# CITY OF LINCOLN COMMITTEE OF THE WHOLE MEETING AGENDA AUGUST 23, 2022 CITY HALL COUNCIL CHAMBERS 7:00 PM

- 1. Call to Order
- 2. Pledge of Allegiance
- 3. Public Participation
- 4. Swearing in Official Oath of Office Patrick Hoban – Patrolman Donovan Roberts – Patrolman Joshua Durbin – Patrolman Wyatt Collier – Patrolman
- 5. Request to Permit: National Railsplitter Saturday, September 17, 2022 and Sunday, September 18, 2022
- 6. Economic Development Commission Approvals
- 7. Proposals for Grinding Tree Waste at the Landscape Waste Facility
- 8. Hiring of an Entry Level Public Works Maintenance Worker
- 9. Ordinance removing Civil Service Commission from the City Code
- 10. Announcements
- 11. Possible Executive Session
- 12. Adjournment
- 13. Upcoming Meetings: City Council Meeting: Tuesday, September 6, 2022 at 7:00 PM

  Committee of the Whole Meeting: Tuesday, September 13, 2022 at 7:00 PM

### THE CITY OF LINCOLN

Date Received\_\_

AUG 1 2 2022

## REQUEST TO PERMIT EVENT WITH STREET CLOSURE Must Have Council Approval

RECEIVED

es

| Date(s) of Event: Sept. 1714 8 2022 A copy of this form must be available at the Events                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| Please describe below your request for use of City Property.                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |
| Description of Event (including participating merchants, vendors, exhibitors, and units, etc.)                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  |
| National Railsplitting Contests & Tomahawk Throwing 1800's Working Crafts & Children's games Native American Artifacts & Primitive Ledges 1800's Music & Story telling & Church Service Rocks & Fossils Display  Location of Event Property: (Address Utilized Space) Postville Courthouse 914 5th Street Items occupying street space utilized: Food vendor Carts/trailers Participants' vehicles Date(s) and time(s) for usage of Property: Sept 17+18, 2022 10-4pm |  |  |  |  |  |  |  |  |  |
| Are licenses needed, if yes, please attach. YES (NO)                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |
| Street Closures and Parking Street(s) will be closed (Please attach map or sketch of all closures.)                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |
| If closed, which streets and blocks? 6th Street from S. Madison to S. Monroe                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |
| S. Madison from 5th to 6th & S. Monroe from 5th to 6th. We also request 6 picnic Table Closed from 8:00 (a.m./p.m. until 8:00 a.m./p.m. (circle a.m. or p.m.)                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |
| f different times on different days, please specify                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |  |
| Does this street normally have access to a permitted parking lot? Specify,                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |  |
| Certificate of Insurance Liability for event must be attached to request before approval.                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |
| Business/Organization/Sponsor Name: Raisplitting Association Contact Name: Diana Skelton Email: Skello@comcast.net  Address: 317 N. Shermanst Lincoln IL 62656 Signature: Diana Skelton  Phone: Business: Cell: 217 737 9600                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |
| Police Department:                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |

As soon as all signatures are obtained, you will be contacted at the phone number you provided.

If your special event will be held more than once during this year with the same location and arrangements, you may use the same application with a change in dates.



