

**MANITOBA HEALTH, SENIORS AND LONG-TERM  
CARE**

**WEST NILE VIRUS PROGRAM**

***WNV Cost-Shared Larviciding Program***

***Quick Reference Guide***

The province's targeted West Nile virus (WNV) cost-shared larviciding program is reviewed on an annual basis. Efforts are taken to improve service delivery, foster greater awareness and encourage greater adoption of precautionary behaviour while ensuring that expenditures are fiscally responsible.

Key program requirements for the provincial WNV program are outlined in brief below and full details can continue to be found within the individual Planning Documents for Municipalities ([www.gov.mb.ca/health/wnv/planning.html](http://www.gov.mb.ca/health/wnv/planning.html)). Please contact the Program Coordinator should you have any questions about implementing this program in your community.

For communities utilizing a third-party contractor, please ensure that any relevant program requirements or changes are shared with your service provider in a timely manner.

**Note:** It is the responsibility of each community participating in the WNV targeted cost-shared larviciding program to ensure that all required documentation is provided to Manitoba Health, Seniors and Long-Term Care to ensure prompt and full reimbursement of all eligible expenses incurred during the program period. Where third-party contractors are employed it is expected that they be made aware, prior to the program start, of both the approved funding levels and the requirements outlined within the *Municipal Planning Documents*, in particular the – *Larviciding Package*.

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### **Important Dates for Each Season:**

- **June**
  - WNV Cost-share larviciding participants will be advised during the month of June when to commence their WNV cost-share larviciding program.
- **August 15**
  - ***Tentative final date*** of the cost-shared larviciding program. A final decision will be communicated by the Program Coordinator during the season.
- **First Friday in October**
  - Deadline for submission of all cost-shared larviciding program reconciliation claims and supporting documentation, **including larval sampling and treatment logs**, to Manitoba Health, Seniors and Long-Term Care (MHS LTC) for review and approval (information on eligible and non-eligible expenses can be found in **Appendix A** at the end of this document and in Appendix D of the *Municipal Planning Document – Larviciding Package*).

### **Key Program Highlights:**

#### ***Cost-shared funding program:***

- MHS LTC will continue to use Service Purchase Agreements (SPA) with all participants to provide the cost-share larviciding services in your respective Town, City or Rural Municipality. A pre-approval funding letter will not be sent in addition to the SPA.

**Health, Seniors and Long-Term Care**

- As per the revised evidence-based funding model, only communities within a high or moderate risk zone with a sufficiently large treatment area will be eligible to receive funding as part of the WNV targeted cost-shared larviciding program.
- Requests for additional funding for eligible communities may only be made in-season as variables such as *Culex tarsalis* numbers & infection rates and weather data are factored in any decision. An application package for additional funding can be found in **Appendix C**.

***Eligible Expenses:***

- For a detailed list of eligible & non-eligible program expenses see **Appendix A**.
- An end of season reconciliation form can be found in **Appendix B**.

***Public Education & Stakeholder Training:***

- An Integrated Pest Management guide for mosquito control personnel has been developed for use by cost-share participants and can be accessed on the MHS LTC website ([www.gov.mb.ca/health/wnv/planning.html](http://www.gov.mb.ca/health/wnv/planning.html)).
- Educational materials including brochures, fact sheets and posters are available at <https://www.gov.mb.ca/health/wnv/factsheets.html>. Printed copies are also available at no cost by completing the order form available at <http://www.gov.mb.ca/health/jmc/index.html> or by contacting Materials Distribution Agency at 204-945-0570.

**Program Notes:**

- With the shift from Malathion to DeltaGard 20EW for adult mosquito control, in the event of a Health Order, communities may wish to make appropriate alterations to their Pesticide Use Permit. For more information, or assistance, please contact Donna Garcia (Pesticide and Agriculture Program Specialist) with Manitoba Environment and Climate Change at 204-945-7065 or [Donna.Garcia@gov.mb.ca](mailto:Donna.Garcia@gov.mb.ca).

**Key Manitoba Health, Seniors and Long-Term Care Contact Information:**

**NOTE:** Communication via email is recommended.

Trevor Carnelley

**Program Coordinator**

Email: [Trevor.Carnelley@gov.mb.ca](mailto:Trevor.Carnelley@gov.mb.ca)

Phone: 204-788-6742

Angela Peck

**Administrative Assistant**

Email: [Angela.Peck@gov.mb.ca](mailto:Angela.Peck@gov.mb.ca)

