

RESOLUTION No. 2019-37

FRANKLIN-WILLIAMSON BI-COUNTY HEALTH DEPARTMENT

A RESOLUTION providing for and the making of the Annual Tax Levy for the Franklin-Williamson Bi-County Health Department of Franklin and Williamson Counties, Illinois for the fiscal year beginning December 1, 2019 and ending November 30, 2020, for the uses and purposes as hereinafter set forth.

NOW THEREFORE BE and it is hereby resolved by the County Board of Franklin County, Illinois, that the amounts hereinafter set forth, or so much thereof as may be authorized by law, and the same is hereby levied for such purposes as Multiple County Health Department, for the fiscal year of the said FRANKLIN-WILLIAMSON BI-COUNTY HEALTH DEPARTMENT, Illinois, beginning the 1st day of December, 2019 and ending the 30th day of November, 2020.

The amount levied for each object and purpose is as follows:

Salaries	\$87,322
Insurance (Employee Hospitalization)	\$52,722

\*Said amount is hereby levied as the Multiple County Health Tax (55ILCS 5/5-25003 & 5/5-25004 - maximum .10%)

IT IS FURTHER RESOLVED that the following amounts are to be levied by the County Board of Franklin County, Illinois for the following purposes in addition to the Multiple County Health Tax Levy:

Liability Insurance	\$13,915
Unemployment Compensation Insurance	\$2,560
Workmen's Compensation Insurance	\$13,915

\*Said amount is hereby levied as the Liability Insurance, Unemployment Compensation Insurance, Workmen's Compensation Insurance Tax (745ILCS 10/9-107-no maximum)

Illinois Municipal Retirement Fund	\$116,414
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\*Said amount is hereby levied as the IMRF Tax (40ILCS 5/7-171-no maximum)

Social Security Tax	\$29,104
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\*Said amount is hereby levied as the Social Security Tax (40ILCS 5/21-110-no maximum)

TB Tax	\$0
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\*Said amount is hereby levied as the TB Tax (55ILCS 5/5-23002-rate 2c)

PARTIAL INVALIDITY. That if any section, subdivision or sentence or word of this Resolution is for any reason held void or invalid or to be unconstitutional, such decision shall not affect the validity of the remaining portions of this Resolution.

PASSED AND APPROVED by the County Board of the COUNTY OF FRANKLIN, this 17TH day of Sep. 2019

AYES 9  
 NAYES 0  
 ABSENT 0

Randall Cook  
 CHAIRMAN, COUNTY BOARD  
John Gully  
 COUNTY BOARD MEMBER  
Alan Price  
 COUNTY BOARD MEMBER

FILED THIS 17TH day of SEPTEMBER 2019

[Signature]  
 COUNTY CLERK

**FRANKLIN-WILLIAMSON BI-COUNTY HEALTH DEPARTMENT**

**Budget**

**July 1, 2019 - June 30, 2020**

**REVENUE**

Gen Fund	Property Taxes - Franklin	119,300.00
	Property Taxes - Williamson	169,000.00
	IDPH Summer Food Program	0.00
	IDPH Lead Program	24,806.00
	IDPA Healthy Kids Billings	15,000.00
	IDPH Water Program	1,000.00
	Mini Grants	0.00
	Vital Records	60,000.00
	Public Health Nursing	297,326.00
	Environmental Health	60,000.00
	Home Nursing - DPA	0.00
	Home Nursing - Medicare	807,477.00
	Home Nursing - Veteran's Administration	98,000.00
	Home Nursing - Private Insurance	48,109.00
	Home Nursing - Private Pay	0.00
	Interest Income	24,000.00
	Miscellaneous Income	0.00
	IDPH Mosquito	23,946.00
	IDHS Family Case Management	148,396.00
	SIU Catch	0.00
	IDPH Tobacco	20,000.00
	IDHS Healthworks	90,395.00
	SIH-Diabetes	15,000.00
	1815	15,000.00
	IDPH Local Health Protection	296,827.00
	IDPH Emergency Preparedness	87,125.00
	WIC	330,205.00
	IDHS Breastfeeding	11,500.00
TB Fund	Property Taxes - Franklin	0.00
TB Fund	Property Taxes - Williamson	0.00
IMRF Fund	Property Taxes - Franklin	99,254.00
	Property Taxes - Williamson	138,915.00
INS. Fund	Property Taxes - Franklin	25,937.00
	Property Taxes - Williamson	37,051.00
Soc.Sec. Fund	Property Taxes - Franklin	24,554.00
	Property Taxes - Williamson	39,044.00

