



# COUNTY OF KENDALL, ILLINOIS FINANCE COMMITTEE

**KENDALL COUNTY OFFICE BUILDING  
2<sup>nd</sup> Floor Board Room; 111 W. Fox Street; Yorkville**

**Thursday, October 27, 2022 at 5:00PM  
MEETING AGENDA**

1. **Call to Order**
2. **Roll Call to Establish a Quorum:** Matt Kellogg (Chair), Amy Cesich, Brian DeBolt, Scott Gengler (Vice Chair), Scott Gryder
3. **Approval of Agenda**
4. **Approval of September 29, 2022 and October 13, 2022 Meeting Minutes**
5. **Approval of Claims**
6. **New Business**
  - *Fiscal Year 2023 Budget Discussion*
  - *Discussion and Approval of the Addendum to the Intergovernmental Agreement with Kane County for Juvenile Detention*
  - *Discussion and Approval of Adding Chicago Regional Economic Development Organization Dues to the FY2023 Budget*
  - *Discussion of FY 2023 Capital Budget*
  - *FY 22-24 ARPA Budget Discussion*
  - *Discussion of Opioid Settlement*
7. **Old Business**
8. **Department Head and Elected Official Reports**
9. **Public Comment**
10. **Questions from the Media**
11. **Chairman's Report**
12. **Review Board Action Items**
13. **Executive Session**
14. **Adjournment**

*If special accommodations or arrangements are needed to attend this County meeting, please contact the Administration Office at 630- 553-4171, a minimum of 24-hours prior to the meeting time*

**COUNTY OF KENDALL, ILLINOIS**  
**BUDGET & FINANCE COMMITTEE**  
**Meeting Minutes for Thursday, September 29th 2022**

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**Call to Order** – Committee Chair Matt Kellogg called the Finance Committee to order at 5:20 p.m.

**Roll Call**

<b>Attendee</b>	<b>Status</b>	<b>Arrived</b>	<b>Left Meeting</b>
Amy Cesich	Here		
Brian DeBolt	Here		
Scott Gengler	Here		
Scott Gryder	Here		
Matt Kellogg	Here		

**Others Present** – Jennifer Karales via Remote, Scott Koeppel, Latreese Caldwell, Coroner, Jackie Purcell, Chief Deputy Coroner, Levi Gotte.

**Approval of Agenda** – Member DeBolt made a motion to approve the agenda, second by Member Cesich. **With five members present voting aye, the motion carried by a vote of 5 - 0.**

**Approval of Minutes** – Member Gengler made a motion to approve the meeting minutes from September 8<sup>th</sup> and September 15<sup>th</sup>, 2022 second by Member DeBolt. **With five members present voting aye, the motion carried by a vote of 5 - 0.**

**Approval of Claims** – Member DeBolt made a motion to forward the claims to County Board, second by Member Gryder. **With five members present voting aye, the motion carried by a vote of 5 - 0.**

**Items of New Business**

- *Discussion and Approval of New Vehicle for Coroner Office* – Coroner Purcell updated the committee on the challenges they are having finding a replacement vehicle because the vehicles on the lots are selling so quickly. Their current 18-year-old vehicle is no longer dependable. She presented three comparison options of a vehicle that would fit their needs but all three have already been sold. But she is confident in finding a similar vehicle within the next few weeks.

Chair Kellogg mentioned the need to stay under a \$30,000 threshold because anything over would have to go to bid. He said half of the cost could come out of public safety capital and a budget adjustment be done so the vehicle can still be purchased this year. Ms. Purcell stated she could cover the remaining \$15,000 out of special fees.

Mr. Koepfel mentioned if the Finance committee moves not to exceed \$15,000 from public safety capital be could add this to the list for a budget revision.

Member Cesich made a motion not to exceed \$15,000 from public safety capital and add this item to the list for budget revision, second by Member DeBolt. **With five members present voting aye, the motion carried by a vote of 5 - 0.**

- *Historic Preservation CLG Grant Discussion* – Mr. Koepfel stated the grant is for the Historic Preservation Commission to complete a historic survey at a couple townships in the county. He said the grant was approved by the County Board and there is a local match of approximately \$13,000 for the County to pay to do the grant.

Mr. Koepfel said this item was included for a budget revision due to timing of the grant so they can start the work this year. Approximately \$13,000 can be taken out of the general fund.

Motion made by member Cesich to amend the budget to add this item for a budget revision, second by member Gryder. **With five members present voting aye, the motion carried by a vote of 5 - 0.**

- *FY 22-24 American Rescue Plan Act (ARPA) Budget Discussion* – Mr. Koepfel reported that the contract for grant services from the communities is over the bid threshold. And according to Jim Web at the State Attorney's office it is not something that is exempt from bidding for grant services. Mr. Koepfel said he will need to put together a short bid with exact specifications for someone who could do the grant work for us and asked the committee for permission to prepare the bid to send to the County Board. **There was consensus by the committee to have a bid put together for grant work.**

Mr. Koepfel shared with the committee a couple ARPA items including requests from the Ken Com Board to change the 2-1-1 agreement:

- Revise the non-profit wording on the grant application and change the budget, but not the amount, by condensing eight line items to four which will create more flexibility to pay for different items. Mr. Koepfel and the committee were both in acceptance with these changes.

There was an issue with the claw back language. The 2-1-1 Board requested removing the clause "repayment of all grant funds be dispersed to the grantee if they are not in good standing as a non-profit, or certain things happen such as gross misuse of the funds". Mr. Koepfel stated this was already drafted by the State's Attorney office and this would be a policy change not a legal change. After a discussion the committee decided to deny the request to remove the language, due to fairness to the other non-profits. Mr. Koepfel will report the committee's decision to the Ken Com Board.

- Health Department ARPA Request: The committee went over the Health Department's fund balance comparison for FY19 – FY22 which was included in the packet that Chair Kellogg requested at the last meeting. The Health Department is asking to take \$94,000 out of the \$400,000 budgeted ARPA money to supplement salaries of employees through the end of the year. These employees were already here before Covid.

Mr. Kellogg is not in favor of salaries funded out of ARPA because salaries were not the intent for ARPA. He said if the Health Department can come up with another ARPA related capital project he would consider it. He is in favor of holding \$150,000 in the budget for ARPA in case of Covid related needs.

Mr. Koepfel recommends changing the Vax room at the Health Department to TBD and change the number to \$200,000.

Mr. Kellogg discussed other ARPA budget projects included in their packets with the committee. Kendall Township, the Forest Preserve District, the issue with Oswego's new water source, and Yorkville's IGA with the Drainage District were discussed.

- *Fiscal Year 2023 Budget Discussion* – Chair Kellogg went over the charts for General Fund FY 22 vs. FY 23 Salaries with the committee, included in their packet. He said the Department heads are asking for step raises, salaries for new positions, increases to salaries greater than 3% and approval of step increases. The committee gave their thoughts and opinions.

Mr. Kellogg discussed with the committee the Circuit Clerk's request for new salaries for four positions. He will ask the Circuit Clerk to prioritize the four positions and invite him and the Probation Director to next Finance meeting to present their need for these positions. Mr. Kellogg said he will most likely approve one or two of the positions.

The committee also discussed the General Fund Revenue and Expenditure charts.

**Old Business** – None

**Department Head and Elected Official Reports** – None

**Public Comment** - None

**Questions from the Media** - None

**Chairman's Report** - None

**Review Board Action Items**

- Claims

**Executive Session** – Not needed

**Adjournment** – Member Debolt made a motion to adjourn the Budget and Finance Committee meeting, second by Member Gryder. **With five members present voting aye, the meeting was adjourned at 7:00 p.m. by a vote of 5 - 0.**

Respectfully submitted,

Sandy Washkowiak  
Administrative Assistant

**COUNTY OF KENDALL, ILLINOIS  
BUDGET & FINANCE COMMITTEE  
Meeting Minutes for Thursday, October 13, 2022**

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**Call to Order** – Committee Chair Matt Kellogg called the Finance Committee to order at 5:52 p.m.

**Roll Call**

<b>Attendee</b>	<b>Status</b>	<b>Arrived</b>	<b>Left Meeting</b>
Amy Cesich	Here		
Brian DeBolt	Here		
Scott Gengler	Here		
Scott Gryder	Here		6:15 pm
Matt Kellogg	Here		

**Others Present** – Jennifer Breault via Remote, Scott Koeppel, Latreese Caldwell, Coroner Jackie Purcell, Chief Deputy Coroner Levi Gotte, Undersheriff Bobbie Richardson, Circuit Clerk Matthew Prochaska, Judge Robert Pilmer, Probation/Court Services Director Alice Elliott, Representatives for the Drainage District: John Purcell Mayor of Yorkville, Attorney Dan Kramer, and Bob Davidson.

**Approval of Agenda** – Member Gryder made a motion to approve the agenda but to remove the FY 2023 Capital Budget Discussion from the agenda, second by Member Cesich. **With five members present voting aye, the motion carried by a vote of 5 - 0.**

**Approval of Minutes**– Member Gryder made a motion to approve the meeting minutes from September 8<sup>th</sup> and September 15<sup>th</sup>, 2022 second by Member Gengler. **With five members present voting aye, the motion carried by a vote of 5 - 0.**

**Approval of Claims** – Member Gryder made a motion to forward the claims to County Board, second by Member Cesich. **With five members present voting aye, the motion carried by a vote of 5 - 0.**

**Items of New Business**

- *Approval of low bidder for vehicle maintenance service contract* – Under Sherriff Bobbie Richardson and the committee went over the response comparison chart included in their packets between the two respondents who submitted bids. One of them was the lower bidder based on the submitted bid sheets. Member Gengler made a motion to approve the Low Bidder for Vehicle Maintenance Contract and send to the County Board to consent agreement, second by member DeBolt. **With five members present voting aye, the motion carried by a vote of 5 - 0.**

- *ARPA Treasury Reporting Status* – Jennifer Breault reported to the committee that the quarterly report for the U.S. Treasury is complete and the next report will be due at the end of December.

Mr. Koeppel mentioned that one of the ARPA grantees has not responded to Jennifer for information she needs and after she made numerous attempts to contact them the deadline has now passed. Mr. Koeppel recommends having the State’s Attorney’s office send a letter to the recipient since this has worked in the past.

- *FY 22-24 ARPA Budget Discussion* – Attorney Dan Kramer, representative for the Rob Roy and Raymond Drainage Districts addressed the committee on the major need to clean out the drainage ditch along Rt 47 in Yorkville. He is asking for ARPA money be allocated to the Drainage District. He assured the committee that the money would be protected through a title company and would not get levied upon or used by someone else.