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/12/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                                                                                                                                                                                                                                                                            | mis certificate does not comer rights to     | J Life       | ceru   | ilicate notder in field of such    |                                                                                                                                                                |                                                         |                            |                                                                    |           |       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------|--------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------|--------------------------------------------------------------------|-----------|-------|--|
| PRODUCER                                                                                                                                                                                                                                                                                                                                                   |                                              |              |        |                                    |                                                                                                                                                                | CONTACT<br>NAME: Nicole West-CSR                        |                            |                                                                    |           |       |  |
| Lincoln Logan May Enterprise Insurance Agency                                                                                                                                                                                                                                                                                                              |                                              |              |        |                                    |                                                                                                                                                                | PHONE (217) 732-4642 FAX (A/C, No): (217) 735-9230      |                            |                                                                    |           |       |  |
| 1                                                                                                                                                                                                                                                                                                                                                          | 5 A Decatur St.                              |              |        | E-MAIL<br>ADDRESS:                 |                                                                                                                                                                |                                                         |                            |                                                                    |           |       |  |
| PO Box 860                                                                                                                                                                                                                                                                                                                                                 |                                              |              |        |                                    |                                                                                                                                                                | INSURER(S) AFFORDING COVERAGE                           |                            |                                                                    |           |       |  |
| Lincoln IL 62656                                                                                                                                                                                                                                                                                                                                           |                                              |              |        |                                    |                                                                                                                                                                | INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: SPRISKA |                            |                                                                    |           |       |  |
| INSURED                                                                                                                                                                                                                                                                                                                                                    |                                              |              |        |                                    |                                                                                                                                                                | INSURER B:                                              |                            |                                                                    |           |       |  |
| Logan Railsplitting Association                                                                                                                                                                                                                                                                                                                            |                                              |              |        |                                    |                                                                                                                                                                | INSURER C:                                              |                            |                                                                    |           |       |  |
|                                                                                                                                                                                                                                                                                                                                                            |                                              |              |        |                                    | INSURER D:                                                                                                                                                     |                                                         |                            |                                                                    |           |       |  |
| Po Box 352                                                                                                                                                                                                                                                                                                                                                 |                                              |              |        |                                    | INSURER E :                                                                                                                                                    |                                                         |                            |                                                                    |           |       |  |
| Lincoln IL 62656                                                                                                                                                                                                                                                                                                                                           |                                              |              |        |                                    | INSURER F:                                                                                                                                                     |                                                         |                            |                                                                    |           |       |  |
| COVERAGES CERTIFICATE NUMBER: CL22812006                                                                                                                                                                                                                                                                                                                   |                                              |              |        |                                    |                                                                                                                                                                |                                                         |                            |                                                                    |           |       |  |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD                                                                                                                                                                                                                           |                                              |              |        |                                    |                                                                                                                                                                |                                                         |                            |                                                                    |           |       |  |
| INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,  EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |                                              |              |        |                                    |                                                                                                                                                                |                                                         |                            |                                                                    |           |       |  |
| INSR<br>LTR                                                                                                                                                                                                                                                                                                                                                | TYPE OF INSURANCE                            | ADD          | WVD    | R)                                 |                                                                                                                                                                | POLICY EFF<br>MM/DD/YYYY)                               | POLICY EXP<br>(MM/DD/YYYY) | LIM                                                                | TS        |       |  |
|                                                                                                                                                                                                                                                                                                                                                            | COMMERCIAL GENERAL LIABILITY                 | INGE         | TAAAD  | TOLIOT RUMBER                      | 10                                                                                                                                                             | MINITODITITI                                            | (WINDO/TTTT)               |                                                                    | 1 100     | 0,000 |  |
|                                                                                                                                                                                                                                                                                                                                                            | CLAIMS-MADE OCCUR                            |              |        |                                    |                                                                                                                                                                |                                                         |                            | DAMAGE TO RENTED                                                   | 100       |       |  |
|                                                                                                                                                                                                                                                                                                                                                            | OCCUR.                                       |              |        |                                    |                                                                                                                                                                |                                                         |                            | PREMISES (Ea Occurrence)                                           |           |       |  |
| Α                                                                                                                                                                                                                                                                                                                                                          |                                              |              |        | 10-2020-1073                       |                                                                                                                                                                | 03/08/2022                                              | 03/08/2023                 | MED EXP (Any one person) \$ 1,000  PERSONAL & ADVINUERY \$ 1,000,0 |           |       |  |
|                                                                                                                                                                                                                                                                                                                                                            | GEN'L AGGREGATE LIMIT APPLIES PER:           |              |        |                                    | 00/0012022                                                                                                                                                     |                                                         | 00,00,2020                 | 2 000 000                                                          |           |       |  |
|                                                                                                                                                                                                                                                                                                                                                            | PRO-                                         |              |        |                                    |                                                                                                                                                                |                                                         |                            |                                                                    | 2 000 000 |       |  |
|                                                                                                                                                                                                                                                                                                                                                            | OTHER:                                       |              |        |                                    |                                                                                                                                                                |                                                         |                            | PRODUCTS - COMP/OP AGG                                             | \$ 2,000  | 0,000 |  |
|                                                                                                                                                                                                                                                                                                                                                            | AUTOMOBILE LIABILITY                         | -            | -      |                                    |                                                                                                                                                                |                                                         |                            | COMBINED SINGLE LIMIT                                              | \$        |       |  |
|                                                                                                                                                                                                                                                                                                                                                            | ANY AUTO                                     |              |        |                                    |                                                                                                                                                                |                                                         | -                          | (Ea accident) BODILY INJURY (Per person)                           | \$        |       |  |
|                                                                                                                                                                                                                                                                                                                                                            | OWNED SCHEDULED                              |              |        |                                    | 1                                                                                                                                                              |                                                         |                            |                                                                    | _         |       |  |
