

TAZEWELL COUNTY HEALTH DEPARTMENT
WEST NILE VIRUS GRANT INFORMATION SHEET
**MUST BE RETURNED NO LATER THAN MARCH 1, 2010
TO BE CONSIDERED FOR ANY MONIES
RECIPIENTS WILL BE NOTIFIED AT THE MARCH 4, 2010
WEST NILE CONFERENCE**

ENTITY: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

1. LIST PLANS FOR USE OF MONIES GRANTED

2. PROPOSED SPENDING PLAN

SIGNATURE OF REPRESENTATIVE

DATE

RETURN TO: **Melissa Goetze**
Tazewell County Health Department
21306 IL Route 9
Tremont, IL 61568

309-925-5511 EXT. 286
FAX 309-925-4100

TAZEWELL COUNTY HEALTH DEPARTMENT
21306 Illinois Route 9
Tremont, IL 61568-9252 309-925-5511

WEST NILE VIRUS CONTRACT

THIS AGREEMENT is entered into by and between the _____
(hereinafter referred to as GRANTEE), and the COUNTY OF TAZEWELL, a body
politic and corporate, (hereinafter referred to as the COUNTY).

COUNTY OBLIGATIONS

The COUNTY agrees to provide grants in the amount from \$100 to \$1500 determined by the submitted proposed spending plan from the GRANTEES. The COUNTY has a maximum \$1500 and monies will be shared amongst GRANTEES. Payment shall be made in full and shall be authorized upon execution of this Agreement. The grant shall commence on the date of this Agreement and end on **12-31-10**. All funds that have not been expended or legally obligated by the expiration or termination of this Agreement will have to be returned to the COUNTY within 45 days following the expiration or termination of the Agreement.

GRANTEE OBLIGATIONS

The GRANTEE agrees that all grant monies will be used in support of and in connection with the COUNTY approved West Nile Virus program. The COUNTY will monitor the West Nile Virus program. Failure of GRANTEE to comply with this Plan will require forfeiture of all unused grant funds. **GRANTEE must have prior approval from the COUNTY prior to any spending or program changes from the proposed spending plan.**

GRANTEE will use and submit to the COUNTY the standing water report forms provided by the COUNTY. This report states where standing water was discovered and what was done to correct the issue.

GRANTEE agrees to prepare and submit an end of the year report detailing program expenditures by **12-31-10** to the COUNTY.

The GRANTEE agrees to comply with all laws and shall properly credit Tazewell County Health Department on any written materials.

TAZEWELL COUNTY

GRANTEE

By: _____

By: _____

Dated: _____

Dated: _____