CITY OF LINCOLN COMMITTEE OF THE WHOLE MEETING AGENDA OCTOBER 11, 2022 CITY HALL COUNCIL CHAMBERS 7:00 PM

- 1. Call to Order
- 2. Pledge of Allegiance
- 3. Public Participation
- 4. Alice Roate Logan County Tourism 2022 3rd Quarter Report
- 5. Request to Permit Carriage Rides around the square by Big Horsepower Farm.
- 6. Request to Permit Lincoln's annual Christmas Parade Thursday, December 1, 2022 5:30 P.M.-8:00 P.M.
- 7. Request to Permit Street closure for Halloween Sunday, October 31, 2022 3:00 P.M. 9:00 P.M. at 10th Street from Union to Chestnut.
- 8. Request to Permit Winter Wonderland Festival Street closure Friday, November 25, 2022 from 4:30 P.M. 5:30 P.M.
- 9. Approval of Trick or Treat hours on Tuesday, October 31, 2022 from 5:00 P.M. to 8:00 P.M.
- 10. Approval of Trick or Treating with the Mayor Saturday, October 29, 2022.
- 11. Curb Improvement Project Bid Award
- 12. Purchase of 114 S. Chicago Street
- 13. Landscape Waste Facility Tipping Fees
- 14. Farnsworth outstanding invoices from past years
- 15. Announcements
- 16. Executive Session 2 (C) 1
- 17. Adjournment
- **18. Upcoming Meetings:** City Council Meeting: Monday, October 17, 2022 at 7:00 PM Committee of the Whole Meeting: Tuesday, October 25, 2022 at 7:00 PM



101 N. Chicago St. Lincoln, IL 62656 / 217.732.8687 / www.destinationlogancountyil.com

Logan County Tourism Bureau 2022 3rd Quarter Report

Board of Directors

| President: Kathie Williams | Tracy Welch- (ex officio) | |
|----------------------------|---------------------------|--|
| Vice President: Gail Sasse | Emily Davenport | |
| Treasurer: Neal Patel | Molly Pickering | |
| Secretary: Nila Smith | Steve Parrott | |
| | Jim Wessbecher | |
| | Olivia Partlow | |
| | Rick Hoefle | |
| | Melanie Blankenship | |

Financials

- o Hotel/Motel Tax Income (95%) 7/2022 & 8/2022 \$46,809.10
 - Have not received 9/2022 hotel/motel tax yet
- Hotel/Motel Tax 2022 Quarter 3 revenue is up 35% compared to 2021 Quarter 3 revenue

Grants Received

o Illinois Department of Commerce & Economic Opportunity LCTB Grant July 2022 – June 2023 - \$46,287.00

Advertising Efforts

- Digital Marketing continued for July 2022 June 2023 Radio spots, Location Targeted Geo-Fencing, Facebook/Instagram Ads.
- The Depot and The Mill are official stops in the Route 66 Passport-(https://www.route66navigation.com/passport). We had 581 people with Tourism related inquiries (via in person/phone/web) at The Depot and 111 of those were visitors with Route 66 Passports.

• The Mill Museum

 We received 440 visitors to the Mill from July-September; 79 of these visitors had a Route 66 Passport.

Balloons Over 66

o There was a great turn out! We had visitors from many different communities, and we hope this event continues to grow!

Financials attached - Account Balances as of September 30th, 2022

Logan County Tourism Bureau

Balance Sheet

As of September 30, 2022

| | TOTAL |
|---------------------------------------|--------------|
| ASSETS | |
| Current Assets | |
| Bank Accounts | |
| 10002 State Bank Savings | 74,512.66 |
| 10003 State Bank Money Market | 0.00 |
| 10004 LCTB Checking-State Bank | 90,393.14 |
| 10005 State Bank Savings Tropic Sign | 0.00 |
| 10006 Lincoln Initiative Checking Acc | 2,815.71 |
| 10007 The Mill Museum Checking | 27,386.51 |
| 10008 Balloons Over 66 | 0.00 |
| Total Bank Accounts | \$195,108.02 |
| Accounts Receivable | |
| 12000 Accounts Receivable | 0.00 |
| Total Accounts Receivable | \$0.00 |
| Other Current Assets | |
| 10900 Petty Cash | 137.26 |
| 14990 *Undeposited Funds | 205.00 |
| Total Other Current Assets | \$342.26 |
| Total Current Assets | \$195,450.28 |
| Fixed Assets | |
| 18000 Furniture and Equipment | , 19,864.72 |
| 18010 Equipment | 103.02 |
| 18011 Computers | 173.10 |
| 18012 Furnishings | 499.00 |
| 18099 Accumulated Depreciation | -19,864.72 |
| Total 18000 Furniture and Equipment | 775.12 |
| Total Fixed Assets | \$775.12 |
| TOTAL ASSETS | \$196,225.40 |
| LIABILITIES AND EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| 20000 Accounts Payable | 0.00 |
| Total Accounts Payable | \$0.00 |
| Credit Cards | |
| 21000 Visa ***2239 | 0.00 |

