
CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center
1776 E. Washington
Urbana, IL 61802

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

Champaign County Board of Health

Tuesday, May 27, 2008

6:00 p.m.

**Brookens Administrative Center, 1776 E. Washington
Meeting Room 2
Urbana, Illinois**

AGENDA

<u>ITEM</u>		<u>PAGE NO.</u>
A. Call to Order		
B. Roll Call		
C. Approval of Agenda/Addendum		
D. Public Participation on Agenda Items Only		
E. Correspondence and Communications		
F. Treasurer's Report		
1. Invoice Submitted by CUPHD for March 2008		1-13
2. Request for Return of Unused West Nile Virus Grant Funds to Illinois Department of Public Health		14-19
G. Issues Regarding CUPHD		
1. Report from Acting CUPHD Administrator		
2. Division Monthly Reports – April 2008		
3. Joint Study Session with CUPHD Board Regarding CUPHD Contract Wednesday, on May 28, 2008, 9:30 a.m. at 201Kenyon Road Facility		
H. Issues Regarding CIDES		
1. Monthly Report – April 2008		
I. Other Business		
1. Decision Regarding Use of County Van		
2. Status Report as to Ongoing Items to be Addressed at Future Board of Health Meetings		
J. Public Participation on Non-Agenda Items Only		
K. Adjournment		

Invoice Number:	0804
Date of Invoice:	March 30, 2008
Billing Period:	March-08

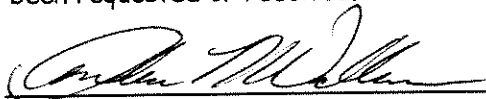
To:
Champaign County Public Health Department
Att'n.: Evelyn Boatz
1776 East Washington Street
Urbana, Illinois 61801

For the Following Expenses:

533.07 Professional Services	\$	39,832.02
533.07 Professional Services - Bio-T Grant	\$	3,919.53
533.07 Professional Services - TFC Grant	\$	2,648.93
533.07 Professional Services - West Nile Virus Grant	\$	3,270.82
533.07 Professional Services - Non-Community Water - CU Surveys	\$	150.00
Total Amount Due to CUPHD per Contract	\$	<u>49,821.30</u>

CERTIFICATION:

I hereby certify that the amounts billed above agree with the approved budget; that appropriate purchasing procedures have been followed, and that reimbursement has not previously been requested or received.



Authorized Agency Official

Champaign-Urbana Public Health District

**County Contract Billing
March 30, 2008**

30 - Mobile Services

Billing: 6,436.00
A1: 6,436.00
A2: -
A4: -

30 - IBCCP

Billing: 747.34
A1: 709.25
A2: 30.58
A4: 7.51

40 - Family Health

Billing: 2,749.84
A1: 2,422.75
A2: 254.79
A4: 72.30

70 - Env. Health

Billing: 22,836.92
A1: 19944.18
A2: 2,443.11
A4: 449.63

90 - Administration

Billing: 7,061.92
A1: 6,318.01
A2: 680.45
A4: 63.46

1215 - Bio-Terrorism Grant

March 2008
Billing: 3,919.53
A1: 3,420.09
A2: 361.14
A4: 138.30

1420 - TFC Grant

March 2008
Billing: 2,648.93
A1: 2,418.21
A2: 179.56
A4: 51.16

7330 - West Nile Virus

April 2007 - March 2008
Billing: 3,270.82
A1: 3,074.35
A2: 152.35
A4: 44.12

7415 - Non-Community Water Grant

January - March 2008
Billing: 150.00
A1: 150.00
A2: -
A4: -

Total Professional Services	39,832.02
Total County Grants	9,989.28
TOTAL AMOUNT DUE	49,821.30

**Illinois Department of Public Health
Office of Preparedness & Response
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department Grant Number: 87181009
 FEIN: 37-6006910 Program Name: BT Grants
 Date Submitted: 4/29/2008 Billing Period: Mar-08
 Preparer's Name: Esther Thomas Preparer's Email: ethomas@cuphd.org
 Preparer's Phone: 217-531-4262

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
Subtotal Salaries and Wages			\$2,549.42	
Subtotal Fringe Benefits			\$1,177.61	
Subtotal Contractual			\$37.01	
Subtotal Travel			\$75.49	
Subtotal Commodities			\$0.00	
Subtotal Printing			\$0.00	
Subtotal Equipment			\$0.00	
Subtotal Telecommunications			\$80.00	
Grand Total (Page Total)			\$3,919.53	
Adjustment to total		Adjusted total		

CERTIFICATION: The undersigned hereby certifies that the goods and/or services claimed above are necessary expenditures for the program, are listed in the Department's approved budget (when a budget was requested and approved), that appropriate purchasing procedures have been followed, that payment has been made as indicated and that reimbursement has not previously been requested or received.