Phone: 204-788-6737

## APPENDIX A: Eligible & Non-Eligible Expenses

### *Eligible Costs:*

- Employee salaries and benefits for time spent larviciding, including larval sampling prior to and after application, between the WNV larviciding start and end dates (as defined by MHSLTC);
- Costs associated with staff training, directly related to the cost-shared program, incurred prior to the program period. Please note that these costs must be included as part of your approved budget and that no additional funds will be made available for staff training outside of the program period. Training should be aimed at improving safety and efficiency. For additional information please consult the Program Coordinator;
- Cost of insecticides that have been used during the season;
  - MHSLTC will only pay for insecticides that have been used during the current season. Any purchased but unused product, if applied in subsequent season(s) will still be eligible for reimbursement. Note that on average product efficacy of *Bti* based insecticides begins to decline within 24 months of date of manufacture;
- Rental of truck(s) or ATV(s) during the WNV larviciding season;
- Purchase of equipment such as backpack sprayers or handheld granular shakers;
- Fuel for vehicle(s) used during larviciding rounds (receipts are required for reimbursement). **If fuel is purchased as part of a monthly contract it is the responsibility of the cost-shared community to clearly identify fuel costs related to WNV cost-shared activities;**
- Costs incurred by a municipality to contract an independent third party to carry out larval sampling & larviciding operations (**any applicable administration fees must be included within the third-party contract**);
  - **Contracting jurisdictions (i.e. city, town or municipality) are responsible to ensure that all appropriate invoices, records, documents and larval sampling & treatment logs are collected and submitted by the third-party service provider. MHSLTC staff will not contact the contracting party to obtain any additional information required.**
- Pesticide permits, licensing, and insurance costs that are purchased specifically for the purpose of WNV-related mosquito control;
- Advertising costs associated with notifying the public as to the proposed application of pesticides as part of the WNV cost-shared targeted larviciding program;
- Costs associated with mapping of mosquito larval development sites in the community to facilitate targeted larviciding operations; and
- Administration costs (**to a maximum of 15 per cent of total costs incurred**) – keeping in mind that cost-shared funding is expected to be revenue neutral.

***Non-Eligible Costs:***

- Any larviciding costs incurred outside of the specified WNV larviciding start and end dates as defined by MHSLTC;
- **GST** (MHSLTC is GST exempt - please ensure to exclude this from any invoices);
- Meals and accommodations;
- Expenses related to staff meetings, etc.;
- Insurance and liability coverage purchased/ required for other purposes;
- Pesticide permit and /or licensing costs that are purchased/ required for other purposes;
- Rewrite cost associated with pesticide certification exam(s);
- The **purchase** of an ATV or any other vehicle;
- Maintenance for vehicles (i.e. Trucks or ATVs) rented for WNV-related activities (it is expected that the rental fee will cover any maintenance);
- Mileage for vehicles for which a rental fee is already charged to MHSLTC (it is expected that the rental fee will cover any incurred mileage);
- Mileage for the use of personal vehicles;
- Cell phones and expenses related to same (i.e. phone cards);
- Any equipment or insecticide cost that was claimed in previous years or purchased from another municipality under the cost-shared program.

## APPENDIX B: End of Season Reconciliation Form

	Approved Budget	Actual Costs																				
<b>Larval Sampling and Treatment Log included?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No																				
<p style="text-align: center;"><b><u>Personnel Cost</u></b></p> <p>Identify service provider and average cost per hour. If a blanket hourly rate is listed please break it down and identify what the hourly wage includes (e.g. \$20/hr labour, \$30/hr equipment rental, \$5/hr gas, etc.)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">Title/Name</th> <th style="width: 15%; text-align: center;">No. of Hours</th> <th style="width: 5%; text-align: center;">X</th> <th style="width: 30%; text-align: center;">Rate/ Hr.</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>_____</td> <td>_____</td> <td></td> <td>_____</td> </tr> <tr> <td>b)</td> <td>_____</td> <td>_____</td> <td></td> <td>_____</td> </tr> <tr> <td>c)</td> <td>_____</td> <td>_____</td> <td></td> <td>_____</td> </tr> </tbody> </table>		Title/Name	No. of Hours	X	Rate/ Hr.	a)	_____	_____		_____	b)	_____	_____		_____	c)	_____	_____		_____		
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a)	_____	_____		_____																		
b)	_____	_____		_____																		
c)	_____	_____		_____																		
<b>Supporting personnel documents included?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No																				
<p style="text-align: center;"><b><u>Insecticide Cost</u></b></p> <p>Identify type of insecticide and amount being purchased (<i>note application rate for Bti is approximately 5 – 10 kg/ha (4.5 – 9 lbs/acre)</i>). Costs should be per kilogram or per bag.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 20%; text-align: center;">Type</th> <th style="width: 20%; text-align: center;">Bag size/weight (kg)</th> <th style="width: 15%; text-align: center;">No. of Bags</th> <th style="width: 25%; text-align: center;">Cost/bag</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>b)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Type	Bag size/weight (kg)	No. of Bags	Cost/bag	a)	_____	_____	_____	_____	b)	_____	_____	_____	_____							
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a)	_____	_____	_____	_____																		
b)	_____	_____	_____	_____																		
<b>Supporting insecticide invoice(s) included?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No																				
<p style="text-align: center;"><b><u>Purchase/ Rental of Equipment</u></b></p> <p>Identify type of equipment being purchased/ rented and associated (hourly/ daily) costs. Mileage is not an eligible expense if the vehicle used is a rental.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 40%; text-align: center;">Item</th> <th style="width: 40%; text-align: center;">Cost</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>b)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>c)</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Item	Cost	a)	_____	_____	b)	_____	_____	c)	_____	_____										
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<b>Supporting equipment rental/ purchase invoice(s) included?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No																				
<p style="text-align: center;"><b><u>Other Costs</u></b></p> <p>Identify other costs related to larviciding activities (e.g. fuel (if not claimed as part of personnel cost), permits, advertising, mapping, etc.)</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>a)</td> <td>_____</td> </tr> <tr> <td>b)</td> <td>_____</td> </tr> <tr> <td>c)</td> <td>_____</td> </tr> </tbody> </table>	a)	_____	b)	_____	c)	_____																
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b)	_____																					
c)	_____																					
<b>Supporting invoice(s) &amp; documents for 'other costs' included?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No																				
<b>Administration costs (up to 15% of all costs listed above)</b>																						
	<b>Approved Subtotal</b>																					
	<b>25% Municipal Share</b>																					
	<b>75% Provincial Share</b>																					
<b>FOR OFFICE USE ONLY</b>	<b>Total 75% Approved</b>																					

