report
- E. Designation of Items to be Placed on the Consent Agenda
- X. Other Business**
- A. Update from ARPA Project Manager
- B. Discussion on premium pay request from ARPA funds
- XI. Adjournment**

All meetings are at Brookens Administrative Center – 1776 E Washington Street in Urbana – unless otherwise noted. To enter Brookens after 4:30 p.m., enter at the north (rear) entrance located off Lierman Avenue. Champaign County will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities. Please contact the Office of the County Executive, 217-384-3776, as soon as possible but no later than 48 hours before the scheduled meeting.



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Finance/ Policy, Personnel, & Appointments/Justice & Social Services
County of Champaign, Urbana, Illinois
Tuesday, June 15, 2021 at 6:30 p.m.
Shields-Carter Meeting Room/Zoom
Brookens Administrative Center
1776 East Washington Street, Urbana, Illinois

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MINUTES – Subject to Approval

Members Present via Zoom: Titianna Ammons, Lorraine Cowart, Stephanie Fortado, Jordan Humphrey, Mary King, Jenny Lokshin, Emily Rodriguez, Chris Stohr, Jennifer Straub, Steve Summers, Leah Taylor, Eric Thorsland

Members Physically Present: Aaron Esry, Jim Goss, Stan Harper, Jim McGuire, Diane Michaels, Brad Passalacqua, Jacob Paul, Jodi Wolken, Kyle Patterson

Members Absent: None

Others Present: Darlene Kloeppel (County Executive), Tami Ogden (Deputy Director of Finance), Bill Colbrook (Director of Administration), Megan Robison (Recording Secretary), George Danos (Auditor), Orion Smith (Chief Deputy Auditor), John Hall (Director of Planning & Zoning) Mike Ingram (Recorder of Deeds), Dalitso Sulamoyo (Chief Executive Officer – RPC), Lynn Canfield (Executive Director MHB/DDB)

Agenda Items

I. Call to Order

Chair Patterson called the meeting to order at 6:31 p.m.

II. Roll Call

Roll call was taken, and a quorum was declared present.

III. Approval of Agenda/Addenda

MOTION by Mr. Harper to approve the agenda; seconded by Ms. Straub. Upon roll call vote, the **MOTION CARRIED** unanimously.

IV. Approval of Minutes

- A. April 27, 2021 – Finance Study Session
- B. May 11, 2021 – Regular Meeting
- C. May 25, 2021 – Finance Study Session

OMNIBUS MOTION by Mr. Thorsland to approve the minutes of April 27, 2021, May 11, 2021 and May 25, 2021 as amended; seconded by Ms. King. Upon roll call vote, the **MOTION CARRIED** unanimously.

V. Public Participation

None

55 Ms. Cowart entered the meeting at 6:40 p.m.

56

57 **VI. Communications**

58 A. American Rescue Act Funding Requests

59 1. Courthouse Officials

60 2. Circuit Clerk and Probation/Court Services

61 3. Sheriff's Office

62

63 Ms. Fortado mentioned the three attached requests from County Officials. She asked all Board members
64 to revisit the spreadsheet that was put together by the County Executive. Also, she mentioned the
65 Courthouse tours and upcoming study session dates.

66

67 Mr. Thorsland stated all the reasons Champaign County has made great strides to get back to normal after
68 a global pandemic. He thanked everyone that got us to this point and encouraged everyone to get
69 vaccinated.

70

71 **VII. Policy, Personnel, & Appointments**

72 A. County Executive

73 1. Monthly HR Report – May 2021

74

75 Received and placed on file – Mr. Stohr mentioned the nine vacancies.

76

77 2. Appointments/Reappointments

78 a. Resolution appointing Dirk Rice to the Locust Grove Cemetery Association, term 7/1/2021-
79 6/30/2027

80 b. Resolution appointing James Wilson to the Bailey Memorial Cemetery Association, term
81 7/1/2021-6/30/2027

82 c. Resolution appointing Phillip Van Ness to the Prairie View Cemetery Association, term
83 7/1/2021-6/30/2027

84 d. Resolution appointing Edward Fiscus to the Prairie View Cemetery Association, term
85 7/1/2021-6/30/2027

86 e. Resolution appointing Kevin Reifsteck to the Craw Cemetery Association, term 7/1/2021-
87 6/30/2027

88 f. Resolution appointing Krista Jones to the County Board of Health, term 7/1/2021-6/30/2024

89 g. Resolution appointing Kim Wolowiec-Fisher to the Developmental Disabilities Board, term
90 7/1/2021-6/30/2024

91 h. Resolution appointing Georgiana Schuster to the Developmental Disabilities Board, term
92 7/1/2021-6/30/2024

93 j. Resolution appointing Rovee Fabi to the Rural Transit Advisory Group, unexpired term
94 ending 12/31/2022

95

96 **OMNIBUS MOTION** by Ms. Michaels to recommend County Board approval of resolutions appointing
97 Dirk Rice, James Wilson, Phillip Van Ness, Edward Fiscus, Kevin Reifsteck, Krista Jones, Kim
98 Wolowiec-Fisher, Georgiana Schuster and Rovee Fabi to their respective boards; seconded by Mr.
99 Thorsland. Upon roll call vote, the **MOTION CARRIED** unanimously.

100

101 i. Resolution appointing Bill Goodman to the Champaign County Forest Preserve District, term
102 7/1/2021-6/30/2026

103

104 Deferred to July County Board meeting

105

106 k. Currently vacant appointments – full list and information is available on the County’s website

107

108 Information only

109

110 l. Applications for open appointments

111

112 Information only

113

114 3. Recommendation to the Finance Committee for approval of the creation of the Senior Zoning
115 Technician position to be assigned to Grade Range G, and the concurrent elimination of one of
116 the Zoning Technician positions effective June 25, 2021

117

118 **MOTION** by Mr. Thorsland to forward the approval of the creation of the Senior Zoning Technician
119 position to the Finance Committee; seconded by Mr. Passalacqua. Upon roll call vote, the **MOTION**
120 **CARRIED** unanimously.

121

122 4. Recommendation to the Finance Committee for approval of the creation of the Assistant Animal
123 Control Director position to be assigned to Grade Range I, effective June 25, 2021

124

125 **MOTION** by Ms. Rodriguez to forward the approval of the creation of the Assistant Animal Control
126 Director to the Finance Committee; seconded by Ms. Lokshin. Discussion followed to state the Animal
127 Control Task Force has found that this position is very necessary. Upon roll call vote, the **MOTION**
128 **CARRIED** unanimously.

129

130 B. County Clerk

131 1. Monthly Report – May 2021

132

133 Received and placed on file

134

135 C. County Board

136 1. Appointing a Broadband Task Force

137

138 Board members discussed the creation of this task force. They expressed the need for a mix of people,
139 possibly including small school district representatives and would be comprised of approximately 7-9
140 people. Several Board members would like to get the Farm Bureau’s input on this matter. Ms. Kloepfel
141 explained the timeline for establishing this committee and the requirement for their meetings to be open.

142

143 D. Other Business

144

145 None

146

147 E. Chair’s Report

148

149 None

150

151 F. Designation of Items to be Placed on the Consent Agenda

152

153 VII. A. 2. a-h, j

154

155

156

- 157 **VIII. Justice and Social Services**
- 158 A. Monthly Reports – All reports are available on each department’s webpage through the
- 159 department reports page
- 160 • Animal Control – April 2021
- 161 • Emergency Management Agency – April & May 2021
- 162
- 163 Received and placed on file
- 164
- 165 B. Rosecrance Re-Entry Financial Report – April 2021
- 166
- 167 Information only
- 168
- 169 C. Other Business
- 170
- 171 None
- 172
- 173 D. Chair’s Report
- 174
- 175 None
- 176
- 177 E. Designation of Items to be Placed on the Consent Agenda
- 178
- 179 None
- 180
- 181 **IX. Finance**
- 182 A. Budget Amendments/Transfers
- 183 1. Budget Amendment 21-00020
- 184 Fund 075 Regional Planning Comm / Dept 899 US Dept of Treas Rntl Asst
- 185 Increased Appropriations: \$3,138,772
- 186 Increased Revenue: \$3,140,182
- 187 Reason: See attached
- 188 2. Budget Amendment 21-00021
- 189 Fund 075 Regional Planning Comm / Dept 691 Home Energy Ast-Hhs-Odd Year
- 190 Increased Appropriations: \$3,061,368
- 191 Increased Revenue: \$3,150,168
- 192 Reason: See attached
- 193 3. Budget Amendment 21-00023
- 194 Fund 075 Regional Planning Comm / Dept 903 Urbana Senior Repair
- 195 Increased Appropriations: \$40,000
- 196 Increased Revenue: \$40,000
- 197 Reason: See attached
- 198 4. Budget Amendment 21-00025
- 199 Fund 104 Early Childhood Fund / Dept 901 ARPA Supplement (Headstart)
- 200 Increased Appropriations: \$796,869
- 201 Increased Revenue: \$796,869
- 202 Reason: Funding allows to provide one-time investments that best support the immediate needs of
- 203 staff, children, and families while adhering to federal guidelines.
- 204 ****Please see attached narrative****
- 205 5. Budget Amendment 21-00026
- 206 Fund 104 Early Childhood Fund / Dept 900 COVID19 Supp (Headstart)
- 207 Increased Appropriations: \$200,445

- 208 Increased Revenue: \$200,445
209 Reason: One-time activities in response to COVID-19
210 **Please see attached narrative*
- 211 6. Budget Amendment 21-00030
212 Fund 075 Regional Planning Comm / Dept 904 LIHEAP - ARPA
213 Increased Appropriations: \$4,693,534
214 Increased Revenue: \$4,693,534
215 Reason: See attached
- 216 7. Budget Amendment 21-00031
217 Fund 075 Regional Planning Comm / Dept 905 LIHEAP State Supp - DCEO
218 Increased Appropriations: \$495,700
219 Increased Revenue: \$495,700
220 Reason: See attached

221
222 **OMNIBUS MOTION** by Mr. Patterson to recommend County Board approval of resolutions approving
223 budget amendments 21-00020, 21-00021, 21-00023, 21-00025, 21-00026, 21-00030 and 21-00031;
224 seconded by Ms. Straub. Discussion followed regarding the fact that these would be one-time funds,
225 improvements that must be made until new building locations are found and the strategic planning for
226 new locations. Upon roll call vote, **MOTION CARRIED** unanimously.

- 227
228 8. Budget Amendment 21-00024
229 Fund 089 County Public Health Fund / Dept 049 Board of Health
230 Increased Appropriations: \$350,000
231 Increased Revenue: \$350,000
232 Reason: COVID-19 contact tracing grant amendment increasing funds in the amount of \$350,000
233 to be spent by 12/31/21. An equal increase in appropriation is requested to extend payment to
234 CUPHD as services are provided.

235
236 **MOTION** by Mr. Thorsland to recommend County Board approval of a resolution approving budget
237 amendment 21-00024; seconded by Ms. King. Upon roll call vote, the **MOTION CARRIED**
238 unanimously.

- 239
240 9. Budget Amendment 21-00027
241 Fund 613 Court's Automation Fund / Dept 030 Circuit Clerk
242 Increased Appropriations: \$75,975
243 Increased Revenue: \$35,975
244 Reason: \$87,500 purchase required to replace failing court audio system Circuit Clerk will pay
245 \$11,525 from FY2021 appropriations. Please increase appropriations by \$75,975; \$40,000 from
246 the fund balance; AOIC will reimburse County for \$35,975. Summary >> \$35,975 AOIC Reim +
247 \$40,000 fund bal + \$11,525 Clerk = \$87,500

248
249 **MOTION** by Ms. Michaels to recommend County Board approval of a resolution approving budget
250 amendment 21-00027; seconded by Ms. Taylor. Upon roll call vote, the **MOTION CARRIED**
251 unanimously.

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259 10. Budget Amendment 21-00028
260 Fund 080 General Corporate / Dept 020 Auditor
261 Increased Appropriations: \$22,000
262 Increased Revenue: \$0
263 Reason: We have a 37% increase in voucher volume from Mar-May 2020 to the same period this
264 year, much stemming from rental assistance and other COVID relief money. This increase in
265 volume is likely to be sustained at least through the end of 2021
266

267 **MOTION** by Ms. Lokshin to recommend County Board approval of a resolution approving budget
268 amendment 21-00028; seconded by Ms. Straub. Discussion followed regarding the amount of time the
269 Auditor's Office has invested in the ERP project. Upon roll call vote,
270 Yea: 20 – Lokshin, McGuire, Michaels, Passalacqua, Paul, Rodriguez, Stohr, Straub, Summers, Taylor,
271 Thorsland, Wolken, Ammons, Carter, Cowart, Esry, Fortado, Goss, Humphrey, King, Patterson
272 Nay: 1 - Harper
273 the **MOTION CARRIED**.
274

275 11. Budget Amendment 21-00036
276 Fund 840 American Rescue Act / Dept 016 Administrative Services
277 Increased Appropriations: \$0
278 Increased Revenue: \$20,364,815
279 Reason: Receipt 50% American Rescue Plan Act (ARPA) local Coronavirus fiscal recovery
280 funds. Total Champaign County allocation is \$40,729,630.
281

282 **MOTION** by Mr. Summers to recommend County Board approval of a resolution approving budget
283 amendment 21-00036; seconded by Mr. Thorsland. Discussion followed to explain this is to just receive
284 the revenue and noted that the funds have not been received. Upon roll call vote, the **MOTION**
285 **CARRIED** unanimously.
286

287 12. Budget Amendment 21-00033
288 Fund 840 American Rescue Plan Act / Dept 016 Administrative Services
289 Increased Appropriations: \$50,000
290 Increased Revenue: \$0
291 Reason: Contract with Champaign County Regional Planning Commission for Project and Fiscal
292 Management related to the American Rescue Plan Act (ARPA) Grant funding in FY2021.

293 13. Budget Amendment 21-00034
294 Fund 075 Regional Planning Comm / Dept 902 ARPA Project Management
295 Increased Appropriations: \$50,000
296 Increased Revenue: \$50,000
297 Reason: See attached
298

299 **OMNIBUS MOTION** by Ms. Lokshin to recommend County Board approval of resolutions approving
300 budget amendments 21-00033 and 21-00034; seconded by Ms. Wolken. Discussion followed to explain
301 this amendment is to pay for the administrator of the County's ARPA funds. Upon roll call vote, the
302 **MOTION CARRIED** unanimously.
303

304 B. Treasurer

305 1. Monthly Report – May 2021 – Reports are available on the Treasurer's webpage
306

307 Received and placed on file
308
309

- 310 C. Auditor
311 1. Monthly Report – May 2021 - Reports are available on the Auditor’s webpage
312
313 Received and placed on file
314
315 2. Status of the FY2019 Audit
316
317 Information only – The audit was turned in by June 1st and Ms. Fortado thanked everyone that
318 helped to get that completed.
319
320 3. Champaign County Bank Reconciliations
321
322 Information only – Ms. Fortado stated the Treasurer will be providing an updated memo at the
323 next meeting.
324
325 4. Request approval for release of RFP 2021-005 for Financial Auditing Services for the County of
326 Champaign
327
328 **MOTION** by Ms. Michaels to approve the release of RFP 2021-005 for Financial Auditing Services for
329 the County of Champaign; seconded by Ms. Taylor. Upon roll call vote,
330 Yea: 20 – Lokshin, Michaels, Passalacqua, Paul, Rodriguez, Stohr, Straub, Summers, Taylor, Thorsland,
331 Wolken, Ammons, Carter, Cowart, Esry, Fortado, Goss, Harper, Humphrey, King, Patterson
332 Nay: 1 - McGuire
333 the **MOTION CARRIED**
334
335 D. County Executive
336 1. FY2021 General Corporate Fund Budget Projection
337
338 Ms. Ogden presented her first FY2021 budget report. She gave a brief summary of the FY2019 audit, the
339 unaudited FY2020 ending fund balance and projections for FY2021.
340
341 2. Recommendation to the County Board for approval of the creation of the Senior Zoning
342 Technician position to be assigned to Grade Range G, and concurrent elimination of one of the
343 Zoning Technician positions effective June 25, 2021
344
345 3. Recommendation to the County Board for approval of the creation of the Assistant Animal
346 Control Director position to be assigned to Grade Range I, effective June 25, 2021
347
348 **OMNIBUS MOTION** by Mr. Esry to recommend County Board approval of the creation of the
349 Senior Zoning Technician position to be assigned to Grade Range G and concurrent elimination
350 of one of the Zoning Technician positions effective June 25, 2021 and creation of the Assistant
351 Animal Control Director position to be assigned to Grade Range I, effective June 25, 2021;
352 seconded by Mr. Thorsland. Upon roll call vote, the **MOTION CARRIED** unanimously.
353
354 4. Ordinance establishing a Property Assessed Clean Energy (PACE) Program and a PACE Area to
355 finance and/or refinance the acquisition, construction, installation, or modification of energy
356 projects; providing for the issuance of not to exceed \$500,000,000 Taxable PACE Revenue Notes
357 of the County to finance projects pursuant to the County’s PACE Program, providing for the
358 payment of said notes, authorizing the sale of said notes to the purchaser thereof; and other
359 matters related thereto

360 **MOTION** by Mr. Goss to recommend County Board approval of an Ordinance establishing a Property
361 Assessed Clean Energy (PACE) Program; seconded by Ms. Michaels. Upon roll call vote, the **MOTION**
362 **CARRIED** unanimously.

363
364 E. Other Business

365
366 None

367
368 F. Chair's Report

369
370 None

371
372 G. Designation of Items to be Placed on the Consent Agenda

373
374 IX. A. 1-9, 12-13, D. 2-4

375
376 **X. Other Business**

377
378 None

379
380 **XI. Adjournment**

381
382 Chair Patterson adjourned the meeting at 8:00
383

Kari S. May
Executive Director



Children's Advocacy Center
of Champaign County
201 W. Kenyon Road, Suite 1
Champaign, IL 61820
Phone: (217) 384-1266
Fax: (217) 384-1214

MEMO

DATE: July 29, 2021
TO: Stephanie Fortado, Chair, Finance Committee of the Whole
Jim Goss, Vice Chair, Finance Committee of the Whole
FROM: Brett Lemons, Administrative Assistant
RE: Budget Amendments 21-44

This memo is in reference to Budget Amendment 21-44. This budget amendment is to increase the spending authority for the Children's Advocacy Center, as the CAC was awarded additional grant funds through the VOCA program; please see the attached award letter. These additional grant funds must be spent by Sept. 30, 2021. The \$5,690 in increased grant funding will be used to purchase additional equipment and technology, as well as replace current equipment with newer versions. We have asked for \$6,000 in increased appropriations, slightly more than the awarded revenue, as a cushion against any unexpected price increases. If actual expenditures exceed the \$5,690 in increased grant funding, the difference will come from the fund balance.

As the CAC is reimbursed after submitting a quarterly report, this increase will temporarily affect the CAC's reserves; these expenses will be reimbursed in FY21 or possibly FY22. The CAC was awarded additional grant funds through the VOCA program. These expenses are within that additional grant funding and will not affect the General Corporate Fund.



NATIONAL
CHILDREN'S
ALLIANCE®

ACCREDITED
MEMBER



June 30, 2021

Champaign County Children's Advocacy Center
201 West Kenyon Road, Suite 1
Champaign, IL 61820

Dear Kari,

Thank you for your FY21 VOCA grant modification. As you are aware, the FY21 grant period was extended through September 30, 2021. We were also given an additional \$1 million in Extra Funds to distribute between the CACs for equipment, supply, and technology needs. The requests for extra funds were over the \$1 million available, and we were unable to accommodate requests for everything. The Fifth Quarter and Extra Funds are available effective July 1st, 2021.

After reviewing your grant modification, budget and available funds, the new FY21 VOCA grant award is as follows:

| | |
|-----------------------|---------------|
| FY21 Original Period: | \$ 151,492.00 |
| FY21 Fifth Quarter: | \$ 37,873.00 |
| Extra Funds: | \$ 5,690.00 |
| | |
| New Award Total: | \$ 195,055.00 |
| Match Funds: | \$ 48,763.00 |

You will be notified by email of any cuts or changes needing made to your modification request.

We appreciate all the hard work and effort you put into your grant modification. If you have any questions, please feel free to contact Michael, Kathy, or Kim.

Sincerely,

Kim Mangiaracino
Executive Director
kim@cacionline.org

Kathy Murphy
VOCA Fiscal Grant Monitor
kathy@cacionline.org

Michael Morgan
VOCA Program Grant Monitor
michael@cacionline.org

FUND 679 CHILD ADVOCACY CENTER

DEPARTMENT 179 CHILD ADVOCACY CENTER

INCREASED APPROPRIATIONS:

| ACCT. NUMBER & TITLE | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|---|-----------------------------|----------------|-------------------------------|-------------------------------|
| 679-179-522.44 EQUIPMENT LESS THAN \$5000 | 2,104 | 9,677 | 15,677 | 6,000 |
| TOTALS | 2,104 | 9,677 | 15,677 | 6,000 |

INCREASED REVENUE BUDGET:

| ACCT. NUMBER & TITLE | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|--|-----------------------------|----------------|-------------------------------|-------------------------------|
| 679-179-331.54 JUSTC-CRIME VICTIM ASSIST | 151,492 | 168,492 | 174,182 | 5,690 |
| TOTALS | 151,492 | 168,492 | 174,182 | 5,690 |

EXPLANATION: INCREASE IN APPROPRIATIONS AND REVENUE FOLLOWING INCREASE IN FUNDING FROM GRANT. SEE MEMO.

DATE SUBMITTED:

July 29, 2021

AUTHORIZED SIGNATURE

* PLEASE SIGN IN BLUE INK **

APPROVED BY BUDGET & FINANCE COMMITTEE:

DATE:



SHERIFF DUSTIN D. HEUERMAN
CHAMPAIGN COUNTY SHERIFF'S OFFICE

204 E. Main Street
Urbana, Illinois 61801-2702
(217) 384-1204

TO: Stephanie Fortado, Finance Committee Chair
FROM: Dustin D. Heuerman, Sheriff
DATE: July 27, 2021
SUBJ: Request for Budget Amendment 21-00043

Please find attached Budget Amendment 21-00043 for your consideration and approval. This is a result of the total loss of a corrections van during the jail incident on July 14, 2021. This Budget Amendment will allow the \$17,450 reimbursement from insurance to be placed in our general corporate budget line 080-140-544.30. We will use this money to help offset the cost of purchasing a replacement vehicle.