Logan County Tourism Bureau

Balance Sheet

As of September 30, 2022

| | TOTAL |
|---------------------------------|--------------------|
| Total Credit Cards | \$0.00 |
| Other Current Liabilities | |
| 26200 Payroli Liabilities | |
| 26201 FWT FICA Medicare Payable | 1,630.53 |
| 26202 SWT Payable | 330.70 |
| 26204 SUTA Payable | 0.00 |
| Total 26200 Payroll Liabilities | 1,961.23 |
| Total Other Current Liabilities | \$1,961.23 |
| Total Current Liabilities | \$1,961. <u>23</u> |
| Total Liabilities | \$1,961.23 |
| Equity | |
| 30000 Opening Balance Equity | 0.00 |
| 32000 Net Assets | 148,468.20 |
| Net Income | 45,795.97 |
| Total Equity | \$194,264.17 |
| TOTAL LIABILITIES AND EQUITY | \$196,225.40 |

| C | | | -1 |
|----------|----|------|----|
| Date | KΘ | COIV | ng |
| | | | |

OCT 0 5 2022

The City of Lincoln

RECEIVED

REQUEST TO PERMIT FOR A NON-STREET CLOSURE

| Date(s) of Event: Nov. 25+26, Dec. 2, 3, 9,10,16,+17 2022 |
|---|
| Please describe below your request for use of City Property. |
| Description of Event (including participating merchants, vendors, exhibitors and units, etc. Carriage rides around the square by Big Horse Paver Farm. Pick up t dop off will be in front of the arcade on Pulaski St. |
| Location of Event Property: (Address Parking Space) Downtown Lincoln Items occupying parking space: Howet Carriage Date(s) and time(s) for usage of Property: Nov. 25-4-9-9-4-0-10-5-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9- |
| Business/Organization Name: Logan Canty Tarism Breau Contact Name: Alice Roate Email: director Edistination logan Canty il. con |
| Contact Name: Alice Roate Email: director Edistration logar cantyil.com |
| Address: 101 N Micago St. Lincoln, IZ 6245 Signature: Clien Rate |
| Phone: Business: 217 - 732 - 8687 Cell: |
| APPROVED: (signatures) |
| Police Department: Mayor: Mayor: |
| Fire Department: Revi John Date: |
| Street Department: Walt daniele |

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.

A copy of this form must be displayed at the Event.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/22/2022

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).