|                                                                                                                                                                                                                                                                                                                                                            | AUTOS ONLY AUTOS NON-OWNED                   |              |        |                                    |                                                                                                                                                                |                                                         |                            | BODILY INJURY (Per accident) PROPERTY DAMAGE                       | \$        |       |  |
|                                                                                                                                                                                                                                                                                                                                                            | AUTOS ONLY AUTOS ONLY                        |              |        |                                    | - 1                                                                                                                                                            |                                                         | -                          | (Per accident)                                                     | \$        |       |  |
|                                                                                                                                                                                                                                                                                                                                                            | UMBRELLA LIAB OCCUP                          |              |        |                                    | -                                                                                                                                                              |                                                         |                            |                                                                    | \$        |       |  |
|                                                                                                                                                                                                                                                                                                                                                            | EVCESSIAR                                    |              |        |                                    |                                                                                                                                                                | 1                                                       | -                          | EACH OCCURRENCE                                                    | \$        |       |  |
|                                                                                                                                                                                                                                                                                                                                                            | CLAIMS-MADE                                  |              | 1 1    |                                    |                                                                                                                                                                |                                                         | -                          | AGGREGATE                                                          | \$        |       |  |
|                                                                                                                                                                                                                                                                                                                                                            | DED RETENTION \$ WORKERS COMPENSATION        |              |        |                                    |                                                                                                                                                                |                                                         |                            | PER OTH-                                                           | \$        |       |  |
|                                                                                                                                                                                                                                                                                                                                                            | AND EMPLOYERS' LIABILITY Y / N               |              |        |                                    |                                                                                                                                                                |                                                         | -                          | PER OTH-<br>STATUTE ER                                             |           |       |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?                                                                                                                                                                                                                                                                                                  |                                              |              |        |                                    |                                                                                                                                                                |                                                         | -                          | E.L. EACH ACCIDENT                                                 | \$        |       |  |
| (Mandatory in NH) If yes, describe under                                                                                                                                                                                                                                                                                                                   |                                              |              |        |                                    |                                                                                                                                                                |                                                         |                            | E.L. DISEASE - EA EMPLOYEE                                         | \$        |       |  |
| _                                                                                                                                                                                                                                                                                                                                                          | DESCRIPTION OF OPERATIONS below              |              | -      |                                    |                                                                                                                                                                |                                                         |                            | E.L. DISEASE - POLICY LIMIT                                        | \$        |       |  |
|                                                                                                                                                                                                                                                                                                                                                            |                                              |              |        |                                    |                                                                                                                                                                |                                                         |                            |                                                                    |           |       |  |
|                                                                                                                                                                                                                                                                                                                                                            | RIPTION OF OPERATIONS / LOCATIONS / VEHICLES | S (AC        | ORD 10 | i1, Additional Remarks Schedule, m | nay be attac                                                                                                                                                   | hed if more spa                                         | ce is required)            |                                                                    |           |       |  |
| Rails                                                                                                                                                                                                                                                                                                                                                      | plitting Festival                            |              |        |                                    |                                                                                                                                                                |                                                         |                            |                                                                    |           |       |  |
|                                                                                                                                                                                                                                                                                                                                                            |                                              |              |        |                                    |                                                                                                                                                                |                                                         |                            |                                                                    |           |       |  |
|                                                                                                                                                                                                                                                                                                                                                            |                                              |              |        |                                    |                                                                                                                                                                |                                                         |                            |                                                                    |           |       |  |
|                                                                                                                                                                                                                                                                                                                                                            |                                              |              |        |                                    |                                                                                                                                                                |                                                         |                            |                                                                    |           |       |  |
|                                                                                                                                                                                                                                                                                                                                                            |                                              |              |        |                                    |                                                                                                                                                                |                                                         |                            |                                                                    |           |       |  |
|                                                                                                                                                                                                                                                                                                                                                            |                                              |              |        |                                    |                                                                                                                                                                |                                                         |                            |                                                                    |           |       |  |
| CER                                                                                                                                                                                                                                                                                                                                                        | TIFICATE HOLDER                              | CANCELLATION |        |                                    |                                                                                                                                                                |                                                         |                            |                                                                    |           |       |  |
|                                                                                                                                                                                                                                                                                                                                                            |                                              |              |        |                                    |                                                                                                                                                                |                                                         |                            |                                                                    |           |       |  |
| City of Lincoln                                                                                                                                                                                                                                                                                                                                            |                                              |              |        |                                    | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                                                         |                            |                                                                    |           |       |  |
|                                                                                                                                                                                                                                                                                                                                                            |                                              |              | F      | AUTHORIZE                          | JTHORIZED REPRESENTATIVE                                                                                                                                       |                                                         |                            |                                                                    |           |       |  |
|                                                                                                                                                                                                                                                                                                                                                            |                                              |              |        |                                    |                                                                                                                                                                | 1                                                       |                            |                                                                    |           |       |  |
|                                                                                                                                                                                                                                                                                                                                                            | ñ                                            |              |        |                                    | Nicole L. West                                                                                                                                                 |                                                         |                            |                                                                    |           |       |  |
|                                                                                                                                                                                                                                                                                                                                                            |                                              |              |        |                                    | Mula OI, Doors                                                                                                                                                 |                                                         |                            |                                                                    |           |       |  |