Mr. Davidson gave a brief history of the drainage district and the minimal work done to it through the years. But due to development there are now 3,000 parcels in the area north of Route 34 and there is a possibility of major flooding in the future. The effective area in length starts at south at Eldamain Road going north to Route 34 and possibly up to Cornelius Road.

He received an estimate of \$497,000 to complete the project. This includes estimates from three companies for tree removal, excavating and possibly landscaping.

- Homer Tree Service                      \$297,000
- Midwest Excavating                      \$105,000
- Landscaping (if needed)                \$67,000

These companies still need to bid.

Mr. Davidson said the project can start immediately this winter and stop during planting season until the Fall.

Mayor John Purcell of Yorkville said he will support this project and cover the administrative part and the money would be allocated through Yorkville and a title company and be spent for cleanup and improvement and not toward any special fees.

Mr. Koeppel recommended two options either to include this for the FY23 Budget, as a project or send to the State’s Attorney’s Office to draft the agreement and this will come forward once the agreement is complete.

Chair Kellogg talked about three other ARPA projects and to allocate \$500,000 toward the Drainage District and \$500,000 toward the Oswego future water supply project, and to start the Boulder Hill project.

After discussion the committee agreed to allocate the money towards the three projects. **Motion made by Cecish to forward the three projects to the State’s Attorney’s Office to draft the agreement for FY23, second by Member Debolt. With four members present voting aye, the motion carried.**

Mr. Koeppel said once the agreement is drafted it will be sent to the County Board for final approval.

- *FY 2023 Capital Budget Discussion* – Chair Kellogg discussed budget adjustments for several departments with the committee.

Circuit Clerk Matt Prochaska provided a handout to the committee detailing four additional positions that his office requested resulting in \$118,500 in new salaries. He stated if the upcoming Safety-Act goes into effect this could create additional work. And two employees are retiring in January. In addition, his office is currently overloaded with court filings and dispositions.

When asked by the committee, his priority is to strengthen the Criminal Traffic Division and hire a Traffic Office clerk and a weekend Court Office clerk. Filling the position for a Quality Control Manager is also needed because too many things are getting overlooked.

Judge Robert Pilmer explained to the committee that with increasing need for technology and reporting it puts more of a demand on the clerk’s office and the judges also support filling these positions.

The committee was in favor of filling the two clerk positions for the Criminal Traffic Division.

Director Elliott reported to the committee her need to hire a Mental Health Court Officer to serve the clients. This position would be reimbursable through the Administrative Office of the Illinois Courts. The other position is either a full-time or part-time Drug Test Technician who would relieve the probation officers so they can service the clients.

Mr. Koeppel concluded hiring a part-time person would have less of an impact on the budget. There was a consensus from the Board to approve the full-time Mental Health Court Officer and the Part-Time Drug Test Technician.

**Old Business** – None

**Department Head and Elected Official Reports** – None

**Public Comment** - None

**Questions from the Media** - None

**Chairman’s Report** - None



**Executive Session** – Not needed

**Review board action item –**

- Claims
- Approval of the low bidder for the Sheriff's Department's vehicle maintenance contract for a two-year period for County Board consent agenda.

**Adjournment** – Member Cesich made a motion to adjourn the Budget and Finance Committee meeting, second by Member DeBolt. **With four members present voting aye, the meeting was adjourned at 7:00 p.m. by a vote of 4- 0.**

Respectfully submitted,

Sandy Washkowiak  
Administrative Assistant

## FY23 Budget Approval Calendar

	Date	Responsible Party/Meeting	Time	Task
<b>JUL</b>	7/8/2022	Admin		Send FY23 Capital Plan Process
	7/28/2022	Finance Committee	5:00pm	Establish FY23 Budget Criteria
				Authorize FY23 Capital Budget Process
<b>AUG</b>	8/1/2022		8:00am	DHEO enter budgets & salaries
	8/2/2022	County Board Meeting	6:00pm	
	8/3 - 8/12			DHEO meet with Administration for assistance with Salary Spreadsheets
	8/11/2022	COW	4:00pm	Train County Board on Tablets (pending supply chain)
	8/11/2022	Finance Committee	5:00pm	Train Finance Committee on Tablets (pending supply chain)
	8/10-8/25	Administration		Prepare Budget Book/Summaries/Tablets
	8/16/2022	County Board Meeting	9:00am	
	8/19/2022	*DHEOs		FY23 Capital Budgets Due FY23 Operations/Salaries Budgets Due
	8/29 - 9/2	Meet with Department Heads		Discuss DHEO Budget Summaries/Salaries
<b>SEP</b>	9/6/2022	County Board Meeting	6:00pm	
	9/7/2022	COW/Finance Committee	8:30am	Budget Hearings
	9/8/2022	COW/Finance Committee	9:30am	Budget Hearings
	9/15/2022	COW/Finance Committee	4:00pm	Finance Committee approves Tentative Budget
	9/16/2022	Administration		Run Notice for Public Inspection of Tentative Budget Ad
	9/20/2022	County Board Meeting	9:00am	Approve Tentative Budget at least 15 days prior to final action
	9/29/2022	Finance Committee	5:00pm	
<b>OCT</b>	10/4/2022	County Board Meeting	6:00pm	
	10/13/2022	COW	4:00pm	
	10/13/2022	Finance Meeting	5:00pm	Discuss FY23 Budget
	10/18/2022	County Board Meeting	9:00am	
	10/27/2022	Finance Meeting	5:00pm	Discuss FY23 Budget
<b>NOV</b>	11/1/2022	County Board Meeting	6:00pm	
	11/8/2022	Election Day		
	11/10/2022	COW	4:00pm	Discuss FY 23 Budget
	11/10/2022	Finance Meeting	5:00pm	Discuss FY 23 Budget
	11/15/2022	County Board Meeting	9:00am	Approve Budget
	11/16/2022			Run levy ad before levy hearing - Kendall County Record; not more than 14 days; nor less than 7 days
	11/29/2022	County Board Meeting	special	Approve Levy
<b>DEC</b>	12/6/2022	County Board Meeting	6:00pm	
	12/15/2022	COW	4:00pm	
	12/15/2022	Finance Meeting	5:00pm	
	12/20/2022	County Board Meeting	9:00am	Last day to certify Levy on or before the last Tuesday in December

\*DHEOs = Department Heads & Elected Officials

Change Log  
October 27, 2022

**FY23 Budget**

**CURRENT GENERAL FUND SURPLUS/(DEFICIT) \$ (1,692,430)**

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September 7, 2022

Beginning Deficit (4,964,753)

September 29, 2022

1 Circuit Clerk Revenue Transfers	278,500	
2 708 Levy Reduction	196,000	
3 General Fund Capital Reduction	2,017,596	
4 KenCom additional Sheriff Portion	(9,708)	
5 KenCom Cost Moved to PSST	2,065,794	
6 Reduced PSST Transfer	(1,822,523)	
7 SAO reduction double salary -M. Gonzalez	25,000	
8 SAO Reduction double salary -F. Gorup	10,039	
	2,760,698	(2,204,055)

October 13, 2022

9 Increase Health Insurance transfer to Health Fund based on 19.5%	(70,000)	
10 Reduce Salary Expense 3%; Assessment	150	
11 Reduce Salary Expense 3%; County Clerk	8,605	
12 Reduce Salary Expense 3%; Presiding Judge	8,750	
13 Reduce Salary Expense 3%; Presiding Judge Administration	3,103	
14 Reduce Salary Expense 3%; Public Defender	23,000	
15 Reduce Salary Expense 3%; States Attorney Clerical	59,276	
16 Reduce Salary Expense 3%; States Attorney Asst. States Atty.	34,393	
17 Reduce Salary Expense 3%; Coroner	1,290	
18 Reduce Salary Expense 3%; Coroner Admin Asst.	2,962	
19 Reduce Salary Expense 3%; Circuit Clerk	24,270	
20 Reduced Salary Expense: PT Deputies	18,720	
21 Reduce Expense: Sheriff Salaries- PT Deputy	12,000	
22 Reduce Expense: Sheriff Salaries- Patrol Deputies	45,700	
23 Reduce Expense: Sheriff Gasoline/Oil/Fuel	27,581	
	199,800	(2,004,255)

October 27, 2022

24 Double Count of Revenue Transfers County Clerk	(75,000)	
25 Decrease Health Insurance transfer to Health Fund based on 10%	270,000	
26 Increase Probation Officer Salary AOIC Reimbursement	44,753	
27 Reduce New Salary Expense Probation Drug Court Salary FT to PT	9,573	
28 Reduce New Salary Expense Circuit Clerk	62,500	
	311,826	(1,692,429)

FY23 Levy Calculation & Requests

October 27, 2022

	FY22	FY23	Difference	% Change
New Construction	\$ 62,168,890	\$ 77,711,113	\$ 15,542,223	25.0%
Rate Setting EAV	\$ 3,751,008,645	\$ 3,743,363,461	\$ (7,645,184)	-0.2%
<b>Available Levy Extension</b>	<b>\$ 23,036,358</b>	<b>\$ 24,389,453</b>	<b>\$ 1,353,094</b>	<b>5.9%</b>
<b>CPI Increase</b>	<b>(\$312,785)</b>	<b>(\$1,137,292)</b>	<b>(\$824,507)</b>	<b>263.6%</b>
<b>Net Levy Extension w/o CPI Increase</b>	<b>\$ 22,723,573</b>	<b>\$ 23,252,161</b>	<b>\$ 528,587</b>	<b>2.3%</b>

	FY22 Levy	FY23 Levy Requests	FY23 Available Levy v. FY22 Levy \$ Incr./ (Decr.)	% Incr./ -Decr.
<b>Levy Funds</b>				
General Fund	\$12,513,825	\$12,341,274	(172,551)	-1.4%
Health & Human Services Fund	1,454,000	1,511,000	57,000	3.9%
708 Mental Health Fund	947,000	947,000	-	0.0%
Social Services for Seniors Fund	400,000	363,000	(37,000)	-9.3%
Extension Education Fund	187,487	192,163	4,676	2.5%
County Highway Fund	1,500,000	1,500,000	-	0.0%
County Bridge Fund	500,000	500,000	-	0.0%
IMRF	2,150,000	2,723,723	573,723	26.7%
Social Security	1,400,000	1,487,740	87,740	6.3%
Liability Insurance Fund	1,305,300	1,305,300	-	0.0%
Tuberculosis Fund	15,000	30,000	15,000	100.0%
Veterans Assistance Cms.	350,961	350,961	-	0.0%
<b>Total Requests: Capped</b>	<b>\$22,723,573</b>	<b>\$23,252,161</b>	<b>\$528,587</b>	<b>2.3%</b>

