

West Nile Virus Program Activity and Reconciliation Form - 2009

DEADLINE FOR SUBMISSION to Saskatchewan Ministry of Health: November 30th 2009

Please Print in black pen or type.

1. Regional Health Authority ² _____

2. Municipality(ies)

		Name of Municipality:	Check One				Covered Population ¹
			City	Town	Village	RM	
1	Lead Municipality						
2	Participating community						
3	Participating community						
4	Participating community						
5	Participating community						
3.	Total covered population¹						

4. 2008 WNV Program Expenditure (Total): _____

5. 2009 Program Anticipated Expenditures :

Attach additional sheet(s) outlining description of proposed program if required.

Eligible Activity *	Budget	Actual
1. Local Planning		
2. Staff training and workshops		
3. Obtaining licenses and permits		
4. Equipment purchase and supplies		
5. Mosquito larval site identification and mapping		
6. Source reduction of larval habitat sites		
7. Operation of adult mosquito traps		
8. Application of pesticides or other control agents (larval control)		
9. Pesticides or control agents for larval control		
10. Monitoring and evaluation of program		
11. Public education		
12. Collaboration with other agencies (i.e. RHA, other municipalities)		
Total Proposed 2009 WNV Program Budget & Actual Expenditures		

¹ 2008 Sask Covered Population data—See Ministry of Health website at:
<http://www.health.gov.sk.ca/covered-population-2008>

² This site also indicates the Regional Health Authority in which the municipality is located.

FOR SASKATCHEWAN HEALTH USE ONLY	
Ideal Budget \$ _____	Maximum Eligible Grant \$ _____
Amount to Pay \$ _____	75% \$ _____ 25% _____
Data _____	Record # _____