#### MEMORANDUM

**TO:** Mayor and City Council Members

FROM: Ashley Metelko, Administrative Assistant

**MEETING DATE:** August 23, 2022

**RE:** Economic Development Commission Approvals

#### Background:

On August 19, 2022, the Economic Development Grant Commission met and approved the following applications:

#### STRUCTURAL IMPROVEMENT GRANTS:

#### Steve Sampson/Design It-

116 S Hamilton Street – Roof Repair - \$7,500.00

118 S Hamilton Street - Roof Repair - \$7,500.00

#### **FAÇADE GRANTS:**

#### Mario Taylor/Almighty Investments Inc- \$10,000.00

110 S Kickapoo Street - tuck point front, prime & paint block, paint door & entire side

- Contingent on review from Historic Preservation Commission

#### Steve Sampson/Design It - \$10,000.00

116 & 118 S. Hamilton Street – Awning, tuck point front stone & adding electric to front and side of building.

#### MEMORANDUM

TO:

Mayor and Aldermen of the City of Lincoln

FROM:

Walt Landers, Street Superintendent

**MEETING** 

**DATE:** 

August 23, 2022

RE:

Proposals for Grinding Tree Waste Landscape Waste Facility

#### Background

The City's Landscape Waste Facility has reached a point where we are running out of room to put tree waste. I have stopped taking loads from contractors to ensure that city staff and residents hauling their own waste can continue to use the facility. We still have material on site from previous grinding operations that we are struggling to get rid of. City staff has hauled many loads of the wood waste to a local farm where the owner utilizes the material and there are a few others that have taken the material also. GFL Environmental would take the material at no charge, but the city would be responsible for transporting the material to the Clinton Landfill. Trucking would cost approximately \$125.00 per hour.

#### Analysis/Discussion

I have reached out to five contractors and requested a quote for hourly or daily rates for grinding and options for the removal of the existing waste and the waste that will be generated by additional grinding. These contractors have ether submitted quotes before on previous projects or have done work for the city in the past. I have received quotes from two contractors so far.

Henson Services of Bloomington IL. quoted \$4500.00, per day. Equipment and operators included are a tub grinder and Excavator. The city would have to provide an end loader and operator. No options for removal of waste.

R&R Services of Illinois Inc. out of Argenta IL. quoted \$600.00 per hour. Equipment and operators included horizontal grinder, excavator, and end loader. Option to remove existing and new material generated at \$50.00 per load utilizing walking floor trailers capable of hauling 90 to 100 cubic yards of material.

#### Fiscal Impact

Utilize budget line 02-3600-6441 Tree Trim & Stump Removal \$50,000.00

#### **COW Recommendation**

Approve quote from R&R Services for ten days/eight hours per day at \$600.00 per hour for grinding and hauling at \$50.00 per load.

#### MEMORANDUM

TO: May

Mayor and Aldermen of the City of Lincoln

FROM:

Walt Landers, Street Superintendent

**MEETING** 

DATE:

August 23, 2022

RE:

Hiring of an Entry Level Public Works Maintenance Worker

#### Background

A senior employee from the Street Department retired in April of this year. I am asking for the Council's approval to hire an entry level Public Works Maintenance Worker to replace the retired employee. The new hire would bring the staffing at the Street Department back to nine full time employees.

#### Analysis/Discussion

The hiring of a replacement employee was planned for in the 2022/2023 Budget for the months August through April. Our goal would be to have a new employee hired by October 3, 2022. So that would be seven months of salary being paid out of the current budget, that total would be \$26,289.90

#### Fiscal Impact

\$26,289.90 from the Salary-Hourly line 02- 3606-4014

#### **Council Recommendation:**

Approve hiring an entry level Public Works Maintenance Worker.