Kendall County  
PTELL Calculation  
PTELL - Property Tax Extension Limitation Law  
10/27/2022

	FY23 PTELL Calculation	New Dollars
	5.0%	
<b>CPI</b>		
<b>New Construction</b>	\$ 77,711,113	\$ 77,711,113
<b>Rate Setting EAV</b>	\$ 3,743,363,461	0.006515
		<b>= New Construction portion \$506,318</b>
Previous Year Actual Extension	22,745,843	
Subtract Previous Year PBC Levy	-	
<b>= Previous Year Net Extension</b>	<b>22,745,843</b>	Previous Year Net Extension \$ 22,745,843
Previous Year Net Extension	22,745,843	x CPI 5.0%
x CPI Factor (1+CPI)	1.0500	<b>= Previous Year Net Extension portion \$1,137,292</b>
<b>= Numerator</b>	<b>23,883,135</b>	
Estimated New Year EAV	3,743,363,461	
Less Estimated New Construction	(77,711,113)	
<b>= Est. Net New Year EAV (Denominator)</b>	<b>3,665,652,348</b>	
<b>Previous Year Extension x CPI (Numerator)</b>	<b>23,883,135</b>	
<b>New EAV - New Construction (Denominator)</b>	<b>3,665,652,348</b>	
<b>= Limiting Rate</b>	<b>0.006515</b>	
Estimated New Year Rate Setting EAV	3,743,363,461	
x Limiting Rate	0.006515	
<b>New Year Net Extension</b>	<b>24,389,453</b>	
Less Previous Year Net Extension	(22,745,843)	
<b>Capped Levy: Estimated New dollars</b>	<b>1,643,610</b>	<b>Est. Total New Dollars \$1,643,610</b>
Net Extension	24,389,453	
+ Next Year PBC Levy		
<b>Total Extension</b>	<b>24,389,453</b>	
<b>Previous Year Rate Setting EAV</b>	<b>3,781,079,971</b>	
<b>Current Year Rate Setting EAV (Est.)</b>	<b>3,743,363,461</b>	
<b>EAV Increase/(Decrease)</b>	<b>(37,716,510)</b>	
	-1.00%	

## GENERAL FUND REVENUE SUMMARY

ACCOUNT & DESCRIPTION	BUDGET 2022	BUDGET 2023	% CHANGE IN BUDGET	\$ CHANGE IN BUDGET
General Fund Total Revenues	17,509,748	26,616,410	52.0%	9,106,661
<b>TAXES</b>				
11000530 41010 Current Property Tax	\$12,513,825	\$12,341,274	-1.4%	(172,551)
11000530 41020 Personal Property Repl. Tax	465,000	715,000	53.8%	250,000
11000530 41030 State Income Tax	2,574,336	3,000,000	16.5%	425,664
11000530 41040 Local Use Tax	950,000	760,000	-20.0%	(190,000)
11000530 41050 State Sales Tax	583,000	650,000	11.5%	67,000
11000530 41060 Franchise Tax	307,575	338,000	9.9%	30,425
11000530 41070 Local Share Cannabis Tax	25,000	25,000	0.0%	0
11000530 41140 1/4 Cent Sales Tax	3,228,750	3,228,750	0.0%	0
11000606 41160 Co. Real Estate Transfer Tax	450,000	450,000	0.0%	0
Total Taxes	21,097,486	21,508,024	1.9%	410,538
<b>LICENSES, PERMITS, &amp; FEES FROM SERVICES</b>				
11000222 41390 Assessment Miscellaneous	3,000	3,000	0.0%	0
11000314 41290 Circuit Clerk Fees	1,250,000	1,000,000	-20.0%	(250,000)
11000314 41300 Cir. Clk. System Fee	6,500	5,000	-23.1%	(1,500)
11000314 42130 Cir. Clk. GPS Service Fee	5,500	2,000	-63.6%	(3,500)
11000314 42140 Cir. Clk. Periodic Impris. Fee	15,000	12,000	-20.0%	(3,000)
11000314 42250 Circuit Clerk Revenue	157,250	60,000	-61.8%	(97,250)
11000529 42200 County Building Postage Reimb.	50,000	140,000	180.0%	90,000
11000530 42220 Compost Fees	20,000	20,000	0.0%	0
11000606 41210 County Clerk Fees	350,000	350,000	0.0%	0
11000606 41220 Recorder's Miscellaneous	40,000	40,000	0.0%	0
11000825 41150 Property Tax Late Pymnt. Penalty	325,000	325,000	0.0%	0
11000825 41400 Treasurer Fees	21,000	21,000	0.0%	0
11000825 41700 Miscellaneous Revenue	30,000	30,000	0.0%	0
11001618 41340 Probation Board & Care	2,000	2,000	0.0%	0
11001719 41360 Public Defender Fees	4,050	4,050	0.0%	0
11001902 41180 Building Fees	75,000	80,000	6.7%	5,000
11001902 41190 Recording Fees	1,200	1,200	0.0%	0
11001902 41200 Zoning Fees	10,000	10,000	0.0%	0
11001902 41450 2012 NRA Fee	10	10	0.0%	0
11002009 41240 Sheriff Fees	115,000	113,663	-1.2%	(1,337)
11002009 41250 Sheriff Miscellaneous	3,500	6,479	85.1%	2,979
11002009 41260 HIDTA Reimbursement	37,745	39,319	4.2%	1,574
11002009 42070 Security Detail Income	34,000	13,146	-61.3%	(20,854)
11002011 41270 Merit Commission Revenue	2,000	2,000	0.0%	0
11002010 42050 Prisoner Transport	900	701	-22.1%	(199)
11002010 42060 Sheriff Bond Fee	14,400	0	-100.0%	(14,400)
11002010 42080 Corrections Board & Care	255,500	0	-100.0%	(255,500)
11002010 42090 Federal Inmate Revenue	1,898,000	584,000	-69.2%	(1,314,000)
11002010 42100 Federal Inmate Mileage Reimbursement	6,578	3,575	-45.7%	(3,003)
11002010 42110 Federal Inmate Transport Fees	63,232	31,616	-50.0%	(31,616)
11002120 41370 Fines & Forfeits	275,000	250,000	-9.1%	(25,000)
11002120 41380 State's Attorney Miscellaneous Revenue	1,000	1	-99.9%	(999)
11002120 42150 State's Attorney Trial Fee	500	350	-30.0%	(150)
11002120 42160 State's Attorney Comptroller Collection Fines/Fees	1,700	2,000	17.6%	300
11002233 41410 Technology Revenue	1,000		-100.0%	(1,000)
11002233 41420 Technology Municipality	2,500		-100.0%	(2,500)
11002532 41460 UCCI Reimbursement	3,000	3,000	0.0%	0
11002532 42210 Liquor License	21,500	21,500	0.0%	0
Total Licenses, Permits & Fees from Services	5,102,565	3,176,610	-37.7%	(1,925,955)

## GENERAL FUND REVENUE SUMMARY

ACCOUNT & DESCRIPTION	BUDGET 2022	BUDGET 2023	% CHANGE IN BUDGET	\$ CHANGE IN BUDGET
<b>INTEREST</b>				
11000825 41350 Interest Income	40,000	75,000	87.5%	35,000
Total Interest	40,000	75,000	87.5%	35,000
<b>INTERGOVERNMENTAL</b>				
11000530 41080 State's Attorney Salary	161,962	166,923	3.1%	4,961
11000530 41090 Probation Officer Salary	795,298	849,253	6.8%	53,955
11000530 41100 Supervisor of Assmnt. Salary	46,125	46,125	0.0%	0
11000530 41110 Public Defender Salary	145,766	113,241	-22.3%	(32,525)
11000530 41500 State Comp-Pretrial Officer	157,838	157,838	0.0%	0
11000530 41130 Sheriff Salary	43,940	87,991		44,051
11002233 41430 KenCom Operations Reimbursement	95,481	98,345	3.0%	2,864
11000606 41120 State Com Election Judge	25,000	10,000	-60.0%	(15,000)
11000912 41280 EMA Reimbursement from IEMA	60,000	50,000	-16.7%	(10,000)
11001618 41440 Probation Officer Salary (Municipal)	23,000	20,000	-13.0%	(3,000)
Total Intergovernmental	1,554,410	1,599,716	2.9%	45,306
<b>TOTAL REVENUE</b>	27,794,461	26,359,350	-5.2%	(1,435,112)
<b>TRANSFERS IN</b>				
11003038 40200 Transfer from PS Sales Tax Fund	1,822,523	0	-100.0%	(1,822,523)
11003038 40030 Transfer from Animal Control Fund	40,000	10,000	-75.0%	(30,000)
11003038 40050 Transfer from GIS Mapping	13,560	13,560	0.0%	0
11003038 40220 Transfer from Court Security Fund	27,000	30,000	11.1%	3,000
11003038 40420 Transfer from Document Storage Fund	75,000	0	-100.0%	(75,000)
11003038 40430 Transfer From CirClk Child Support Fund #1303	75,500	75,500	0.0%	0
11003038 40440 Transfer From CirClk Document Storage Fund #1304	55,000	55,000	0.0%	0
11003038 40450 Transfer from CirClk Court Operation #1306	45,000	45,000	0.0%	0
11003038 40230 Transfer from CirClk Automation Fund #1313	28,000	28,000	0.0%	0
Total Transfers	2,181,583	257,060	-88.2%	(1,924,523)
General Fund Total Revenue & Transfers In	29,976,044	26,616,410	-11.2%	(3,359,635)
GF Expenditures & Transfers Out	(36,914,668)	(28,308,840)		
GF Revenues & Transfers In	29,976,044	26,616,410	26,450,657	165,753
Surplus (Deficit)	<b>(6,938,624)</b>	<b>(1,692,430)</b>		