REQUEST FOR BUDGET AMENDMENT

BA NO. 21-00043

FUND 080 GENERAL CORPORATE

DEPARTMENT 140 CORRECTIONAL CENTER

INCREASED APPROPRIATIONS:

| ACCT. NUMBER & TITLE | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|--------------------------------------|-----------------------------|----------------|-------------------------------|-------------------------------|
| 080-140-544.30 AUTOMOBILES, VEHICLES | 0 | 26,500 | 43,950 | 17,450 |
| | | | | |
| | | | | |
| TOTALS | 0 | 26,500 | 43,950 | 17,450 |

INCREASED REVENUE BUDGET:

| ACCT. NUMBER & TITLE | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|---------------------------------------|-----------------------------|----------------|-------------------------------|-------------------------------|
| 080-140-369.80 INSURANCE CLAIMS REIMB | 0 | 0 | 17,450 | 17,450 |
| | | | | |
| | | | | |
| TOTALS | 0 | 0 | 17,450 | 17,450 |

EXPLANATION: RECEIPT OF REVENUE FUNDS FROM COUNTY INSURANCE CLAIM FROM SATELLITE JAIL INCIDENT OF 7/14/2021. CCSO WILL USE OTHER APPROPRIATED FUNDS FROM OUR BUDGET TO PAY THE DIFFERENCE FOR THE PURCHASE OF A NEW TRANSIT VAN.

| | | |
|------------------------------------|--|-------------------------------|
| DATE SUBMITTED: <u>8-2-2021</u> | AUTHORIZED SIGNATURE <u><i>D. Steiner</i></u> | ** PLEASE SIGN IN BLUE INK ** |
|------------------------------------|--|-------------------------------|

APPROVED BY BUDGET & FINANCE COMMITTEE: _____ DATE: _____

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| | | |
| | | |



**SHERIFF DUSTIN D. HEUERMAN
CHAMPAIGN COUNTY SHERIFF'S OFFICE**

204 E. Main Street
Urbana, Illinois 61801-2702
(217) 384-1204

TO: Stephanie Fortado, Finance Committee Chair
FROM: Dustin D. Heuerman, Sheriff
DATE: August 2, 2021
SUBJ: Request for Budget Amendment 21-00045

Please find attached Budget Amendment 21-00045 for your consideration and approval. This is a result of the total loss of a patrol vehicle due to a motor vehicle accident. This Budget Amendment will allow the \$10,225 reimbursement from insurance to be placed in our general corporate budget line 080-040-544.30. We will use this money to help offset the cost of purchasing a replacement vehicle.

REQUEST FOR BUDGET AMENDMENT

BA NO. 21-00045

FUND 080 GENERAL CORPORATE

DEPARTMENT 040 SHERIFF

INCREASED APPROPRIATIONS:

| ACCT. NUMBER & TITLE | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|--------------------------------------|-----------------------------|----------------|-------------------------------|-------------------------------|
| 080-040-544.30 AUTOMOBILES, VEHICLES | 145,000 | 102,633 | 112,858 | 10,225 |
| | | | | |
| | | | | |
| TOTALS | 145,000 | 102,633 | 112,858 | 10,225 |

INCREASED REVENUE BUDGET:

| ACCT. NUMBER & TITLE | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|---------------------------------------|-----------------------------|----------------|-------------------------------|-------------------------------|
| 080-040-369.80 INSURANCE CLAIMS REIMB | 0 | 0 | 10,225 | 10,225 |
| | | | | |
| | | | | |
| TOTALS | 0 | 0 | 10,225 | 10,225 |

EXPLANATION: RECEIPT OF REVENUE FUNDS FROM COUNTY INSURANCE CLAIM FROM ACCIDENT WITH SQUAD CAR. CCSO WILL USE OTHER APPROPRIATED FUNDS FROM OUR BUDGET TO PAY THE DIFFERENCE FOR THE PURCHASE OF A NEW SQUAD SUV.

DATE SUBMITTED:

08/02/2021

AUTHORIZED SIGNATURE

** PLEASE SIGN IN BLUE INK **

D. Heuerman

APPROVED BY BUDGET & FINANCE COMMITTEE:

DATE:



SHERIFF DUSTIN D. HEUERMAN CHAMPAIGN COUNTY SHERIFF'S OFFICE

204 E. Main Street
Urbana, Illinois 61801-2702
(217) 384-1204

TO: Stephanie Fortado, Finance Committee Chair
FROM: Dustin D. Heuerman, Sheriff
DATE: July 29, 2021
RE: Out of County Inmate Housing Funding Request

I'm submitting for your consideration a funding request in the amount of \$494,100 to temporarily relocate up to 70 inmates for up to 4 months (December 31, 2021) to neighboring counties. While we are unsure this will allow us to completely close the Downtown jail (because of classification and separation requirements), it will help in reducing the correctional officer to inmate ratio as well as help to remove as many inmates as possible from the Downtown jail. Plus, we intended to relocate 60 inmates out of county for a three-week period in October due to a HVAC project at the Satellite. This requested funding will allow us to accomplish that while also allowing time to get additional correctional officers hired and trained. I believe this is one way we can take immediate action to help mitigate the challenges we are experiencing in our correctional facilities.

As I have previously stated, we are down ten correctional officers with only two on the hiring list to consider. While we continue to explore creative ways to recruit and retain employees, this shortage has created a large amount of overtime expense to compensate current staff. Jail administration has stepped up to help mitigate the issue by filling some open shifts, however that has resulted in decreased time to fulfill administrative duties. This cannot continue indefinitely. Boarding inmates out of county will help to address staffing concerns while we recruit, hire, and train new employees and help reduce the chances of a critical incident occurring in our correctional facilities.

I am optimistic from recent conversations with the Board that plans are being put into place for a solution to the issues created by our current correctional facilities. It is my understanding that a special committee is being formed to help develop a plan for moving forward. Boarding inmates out of county will decrease the chances for a critical incident or injury to occur, as well as reduce the chances of a lawsuit or grievance being filed against the county. This is an expensive option resulting from years of inaction, but I believe it is necessary to reduce liability to the County as well as reduce the chances an employee or inmate is injured. This will also buy time for the County Board and I to collaborate on how to best proceed into the future with adequate facilities.

I have sent out a state-wide inquiry for jail space and have been able to speak with a few Sheriffs personally. Sheriffs vary on their daily rate per inmate and vary on the type of inmate they are willing to accept (e.g., high risk, mental illness, etc.). We are currently working on classification issues to determine which inmates we can house out of county. We will also still be responsible for transporting inmates to and from court hearings, so choosing a county or counties closer to Champaign County is better and more efficient than counties further away.

The \$494,100 amount is based on housing 70 inmates for 4 months (122 days) at counties close to Champaign County who have expressed the capacity and willingness to accept a specific number of inmates each as well as their quoted rate/day/inmate. If we can efficiently place inmates in a correctional center for less, we will do



SHERIFF DUSTIN D. HEUERMAN

CHAMPAIGN COUNTY SHERIFF'S OFFICE

204 E. Main Street
Urbana, Illinois 61801-2702
(217) 384-1204

that. Any unused funds from this allocation will return to the general fund when FY21 is closed. It is expected that some operational expenses will decrease with this move while others will increase (e.g., a decrease in food costs but increase in transportation costs). It is likely these expenses will offset each other, but if any savings to existing appropriations are realized they will also be returned to the general fund balance.

It is my recommendation that the County Board approve this request as a temporary mitigation to the challenges we are experiencing in the correctional facilities. It is my hope that this will give us more time to get additional staff hired and trained as well as reduce the chances of any critical incidents occurring in our correctional facilities.

Thank you for your consideration of this recommendation.

REQUEST FOR BUDGET AMENDMENT

BA NO. 21-00046

FUND 080 GENERAL CORPORATE

DEPARTMENT 140 CORRECTIONAL CENTER

INCREASED APPROPRIATIONS:

| ACCT. NUMBER & TITLE | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|--|-----------------------------|----------------|-------------------------------|-------------------------------|
| 080-140-533.16 OUTSIDE PRISON BOARDING | 25,000 | 25,000 | 519,100 | 494,100 |
| | | | | |
| | | | | |
| TOTALS | 25,000 | 25,000 | 519,100 | 494,100 |

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: FUNDS NEEDED FOR EXPENSES ASSOCIATED WITH OUTSIDE PRISONER BOARDING FOR FY21.

| | |
|--------------------------------------|---|
| DATE SUBMITTED: <u>08/02/2021</u> | AUTHORIZED SIGNATURE ** PLEASE SIGN IN BLUE INK **  |
|--------------------------------------|---|

APPROVED BY BUDGET & FINANCE COMMITTEE: _____ DATE: _____

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| | |

Memorandum

To: Stephanie Fortado, Chair Finance Committee, Jim Goss, Vice-Chair of the Finance Committee, and esteemed members of the Finance Committee

From: Dana Brenner, Facility Director

Date: August 3, 2021

Subject: Budget Adjustment Request for FY2021

The Physical Plant respectfully requests a FY2021 Budget Adjustment for \$7,500.00 for GHR Engineering to conduct a Video Surveillance Camera System and Master Control System study of the Sheriff's Office/Downtown Jail, Satellite Jail and Brookens Administrative Center.

Sheriff Heuerman has identified these issues to be of utmost priority and concern for these facilities. Updating the antiquated surveillance camera systems at the Sheriff's Office/Downtown Jail, Satellite Jail, and Brookens would provide necessary surveillance, both inside and out of these facilities. An updated video security system can provide greater awareness of facility security, as well as improving the overall safety and security for staff and inmates.

Modern camera systems today can have the ability to notify staff immediately of impending medical issues of inmates, so that this type of issue(s) can quickly be identified, and appropriate response(s) can be administered. Additionally, an updated camera system would have the ability to monitor social distancing, occupancy, and masking requirements, as well as identifying inmates and staff with abnormal body temperatures.

The Sheriff further requested updating of the Master Control Systems of the Downtown Jail and Satellite Jail. Both electronic door and communication systems are in adequate for today's jail operation. It has become more difficult to find outdated parts for repair of both systems. We are dangerously close not having a viable solution for repair of either system.

A GHR Study of this essential security equipment would provide the County with an exact project scope and associated construction projects estimates by system and by building. Further, GHR will provide us with a comprehensive report (scope and costs) and graphical representations of each system to better evaluate each project.

REQUEST FOR BUDGET AMENDMENT

BA NO. 21-00047

FUND 080 GENERAL CORPORATE

DEPARTMENT 071 PUBLIC PROPERTIES

INCREASED APPROPRIATIONS:

| ACCT. NUMBER & TITLE | BEGINNING BUDGET AS OF 12/1 | CURRENT BUDGET | BUDGET IF REQUEST IS APPROVED | INCREASE (DECREASE) REQUESTED |
|-------------------------------------|-----------------------------|----------------|-------------------------------|-------------------------------|
| 080-071-533.04 ENGINEERING SERVICES | 5,500 | 5,500 | 13,000 | 7,500 |
| | | | | |
| | | | | |
| TOTALS | 5,500 | 5,500 | 13,000 | 7,500 |

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: ENGINEERING STUDY FOR VIDEO SURVIELLANCE AT SATELLITE JAIL, SHERIFFS OFFICE/DOWNTOWN JAIL, AND BROOKENS, AND MASTER CONTROL SYSTEMS AT DOWNTOWN JAIL AND SATELLITE JAIL.

DATE SUBMITTED:

8/3/21

AUTHORIZED SIGNATURE

Dana Breun

** PLEASE SIGN IN BLUE INK **

APPROVED BY BUDGET & FINANCE COMMITTEE:

DATE:

| | | |
|--|--|--|
| | | |
| | | |
| | | |

RESOLUTION



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

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

VIN: 71212A
1969 MARLETTE 920 SqFt
MH PARK: CANDLEWOOD ESTATES

PERMANENT PARCEL NUMBER: 15-025-0334

As described in certificate(s): 72 sold on October 26, 2018

Commonly known as: 334 LOGAN ST

and it appearing to the Budget & Finance Committee that it is in the best interest of the County to accept full payment of the delinquent taxes, penalties, interest, and costs from the owner of an interest in said property.

WHEREAS, Perry Davidson, has paid \$1,205.21 for the full amount of taxes involved and a request for surrender of the tax sale certificate has been presented to the Budget & Finance Committee and at the same time it having been determined that the County shall receive \$638.53 as a return for its Certificate(s) of Purchase. The County Clerk shall receive \$51.00 for cancellation of Certificate(s) and to reimburse the revolving account the charges advanced from this account. The Agent under his contract for services shall receive \$515.68.

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

BE IT RESOLVED BY THE COUNTY BOARD OF CHAMPAIGN COUNTY, ILLINOIS, that the Chairman of the Board of Champaign County, Illinois, hereby authorizes the cancellation of the appropriate Certificate(s) of Purchase on the above described mobile home for the sum of \$638.53 to 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 EXECUTIVE

SURRENDER

08-21-002

RESOLUTION



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

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

VIN: 16384
1983 WINDSOR 924 SqFt
MH PARK: Heritage Estates

PERMANENT PARCEL NUMBER: 20-032-0213

As described in certificate(s): 97 sold on October 26, 2018

Commonly known as: 1321 SYCAMORE LN

and it appearing to the Budget & Finance Committee that it is in the best interest of the County to accept full payment of the delinquent taxes, penalties, interest, and costs from the owner of an interest in said property.

WHEREAS, Juan Alaniz, For Glenda Johnson, has paid \$1,158.81 for the full amount of taxes involved and a request for surrender of the tax sale certificate has been presented to the Budget & Finance Committee and at the same time it having been determined that the County shall receive \$611.65 as a return for its Certificate(s) of Purchase. The County Clerk shall receive \$51.00 for cancellation of Certificate(s) and to reimburse the revolving account the charges advanced from this account. The Agent under his contract for services shall receive \$496.16.

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

BE IT RESOLVED BY THE COUNTY BOARD OF CHAMPAIGN COUNTY, ILLINOIS, that the Chairman of the Board of Champaign County, Illinois, hereby authorizes the cancellation of the appropriate Certificate(s) of Purchase on the above described mobile home for the sum of \$611.65 to 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 EXECUTIVE

SURRENDER

08-21-001

RESOLUTION



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

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

VIN: NQ32085A
1992 COMMODORE 924 SqFt
MH PARK: Ivanhoe Estates

PERMANENT PARCEL NUMBER: 30-058-0295

As described in certificate(s): 158 sold on October 26, 2018

Commonly known as: 25 ROWENA

and it appearing to the Budget & Finance Committee that it is in the best interest of the County to accept full payment of the delinquent taxes, penalties, interest, and costs from the owner of an interest in said property.

WHEREAS, Teri McGaughey, For Frances McGaughey, has paid \$1,221.00 for the full amount of taxes involved and a request for surrender of the tax sale certificate has been presented to the Budget & Finance Committee and at the same time it having been determined that the County shall receive \$653.89 as a return for its Certificate(s) of Purchase. The County Clerk shall receive \$51.00 for cancellation of Certificate(s) and to reimburse the revolving account the charges advanced from this account. The Agent under his contract for services shall receive \$516.11.

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

BE IT RESOLVED BY THE COUNTY BOARD OF CHAMPAIGN COUNTY, ILLINOIS, that the Chairman of the Board of Champaign County, Illinois, hereby authorizes the cancellation of the appropriate Certificate(s) of Purchase on the above described mobile home for the sum of \$653.89 to 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 EXECUTIVE

SURRENDER

08-21-003

RESOLUTION



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

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

VIN: 6015281
1972 HOLLY PARK 720 SqFt
MH PARK: New Century Estates

PERMANENT PARCEL NUMBER: 04-002-0138

As described in certificate(s): 15 sold on October 20, 2017

Commonly known as: 4809 WINDSOR RD #A16

and it appearing to the Budget & Finance Committee that it is in the best interest of the County to accept full payment of the delinquent taxes, penalties, interest, and costs from the owner of an interest in said property.

WHEREAS, Michael Ingram, For Shaya Robinson, has paid \$1,295.36 for the full amount of taxes involved and a request for surrender of the tax sale certificate has been presented to the Budget & Finance Committee and at the same time it having been determined that the County shall receive \$749.08 as a return for its Certificate(s) of Purchase. The County Clerk shall receive \$51.00 for cancellation of Certificate(s) and to reimburse the revolving account the charges advanced from this account. The Agent under his contract for services shall receive \$495.28.

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

BE IT RESOLVED BY THE COUNTY BOARD OF CHAMPAIGN COUNTY, ILLINOIS, that the Chairman of the Board of Champaign County, Illinois, hereby authorizes the cancellation of the appropriate Certificate(s) of Purchase on the above described mobile home for the sum of \$749.08 to 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 EXECUTIVE

SURRENDER

08-21-004

RESOLUTION



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

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

VIN: IV7014CDFL28294
1984 VICTORIAN 980 SqFt
MH PARK: New Century Estates

PERMANENT PARCEL NUMBER: 04-002-0089

As described in certificate(s): 11 sold on October 26, 2018

Commonly known as: 4809 WINDSOR RD LOT D12

and it appearing to the Budget & Finance Committee that it is in the best interest of the County to accept full payment of the delinquent taxes, penalties, interest, and costs from the owner of an interest in said property.

WHEREAS, James A Evans, has paid \$1,245.89 for the full amount of taxes involved and a request for surrender of the tax sale certificate has been presented to the Budget & Finance Committee and at the same time it having been determined that the County shall receive \$672.73 as a return for its Certificate(s) of Purchase. The County Clerk shall receive \$51.00 for cancellation of Certificate(s) and to reimburse the revolving account the charges advanced from this account. The Agent under his contract for services shall receive \$522.16.

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

BE IT RESOLVED BY THE COUNTY BOARD OF CHAMPAIGN COUNTY, ILLINOIS, that the Chairman of the Board of Champaign County, Illinois, hereby authorizes the cancellation of the appropriate Certificate(s) of Purchase on the above described mobile home for the sum of \$672.73 to 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 EXECUTIVE

SURRENDER

07-21-001

RESOLUTION



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

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

VIN: MY8864243
1988 FAIRMONT 924 SqFt
MH PARK: Chief Illini Village

PERMANENT PARCEL NUMBER: 30-054-0030

As described in certificate(s): 125 sold on October 26, 2018

Commonly known as: 30 SHEMAUGER

and it appearing to the Budget & Finance Committee that it is in the best interest of the County to accept full payment of the delinquent taxes, penalties, interest, and costs from the owner of an interest in said property.

WHEREAS, Haley Thompson, For Cindy McGrath, has paid \$993.91 for the full amount of taxes involved and a request for surrender of the tax sale certificate has been presented to the Budget & Finance Committee and at the same time it having been determined that the County shall receive \$474.63 as a return for its Certificate(s) of Purchase. The County Clerk shall receive \$51.00 for cancellation of Certificate(s) and to reimburse the revolving account the charges advanced from this account. The Agent under his contract for services shall receive \$468.28.

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

BE IT RESOLVED BY THE COUNTY BOARD OF CHAMPAIGN COUNTY, ILLINOIS, that the Chairman of the Board of Champaign County, Illinois, hereby authorizes the cancellation of the appropriate Certificate(s) of Purchase on the above described mobile home for the sum of \$474.63 to 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 EXECUTIVE

SURRENDER

07-21-004

RESOLUTION



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

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

VIN: 10442
1977 LIBERTY 552 SqFt
MH PARK: SHADOW WOOD MHP

PERMANENT PARCEL NUMBER: 04-006-0213

As described in certificate(s): 28 sold on October 26, 2018

Commonly known as: 19 RAINTREE

and it appearing to the Budget & Finance Committee that it is in the best interest of the County to accept full payment of the delinquent taxes, penalties, interest, and costs from the owner of an interest in said property.

WHEREAS, Basilio Juan Sebastian, has paid \$904.50 for the full amount of taxes involved and a request for surrender of the tax sale certificate has been presented to the Budget & Finance Committee and at the same time it having been determined that the County shall receive \$398.13 as a return for its Certificate(s) of Purchase. The County Clerk shall receive \$51.00 for cancellation of Certificate(s) and to reimburse the revolving account the charges advanced from this account. The Agent under his contract for services shall receive \$455.37.

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

BE IT RESOLVED BY THE COUNTY BOARD OF CHAMPAIGN COUNTY, ILLINOIS, that the Chairman of the Board of Champaign County, Illinois, hereby authorizes the cancellation of the appropriate Certificate(s) of Purchase on the above described mobile home for the sum of \$398.13 to 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 EXECUTIVE

SURRENDER

07-21-005

RESOLUTION



WHEREAS, The County of Champaign, as Trustee for the Taxing Districts therein, has undertaken a program to collect delinquent taxes and to perfect titles to real property in cases in which the taxes on such real property have not been paid, pursuant to 35ILCS 200/21-90, and

WHEREAS, Pursuant to this program, the County of Champaign, as Trustee for the Taxing Districts therein, has acquired an interest in the following described real estate:

LOT: 12 BLOCK: 3

PERMANENT PARCEL NUMBER: 02-01-31-178-006

As described in certificate(s): 17 sold on October 26, 2018

Commonly known as: COUNTY ROAD 3050N

and it appearing to the Budget & Finance Committee that it is in the best interest of the County to accept full payment of the delinquent taxes, penalties, interest, and costs from the owner of an interest in said property.

WHEREAS, Jeffrey Perry, For Vauna Painter, has paid \$759.49 for the full amount of taxes involved and a request for surrender of the tax sale certificate has been presented to the Budget & Finance Committee and at the same time it having been determined that the County shall receive \$320.93 as a return for its Certificate(s) of Purchase. The County Clerk shall receive \$51.00 for cancellation of Certificate(s) and to reimburse the revolving account the charges advanced from this account. Jeffrey Perry, For Vauna Painter shall receive \$102.00 for overpayment. The Agent under his contract for services shall receive \$387.56.

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

BE IT RESOLVED BY THE COUNTY BOARD OF CHAMPAIGN COUNTY, ILLINOIS, that the Chairman of the Board of Champaign County, Illinois, hereby authorizes the cancellation of the appropriate Certificate(s) of Purchase on the above described real estate for the sum of \$320.93 to 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 EXECUTIVE

SURRENDER

07-21-002

RESOLUTION



WHEREAS, The County of Champaign, as Trustee for the Taxing Districts therein, has undertaken a program to collect delinquent taxes and to perfect titles to real property in cases in which the taxes on such real property have not been paid, pursuant to 35ILCS 200/21-90, and

WHEREAS, Pursuant to this program, the County of Champaign, as Trustee for the Taxing Districts therein, has acquired an interest in the following described real estate:

LOT: 10 BLOCK: 3

PERMANENT PARCEL NUMBER: 02-01-31-178-005

As described in certificate(s): 16 sold on October 26, 2018

Commonly known as: COUNTY ROAD 3050N

and it appearing to the Budget & Finance Committee that it is in the best interest of the County to accept full payment of the delinquent taxes, penalties, interest, and costs from the owner of an interest in said property.

WHEREAS, Jeffrey Perry, For Vauna Painter, has paid \$671.69 for the full amount of taxes involved and a request for surrender of the tax sale certificate has been presented to the Budget & Finance Committee and at the same time it having been determined that the County shall receive \$242.54 as a return for its Certificate(s) of Purchase. The County Clerk shall receive \$51.00 for cancellation of Certificate(s) and to reimburse the revolving account the charges advanced from this account. Jeffrey Perry, For Vauna Painter shall receive \$102.00 for overpayment. The Agent under his contract for services shall receive \$378.15.