**EXPENSES**

General	Salary	277,000.00
	Travel	29,000.00
	Medical Supplies	165,039.00
	Utilities	45,000.00
	Supplies	47,000.00
	Patient Care	1,749.00
	Building Maintenance	15,000.00
	Equipment	6,600.00
	Legal & Accounting	15,000.00
	Vital Records	30,000.00
	Medical Insurance Employer Expense	161,000.00
	Building Improvement	15,000.00
	Contingency	58,336.00
	Salary - Home Nursing	408,305.00
	Travel - Home Nursing	36,191.00
	Medical Supplies - Home Nursing	8,000.00
	Legal & Accounting - Home Nursing	5,400.00
	Equipment - Home Nursing	0.00
	Physical Therapy - Home Nursing	200,000.00
	Speech Therapy - Home Nursing	14,000.00
	Travel - Physical Therapy	14,000.00
	Travel - Speech Therapy	2,500.00
	Travel - Occupational Therapy	9,000.00
	Occupational Therapy	66,000.00
	Utilities- Home Nursing	1,800.00
	Contingency - Home Nursing	25,000.00
Mosquito	Contingency	23,946.00
Family Case Mgmt.	Salary	103,988.00
	Travel	1,213.00
	Unemployment	2,615.00
	I.M.R.F. Employer Expense	11,787.00
	Social Security Employer Expense	7,528.00
	Medical Insurance Employer Expense	21,265.00
SIU Catch	Salary	0.00
	Travel	0.00
	Unemployment	0.00
	I.M.R.F. Employer Expense	0.00
	Social Security Employer Expense	0.00
	Medical Insurance Employer Expense	0.00
Tobacco	Salary	14,200.00
	Travel	500.00
	Supplies	500.00
	Unemployment	695.00
	I.M.R.F. Employer Expense	1,231.00
	Social Security Employer Expense	1,067.00
	Medical Insurance Employer Expense	1,807.00

Healthworks	Salary	65,154.00
	Travel	384.00
	Unemployment	1,656.00
	I.M.R.F. Employer Expense	7,034.00
	Social Security Employer Expense	4,696.00
SIH-Diabetes	Medical Insurance Employer Expense	11,471.00
	Salary	12,383.00
	Unemployment	365.00
	I.M.R.F. Employer Expense	1,274.00
	Social Security Employer Expense	970.00
1815	Medical Insurance Employer Expense	8.00
	Salary	9,783.00
	Travel	1,000.00
	Unemployment	198.00
	I.M.R.F. Employer Expense	1,038.00
Local Health	Social Security Employer Expense	996.00
	Medical Insurance Employer Expense	985.00
	Contingency	1,000.00
	Salary	306,000.00
	Unemployment	6,943.00
Tuberculosis	I.M.R.F. Employer Expense	36,000.00
	Social Security Employer Expense	22,100.00
	Medical Insurance Employer Expense	76,254.00
	Salary	24,203.00
	Travel	320.00
	Medical Supplies	15,000.00
	Supplies	200.00
	Patient Care	120.00
	Unemployment	890.00
	I.M.R.F. Employer Expense	2,778.00
Emer.Preparedness	Social Security Employer Expense	1,968.00
	Medical Insurance Employer Expense	6,144.00
	Contingency	210.00
	Salary	69,761.00
	Travel	625.00
	Equipment	2,550.00
	Unemployment	1,260.00
	I.M.R.F. Employer Expense	9,330.00
	Social Security Employer Expense	4,354.00
	Medical Insurance Employer Expense	11,306.00
WIC	Contingency	8,700.00
	Salary	222,520.00
	Travel	100.00
	Medical Supplies	4,180.00
	Supplies	1,600.00
	Equipment	6,000.00
	Unemployment	6,047.00

	I.M.R.F. Employer Expense	24,151.00
	Social Security Employer Expense	16,692.00
	Medical Insurance Employer Expense	46,975.00
	Contingency	1,940.00
WIC Breastfeeding	Salary	8,386.00
	Travel	316.00
	Supplies	78.00
	Unemployment	356.00
	I.M.R.F. Employer Expense	587.00
	Social Security Employer Expense	676.00
	Medical Insurance Employer Expense	546.00
	Contingency	555.00
General	I.M.R.F. Employer Expense	73,900.00
General	Insurance	72,000.00
General	Unemployment	15,889.00
General	Social Security Employer Expense	48,000.00
TOTAL REVENUE		3,127,167.00
TOTAL EXPENSES		3,127,167.00

I certify that this is an accurate representation of the estimated receipts and expenditures of the above designated County Board of Health for the period indicated. I further certify that state, federal and any county funds included herein shall be expended in accordance with applicable state, federal and local laws and regulations.

SIGNED: \_\_\_\_\_

President, County Board of Health

DATE: \_\_\_\_\_

5/22/19