**GENERAL FUND EXPENDITURE SUMMARY**

<b>DESCRIPTION</b>	<b>BUDGET 2022</b>	<b>BUDGET 2023</b>	<b>% CHANGE IN BUDGET</b>	<b>\$ CHANGE IN BUDGET</b>
<b>EXPENSES</b>				
Administrative Services	433,058	445,915	3.0%	12,857
Auditing & Accounting	242,965	245,080	0.9%	2,115
Board of Review	80,785	82,968	2.7%	2,183
Capital Expenditures	0	0	100.0%	0
CASA Expenditures	12,000	12,000	0.0%	0
Circuit Court Clerk	1,025,856	1,121,034	9.3%	95,178
Circuit Court Judge	343,617	348,879	1.5%	5,262
Combined Court Services (Probation)	1,324,982	1,412,947	6.6%	87,965
Contingency	402,938	529,735	31.5%	126,797
Coroner	207,008	215,518	4.1%	8,510
Corrections	5,328,179	4,960,776	-6.9%	(367,403)
County Assessments	330,325	353,472	7.0%	23,147
County Board	202,518	205,182	1.3%	2,664
County Clerk & Recorder & Bonds	190,165	182,267	-4.2%	(7,898)
Election Costs	1,024,045	795,824	-22.3%	(228,221)
Emergency Management Agency	90,985	97,185	6.8%	6,200
Facilities Management	1,224,708	1,230,099	0.4%	5,391
Farmland Review Board	353	353	0.0%	0
Jury Commission	64,700	65,900	1.9%	1,200
KenCom Intergovernmental Agreement	2,042,701	0	-100.0%	(2,042,701)
Merit Commission	24,181	46,486	92.2%	22,305
Planning, Building & Zoning	224,203	231,008	3.0%	6,805
Postage County Building	55,500	149,980	170.2%	94,480
Public Defender	576,549	613,827	6.5%	37,278
Regional Office of Education	89,789	94,249	5.0%	4,460
Sheriff	6,768,328	6,991,115	3.3%	222,787
Soil & Water Conservation District Grant	50,000	55,000	10.0%	5,000
State's Attorney	1,712,943	1,766,764	3.1%	53,821
Technology Services	728,567	836,873	14.9%	108,306
Treasurer	511,437	520,140	1.7%	8,703
Utilities	790,759	665,764	-15.8%	(124,995)
<b>TOTAL EXPENDITURES</b>	<b>26,104,144</b>	<b>24,276,340</b>	<b>-7.0%</b>	<b>(1,827,804)</b>



**GENERAL FUND EXPENDITURE SUMMARY**

<b>DESCRIPTION</b>	<b>BUDGET 2022</b>	<b>BUDGET 2023</b>	<b>% CHANGE IN BUDGET</b>	<b>\$ CHANGE IN BUDGET</b>
<b>TRANSFERS OUT:</b>				
<b>Debt Service</b>				
Trsn to Adm Bldg Debt Serv	116,000	92,000	-20.7%	(24,000)
Courthouse Expansion Debt Svs Transfer	0	0		0
PS Capital	500,000			
<b>Subtotal - Debt Service</b>	616,000	92,000	-85.1%	(524,000)
<b>Capital/Reserves</b>				
Trns to Building Fund	1,035,000	35,000	-96.6%	(1,000,000)
Trsn to Cap Improve Fund	1,150,000	150,000	-87.0%	(1,000,000)
<b>Subtotal - Capital/Reserve Funds</b>	2,185,000	185,000	-91.5%	(2,000,000)
<b>Other Transfers Out</b>				
Mental Health Court	300,000	-		(300,000)
Trns to County Election Fnd	600,000	100,000	-83.3%	(500,000)
Trns to Kendall Area Transit	25,500	25,500	0.0%	0
Economic Development Fund	-	-		0
Trns to 27th Payroll Fund	580,000	80,000	-86.2%	(500,000)
Trns to Health Care Fund	6,504,024	3,550,000	-45.4%	(2,954,024)
<b>Subtotal - Other Transfers Out</b>	8,009,524	3,755,500	-53.1%	(4,254,024)
<b>TOTAL TRANSFERS OUT</b>	10,810,524	4,032,500	-62.7%	(6,778,024)
<b>TOTAL</b>				
<b>EXPENDITURES AND TRANSFERS OUT</b>	36,914,668	28,308,840	-23.3%	(8,605,828)

ARPA Salaries

<u>Administration</u>		
1 Finance and Budget Analyst	84,460	
2 Assistant- PT Administrative	26,000	
		110,460
<u>Coroner</u>		
1 Full-Time Coroner	46,505	
		46,505
<u>Circuit Clerk</u>		
1 Chief Deputy Clerk	76,199	
2 Deputy Clerk	28,749	
		104,948
<u>Health Department</u>		
1 Grant Manager	51,500	
		51,500
<u>Public Defender</u>		
1 Public Defender	61,800	
		61,800
<u>States Attorney</u>		
1 Assistant State's Attorney	115,432	
2 Paralegal	44,480	
		159,912
<u>Technology</u>		
1 Network Security Specialist	90,640	
		90,640
 <b>FY23 ARPA Salaries</b>		 <u><u>\$ 625,765</u></u>

IMRF Rate -Regular	5.88%
FICA Rate	7.65%
	<u>13.53%</u>

Average FY23 HealthCare Cost \$ 84,666

**New Salaries - FY23**

Circuit Clerk

1 Clerk (Temp to Permanent)	28,000	
2 Clerk (Safety Act)	28,000	
		56,000

Combined Court Services

1 <i>Mental Health Court</i>	44,753	AOIC Eligible for reimbursement
2 PT-drug Test Tech/Support	23,400	
		68,153

Public Defender

1 <i>Full-Time Administrative Assistant</i>	21,000	Would like to make Emily Full-Time
		21,000

Sheriff

1 <i>Forensic Digital Analyst</i>	80,000	
		80,000

**Total New General Fund Salaries**

**\$ 225,153**

Highway

1 Engineering Technician	60,000	
		<u><u>\$ 60,000</u></u>

VAC

1 County Veterans Service Officer	50,000	
		<u><u>\$ 50,000</u></u>

IMRF Rate -Regular	5.88%
FICA Rate	7.65%
	<u><u>13.53%</u></u>

Average FY23 HealthCare Cost	<u><u>\$ 30,463</u></u>
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INTERGOVERNMENTAL AGREEMENT

This AGREEMENT is made between the COUNTY OF KENDALL, Illinois, a local unit of government, (hereinafter referred to as “KENDALL COUNTY”) and the COUNTY OF KANE, Illinois, a local unit of government, (hereinafter referred to as “KANE COUNTY”) both organized and existing under the laws of the State of Illinois;

WHEREAS, the Constitution of the State of Illinois of 1970, Article VII, Section 10, provides that units of local government may contract or otherwise associate among themselves to obtain or share services and to exercise, combine, or transfer any power or function in any matter not prohibited by law or by ordinance and may use their credit, revenues, and other resources to pay costs related to intergovernmental activities; and

WHEREAS, the Intergovernmental Cooperation Act, 5 ILCS 220/1 et seq., provides that any county may participate in an intergovernmental agreement under this Act notwithstanding the absence of specific authority under the State law to perform the service involved provided that the unit of local government contracting with the county has authority to perform the service; and

WHEREAS, the COUNTY OF KENDALL and the COUNTY OF KANE are units of local government within the meaning of Article 7 Section 1 of the Illinois Constitution of 1970; and

WHEREAS, the COUNTY OF KENDALL and the COUNTY OF KANE are public agencies within the meaning of the Intergovernmental Cooperation Act (5 ILCS 220/2); and

WHEREAS, the COUNTY OF KANE and the COUNTY OF KENDALL are authorized to establish, support and maintain a detention home for the care and custody of delinquent minors (55 ILCS 75/1); and

WHEREAS, the COUNTY OF KENDALL is desirous of utilizing the available housing for juvenile detainees which the COUNTY OF KANE can provide;

WHEREAS, pursuant to the Juvenile Court Act, 705 ILCS 405/5, the CIRCUIT COURT FOR THE TWENTY-THIRD JUDICIAL CIRCUIT and the DESIGNATED COURT SERVICES STAFF (hereinafter, referenced as “AUTHORIZED KENDALL COUNTY OFFICIAL”) are authorized to request detention services for juveniles in a secure detention facility; and

WHEREAS, the COUNTY OF KENDALL may expend tax receipts for detention services pursuant to an agreement with the COUNTY OF KANE (55 ILCS 75/9.3); and

NOW THEREFORE, in consideration of the mutual covenants and conditions contained herein, the undersigned do agree to the following terms and conditions.

1. The foregoing recitals are incorporated herein as provision hereof.
2. The AGREEMENT commences upon date of approval and signature by KENDALL COUNTY and KANE COUNTY and will continue from date of signing to December 1, 2023.
3. HOUSING

3.1 KANE COUNTY agrees to provide temporary custody, specifically housing and detention services for minors authorized by KANE COUNTY, pursuant to the needs of KENDALL COUNTY, while remaining in compliance with all statutory requirements as delineated in Illinois Criminal Law and Procedures and the Illinois Juvenile Court Act. This includes NOT detaining status offenders and/or contempt of court offenders whose detainment originates from status offenses in accordance with the Juvenile Court Act.

3.2 It is agreed that KENDALL COUNTY shall utilize the current Kane County Juvenile Justice Center Detention Screening Instrument and Authorization form to authorize detainment. All housing provided by KANE COUNTY shall be at the Juvenile Justice Center located at 37W655 Route 38, St. Charles, Illinois.

3.3 In the event that a KENDALL County juvenile offender presents with a mental health or medical condition that may require specialized inpatient treatment, KANE COUNTY has the right to refuse intake for the minor until the minor is determined to be stabilized by a qualified mental health or medical professional, and whose aftercare or follow-up treatment is appropriate for detention in a juvenile facility, as more fully addressed in Section 7.4 in this Agreement.

#### 4. COMMUNICATION BETWEEN KANE AND KENDALL COUNTY

4.1 Prior to admission, an AUTHORIZED KENDALL COUNTY OFFICIAL or sworn peace officer shall contact the Kane County Juvenile Justice Center for screening purposes and provide the following information if available:

- (a) A court order or a warrant authorizing the detention of the minor.
- (b) Any available health care information regarding the juveniles in custody. All health care information shall be provided to KANE COUNTY medical personnel in keeping with all applicable regulations and statutes.
- (c) Contact information for the detained minor's parent(s) and/or guardian(s).
- (d) Any information pertinent to ensuring the safety, security and welfare of the detained minor (e.g. alleged or underlying offense(s), criminal history, and immediate medical and/or mental health care issues).
- (e) Information regarding the date, time, and place of the detained minor's next court hearing.