| PRODUCE | | | | | CONTACT CHRIS | OYNE | | | | |
|------------------|---|-------------|------------------------|---|---|---------------------------------------|--|-----------------|--------------------------|--|
| State Fa | CHRIS COYNE INSUR | ANC | E AG | ENCY, INC. | PHONE (A/C, No. Ext): 217-73 | 32-7755 | FAX (A/C. N | 217-7 | 732-6885 | |
| | 1301 WOODLAWN RD | | | | CMAR. | | @STATEFARM.COM | | Zalania i | |
| | LINCOLN, IL 62656 | | | | INSURER(S) AFFORDING COVERAGE | | | | | |
| | | | | | INSURER A : STATE F | FARM FIRE A | ND CASUALTY | | 25143 | |
| INSURED | | | | | INSURER B: | | | | | |
| | LOGAN COUNTY TOURISM | I BUI | REAU | | INSURER C : | | | | | |
| | 101 N CHICAGO ST | | | | INSURER D : | | | | | |
| | LINCOLN, IL 62656 | | | | INSURER E : | | | | | |
| | | | | | INSURER F: | | | | | |
| COVERA | AGES CER | TIFI | CATE | NUMBER: | into ortain 1 | | REVISION NUMBER: | | | |
| CERTIF EXCLUS | TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY R ICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUCH | PER POLI | REME TAIN, CIES. | NT, TERM OR CONDITION (THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE E | OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY | OR OTHER S DESCRIBE PAID CLAIMS | DOCUMENT WITH RES D HEREIN IS SUBJECT | PECT TO | WHICH THIS | |
| LTR | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | (MM/DD/YYYY) | Lii | AITS | | |
| X | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ 1,0 | 00,000 | |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES Ea occurrence | \$ 300 | ,000 | |
| | | | | | | | MED EXP (Any one person) | \$ 5,0 | 00 | |
| | | | | 93KHX5514 | 08/31/2022 | 08/31/2023 | PERSONAL & ADV INJURY | | 00,000 | |
| GEN | AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | - | 00,000 | |
| X | POLICY PRO- | | | | | | PRODUCTS - COMP/OP AGE | - | 00,000 | |
| | OTHER: | | | | | | | \$ | | |
| AUTO | MOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT | \$ | | |
| | ANY AUTO | | | | | 1 | (Ea accident) BODILY INJURY (Per person) | - | | |
| | OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accider | | | |
| 1 | AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE | y, 3 | | |
| | ADIOS ONE! | | | | | | Per accident | | | |
| X | JMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ 1.00 | 00,000 | |
| 4 CHICAGO PART | EXCESS LIAB CLAIMS-MADE | | | 93E6D6979 | 08/31/2022 | 08/31/2023 | AGGREGATE | | 70,000 | |
| | DED RETENTION \$ | | | | 000172022 | 0010 112020 | AGGREGATE | \$ | | |
| WORK | CERS COMPENSATION | | | | | | PER OTH- | \$ | | |
| | EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE Y / N | | | | | + | I STATUTE ER | \$ 500 | 000 | |
| OFFIC | ER/MEMBER EXCLUDED? | N/A | | 93LHQ0869 | 04/19/2022 | 04/19/2023 | E.L. EACH ACCIDENT | \$ 500 | | |
| If yes, | atory in NH) describe under | | | | | | E.L. DISEASE - EA EMPLOYE | | | |
| DESC | RIPTION OF OPERATIONS below | _ | - | | - | | E.L. DISEASE - POLICY LIMI | \$ 500 | ,000 | |
| | | | | | | | | | | |
| ESCRIPTIO | N OF OPERATIONS / LOCATIONS / VEHIC | .ES (A | CORD | 101. Additional Remarks Schedule. | may be stacked if more | soace is requir | nd) | | | |
| CARRIAG | SE RIDES AROUND THE SQUAR | E 11/ | 25, 1 | 1/26, 12/02, 12/03, 12/09, 12 | 2/10, 12/16, 12/17 | | , | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ERTIFIC | CATE HOLDER | | | | ANCELLATION | | | | | |
| | CITY OF LINCOLN | | | | SHOULD ANY OF T THE EXPIRATION ACCORDANCE WIT | DATE THE | ESCRIBED POLICIES BE REOF, NOTICE WILL Y PROVISIONS. | CANCEL BE DE | LED BEFORE LIVERED IN | |
| | 700 BROADWAY ST LINCOLN, IL 62656 | | | A | UTHORIZÉD REPRESEN | TATIVE | | | | |
| | | _ | _ | | A 450 | 9-2045 ACC | DD CODDODATION | All sich | do soconerd | |

THE CITY OF LINCOLN

Date Received 00T 0.5.202

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

| Date(s) of Event: December 2022 A copy of this form must be available at the Event! |
|--|
| Please describe below your request for use of City Property. |
| Description of Event (including participating merchants, vendors, exhibitors, and units, etc.) Lincoln's annual Ohristmas Parade. Multiple focal participants will be bringing floats, trucks, other vehicus, and some will be walking. |
| Location of Event Property: (Address Utilized Space) Downtown Lincoln Items occupying street space utilized: Parade Floats, Vehicus, people Date(s) and time(s) for usage of Property: Dec. 1st 5:30pm 8:00pm 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? See attached sheet |
| Closed from 5:30 a.m./p.m. until 8:00 a.m./p.m. (circle a.m. or p.m.) |
| If different times on different days, please specify |
| Certificate of Insurance Liability for event must be attached to request before approval. |
| Business/Organization/Sponsor Name: Logan Carty Tanism Bureau Contact Name: Alice Roate Email: director destination logan county il. Con Address: 101 N Chicago St. Lincoln, IZ 62657 Signature: Alice Roate Phone: Business: 217-732-8687 Cell: |
| APPROVED: (signatures) |
| Police Department: Fire Department: Output Date: Date: |

