# Illinois Environmental Protection Agency Intergovernmental Delegation Agreement Amendment

IN WITNESS WHEREOF, the undersigned Contractor and the Illinois Environmental Protection Agency (the Parties) agree that the following shall amend the Intergovernmental Agreement (Agreement) referenced herein. All terms and conditions set forth in the original Agreement, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Amendment shall prevail. The Parties cause this Amendment to be executed on the dates shown below by representatives authorized to bind their respective Party.

#### Contractor

Contractor Name: Lake County Health Department	Address: 18 North County Street, 10th Floor, Waukegan, IL 60085
Signature:	Email: smhart@lakecountyil.gov
Printed Name: Sandy Hart	Phone: 847-377-2300
Title: Lake County Chair	
Date:	

#### **STATE OF ILLINOIS**

Agency: Illinois Environmental Protection Agency	Phone: (217)782-1249
Street Address: 1021 N Grand Ave E	
City, State ZIP: Springfield IL 62702	
Official Signature:	Date:
Printed Name: John J. Kim by Monique Wantland	
Official's Title: Director by Agency Procurement Officer	

AGREEMENT NUMBER: R24A22

1.	County	<b>EMENT DESCRIPTION:</b> Intergovernmental Delegation Agreement between the Agency and the Lake y Health Department regarding inspection and enforcement of non-hazardous solid waste disposal sites ive date July 1, 2021), also referred to as Agreement Number R24A22.
2.	AUTH	<b>ORITY:</b> This Amendment is authorized pursuant to Section XIII.A of the Agreement.
3.	DESCR	RIPTION OF AMENDMENT (Check all that apply, complete blanks, and explain as necessary):
	3.1.	The completion date will be $\square$ extended, $\square$ shortened or $\boxtimes$ remain the same.
	3.2.	The method of determining compensation (e.g., hourly rate, fixed fee, etc.) will $\boxtimes$ stay the same or $\square$ change as follows: Attached are the Amended Budget Summaries.
	3.3.	The cost will be $\boxtimes$ increased, $\square$ decreased or $\square$ remain the same.
		3.3.1. Original cost: \$617,059.80
		3.3.2. Amount of change: \$29,250
		3.3.3. Revised cost: \$646,309.80
	3.4.	The supplies or services to be provided will $\boxtimes$ stay the same or $\square$ be changed as follows.
1.	EFFEC	TIVE DATE OF AMENDMENT: Date of execution.



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## **Delegation Agreement Annual Budget Summary**

			Genera	al Information		
Applicant:	Lake County th	ru Lake County Hea	alth Departmen	t	State Fiscal Year:	22
Address: 500 W. Winchester Rd., Suite 102				Intergovernmental		
City:	Libertyville		State: IL	Zip: 60046	Delegation Agreement:	
,		·	Application Date:	Mar 17, 2022		
Contact:	Michael Adam					
Phone:	(847) 377-8022	<u>!</u>				
			Budge	t Information		
Local Gove	ernment Funding	g Mechanism				
Fees collec	cted from two M	SW landfills operati	ng in Lake Cou	ınty		
Requested	d State Award:	\$129,261.96				
Local F	unding Level:	\$59,402.38				

#### **Budget Summary**

Budgeted Items	State Award	Local Funding	Total
Direct Personnel Costs	\$84,182.23	\$38,685.97	\$122,868.20
Fringe Benefits	\$45,079.73	\$20,716.41	\$65,796.14
In-Kind Contributions			
Other Direct Costs			
Indirect Costs			
Total	\$129,261.96	\$59,402.38	\$188,664.34

Once Budget Summary is completed, you can either email to <a href="mailto:James.M.Jennings@illinois.gov">James.M.Jennings@illinois.gov</a>, or print and mail to:

## **Financial Cost**

## A. Direct Personnel

Position Title/Name	Estimated Hours	Percent Time on Program	Hourly Rate	Totals
Greg Giroux	1,950	100%	\$40.10	\$78,195.00
Matthew Sullivan	780	100%	\$22.74	\$17,737.20
Michael Adam	520	100%	\$51.80	\$26,936.00
	•		Total:	\$122,868.20

### **B. Fringe Benefits**

B. I finge Benefits				
- 4-1 - 6		Rate		
Type of Fringe Benefit		(Percentage)	Personnel Cost	Totals
FICA, Retirement, HLD		52.67%	\$78,195.00	\$41,185.31
FICA, Retirement, HLD		74.91%	\$17,737.20	\$13,286.94
FICA, Retirement, HLD		42.04%	\$26,936.00	\$11,323.89
			Subtotal:	\$65,796.14
		Percent Time	Number of	
Type of Fringe Benefit	Monthly Cost	on Grant	Months	Totals
			Subtotal:	
			Total:	\$65,796.14