4.2 The following ongoing information shall be exchanged between the Kane County Juvenile Justice Center and Kendall County:

- (a) KANE COUNTY shall provide KENDALL COUNTY with timely information, as soon as is practical thereafter, regarding any extraordinary or unusual occurrences involving any minor detained by

KENDALL COUNTY at the Kane County Juvenile Justice Center, including but not limited to: death, regardless of cause; escape or attempted escape; attempted suicide; serious injury to include accidental or self-inflicted; a medical emergency requiring emergency services outside of the Kane County Juvenile Justice Center; assaultive behavior by or toward the minor; ongoing or significant disregard for the rules and regulations of the Kane County Juvenile Justice Center by the minor; any incidents involving the minor which result in the filing of a police report or placement of the minor on individual programming.

(b) In the case of the escape or attempted escape of a KENDALL COUNTY minor prisoner confined in the Kane County Juvenile Justice Center, the Kane County Chief Judge's Office or the Kane County Juvenile Justice Center shall notify the Sheriffs of Kane and Kendall County promptly by telephone, so they may use all reasonable means to recapture the minor prisoner. The escape of a KENDALL COUNTY minor prisoner must be reported immediately by telephone to the Sheriff of Kendall County. The date of such escape and the return to custody must be reported in writing to the Sheriff of Kendall County within forty-eight (48) hours of said escape.

(c) KENDALL COUNTY shall provide KANE COUNTY with information on any upcoming court hearings and/or scheduled release dates for any minors detained by KENDALL COUNTY.

(d) KENDALL COUNTY shall provide KANE COUNTY at the time of detainment authorization any known information regarding serious mental health information or dangerous behavioral concerns to staff or others for any minors detained by KENDALL COUNTY.

5. SCOPE OF DETENTION SERVICES: KANE COUNTY shall provide minors with detention services as provided for in the Juvenile Court Act of 1987 (705 ILCS 405), all other governing statutes, and all detention regulations promulgated by the Illinois Department of Juvenile Justice. Services offered to minors housed for KENDALL COUNTY shall be commensurate to services offered to all other minors housed by KANE COUNTY.

6. TRANSPORTATION OF MINORS

An AUTHORIZED KENDALL COUNTY OFFICIAL, or the appropriate arresting agency's designated law enforcement official, pursuant to the established policies of KENDALL COUNTY, shall provide for transportation of minors to and from KANE COUNTY for initial admission. Thereafter, an AUTHORIZED KENDALL COUNTY OFFICIAL shall provide transportation of minors to and from KANE COUNTY for scheduled off-site health care services, court-ordered furloughs, IDJJ commitments, residential placement dispositions and court hearings. Yet, in the case of non-scheduled off-site medical care services, such as emergency hospital care, KANE COUNTY shall provide such transportation as is necessary for the juvenile to receive such care. For the expense and staffing of such trip, KENDALL COUNTY shall compensate KANE COUNTY a flat fee of

\$180.00 per detainee per round-trip for such non-scheduled off-site medical services for transports lasting less than three (3) hours. For transports in excess of three (3) hours, KENDALL COUNTY shall compensate KANE COUNTY a flat fee of \$180.00 plus \$56 per hour exceeding three (3) hours for off-site staffing coverage for the combined cost of two (2) mid-level youth counselors. KENDALL COUNTY is custodian of the minor when providing transportation. Except for emergency situations, an AUTHORIZED KENDALL COUNTY OFFICIAL will provide notice to KANE COUNTY one day prior to any transport.

## 7. HEALTH CARE SERVICES

7.1 KANE COUNTY shall provide basic health care services (e.g. dispensing non-specialty prescribed medications, nursing care for minor injuries and illness, counseling for mental health concerns, and examination as needed by medical doctor and psychiatrist) to minors housed for KENDALL COUNTY in keeping with services made available to other minors housed in KANE COUNTY.

7.2 The parent(s)/guardian(s)/minor's medical insurance shall pay for any health care services received at a facility outside of the Kane County Juvenile Justice Center and this includes any emergency health care services deemed necessary by KANE COUNTY. The parent(s)/guardian(s)/minor's medical insurance shall pay for any specialty prescribed medications. With the assistance of KENDALL COUNTY, KANE COUNTY shall coordinate with the parent(s) or guardian(s) to obtain insurance information. In the event the minor is not covered by medical insurance, KENDALL COUNTY shall be responsible and bear any and all expenses arising from any specialty prescribed medications or medical services provided to the minor at a facility outside of the Kane County Juvenile Justice Center. As between KANE COUNTY and KENDALL COUNTY, KENDALL COUNTY shall become the responsible party and bear any and all payments of outstanding medical bills but shall retain any rights it may have to seek reimbursement from the minor, the minor's parent(s)/guardians(s), any insurance carrier, or any other responsible party.

7.3 In the event a minor detained for KENDALL COUNTY is admitted for hospitalization for emergency health care services, or will exceed three (3) hours in the emergency department, KANE COUNTY will notify the AUTHORIZED KENDALL COUNTY OFFICIAL (or other person authorized by the Chief Judge of the Circuit Court for the Twenty-Third Judicial Circuit). In such an emergency situation, KENDALL COUNTY shall compensate KANE COUNTY as described in Section 6 above. If the minor is admitted to a local Kane County hospital, KENDALL COUNTY will provide staff to remain at the hospital during hospitalization. KENDALL COUNTY shall obtain a court order releasing the minor from Kane County's custody for the duration of the minor's hospitalization and obtain a separate order returning the minor to Kane County's custody upon the minor's release from the hospital. KENDALL COUNTY is responsible for coordinating security arrangements with the facility's security department. If the minor is assessed or hospitalized at a non-local mental health hospital, KENDALL COUNTY shall compensate KANE COUNTY for the transport as described in section 6.1 above.

7.4 The parties agree that the intent of juvenile detention is to house delinquent minors pending court proceedings; it is not to be used in lieu of treatment for minors in need of mental health treatment such as psychological services or specialized medical care. Minors who require mental health treatment at a level of care higher than an outpatient setting are not appropriate for detention. These minors will need to obtain the proper treatment in the appropriate medical or mental health care facility and be medically and/or psychologically stable before they are accepted for detention. Should a minor be deemed in need of inpatient mental health care services, specialized medical care or in need of services outside the scope of juvenile detention, as determined by a Licensed Practitioner of the Healing Arts with a valid clinical license in the state of Illinois, Kane County will require that the minor be removed from the facility within 72 hours, with all costs of transportation assumed by Kendall County. Should the minor not be removed within 72 hours, Kendall County agrees to pay a per diem rate of \$500/day in consideration for increased level of care required for the subject minor.

8. FEES AND PAYMENT

8.1 As consideration for the foregoing, KENDALL COUNTY agrees to provide compensation to KANE COUNTY in the amount of \$135.00 per day, per minor for occupied detention beds. KANE COUNTY shall provide an invoice to KENDALL COUNTY by the tenth day of the month reflecting services provided during the previous month. KENDALL COUNTY shall remit payment within 60 days after receipt of such invoice.

9. INDEMNIFICATION

9.1 KANE COUNTY shall be responsible for and shall indemnify, defend with counsel of KENDALL COUNTY's own choosing, and hold harmless KENDALL COUNTY and its past, present and future board members, elected officials, insurers, agents, officers, and employees against any and all liabilities, claims, demands or suits arising out of the performance of this agreement by KANE COUNTY, the confinement of any KENDALL COUNTY juvenile at the KANE COUNTY Juvenile Justice Center, and any practice, policy, rule, regulation, act or omission of KANE COUNTY, or any officers, agents, employees, or servants, relating to the custody, care, supervision, transport of any KENDALL COUNTY minor in the custody of KANE COUNTY or relating to the maintenance of KANE COUNTY property or premises, to the fullest extent authorized by law.

KENDALL COUNTY shall be responsible for and shall indemnify, defend with counsel of KANE COUNTY's own choosing, and hold harmless KANE COUNTY and its past, present and future board members, elected officials, insurers, agents, officers, and employees against any and all liabilities, claims, demands or suits arising out of the performance of this agreement by KENDALL COUNTY or suits brought by, or on behalf of, any KENDALL COUNTY minor housed pursuant to this Agreement, arising out of any practice, policy, rule, regulation, act or omission of KENDALL COUNTY, or any agents, employees, or servants thereof relating to their care, custody, supervision, or transport of any KENDALL COUNTY minor



while in the custody of KENDALL COUNTY, to the fullest extent authorized by law.

It is further agreed that all employee benefits, wage and disability payments, pension and worker's compensation claims, damage to or destruction of equipment, facilities, clothing and related medical expenses of KANE COUNTY or their agents or employees which may result from the presence of KENDALL COUNTY juveniles during contractual incarceration shall be the sole responsibility of KANE COUNTY.

KANE COUNTY agrees that it shall maintain general liability insurance for both personal injury and property damage in the minimum amount of \$1,000,000 for each occurrence with \$10,000,000 million in aggregate and comprehensive business automobile liability insurance in the minimum amount of \$1,000,000 combined single limit. KANE COUNTY's auto liability and general liability coverage shall be primary coverage in circumstances of alleged or proved errors or negligence by KANE COUNTY or KANE COUNTY's employees. KANE COUNTY's coverage shall name the County of Kendall as an additional insured, with its members, representatives, officers, agents and employees. Certificates of such insurance detailing the coverage therein shall be available to the County of KENDALL upon execution of this Agreement.

Alternatively, a self-insurance reserve of \$2 million with excess coverage of \$30 million is acceptable if KANE COUNTY self-insures.

9.2 Neither party waives its immunities or defenses, whether statutory or common law by reason of these indemnification provisions.

10. EFFECTIVE DATE, AMENDMENT, MODIFICATION AND RENEWAL: This AGREEMENT shall become effective upon the date of acceptance by all parties hereto. However, the rates pursuant to Section 8.1 shall not be charged until after December 1, 2020. This AGREEMENT may be amended with written consent of all parties hereto and, provided a need continues to exist, may be renewed thirty (30) days prior to the expiration date for a period not to exceed one (1) year for each renewal. This AGREEMENT may be cancelled by any party hereto upon sixty (60) days written notice to all parties.
11. APPLICABLE LAW: This AGREEMENT shall be interpreted and enforced under the laws of the State of Illinois, and the parties agree that the venue for any legal proceedings between them shall be the Sixteenth Judicial Circuit, State of Illinois.
12. FINAL AGREEMENT OF PARTIES: This writing constitutes the final expression of the agreement of the parties. It is intended as a complete and exclusive statement of the terms of this AGREEMENT, and it supersedes all prior and concurrent promises, representation, negotiations, discussions and agreements that may have been made in connection with the subject matter hereof. No modification or termination of this AGREEMENT shall be binding upon the parties hereto unless the same is in writing and appropriately executed.