Authorized Grantee Official:  Date: 4/29/08

Illinois Department of Public Health, Office of Preparedness and Response Use only
 Control Number: _____ Processing date: _____

**Illinois Department of Public Health
Office of Preparedness & Response
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department
 FEIN: 37-6006910
 Date Submitted: 4/29/2008

Grant Number: 87181009
 Program Name: BT Grants
 Billing Period: Mar-08

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
Salaries and Wages				
John Dwyer	Emergency Response Planner	3/1/08-3/31/08	\$1,135.19	
Awais Vaid	Epidemiologist	3/1/08-3/31/08	\$806.74	
Rachella Thompson	CD Investigator	3/1/08-3/31/08	\$607.49	
Subtotal Salaries and Wages			\$2,549.42	

**Illinois Department of Public Health
Office of Preparedness & Response
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department
 FEIN: 37-6006910
 Date Submitted: 4/29/2008

Grant Number: 87181009
 Program Name: BT Grants
 Billing Period: Mar-08

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
Fringe Benefits				
Retirement	IMRF	3/1/08-3/31/08	\$184.27	
Social Security	FICA/Medicare	3/1/08-3/31/08	\$176.87	
Group Insurance	Health, Life, Worker's Comp & Unemployment	3/1/08-3/31/08	\$816.47	
Subtotal Fringe Benefits			\$1,177.61	
Contractual				
Safeworks	N-95 Screening, Exams & Tests	3/1/08-3/31/08	\$35.42	
Canon Financial Services, Inc.	Copying	3/1/08-3/31/08	\$0.16	
R.K. Dixon	Copying	3/1/08-3/31/08	\$0.54	
USPS/Pitney Bowes	Postage	3/1/08-3/31/08	\$0.89	
Subtotal Contractual			\$37.01	

**Illinois Department of Public Health
Office of Preparedness & Response
Reimbursement Certification Form**

Grantee Name: Champaign County Public Health Department
 FEIN: 37-6006910
 Date Submitted: 4/29/2008

Grant Number: 87181009
 Program Name: BT Grants
 Billing Period: Mar-08

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Comments
Travel				
John Dwyer	Local & Area Meetings	3/1/08-3/31/08	\$75.49	
6				
Subtotal Travel			\$75.49	
Commodities				
Subtotal Commodities			\$0.00	
Printing				
Subtotal Printing			\$0.00	

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Office of Health Promotion
REIMBURSEMENT CERTIFICATION / EXPENDITURE FORM**

Fiscal Contact Person: Esther Thomas
 Telephone Number: 217-531-4262
 Email Address: ethomas@cuphd.org
 Date Submitted: 04/25/08

In the box below, please enter reimbursement amounts submitted for your FY08 grant.

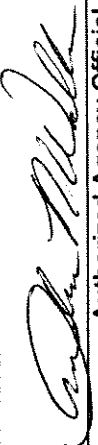
\$13,125.00	Advanced Payment Amount						
\$2,285.91	July	\$2,011.26	October	\$2,059.64	January	\$0.00	April
\$1,610.79	August	\$2,550.33	November	\$1,952.70	February	\$0.00	May
\$1,784.25	September	\$1,727.68	December	\$2,648.93	March	\$0.00	June
						\$18,631.49	YTD

Agency Name: **Champaign County Public Health Department**
 FEIN #: **37-6006910**
 Contract #: **83281009**
 Program Name: **IL Tobacco Free Communities**