#### C. In-Kind Contributions

Position Title or Name	Estimated Hours	Percent Time on Program	Hourly Rate	Totals

#### **D. Other Direct Costs**

#### 1. Travel

Description	Cost per Unit or Mile	Quantity	Totals

			AGREEN	MENT NUMBER: R24A22
Equipment - Amortized				
Type of Equipment	Cost per Unit	Quantity	Percent Time on Program	Totals
			Subtotal:	
Equipment - Expensed		1		
Type of Equipment		Cost per Unit	Quantity	Totals
			Subtotal:	
			Total:	
3. Supplies			Ni	
Description		Cost per Month	Number of Months	Totals
			Total:	
4. Postage			'	
Description		Cost per Unit	Quantity	Totals
			Total:	
5. Advertising			rotal.	
Description		Cost per Unit	Quantity	Totals
			Total:	
6. Computer Charges			rotal.	
Description		Cost per Unit	Quantity	Totals
			<b></b>	
7. Talaaammuudaatiana			Total:	
7. Telecommunications				
Description		Cost per Month	Quantity	Totals
			Total:	
8. Office Space and Utilities Costs			'	
Description	Cost per Year	Percent Time on Program	Number of Years	Totals

## 9. Vehicle Charges

		Percent Time	Number of	
Description	Cost per Month	on Program	Months	Totals
			Subtotal:	
/ehicle Charges - Expensed				
		Percent Time	Number of	
Description	Cost per Unit	on Program	Units	Totals
			Subtotal:	
			Oubtotai.	
			Total:	
I0. Printing				
10. Printing  Description		Cost per Unit		Totals
		Cost per Unit	Total:	Totals
		Cost per Unit	Total:	Totals
	ation	Cost per Unit	Total:	Totals
Description	ation	Cost per Unit	Total:	Totals
Description  11. Conference and/or Training Registr	ation		Total:  Quantity  Total:	

#### 12. Miscellaneous Direct Costs

Description	Cost per Unit	Quantity	Totals
		Total:	
	Other Direct	Costs Total:	

#### **E. Indirect Costs**

Miscellaneous Shared Expenses		Rate (Percentage)	Total Direct Costs	Totals



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## **Delegation Agreement Annual Budget Summary**

			Genera	al Information		
Applicant:	licant: Lake County thru Lake County Health Department			State Fiscal Year:	23	
Address:	500 W. Winches	ster Rd., Suite 102			Intergovernmental	
City:	Libertyville		State: IL	Zip: 60046	Delegation Agreement:	
•				•	Application Date:	Mar 17, 2022
Contact:	Michael Adam				_	
Phone:	(847) 377-8022					
			Budge	et Information		
Local Gove	ernment Funding	Mechanism				
Fees collec	cted from two MS	SW landfills operati	ng in Lake Cou	unty		
Requested	d State Award: _	\$129,261.96				
Local F	unding Level: _	\$59,402.38				

#### **Budget Summary**

Budgeted Items	State Award	Local Funding	Total
Direct Personnel Costs	\$84,182.23	\$38,685.97	\$122,868.20
Fringe Benefits	\$45,079.73	\$20,716.41	\$65,796.14
In-Kind Contributions			
Other Direct Costs			
Indirect Costs			
Total	\$129,261.96	\$59,402.38	\$188,664.34

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	\$122,868.20			

**B. Fringe Benefits** 

b. Fringe benefits				
		Rate		
Type of Fringe Benefit		(Percentage)	Personnel Cost	Totals
FICA, Retirement, HLD		52.67%	\$78,195.00	\$41,185.31
FICA, Retirement, HLD		74.91%	\$17,737.20	\$13,286.94
FICA, Retirement, HLD		42.04%	\$26,936.00	\$11,323.89
			Subtotal:	\$65,796.14
Type of Fringe Benefit	Monthly Cost	Percent Time on Grant	Number of Months	Totals
			Subtotal:	
			Total:	\$65,796.14

#### C. In-Kind Contributions

	Position Title or Name	Estimated Hours	Percent Time on Program	Hourly Rate	Totals
Total:					