13. NOTICES: Any Notice given pursuant to a preceding Section of this AGREEMENT shall be sent by United States Mail, postage prepaid, addressed to respective party at the address set forth on the signature page hereof or to such other address as the parties may designate in writing from time to time. In the case of notice to KENDALL COUNTY, any notice shall also be sent to Kendall County State's Attorney, 807 John Street, Yorkville, Illinois, 60560, fax (630) 553-4204. In the case of notice to KANE COUNTY, any notice shall also be sent to Kane County State's Attorney, 100 South Third Street, 4<sup>th</sup> Floor, Geneva, IL 60134.
14. AUTHORIZATION: KENDALL COUNTY and KANE COUNTY represent that all necessary acts have been taken to authorize and approve this AGREEMENT in accordance with applicable law and this AGREEMENT, when executed by the parties hereto, shall constitute a binding obligation of KENDALL COUNTY and KANE COUNTY, legally and enforceable at law and equity against both.
15. SEVERABILITY CLAUSE: If any provision of this AGREEMENT is held to be invalid, that provision shall be stricken from this AGREEMENT and the remaining provisions shall continue in full force and effect to the fullest extent possible.
16. RULES AND REGULATIONS: It is agreed by and between the parties hereto that KENDALL COUNTY minor prisoners confined to the KANE COUNTY Juvenile Justice Center facility pursuant to this Agreement are subject to the rules and regulations of the KANE COUNTY Juvenile Justice Center facility and the privileges or restrictions attaching thereto, and are subject to no other rules and regulations or the granting of any privileges attaching to the KENDALL COUNTY Jail.
17. NON DISCRIMINATION: KANE COUNTY agrees that no KENDALL COUNTY minor prisoner confined in the KANE COUNTY Juvenile Justice Center facility under the terms of this contract shall on the grounds of age, gender, race, color, religion or national origin be subjected to discrimination in any manner relating to their confinement.
18. P.R.E.A. Compliance: As of the date of execution of this AGREEMENT, the KANE COUNTY Juvenile Justice Center Superintendent has adopted and the KANE COUNTY Juvenile Justice Center is in substantial compliance with the national standards to prevent, detect, and respond to sexual abuse and sexual harassment as outlined in the applicable provisions of the Prison Rape Elimination Act (P.R.E.A.) 28 C.F.R. Parts 115.5 through 28 C.F.R. 115.405 including monitoring to ensure compliance with said standards.
19. EXECUTION: This Agreement may be executed in counterparts (including facsimile signatures), each of which shall be deemed to be an original and both of which shall constitute one and the same Agreement.

IN WITNESS WHEREOF, the undersigned duly authorized officers have subscribed their names on behalf of KENDALL COUNTY and the KANE COUNTY.

KANE COUNTY

\_\_\_\_\_  
Chairman, Kane County Board  
719 S. Batavia Avenue  
Geneva, Illinois 60134

Date: \_\_\_\_\_

KENDALL COUNTY

\_\_\_\_\_  
Chairman, Kendall County Board  
Kendall County Office of Administrative Services  
111 W. Fox Street  
Yorkville, Illinois 60560

Date: \_\_\_\_\_

**ADDENDUM TO THE INTERGOVERNMENTAL AGREEMENT BETWEEN THE  
COUNTY OF KENDALL AND THE COUNTY OF KANE TO PROVIDE  
JUVENILE DETENTION SERVICES**

WHEREAS, the Constitution of the State of Illinois of 1970, Article VII, Section 10, provides that units of local government may contract or otherwise associate among themselves to obtain or share services and to exercise, combine, or transfer any power or function in any matter not prohibited by law or by ordinance and may use their credit, revenues, and other resources to pay costs related to intergovernmental activities; and

WHEREAS, the COUNTY OF KENDALL and the COUNTY OF KANE are units of local government within the meaning of Article 7 Section 1 of the Illinois constitution of 1970; and

WHEREAS, the COUNTY OF KENDALL and the COUNTY OF KANE are public agencies within the meaning of the Intergovernmental Cooperation Act (5 ILCS 220/2); and

WHEREAS, the COUNTY OF KENDALL is authorized to establish, support and maintain a detention home responsible for the care and custody of delinquent minors (55 ILCS 75/1); and

WHEREAS, the COUNTY OF KENDALL is desirous of utilizing the available housing for juvenile detainees which the COUNTY OF KANE can provide; and

WHEREAS, pursuant to the Juvenile Court Act, 705 ILCS 405/5, the CIRCUIT COURT FOR THE TWENTY-THIRD JUDICIAL CIRCUIT and the DESIGNATED PROBATION or DETENTION OFFICER are authorized to request detention services for juveniles in a secure detention facility; and

WHEREAS, the COUNTY OF KENDALL may expend tax receipts for detention services purchased through agreement with the COUNTY OF KANE (55 ILCS 75/9.3)

WHEREAS, on December 1, 2020, the COUNTY OF KENDALL entered into an agreement with the COUNTY OF KANE to provide temporary custody, specifically housing and detention services for minors authorized by the COUNTY OF KENDALL

NOW, THEREFORE BE IT RESOLVED, that the AGREEMENT BETWEEN the COUNTY OF KANE and the COUNTY OF KENDALL, signed and enacted on December 1, 2020, be amended as follows:

**8. FEES AND PAYMENT**

8.1 As consideration for the foregoing, KENDALL COUNTY agrees to provide compensation to KANE COUNTY for the following detention services:

- (a) Per Diem fee: The amount of \$195.00 per day, per minor for occupied detention beds. KANE COUNTY shall provide an invoice to KENDALL COUNTY by the tenth day of the month reflecting services provided during the previous month. KENDALL COUNTY shall remit payment within 60 days after receipt of such invoice.

- (b) Transport fees: Any out-of-building transport provided by KANE COUNTY for KENDALL COUNTY will be in the amount of \$100 per hour; if the transport occurs on a holiday, the rate will be \$150 per hour. Transport to IDJJ will require a flat rate of \$100.
- (c) Medical fees: KENDALL COUNTY will reimburse KANE COUNTY for all lab fees, X-rays and prescription medications.
- (d) Intake Physical Examination fee: A one-time fee of \$100 will be assessed for each physical for KENDALL COUNTY minors.
- (e) Mental Health fees: All mental health assessments and clinical contacts performed by the JJC’s licensed psychiatric professional will be subject to a fee of \$100 per contact.
- (f) Detention screening fees: In the event that KANE COUNTY provides intake screening services for KENDALL COUNTY, a fee of \$100 will be assessed per KENDALL COUNTY minor.
- (g) Virtual Appearance fees: In the event that KANE COUNTY provides services for virtual court appearances, counseling or therapy appointments, a fee of \$50 will be assessed per professional contact.
- (h) Property Damage fees: In the event that a minor from KENDALL COUNTY damages property owned by KANE COUNTY, KENDALL COUNTY will directly reimburse KANE COUNTY for the cost of replacing damaged property. KANE COUNTY shall provide KENDALL COUNTY with the police report and repair estimate for each incident.

All other terms of the agreement will remain in effect until the expiration of the agreement on December 1, 2023.

IN WITNESS WHEREOF, the undersigned duly authorized officers have subscribed their names on behalf of KENDALL COUNTY and the KANE COUNTY.

KANE COUNY

\_\_\_\_\_  
 Madam Chair, Kane County Board  
 719 S. Batavia Avenue  
 Geneva, Illinois 60134

Date: \_\_\_\_\_

KENDALL COUNTY

\_\_\_\_\_  
 County Board Chairman  
 111 W. Fox Street  
 Yorkville, IL 60560

Date: \_\_\_\_\_

# Chicagoland project is building regional economic collaboration

Drawing on national and international best practices, Chicagoland economic development leaders from private, public, and civic sectors have decided to pursue joint, regional activities for mutual benefit. This builds on nine months of engagement with more than 75 regional stakeholders. The Brookings Institution and Chicago Metropolitan Agency for Planning are facilitating this effort, supported by the Searle Funds at The Chicago Community Trust.

In July 2022, regional leaders endorsed four topical activation plans to support greater economic competitiveness and inclusion. These plans outline the following joint activities:

- **Research/Asset Mapping** — Establish shared capacity for research and analysis on both regional and subregional levels that is both more extensive and cost-effective through central analysts, common data subscriptions, and integrated reports, providing (i) response to routine inquiries for local business development leads and economic performance monitoring; (ii) inventory of regional assets in priority sectors for promotion and coordination; and (iii) proactive assessment of opportunities in established and emerging sectors.
- **RFI Response and Funding Hub** — Establish shared capacity for joint response to RFIs on behalf of the region as a whole to better represent all of its assets and draw interest to Chicagoland for later subregional location decisions, with potential for using that platform to share leads generated and identify collective funding opportunities.
- **Global Engagement** — Creation and execution of a shared international engagement strategy to leverage foreign direct investment and support target sectors, achieving visibility and efficiency through scale, including development of a regional “global identity”.
- **Entrepreneurship and Innovation** — Expand existing city-centered supports to a regional scale, with a dual emphasis on (i) high-growth young firms concentrated in knowledge-intensive industries, and (ii) “Main Street” entrepreneurship, with support to minority and female entrepreneurs.

Partners are also considering governance structures that will accommodate the concerns and principles identified with economic development leaders. The structure should enable joint contracts with key service providers and empower a “Chicagoland Economic Partnership” governance body to provide strategic direction, guide the use of pooled funds, and establish expectations for professional conduct.

## Moving from concept to implementation

The economic development leads from the seven counties of northeastern Illinois and the city of Chicago are working together to convert their initial agreements into contractual terms for services, operations, and governance. Partners are meeting regularly to coordinate efforts and finalize details by early fall 2022. This includes developing scopes for service delivery, determining performance measures, outlining reporting and compliance requirements, identifying funding sources and external support, and drafting operational agreements or contracts for final approval.

To learn more, please contact Marek Gootman at [mgootman@brookings.edu](mailto:mgootman@brookings.edu) (cc: Rachel Barker, [rbarker@citiesgps.com](mailto:rbarker@citiesgps.com)) or Austen Edwards at [aedwards@cmap.illinois.gov](mailto:aedwards@cmap.illinois.gov).

