

## 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	

1. **AGREEMENT DESCRIPTION:** Intergovernmental Delegation Agreement between the Agency and the Lake County Health Department regarding inspection and enforcement of non-hazardous solid waste disposal sites (effective date July 1, 2021), also referred to as Agreement Number R24A22.
2. **AUTHORITY:** This Amendment is authorized pursuant to Section XIII.A of the Agreement.
3. **DESCRIPTION OF AMENDMENT** (Check all that apply, complete blanks, and explain as necessary):
  - 3.1. The completion date will be ☐ extended, ☐ shortened or ☒ remain the same.
  - 3.2. The method of determining compensation (e.g., hourly rate, fixed fee, etc.) will ☒ stay the same or ☐ change as follows: Attached are the Amended Budget Summaries.
  - 3.3. The cost will be ☒ increased, ☐ decreased or ☐ 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 ☒ stay the same or ☐ be changed as follows.
4. **EFFECTIVE DATE OF AMENDMENT:** Date of execution.



# Illinois Environmental Protection Agency

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

## Delegation Agreement Annual Budget Summary

### General Information

Applicant: Lake County thru Lake County Health Department 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

### Budget Information

Local Government Funding Mechanism

Fees collected from two MSW landfills operating in Lake County

Requested State Award: \$129,261.96

Local Funding 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 [James.M.Jennings@illinois.gov](mailto:James.M.Jennings@illinois.gov), or print and mail to:

Illinois Environmental Protection Agency  
 Attn: James Jennings, #24  
 1021 North Grand Avenue East  
 P.O. Box 19276  
 Springfield, Illinois 62794-9276

## 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

Type of Fringe Benefit		Rate (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
Total:				

#### 2. Equipment

### Equipment - Amortized

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:				

### 3. Supplies

Description		Cost per Month	Number of Months	Totals
Total:				

### 4. 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
Total:				

### 8. Office Space and Utilities Costs

Description	Cost per Year	Percent Time on Program	Number of Years	Totals
Total:				

## 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
Subtotal:				
Total:				

## 10. Printing

Description		Cost per Unit	Quantity	Totals
Total:				

## 11. Conference and/or Training Registration

Description		Cost per Unit	Quantity	Totals
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
Total:				

**Grand Total:** **\$188,664.34**



# Illinois Environmental Protection Agency

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

## Delegation Agreement Annual Budget Summary

### General Information

Applicant: Lake County thru Lake County Health Department State Fiscal Year: 23  
Address: 500 W. Winchester Rd., Suite 102 Intergovernmental  
City: Libertyville State: IL Zip: 60046 Delegation Agreement: \_\_\_\_\_  
Contact: Michael Adam Application Date: Mar 17, 2022  
Phone: (847) 377-8022

### Budget Information

Local Government Funding Mechanism

Fees collected from two MSW landfills operating in Lake County

Requested State Award: \$129,261.96Local Funding 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 [James.M.Jennings@illinois.gov](mailto:James.M.Jennings@illinois.gov), or print and mail to:

Illinois Environmental Protection Agency  
Attn: James Jennings, #24  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, Illinois 62794-9276

## 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

Type of Fringe Benefit		Rate (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
Total:				

#### 2. Equipment



### Equipment - Amortized

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:				

### 3. Supplies

Description		Cost per Month	Number of Months	Totals
Total:				

### 4. 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
Total:				

### 8. Office Space and Utilities Costs

Description	Cost per Year	Percent Time on Program	Number of Years	Totals
Total:				

## 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
Subtotal:				
Total:				

## 10. Printing

Description		Cost per Unit	Quantity	Totals
Total:				

## 11. Conference and/or Training Registration

Description		Cost per Unit	Quantity	Totals
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
Total:				

**Grand Total:** **\$188,664.34**



# Illinois Environmental Protection Agency

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

## Delegation Agreement Annual Budget Summary

### General Information

Applicant: Lake County thru Lake County Health Department State Fiscal Year: 24  
Address: 500 W. Winchester Rd., Suite 102 Intergovernmental  
City: Libertyville State: IL Zip: 60046 Delegation Agreement: \_\_\_\_\_  
Contact: Michael Adam Application Date: Mar 17, 2022  
Phone: (847) 377-8022