Billing Period: **March-08**

Name / Vendor	Title / Purpose	Period / Date Incurred	Amount Claimed from IDPH	Components (specify)
Personal Services				
Nikki Hillier	Health Educator II	3/1/08-3/31/08	\$472.70	
Jennifer Jackson	Health Educator	3/1/08-3/31/08	\$372.90	
Kari Schweighart	Health Educator	3/1/08-3/31/08	\$344.59	
Fringes				
FICA	FICA	3/1/08-3/31/08	\$91.05	
IMRF	IMRF	3/1/08-3/31/08	\$88.51	
Health Insurance	Health Insurance	3/1/08-3/31/08	\$232.65	
Life Insurance	Life Insurance	3/1/08-3/31/08	\$1.38	
Unemployment	Unemployment	3/1/08-3/31/08	\$45.23	
Worker's Comp.	Worker's Comp.	3/1/08-3/31/08	\$5.93	
Travel				
Nikki Hillier	Mileage	3/1/08-3/31/08	\$1.52	
Jennifer Jackson	Mileage	3/1/08-3/31/08	\$16.73	
Kari Schweighart	Mileage	3/1/08-3/31/08	\$23.33	
Contractual				
Chris Conlee	Stipends	3/1/08-3/31/08	\$100.00	
UpClose Marketing & Printing	Printing	3/1/08-3/31/08	\$454.69	
Dean's Superior Blueprint, Inc.	Printing	3/1/08-3/31/08	\$60.00	
Canon Financial Services, Inc.	Printing	3/1/08-3/31/08	\$0.04	
R.K. Dixon Co.	Printing	3/1/08-3/31/08	\$0.04	
USPS/Pitney Bowes	Postage	3/1/08-3/31/08	\$5.93	
Supplies				
Nikki Hillier	Nicotine Patches	3/1/08-3/31/08	\$33.73	
Kari Schweighart	Nicotine Patches	3/1/08-3/31/08	\$94.84	
American Lung Assoc. of IL	Program Materials	3/1/08-3/31/08	\$203.14	
Equipment				
Grand Total			\$2,648.93	

Certification: This signed document hereby certifies the goods and/or services claimed are necessary expenditures for the program, appropriate purchasing procedures have been followed, payment has been made as indicated and a reimbursement has not previously been requested or received.


 Authorized Agency Official
 Date: 4/24/08

Final Report

Due April 30, 2008

West Nile Virus / *Culex* Mosquito
 Vector Prevention Grant: Emergency
 Public Health Fund

Champaign County Health Department
 201W. Kenyon Road
 Champaign, IL 61820

Grant Award of \$8537.55

Contract Number: 75380765

Grant Period: April 1, 2007 to March 31, 2008

Preparer: Michael Flanagan

Date: April 22, 2008

Contact Telephone: 217-373-7900

TH

Signed: *Michael Flanagan*

Participating Agency	Grant Funding Provided (Column A)		Resources Contributed by Local Agencies (Column B)		Total WNV Prevention Effort (Column C)	Participating Agency
	Grant Amount Allocated	Explanation	Expenditure	Explanation		
Champaign County Health Department	\$3,270.82	Employee Salary, Travel & Meetings, Identification Equipment			\$3,270.82	Champaign Urbana Public Health District
					\$0	
					\$0	
					\$0	
					\$0	
Totals	\$3,270.82	◀◀◀ This amount should equal the Total Grant Award to the LHD	\$0	◀◀◀ Total Local Contributions	\$3,270.82	◀◀◀ Total Program (total state + local funds)

Champaign County Public Health Department
 Potable Water Supply Program
 Non-Community Public Water Supplies Surveyed

Quarter	Surveys Completed in Quarter	Compensation	# of CU Surveys	x \$12.50 each	# of CC Surveys	x \$12.50 each
Jan - Mar 2008	34	\$ 425.00	12	\$ 150.00	22	\$ 275.00

Amount owed to Champaign-Urbana Public Health District

\$ 150.00

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
 OFFICE OF HEALTH PROTECTION
 DIVISION OF ENVIRONMENTAL HEALTH

REIMBURSEMENT CERTIFICATION FORM

AGREEMENT TYPE: Ordinance

AGENCY NAME: Champaign County Public Health Department
 ADDRESS: 710 N. Neil, P.O. Box 1488 Champaign, IL 61824-1488
 PROGRAM: Safe Drinking Water 063 (474) []
 Ground Water Permit (256) []

FY 2008-2nd QUARTER
 Billing Period Quarter Ending: March 31, 2008

FEIN Number: 37-6006910
 Contract Number: 85380365

Services Performed	Surveys Completed in Quarter	Compensation
Non-Community Public Water Supplies Surveyed <u>Transient Supplies</u> Survey(s) x \$50 ÷ 4	34	\$425.00

Ground Water Permits	Permits Issued in Quarter	Compensation
Permit(s) x \$75	N/A	\$N/A

TOTAL COMPENSATION	\$425.00
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CERTIFICATION:

I hereby certify that the goods and/or services claimed above are necessary expenditures for the program and are a part of the approved budget, that appropriate purchasing procedures have been followed and that payment has not previously been requested or received.