#### **D. Other Direct Costs**

#### 1. Travel

Description	Cost per Unit or Mile	Quantity	Totals

			AGREEMEN	I NUMBER: R24A22
Equipment - Amortized				
Type of Equipment	Cost per Unit	Quantity	Percent Time on Program	Totals
			Subtotal:	
Equipment - Expensed		1	-	
Type of Equipment		Cost per Unit	Quantity	Totals
			Subtotal:	
3. Supplies			1 3 1 3 1	
Description		Cost per Month	Number of Months	Totals
			Total:	
I. Postage				
Description		Cost per Unit	Quantity	Totals
			Total:	
5. Advertising				
Description		Cost per Unit	Quantity	Totals
			Total:	
6. Computer Charges				
Description		Cost per Unit	Quantity	Totals
			Total:	
7. Telecommunications				
Description		Cost per Month	Quantity	Totals
			<del>-</del>	
0.00			Total:	
8. Office Space and Utilities Costs		D (=)	N .	
Description	Cost per Year	Percent Time on Program	Number of Years	Totals

## 9. Vehicle Charges

## Vehicle Charges - Amortized

Description	Cost per Month	Percent Time on Program	Number of Months	Totals
Vehicle Charges - Expensed			Subtotal:	

#### Vehicle Charges - Expensed

Description	Cost per Unit	Percent Time on Program	Number of Units	Totals

#### 10. Printing

Description		Cost per Unit	Quantity	Totals

## 11. Conference and/or Training Registration

Description		Cost per Unit	Quantity	Totals

#### 12. Miscellaneous Direct Costs

Description	Cost per Unit	Quantity	Totals

#### **E. Indirect Costs**

Miscellaneous Shared Expenses		Rate (Percentage)	Total Direct Costs	Totals



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			Genera	al Information		
Applicant:	pplicant: Lake County thru Lake County Health Department			State Fiscal Year:	24	
Address:	Address: 500 W. Winchester Rd., Suite 102			Intergovernmental		
City:	Libertyville		State: IL	Zip: 60046	Delegation Agreement:	
•	· — · — —		Application Date:	Mar 17, 2022		
Contact:	Michael Adam					
Phone:	(847) 377-8022	<u>'</u>				
			Budge	t Information		
Local Gove	ernment Funding	g Mechanism				
Fees collec	cted from two M	SW landfills operati	ng in Lake Cou	ınty		
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	•	•	Total:	\$122,868.20

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			Subtotal:	\$65,796.14
Type of Fringe Benefit	Monthly Cost	Percent Time on Grant	Number of Months	Totals
			Subtotal:	
			Total:	\$65,796.14

#### C. In-Kind Contributions

	Position Title or Name	Estimated Hours	Percent Time on Program	Hourly Rate	Totals
Total:					

#### **D. Other Direct Costs**

#### 1. Travel

11 11 11 11 11 11 11 11 11 11 11 11 11			
Description	Cost per Unit or Mile	Quantity	Totals

			AGREEM	ENT NUMBER: R24A22
quipment - Amortized		1		
Type of Equipment	Cost per Unit	Quantity	Percent Time on Program	Totals
			Subtotal:	
quipment - Expensed		1		
Type of Equipment		Cost per Unit	Quantity	Totals
			Subtotal:	
Cumpling			Total:	
. Supplies  Description		Cost per Month	Number of Months	Totals
Becompain		Осек рег инеглат		Totalo
			Total:	
. Postage				
Description		Cost per Unit	Quantity	Totals
			Total:	
. Advertising		1		
Description		Cost per Unit	Quantity	Totals
			Total:	
. Computer Charges			_	
Description		Cost per Unit	Quantity	Totals
			Total:	
. Telecommunications				
Description		Cost per Month	Quantity	Totals
			Total:	
3. Office Space and Utilities Costs			L	
Description	Cost per Year	Percent Time on Program	Number of Years	Totals

9. Vehicle Charges AGREEMENT NUMBER: R24A22

#### **Vehicle Charges - Amortized**

	Description	Cost per Month	Percent Time on Program	Number of Months	Totals
Subtotal					

#### Vehicle Charges - Expensed

Description	Cost per Unit	Percent Time on Program	Number of Units	Totals
L				

#### 10. Printing

Description		Cost per Unit	Quantity	Totals

#### 11. Conference and/or Training Registration

Description	Cost per Unit	Quantity	Totals
		Total:	

#### 12. Miscellaneous Direct Costs

Description	Cost per Unit	Quantity	Totals

#### **E. Indirect Costs**

Miscellaneous Shared Expenses		Rate (Percentage)	Total Direct Costs	Totals



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City:	Libertyville		State: IL	Zip: 60046	Delegation Agreement:	
,				'	Application Date:	Mar 17, 2022
Contact:	Michael Adam				-	
Phone:	(847) 377-8022					
			Budge	t Information		
Local Gove	ernment Funding	Mechanism				
Fees collec	cted from two MS	W landfills operatiı	ng in Lake Cou	unty		
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Local F	unding Level:	\$59,402.38				