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) 09/22/2022

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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).

| PRODUCER | | | CONTA | CHRIS C | OYNE | | | | | | |
|--|---------------|----------------------|--|--|--|--|--|-------------|--|--|--|
| State Farm CHRIS COYNE INSUR. | ANCE | AGI | ENCY, INC. PHONE | PHONE (A/C, No.): 217-732-6885 | | | | | | | |
| 1301 WOODLAWN RD | | | E-MAIL | EMAIL CUDIS COVNE IT IZASTATEFADM COM | | | | | | | |
| LINCOLN, IL 62656 | | | ADDRE | DMD ISSO. | | | | | | | |
| , | | | INIC(IP) | | | | | | | | |
| INSURED | | | | BOOKERS, OF CETTAMIT MENTERS OF CO. E.T. | | | | | | | |
| LOGAN COUNTY TOURISM | BIID | ΕΔΙΙ | | INSURER B: | | | | | | | |
| 101 N CHICAGO ST | LON | LAU | Mook | INSURER C: | | | | | | | |
| | | | INSUR | ERD: | | | _ | | | | |
| LINCOLN, IL 62656 | | | INSUR | ERE: | | | | | | | |
| | | | INSUR | ERF: | | | | | | | |
| | | | NUMBER: | | | REVISION NUMBER: | | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | PERT POLIC | EME AIN, CIES. | NT, TERM OR CONDITION OF AN THE INSURANCE AFFORDED BY | IY CONTRACT THE POLICIE REDUCED BY | OR OTHER S DESCRIBE PAID CLAIMS. | DOCUMENT WITH RESP | ECT TO | WHICH THIS | | | |
| NSR LTR TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | LIM | TS | | | | |
| COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | s 1,00 | 00,000 | | | |
| CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300 | ,000 | | | |
| | | | | | | MED EXP (Any one person) | \$ 5,00 | 00 | | | |
| | | | 93KHX5514 | 08/31/2022 | 08/31/2023 | PERSONAL & ADV INJURY | s 1.00 | | | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | + | 00,000 | | | |
| PRO- | | | | | | RODUCTS - COMPIOPAGG \$ 2,00 | | | | | |
| | | | | | | FINODODIO - COMI TOF AGG | | | | | |
| OTHER: AUTOMOBILE LIABILITY | - | | | | | COMBINED SINGLE LIMIT | \$ | | | | |
| ANY AUTO | | | | | | IEa accidenti | \$ | | | | |
| OWNED SCHEDULED | | | | | | BODILY INJURY (Per person) | and the second s | | | | |
| AUTOS ONLY AUTOS NON-OWNED | | | | | | BODILY INJURY (Per accident | PERTY DAMAGE | | | | |
| AUTOS ONLY AUTOS ONLY | | | | | | (Per accident) | \$ | | | | |
| | | _ | | | | | \$ | | | | |
| X LIMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | s 1,00 | 00,000 | | | |
| EXCESS LIAB CLAIMS-MADE | | | 93E6D6979 | 08/31/2022 | 08/31/2023 | AGGREGATE | \$ | | | | |
| DED RETENTION \$ | | | | | | | \$ | | | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | ` | | 1 | PER OTH- | \$ | | | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? | N/A | | 93LHQ0869 | 04/19/2022 | 04/19/2023 | E.L. EACH ACCIDENT | \$ 500 | ,000 | | | |
| (Mandatory in NH) | | | 3321140000 | OHIOZOZZ | 0-17 15/2020 | E.L. DISEASE - EA EMPLOYE | \$ 500 | ,000 | | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | L. DISEASE - POLICY LIMIT \$ 500 | | ,000 | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL | EŞ (A | CORD | 101, Additional Remarks Schedule, may b | e attached if mon | a space is require | ed) | | | | | |
| CHRISTMAS PARADE 12/01/2022 | | | , | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| CERTIFICATE HOLDER | | | CANC | ELLATION | | | | | | | |
| CITY OF LINCOLN | | | THE | EXPIRATION | DATE THE | ESCRIBED POLICIES BE REOF, NOTICE WILL Y PROVISIONS. | | | | | |
| 700 BROADWAY ST LINCOLN, IL 62656 | | | АИТНО | RIZED REPRESEI | TATIVE | | | | | | |
| | | | | @ 400 | 0 204E ACC | ADD CODBODATION | All war | to recented | | | |