James H. Roberts
 Authorized Agency Official

25 April 2008
 Date

IMPORTANT NOTICE:

Return to: Illinois Department of Public Health
 Division of Environmental Health
 Attn: Elaine Beard
 525 W. Jefferson St.
 Springfield, IL 62761

RETURN BY
DUE DATE- 04/22/2008
 IN ORDER TO RECEIVE
 COMPENSATION

Call 217-785-2069, if you have any questions.

**Illinois Department of Public Health Non-Community Drinking Water Program
Quarterly Compensation Report**

Friday, April 04, 2008

Survey Date History- Agency: CHAMPAIGN CO PUBLIC HLTH DEPT

County: Champaign Fips: 019

System Type: Transient

<u>PWS ID</u>	<u>SDWIS ID</u>	<u>PWS Name</u>	<u>Last Survey</u>	<u>Status</u>	<u>Coliforms Due-Freq-Bottles</u>
0068601	IL3068601	GASLAND FOOD MART	5/2/2006	A	5/20/2008--YR --1D
0121590	IL3121590	ILLINI PRAIRIE REST AREAS	5/2/2006	A	9/2/2008--YR --1D
0108670	IL3108670	CHAMPAIGN MARATHON (108670)	5/3/2006	A	5/13/2008--QT --1R
0150151	IL3150151	SCHUREN NURSERY	5/8/2006	A	10/25/2008--YR --1R
0131839	IL3131839	BRICKHOUSE	5/9/2006	A	9/23/2008--YR --1R
0124875	IL3124875	ECO WATER	8/1/2006	A	---
0142000	IL3142000	FIRST CHRISTIAN CHURCH	8/2/2006	A	10/14/2008--YR --1R
0138917	IL3138917	LIVING WORD OMEGA CHURCH	8/14/2006	A	10/7/2008--YR --1R
0139576	IL3139576	JERRYS IGA-KIRBY-GLACIER VEND	8/15/2006	A	---
0127860	IL3127860	ST JOSEPH IGA:WATER VEND UNIT	8/21/2006	A	---
0124842	IL3124842	GORDON HANNAGAN AUCTION CO	9/6/2006	A	9/9/2008--YR --1R
0132357	IL3132357	COUNTY MARKET-PHILO RD	1/17/2007	A	---
0133520	IL3133520	SCHNUCKS-CHAMP	4/4/2007	A	---
0149419	IL3149419	D & D FOODS EENIGENBURG (149419)	4/10/2007	A	10/28/2008--YR --1D
0121194	IL3121194	IMMANUEL LUTHERAN CHURCH (121194)	4/16/2007	A	9/2/2008--YR --1R
0068544	IL3068544	IMMANUEL LUTHERAN CHURCH (68544)	4/18/2007	A	5/20/2008--YR --1R
0121103	IL3121103	FAITH BAPTIST CHURCH (121103)	5/7/2007	A	9/2/2008--YR --1R
0148106	IL3148106	ALTO VINEYARD	6/12/2007	A	6/3/2008--QT --1D
0131177	IL3131177	MALIBU BAY LOUNGE	6/13/2007	A	9/23/2008--YR --1R
0149401	IL3149401	WALMART CULLIGAN VENDING (149401)	7/30/2007	A	---
0151332	IL3151332	WALMART SUPERCENTER - RANTOUL	8/1/2007	A	---
0122754	IL3122754	MAHOMET IGA VENDING UNIT	8/21/2007	A	---
0136697	IL3136697	SCHNUCKS-URB	9/5/2007	A	---
0139584	IL3139584	JERRY IGA-ROUND BARN-GLACIER V	10/10/2007	A	---
0141101	IL3141101	CULLIGAN VEND AT WALMART SAVOY	10/10/2007	A	---
0136788	IL3136788	COUNTY MARKET-KIRBY	10/16/2007	A	---
0141119	IL3141119	CULLIGAN VENDING MEIJER	10/16/2007	A	---
0008441	IL3008441	THE OASIS OF PENFIELD INC	10/31/2007	A	1/15/2009--YR --1R
0122986	IL3122986	RANTOUL IGA RO UNIT	10/31/2007	A	---
0138941	IL3138941	HARDYS REINDEER RANCH	11/19/2007	A	5/27/2008--QT --1R
0119586	IL3119586	ELMERS CLUB 45	12/3/2007	A	9/2/2008--YR --1R
0123232	IL3123232	GORDYVILLE SALOON INC	12/3/2007	A	9/9/2008--YR --1R
0151779	IL3151779	SAVE-A-LOT (151779)	1/9/2008	A	---
0149856	IL3149856	WAL-MART SUPERCENTER #5403	1/23/2008	A	---