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

BE IT RESOLVED BY THE COUNTY BOARD OF CHAMPAIGN COUNTY, ILLINOIS, that the Chairman of the Board of Champaign County, Illinois, hereby authorizes the cancellation of the appropriate Certificate(s) of Purchase on the above described real estate for the sum of \$242.54 to 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 EXECUTIVE

SURRENDER

07-21-003

GEORGE P. DANOS, CPA
COUNTY AUDITOR



CASSANDRA JOHNSON
COUNTY TREASURER

K. ORION SMITH, CPA
CHIEF DEPUTY AUDITOR

DESHAWN WILLIAMS
CHIEF DEPUTY TREASURER

OFFICES OF THE AUDITOR & TREASURER
CHAMPAIGN COUNTY, ILLINOIS

MEMORANDUM

DATE : July 20, 2021
TO : Finance Chair Stephanie Fortado, Finance Vice-Chair Jim Goss and Co. Board Members
FROM : The Treasurer and Auditor's offices
RE : Champaign County Bank Reconciliations

We have written this conjoint memo to inform the board of the approach mutually agreed upon by the Offices of the Auditor and the Treasurer with respect to the performance of bank reconciliations.

There are two kinds of reconciliations, which require standards set by the external auditors. One set of reconciliations, that of the collector accounts, number over thirty bank accounts, one for each collector bank. They belong strictly to the Treasurer. Recent changes in GASB 84 now require additional work from the Treasurer, namely the detailed construction of a "statement of activity" from each of the accounts.

This money is then distributed to many entities, only one of which is the County.

The other set are County accounts, i.e., our money. The reconciliation of these accounts is needed for revenue forecasting, year-end close, and the audit. Completion of these reconciliations is a check and balance on the revenue reported by the Treasurer, which further comports with apportionment of some of this work to the County Auditor.

Given this new set of assignments, we offer you this prospective plan rather than a status update.

The Treasurer's Office shall deliver the complete set of 2020 Collector reconciliations by September 30, 2021. This ensures that up-to-date and justified balances are ready for the 2020 audit.

The Treasurer shall compile a detailed cash receipts and disbursement report that matches activity to the bank statements. The Auditor utilizes these reports to reconcile book-bank discrepancies and deliver a cumulative list of all outstanding activity. This bi-directional handoff constitutes a review of each office by the other and results in timely and complete revenue recognition.

This approach successfully addresses item #2018-003 ("Bank Reconciliation Timeliness") from the schedule of Single Audit findings, reported on pp. 335 of the 2019 consolidated annual financial reports and referring to a finding *inherited prior to the tenure* of either current elected financial officer.



SHERIFF DUSTIN D. HEUERMAN CHAMPAIGN COUNTY SHERIFF'S OFFICE

204 E. Main Street
Urbana, Illinois 61801-2702
(217) 384-1204

**Coordinator John Dwyer
Champaign Co EMA
1905 E. Main St.
Urbana, Illinois 61802
(217)-384-3826**

To: Finance Committee

From: John Dwyer, Coordinator

Subject: Emergency Management Assistance (EMA) Grant

Date: August 2, 2021

EMA is requesting the approval to accept when awarded our annual Emergency Management Assistance grant as attached. This grant is to offset the administrative costs for the County EMA program. This grant has been applied for and awarded since the 2002. This year's grant is for a 15 month period in order for the grant to move to a new fiscal year cycle next year.

We normally receive funds in the amount of \$53,000 per year, but this grant will be for approximately \$66,250 since it covers 15 months. The grant application shows more the \$66,250 just in case there is a reallocation of grant funds. Funds will cover salaries. Matching funds are in-kind match; they aren't any additional costs to the county. We will advise the committee when we know the exact grant amount.

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

Department: Champaign County Sheriff's Office (Champaign Co EMA)
Grant Funding Agency: Illinois Emergency Management Agency (IEMA)
Amount of Grant: \$66,250 est.
Begin/End Dates for Grant Period: Apr 1, 2021-June 30, 2022
Additional Staffing to be Provided by Grant: none
Application Deadline: July 1, 2021
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: 2002

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: 08/02/2021

SIGNED: 
Department Head

Application for & Acceptance of Grant Approval:

Approved by Finance Committee: _____

Approved by County Board: _____

Approved by Grant Executive Committee: _____

John Dwyer

From: Ducey, Iris <Iris.Ducey@illinois.gov>
Sent: Friday, June 4, 2021 3:10 PM
To: Antonio Brown; cathy.beck@mcleancountyil.gov; chana.ray@douglascountyil.com; cschopp@livingstoncountyil.gov; dcook@tazewell.com; ececi@co.iroquois.il.us; esda@edgarcountyillinois.com; Jeff Scheibly; Jesse King; John Carter; John Dwyer; kcaruthers@logancountyil.gov; kmccanless@woodford-county.org; Mark Landers (mlanders@logancountyil.gov); mgallardo@dewittcountyill.com; Ray Spencer; russell.rudd@vercounty.org; Shannon Carroll; Tammy Bennett; tesposito@maconcountyema.org; ema@fordcounty.illinois.gov
Subject: FW: FFY 21 EMA Grant Application is Ready!
Importance: High

CAUTION: External email, be careful when opening.

The FFY 21 EMA site on the IEMA Grants Portal with a link to the EMA Handbook and application is located here:

<https://grants.iema.state.il.us/SitePages/2021%20EMPG.aspx>

The FFY 21 EMA grant performance period will cover 5 quarters from April 1, 2021-June 30, 2022. All application should reflect eligible grant activities over the five quarter performance period!

Accredited emergency management agencies have two application forms to *choose* from.

1. A monetary cost share hard match will be required in order to apply for the regular EMA application. Thus, at time of the quarterly claim reimbursement request, IEMA will reimburse a sub-award recipient 50 percent of the total project cost or the federal grant share.

The FFY 21 EMA monetary cost share hard match application is located here: [FFY 2021 EMA Hard Match Application](#)

The FFY 21 EMA monetary cost share hard match application user guide is located here: [FFY 2021 EMA Hard Match Application User Guide](#)

2. Also, a soft cost share match application in which sub-award recipients fulfill the match requirements not only through a monetary cost share (hard match), but also through in-kind contributions (soft match) for eligible activities will be available. Examples of soft cost share match items include volunteer hours for personnel, or approved indirect cost rates.

Matching funds contributed to this program must also consist of eligible items under this grant program. The 50 percent match must be included as part of the total project cost (TPC) that must be documented at time of grant application.

The FFY 21 EMA soft cost share match application is located here: [FFY 2021 EMA Soft Match Application](#)

The FFY 21 EMA soft cost share match application user guide is located here: [FFY 2021 EMA Soft Match Application User Guide](#)

Accredited emergency management agencies may *only submit one* application!! Please make sure the *EMA's save a copy of the application to their desktop computer or drive before submitting to IEMA* so they have a copy of the application available for them to use!!

The 2021 EMA grant applications are due by 5:00 p.m. on July 1, 2021.

Please have the local EMA's contact the respective IEMA Regional Office with any programmatic questions regarding this grant program.

Any technology questions should be directed to iema.grants@illinois.gov, which is monitored by the IEMA Information Technology staff.

If you have any questions let me know.

Thanks again!

Nina Ricketts

Preparedness Grant Admin
IL Emergency Management
2200 S Dirksen Pkwy
Springfield, IL 62703
Nina.ricketts@illinois.gov
217-557-4758

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

**EMERGENCY MANAGEMENT ASSISTANCE (EMA) GRANT PROGRAM
FFY 2021 GRANT PROGRAM APPLICATION
Hard Match**

Contact iema.grants@illinois.gov for programmatic and technical support.

| | |
|--|---|
| Name of the Awarding State Agency: | Illinois Emergency Management Agency (IEMA) |
| Catalog of State Financial Assistance (CSFA) Number: | 588-40-0450 |
| CSFA Title: | Emergency Management Performance Grants |
| CFDA Number: | 97.042 |
| CFDA Title: | Emergency Management Performance Grants |
| Funding Opportunity Number: | DHS-21-GPD-042-05-01 |
| Funding Opportunity Title: | Emergency Management Performance Grant |
| Funding Opportunity Program Field: | (EMPG) |
| Competition Identification Number: | n/a |
| Competition Identification Title: | n/a |
| Grant Program Local Match Percentage: | 50.00% |

APPLICATION SUMMARY

| | |
|----------------------------------|------------------|
| Subrecipient: | Champaign County |
| Project 100% Amount: | \$ 185,641.57 |
| Required Minimum Match: | \$ 92,820.79 |
| Maximum Allowable Federal Share: | \$ 92,820.78 |
| | |

SUBRECIPIENT INFORMATION

| | | | |
|---|------------------------------|----------------------------|---|
| Subrecipient: | | Champaign County | |
| Employer/Taxpayer Identification Number (EIN, TIN): | | 376006910 | |
| Data Universal Number System (DUNS) Number: | | 961922478 | |
| Cage Code: | | 5XNA5 | |
| SAM Expiration Date: | | 02/04/2022 | MM/DD/YYYY (Must be older than today) SAM Lookup BTN |
| IEMA Region #: | | 7 | <input type="button" value="v"/> |
| BUSINESS ADDRESS | | | |
| Street: | | 1905 E. Main St. | |
| City: | | Urbana | |
| State: | | IL | |
| County: | | Champaign | |
| ZIP+4: | | 618027693 | Zip +4 Lookup BTN |
| GRANT POINT OF CONTACT | | | |
| First Name: | | John | Last Name: Dwyer |
| Street Address: | | 1905 E. Main St. | |
| City: | | Urbana | |
| County: | Champaign | State: | IL ZIP: 61802 |
| Email: | jdwyer@co.champaign.il.us | Phone: | (217) 384-3826 |
| CHIEF ELECTED OFFICAL / ADMINISTRATOR | | | |
| First Name: | | Darlene | Last Name: Kloeppel |
| Title: | | Champaign County Executive | |
| Street Address: | | 1776 E. Washington St. | |
| City: | | Urbana | |
| County: | Champaign | State: | IL ZIP: 61802 |
| Email: | dkloeppel@co.champaign.il.us | Phone: | (217) 384-3776 |

BUDGET SUMMARY

| BUDGET CATEGORY | TOTAL |
|--|----------------------|
| 1. Personnel (200.430) | \$ 157,720.99 |
| 2. Fringe Benefits (200.431) | \$ 27,920.58 |
| 3. Travel (200.474) | |
| 4. Equipment (200.439) | |
| 5. Supplies (200.94) | |
| 6. Contractual/Subawards (200.318 and .92) | |
| 7. Consultant (200.459) | |
| 8. Construction | \$ 0.00 |
| 9. Occupancy (200.465) | |
| 10. Research and Development (200.87) | \$ 0.00 |
| 11. Telecommunications | |
| 12. Training and Education (200.472) | \$ 0.00 |
| 13. Direct Administrative Costs (200.413) | \$ 0.00 |
| 14. Miscellaneous Costs | \$ 0.00 |
| 15. Grant Exclusive Line Item(s) | \$ 0.00 |
| 16. Total Direct Costs (add lines 1-15) | \$ 185,641.57 |
| 17. Total Indirect Costs (200.414) | |
| TOTAL PROJECT COSTS | \$ 185,641.57 |

PERSONNEL

Enter the number of people on GRANT PROGRAM staff for which reimbursement is being requested: **3**

Enter the standard work week in hours for your organization:
(STANDARD WORK WEEK means a 35-40 hour work week) **37.50**

| LINE# | TITLE | NAME | GRANT PROGRAM % of Salary | Total Salary from local government | Salary for GRANT PROGRAM Only |
|-------|--------------------|---------------|---------------------------|------------------------------------|-------------------------------|
| 1. | Coordinator | John Dwyer | 100.00% | \$ 91,537.60 | \$ 91,537.60 |
| 2. | Deputy Coordinator | Collin Rector | 90.00% | \$ 15,661.10 | \$ 14,094.99 |
| 3. | Deputy Coordinator | TBD | 90.00% | \$ 57,876.00 | \$ 52,088.40 |
| 4. | | | 0.00% | | \$ 0.00 |
| 5. | | | 0.00% | | \$ 0.00 |
| 6. | | | 0.00% | | \$ 0.00 |
| 7. | | | 0.00% | | \$ 0.00 |
| 8. | | | 0.00% | | \$ 0.00 |
| 9. | | | 0.00% | | \$ 0.00 |
| 10. | | | 0.00% | | \$ 0.00 |
| 11. | | | 0.00% | | \$ 0.00 |
| 12. | | | 0.00% | | \$ 0.00 |
| 13. | | | 0.00% | | \$ 0.00 |
| 14. | | | 0.00% | | \$ 0.00 |

Continued on next page...

PERSONNEL – Continued

| LINE# | TITLE | NAME | GRANT PROGRAM % of Salary | Total Salary from local government | Salary for GRANT PROGRAM Only |
|--|-------|------|---------------------------|------------------------------------|-------------------------------|
| 15. | | | 0.00% | | \$ 0.00 |
| 16. | | | 0.00% | | \$ 0.00 |
| 17. | | | 0.00% | | |
| 18. | | | 0.00% | | |
| 19. | | | 0.00% | | |
| 20. | | | 0.00% | | |
| 21. | | | 0.00% | | |
| 22. | | | 0.00% | | |
| 23. | | | 0.00% | | |
| 24. | | | 0.00% | | |
| 25. | | | 0.00% | | |
| TOTAL SALARIES FOR GRANT PROGRAM WORK ONLY: | | | | | \$ 157,720.99 |

PERSONNEL – Continued

Do any of the Grant Program employees listed on the previous page divide their work between this GRANT PROGRAM and another GRANT PROGRAM, department in the county, or municipal government?

Yes

If the answer is YES, list the job title, name, and department or grant worked for, percentage of time worked for other department or grant, and salary in that job in the follow section:

| NON-GRANT PROGRAM OR OTHER DEPARTMENT WORK | | | | | |
|--|--------------------|---------------|-------------------------------------|--|---|
| LINE# | TITLE | NAME | Name of "Other Department" or Grant | % OF TIME WORKED FOR "Other Department" OR GRANT | SALARY FOR WORK FROM "Other Department" |
| 1. | Deputy Coordinator | Collin Rector | HMEP | 10.00% | \$ 1,566.11 |
| 2. | Deputy Coordinator | TBD | HMEP | 10.00% | \$ 5,787.60 |
| 3. | | | | 0.00% | |
| 4. | | | | 0.00% | |
| 5. | | | | 0.00% | |
| 6. | | | | 0.00% | |
| 7. | | | | 0.00% | |
| 8. | | | | 0.00% | |
| 9. | | | | 0.00% | |
| 10. | | | | 0.00% | |
| 11. | | | | 0.00% | |
| 12. | | | | 0.00% | |
| 13. | | | | 0.00% | |
| 14. | | | | 0.00% | |
| 15. | | | | 0.00% | |
| 16. | | | | 0.00% | |
| 17. | | | | 0.00% | |
| 18. | | | | 0.00% | |
| 19. | | | | 0.00% | |
| 20. | | | | 0.00% | |
| 21. | | | | 0.00% | |
| 22. | | | | 0.00% | |
| 23. | | | | 0.00% | |
| 24. | | | | 0.00% | |
| 25. | | | | 0.00% | |

FRINGE BENEFITS

Fringe Benefits Narrative:

Social Security and Medicare - 7.65%
 IMRF - 7.31%
 Worker's Compensation - 1.00%
 Unemployment - 2.41%
 Total of Gross Pay - 18.37%

Life Insurance - \$2.60
 Total Dollar amount per pay - \$2.60

| LINE# | NAME | % of Gross Paycheck | Total Salary | And or | Dollar Amount | # of Pay Periods | A Gross Benefit Total | B GRANT PROGRAM % of Salary | A X B |
|-------|---------------|---------------------|--------------|--------|---------------|------------------|-----------------------|-----------------------------|--------------|
| 1. | John Dwyer | 18.37% | \$ 91,537.60 | And or | \$ 2.60 | 33 | \$ 16,901.26 | 100.00% | \$ 16,901.26 |
| 2. | Collin Rector | 18.37% | \$ 14,094.99 | And or | \$ 2.60 | 7 | \$ 2,607.45 | 90.00% | \$ 2,346.70 |
| 3. | TBD | 18.37% | \$ 52,088.40 | And or | \$ 2.60 | 26 | \$ 9,636.24 | 90.00% | \$ 8,672.62 |
| 4. | | 0.00% | | And or | | | \$ 0.00 | 0.00% | \$ 0.00 |
| 5. | | 0.00% | | And or | | | \$ 0.00 | 0.00% | \$ 0.00 |
| 6. | | 0.00% | | And or | | | \$ 0.00 | 0.00% | \$ 0.00 |
| 7. | | 0.00% | | And or | | | \$ 0.00 | 0.00% | \$ 0.00 |
| 8. | | 0.00% | | And or | | | | 0.00% | |
| 9. | | 0.00% | | And or | | | | 0.00% | |
| 10. | | 0.00% | | And or | | | \$ 0.00 | 0.00% | \$ 0.00 |
| 11. | | 0.00% | | And or | | | | 0.00% | |
| 12. | | 0.00% | | And or | | | | 0.00% | |
| 13. | | 0.00% | | And or | | | | 0.00% | |
| 14. | | 0.00% | | And or | | | | 0.00% | |

Continued on next page...

FRINGE BENEFITS - Continued

| LINE# | NAME | % of Gross Paycheck | Total Salary | And or | Dollar Amount | # of Pay Periods | A Gross Benefit Total | B GRANT PROGRAM % of Salary | A X B |
|--|------|---------------------|--------------|--------|---------------|------------------|-----------------------|-----------------------------|-------|
| 15. | | 0.00% | | And or | | | | 0.00% | |
| 16. | | 0.00% | | And or | | | | 0.00% | |
| 17. | | 0.00% | | And or | | | | 0.00% | |
| 18. | | 0.00% | | And or | | | | 0.00% | |
| 19. | | 0.00% | | And or | | | | 0.00% | |
| 20. | | 0.00% | | And or | | | | 0.00% | |
| 21. | | 0.00% | | And or | | | | 0.00% | |
| 22. | | 0.00% | | And or | | | | 0.00% | |
| 23. | | 0.00% | | And or | | | | 0.00% | |
| 24. | | 0.00% | | And or | | | | 0.00% | |
| 25. | | 0.00% | | And or | | | | 0.00% | |
| TOTAL BENEFITS FOR GRANT PROGRAM WORK | | | | | | | | \$ 27,920.58 | |

TRAVEL

| | |
|---|----------------------------------|
| Local Government Has No Travel Regulations - If this is the case, you will be covered by current state of Illinois travel regulations. State Travel Board site link | <input type="radio"/> |
| Local Government Has Travel Regulations - If this is the case, upload a current copy of your local travel regulations to your grant site. IEMA Grants Portal link Failure to do so will cause the application to be ineligible for travel reimbursement | <input checked="" type="radio"/> |

| | |
|---|--|
| If you chose Local Government Has Travel Regulations, complete the boxes below: | |
| Local Mileage (cents per mile) | |
| Meals and/or per diem | |
| Lodging Allowance | |

| | |
|--|----|
| Is any of the travel requested out of the state of Illinois? | No |
| If the answer is yes, please click on the links below: | |
| Out-of-State Travel Request User Guide | |
| Out-of-State Travel Request Form | |

| LINE # | TRAVEL ACTIVITY | AMOUNT |
|-------------------------------|-----------------|---------|
| 1. | | \$ 0.00 |
| 2. | | \$ 0.00 |
| 3. | | \$ 0.00 |
| 4. | | \$ 0.00 |
| 5. | | \$ 0.00 |
| 6. | | \$ 0.00 |
| 7. | | \$ 0.00 |
| 8. | | \$ 0.00 |
| 9. | | \$ 0.00 |
| 10. | | \$ 0.00 |
| 11. | | \$ 0.00 |
| 12. | | \$ 0.00 |
| 13. | | \$ 0.00 |
| 14. | | \$ 0.00 |
| 15. | | \$ 0.00 |
| TOTAL TRAVEL EXPENSES: | | |

EQUIPMENT

| LINE # | AEL | DESCRIPTION | QTY | UNIT PRICE | TOTAL | EHP | NARRATIVE |
|--------|-----|-------------|-----|------------|-------|-----|-----------|
| 1. | | | | | | No | |
| 2. | | | | | | No | |
| 3. | | | | | | No | |
| 4. | | | | | | No | |
| 5. | | | | | | No | |
| 6. | | | | | | No | |
| 7. | | | | | | No | |
| 8. | | | | | | No | |
| 9. | | | | | | No | |
| 10. | | | | | | No | |
| 11. | | | | | | No | |
| 12. | | | | | | No | |
| 13. | | | | | | No | |
| 14. | | | | | | No | |
| 15. | | | | | | No | |

Continued on next page...

EQUIPMENT - Continued

| LINE # | AEL | DESCRIPTION | QTY | UNIT PRICE | TOTAL | EHP | NARRATIVE |
|------------------------|-----|-------------|-----|------------|-------|-----|-----------|
| 16. | | | | | | No | |
| 17. | | | | | | No | |
| 18. | | | | | | No | |
| 19. | | | | | | No | |
| 20. | | | | | | No | |
| 21. | | | | | | No | |
| 22. | | | | | | No | |
| 23. | | | | | | No | |
| 24. | | | | | | No | |
| 25. | | | | | | No | |
| 26. | | | | | | No | |
| 27. | | | | | | No | |
| 28. | | | | | | No | |
| 29. | | | | | | No | |
| 30. | | | | | | No | |
| 31. | | | | | | No | |
| 32. | | | | | | No | |
| 33. | | | | | | No | |
| 34. | | | | | | No | |
| 35. | | | | | | No | |
| 36. | | | | | | No | |
| 37. | | | | | | No | |
| 38. | | | | | | No | |
| 39. | | | | | | No | |
| 40. | | | | | | No | |
| 41. | | | | | | No | |
| 42. | | | | | | No | |
| 43. | | | | | | No | |
| 44. | | | | | | No | |
| 45. | | | | | | No | |
| Total Equipment | | | | | | | |

SUPPLIES

| LINE # | ITEM | QTY | COST PER ITEM | SUPPLIES COST |
|--------|------|-----|---------------|---------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
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| 14. | | | | |
| 15. | | | | |

Continued on next page...

