

RESOLUTION No. 2022 - 48

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, 2022 and ending November 30, 2023, 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, 2022 and ending the 30th day of November, 2023.

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

Salaries	\$99,058
Insurance (Employee Hospitalization)	\$59,808

*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	\$15,785
Unemployment Compensation Insurance	\$2,904
Workmen's Compensation Insurance	\$15,785

*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	\$132,059
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*Said amount is hereby levied as the IMRF Tax (40ILCS 5/7-171-no maximum)

Social Security Tax	\$33,016
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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 19TH day of December, 2022

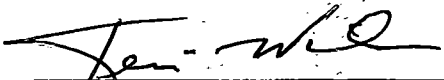
AYES 8
 NAYES 0
 ABSENT 1


 CHAIRMAN, COUNTY BOARD


 COUNTY BOARD MEMBER


 COUNTY BOARD MEMBER

FILED THIS 19TH day of December, 2022


 COUNTY CLERK

FRANKLIN-WILLIAMSON BI-COUNTY HEALTH DEPARTMENT

Budget

July 1, 2022 - June 30, 2023

REVENUE

Gen Fund

Property Taxes - Franklin	138,468.00
Property Taxes - Williamson	195,680.00
IDPH Summer Food Program	1,000.00
IDPA Healthy Kids Billings	6,000.00
IDPH Water Program	1,000.00
IDPH Body Art	400.00
IDPH Tanning	100.00
Vital Records	73,000.00
Public Health Nursing	250,000.00
Environmental Health	70,000.00
Home Nursing - Medicare	880,622.00
Home Nursing - Private Insurance	65,000.00
Home Nursing- Private Pay	1,000.00
Interest Income	23,000.00
IDPH Mosquito	26,372.00
IDHS Family Case Management/ High Risk	226,933.00
Healthworks	25,180.00
IDPH Local Health Protection	304,827.00
IDPH Lead	26,000.00
IDPH COVID 19 Crisis	217,000.00
IDPH COVID Response	278,918.00
IDPH Emergency Preparedness	88,121.00
WIC	334,139.00
IDHS Breastfeeding	11,500.00

TB Fund

Property Taxes - Franklin

TB Fund

Property Taxes - Williamson

IMRF Fund

Property Taxes - Franklin 114,707.00

Property Taxes - Williamson 134,693.00

INS. Fund

Property Taxes - Franklin 30,315.00

Property Taxes - Williamson 42,802.00

Soc.Sec. Fund

Property Taxes - Franklin 28,677.00

Property Taxes - Williamson 45,118.00

EXPENSES

General	Salary	410,881.00	
	Travel	31,057.00	
	Medical Supplies	140,000.00	
	Utilities	46,388.00	
	Supplies	47,587.00	
	Patient Care	3,668.00	
	Building Maintenance	13,000.00	
	Equipment	12,705.00	
	Legal & Accounting	24,903.00	
	Vital Records	25,000.00	
	Medical Insurance Employer Expense	100,000.00	
	Building Improvement	100,000.00	
	Contingency	100,000.00	
	Salary - Home Nursing	316,000.00	
	Travel - Home Nursing	25,000.00	
	Medical Supplies - Home Nursing	10,000.00	
	Legal & Accounting - Home Nursing	5,400.00	
	Physical Therapy - Home Nursing	175,000.00	
	Speech Therapy - Home Nursing	5,000.00	
	Travel - Physical Therapy	20,000.00	
	Travel - Speech Therapy	1,500.00	
	Travel - Occupational Therapy	9,000.00	
	Occupational Therapy	66,000.00	
	Utilities- Home Nursing	1,800.00	
	Contingency - Home Nursing	120,000.00	
	Mosquito	Salary	17,000.00
		Unemployment	6.00
		I.M.R.F. Employer Expense	292.00
		Social Security Employer Expense	149.00
		Medical Insurance Employer Expense	521.00
		Contingency	8,404.00
Family Case Mgmt.	Salary	163,351.00	
	Travel	2,522.00	
	Supplies	775.00	
	Unemployment	492.00	
	I.M.R.F. Employer Expense	13,500.00	
	Social Security Employer Expense	10,609.00	
	Medical Insurance Employer Expense	35,509.00	
	Contingency	175.00	
Health Works	Salary	17,128.00	
	Unemployment	183.00	
	I.M.R.F. Employer Expense	1,196.00	
	Social Security Employer Expense	878.00	

	Medical Insurance Employer Expense	60.00
Local Health	Salary	293,000.00
	Unemployment	1,175.00
	I.M.R.F. Employer Expense	27,569.00
	Social Security Employer Expense	19,401.00
	Medical Insurance Employer Expense	65,110.00
Lead	Salary	17,776.00
	Unemployment	336.00
	I.M.R.F. Employer Expense	2,164.00
	Social Security Employer Expense	2,047.00
	Medical Insurance Employer Expense	3,677.00
COVID Crisis	Salary	172,239.00
	Unemployment	4,000.00
	I.M.R.F. Employer Expense	12,000.00
	Social Security Employer Expense	3,761.00
	Medical Insurance Employer Expense	25,000.00
COVID Response	Salary	217,613.00
	Unemployment	2,000.00
	I.M.R.F. Employer Expense	15,000.00
	Social Security Employer Expense	4,305.00
	Medical Insurance Employer Expense	40,000.00
Emer.Preparedness	Salary	52,413.00
	Travel	625.00
	Equipment	3,500.00
	Unemployment	109.00
	I.M.R.F. Employer Expense	5,456.00
	Social Security Employer Expense	4,501.00
	Medical Insurance Employer Expense	5,517.00
	Contingency	16,000.00
WIC	Salary	235,354.00
	Travel	450.00
	Medical Supplies	5,000.00
	Supplies	3,500.00
	Equipment	5,000.00
	Unemployment	1,228.00
	I.M.R.F. Employer Expense	20,129.00
	Social Security Employer Expense	15,055.00
	Medical Insurance Employer Expense	48,423.00
WIC Breastfeeding	Salary	8,366.00
	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	548.00
	Contingency	573.00
General	I.M.R.F. Employer Expense	75,000.00
General	Insurance	72,000.00
General	Unemployment	2,000.00
General	Social Security Employer Expense	47,000.00
TOTAL REVENUE		3,640,572.00
TOTAL EXPENSES		3,640,572.00

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: 5/9/22

 President, County Board of Health