Total Number of Systems for CHAMPAIGN CO PUBLIC HLTH DEPT = (34)

Total Number of Active Systems not Surveyed (due or past due) by CHAMPAIGN CO PUBLIC HLTH DEPT = (0)

Total Number of Active Systems with a Current Survey by CHAMPAIGN CO PUBLIC HLTH DEPT = (34)

INACTIVE SYSTEMS:

<u>PWS #</u>	<u>SDWIS #</u>	<u>Agency</u>	<u>Name</u>	<u>Status</u>	<u>Activity Date</u>
0008425	IL3008425	CHAMPAIGN CO PUBLIC HLTH DEPT	UNCLE BUCKS SPORTS BAR	I	1/10/2005
0068569	IL3068569	CHAMPAIGN CO PUBLIC HLTH DEPT	RUDICIL GARAGE	I	10/13/2004
0122689	IL3122689	CHAMPAIGN CO PUBLIC HLTH DEPT	JERRYS IGA-URB	I	9/3/2004
0131169	IL3131169	CHAMPAIGN CO PUBLIC HLTH DEPT	JEHOVAH WITNESSES KINGDOM HALL	I	5/16/2006
0136705	IL3136705	CHAMPAIGN CO PUBLIC HLTH DEPT	COUNTY MARKET-BRDWY	I	9/7/2005
0136796	IL3136796	CHAMPAIGN CO PUBLIC HLTH DEPT	COUNTY MARKET-GLNPK	I	1/8/2008
0141168	IL3141168	CHAMPAIGN CO PUBLIC HLTH DEPT	PHILS PLACE	I	3/1/2004



Public Health
Prevent. Promote. Protect.

Champaign-Urbana Public Health District

April 30, 2008

Carol Wadleigh
Champaign County Auditor's Office
1776 E. Washington Street
Urbana, IL 61802

Carol,

You will find enclosed the monthly Reimbursement Certification Forms for the BT and IL Tobacco Free Communities grants, the quarterly Reimbursement Certification Form for the Non-Community Water grant, and the annual Final Report for the West Nile Virus grant.

The West Nile Virus grant pays a lump sum payment of the full grant amount at the beginning of the grant term. At the end of the grant term a final financial report is prepared and any unused amount is returned to IDPH. Back in April 2007 we received an email from you saying that you had received the grant payment. (Please see enclosed copy.) You will see from the Final Report that the full grant amount was not used, so **CCPHD needs to return \$5266.73 to IDPH.**

The return payment should be sent to:

Illinois Department of Public Health
Division of Environmental Health
525 West Jefferson Street
Springfield, IL 62761
Attention: Linn D. Haramis, Ph.D.

089-049-534.41

Thank you for your assistance with this matter.

Sincerely,

Esther Thomas

Esther Thomas
Account Tech II
Division of Finance
Champaign-Urbana Public Health District

RECEIVED
MAY 02 2008
CHAMPAIGN COUNTY
AUDITOR'S OFFICE

Final Report

Due April 30, 2008

West Nile Virus / *Culex* Mosquito
 Vector Prevention Grant: Emergency
 Public Health Fund

Champaign County Health Department
 201 W. Kenyon Road
 Champaign, IL 61820

Grant Award of \$8537.55

Contract Number: 75380765

Preparer: Michael Flanagan

Signed: *Michael Flanagan*TH

Grant Period: April 1, 2007 to March 31, 2008

Date: April 22, 2008

Contact Telephone: 217-373-7900

RECEIVED
 MAY 02 2008
 COUNTY OFFICE

Participating Agency	Grant Funding Provided (Column A)		Resources Contributed by Local Agencies (Column B)		Total WNV Prevention Effort (Column C)	Participating Agency
	Grant Amount Allocated	Explanation	Expenditure	Explanation		
Champaign County Health Department	\$3,270.82	Employee Salary, Travel & Meetings, Identification Equipment			\$3,270.82	Champaign Urbana Public Health District
					\$0	
					\$0	
					\$0	
					\$0	
Totals	\$3,270.82	◀◀◀ This amount should equal the Total Grant Award to the LHD	\$0	◀◀◀ Total Local Contributions	\$3,270.82	◀◀◀ Total Program (total state + local funds)