SUPPLIES - continued

| LINE # | ITEM | QTY | COST PER ITEM | SUPPLIES COST |
|-----------------------|------|-----|---------------|---------------|
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |
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| 35. | | | | |
| 36. | | | | |
| 37. | | | | |
| 38. | | | | |
| 39. | | | | |
| 40. | | | | |
| 41. | | | | |
| 42. | | | | |
| 43. | | | | |
| 44. | | | | |
| 45. | | | | |
| TOTAL SUPPLIES | | | | |

CONTRACTUAL / SUBAWARDS

| LINE # | ITEM | CONTRACTUAL SERVICES |
|--------|------|----------------------|
| 1. | | \$ 0.00 |
| 2. | | \$ 0.00 |
| 3. | | \$ 0.00 |
| 4. | | \$ 0.00 |
| 5. | | \$ 0.00 |
| 6. | | \$ 0.00 |
| 7. | | \$ 0.00 |
| 8. | | \$ 0.00 |
| 9. | | \$ 0.00 |
| 10. | | \$ 0.00 |
| 11. | | \$ 0.00 |
| 12. | | \$ 0.00 |
| 13. | | \$ 0.00 |
| 14. | | \$ 0.00 |
| 15. | | \$ 0.00 |
| 16. | | \$ 0.00 |
| 17. | | \$ 0.00 |
| 18. | | \$ 0.00 |
| 19. | | \$ 0.00 |
| 20. | | \$ 0.00 |
| 21. | | \$ 0.00 |
| 22. | | \$ 0.00 |
| 23. | | \$ 0.00 |
| 24. | | \$ 0.00 |
| 25. | | \$ 0.00 |

Continued on next page...

Contractual / Subawards - continued

| LINE # | ITEM | CONTRACTUAL SERVICES |
|-----------------------------------|------|----------------------|
| 26. | | \$ 0.00 |
| 27. | | \$ 0.00 |
| 28. | | \$ 0.00 |
| 29. | | \$ 0.00 |
| 30. | | \$ 0.00 |
| 31. | | \$ 0.00 |
| 32. | | \$ 0.00 |
| 33. | | \$ 0.00 |
| 34. | | \$ 0.00 |
| 35. | | \$ 0.00 |
| 36. | | \$ 0.00 |
| 37. | | \$ 0.00 |
| 38. | | \$ 0.00 |
| 39. | | \$ 0.00 |
| 40. | | \$ 0.00 |
| 41. | | \$ 0.00 |
| 42. | | \$ 0.00 |
| 43. | | \$ 0.00 |
| 44. | | \$ 0.00 |
| 45. | | \$ 0.00 |
| 46. | | \$ 0.00 |
| 47. | | \$ 0.00 |
| 48. | | \$ 0.00 |
| 49. | | \$ 0.00 |
| 50. | | \$ 0.00 |
| TOTAL CONTRACTUAL SERVICES | | |

CONSULTANT

Consultant Services (Fees): For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project.

| LINE # | CONSULTANT SERVICES (FEES) | SERVICES PROVIDED | FEE | BASIS | QUANTITY | CONSULTANT SERVICES (FEE) COST |
|---|----------------------------|-------------------|-----|-------|----------|--------------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
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| 18. | | | | | | |
| 19. | | | | | | |
| 20. | | | | | | |
| 21. | | | | | | |
| 22. | | | | | | |
| 23. | | | | | | |
| 24. | | | | | | |
| 25. | | | | | | |
| TOTAL CONSULTANT SERVICES (FEES) | | | | | | |

Consultant - continued

Consultant Expenses: List all expenses to be paid from the grant to the individual consultant in addition to their fees (i.e., travel, meals, lodging, etc.)

Consultant- Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisitions Policy is used.

| LINE # | CONSULTANT EXPENSES ITEMS | LOCATION | COST RATE | BASIS | QUANTITY | # OF TRIPS | CONSULTANT EXPENSES COST |
|----------------------------------|---------------------------|----------|-----------|-------|----------|------------|--------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
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| 14. | | | | | | | |
| 15. | | | | | | | |
| 16. | | | | | | | |
| 17. | | | | | | | |
| 18. | | | | | | | |
| 19. | | | | | | | |
| 20. | | | | | | | |
| 21. | | | | | | | |
| 22. | | | | | | | |
| 23. | | | | | | | |
| 24. | | | | | | | |
| 25. | | | | | | | |
| TOTAL CONSULTANT EXPENSES | | | | | | | |

OCCUPANCY (Page 1)

This section of the application is for requesting reimbursement of rent, janitorial, maintenance, utility service charges, yard maintenance, and snow removal.

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

| REIMBURSEMENT WILL BE BASED ON THE FOLLOWING FACTS | |
|--|--|
| Location of Property | |
| Owner of Property | |
| Total Square Footage of Area | |

| REIMBURSEMENT REQUEST FOR THE FOLLOWING COSTS OR SERVICES | | | |
|---|------|------------------------------------|---------|
| 1. | Rent | Cost \$ | \$ 0.00 |
| Rent Includes: (Checkmark if applicable) | | | |
| <input type="checkbox"/> Janitorial Services | | <input type="checkbox"/> Utilities | |
| <input type="checkbox"/> Yard | | <input type="checkbox"/> Snow | |

| | | | |
|----|------------------------|---------|---------|
| 2. | Janitorial Maintenance | Cost \$ | \$ 0.00 |
| 3. | Utilities | Cost \$ | \$ 0.00 |
| 4. | Yard / Snow | Cost \$ | \$ 0.00 |

| | |
|------------------------|--|
| OCCUPANCY COSTS | |
|------------------------|--|

OCCUPANCY (Page 2)

| REIMBURSEMENT WILL BE BASED ON THE FOLLOWING FACTS | |
|--|--|
| Location of Property | |
| Owner of Property | |
| Total Square Footage of Area | |

| REIMBURSEMENT REQUEST FOR THE FOLLOWING COSTS OR SERVICES | | | |
|---|------|---------|---------|
| 1. | Rent | Cost \$ | \$ 0.00 |

| Rent Includes: (Checkmark if applicable) | | | |
|--|---------------------|--------------------------|-----------|
| <input type="checkbox"/> | Janitorial Services | <input type="checkbox"/> | Utilities |
| <input type="checkbox"/> | Yard | <input type="checkbox"/> | Snow |

| | | | |
|----|------------------------|---------|---------|
| 2. | Janitorial Maintenance | Cost \$ | \$ 0.00 |
| 3. | Utilities | Cost \$ | \$ 0.00 |
| 4. | Yard / Snow | Cost \$ | \$ 0.00 |

| | |
|------------------------|--|
| OCCUPANCY COSTS | |
|------------------------|--|

| | |
|------------------------------|--|
| TOTAL OCCUPANCY COSTS | |
|------------------------------|--|

TELECOMMUNICATIONS

| LINE # | TELECOMMUNICATION DESCRIPTION | QUANTITY | COST PER ITEM | TELECOM COST |
|---------------------------------|-------------------------------|----------|---------------|--------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
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| 7. | | | | |
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| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |
| TOTAL TELECOMMUNICATIONS | | | | |

INDIRECT COSTS

Indirect Cost Rate Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options.

In order for your organization to be reimbursed for the Indirect Costs from the State of Illinois your organization must either:

- a. Have a negotiated federal Indirect Cost Rate; or
- b. Elect to use the de minimis rate of 10% modified for total direct costs (MTDC).

If no reimbursement is being requested please consult your program office regarding possible match requirements.

| SELECT ONLY ONE | | | | | | | |
|---|---|--|--|--|---|--------|--|
| <input type="radio"/> | 1. Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations. | | | | | | |
| <input type="radio"/> | 2. Our Organization currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois that will be accepted by all State of Illinois agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within 6 months after the close of each fiscal year pursuant to 2 CFR 200, Appendix IV(C)(2)(c). | | | | | | |
| <input type="radio"/> | 3. Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement (NICRA) with the State of Illinois. Our organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made no later than 3 months after the effective date of the State award pursuant to 2 CFR 200 Appendix (C)(2)(b). The initial ICRP will be sent to the State of Illinois Indirect Cost unit. | | | | | | |
| <input type="radio"/> | 4. Our Organization has never received a Negotiated Indirect Cost Rate Agreement and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely pursuant to 2 CFR 200.414(C)(4)(f) and 200.68. | | | | | | |
| <input type="radio"/> | 5. For Restricted Rate Programs, our Organization is using a restricted indirect cost rate that: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 15%;"></td> <td>is included as a "Special Indirect Cost Rate" in the NICRA, pursuant to 2 CFR 200 Appendix IV(5); or</td> </tr> <tr> <td></td> <td>Complies with other statutory policies.</td> </tr> <tr> <td style="text-align: center;">RATE %</td> <td></td> </tr> </table> | | is included as a "Special Indirect Cost Rate" in the NICRA, pursuant to 2 CFR 200 Appendix IV(5); or | | Complies with other statutory policies. | RATE % | |
| | is included as a "Special Indirect Cost Rate" in the NICRA, pursuant to 2 CFR 200 Appendix IV(5); or | | | | | | |
| | Complies with other statutory policies. | | | | | | |
| RATE % | | | | | | | |
| <input checked="" type="radio"/> | 6. No reimbursement of Indirect Cost is being requested | | | | | | |
| Basic Negotiated Indirect Cost Rate Information (Use only if option 1 or 2, above is selected.) | | | | | | | |
| Period Covered by NICRA: | From: <input style="width: 200px;" type="text"/> To: <input style="width: 100px;" type="text"/> | | | | | | |
| Approving Federal or State Agency: <input style="width: 500px;" type="text"/> | | | | | | | |
| Indirect Cost Rate: | 0.00% The Distribution Base Is: <input style="width: 150px;" type="text"/> | | | | | | |

INDIRECT COSTS

Indirect Cost Table

Indirect costs are allowed only if the applicant has federally approved indirect cost rate. A copy of the rate approval, (a fully executed, negotiated agreement), must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicant's cognizant Federal agency, which will review all documentation and approve a rate for the applicant organization, or if the applicant's accounting system permits, costs may be allocated in the direct costs categories.

| LINE # | DESCRIPTION | BASE | RATE | INDIRECT COST |
|-----------------------------|-------------|------|------|---------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
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| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| TOTAL INDIRECT COSTS | | | | |

WORK PLAN

Program Narrative

Please provide a high level overview of the emergency management program activities the jurisdiction is proposing through the EMA grant application. The narrative must reference how these activities will support outcomes from the most recent hazard identification and risk assessment, exercise after action reports, and/or actual events. The narrative should reference specific planning, training, and exercise activities that will be supported with EMA grant funds during the grant period.

This Work Plan provides a framework for local government to be more effective in promoting and encouraging management decisions that will 1) reduce the loss of life and property 2) protect and restore resources and functions.

This Work Plan is updated periodically to reflect stakeholder perspectives and input. Through this Work Plan, Champaign County Emergency Management Agency (EMA) will identify ways to improve inter agency coordination, dissemination of critical information and formulation of effective policies and guidance. Champaign County EMA will also actively seek stakeholder involvement and collaboration with public and private interests to reduce known hazards.

Champaign County Emergency Management Agency will promote, support and encourage partner agencies in the development and implementation of plans and policies needed to keep its communities resilient and sustainable. This will be accomplished through planning that addresses 1) reduction of loss of life and property 2) protection and restoration of resources.

1st Quarter (Apr -Jun)

- Submit completed EOP and accreditation documentation
- Conduct Community Outreach events and speak to groups on emergency preparedness
- Attend quarterly IEMA Region 7 meeting
- Participate in Willard Airport emergency response exercise
- Regional Emergency Coordination Group meeting as needed

2nd Quarter (Jul - Sep)

- Monthly test of radio and siren capabilities
- Monthly meetings with EMA Liaison team
- Regional Emergency Coordination Group meeting as needed
- Host Public Information Officer and local Media meetings
- Participate in a higher education school emergency response and evacuation functional Exercise

3rd Quarter (Oct - Dec)

- Monthly test of radio and siren capabilities
- Regional Emergency Coordination Group meeting as needed
- Monthly meeting with EMA Liaison team
- Host Public Information Officer and local Media meetings
- Attend quarterly IEMA Region 7 meeting
- Host Emergency Management Program Advisory Committee Meeting
- Facilitate a functional or ttx exercise for Healthcare providers

4th Quarter (Jan - Mar)

- Monthly test of radio and siren capabilities
- Regional Emergency Coordination Group meeting as needed
- 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 Emergency Management Program Advisory Committee Meeting
- Host meeting with Local ESDA's about severe weather protocols and EMA protocols

5th Quarter (Apr -Jun)

- Regional Emergency Coordination Group meetings as needed
- 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 emergency response exercise
- Conduct a weather spotting drill/exercise

WORK PLAN

| Strategic Planning | | | | | | | | | | | | | |
|---|---|--------------|--|--------------|---|--------------|---|-------------------------|--|-------------------------|---|-------------------------|--|
| <p>Describe the strategic planning efforts within the emergency management program for this performance period.</p> <p><u>Based on your jurisdiction's strategic plan</u> list the goals, objectives, and performance indicators for this performance period. Jurisdictions should have a minimum of three goals.</p> | | | | | | | | | | | | | |
| Mission statement | To provide an Emergency Management Program to plan for, respond to, and recover from any natural or man-made disaster. | | | | | | | | | | | | |
| Vision statement | Building a safer future through effective partnerships of local government, emergency services, private sector, and volunteer agencies and the citizens of Champaign County to save lives, protect property and reduce the effects of disasters and large-scale emergencies through preparedness, prevention, planning, response, and recovery activities. | | | | | | | | | | | | |
| Goal 1 | <p>Enhance capabilities necessary to protect the community from all identified hazards</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Objectives 1</td> <td>Review, update and exercise the County Emergency Operations Plan</td> </tr> <tr> <td>Objectives 2</td> <td>Provide support to county mitigation plan and project management efforts</td> </tr> <tr> <td>Objectives 3</td> <td>Conduct and participate in exercises that focuses on emergency management polices and procedures</td> </tr> <tr> <td>Performance indicator 1</td> <td>Participate in the Co Hazardous Mitigation Planning Process and update the plan as needed</td> </tr> <tr> <td>Performance indicator 2</td> <td>Continue Emergency Management Accreditation process</td> </tr> <tr> <td>Performance indicator 3</td> <td>Participate in the IEMA monthly radio drills, local exercises and training</td> </tr> </table> | Objectives 1 | Review, update and exercise the County Emergency Operations Plan | Objectives 2 | Provide support to county mitigation plan and project management efforts | Objectives 3 | Conduct and participate in exercises that focuses on emergency management polices and procedures | Performance indicator 1 | Participate in the Co Hazardous Mitigation Planning Process and update the plan as needed | Performance indicator 2 | Continue Emergency Management Accreditation process | Performance indicator 3 | Participate in the IEMA monthly radio drills, local exercises and training |
| Objectives 1 | Review, update and exercise the County Emergency Operations Plan | | | | | | | | | | | | |
| Objectives 2 | Provide support to county mitigation plan and project management efforts | | | | | | | | | | | | |
| Objectives 3 | Conduct and participate in exercises that focuses on emergency management polices and procedures | | | | | | | | | | | | |
| Performance indicator 1 | Participate in the Co Hazardous Mitigation Planning Process and update the plan as needed | | | | | | | | | | | | |
| Performance indicator 2 | Continue Emergency Management Accreditation process | | | | | | | | | | | | |
| Performance indicator 3 | Participate in the IEMA monthly radio drills, local exercises and training | | | | | | | | | | | | |
| Goal 2 | <p>Increase community preparedness by providing emergency management information to the "Whole Community"</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Objectives 1</td> <td>Target high risk population by expanding internet presence to provide accessible, clear information regarding preparedness</td> </tr> <tr> <td>Objectives 2</td> <td>Target segments of the population less likely to access internet based by providing printed materials</td> </tr> <tr> <td>Objectives 3</td> <td>Target special populations by providing materials and outreach opportunities</td> </tr> <tr> <td>Performance indicator 1</td> <td>Post monthly articles and other preparedness information on the internet (i.e. website, twitter, Facebook, nextdoor)</td> </tr> <tr> <td>Performance indicator 2</td> <td>Conduct Community outreach events and engage groups on emergency preparedness</td> </tr> <tr> <td>Performance indicator 3</td> <td>Provide preparedness materials to local agencies that work with special populations</td> </tr> </table> | Objectives 1 | Target high risk population by expanding internet presence to provide accessible, clear information regarding preparedness | Objectives 2 | Target segments of the population less likely to access internet based by providing printed materials | Objectives 3 | Target special populations by providing materials and outreach opportunities | Performance indicator 1 | Post monthly articles and other preparedness information on the internet (i.e. website, twitter, Facebook, nextdoor) | Performance indicator 2 | Conduct Community outreach events and engage groups on emergency preparedness | Performance indicator 3 | Provide preparedness materials to local agencies that work with special populations |
| Objectives 1 | Target high risk population by expanding internet presence to provide accessible, clear information regarding preparedness | | | | | | | | | | | | |
| Objectives 2 | Target segments of the population less likely to access internet based by providing printed materials | | | | | | | | | | | | |
| Objectives 3 | Target special populations by providing materials and outreach opportunities | | | | | | | | | | | | |
| Performance indicator 1 | Post monthly articles and other preparedness information on the internet (i.e. website, twitter, Facebook, nextdoor) | | | | | | | | | | | | |
| Performance indicator 2 | Conduct Community outreach events and engage groups on emergency preparedness | | | | | | | | | | | | |
| Performance indicator 3 | Provide preparedness materials to local agencies that work with special populations | | | | | | | | | | | | |
| Goal 3 | <p>Provide coordinated effort by program stakeholders in the preparation, implementation, evaluation and revision of county emergency management programs.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Objectives 1</td> <td>Continue the EMA Advisory Committee to provide coordinated input about the EM program</td> </tr> <tr> <td>Objectives 2</td> <td>Enhance individual, business, and community resilience through partnerships, outreach and education</td> </tr> <tr> <td>Objectives 3</td> <td>Ensure EMA is aware of special events in the area for events that could be impacted by severe weather</td> </tr> <tr> <td>Performance indicator 1</td> <td>Host meetings with local emergency management liaisons</td> </tr> <tr> <td>Performance indicator 2</td> <td>Host Advisory Committee meetings</td> </tr> <tr> <td>Performance indicator 3</td> <td>Document number of notifications of special events in the area to the local NWS office</td> </tr> </table> | Objectives 1 | Continue the EMA Advisory Committee to provide coordinated input about the EM program | Objectives 2 | Enhance individual, business, and community resilience through partnerships, outreach and education | Objectives 3 | Ensure EMA is aware of special events in the area for events that could be impacted by severe weather | Performance indicator 1 | Host meetings with local emergency management liaisons | Performance indicator 2 | Host Advisory Committee meetings | Performance indicator 3 | Document number of notifications of special events in the area to the local NWS office |
| Objectives 1 | Continue the EMA Advisory Committee to provide coordinated input about the EM program | | | | | | | | | | | | |
| Objectives 2 | Enhance individual, business, and community resilience through partnerships, outreach and education | | | | | | | | | | | | |
| Objectives 3 | Ensure EMA is aware of special events in the area for events that could be impacted by severe weather | | | | | | | | | | | | |
| Performance indicator 1 | Host meetings with local emergency management liaisons | | | | | | | | | | | | |
| Performance indicator 2 | Host Advisory Committee meetings | | | | | | | | | | | | |
| Performance indicator 3 | Document number of notifications of special events in the area to the local NWS office | | | | | | | | | | | | |

Strategic Planning - Continued

| | | |
|--------|-------------------------|--|
| Goal 4 | | |
| | Objectives 1 | |
| | Objectives 2 | |
| | Objectives 3 | |
| | Performance indicator 1 | |
| | Performance indicator 2 | |
| | Performance indicator 3 | |
| Goal 5 | | |
| | Objectives 1 | |
| | Objectives 2 | |
| | Objectives 3 | |
| | Performance indicator 1 | |
| | Performance indicator 2 | |
| | Performance indicator 3 | |
| Goal 6 | | |
| | Objectives 1 | |
| | Objectives 2 | |
| | Objectives 3 | |
| | Performance indicator 1 | |
| | Performance indicator 2 | |
| | Performance indicator 3 | |
| Goal 7 | | |
| | Objectives 1 | |
| | Objectives 2 | |
| | Objectives 3 | |
| | Performance indicator 1 | |
| | Performance indicator 2 | |
| | Performance indicator 3 | |
| Goal 8 | | |
| | Objectives 1 | |
| | Objectives 2 | |
| | Objectives 3 | |
| | Performance indicator 1 | |
| | Performance indicator 2 | |
| | Performance indicator 3 | |

Strategic Planning - Continued

| | | |
|---------|-------------------------|--|
| Goal 9 | | |
| | Objectives 1 | |
| | Objectives 2 | |
| | Objectives 3 | |
| | Performance indicator 1 | |
| | Performance indicator 2 | |
| Goal 10 | | |
| | Objectives 1 | |
| | Objectives 2 | |
| | Objectives 3 | |
| | Performance indicator 1 | |
| | Performance indicator 2 | |
| Goal 11 | | |
| | Objectives 1 | |
| | Objectives 2 | |
| | Objectives 3 | |
| | Performance indicator 1 | |
| | Performance indicator 2 | |
| Goal 12 | | |
| | Objectives 1 | |
| | Objectives 2 | |
| | Objectives 3 | |
| | Performance indicator 1 | |
| | Performance indicator 2 | |
| | Performance indicator 3 | |

WORK PLAN

Resource Requirements

Based on the jurisdictional assessments of risk and desired outcome(s) identify the top five (5) resources required to achieve established target levels.

Use the link provided to identify the resources in detail. <https://rtlt.preptoolkit.org/Public>

| RESOURCE ONE | |
|----------------------|---|
| CORE CAPABILITY | 3. Operational Coordination  |
| RESOURCE NAME | Mobile Communications Center (Mobile ICP) |
| RESOURCE CATEGORY | Incident Management |
| RESOURCE KIND | Vehicle |
| RESOURCE TYPE | Type I  |
| PROCUREMENT STRATEGY | Reserve funds in capital, apply for any applicable grants to upgrade the 2000 model we are currently operating and maintaining. |
| RESOURCE TWO | |
| CORE CAPABILITY | 1. Planning  |
| RESOURCE NAME | Finance/Administration Section Chief |
| RESOURCE CATEGORY | Operational Coordination |
| RESOURCE KIND | Personnel |
| RESOURCE TYPE | Type III  |
| PROCUREMENT STRATEGY | Host the class in the area. Class for the position hasn't been held in several years in the State. |

Resource Requirements – continued

| RESOURCE THREE | |
|-----------------------|--|
| CORE CAPABILITY | |
| RESOURCE NAME | |
| RESOURCE CATEGORY | |
| RESOURCE KIND | |
| RESOURCE TYPE | |
| PROCUREMENT STRATEGY | |
| RESOURCE FOUR | |
| CORE CAPABILITY | |
| RESOURCE NAME | |
| RESOURCE CATEGORY | |
| RESOURCE KIND | |
| RESOURCE TYPE | |
| PROCUREMENT STRATEGY | |
| RESOURCE FIVE | |
| CORE CAPABILITY | |
| RESOURCE NAME | |
| RESOURCE CATEGORY | |
| RESOURCE KIND | |
| RESOURCE TYPE | |
| PROCUREMENT STRATEGY | |

FFATA

The "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."

| | |
|--|------------------------------|
| <p>Q1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches and affiliates worldwide) receive (1) 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenue from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements?</p> <p>If Yes, must answer Q2 below.</p> <p>If No, you are not required to provide data.</p> | No <input type="checkbox"/> |
| <p>Q2. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Security Exchange Act of 1934 (5 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986 (i.e., on IRS Form 990)?</p> <p>If No, you must provide the data. Please fill out the rest of this form.</p> | Yes <input type="checkbox"/> |
| Please provide names and total compensation of the top five officials: | |

\$ 0.00
 \$ 0.00
 \$ 0.00
 \$ 0.00
 \$ 0.00

Programmatic Risk Assessment Questionnaire

The purpose of this assessment is to evaluate the programmatic risk of the applicant. Limited program experience, protocols and internal control governing program delivery will increase an applicant's degree of risk but will not prohibit the applicant from becoming a grantee.