### Budget Information

Local Government Funding Mechanism

Fees collected from two MSW landfills operating in Lake County

Requested State Award: \$129,261.96

Local Funding 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 [James.M.Jennings@illinois.gov](mailto:James.M.Jennings@illinois.gov), or print and mail to:

Illinois Environmental Protection Agency  
Attn: James Jennings, #24  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, Illinois 62794-9276

**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**

Type of Fringe Benefit		Rate (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
Total:				

**2. Equipment**

### Equipment - Amortized

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:				

### 3. Supplies

Description		Cost per Month	Number of Months	Totals
Total:				

### 4. 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
Total:				

### 8. Office Space and Utilities Costs

Description	Cost per Year	Percent Time on Program	Number of Years	Totals
Total:				

## 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
Subtotal:				
Total:				

## 10. Printing

Description		Cost per Unit	Quantity	Totals
Total:				

## 11. Conference and/or Training Registration

Description		Cost per Unit	Quantity	Totals
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
Total:				

**Grand Total:** **\$188,664.34**



# Illinois Environmental Protection Agency

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

## Delegation Agreement Annual Budget Summary

### General Information

Applicant: Lake County thru Lake County Health Department State Fiscal Year: 25  
 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

### Budget Information

Local Government Funding Mechanism

Fees collected from two MSW landfills operating in Lake County

Requested State Award: \$129,261.96

Local Funding 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 [James.M.Jennings@illinois.gov](mailto:James.M.Jennings@illinois.gov), or print and mail to:

Illinois Environmental Protection Agency  
 Attn: James Jennings, #24  
 1021 North Grand Avenue East  
 P.O. Box 19276  
 Springfield, Illinois 62794-9276

**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**

Type of Fringe Benefit		Rate (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
Total:				

**2. Equipment**



### Equipment - Amortized

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:				

### 3. Supplies

Description		Cost per Month	Number of Months	Totals
Total:				

### 4. 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
Total:				

### 8. Office Space and Utilities Costs

Description	Cost per Year	Percent Time on Program	Number of Years	Totals
Total:				

## 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
Subtotal:				
Total:				

## 10. Printing

Description		Cost per Unit	Quantity	Totals
Total:				

## 11. Conference and/or Training Registration

Description		Cost per Unit	Quantity	Totals
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
Total:				

**Grand Total:** **\$188,664.34**



# Illinois Environmental Protection Agency

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

## Delegation Agreement Annual Budget Summary

### General Information

Applicant: Lake County thru Lake County Health Department State Fiscal Year: 26  
 Address: 500 W. Winchester Rd., Suite 102 Intergovernmental  
 City: Libertyville State: IL Zip: 60046 Delegation Agreement: \_\_\_\_\_  
 Contact: Michael Adam Application Date: Mar 17, 2022  
 Phone: (847) 377-8022

### Budget Information

Local Government Funding Mechanism

Fees collected from two MSW landfills operating in Lake County

Requested State Award: \$129,261.96

Local Funding 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 [James.M.Jennings@illinois.gov](mailto:James.M.Jennings@illinois.gov), or print and mail to:

Illinois Environmental Protection Agency  
 Attn: James Jennings, #24  
 1021 North Grand Avenue East  
 P.O. Box 19276  
 Springfield, Illinois 62794-9276

**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**

Type of Fringe Benefit		Rate (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
Total:				

**2. Equipment**

### Equipment - Amortized

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:				

### 3. Supplies

Description		Cost per Month	Number of Months	Totals
Total:				

### 4. 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
Total:				

### 8. Office Space and Utilities Costs

Description	Cost per Year	Percent Time on Program	Number of Years	Totals
Total:				

## 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
Subtotal:				
Total:				

## 10. Printing

Description		Cost per Unit	Quantity	Totals
Total:				

## 11. Conference and/or Training Registration

Description		Cost per Unit	Quantity	Totals
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
Total:				

**Grand Total:** **\$188,664.34**