CHAMPAIGN COUNTY TREASURER 1776 E. WASHINGTON, URBANA, IL CASH RECEIPT# A61714

DATE: 4/19/07 MACH: 16 FUND NM: TRUST AND AGENCY FUND NO: TA

RECEIVED FROM: ST OF IL -DEPT OF PUBLIC HEALTH AMOUNT 8,537.55

ACCOUNT #	AMOUNT	DESCRIPTION
089-049-334-44	8,537.55	MOSQUITO VECTOR PRVENTION GRANT AGRMT #75380765 AG3263407

PAYER COPY

RCVD BY: DANIEL J. WELCH

INITIALS: BN

00238

00238



AG3263407

DANIEL W. HYNES
COMPTROLLER - STATE OF ILLINOIS

|| ||
RECEIVED
APR 19 2007

CHAMPAIGN COUNTY
AUDITORS OFFICE

CHAMPAIGN COUNTY
C/O CHAMPAIGN CO TREASURER
1776 E WASHINGTON ST
URBANA IL 61802-4578

Agency * PUBLIC HEALTH
Warrant Number AG3263407
Warrant Amount \$8,537.55
Warrant Date 04-17-2007
Voucher Number PV482700120932

Vendor Number ***** Q

Payment Description: 07 0240 50 0000021605 04/01/2007 06/30/2007 0000021605
GRANT PAYMENT TO CONDUCT A MOSQUITO VECTOR PREVENTION PROGRAM
M AS OUTLINED IN GRANT AGREEMENT 75380765.

089-049-334.44

Invoice Number	Inv. Date	Customer ID	Billing Account Number	Net Amount
	040107	16		8537.55

Contract Form D (1/04)
Fiscal Year 2007

Contract # 75380765
Appropriation # 240-48250-1900-0000

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

Grant Agreement: Local Health Department

RECEIVED
AUG 17 2007
CHAMPAIGN COUNTY
AUDITORS OFFICE

The Illinois Department of Public Health or its successor, hereinafter referred to as the "Department", and Champaign County Health Department, c/o Champaign-Urbana Public Health District 710 North Neil Street, P.O. Box 1488, Champaign, IL 61824-1488, hereinafter referred to as the "Grantee", hereby agree as follows:

1. Services:

1.1 The Grantee will provide the following services and agrees to act in compliance with all state and federal statutes and administrative rules applicable to the provision of services pursuant to this grant agreement.

1.1.A. The Grantee will conduct a mosquito vector prevention program directed primarily at the larval control of *Culex* mosquitoes as outlined in Appendix A attached hereto and made part hereof.

1.2 In connection with the services described in 1.1, the Department will:

1.2.A. Provide consultation and technical assistance, as necessary and in accordance with Appendix A, and compensate the Grantee.

2. Term: The period of this grant agreement is April 1, 2007 through March 31, 2008; however, it may be terminated at any time during this period by either party upon written notice to the other party thirty (30) calendar days prior to the actual termination date. Upon termination, the Grantee shall be paid for work satisfactorily completed prior to the date of termination.

3. Compensation:

3.1 The grant amount shall not exceed a maximum amount of \$8,537.55.

3.2 Any and all obligations of the Department will cease immediately without penalty of further payment or any other penalty if the Illinois General Assembly or federal funding source fails to appropriate or otherwise make available sufficient funds for this grant agreement. Upon the Department's official notification of funding failure, the Grantee shall be promptly notified to cease program work.

3.3 The Department will compensate the Grantee as outlined in Appendix A.

- 4. **Notices:** All legal notices required or desired to be made by either party to this grant agreement shall be sent by certified mail return receipt requested to the following respective addresses or to such other address as either party may from time to time designate by notice to the other party.

to the Department: Illinois Department of Public Health
Division of Environmental Health
525 West Jefferson Street
Springfield, IL 62761
Attention: Linn D. Haramis, Ph.D.

to the Grantee: Champaign County Health Department
c/o Champaign-Urbana Public Health District
710 North Neil Street, P.O. Box 1488
Champaign, IL 61824-1488

- 5. **Federal Taxpayer Identification Number:** Under penalties of perjury, the Grantee certifies that 376006910 is Grantee's correct Federal Taxpayer Identification Number or Governmental Unit Code. Grantee is doing business as a governmental entity.
- 6. **Basic Grant Terms:** The parties understand and agree that the attached Basic Grant Terms are fully incorporated herein by reference and are binding upon both parties hereto.