The programmatic risk assessment questionnaire includes 5 risk categories:

1. Quality of management systems
2. History of performance
3. Reports and findings from audits performed
4. Applicant's ability to effectively implement statutory, regulatory or other requirements
5. Agency and/or program-specific questions

Patterns or trends in programmatic risk will influence Grants Accountability and Transparency Act (GATA) training as well as the agency's monitoring plan. Appropriate support must be provided by Grants Accountability and Transparency Unit (GATU) and the agency to build grantee capacity.

Administering the Programmatic Risk Assessment

- A. The awarding agency adds program-specific references to questions in Sections 1-4, where applicable, and agency and/or grant-specific questions under section 5. The awarding agency is responsible to ensure the applicant understands that their responses are to be specific to the associated program.
- B. The programmatic risk assessment questionnaire is distributed to the applicant by the agency prior to an awarding decision.
- C. The applicant returns the completed questionnaire to the awarding agency following the agency's protocol.
- D. The agency communicates the applicable specific condition(s) through the Notice of State Award (NOSA) and Uniform Grant Agreement (UGA).

To comply with federal risk assessment requirements of 2 CFR 200.205, the state awarding agency must review the programmatic risk posed by applicants. Illinois utilizes this programmatic risk assessment questionnaire to comply with the federal requirement.

1. Quality of Management Systems

1.1 Do you have written policies and procedures that guide program delivery on the topics of:

| | | | |
|----|--|-----|--------------------------|
| a. | Program outcome tracking and reporting mechanisms | Yes | <input type="checkbox"/> |
| b. | Relevant documentation of services/goods delivered | Yes | <input type="checkbox"/> |
| c. | Staff management policies and procedures | Yes | <input type="checkbox"/> |
| d. | Standards of conduct re: selection, award, or administration of grants | Yes | <input type="checkbox"/> |
| e. | Real or perceived conflict of interest re: selection, award, or administration of grants | Yes | <input type="checkbox"/> |
| f. | Complaint/grievance resolution policies and procedures | Yes | <input type="checkbox"/> |
| g. | Safeguarding funds, property and other assets against loss from unauthorized use of disposition. | Yes | <input type="checkbox"/> |
| h. | Management of grant terms | Yes | <input type="checkbox"/> |
| i. | Written approval from funding agency when key personnel change | Yes | <input type="checkbox"/> |
| j. | Written approval from funding agency when program scope changes | Yes | <input type="checkbox"/> |

1.2 Do you have internal controls that govern program delivery on the topics of:

| | | | |
|----|---|-----|--------------------------|
| a. | Quality assurance reporting | Yes | <input type="checkbox"/> |
| b. | Unit costs, expense analysis/management | Yes | <input type="checkbox"/> |

1.3 How many years of experience does the project leader have managing the scope of services required under this program?

| | |
|----------------------|--------------------------|
| More than five years | <input type="checkbox"/> |
|----------------------|--------------------------|

1.4 Does the organization have a time and effort system to track program-specific work performed?

| | | |
|----|---|------------------------------|
| | Yes | <input type="checkbox"/> |
| a. | Does the system record all time worked, including time not charged to awards? | Yes <input type="checkbox"/> |
| b. | Does the system include sign-off by the employee and supervisor? | Yes <input type="checkbox"/> |

1.5 Are program payments based on a rate or unit of service?

| | | |
|----|---|------------------------------|
| | Yes | <input type="checkbox"/> |
| a. | Does the organization have written procedures to ensure accurate invoicing? | Yes <input type="checkbox"/> |
| b. | Does a second person sign-off on the invoice? | Yes <input type="checkbox"/> |

1.6 Does the program have match or related requirements?

| | | |
|----|--|------------------------------|
| | Yes | <input type="checkbox"/> |
| a. | Does the organization have written procedures for match reporting? | Yes <input type="checkbox"/> |
| b. | Does a second person sign-off on match reporting? | Yes <input type="checkbox"/> |

1.7 Is the organization prepared to utilize periodic performance reports to communicate program outcomes?

| | |
|---|--------------------------|
| Performance reports are an established part of grant management procedures. | <input type="checkbox"/> |
|---|--------------------------|

2. History of Performance

2.1 How many years of experience does your organization have with grants of comparable scope and/or capacity?

| | |
|----------------------|---|
| More than five years | ▼ |
|----------------------|---|

2.2 During your last two fiscal years, how frequently has the organization submitted project performance reports on time?

| | |
|--------|---|
| Always | ▼ |
|--------|---|

2.3 Does your organization have performance measurements that tie to financial data?

| | | |
|--|-----|---|
| | Yes | ▼ |
|--|-----|---|

2.4 Have there been any significant changes in your organization in the last fiscal year related to program delivery:

| | | | |
|----|--|----|---|
| a. | Management / leadership personnel | No | ▼ |
| b. | Reorganization or parent / subsidiary relationships | No | ▼ |
| c. | Significant changes in programs grant funded | No | ▼ |
| d. | Statutory or regulatory requirements imposed on your organization type | No | ▼ |

2.5 Will a sub-grantee/sub-recipient / sub-award be utilized to manage, administer or complete the project?

| | | |
|--|----|---|
| | No | ▼ |
|--|----|---|

2.6 What responsibilities will the sub-grantee/sub-recipient/sub-award perform under this program?

| | | | |
|----|---------------------------------------|-----|---|
| a. | Participant eligibility determination | N/A | ▼ |
| b. | Case management | N/A | ▼ |
| c. | Performance reporting | N/A | ▼ |
| d. | Financial reporting | N/A | ▼ |
| e. | Invoicing | N/A | ▼ |
| f. | Other | N/A | ▼ |

2.7 What percentage of grant funds does your organization anticipate passing to Sub-Grantees Sub-Recipients/Sub-Awards?

| |
|-----|
| N/A |
|-----|

2.8 Does your organization have an implemented policy for Sub-Grantee/Sub-Recipient monitoring?

| | | |
|--------------------------|-----|---|
| | N/A | ▼ |
| If YES, does it include: | | |
| N/A | | |

3. Reports and findings from audits performed

- 3.1 During the last two fiscal years, has your organization been out of compliance with programmatic terms and conditions of awards?

N/A 

- 3.2 Have corrective actions been implemented within the specified timeframe?

N/A 

- 3.3 Have there been findings regarding conflict of interest within the last two fiscal years?

No 

- 3.4 Has your organization ever been subject to specific conditions due to program issues?

No 

4. Applicant's ability to effectively implement statutory, regulatory or other requirements

- 4.1 To what extent does your organization have policies to ensure programmatic expenses are reasonable, necessary and prudent (sensible)?

Policies are implemented and followed 

- 4.2 To what extent does your organization have policies to ensure programmatic activities are allowable?

Policies are implemented and followed 

- 4.3 Has the organization been out of compliance with any statutory, regulatory or other requirements of grant funding within the last two fiscal years?

No 

5. Agency and/or Program-Specific Questions

5.1 Has your organization identified local matching requirements, and level of effort requirements related to program delivery?

5.2 Has your organization standardized local matching requirements tracking mechanism?

5.3 Has your organization attended grant compliance training? [LINK](#)

5.4 Is your organization familiar with the Grantee Compliance Enforcement System? [LINK](#)

CERTIFICATION

By submitting this application, I certify to the best of my knowledge and belief that the information is true, complete and accurate and that any false, fictitious or fraudulent information or the omission of any material fact could result in the immediate termination of my grant award(s).

| Chief Elected Official / Administrator | | | |
|--|------------------------------|------------|----------------|
| First Name: | Darlene | Last Name: | Kloeppel |
| Title | Champaign County Executive | | |
| Email: | dkloeppel@co.champaign.il.us | Phone: | (217) 384-3776 |

| Remittance Address | | | |
|--------------------|------------------------|-----|-------|
| Street: | 1776 E. Washington St. | | |
| City: | Urbana | | |
| State | Illinois | Zip | 61802 |

COUNTY OF CHAMPAIGN

FINANCIAL IMPACT STATEMENT

(To accompany Grant Applications or Appropriate Resolutions/Ordinances)

Current Year Annual Expenditure Estimate:

Number of Positions 2 Personnel \$ 131,624
Commodities: \$ 32,014
Contractual: \$ 0
Capital: \$ 0

Long Term Expenditure Estimate:

\$163,638

Current Year Annual Revenue Estimate:

\$78,831

Long Term Revenue Estimate:

\$63,000

Approved by Finance Committee:

Date: _____

Approved by County Board:

Date: _____



SHERIFF DUSTIN D. HEUERMAN

CHAMPAIGN COUNTY SHERIFF'S OFFICE

204 E. Main Street
Urbana, Illinois 61801-2702
(217) 384-1204

TO: Stephanie Fortado, Finance Committee Chair
FROM: Dustin D. Heuerman, Sheriff
DATE: July 27, 2021
SUBJ: Request for Approval of Resolution for Sign-On Incentive

Please find attached a resolution for your consideration to approve a sign-on incentive for new correctional officers in 2021.

We are currently experiencing critical levels of staffing in the jails. We have seen an increase in employee turnover in multiple divisions at the Sheriff's Office, but none as concerning as we are currently seeing in corrections. This turnover is due to multiple circumstances aggravated by COVID protocols, including current criminal justice climate, pay, seeking alternative employment goals, and mental/physical safety concerns (many of the inmates currently in the jails are accused of violent crimes and/or have mental health issues). Many of these things are out of our control.

It is projected that by the end of July, the corrections division will be short 10 correctional officers, the highest number of vacancies we have ever experienced. To help put things into perspective, that is one-fifth of our front-line correctional officers. Lieutenants, the Captain, and the Chief Deputy have all stepped in to help fill the void, however that cannot be maintained for very long.

We currently only have 2 correctional officer candidates on the eligibility list and are working to get them evaluated for open positions as soon as possible. The time from interviewing a candidate until a correctional officer is ready to work on his/her own is approximately five months, not including time at the training academy. Recruitment, training, and equipment also cost the county significant amounts of money.

Our staffing shortage has caused us to postpone crucial training for our officers, as well as postpone anticipated dates to get inmate programs up and running again after COVID-19. Overtime for officers is at an all-time high, resulting in increased stress, decreased mental health, and increased opportunity for mistakes to be made in operations – mistakes that could lead to lawsuits, or worse, injury to staff and inmates. We are at the point of exploring using other Sheriff's Office divisions, including the patrol division, to fulfill our legally obligated responsibilities of the corrections division. This, in turn, could jeopardize the work of the other divisions, potentially jeopardizing public safety in our county. We are left with few other options.

RECOMMENDATION:

My recommendation is for a \$5,000 sign-on incentive for new correctional officers, retroactive to January 1, 2021, and applicable only to those correctional officers still employed with the Sheriff's Office. 50% will be provided upon successful completion of field training and 50% after fulfilling their three-year contract with the Sheriff's Office. Anticipated total cost for this is \$75,000 (15 anticipated hires) - \$37,500



SHERIFF DUSTIN D. HEUERMAN

CHAMPAIGN COUNTY SHERIFF'S OFFICE

204 E. Main Street
Urbana, Illinois 61801-2702
(217) 384-1204

in FY2021 (50%) and \$37,500 (50% remainder after 3 years) in FY2024, but the amount may be higher or lower depending on the actual number of new hires.

If you notice, many businesses in the county, and the nation, are offering sign-on bonuses to try to recruit and retain quality employees. When some jobs may pay \$15/hour or more (e.g., Amazon's advertised starting pay) plus a sign-on bonus, it is difficult to find employees willing to make little more than that in a much more hostile and security/safety-driven environment. It costs tens of thousands of dollars in training, equipment, and manpower to get a new correctional officer ready to work independently. This sign-on bonus will help to not only recruit quality employees but also retain them.

I appreciate your consideration of this hiring incentive to help recruit and retain quality employees. If the board approves the resolution, I will then submit a budget amendment request to the Board.

RESOLUTION NO. 2021-

RESOLUTION APPROVING SIGN-ON INCENTIVES FOR CORRECTIONAL OFFICERS HIRED IN 2021

WHEREAS, the Champaign County Sheriff's Office is experiencing a high number of correctional officer vacancies; and

WHEREAS, recruitment efforts thus far have not been successful in attracting applicants to fill open vacancies; and

WHEREAS, many local businesses have started offering sign-on bonuses to increase recruitment and retention; and

WHEREAS, the Champaign County Sheriff's Office wishes to recruit and retain high quality employees; and

WHEREAS, increased financial incentive is likely to increase the number of quality applications received and to retain quality employees.

NOW, THEREFORE, BE IT RESOLVED by the County Board of Champaign County that a financial sign-on incentive of \$5,000 is approved for each correctional officer hired in 2021 and who is still employed at the Sheriff's Office. 50% shall be given to a new correctional officer upon successfully completing the field training program, as established by the Sheriff, with the remaining 50% given to the correctional officer after successfully completing three years of full-time service as a correctional officer with the Champaign County Sheriff's Office.

PRESENTED, ADOPTED, APPROVED, AND RECORDED this 19th day of August A.D. 2021.

Kyle Patterson, Chair
Champaign County Board

Recorded
& Attest: _____
Aaron Ammons, County Clerk
and ex-officio Clerk of the
Champaign County Board
Date: _____

Approved: _____
Darlene A. Kloepfel, County Executive
Date: _____



OFFICE OF THE CHAMPAIGN COUNTY EXECUTIVE

1776 East Washington Street, Urbana, Illinois 61802-4581

Darlene A. Kloeppel, County Executive

MEMORANDUM

To: Stephanie Fortado, Chair of Finance; and
Jim Goss, Deputy Chair of Finance; and
Honorable Members of the Finance Committee of the Whole

From: Angela Lusk and Paula Bates, Co-Chairs, and
Members of the Labor Management Health Insurance Committee

Date: August 2, 2021

Subject: Employee Health Insurance and Related Benefit Plans for FY2022

The Champaign County Labor Management Health Insurance Committee (LMHIC) submits the following recommendations for employee health insurance and other benefit plans for FY2022:

Health Insurance Recommendation

Blue Cross Blue Shield of Illinois PPO

The plan covers January 1 through December 31, 2022, with a premium rate of increase of 6.89%. The four tiers to be offered at the current FY2020 rate, and the proposed FY2021 rate are reflected below:

| Tier | FY2021 Monthly Premium | FY2022 Monthly Premium | FY2022 Monthly Increase |
|---------------------|------------------------|------------------------|-------------------------|
| Employee Only | \$898 | \$960 | \$62 |
| Employee + Spouse | \$1,189 | \$1,271 | \$82 |
| Employee + Children | \$1,123 | \$1,200 | \$77 |
| Employee + Family | \$1,941 | \$2,075 | \$134 |

A Benefit Plan Summary is attached to this Memorandum and remains unchanged from the current plan. Employee premium contributions are based on the terms of their employment and/or their respective collective bargaining agreement.

Other Benefit Plans: No Rate increases in FY2022

Employer Paid:

Benefit Planning Consultants (BPC) Flex Spending Account Plan Administration - 0% rate increase guarantee through 12/31/2023; \$4/month/participant

Life Insurance (Basis) – 0% rate increase guarantee through 12/31/2023; \$2.60/month/employee

Employee Paid (Voluntary):

Delta Dental – 0% rate increase (year 2 of 2-year rate)

Optional Term Life Insurance – 0% rate increase through 12/31/2023

Eye Med Vision – 0% rate increase (year 2 of 4-year rate)

Allstate Cancer – no rate change

Allstate Accident/Disability – no rate change

A Renewal Rate Summary for all coverages effective January 1, 2022, is attached to this Memorandum for your review.

REQUESTED ACTION

The Finance Committee of the Whole recommends to the Champaign County Board approval of offering the Blue Cross Blue Shield of Illinois PPO group health insurance Plan for FY2022.

The Finance Committee of the Whole recommends to the Champaign County Board approval of offering Delta Dental voluntary dental plans for FY2022 – year 2 of 2-year rate guarantee.

The Finance Committee of the Whole recommends to the Champaign County Board approval of offering Reliance Standard Life Insurance Company group term life and voluntary optional term life insurance coverage for FY 2022 – rate guarantee through 12/31/2023.

The Finance Committee of the Whole recommends to the Champaign County Board approval of offering EyeMed voluntary vision plan for FY2022 – year 2 of 4-year rate guarantee.

The Finance Committee of the Whole recommends to the Champaign County Board approval of offering Allstate Accident/Disability and Cancer voluntary supplemental policies for FY2022 (no rate change).

The Finance Committee of the Whole recommends to the Champaign County Board approval of Benefit Planning Consultants as the administrator of the County's Flexible Spending Account Plan for FY2022 – rate guarantee of \$4/participant/month through 12/31/2023.

Champaign County PPO Plan

\$2,000 Deductible, \$2,000 OPX \$25 OV

Effective January 1, 2021



BlueCross BlueShield of Illinois

BENEFIT HIGHLIGHTS

PPO Network

This provides only highlights of the benefit plan. After enrollment, members will receive a Certificate that more fully describes the terms of coverage.

Program Basics

PPO
(In-Network)

Non-PPO
(Out-of-Network)

Lifetime Benefit Maximum

Per individual

Unlimited

Individual Coverage Deductible

Per calendar year.

\$2,000

\$4,000

Family Coverage Deductible

Per calendar year.

\$4,000

\$8,000

Individual Coverage Out-of-Pocket Expense (OPX) Limit

The amount of money that any individual will have to pay toward covered health care expenses during any one calendar year, including the deductible and Rx. The following items will not be applied to the out-of-pocket expense limit:

- Claims for uncovered services
- Preauthorization Penalties
- Charges that exceed the eligible charge

\$2,000

\$4,000

Family Coverage Out-of-Pocket Expense (OPX) Limit

\$4,000

\$8,000

Physician Services

Physician Office Visits

One copayment per day when you receive services from a Family Practice, Internal Medicine, OB/GYN, or Pediatrician. Surgeries, therapies and certain diagnostic procedures performed in a physician's office may be subject to the deductible and/or coinsurance, including mental health and substance abuse services.

\$25 Copay

80% after deductible

Specialist Office Visits

One copayment per day when you receive services from a specialist. Surgeries, therapies and certain diagnostic procedures performed in a physician's office may be subject to the deductible and/or coinsurance.

\$50 Copay

80% after deductible

Vision Exams

Vision screenings and examinations for determining the refractive state of the eyes are covered. No materials are covered under this benefit.

\$40 Copay

not covered

Preventive Care

Services that have a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force ("USPSTF"). Includes benefits for routine physical examinations, well child care and routine diagnostic tests including, but not limited to: PSA, Pap Smear, Bone Density, and Colonoscopy. Health Education and Counseling services including, but not limited to: Smoking Cessation and Obesity.

100%

80% after deductible

Maternity Services

Copayment applies to first prenatal visit (per pregnancy). All other maternity physician covered services are paid the same as Medical / Surgical Services.

\$25 Copay

80% after deductible

Medical / Surgical Services

Coverage for surgical procedures, inpatient visits therapies, allergy injections or treatments, and certain diagnostic procedures as well as other physician services

100% after deductible

80% after deductible

Hospital Services

Inpatient Hospital Services

Coverage includes services received in a hospital, skilled nursing facility, coordinated home care and hospice, including mental health and substance abuse services. Room allowances based on the hospital's most common semi-private room rates.

100% after deductible

80% after deductible

Outpatient Hospital Services

Coverage for services includes, but is not limited to outpatient or ambulatory surgical procedures, x-ray, lab tests, chemotherapy, radiation therapy, renal dialysis, and mammograms performed in a hospital or ambulatory surgical center, including mental health and substance abuse services. Routine mammograms performed in an in-network outpatient hospital setting are payable at 100%, no deductible will apply.

100% after deductible

80% after deductible

Outpatient Emergency Care (Accident or Illness)

Emergency Medical and Emergency Accident. Applies to both in- and out-of-network emergency room visits. The per-occurrence is waived if the member is admitted to the hospital.

\$200 Copay, then 100% Ambulance Transportation \$100 per transport

Champaign County PPO Plan

\$2,000 Deductible, \$2,000 OPX \$25 OV

Effective January 1, 2021



BENEFIT HIGHLIGHT

PPO Network

Additional Services

Muscle Manipulation Services

Coverage for spinal and muscle manipulation services provided by a physician or chiropractor. Related office visits are paid the same as other Physician Office Visits.

- Maximum of 30 visits per calendar year

PPO
(In-Network)

Non-PPO
(Out-of-Network)

100% after deductible

80% after deductible

Therapy Services – Speech, Occupational and Physical

Coverage for services provided by a physician or therapist.

100% after deductible

80% after deductible

Temporomandibular Joint (TMJ) Dysfunction and Related Disorders

100% after deductible

80% after deductible

Other Covered Services

- Private duty nursing (Please refer to Certificate for details)
- Artificial limbs and other prosthetic devices
- Blood and blood components
- Skilled Nursing
- Ambulance services
- Orthotic appliances
- Prosthetic appliances
- Medical supplies

100% after deductible

80% after deductible

Prescription Drug Card

Prescription Drug benefit paid at 100% after co-payment at participating pharmacy. CVS (including CVS inside a Target Store) and Doc's Drugs are not covered pharmacies under this BCBS Plan.

Benefits at a non-contracting pharmacy are covered at 75% of the amount that would have been paid at a contracting pharmacy minus the appropriate copayment amount.

Mail Order Prescription Drug Program – provides up to a 90-day supply of maintenance drugs used on a continuous basis for treatment of chronic health conditions.

- * \$7 copay for generic drugs
- * \$25 copay for preferred brand drugs
- * \$50 copay for non-preferred brand drugs
- * \$100 copay for specialty drugs

Mail Order: 2X retail copay, 90-day supply maintenance drugs (specialty drugs not available thru mail order)

To Locate a Participating Provider: Visit our Web site at www.bcbsil.com/providers and use our Provider Finder® tool. Search the network named Participating Provider Option (PPO).

****This is a general summary of your benefits.** Please refer to your Summary of Benefits and Coverage (SBC), or you may request a copy of the policy or plan document by calling Customer Service, for additional details and a description of the plan requirements and benefit design. This plan does not cover all health care expenses. Please carefully review the plan's limitations and exclusions.

Out of network benefits are subject to maximum allowable charge limitations which will limit the amount of charges that will be allowed or considered to be eligible to be paid. This means that generally less than the full amount of the charge will count toward the out of network deductible and less than the full amount of the charge will be covered at the out of network coinsurance limit. Members will be responsible for the differences between the allowed amount and the amount (if any) that the insurance plan will pay.