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		Rate		
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		Percent Time	Number of	
Type of Fringe Benefit	Monthly Cost	on Grant	Months	Totals
			Subtotal:	
			Total:	\$65,796.14

#### C. In-Kind Contributions

Position Title or Name	Estimated Hours	Percent Time on Program	Hourly Rate	Totals

#### **D. Other Direct Costs**

#### 1. Travel

Description	Cost per Unit or Mile	Quantity	Totals

Equipment - Amortized			AGREEMENT	NUMBER: R24A22
Type of Equipment	Cost per Unit	Quantity	Percent Time on Program	Totals
			Subtotal:	
Equipment - Expensed				
Type of Equipment		Cost per Unit	Quantity	Totals
			Subtotal: Total:	
. Supplies			l	
Description		Cost per Month	Number of Months	Totals
			Total:	
. Postage			·	
Description		Cost per Unit	Quantity	Totals
			Total:	
. Advertising			l	
Description		Cost per Unit	Quantity	Totals
			Total:	
. Computer Charges				
Description		Cost per Unit	Quantity	Totals
			Total:	
. Telecommunications				
Description		Cost per Month	Quantity	Totals
			Total:	
S. Office Space and Utilities Costs			ļ	
Description	Cost per Year	Percent Time on Program	Number of Years	Totals

#### 9. Vehicle Charges

9. Vehicle Charges	AGNEEMENT NOMBER. NETAZZ			
Vehicle Charges - Amortized				
Description	Cost per Month	Percent Time on Program	Number of Months	Totals
			Subtotal:	
Vehicle Charges - Expensed				
Description	Cost per Unit	Percent Time on Program	Number of Units	Totals
			Subtotal:	
			Total:	
10. Printing				
Description		Cost per Unit	Quantity	Totals
11. Conference and/or Training Registration	on		Total:	
Description		Cost per Unit	Quantity	Totals
			Total:	
12. Miscellaneous Direct Costs				
Description		Cost per Unit	Quantity	Totals
			<b>.</b>	
		Other Direct	Total:	
<b>-</b>		Otner Direct	Costs Total:	
E. Indirect Costs		Doto	Total Direct	
		Rate	i otal Direct	

Miscellaneous Shared Expenses		Rate (Percentage)	Total Direct Costs	Totals

Total:



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Phone:	(847) 377-8022					
			Budge	et Information		
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#### C. In-Kind Contributions

Position Title or Name	Estimated Hours	Percent Time on Program	Hourly Rate	Totals
Total:				

#### **D. Other Direct Costs**

#### 1. Travel

11 11 11 11 11 11 11 11 11 11 11 11 11			
Description	Cost per Unit or Mile	Quantity	Totals

Equipment - Amortized			AGREEMEI	NT NUMBER: R24A22
Type of Equipment	Cost per Unit	Quantity	Percent Time on Program	Totals
			Subtotal:	
quipment - Expensed		1		
Type of Equipment		Cost per Unit	Quantity	Totals
			Subtotal:	
. Supplies				
Description		Cost per Month	Number of Months	Totals
			Total:	
. Postage			[	
Description		Cost per Unit	Quantity	Totals
			Total:	
5. Advertising			[	
Description		Cost per Unit	Quantity	Totals
			Total:	
. Computer Charges			L	
Description		Cost per Unit	Quantity	Totals
			Total:	
. Telecommunications			L	
Description		Cost per Month	Quantity	Totals
			Total:	
8. Office Space and Utilities Costs			i Otai.	
Description	Cost per Year	Percent Time on Program	Number of Years	Totals
-				

## 9. Vehicle Charges

#### **Vehicle Charges - Amortized**

Description	Cost per Month	Percent Time on Program	Number of Months	Totals
			Subtotal:	

#### Vehicle Charges - Expensed

Description	Cost per Unit	Percent Time on Program	Number of Units	Totals
L				

#### 10. Printing

Description		Cost per Unit	Quantity	Totals

## 11. Conference and/or Training Registration

Description		Cost per Unit	Quantity	Totals

#### 12. Miscellaneous Direct Costs

Description	Cost per Unit	Quantity	Totals

#### **E. Indirect Costs**

Miscellaneous Shared Expenses		Rate (Percentage)	Total Direct Costs	Totals
Total:				