

WNV Control Program 2009– Program Outline and Budget Proposal Form

Deadline for Submissions to Regional Health Authority: June 30, 2009

Please Print in black pen or type.

1. **Regional Health Authority** _____

2. **Municipality(s)** ² _____

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

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 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	

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

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

7. 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: \$ _____

<p>PLEASE SEND COMPLETED APPLICATION TO YOUR LOCAL REGIONAL HEALTH AUTHORITY</p>