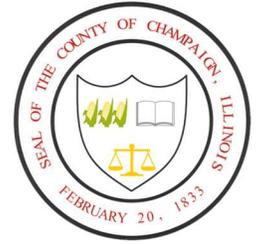
Renewal Rate Summary for January 1, 2022

Renewal Action Confirmed as of 07/13/2021

| Coverage | Vendor | Rate Action |
|--------------------|--------------|--|
| Medical | BCBSIL | 6.89% |
| Dental PPO Plan | Delta Dental | 0% (Year 2 of another 2 year rate) |
| Dental Network | Delta Dental | 0% (Year 2 of another 2 year rate) |
| Life (Basic) | RSLI | 0% with rate guarantee thru 12/31/2023 |
| Life (Voluntary) | RSLI | 0% with rate guarantee thru 12/31/2023 |
| Vision (Voluntary) | Eye Med | 0% (Year 2 of another 4 year rate) |
| Cancer | Allstate | No rate change |
| Accident | Allstate | No rate change |
| Flex Plan | BPC | 0% with rate guarantee thru 12/31/2023 |

CHAMPAIGN COUNTY INFORMATION TECHNOLOGY SERVICES

1776 East Washington Street, Urbana, Illinois 61802-4581



M.C. Neal, Chief Information Officer

MEMORANDUM

DATE: July 25, 2021

TO: Chris Stohr, Chair - Policy, Personnel and Appointments
Brad Passalacqua, Vice Chair - Policy, Personnel and Appointments
Committee of the Whole County Board Members

FROM: M.C. Neal, Chief Information Officer

RE: Request for Job Evaluation Committee Review of New Application Support Specialist Position

I am writing to request your approval to submit to the Job Evaluation Committee the new position of Application Support Specialist. This position would be a direct replacement for a currently vacant Desktop Support Technician position.

As programs that were historically run on the County's AS400 continue to be replaced by vendor solutions, there has become a growing need for IT to provide not just technical support for said new solutions, but also end-user training. The Application Support Specialist will be able to fulfill this new role, bringing the needed holistic approach and support.

Thank you in advance for your consideration of this request.

Attachments:

- Desktop Support Technician job description
- Proposed Application Support Specialist job description

Champaign County Job Description

Job Title: Application Support Specialist

Department: Information Technology

Reports To: Chief Information Officer

FLSA Status: Exempt

Grade/Range: G

Approved Date: September 2021 (expected)

SUMMARY Utilizing excellent communication and problem-solving skills, the *Application Support Specialist* provides County staff with support for vendor-based software solutions (e.g., financial management, human resources, court and justice, etc.); this support includes end-user training as well as the installation, configuration, and troubleshooting of software programs.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following (other duties may be assigned):

- Become an expert in the configuration, workflow, and overall user experience of County software solutions (training provided);
- Provide assistance and support to end-users via telephone, remote software, or in person;
- Troubleshoot basic and intermediate issues, escalating advanced issues to senior County IT staff and/or to software vendor(s);
- Document support issues, cataloging problems encountered and resulting solution within help desk ticketing system;
- Maintain internal knowledge base documentation for IT support staff;
- Create training documentation for end-users, outlining procedures and best practices;
- Deliver training to teams or individuals;
- Install and configure programs on end-user computers;
- Create user accounts and assist with password resets;
- Perform regular analysis of support issues to identify areas of targeted training or workflow development;
- Establish and maintain positive relationships with end-users;
- Evaluate vendor roadmaps, and emerging technologies to make recommendations for the procurement of software, hardware, and services;
- Keep project teams and department up-to-date on relevant activities and problems.

SUPERVISORY RESPONSIBILITIES This position has no direct supervisory responsibilities.

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 EXPERIENCE Any combination of four (4) years of directly-related work experience or college coursework that would provide knowledge in software technical support and/or end-user training. High school diploma required.

LANGUAGE SKILLS Ability to read, analyze, and interpret periodicals, professional journals, and technical procedures. Ability to write reports, correspondences, and procedure manuals. Ability to effectively present information and respond to questions from County staff members.

TECHNICAL SKILLS General knowledge of information technology concepts and systems. Familiarity with administering Windows desktop computers (e.g. installing computer programs, setting up printers, applying windows updates, etc.). Demonstrated aptitude for learning new technologies.

REASONING ABILITY Ability to define, analyze, and interpret problems, data, and technical instructions, and establish facts, and draw valid conclusions. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

CERTIFICATES, LICENSES, REGISTRATIONS Training certifications (e.g., CompTIA CTT+, Apple ACT, etc.) highly desirable, but not required.

PHYSICAL DEMANDS The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. While performing the duties of this job, the employee is frequently required to sit; and talk; or hear. The employee is occasionally required to stand; walk; use hands to finger; handle, or feel; and reach with hands and arms. The employee may occasionally lift and/or move up to 20 pounds. Specific vision abilities required by this job include close vision, color vision, and ability to adjust focus.

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

Champaign County Job Description

Job Title: Desktop Support Technician
Department: Information Technology
Reports To: Information Technology Manager
FLSA Status: Exempt
Grade/Range: G
Approved Date: August, 2009

SUMMARY Provides support for the County's PC and networking needs. These include the installation, testing, repair and troubleshooting of stand-alone PCs, PCs linked to networks, printers and other peripherals. The technician performs technical operational and training support to users using the telephone, one-to-one or remote software.

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

Installs and tests personal computers, printers, and other peripherals, configures operating system, loads application programs.

Reviews technology incidents to ensure optimized service level is achieved.

Performs hardware and software diagnostics, coordinates needed repairs, resolves computer problems, and participates in the evaluation of system configuration and software.

Identifies and resolves technical issues with hardware, software and work processes. Escalates issues beyond level of expertise to information technology team.

Researches new technologies for possible implementation and makes recommendations based on findings.

Recommends improvements to existing technologies and methods to improve the quality and timeliness of technical support.

Documents issues, status and resolutions using helpdesk application.

Keeps manager, project teams and department customers informed of activities and problems.

SUPERVISORY RESPONSIBILITIES This job has no direct supervisory responsibilities.

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 Associate's Degree or equivalent from a two-year college or technical school and 1-3 years of experience in government systems design and programming.

LANGUAGE SKILLS Ability to read, analyze, and interpret general business periodicals, professional journals, technical procedures, or governmental regulations. Ability to write reports, business correspondence, and procedure manuals. Ability to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.

MATHEMATICAL SKILLS Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.

REASONING ABILITY Ability to solve practical problems and deal with a variety of concrete 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 as required.

PHYSICAL DEMANDS The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. While performing the duties of this job, the employee is frequently required to walk; sit; use hands to finger, handle, or feel; and reach with hands and arms. The employee is occasionally required to stand; and talk; or hear. The employee must occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, color vision, and ability to adjust focus.

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



OFFICE OF THE CHAMPAIGN COUNTY EXECUTIVE

1776 East Washington Street, Urbana, Illinois 61802-4581

Darlene A. Kloeppe, County Executive

MEMORANDUM

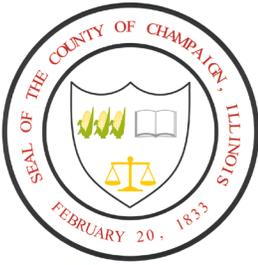
TO: County Board Members
FROM: Darlene Kloeppe, County Executive
DATE: August 10, 2021
RE: Executive's Update

I would like to update the Board with more details on a couple items of interest.

The ERP project is moving forward on pace, with the accounting modules almost ready for the user training to start in Sept. The payroll modules are planned for full rollout by January 1st, so that we can begin the new year in the new payroll system. We have also begun building the HR performance management modules – good timing concurrent with our workforce study, as the new modules include recruiting, hiring, professional development tracking and performance review features. As with all software implementations, the ERP has taken a significant amount of staff energy, but everyone is so excited to get the improvements over the multiple side spreadsheets done manually that they have persistently forged ahead through the challenges! A special thank you to Orion Smith, Tami Ogden, Leeann Robeck, Linda Dyer and Bill Colbrook, who are spending countless hours in addition to their regular work to make this happen.

At the last board meeting, I introduced our new ARPA Fund project manager Kathy Larson. who is the Economic Development Specialist for RPC for the past 12 years. She has over 20 years of experience in managing public sector economic development programs; including many grant, loan, and incentive programs for businesses, organizations, and municipalities. She worked with partners and clients to determine requirements and eligibility, coordinate applications, leverage resources, connect clients with additional agencies and resources, provide transparency, fulfill reporting requirements, and summarize economic impact. She's a great addition to our team.

Kathy will be working with me to prepare decision memos for the board, keep up with ARPA rules and reporting requirements, maintain ARPA information on our website and coordinate approved ARPA projects. She is supported by fiscal specialist Jeremy Reale to track finances for approved projects and prepare our financial reporting to the US Treasury. Board members and the public can contact Kathy at klarson@ccrpc.org with questions or ideas, but please copy any requests for her to research or provide items through me, so that we can manage her time effectively and is limited for the many tasks to be done. She also will be giving regular reports at board meetings to keep the board informed as we move forward.



OFFICE OF THE CHAMPAIGN COUNTY EXECUTIVE

1776 East Washington Street, Urbana, Illinois 61802-4581

Darlene A. Kloeppel, County Executive

MONTHLY HR REPORT JUNE 2021

VACANT POSITIONS LISTING

VACANT POSITIONS AS OF COB 06/30/2021

*** Highlighted vacancies were reported this month

| FUND | DEPT | EMPLOYEE NAME | JOB TITLE | HOURLY RATE | REG HRS | REGULAR SALARY | FY 2021 HRS | FY 2021 SALARY |
|-------------|------|---|-----------------------------------|-------------|---------|----------------|--------------|----------------|
| 80 | 21 | vacant 6/29/21 (Burgener-Patton) | Board of Review | --- | 1560 | 43,904.29 | 1,560.0 | 43,904.29 |
| 80 | 21 | vacant 6/30/21 (Rector) | Board of Review | --- | 1560 | 43,904.29 | 1,560.0 | 43,904.29 |
| 80 | 21 | vacant 6/30/21 (Sailor) | Board of Review | --- | 1560 | 43,904.29 | 1,560.0 | 43,904.29 |
| 80 | 22 | vacant 3/25/21 (Salas) | Deputy County Clerk | 15.72 | 1950 | 30,654.00 | 1,957.5 | 30,771.90 |
| 80 | 22 | vacant 6/30/21 (Sutton) | Senior Election Specialist | 18.92 | 1950 | 36,894.00 | 1,957.5 | 37,035.90 |
| 80 | 28 | vacant 7/31/16 (Lebron) | Desktop Support Technician | 17.16 | 1950 | 33,462.00 | 1,957.5 | 33,590.70 |
| 80 | 30 | vacant 12/23/20 (Belcher) | Executive Assistant | 18.59 | 1950 | 36,250.50 | 1,957.5 | 36,389.93 |
| 80 | 30 | vacant 4/30/21 (Blazaitis) | Financial Manager | 39.02 | 1950 | 76,089.00 | 1,957.5 | 76,381.65 |
| 80 | 40 | vacant 3/11/21 (Keyes) | Deputy Sheriff - K9 Patrol | 33.35 | 2080 | 69,368.00 | 2,088.0 | 69,634.80 |
| 80 | 40 | vacant 5/2/21 (Nemecz) | Deputy Sheriff - Patrol | 32.29 | 2080 | 67,163.20 | 2,088.0 | 67,421.52 |
| 80 | 43 | vacant 6/30/21 (Rector) | EMA - Deputy Coordinator | 29.83 | 1950 | 58,168.50 | 1,957.5 | 58,392.23 |
| 80 | 51 | vacant 4/9/21 (White) | Court Services Officer | 21.70 | 1950 | 42,315.00 | 1,957.5 | 42,477.75 |
| 80 | 51 | vacant 4/23/21 (Jasper) | Court Services Officer | 21.70 | 1950 | 42,315.00 | 1,957.5 | 42,477.75 |
| 80 | 51 | vacant 5/23/21 (Schifferer) | Court Services Officer | 21.70 | 1950 | 42,315.00 | 1,957.5 | 42,477.75 |
| 80 | 51 | vacant 5/16/21 (Cooper) | Court Services Officer | 21.70 | 1950 | 42,315.00 | 1,957.5 | 42,477.75 |
| 80 | 51 | vacant 6/28/21 (Cruz) | Court Services Officer | 22.96 | 1950 | 44,772.00 | 1,957.5 | 44,944.20 |
| 80 | 52 | vacant 2/8/21 (Hewkin) | Court Services Officer | 28.65 | 1950 | 55,867.50 | 1,957.5 | 56,082.38 |
| 80 | 71 | vacant 5/2/21 (Berry) | Custodian | 16.10 | 1950 | 31,395.00 | 1,957.5 | 31,515.75 |
| 80 | 77 | vacant 9/4/20 (Heffernan) | Associate Planner | 22.00 | 1950 | 42,900.00 | 1,957.5 | 43,065.00 |
| 80 | 140 | vacant 10/31/16 (Syme) | Clerk - Corrections | 14.53 | 1950 | 28,333.50 | 1,957.5 | 28,442.48 |
| 80 | 140 | vacant 4/29/21 (Pettenger) | Correctional Officer | 22.06 | 2080 | 45,884.80 | 2,088.0 | 46,061.28 |
| 80 | 140 | vacant 5/21/21 (Slaughter) | Correctional Officer | 20.87 | 2080 | 43,409.60 | 2,088.0 | 43,576.56 |
| 80 | 140 | vacant 06/25/21 (Trail) | Correctional Officer | 31.72 | 2080 | 65,977.60 | 2,088.0 | 66,231.36 |
| 80 | 140 | vacant 06/22/21 (Scott) | Correctional Officer | 23.55 | 2080 | 48,984.00 | 2,088.0 | 49,172.40 |
| 80 | 140 | vacant 3/26/21 (Porter) | Master Control Officer | 17.16 | 2080 | 35,692.80 | 2,088.0 | 35,830.08 |
| 80 | 140 | vacant 3/22/21 (Weitekamp) | Part Time Master Control Officer | 17.16 | 1040 | 17,846.40 | 1,044.0 | 17,915.04 |
| 91 | 47 | vacant 6/25/21 (Newly Created Position) | Assistant Animal Control Director | 23.74 | 2080 | 49,379.20 | 2,088.0 | 49,569.12 |
| -- TOTAL -- | | | | | | 1,219,464.47 | 1,223,648.13 | |

UNEMPLOYMENT REPORT

Benefit Determination – 1

Head Start – 1 – denied

Fraud Claims - 38

PAYROLL REPORT

JUNE PAYROLL
INFORMATION

| | 6/4/2021 | | 6/18/2021 | |
|----------------|-----------|--------------------|-----------|--------------------|
| Pay Group | EE's Paid | Total Payroll \$\$ | EE's Paid | Total Payroll \$\$ |
| General Corp | 494 | \$1,017,109.00 | 490 | \$1,025,589.91 |
| RPC/Head Start | 314 | \$472,730.49 | 317 | \$448,901.07 |
| Total | 808 | \$1,489,839.49 | 807 | \$1,474,490.98 |

HEALTH INSURANCE/BENEFITS REPORT

Total Number of Employees Eligible:
General County Union (includes AFSCME & FOP):
 191 Single; 33 EE+spouse; 66 EE+child(ren); 18 Family; 75 waived
Non-bargaining employees:
 122 Single; 33 EE+spouse; 48 EE+child(ren); 15 Family; 64 waived
 Life Insurance Premium paid by County: \$1,709.24
 Health Insurance Premium paid by County: \$424,823.29

TURNOVER REPORT

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

General County
 June 2021: 1.34 % average over the last 12 months
 June 2021: 9 out of 670 Employees left Champaign County: 9 resignations

WORKERS' COMPENSATION REPORT

| Entire County Report | June 2021 | June 2020 |
|--|-----------|-----------|
| New Claims | 2 | 0 |
| Closed | 3 | 3 |
| Open Claims | 32 | 27 |
| Year To Date Total (On-going # of claims filed) | 34 | 17 |

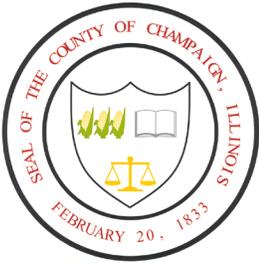
EEO REPORT

Information provided based on EEO Tracking forms submitted by Applicant. Figures are for General County only.

| Jun 2021 Monthly EEO Report General County Only | ads closing this month: | | | | ads with no end date | | |
|--|--|------------------------------------|---|------------------------------|--------------------------------------|---|----|
| | Court Services Officers - JDC - Probation & Court Services | Deputy County Clerk - County Clerk | Custodian/Mail Service - Physical Plant | Deputy EMA Coordinator - EMA | Temp. Accounting Assistant - Auditor | | |
| Total Applicants | 11 | 18 | 4 | 14 | 0 | 0 | 47 |
| Male | 4 | 8 | 2 | 10 | 0 | | 24 |
| Female | 7 | 10 | 2 | 4 | 0 | | 23 |
| NonBinary | 0 | 0 | 0 | 0 | 0 | | 0 |
| Undisclosed | 0 | 0 | 0 | 0 | 0 | | 0 |
| Hispanic or Latino | 1 | 0 | 0 | 1 | 0 | 0 | 2 |
| White | 7 | 12 | 3 | 13 | 0 | 0 | 35 |
| Black or African-American | 3 | 6 | 0 | 0 | 0 | 0 | 9 |
| Native Hawaiian or Other Pacific Islander | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Asian | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| American Indian or Alaska Native | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Two or more races | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Undisclosed | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Veteran Status | 2 | 0 | 0 | 1 | 0 | | 3 |

ADMINISTRATIVE SUPPORT to COUNTY BOARD REPORT

| | | | | | |
|---------------------|----|-----------------------------|----|---------------------|---|
| Agendas Posted | 12 | Meetings Staffed | 4 | Minutes Posted | 9 |
| Appointments Posted | 0 | Notification of Appointment | 9 | Contracts Posted | 0 |
| Calendars Posted | 5 | Resolutions Prepared | 34 | Ordinances Prepared | 1 |



OFFICE OF THE CHAMPAIGN COUNTY EXECUTIVE

1776 East Washington Street, Urbana, Illinois 61802-4581

Darlene A. Kloeppe, County Executive

MONTHLY HR REPORT JULY 2021

VACANT POSITIONS LISTING

VACANT POSITIONS AS OF COB 07/31/2021

*** Highlighted vacancies were reported this month

| FUND | DEPT | EMPLOYEE NAME | JOB TITLE | HOURLY RATE | REG HRS | REGULAR SALARY | FY 2021 HRS | FY 2021 SALARY |
|-------------|------|---|-----------------------------------|-------------|---------|----------------|-------------|----------------|
| 80 | 21 | vacant 6/29/21 (Burgener-Patton) | Board of Review | --- | 1560 | 43,904.29 | 1,560.0 | 43,904.29 |
| 80 | 21 | vacant 6/30/21 (Rector) | Board of Review | --- | 1560 | 43,904.29 | 1,560.0 | 43,904.29 |
| 80 | 22 | vacant 6/30/21 (Sutton) | Senior Election Specialist | 18.92 | 1950 | 36,894.00 | 1,957.5 | 37,035.90 |
| 80 | 28 | vacant 7/31/16 (Lebron) | Desktop Support Technician | 17.16 | 1950 | 33,462.00 | 1,957.5 | 33,590.70 |
| 80 | 30 | vacant 12/23/20 (Belcher) | Executive Assistant | 18.59 | 1950 | 36,250.50 | 1,957.5 | 36,389.93 |
| 80 | 30 | vacant 4/30/21 (Blazaitis) | Financial Manager | 39.02 | 1950 | 76,089.00 | 1,957.5 | 76,381.65 |
| 80 | 30 | vacant 7/6/21 (Newman) | Legal Clerk | 15.00 | 1950 | 29,250.00 | 1,957.5 | 29,362.50 |
| 80 | 40 | vacant 7/23/21 (Hannagan) | Secretary | 17.42 | 1950 | 33,969.00 | 1,957.5 | 34,099.65 |
| 80 | 40 | vacant 7/9/21 (Bolt) | Sergeant - Patrol | 44.16 | 2080 | 91,852.80 | 2,088.0 | 92,206.08 |
| 80 | 40 | vacant 3/11/21 (Keyes) | Deputy Sheriff - K9 Patrol | 33.35 | 2080 | 69,368.00 | 2,088.0 | 69,634.80 |
| 80 | 40 | vacant 5/2/21 (Nemecz) | Deputy Sheriff - Patrol | 32.29 | 2080 | 67,163.20 | 2,088.0 | 67,421.52 |
| 80 | 41 | vacant 7/22/21 (Border) | Administrative Legal Secretary | 17.64 | 1950 | 34,398.00 | 1,957.5 | 34,530.30 |
| 80 | 41 | vacant 7/23/21 (Clifton) | Victim Advocate | 21.84 | 1950 | 42,588.00 | 1,957.5 | 42,751.80 |
| 80 | 43 | vacant 6/30/21 (Rector) | EMA - Deputy Coordinator | 29.83 | 1950 | 58,168.50 | 1,957.5 | 58,392.23 |
| 80 | 51 | vacant 4/23/21 (Jasper) | Court Services Officer | 21.70 | 1950 | 42,315.00 | 1,957.5 | 42,477.75 |
| 80 | 51 | vacant 5/23/21 (Schifferer) | Court Services Officer | 21.70 | 1950 | 42,315.00 | 1,957.5 | 42,477.75 |
| 80 | 51 | vacant 5/16/21 (Cooper) | Court Services Officer | 21.70 | 1950 | 42,315.00 | 1,957.5 | 42,477.75 |
| 80 | 51 | vacant 6/28/21 (Cruz) | Court Services Officer | 22.96 | 1950 | 44,772.00 | 1,957.5 | 44,944.20 |
| 80 | 51 | vacant 7/21/21 (Adams) | Court Services Officer | 21.29 | 1950 | 41,515.50 | 1,957.5 | 41,675.18 |
| 80 | 52 | vacant 2/8/21 (Hewkin) | Court Services Officer | 28.65 | 1950 | 55,867.50 | 1,957.5 | 56,082.38 |
| 80 | 77 | vacant 9/4/20 (Heffernan) | Associate Planner | 22.00 | 1950 | 42,900.00 | 1,957.5 | 43,065.00 |
| 80 | 140 | vacant 10/31/16 (Syme) | Clerk - Corrections | 14.53 | 1950 | 28,333.50 | 1,957.5 | 28,442.48 |
| 80 | 140 | vacant 7/7/21 (Crawford) | Clerk - Corrections | 17.99 | 1950 | 35,080.50 | 1,957.5 | 35,215.43 |
| 80 | 140 | vacant 7/9/21 (Shelby) | Clerk - Corrections | 15.83 | 1950 | 30,868.50 | 1,957.5 | 30,987.23 |
| 80 | 140 | vacant 7/11/21 (Winters) | Sergeant - Corrections | 39.82 | 2080 | 82,825.60 | 2,088.0 | 83,144.16 |
| 80 | 140 | vacant 5/21/21 (Slaughter) | Correctional Officer | 20.87 | 2080 | 43,409.60 | 2,088.0 | 43,576.56 |
| 80 | 140 | vacant 6/25/21 (Trail) | Correctional Officer | 31.72 | 2080 | 65,977.60 | 2,088.0 | 66,231.36 |
| 80 | 140 | vacant 6/22/21 (Scott) | Correctional Officer | 23.55 | 2080 | 48,984.00 | 2,088.0 | 49,172.40 |
| 80 | 140 | vacant 7/8/21 (Brewer) | Correctional Officer | 23.05 | 2080 | 47,944.00 | 2,088.0 | 48,128.40 |
| 80 | 140 | vacant 7/29/21 (Stewart) | Correctional Officer | 20.87 | 2080 | 43,409.60 | 2,088.0 | 43,576.56 |
| 80 | 140 | vacant 3/22/21 (Weitekamp) | Part Time Master Control Officer | 17.16 | 1040 | 17,846.40 | 1,044.0 | 17,915.04 |
| 80 | 140 | vacant 7/30/21 (Barth) | Part Time Master Control Officer | 17.07 | 1040 | 17,752.80 | 1,044.0 | 17,821.08 |
| 91 | 47 | vacant 6/25/21 (Newly Created Position) | Assistant Animal Control Director | 23.74 | 2080 | 49,379.20 | 2,088.0 | 49,569.12 |
| 91 | 247 | vacant 7/27/21 (Russell) | Animal Control Warden | 17.07 | 2080 | 35,505.60 | 2,088.0 | 35,642.16 |
| -- TOTAL -- | | | | | | 1,556,578.48 | | 1,562,227.60 |