Kendall County  
 FY23 Capital  
 27-Oct-22

	Vehicle, Equipment, Furnishings, Beginning Bal. (10/25/22)\	#1401 Building Funds	#1402 Capital Improvement	#1404 PS Capital	#1770 ARPA	#1771 Loss Revenue	Other	Remarks	Department/Office
1	KENWOOD UHF MOBILE RADIOS QTY. 2	2,401,257	1,628,707	566,244	10,009,943	709,555	6,400	CRITICAL 2-WAY COMMUNICATION This is for the remainder of the historic structure survey. This is the maximum cost for the project, not an additional fund request.	EMA
2	Historic Structure Survey in Kendall and Bristol Township	42,500							PB&Z
3	8-Attorney/Administrative Chairs			3,520				Chair bolts falling off, chairs arms coming apart	Public Defender
4	4-File Cabinets			3,320				Not enough storage room for current files	Public Defender
5	Closed Case File Scanning				250,000			Scanning of Old Files to comply with retention law *ARPA Justified	Circuit Clerk
6	OP Buildout			15,000				OP Station Buildout for Privacy and Social distancing	Circuit Clerk
7	CMS Self Check-in				25,000			Creates Self Check-in	Circuit Clerk
8	8 Heat Panels for HHS Offices		2,700					Rooms on the west side of the Health and Human Services building are poorly insulated causing health and safety concerns during extreme temperatures. 8 heat panels are being requested in FY2022 for room numbers 106, 108, 110, 112, 116, 122, 124, 126 5 heat panels are being requested in FY2023 for room numbers 212, 214, 216, 218	Health Department
9	Updated Office desk chairs			15,000				Office chairs are worn, padding thinned, arms cracked, peeling and held together with tape. Using Conference room chairs which are not meant for extended sitting	Probation
10	Stand up desks			3,000				Stand up desks adapters for some staff with back problems and arthritis to alternate sitting and standing	Probation
11	Network Security Sensor / Endpoint					125,000		This will be a recurring cost for the internal network sensor. This is a complete cost of SOC solution provided by CISA (DHS) for two years. This will replace Sophos endpoint client and add a network sensor that is monitored 24/7 365. This falls into place to resolve findings from the internal security audit (pentest).	Technology
12	Laptop Purchase	27,500		27,500				Purchasing replacement laptops identified in hardware audit. These computers range from SAO to PS, not within our typical spec range for purchasing. These items have drastically increased in cost of \$2,500 a laptop originally \$1,400/\$1,500	Technology
13	Fiber Replacement			59,000				Fiber is nearing EOL with the HHS/PS and HHS/CH legs needing to be replaced. This will take our current infrastructure to from a 1GB to 40GB on campus. This pricing includes 12 strand new runs as mentioned, hardware modules, and configuration.	Technology
14	VMWare Upgrade					80,000		The licensing scheme is almost 10 years old and has exceeded several life cycle extensions. Current versioning 6.7 is extended service until Oct 22 of this year. This is a key component that runs are entire VM experience.	Technology



Kendall County  
 FY23 Capital  
 27-Oct-22

Vehicle, Equipment, Furnishings,	#1401 Building Funds	#1402 Capital Improvement	#1404 PS Capital	#1770 ARPA	#1771 Loss Revenue	Other	Remarks	Department/Office
15 Meraki 7 Year licenses			10,000				Judicial purchased all meraki building switches and a 1 year license to operate the switches (subscription limitation of grant) 7 year license will cover the duration of the life cycle for these switches and allow for reduced contractual services.	Technology
16 Dictation Software			5,500				Replace current dictation software and hardware for Sheriff's Recorder. Software is ran by a windows 7 machine located in the basement that needs to be replaced with new software, new foot pedals, and a new server.	Technology
17 Helpdesk Software - Facilities and IT	30,000						Discussions to combine both helpdesk software's for both facilities and technology. Comparison between on premise vs cloud-host. If cloud hosted instance will allow for scalability to potentially include any instances of shared services in the future.	Technology
18 Corrections Transport Van			51,378				Replace high maint vehicles	Sheriff
19 Patrol Vehicle			53,184				Replace high maint vehicles	Sheriff
20 Patrol Vehicle			53,184				Replace high maint vehicles	Sheriff
21 Patrol Vehicle			53,184				Replace high maint vehicles	Sheriff
22 Fleet Upgrade 1/2 Fleet (10 Squads)			624,700				Fleet Upgrade phase 1 (1/2) fleet	Sheriff
23 Total Station - Software			20,280				Traffic Crash reconstruction tool	Sheriff
24 Chuck holes for cell doors				22,563			Covid/Corr - Deputy/inmate safety 8 chuck holes.	Sheriff
25 Jail Kitchen Ranges						14,000	Replace (2) Jail Kitchen Ranges	Facilities
26 Courthouse Sprinkler Heads			8,000				Replace recalled heads	Facilities
27 Court Proceedings Equipment				300,000			Remote system for all (6) courtrooms	Facilities
28 Jury Assembly A/V Systems				50,000			Replace current A/V systems	Facilities
29 ADA Lift for Courtroom #112 Dan more information			30,000				Replace existing unit	Facilities
30 Probation Space Buildout - dependent on new employees			60,000				See Alice justification	Facilities
31 Probation FF&E - dependent on buildout			13,000				Office equipment & FF&E for space buildout	Facilities
32 CH Roof Replacement - next phase			250,000				Phase 2 of 4	Facilities
33 CH Storage Area Materials - storage behind courthouse FM			6,500				Storage Bobcat brush,blade/bucket @ dumpsters	Facilities
34 Animal Control Fence/Gate						8,500	Replace Existing	Facilities
35 Animal Control Dog Run Enclosure						11,000	New adjacent to existing	Facilities
36 Tractor w/snow removal blower - Fox St	25,000						Replace existing	Facilities
37 Pavement Repairs & Sealcoating	35,000						Maintenance program @ AC, FM/C, COB)	Facilities
38 Board Room Speaker System	4,500						Add speakers above dais	Facilities
39 Historical Courthouse HVAC	275,000						Replace/relocate system in Attic	Facilities
40 Historical Courthouse (HCH) Flat Roofs	100,000						Replace existing 1-ply with 2-ply system	Facilities
41 HCH ROE Repairs	5,000						Repair water damage	Facilities
42 Facilities Maintenance Vehicle			56,000					Administration
43 Broadband- ARPA				40,000			Lit Communities for broadband study	Administration
44 ARPA Scanning Docs				100,000			scanning docs	Administration
45 Detention Pond Remediation	10,000						For pond next to Health Department	Facilities
46 Laserfiche			35,000				Project is carryover from FY22 towards a green initiative to create digital records of all current documents to a repost. Going Forward digital documents will be populated when a workflow is initiated to reduce a cost of printers and supplies	Technology
FY23 Capital	554,500	2,700	1,456,250	793,963	205,000	33,500		
Ending Balance	1,846,757	1,626,007	(890,006)	9,215,980	504,555			



**CHICAGOLAND ECONOMIC PARTNERSHIP – SUGGESTED BUDGET ALLOCATION**

*Brookings DRAFT 7.25.2022*

ESTIMATED TOTAL BUDGET	~\$975,000	
World Business Chicago		
+ estimated reallocation of senior staff time to add regional efforts and project management ( <i>WBC to provide positions and percentages</i> )	~\$100,000	
+ research data and software licenses already being purchased	~\$175,000	
<b>NET UNCOVERED BUDGET</b>	<b>\$700,000</b>	<b>100%</b>
Dedicated additional Regional Staff (4 FTE), and administration	\$493,000	70%
Supplemental data licenses and Collaborative Portal infrastructure	\$70,000	10%
Programs and Events ( <i>e.g. expanded consular / delegation events extended innovation / venture program extension, increased sector and international event participation for joint lead generation,</i> )	\$125,000	18%
External consultants ( <i>e.g. asset map and marketing material design</i> )	\$12,000	2%

Note: Budget does not include expenses for –

- intermediary overhead, if not a direct agreement with WBC (*e.g. CMAP estimate 10%-20% fee*)
- external consultants for specialized purposes, such as “global identity” development and marketing or assistance with FDI strategic plan
- large-scale international trade missions, which typically require supplemental sponsorships
- outside programs for regional expansion (*e.g. 1871 network concept*)
- group decisions to accelerate other efforts, like inclusive supply chain procurement strategy

Securing anticipated non-governmental “membership” or grant contributions can cover some of these other expenses over time. Partners also could provide a cushion by adding a reserve percentage to baseline contributions, releasable upon CEP governance approval (*e.g. 5%, totaling \$35,000*).

For more significant expenditures like external program expansions, partners would agree to a specific supplement.

**PROPOSED ANNUAL COST ALLOCATION for uncovered budget**

Brookings suggests allocating costs by averaging partners’ shares of regional population and employment, net Chicago. After comparing multiple options using both straight formulas and qualitative adjustments, Brookings determined this approach to most equitably reflect likely economic development benefits and demand, without inserting discretion.

<b>PROPOSED ANNUAL COST ALLOCATION for uncovered budget</b>	<b>\$700,000</b>
Cook	\$305,000
DuPage	\$133,000
Lake	\$88,000
Will	\$75,000
Kane	\$57,000
McHenry	\$31,000
Kendall	\$11,000

In particular, because population is not a proxy for traded sector economic activity or job creation, this distribution avoids a clearly undue burden on smaller jurisdictions that export workers to dominant employment centers. The difference from population is nominal for most counties, except a 24% increase on DuPage and 20% reduction for Kendall.

Not including Chicago in the distribution of uncovered costs results in its contribution to the full budget being slightly below what would be the formula share. However, this accounts for WBC in-kind hard costs and staffing estimates, plus assumption of overage risk and slightly lesser benefit from extending its existing efforts to regional scale.