For the Grantee:

Vito Palazzolo 1/29/07
Grantee Signature / Date Signed

Vito Palazzolo
Typed Name

Public Health Administrator
Title

For the Department:

Linn D. Haramis, Ph.D.

Recommended by Eric E. Whitaker M.D.

Eric E. Whitaker, M.D., M.P.H.
Director

4/15/07
Execution Date

109721-00
Illinois Department of Human Rights
Number (if applicable)

Appendix A
West Nile Virus / *Culex* Mosquito Vector Prevention Grant

Grant Contract Appendix A for the period April 1, 2007 to March 31, 2008

In addition to the items listed in the grant agreement and the basic grant terms, the following criteria will govern activities of the local health department under this grant from the Illinois Department of Public Health, hereafter referred to as the "Department."

1. Objectives of the Grant

The objective of this grant is to enhance a mosquito vector prevention program that includes testing of *Culex* mosquitoes and dead crows and blue jays for West Nile virus and control of larval mosquitoes of the genus *Culex*, the primary vectors of West Nile virus and St. Louis encephalitis. As a condition of the grant award, all grantees are required to submit at least five useable bird specimens to the Department's "dead bird" WNV surveillance program. Other grant-supported activities may include training and licensing of personnel who will conduct the program, collection of mosquitoes and dead crows and blue jays, surveys to locate mosquito production sites, the purchase of mosquito larval control insecticides and application equipment or contracts to conduct these activities. Additionally, the program may include public information activities, investigations of mosquito nuisance complaints and epidemiological investigations of human cases of West Nile virus and other mosquito-borne diseases. The Department recommends to Grantees that local agencies provide at least some resources to the combined WNV prevention effort (see Table 1, Attached and incorporated herein by this reference).

2. Timely Electronic Submission of Mosquito Testing Data

Timely electronic submission of mosquito testing data is a required component of the Grantee's responsibilities under the Grant Agreement. The Grantee shall report results of testing of adult mosquitoes to detect the presence of mosquito-borne diseases such as West Nile virus and St. Louis encephalitis virus to the Department within five working days of test completion. The data must be submitted in an electronic format approved by the Department such as a spreadsheet. The data must be submitted through the Department's Web portal or as a Department-approved spreadsheet attached to an e-mail.

3. Payment of Grant Moneys

For the period **April 1, 2007 to March 31, 2008**, the Grantee will receive grant moneys in one installment upon execution of the grant agreement by the Department.

4. Final Report to the Department

a. A final report for the period **April 1, 2007 to March 31, 2008** must be received by **April 30, 2008** and must be reported in the same format as Table 1. The grant will not be considered complete until the final report has been received and reviewed by the Department and any additional information requested by the Department from the Grantee has been received by the Department.

b. Requests for further mosquito vector prevention grants will not be executed by the Department until the final report has been received, reviewed and approved by the Department. If the Department has not received the final report by **June 30, 2008**, the Grantee hereby agrees to reimburse the Department for all grant moneys received by the Grantee and further agrees to pay any legal costs and fees incurred by the Department to enforce this contract by **August 31, 2008**.

5. Application of Mosquito Control Insecticides

Personnel applying mosquito control insecticides must be licensed as required by the Illinois Department of Agriculture. All mosquito control insecticides must be registered with the US EPA and the Illinois Department of Agriculture. Personnel must follow all pesticide label directions and manufacturer's recommendations for use and application of the insecticides as indicated on the pesticide label. Wherever practical, low toxicity larvicides that have a minimal impact on the environment, such as the bacterial insecticide *Bacillus sphaericus* and the insect growth regulator methoprene, should be used. Inspection of suspected mosquito production sites before larvicide treatment should be done whenever it is practical. Ultra-low volume adulticide spray units shall be calibrated for droplet size and otherwise maintained as specified on the pesticide label and by the manufacturer of the unit. Appropriate and reasonable notification of the public about adulticide applications is strongly recommended.

6. Return of Unused Grant Moneys to the Department

Any moneys not obligated by the end of the grant period shall be forfeited by the Grantee and shall be returned to the Department by **July 31, 2008**.