

FRANKLIN-WILLIAMSON BI-COUNTY HEALTH DEPARTMENT

RESOLUTION NO. 2020-27

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, 2020 and ending November 30, 2021, 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, 2020 and ending the 30th day of November, 2021.

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

Salaries	\$91,143
Insurance (Employee Hospitalization)	\$55,029

FILED
AUG 11 2020
FRANKLIN CO. CLERK

*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	\$14,524
Unemployment Compensation Insurance	\$2,672
Workmen's Compensation Insurance	\$14,524

*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	\$121,508
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*Said amount is hereby levied as the IMRF Tax (40ILCS 5/7-171-no maximum)

Social Security Tax	\$30,378
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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 18TH day of August, 2020

AYES 9
 NAYES 0
 ABSENT 0

Randall Cook
 CHAIRMAN, COUNTY BOARD

[Signature]
 COUNTY BOARD MEMBER

John Gulley
 COUNTY BOARD MEMBER

FILED THIS 18TH day of August, 2020

[Signature]
 COUNTY CLERK

FRANKLIN-WILLIAMSON BI-COUNTY HEALTH DEPARTMENT
 Budget
 July 1, 2020 - June 30, 2021

FILED
 AUG 11 2020
 FRANKLIN CO. CLERK

REVENUE

Gen Fund	Property Taxes - Franklin	122,106.00
	Property Taxes - Williamson	176,646.00
	IDPA Healthy Kids Billings	15,000.00
	IDPH Water Program	1,000.00
	IDPH Body Art	1,000.00
	IDPH Tanning	1,000.00
	Vital Records	56,160.00
	Public Health Nursing	331,401.00
	Environmental Health	70.00
	Home Nursing - Medicare	922,621.00
	Home Nursing - Private Insurance	65,109.00
	Interest Income	24,000.00
	IDPH Mosquito	26,372.00
	IDHS Family Case Management	136,933.00
	IDPH Tobacco	20,000.00
	IDHS Healthworks	90,000.00
	SIH-Diabetes	15,000.00
	1815	7,500.00
	IDPH Local Health Protection	296,827.00
	IDPH Lead	26,000.00
	HHS Home Nursing COVID Relief	21,340.00
	COVID RELIEF ALL	4,905,792.00
	IDPH COVID 19	60,350.00
IDPH Emergency Preparedness	87,125.00	
WIC	334,139.00	
IDHS Breastfeeding	11,500.00	
TB Fund	Property Taxes - Franklin	
TB Fund	Property Taxes - Williamson	
IMRF Fund	Property Taxes - Franklin	101,515.00
	Property Taxes - Williamson	142,921.00
INS. Fund	Property Taxes - Franklin	26,372.00
	Property Taxes - Williamson	39,425.00
Soc.Sec. Fund	Property Taxes - Franklin	25,650.00
	Property Taxes - Williamson	39,931.00


EXPENSES

General	Salary	277,000.00
	Travel	31,057.00
	Medical Supplies	222,036.00
	Utilities	46,388.00
	Supplies	47,587.00
	Patient Care	3,668.00
	Building Maintenance	20,708.00
	Equipment	3,705.00
	Legal & Accounting	24,903.00
	Vital Records	21,883.00
	Medical Insurance Employer Expense	161,000.00
	Building Improvement	15,000.00
	Contingency	53,094.00
	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
	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	Salary	17,808.00
	Unemployment	6.00
	I.M.R.F. Employer Expense	292.00
	Social Security Employer Expense	149.00
	Medical Insurance Employer Expense	521.00
Family Case Mgmt.	Contingency	23,111.00
	Salary	97,533.00
	Travel	2,145.00
	Supplies	730.00
	Unemployment	228.00
Tobacco	I.M.R.F. Employer Expense	8,240.00
	Social Security Employer Expense	6,241.00
	Medical Insurance Employer Expense	21,816.00
	Salary	12,282.00
	Travel	500.00
Tobacco	Unemployment	32.00
	I.M.R.F. Employer Expense	1,389.00
	Social Security Employer Expense	1,065.00
	Medical Insurance Employer Expense	4,732.00

Healthworks	Salary	65,818.00
	Travel	377.00
	Supplies	45.00
	Unemployment	132.00
	I.M.R.F. Employer Expense	5,567.00
	Social Security Employer Expense	4,368.00
	Medical Insurance Employer Expense	13,693.00
SIH-Diabetes	Salary	11,924.00
	Travel	250.00
	Unemployment	52.00
	I.M.R.F. Employer Expense	1,499.00
	Social Security Employer Expense	1,263.00
	Medical Insurance Employer Expense	12.00
1815	Salary	5,880.00
	Travel	200.00
	Unemployment	30.00
	I.M.R.F. Employer Expense	590.00
	Social Security Employer Expense	500.00
	Medical Insurance Employer Expense	300.00
Local Health	Salary	293,000.00
	Unemployment	838.00
	I.M.R.F. Employer Expense	24,923.00
	Social Security Employer Expense	18,640.00
	Medical Insurance Employer Expense	65,110.00
Lead	Salary	20,000.00
	Travel	77.00
	Unemployment	64.00
	I.M.R.F. Employer Expense	2,164.00
	Social Security Employer Expense	1,460.00
	Medical Insurance Employer Expense	2,835.00
Tuberculosis	Salary	25,280.00
	Travel	320.00
	Medical Supplies	8,000.00
	Supplies	200.00
	Patient Care	120.00
	Unemployment	60.00
	I.M.R.F. Employer Expense	2,151.00
	Social Security Employer Expense	1,629.00
	Medical Insurance Employer Expense	5,215.00
	Contingency	200.00
HH Home Nursing CO	Home Nursing Salary	16,488.00
	Unemployment	5.00
	I.M.R.F. Employer Expense	1,351.00
	Social Security Employer Expense	996.00
	Medical Insurance Employer Expense	2,500.00

COVID Relief ALL	Salary	1,096,114.00
	Travel	5,175.00
	Medical Supplies	10,000.00
	Supplies	356,470.00
	Equipment	1,887,867.00
	Unemployment	6,851.00
	I.M.R.F. Employer Expense	126,930.00
	Social Security Employer Expense	83,853.00
	Medical Insurance Employer Expense	70,548.00
	Contingency	1,261,985.00
IDPH COVID 19	Salary	43151.00
	Unemployment	60.00
	I.M.R.F. Employer Expense	3500.00
	Social Security Employer Expense	2000.00
	Medical Insurance Employer Expense	11639.00
Emer.Preparedness	Salary	65244.00
	Travel	625.00
	Equipment	3500.00
	Unemployment	109.00
	I.M.R.F. Employer Expense	5456.00
	Social Security Employer Expense	4501.00
	Medical Insurance Employer Expense	5517.00
	Contingency	16000.00
WIC	Salary	235354.00
	Travel	450.00
	Medical Supplies	5000.00
	Supplies	3500.00
	Equipment	5000.00
	Unemployment	1228.00
	I.M.R.F. Employer Expense	20053.00
	Social Security Employer Expense	15055.00
	Medical Insurance Employer Expense	48499.00
WIC Breastfeeding	Salary	8386.00
	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	73900.00
General	Insurance	72000.00
General	Unemployment	2000.00
General	Social Security Employer Expense	47000.00
TOTAL REVENUE		8130805.00
TOTAL EXPENSES		8130805.00

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:  _____ DATE: 6/15/20
President, County Board of Health