UNEMPLOYMENT REPORT

Notice of Claims Received - 1

Head Start - 1

Benefit Determinations - 1

Head Start - benefits denied

Fraud Claims Received - 39

Notice of Reconsideration - 1

Head Start - 1

PAYROLL REPORT

JULY PAYROLL
INFORMATION

| Pay Group | 7/2/2021 | | 7/16/2021 | |
|----------------|-----------|--------------------|-----------|--------------------|
| | EE's Paid | Total Payroll \$\$ | EE's Paid | Total Payroll \$\$ |
| General Corp | 503 | \$1,024,661.48 | 496 | \$1,042,230.05 |
| RPC/Head Start | 365 | \$524,751.48 | 337 | \$437,461.91 |
| Total | 868 | \$1,549,412.96 | 833 | \$1,479,691.96 |

| Pay Group | 7/30/2021 | |
|----------------|-----------|--------------------|
| | EE's Paid | Total Payroll \$\$ |
| General Corp | 494 | \$1,017,600.86 |
| RPC/Head Start | 351 | \$436,043.95 |
| Total | 845 | \$1,453,644.81 |

HEALTH INSURANCE/BENEFITS REPORT

Total Number of Employees Eligible: 642
General County Union (includes AFSCME & FOP):
 179 Single; 33 EE+spouse; 66 EE+child(ren); 18 Family; 64 waived
Non-bargaining employees:
 126 Single; 32 EE+spouse; 47 EE+child(ren); 15 Family; 61 waived
 Life Insurance Premium paid by County: \$1,655.68
 Health Insurance Premium paid by County: \$415,791.45

TURNOVER REPORT

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

General County

July 2021: 2.26% average over the last 12 months
 July 2021: 15 out of 663 Employees left Champaign County: 13 resignations, 2 dismissals

WORKERS' COMPENSATION REPORT

| Entire County Report | July 2020 | July 2021 |
|----------------------|-----------|-----------|
| New Claims | 1 | 4 |
| Closed | 4 | 6 |
| Open Claims | 28 | 33 |

Year To Date Total
(On-going # of claims filed)

20

41

EEO REPORT

Information provided based on EEO Tracking forms submitted by Applicant. Figures are for General County only.

| Jul 2021 Monthly EEO Report General County Only | ads closing this month: | | | | | | | ads with no end date: | | |
|--|--|---------------------|-------------------------------------|-------------------------------------|---|--------------------|-----------------------------------|---|--|----|
| | Court Services Officers - JDC - Probation & Court Services | Secretary - Sheriff | PT Master Control Officer - Sheriff | FT Master Control Officer - Sheriff | Assist Director Animal Control - Animal Control | FT Clerk - Sheriff | Temp Accounting Assist. - Auditor | Planning Internship - Planning and Zoning | Deputy Coroner/Autopsy Tech (PT) - Coroner | |
| Total Applicants | 12 | 5 | 4 | 16 | 6 | 21 | 2 | 2 | 7 | 75 |
| Male | 4 | 1 | 1 | 4 | 2 | 3 | 0 | 2 | 2 | 19 |
| Female | 8 | 4 | 3 | 12 | 4 | 18 | 2 | 0 | 5 | 56 |
| NonBinary | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Undisclosed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hispanic or Latino | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 1 | 5 |
| White | 6 | 4 | 2 | 11 | 6 | 12 | 0 | 1 | 5 | 47 |
| Black or African-American | 4 | 1 | 0 | 1 | 0 | 7 | 0 | 0 | 1 | 14 |
| Native Hawaiian or Other Pacific Islander | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Asian | 1 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 4 |
| American Indian or Alaska Native | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Two or more races | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 3 |
| Undisclosed | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Veteran Status | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 4 |

ADMINISTRATIVE SUPPORT to COUNTY BOARD REPORT

| | | | | | |
|---------------------|----|-----------------------------|----|---------------------|---|
| Agendas Posted | 12 | Meetings Staffed | 4 | Minutes Posted | 6 |
| Appointments Posted | 2 | Notification of Appointment | 8 | Contracts Posted | 9 |
| Calendars Posted | 6 | Resolutions Prepared | 19 | Ordinances Prepared | 0 |

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

NAME: LYLE E BROCK

ADDRESS: 5111 N. DUNCAN RD. CHAMPAIGN. IL. 61822
Street City State Zip Code

EMAIL: [REDACTED] PHONE: 217-4935111

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: BEAVER LAKE DD

BEGINNING DATE OF TERM: 8/31/21 ENDING DATE: 8/31/24

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No

2. Do you own land within the drainage district? Yes No

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

I have been farming 53 years and living in this district. I also own property in this district and one other district. I have been serving as a Drainage Commissioner since 2009.

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

Since 2009 I have been paying the district bills after approval of the other commissioners. I also inspect district ditches and tile, as well as look into problem issues that arise. I discuss assessment levels annually as well as handling tile repairs, spraying needs, and constant ditch maintenance.

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are

currently serving.
BEAVER LAKE DD

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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


Signature

Date: 6/23/2021

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

NAME: Delmar K. Banner

ADDRESS: 2840 County Road 600 E Fisher IL 61843
Street City State Zip

EMAIL: [REDACTED] **PHONE:** (217) 353-4900
 Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: Conrad & Fisher Mutual Drainage District

BEGINNING DATE OF TERM: September 1, 2021 **ENDING DATE:** August 31, 2024

The Champaign County Executive your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? YES
2. Do you own land within the drainage district? YES
3. What experience and background do you have which you believe qualifies you for this appointment?

I have acquaintance with the land in the district since childhood and have farmed land within the district since 1986. On the faculty of the University of Illinois for almost 20 years, I taught Agricultural Law (including drainage law) and Environmental Law & Policy. For 50 years I have been a practicing attorney, with agricultural law at the center of my practice. In my Champaign County practice, I regularly have occasion to counsel clients in matters and issues of drainage.

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

In addition to my personal experience as a farm owner and operator for some 35 years – dealing with issues of drainage, I have the acquaintance with the district operations, holdings, taxes and fees that comes from service for several terms as a Drainage Commissioner on Conrad & Fisher Drainage District

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

NONE

- 6. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) NO

- 7. Would you be available to attend the scheduled meeting of the appointed body? YES

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



Signature

6/14/21

Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

RECEIVED
6/17/21

NAME: GERALD REIFSTECK

ADDRESS: 580 CR 1400N CHAMPAIGN IL 61822-9752
Street City State Zip Code

EMAIL: [REDACTED] PHONE: 217-377-6749

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: FOUNTAIN HEAD DRAINAGE DISTRICT

BEGINNING DATE OF TERM: SEPT. 2021 ENDING DATE: AUGUST 2024

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No
2. Do you own land within the drainage district? Yes No
3. What experience and background do you have which you believe qualifies you for this appointment?

A LONG-TIME RESIDENT AND FARMER WITHIN THE
DISTRICT.

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

AS A RESIDENT AND FARMER WITHIN THE DISTRICT, I AM
FAMILIAR WITH THE DRAINAGE DISTRICT, ITS SYSTEMS,
UP KEEP, AND OPERATION.

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

FOUNTAIN HEAD COMMISSIONER.

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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

 Arnell N. Nifredo
Signature

Date: June 11, 2021

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

RECEIVED
7/2/21

NAME: Brian Emkes

ADDRESS: 2970 Co Rd 2400 E Gifford IL 61847
Street City State Zip Code

EMAIL: fwfarmsinc@gmail.com PHONE: 217-202-4876

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: Kerr and Comprohse

BEGINNING DATE OF TERM: 9-1-21 ENDING DATE: 8-31-24

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No
2. Do you own land within the drainage district? Yes No
3. What experience and background do you have which you believe qualifies you for this appointment?

Being reappointed

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

Had a previous term with district

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

Comprohse Township - Trustee
Kerr and Comprohse Drainage District

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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



Signature

Date:

6-23-21

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner



NAME: DIRK RICE

ADDRESS: 1752 CR 800N Philo IL 61864
Street City State Zip Code

EMAIL: ricefarm2@gmail.com PHONE: 217-778-8552

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: South Fork

BEGINNING DATE OF TERM: _____ ENDING DATE: _____

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No

2. Do you own land within the drainage district? Yes No

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

I have served previously on South Fork Drainage District as a Trustee. I have lived and farmed on land within the district since 1984

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

Having served previously and lived within the district my entire life I feel that I have a very thorough understanding of how the district operates

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

Locust Grove Cemetery, Trustee
Philo Presbyterian Church, Trustee
Illinois Corn Marketing Board

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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

Derek Reed

Signature

Date: 6-7-21

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner



NAME: Rick Wolken

ADDRESS: 2294 Co. Rd. 1600E Urbana IL 61802
Street City State Zip Code

EMAIL: rick.wolken@aol.com PHONE: 2172020985

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: Longbranch Mutual Drainage District

BEGINNING DATE OF TERM: Sept. 1 2021 ENDING DATE: Aug. 31 2024

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No
2. Do you own land within the drainage district? Yes No
3. What experience and background do you have which you believe qualifies you for this appointment?

I have farmed for 40 years
I also put in field tile

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

I've been on this board for 25 years

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

President of the Fcalvite Church Council
President of Champaign County Road Comm. Ass.
on the Beckman Cemetery Board

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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


Signature

Date: 6-21-21

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner



NAME: Tim Huls

ADDRESS: 2124 co rd 2500 E St Joseph IL 61873
Street City State Zip Code

EMAIL: timhuls60@gmail.com PHONE: 217 202 8487

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: #10 Town of Ogden

BEGINNING DATE OF TERM: Sept. 1 ENDING DATE: _____

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No
2. Do you own land within the drainage district? Yes No
3. What experience and background do you have which you believe qualifies you for this appointment?

Farming all my life

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

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

Just this

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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

Signature Jim Hub
Date: 6-8-21

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner



NAME: GERALD E HENRY

ADDRESS: 477 Co Rd 300N SADORUS IL 61872
Street City State Zip Code

EMAIL: g.j.henry@outlook.com PHONE: 217 598 2586
 Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: OKAW DRAINAGE DISTRICT

BEGINNING DATE OF TERM: SEPT 1 2022 ENDING DATE: AUG 31 2024

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No

2. Do you own land within the drainage district? Yes No

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

I have served on the district as a commissioner
for the past 20 years

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

I participate in all operations, attend annual
meeting & help prepare tax levels

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

Sadorus Township Trustee

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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

Ronald E Henry
Signature

Date: June 4, 2021

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

RECEIVED
6/28/21

NAME: LEONARD STOCKS

ADDRESS: 72 GLENBROOK LANE P.O. Box 338
Street City State Zip Code

EMAIL: _____ PHONE: FISHE IL 61843
217 377 1572

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: OWL CREEK DRAINAGE DISTRICT

BEGINNING DATE OF TERM: August 31 2021 ENDING DATE: August 31 2024

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No

2. Do you own land within the drainage district? Yes No

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

I AM FARMER & 40 PLUS YEARS AS COMMISSIONER

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

40 PLUS YEARS AS COMMISSIONER

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

NONE

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

- 7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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

Leonard Stocks
Signature

Date: 6-20-21

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

RECEIVED
7/1/21

NAME: JEFFREY D. LITTLE

ADDRESS: P.O. Box 105 301 E. MARSHALL TOWNSHIP IL 61880
Street City State Zip Code

EMAIL: jlfarm@aol.com PHONE: 217-369-5895

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: Desotum Slough Special

BEGINNING DATE OF TERM: _____ ENDING DATE: _____

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No

2. Do you own land within the drainage district? Yes No

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

I have been on this Drainage District for many years.
I own and farm land in this District

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

I have worked closely with the other commissioners to
take care of the business at hand.

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

TOWNSHIP Supervisor.

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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

Signature

Jeffrey D. Little

Date:

July 1 2021

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

RECEIVED
10/19/21

NAME: Keith Harms

ADDRESS: 3172 CR 2200E. Gifford IL 61847
Street City State Zip Code

EMAIL: [REDACTED] PHONE: 217-202-6252

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: Prairie Creek

BEGINNING DATE OF TERM: 9-1-21 ENDING DATE: 8-31-24

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No
2. Do you own land within the drainage district? Yes No
3. What experience and background do you have which you believe qualifies you for this appointment?

I have been ~~on~~ a commissioner of said board for two terms. Been active in maintaining Prairie Creek drainage while preserving bank erosion and run off.

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

I know how taxes work. I have been on Township board for 35 years and serving as Clerk for 20

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

Prairie Creek Drainage District, Harwoodth Township "Clerk", Comprmise, Harwood, Kerr, Multi township assessingy district

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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



Signature

Date: 6-7-2021

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

RECEIVED
4/15/21

NAME: Kevin Wolken

ADDRESS: 2516 CR 1600 E Thomasboro IL 61878
Street City State Zip Code

EMAIL: kevin.wolken@gmail.com PHONE: 217-841-1416

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: Raup D.D.

BEGINNING DATE OF TERM: 9-1-2021 ENDING DATE: 8-31-2024

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No

2. Do you own land within the drainage district? Yes No

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

Living & Farming in the district for many
years, along with working with drainage
issues.

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

Serving on the board for several terms
I have gained knowledge & experience
with these matters.

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

Rantoul Township (as Township Trustee)

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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

Kens Woll

Signature

Date: 6-8-2021

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

RECEIVED
6/9/21

NAME: Reggie Peters

ADDRESS: 1725 CR 3375 W Ludlow, IL 60949
Street City State Zip Code

EMAIL: peters reggie 1 @ g mail . com PHONE: _____

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: Salt Fork

BEGINNING DATE OF TERM: 8/31/21 ENDING DATE: 8/31/24

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No
2. Do you own land within the drainage district? Yes No
3. What experience and background do you have which you believe qualifies you for this appointment?

I farm in the district for 50 yrs.

I've been on Salt Fork Drainage district = 20 yrs

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

I have full knowledge of districts operations,
property holding, staff, taxes & fees.

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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

Peggie Petus

Signature

Date: 6/7/21

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

RECEIVED
6/9/21

NAME: LLOYDE H. ESBY

ADDRESS: 1987 CR 1400N St Joseph IL 61873
Street City State Zip Code

EMAIL: [REDACTED] PHONE: 217-621-8058

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: St Joseph D.D. #3

BEGINNING DATE OF TERM: _____ ENDING DATE: 8/31/21

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No

2. Do you own land within the drainage district? Yes No

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

HAVE BEEN A DITCH COMMISSIONER MANY YEARS HELPING OVERSEE
MAINTENANCE; TAX LEVELS; NEW BRIDGES; EASEMENTS; AND INTERGOVERNMENTAL
AGREEMENTS; ETC

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

PERSONALLY OBSERVE THE DITCH REGULARLY AND KEEP UP WITH
ITS OPERATIONS AND FINANCES

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

CURRENTLY ONLY D.D. #3 - MANY IN THE PAST

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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

Lloyd H. Eng

Signature

Date:

6/20/21

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

RECEIVED
4/7/21

NAME: William Shumate

ADDRESS: 1824 CR 1950 N. Urbana Ill 61802
Street City State Zip Code

EMAIL: shumatefarmer@M.S.N. Com PHONE: 217 377 7233

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: Somer #1

BEGINNING DATE OF TERM: Sept 1, 2021 ENDING DATE: Aug 31, 2024

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No

2. Do you own land within the drainage district? Yes No

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

My family has owned this land and farmed it since 1936. I have farmed it since 1980. We have done a lot of our own tiling. I have lived here since 1936.

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

I have been a commissioner for 9 yrs. I also know the lay of the land of the area in our district.

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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

Signature _____

Date: _____

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner



NAME: BARRY FISHER

ADDRESS: 1540 CR 2000 E ST. JOSEPH IL 61873
Street City State Zip Code

EMAIL: _____ PHONE: _____

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: ST JOSEPH #6 DRAINAGE DISTRICT

BEGINNING DATE OF TERM: 8-31-21 ENDING DATE: _____

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No

2. Do you own land within the drainage district? Yes No

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

I have been on this drainage district for
several years.

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

To keep and maintain the drainage in this district
for the people.

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

THE PATTERSON CEMETARY BOARD AND THIS
DRAINAGE DISTRICT.

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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

Bary Baker
Signature

Date: 6-3-21

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

NAME: BRUCE KILLIAN

ADDRESS: 354 E 700 N RD GIBSON CITY IL 60936
Street City State Zip Code

EMAIL: [REDACTED] PHONE: (309) 261 0168

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: SANGAMON & DRUMMER DRAINAGE DISTRICT

BEGINNING DATE OF TERM: 09 - 2021 ENDING DATE: 09 - 2024

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No
2. Do you own land within the drainage district? Yes No
3. What experience and background do you have which you believe qualifies you for this appointment?
I HAVE FARMED ALONG DRUMME CREEK FOR 25 YEARS. I AM
LOOKING FORWARD TO SERVING THE DRAINAGE DISTRICT ANY WAY
THAT I CAN.
4. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees?
HAVE NOT SERVED THE DISTRICT IN THE PAST, I AM
LOOKING FORWARD TO LEARNING AS MUCH AS I CAN REGARDING
THE DISTRICT AND THE WORK IT DOES.
5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.
I CURRENTLY SERVE AS A TRUSTEE FOR DRUMMER TOWNSHIP.

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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

Arnie Kellian
Signature

Date: 07/16/2021

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner



NAME: GREGORY SMITH

ADDRESS: 2084 HOMER LAKE ROAD ST. JOSEPH IL 61873
Street City State Zip Code

EMAIL: [REDACTED] PHONE: 217 841-4981

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: ST. JOSEPH #4

BEGINNING DATE OF TERM: _____ ENDING DATE: _____

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No

2. Do you own land within the drainage district? Yes No

3. What experience and background do you have which you believe qualifies you for this appointment?
I grew up on a farm and have farmed in this area for 35 years.

4. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees?
I have been on the board and have good knowledge of the operations and responsibilities.

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.
Urbana Fire 2% board

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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

Gregory Smith
Signature
Date: 6-6-2021

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

RECEIVED
7/23/21

NAME: David Wolken

ADDRESS: 2693 CR1600 E Rantoul IL 61866
Street City State Zip Code

EMAIL: davidwolken54@gmail.com PHONE: 2172022804

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: Triple Fork

BEGINNING DATE OF TERM: Aug. 31, 2021 ENDING DATE: Aug. 31, 2024

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No

2. Do you own land within the drainage district? Yes No

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

I have been commissioner for Triple Fork many years.

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

Sufficient, it has been a challenge ~~to~~ the funds the district was supposed to receive have not been on the tax bills so we have not been able to pay for operations ~~per~~ promptly.

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

none

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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


Signature

Date: 7/22/21

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

RECEIVED
10/10/21

NAME: Travis Fuhling

ADDRESS: 1301 St Rt 29 South Homer IL 61849
Street City State Zip Code

EMAIL: truhlingtravis@yahoo.com PHONE: 217-493-1032

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: Union Dist #2 of St Joseph + Ogden

BEGINNING DATE OF TERM: Sept 1 ENDING DATE: _____

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No
2. Do you own land within the drainage district? Yes No
3. What experience and background do you have which you believe qualifies you for this appointment?

Operate multiple farms in district

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

Great, previous commissioner taught me a lot on how everything works

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

None

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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



Signature

Date: 8/9/21

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner



NAME: Colten Allen

ADDRESS: 1376 CR 2540 E Ogden IL 61859
Street City State Zip Code

EMAIL: Colten allen 556@gmail.com PHONE: 217-722-4683

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: # 3 South Homer & Sidney

BEGINNING DATE OF TERM: _____ ENDING DATE: _____

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No
2. Do you own land within the drainage district? Yes No
3. What experience and background do you have which you believe qualifies you for this appointment?

10 years of farming
Ag business / Crop Science degree at University of Illinois

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

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

None

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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



Signature

Date: 6-17-2021

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

RECEIVED
10/7/21

NAME: Donald L. Maxwell

ADDRESS: 4 Lake Park Rd. Champaign IL 61822
Street City State Zip Code

EMAIL: don_maxwell116@comcast.net PHONE: 217364-4893

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: Upper Embarras River Drainage District

BEGINNING DATE OF TERM: Sept. 1, 2021 ENDING DATE: _____

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No

2. Do you own land within the drainage district? Yes No

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

Farming near embarras river since 1962.

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

Commissioners aren't paid.
Income come from owners in district

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

none right now

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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

Donald J. Maxwell
Signature
Date: June 4 2021

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

RECEIVED
12/7/01

NAME: ED Decker

ADDRESS: 915 CR 1700e Philo IL 61844
Street City State Zip Code

EMAIL: emdecker94@gmail.com PHONE: 217-898-7300

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: Union Drainage Dist #1 of Philo + Urbana

BEGINNING DATE OF TERM: _____ ENDING DATE: _____

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No

2. Do you own land within the drainage district? Yes No

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

Landowner and have put in my own systems for many years

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

Well informed as I have been a Commissioner for many years.

