

WNV Control Program 2009
District A.D.D. Board Program Outline and Budget Proposal Form

Deadline for submission to Regional Health Authority: **June 30, 2009**

Please Print in black pen or type.

1. Health Region(s)² _____

2. Municipality(s)

	Check One				Municipality	Health Region	Covered Population ¹
	City	Town	Village	RM			
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If more space is required continue on page two.

Covered Population Total A:

Covered Population Total B (from page 2):

Covered population Grand Total (A+B):

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

	Check One					Municipality	Health Region	Covered Population ¹
	City	Town	Village	RM				
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60								
Covered population Total B:								

3. 2008 West Nile Virus Program Expenditure (Total): _____

4. 2009 Program Anticipated Expenditures:

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

Eligible Activity *	Budget
1. Local Planning	
2. Staff training and workshops	
3. Obtaining licenses and permits	
4. Equipment purchase and supplies	
5. Mosquito larval habitat site identification and mapping	
6. Source reduction of larval development 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 West Nile Virus Program Budget	

* A complete description of eligible activities and costs is attached to this form

5. Contact Information

District ADD Board: _____

Contact Person: Name (Print): _____

Signature: _____

Date signed: _____

Tel _____ FAX _____ e-mail _____

Address for correspondence and payment:

¹ 2008 Saskatchewan Covered Population data – See Saskatchewan 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.

6. Program approval (Office use only)

RHA - Public Health Department Comments: _____ _____ _____ _____
Medical Health Officer Approval: _____
Date Approved: _____

Saskatchewan Ministry of Health Approval: _____

Date Approved: _____

Saskatchewan Ministry of Health Contribution 2009: \$ _____

**PLEASE SEND COMPLETED APPLICATION TO YOUR LOCAL
REGIONAL HEALTH AUTHORITY² (LIST ATTACHED)**