Comparison of shares for distribution by population, employment, and output helps to gauge the equity of a blended approach. (*Output is shown as a benchmark and cannot be calculated at less than countywide levels.*)

PARTNER	Averaged Pop./Emp.	Population ( <i>Census</i> )	Employment ( <i>Emsi</i> )	Output ( <i>BEA</i> )
Cook	<b>43.57%</b>	43.37%	43.60%	** 63.20%
DuPage	<b>19.00%</b>	16.00%	21.90%	14.64%
Lake	<b>12.57%</b>	12.25%	12.79%	9.91%
Will	<b>10.71%</b>	11.94%	9.40%	5.43%
Kane	<b>8.14%</b>	8.86%	7.52%	4.35%
McHenry	<b>4.42%</b>	5.32%	3.65%	1.85%
Kendall	<b>1.57%</b>	2.26%	1.14%	0.62%

## America Rescue Plan Act Application

1. Date:
2. Applicant Name:
3. Type of entity:
  - a. Non-Profit
  - b. Government Entity
  - c. Other
4. Organization Legal Name:
5. Organization Address, City, State, Zip:
6. Primary Point of Contact Email Address
7. Phone Number:
8. Are you registered in SAMS.gov?
  - a. Yes
  - b. No
9. UEI number
10. DUNS number
11. DUNS+4 number
12. TIN number
13. Have you received ARPA (American Rescue Plan Act) Funds?  
If yes, please provide how much
  - a. Yes
  - b. No
14. Operations Start Date
15. Operations End Date
16. Place of Performance Address, City, State, Zip
17. Demographic Distribution:

## America Rescue Plan Act Application

19. Amount Requested:

Year	Amount
2022	\$
2023	\$
2024	\$
2025	\$
2026	\$

20. In sufficient detail please provide how and what the funds would be used for and attach supporting documentation (if applicable):

### **Water and Sewer Projects:**

Public Water System(PWS) ID Number:

National Pollutant Discharge Elimination System (NPDES) Permit Number:

Median Household Income of service area:

Lowest quintile income of the service area:

### **Broadband Projects:**

Does this project meet or exceed symmetrical 100 Mbps download and upload speed?

If not, why?

America Rescue Plan Act  
Application

1. Date:
2. Applicant Name:
3. Type of entity:
  - a. Non-Profit
  - b. Government Entity  City
  - c. Other
4. Organization Legal Name:
5. Organization Address, City, State, Zip:
6. Primary Point of Contact Email Address
7. Phone Number:
8. Are you registered in SAMS.gov?
  - a. Yes
  - b. No
9. UEI number
10. DUNS number
11. DUNS+4 number
12. TIN number
13. Have you received ARPA (American Rescue Plan Act) Funds?  
If yes, please provide how much
  - a. Yes
  - b. No
14. Operations Start Date
15. Operations End Date
16. Place of Performance Address, City, State, Zip
17. Demographic Distribution:

America Rescue Plan Act  
Application

19. Amount Requested:

Year	Amount
2022	\$
2023	\$ 300,000
2024	\$
2025	\$
2026	\$

20. In sufficient detail please provide how and what the funds would be used for and attach supporting documentation (if applicable):

The city is requesting funding to install an HMO chemical that attached to radium, removing it from water making it more safe, and removed at the local level. The city conducted a pilot test in 2020 with Tonka on this method and worked. We would install this at our Clark Street water treatment plant for Well #3. We have a "shovel ready project" with EEI of Sugar Grove.

I show 16 businesses (of which 4 are restaurants), 3 industrial/manufacturers, and 50 residential homes. Additionally if additional funds are available our WWTF is in need of a permanent back up generator so the plant does not go down.

**Water and Sewer Projects:**

Public Water System(PWS) ID Number: 0374850

National Pollutant Discharge Elimination System (NPDES) Permit Number: IL0030970

Median Household Income of service area: 70,563

Lowest quintile income of the service area:

**Broadband Projects:**

Does this project meet or exceed symmetrical 100 Mbps download and upload speed?

If not, why?

- 1- Hanwha (Samsung) TNU-6321 Pan/Tilt/Zoom camera - \$4,800
  - i. This would replace the worn-out camera on the top of the telescoping mast on the back of the bus today. Far superior IP technology camera. This would interface with the new NVR providing recording of what was seen at festivals, scene security, etc.
- 2- Hanwha (Samsung) PNO-A6081A bullet cameras - \$1,800 (Qty 4) To be set up on the outside and inside of the bus, also connected to the NVR, recorded.
- 3- Kramer - VS-44H2A 4x4 4K HDR HDMI HDCP 2.2 Matrix Switcher – HDMI one input to multiple outputs - \$3850

Total: \$10,450.

**EXHIBIT B**  
**APPROVED ABATEMENT**  
**PROGRAMS**

**List of Opioid Remediation Uses**

**Schedule A**  
**Core Strategies**

Priority shall be given to the following core abatement strategies (“*Core Strategies*”).

A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES**

1. Expand training for first responders, schools, community support groups and families; and
2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. **MEDICATION-ASSISTED TREATMENT (“MAT”) DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT**

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.



C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to Treatment (“*SBIRT*”) services to non-Medicaid eligible or uninsured pregnant women;
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder (“*OUD*”) and other Substance Use Disorder (“*SUD*”)/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and
3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. **EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME (“*NAS*”)**

1. Expand comprehensive evidence-based and recovery support for NAS babies;
2. Expand services for better continuum of care with infant-need dyad; and
3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. **EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES**

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. **TREATMENT FOR INCARCERATED POPULATION**

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA’s “Real Cost” campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. **EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE**

## **Schedule B Approved Uses**

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT
---------------------

### **A. TREAT OPIOID USE DISORDER (OUD)**

Support treatment of Opioid Use Disorder (“*OUD*”) and any co-occurring Substance Use Disorder or Mental Health (“*SUD/MH*”) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“*MAT*”) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“*ASAM*”) continuum of care for OUD and any co-occurring SUD/MH conditions.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including *MAT*, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (“*OTPs*”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

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As used in this Schedule, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (“*DATA 2000*”) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.
14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for Medication–Assisted Treatment.

**B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY**

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

**C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED  
(CONNECTIONS TO CARE)**

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

**D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS**

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
  1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“*PAARP*”);
  2. Active outreach strategies such as the Drug Abuse Response Team (“*DART*”) model;
  3. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
  4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“*LEAD*”) model;
  5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
  6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (“CTP”), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

**E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME**

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (“NAS”), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.



5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.
6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.
8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
10. Provide support for Children’s Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION
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**F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS**

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs (“*PDMPs*”), including, but not limited to, improvements that:

1. Increase the number of prescribers using PDMPs;
2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.
6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation’s Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increasing electronic prescribing to prevent diversion or forgery.
8. Educating dispensers on appropriate opioid dispensing.

**G. PREVENT MISUSE OF OPIOIDS**

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (“SAMHSA”).
7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

#### **H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)**

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.

<b>PART THREE: OTHER STRATEGIES</b>
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**I. FIRST RESPONDERS**

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

**J. LEADERSHIP, PLANNING AND COORDINATION**

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment

intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

#### **K. TRAINING**

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

#### **L. RESEARCH**

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

## Opioid Settlement Fund Quarterly Financial Report<sup>1</sup>

Name of County or Municipality: \_\_\_\_\_

Name and Title of Person Completing this Form: \_\_\_\_\_

If Outside Counsel, Accounting Firm or other Organization is Completing this Form List Name of Organization: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Total Opioid Settlement Funds Received as of Q\_\_ Year 20\_\_:<sup>2</sup> \_\_\_\_\_

Total Opioid Settlement Funds Expended as of Q\_\_ Year 20\_\_:<sup>3</sup> \_\_\_\_\_

Itemization of Payments Received in Q\_\_ Year 20\_\_:

Payment Date	Payment Amount	Source of Payment <sup>4</sup>

**TOTAL:** \_\_\_\_\_

<sup>1</sup> Please submit this report on a quarterly basis, within 30 days of the end of each calendar year quarter, starting with the first quarter in which you receive any payment pursuant to a national opioid settlement. Please submit the report even if your unit of local government does not receive any new payments or make any new expenditures within a given quarter, indicating “none,” where appropriate. Should you require additional space, please feel free to attach additional entries in a separate document.

<sup>2</sup> This is meant to capture a running total of all payments received to date from any of the national opioid settlements, inclusive of the quarter for which you are currently reporting.

<sup>3</sup> This is meant to capture a running total of all expenditures to date of monies received from any of the national opioid settlements, inclusive of the quarter for which you are currently reporting.

<sup>4</sup> Please identify the settlement under which each payment was made (e.g., “Distributor Year 1”). The wire transfers themselves may only generically identify the payment as coming from the National Opioid Settlements Fund. However, after a wire transfer is made, you should receive an email confirmation from the Settlement Administrator that will include information on the source of each payment.

**Itemization of Approved Abatement Program Expenditures for Q\_\_ Year 20\_\_:**

Core Strategies and/or Approved Use Section <sup>5</sup>	Core Strategies and/or Approved Use Subsection <sup>6</sup>	Description of Use	Amount Expended

**TOTAL:** \_\_\_\_\_

<sup>5</sup> For the list of approved core strategies and opioid remediation uses please see Exhibit B to the Illinois Opioid Allocation Agreement: <https://nationalopioidsettlement.com/wp-content/uploads/2022/01/Illinois-Opioid-Allocation-Agreement-Fully-Executed.pdf>. Sections are identified with letters in Exhibit B. Please pick the Section that you determine to be most relevant to the use of the funds. You can list more than one Section, if applicable. The identified Section(s) can come from Schedule A, Schedule B, or both.

<sup>6</sup> For the list of approved core strategies and opioid remediation uses please see Exhibit B to the Illinois Opioid Allocation Agreement: <https://nationalopioidsettlement.com/wp-content/uploads/2022/01/Illinois-Opioid-Allocation-Agreement-Fully-Executed.pdf>. Subsections are identified with numbers in Exhibit B. Please pick the Subsection that you determine to be most relevant to the use of the funds. You can list more than one Subsection, if applicable. The identified Subsection(s) can come from Schedule A, Schedule B, or both.



**Itemization of Any Non-Abatement Expenditures for Q\_\_ Year 20\_\_:<sup>7</sup>**

Description of Use	Amount Expended

**TOTAL:** \_\_\_\_\_

*By signing below I warrant that all information provided in this form is true and correct and that I have the necessary authority to sign and submit this form on behalf of the above entity.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please email executed forms to [opioidreporting@ilag.gov](mailto:opioidreporting@ilag.gov)**

<sup>7</sup> Certain settlements require 100% of monies go to approved abatement uses and all settlements require that specified percentages go to approved abatement uses. Use of monies for non-abatement purposes is generally disfavored and must be reported (and such reports are to be made public). If you use any settlement monies for non-abatement purposes, including for reimbursement of past opioid remediation costs and/or attorney’s fees, please disclose that here. Please note that you only need to account for monies directly received by your unit of local government; monies that are held back from your direct payment, due to a common benefit award or backstop agreement, and transferred directly to an attorney need not be accounted for here.