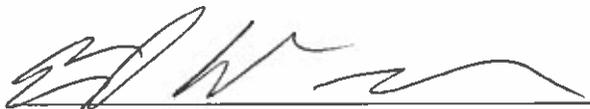
5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

Union Drainage District

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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



Signature

Date: 6/3/21

RECEIVED
6/7/21

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

NAME: Richard Peavler

ADDRESS: 2269 CR 3500 N Ludlow Bl. 60949
Street City State Zip Code

EMAIL: rpeavler69@gmail.com PHONE: 217-841-9447
 Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: West Branch Drainage Dist

BEGINNING DATE OF TERM: October 1, 2021 ENDING DATE: September 30, 2024

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No

2. Do you own land within the drainage district? Yes No

3. What experience and background do you have which you believe qualifies you for this appointment?
I have been a Drainage Dist. Commissioner since 1997.

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

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.
Trustee Harwood Township

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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



Signature

Date: 6-3-2021

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

RECEIVED
4/7/21

NAME: Francis Lafenhagen

ADDRESS: 728 CR 1700E Philo IL 61864
Street City State Zip Code

EMAIL: _____ PHONE: 217 377 6853

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: WRISK

BEGINNING DATE OF TERM: _____ ENDING DATE: _____

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No
2. Do you own land within the drainage district? Yes No
3. What experience and background do you have which you believe qualifies you for this appointment?

Been a Commissioner For 20 year

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

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

LOCUST GROVE CEMETERY

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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

Francis Laferhagen
Signature

Date: 6-4-21

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

RECEIVED
6/15/21

NAME: Paul D. Berbaum

ADDRESS: 476 County Road 1700 N Champaign IL 61822
Street City State Zip Code

EMAIL: [REDACTED] PHONE: 217-714-5665

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: Drainage District #2 Town of Scott

BEGINNING DATE OF TERM: September 1, 2021 ENDING DATE: August 31, 2024

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No
2. Do you own land within the drainage district? Yes No
3. What experience and background do you have which you believe qualifies you for this appointment?

I am a landowner, home owner and farmer in the drainage district. Therefore, I have a clear understanding of the drainage issues in this district. I have first hand knowledge of the operations, property, staff and taxes associated with the drainage district as I have served as a commissioner of this district since 2000. I understand the procedure and importance of maintenance as I've installed drainage on several of my farms. In addition, I've served on the Champaign County Farm Bureau Board of Directors for 12 years (2 different terms as there is a 6 year term limit). I also have an associates degree from Parkland College.

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

The drainage district consists of a 3-member drainage board which oversees the maintenance and repairs of the district owned drainage tile. Tax levies are the district's sole source of income. However, only those within the drainage district are taxed. I feel I have a good understanding of the functions of the district since I've served as a drainage commissioner of Drainage District #2 Town of Scott since September 2000.

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

Current trustee and treasurer of Scott Fire Protection District (served since its formation in 1992)
Commissioner of Drainage District #1 and #2 Town of Scott

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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

Paul W. Berbaum

Signature

Date: June 12, 2021

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

RECEIVED
4/8/21

NAME: Douglas Reinhart

ADDRESS: 325 CR 1000 E Pesotum IL 61863
Street City State Zip Code

EMAIL: dugahole.reinhart38@gmail.com PHONE: 217 714 0936

Check Box to Have Email Address Redacted on Public Documents

NAME OF DRAINAGE DISTRICT: Pesotum consolidated Drainage District

BEGINNING DATE OF TERM: 8/31/2021 ? ENDING DATE: ?
9/01/2021

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of the State of Illinois? Yes No
2. Do you own land within the drainage district? Yes No
3. What experience and background do you have which you believe qualifies you for this appointment?

Been doing it for years

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

Been doing it for years

5. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

Pesotum consolidated Drainage

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

7. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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


Signature _____
Date: 6/6/2021 _____

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
PLEASE TYPE OR PRINT IN BLACK INK

NAME: Susan G. Frobish

ADDRESS: 809 W. Delaware Ave. Urbana IL 61801
Street City State Zip Code

EMAIL: sfrobish@comcast.net PHONE: (217) 202-4688

Check Box to Have Email Address Redacted on Public Documents

PARTY AFFILIATION: (Please check one) Democrat Republican Other, please explain:

NAME OF APPOINTMENT BODY OR BOARD: Board of Review

BEGINNING DATE OF TERM: 7/2021 ENDING DATE: 6/2023

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

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

I have over 20 years experience valuing property in Champaign Co., as an active Realtor, Appraiser, & former Board of Review member. Helping the taxpayer check, understand & appeal their assessment was a fulfilling way to serve the community. I have experience in reviewing appraisals & property record cards. My goal is to provide a friendly helpful atmosphere and evaluate all complaints fairly.

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

Our main responsibility is to meet with the taxpayers that feel their property is not assessed accurately & reflect fairmarket value. We should assist residential taxpayers with comparables, in a friendly educational environment. Additional responsibilities include calculating certificates of error, destructions, and assist with sales ratio studies.

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

I have a clear understanding of the Board of Review duties + responsibilities. Any changes to the new computer system can be learned quickly. With my prior experience I could "hit the ground running" and make immediate contributions.

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

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

Yes No If no, please explain:

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



Signature

6-28-21

Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
PLEASE TYPE OR PRINT IN BLACK INK

Debra (Debbie) L. Estes
NAME: _____
49 Glenbrook Ct Fisher IL 61843
ADDRESS: _____
Street City State Zip Code
deb041863@gmail.com 217.377.1189
EMAIL: _____ **PHONE:** _____

Check Box to Have Email Address Redacted on Public Documents

PARTY AFFILIATION: (Please check one) Democrat Republican Other, please explain:

Champaign Co. Board of Review
NAME OF APPOINTMENT BODY OR BOARD: _____

BEGINNING DATE OF TERM: _____ **ENDING DATE:** _____

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

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

I am an Illinois licensed real estate broker and have researched many assessments on
properties. I have experience in identification and presentation of appropriate comparable
properties.

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

*Review and process assessment complaints

*Provide equity in assessments

*Process applications for homestead exemptions

*Complying with statutes and communicate effectively

*I envision working closely with the Supervisor of Assessments as well as the other two
members of the BOR

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

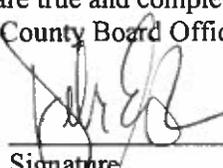
My basic knowledge includes regulary scheduled meetings with the bulk of the work occuring during the time period allotted for property assessment appeals.

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

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

Yes No If no, please explain:

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



Signature

07/21/2021

Date



OFFICE OF THE CHAMPAIGN COUNTY EXECUTIVE

1776 East Washington Street, Urbana, Illinois 61802-4581

Darlene A. Kloepfel, County Executive

MEMORANDUM

TO: County Board Members
FROM: Darlene Kloepfel, County Executive
DATE: August 6, 2021
RE: Recommended Board/Committee Appointments

Executive appointments for expiring terms of other community boards and committees are staggered throughout the year. In advance of term expirations, the Executive's Office advertises upcoming vacancies to notify interested applicants and to offer the Board the opportunity to recruit applicants or provide input to the Executive regarding any concerns or recommendations. Methods used to publicize upcoming vacancies include:

- Post on the county's website on the County Executive's page
- Post on the "vacancies" bulletin board located in Administrative Services
- E-mail notice to County Board Members and the news media
- Notice in the County Board's Committee of the Whole agenda under the Policy, Personnel and Appointments area of responsibility
- Word-of-mouth and inquiries from interested members of the public
- Announcements at public speaking events

Applications are reviewed and applicants interviewed. Considerations for making appointments include:

- Qualifications required by the board/commission statute or by-laws, including residence in the district, specific professional representation, required partisan balance, certifications and bonding requirements
- Constituent representation for demographic characteristics, including gender, race, age
- Constituent representation for geography of the district, including rural/urban or areas of the county
- Representation of consumers of the board's activities
- Difficulties or gaps in skills the board is experiencing
- Balance of experienced and newer members
- Balance of resources, interests and skills appointees can contribute to the board
- Input from County Board members; County officials; board members; staff and partners of the board with the vacancy, and interested members of the public

Prior to appointments being named, Board Members have an opportunity to see all applications received in the Committee of the Whole agenda packet. I have attached here the applications for appointments for unexpired positions and will forward my recommendations to fill these vacancies at the September Committee of the Whole meeting.

County Board of Health – 2 positions – unexpired terms ending 6/30/2022 and 2024

- Albert C. England III, MD, FIDSA
- Brent D. Reifsteck, MD

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

Board of Health

Name: Albert C. England III, MD, FIDSA

Address: 2015 Silver Court East, Urbana, IL 61801-6330

Email: englandba@comcast.net, aengland@illinois.edu, albert.c.england@osfhealthcare.org

Phone: 217-493-3438 (mobile)

Name of appointment board: Board of Health

Background and Philosophies

1. Are you a resident of Champaign County? Yes.
2. Are you a licensed physician? Yes
3. What experience and background do you have which you believe qualifies you for this appointment?

I am a board certified specialist in infectious diseases and in internal medicine. I was a practicing physician for 42.5 years. Since my retirement from Christie Clinic in January 2020, I responded to Governor Pritzker's call in response to the pandemic to reactivate and have been a volunteer physician at OSF HealthCare Heart of Mary Medical Center since April 2020. I am a Fellow of the Infectious Diseases Society of America. As a member of that society, I have volunteered to respond to clinical inquiries about COVID-19 received by the Centers for Disease Control and Prevention since September 2020. I have been a member of a research group at the University of Illinois College of Business and College of Engineering studying modelling of COVID-19 epidemiology since December 2020.

I have had several other public health and health committee chair experiences. From 1978-1980, I was a commissioned officer in the United States Public Health Service as an Epidemic Intelligence Service Officer assigned to the Special Pathogens Branch, Bacterial Diseases Division, Bureau of Epidemiology, Centers for Disease Control. During my internal medicine residence, I managed the Blue Bus sexually transmitted diseases clinic in Madison. During the 1980s, I worked at the Champaign-Urbana Public Health District (CUPHD) sexually transmitted diseases clinic. Later during my medical practice, I worked with HIV Case Management and with public health nurses (TB and syphilis) at the CUPHD and with Julie Pryde and Dr. Awais Vaid. I have participated and chaired hospital committees (Infection Prevention and Control, Pharmacy and Therapeutics, and Antimicrobial Stewardship) from 1981 to the present.

Also, please see #7.

4. Do you have experience in the mental health field? Yes.

I completed psychiatry training during medical school and worked with patients with psychiatric conditions during my 42.5 years of practice.

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

I believe my role is to offer my experience and expertise to further the mission of the Board of Health and the health of the residents of Champaign County. I believe in the importance of collaboration (with local, regional, state, and national governmental and public health authorities, with educational institutions, and with the public.)

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

Please see #3.

7. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

I serve on the COVID-19 Task Force of the Unitarian-Universalist Church of Urbana-Champaign and a member of the COVID-19 Incident Command of OSF HealthCare Heart of Mary Medical Center. In the latter capacity, I investigated a cluster of COVID-19 cases among healthcare workers and staff occurring in late March-early April 2020.

Also, please see #3.

8. Can you think of any relationship or other reason that might possible constitute a conflict of interest if you are selected to serve on the body for which you are applying? No.

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

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


Signature

7/19/21
Date

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

Board of Health

NAME: _____

ADDRESS: _____
Street City State Zip Code

EMAIL: _____ **PHONE:** _____

Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BOARD: _____

BEGINNING DATE OF TERM: _____ **ENDING DATE:** _____

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive 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 THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

1. Are you a resident of Champaign County? Yes No
2. Are you a licensed physician or dentist? Yes No If yes, please explain: _____
3. What experience and background do you have which you believe qualifies you for this appointment?

4. Do you have experience in the mental health field? Yes No If yes, please explain:

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

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

7. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

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

9. Would you be available to regularly attend the scheduled meeting of the appointed body? Yes No If no, please explain:

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

Signature

Date



Aaron Ammons
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
2021

| | |
|---------------------------|------------------|
| Liquor Licenses & Permits | 235.00 |
| Civil Union Licenses | 0.00 |
| Marriage License | 7,420.00 |
| Interests | 14.37 |
| State Reimbursements | - |
| Vital Clerk Fees | 27,645.00 |
| Tax Clerk Fees | 2,148.20 |
| Refunds of Overpayments | - |
| TOTAL | 37,462.57 |
| Additional Clerk Fees | 1,682.00 |



Aaron Ammons
Champaign County Clerk
Champaign County, Illinois

1776 East Washington Street
Urbana, IL 61802
Email: vitals@co.champaign.il.us
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
2021

| | |
|---------------------------|------------------|
| Liquor Licenses & Permits | 10.00 |
| Civil Union Licenses | 70.00 |
| Marriage License | 6,790.00 |
| Interests | 11.53 |
| State Reimbursements | - |
| Vital Clerk Fees | 30,587.00 |
| Tax Clerk Fees | 1,199.80 |
| Refunds of Overpayments | - |
| TOTAL | 38,668.33 |
| Additional Clerk Fees | 1,756.00 |



Aaron Ammons
Champaign County Clerk
 Champaign County, Illinois

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 Urbana, IL 61802
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 Fax: (217)384-1241
 TTY: (217)384-8601

SEMI-ANNUAL REPORT

June 2021

| | |
|---------------------------|------------|
| Liquor Licenses & Permits | 435.00 |
| Civil Union License | 140.00 |
| Marriage License | 31,080.00 |
| Interests | 103.99 |
| State Reimbursements | - |
| Vital Clerk Fees | 144,716.60 |
| Tax Clerk Fees | 37,677.30 |
| Refunds of Overpayments | 61.75 |

TOTAL

| | |
|-----------------------|----------|
| Additional Clerk Fees | 8,752.00 |
|-----------------------|----------|

State of Illinois)
) SS
 Champaign County)

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

Signed this 1st day
 of July, A.D. 2021

 AARON AMMONS
 Champaign County Clerk

July 28, 2021

TO: Chair Patterson, Vice Chair Summers, County Executive Kloeppel

FROM: Chris Stohr, Chair Policy, Personnell and Appointments Committee

RE: Proposed Special Committee on Jail Facilities

In consultation with fellow county board members and in light of the:

- overlapping duties of the interconnected nature of the Policy, Personnel and Appointments, Justice and Social Services, and Finance committees, and
- the necessity to develop a plan for closure of the downtown jail, repairs and modification of the satellite jail, and relocation of the Sheriff's offices,

a committee of the Champaign County Board should be created to develop a plan to resolve these interrelated issues. The Committee will be chaired by the Champaign County Board Chair, and the members will include the Chair and Vice Chairs of the following committees:

- Justice & Social Services
- Policy, Personnel & Appointments
- Facilities

(Any member unable to serve on the Special Committee may designate an alternate)

To ensure that a timely plan to resolve issues, the Champaign County Board should appoint a Committee on Downtown Jail Closure, Sheriff's Office Relocation and Satellite Jail Modification at the August 10 Committee of the Whole. That committee representing both caucuses should be tasked to present one or multiple plan[s] to:

1. Close and develop plan for future of the property of the downtown jail.
2. Relocate the Champaign County Sheriff's Office to new or rehabilitated space.
3. Modify the Champaign County Satellite Jail considering accommodating safe separations of conflicting classifications of inmates, education and training rooms, library, expanded medical offices, expanded recreation facilities and equipment, and low or single occupancy rooms for isolating people for both disease and other safety concerns.
4. Present proposal[s] to finance plans 1-3.

The committee should invite oral and written opinions and testimony from all interested parties.

The ad hoc committee should report on progress monthly with a final recommendation submitted within three (3) months at the November 18, 2021 County Board Meeting.

Respectfully submitted.

| | July | August | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Total YTD |
|--------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| 1. Personnel Costs | \$19,761 | \$20,893 | \$19,079 | \$23,024 | \$22,342 | \$19,778 | \$19,829 | \$17,894 | \$17,938 | \$17,859 | \$13,142 | \$211,539 |
| 2. Payroll Taxes/Benefits | \$6,205 | \$5,104 | \$3,714 | \$4,856 | \$5,731 | \$5,706 | \$4,511 | \$4,682 | \$4,998 | \$5,658 | \$5,350 | \$56,515 |
| Computer Hardware & Software | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Equipment | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Property Insurance | \$49 | \$49 | \$49 | \$99 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$421 |
| Building & Grounds Maintenance | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Utilities | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Janitorial Service | \$51 | \$82 | \$39 | \$60 | \$47 | \$51 | \$55 | \$52 | \$130 | \$123 | \$37 | \$727 |
| Equip Maintenance Agreements | \$1,722 | \$1,537 | \$1,412 | \$1,348 | \$1,360 | \$1,884 | \$1,390 | \$1,517 | \$1,458 | \$48 | \$23 | \$13,699 |
| Depreciation | \$233 | \$233 | \$192 | \$192 | \$192 | \$192 | \$192 | \$192 | \$192 | \$192 | \$192 | \$2,194 |
| Total Occupancy | \$2,055 | \$1,901 | \$1,692 | \$1,699 | \$1,624 | \$2,152 | \$1,662 | \$1,786 | \$1,805 | \$388 | \$277 | \$17,041 |
| Office Supplies | \$106 | \$88 | \$90 | \$360 | \$44 | \$56 | \$44 | \$6 | \$238 | \$56 | \$90 | \$1,178 |
| Contractual / Professional Fees | \$936 | \$760 | \$877 | \$936 | \$908 | \$960 | \$889 | \$950 | \$1,177 | \$818 | \$868 | \$10,099 |
| Travel / Training | \$223 | \$316 | \$149 | \$461 | \$361 | \$222 | \$219 | \$156 | \$261 | \$301 | \$298 | \$2,967 |
| Client Assistance | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other Rent | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Telephone / Cell Phone | \$232 | \$153 | (\$17) | \$155 | \$147 | \$117 | \$151 | \$148 | \$140 | \$138 | \$135 | \$1,499 |
| Liability / Malpractice Insurance | \$186 | \$186 | \$186 | \$381 | \$310 | \$310 | \$315 | \$322 | \$317 | \$317 | \$317 | \$3,147 |
| Moving & Recruiting | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Program Expenses | \$29,704 | \$29,401 | \$25,770 | \$31,872 | \$31,467 | \$29,321 | \$27,620 | \$25,944 | \$26,874 | \$25,535 | \$20,477 | \$303,985 |
| ALLOCATED M&G | \$5,828 | \$6,290 | \$6,458 | \$6,408 | \$5,742 | \$6,149 | \$6,078 | \$5,768 | \$5,838 | \$6,251 | \$5,909 | \$66,719 |
| TOTAL EXPENSE | \$35,532 | \$35,691 | \$32,228 | \$38,280 | \$37,209 | \$35,470 | \$33,698 | \$31,712 | \$32,712 | \$31,786 | \$26,386 | \$370,704 |
| Re-Entry Indirect - 11.9% Max | | | | | | | | | | | | |
| Max M&G Allowed | \$4,012 | \$3,971 | \$3,481 | \$4,305 | \$4,250 | \$3,960 | \$3,731 | \$3,504 | \$3,630 | \$3,449 | \$2,766 | \$41,060 |
| Champaign County Total | \$33,716 | \$33,372 | \$29,251 | \$36,177 | \$35,717 | \$33,281 | \$31,351 | \$29,448 | \$30,504 | \$28,984 | \$23,243 | \$345,045 |
| Champaign County Paid | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$91,667 |

| | July | August | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total YTD |
|--------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| 1. Personnel Costs | \$19,761 | \$20,893 | \$19,079 | \$23,024 | \$22,342 | \$19,778 | \$19,829 | \$17,894 | \$17,938 | \$17,859 | \$13,142 | \$26,109 | \$237,648 |
| 2. Payroll Taxes/Benefits | \$6,205 | \$5,104 | \$3,714 | \$4,856 | \$5,731 | \$5,706 | \$4,511 | \$4,682 | \$4,998 | \$5,658 | \$5,350 | \$3,882 | \$60,397 |
| Computer Hardware & Software | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Equipment | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Property Insurance | \$49 | \$49 | \$49 | \$99 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$446 |
| Building & Grounds Maintenance | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Utilities | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Janitorial Service | \$51 | \$82 | \$39 | \$60 | \$47 | \$51 | \$55 | \$130 | \$130 | \$123 | \$37 | \$41 | \$768 |
| Equip Maintenance Agreements | \$1,722 | \$1,537 | \$1,412 | \$1,348 | \$1,360 | \$1,884 | \$1,390 | \$1,517 | \$1,458 | \$48 | \$23 | \$20 | \$13,719 |
| Depreciation | \$233 | \$233 | \$192 | \$192 | \$192 | \$192 | \$192 | \$192 | \$192 | \$192 | \$192 | \$199 | \$2,393 |
| Total Occupancy | \$2,055 | \$1,901 | \$1,692 | \$1,699 | \$1,624 | \$2,152 | \$1,662 | \$1,786 | \$1,805 | \$388 | \$277 | \$285 | \$17,326 |
| Office Supplies | \$106 | \$88 | \$90 | \$360 | \$44 | \$56 | \$44 | \$6 | \$238 | \$56 | \$90 | \$29 | \$1,207 |
| Contractual / Professional Fees | \$936 | \$760 | \$877 | \$936 | \$908 | \$880 | \$889 | \$950 | \$1,177 | \$818 | \$688 | \$777 | \$10,876 |
| Travel / Training | \$223 | \$316 | \$149 | \$461 | \$361 | \$222 | \$219 | \$156 | \$261 | \$301 | \$298 | \$273 | \$3,240 |
| Client Assistance | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other Rent | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Telephone / Cell Phone | \$232 | \$153 | (\$17) | \$155 | \$147 | \$117 | \$151 | \$148 | \$140 | \$138 | \$135 | \$140 | \$1,639 |
| Liability / Malpractice Insurance | \$186 | \$186 | \$186 | \$381 | \$310 | \$310 | \$315 | \$322 | \$317 | \$317 | \$317 | \$317 | \$3,464 |
| Moving & Recruiting | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Program Expenses | \$29,704 | \$29,401 | \$25,770 | \$31,872 | \$31,467 | \$29,321 | \$27,620 | \$25,944 | \$26,874 | \$25,535 | \$20,477 | \$31,812 | \$335,797 |
| ALLOCATED M&G | \$5,828 | \$6,290 | \$6,458 | \$6,408 | \$5,742 | \$6,149 | \$6,078 | \$5,768 | \$5,838 | \$6,251 | \$5,909 | \$5,921 | \$72,640 |
| TOTAL EXPENSE | \$35,532 | \$35,691 | \$32,228 | \$38,280 | \$37,209 | \$35,470 | \$33,698 | \$31,712 | \$32,712 | \$31,786 | \$26,386 | \$37,733 | \$408,437 |
| Re-Entry Indirect - 11.9% Max | \$4,012 | \$3,971 | \$3,481 | \$4,305 | \$4,250 | \$3,960 | \$3,731 | \$3,504 | \$3,630 | \$3,449 | \$2,766 | \$4,297 | \$45,357 |
| Max M&G Allowed | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$100,000 |
| Champaign County Total | \$33,716 | \$33,372 | \$29,251 | \$36,177 | \$35,717 | \$33,281 | \$31,351 | \$29,448 | \$30,504 | \$28,984 | \$23,243 | \$36,109 | \$381,154 |
| Champaign County Paid | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$8,333 | \$100,000 |