**APPENDIX C: APPLICATION FOR IN-SEASON INCREASE IN COST-SHARED FUNDING**

This application package should be used by municipalities that anticipate additional funding requirements for the current season.

Each section of the application must be completed in order to be considered for cost-shared funding. This includes the ***Application Form*** (this page), ***Detailed Rationale for Request*** and ***Estimated Total Larviciding Budget***.

Municipalities can consult with the Program Coordinator as necessary to complete this application (contact information can be found in the *Planning Documents for Municipalities Part I (WNV Program Information)*). Municipalities can email the completed application to [Trevor.Carnelley@gov.mb.ca](mailto:Trevor.Carnelley@gov.mb.ca). In addition, the original application form, your detailed rationale, budget, and any other supporting documentation should be mailed directly to:

**Manitoba Health, Seniors and Long-Term Care – WNV Program**  
4063 - 300 Carlton Street  
Winnipeg, MB  
R3B 3M9

**NAME OF MUNICIPALITY:** \_\_\_\_\_

**CAO:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**LEAD CONTACT PERSON (if different from above):**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**AFTER HOURS CONTACT:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**FAX:** \_\_\_\_\_



**RATIONALE FOR REQUESTED INCREASE**

Provide a detailed rationale supporting the increased funding request, including:

- 1) History of WNV activity within your municipality (i.e. number of human cases, positive mosquito pools and/or positive horses);
- 2) A description of the area where mosquito control is proposed to take place including general identification of specific “hot spots” (i.e. sites of chronic standing water of the type where *Culex tarsalis* mosquitoes may lay their eggs), on public or private property;
- 3) An overview of the number of rounds of application already undertaken and the number of additional rounds anticipated. Note that funding is based on **5 rounds of application** (every 7 to 10 days), to address mosquito control in a three (3) km extended treatment area.  
 Include a breakdown of the following:
  - o Estimated size (km<sup>2</sup>) of the proposed treatment area, including the 3 km extended treatment area;
  - o Estimated population of the proposed treatment (larviciding) area;
  - o Estimated number of staff and associated costs;
  - o Required equipment and associated costs; and
  - o Estimated mosquito larvicide costs.
- 4) A clearly stated rationale that supports the requested increase.

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**ESTIMATED (ADDITIONAL) TOTAL LARVICIDING BUDGET**

*(Based on X number of additional rounds, once every 7 to 10 days)*

**Estimated Budget**

<b>Personnel Cost</b> Identify service provider and average cost per hour. If a blanket hourly rate is listed, please break it down and identify what the hourly wage includes (e.g. \$20/hr labour, \$30/hr equipment rental, \$5/hr gas, etc.)	
<b>Insecticide Cost</b> Identify type of insecticide and amount being purchased (note application rate for <i>Bti</i> is approximately 5 – 10 kg/ha (4.5 – 9 lbs/acre). Costs should be per kilogram or per bag.	
<b>Purchase/ Rental of Equipment</b> Identify type of equipment being purchased/ rented and associated (hourly/daily) costs.	
<b>Other costs</b> (refer to Appendix D – Larviciding Package). Identify other costs related to larviciding activities, such as gas (if not claimed as part of personnel cost), permits, supplies, etc.	
<b>Sub-Total</b>	
Administration (up to 15% of the estimated budget)	
<b>Total</b>	
<b>25% Municipal Share</b>	
<b>75% Provincial Share</b>	

You will be advised if your application is approved by way of an acceptance letter. You can also contact the Program Coordinator who can advise you if your application is approved. If you have any questions regarding the status of your application, contact the Program Coordinator.

**Date Submitted:** \_\_\_\_\_

**Prepared by (include title):** \_\_\_\_\_

**Signature of Preparer:** \_\_\_\_\_

**Name of Authorized Officer:** \_\_\_\_\_

**Signature of Authorized Officer:** \_\_\_\_\_

<b><u>FOR MANITOBA HEALTH, SENIORS AND LONG-TERM CARE USE</u></b>	
<b>Date Received:</b> _____	<b>Date Reviewed:</b> _____
<b>Decision:</b> _____	
<b>Comments:</b> _____	
_____	