THE CITY OF LINCOLN

Date Received

CITY CLERK LINCOLN, ILLINOIS

SEP 2 8 2022

REQUEST TO PERMIT EVENT WITH STREET CLOSURE

Must Have Council Approval RECEIVED 10/31/22 A copy of this form must be available at the Eventl Date(s) of Event: Please describe below your request for use of City Property. Description of Event (including participating merchants, vendors, exhibitors, and units, etc.) Street Closure for Halloween Location of Event Property: (Address Utilized Space) 145 10+25+ LincolnFII Items occupying street space utilized: 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? 10th St from Union to If 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: _____ Email: Contact Name: Signature: _____ Address:

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

Date:

Vote: Council Approval ____Yeahs ____Nays

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.

Phone: Business: ______

APPROVED: (signatures)

Fire Department:

Street Department: 100

Police Department: Chief



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/28/2022

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.

| | SUBROGATION IS WAIVED, subject is certificate does not confer rights t | | | | ich end | orsement(s) | | require an endorsemen | t. As | tatement on |
|--|---|--------------|------------------------|---|---------------------------|--------------------------------|----------------------------------|---|-------|-------------|
| PRO | DUCER | | | | CONTAC NAME: | T Kyle Prz | ykopanski | | | |
| Мо | iearty Insurance Services | | | | PHONE (A/C, No. | Ext): (217) 7 | 732-7341 | FAX (A/C, No): | (217) | 732-9340 |
| | KEOKUK ST | | | | E-MAIL ADDRES | 1 1 0 1 | cminsurance | | | |
| | | | | | | | | DING COVERAGE | | NAIC# |
| LIN | COLN | | | IL 62656-2173 | INSURER | A: Auto Ov | wners Insurar | ice Company | | |
| INSU | RED | | | | INSURER | RB: | | | | |
| | Janice & Don Sielaff | | | | INSURER | RC: | | | | |
| | 145 10th St | | | | INSURER | RD: | | | | |
| | | | | | INSURER | RE: | | | | |
| | Lincoln | | | IL 62656-1559 | INSURE | RF: | | | | |
| CO | /ERAGES CER | TIFIC | CATE | E NUMBER: | | | | REVISION NUMBER: | | |
| IN CI | HS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH | PERT POLI | REME TAIN, CIES. | ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | OF ANY ED BY BEEN R | CONTRACT THE POLICIE EDUCED BY | OR OTHER S DESCRIBE PAID CLAIMS. | DOCUMENT WITH RESPE D HEREIN IS SUBJECT T | CT TO | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | |
| | | | | | | | | MED EXP (Any one person) | \$ | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | | 1 | PRODUCTS - COMP/OP AGG | \$ | |
| | OTHER: | | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | |
| | OWNED SCHEDULED | | | | | | | BODILY INJURY (Per accident) | \$ | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | ľ | PROPERTY DAMAGE (Per accident) | \$ | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (rer accident) | \$ | |
| _ | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | s | |
| | OCCUR | | | | | | | AGGREGATE | \$ | |
| | CLAINIG-WADI. | | | | | | | AGGREGATE | \$ | |
| _ | WORKERS COMPENSATION | | _ | | | | - | PER OTH- STATUTE ER | φ | |
| | AND EMPLOYERS' LIABILITY Y / N | | | | | | | STATUTE ER E.L. EACH ACCIDENT | \$ | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | | |
| | (Mandatory in NH) If yes, describe under | | | | | | | | | |
| _ | DÉSCRIPTION OF OPERATIONS below | - | - | | _ | | | E.L. DISEASE - POLICY LIMIT Each Occurrence | | 0,000 |
| Α | Personal Liability | | | 44 674 303 00 | | 09/18/2022 | 09/18/2023 | Each Occurrence | 300 | ,,000 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Proof of personal liability for the residence located at 145 10th St, Lincoln, IL 62656 | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | _ | | CANC | ELLATION | | | | |
| CEI | | | | | SHOU THE | JLD ANY OF EXPIRATION | N DATE TH | DESCRIBED POLICIES BE C EREOF, NOTICE WILL BY PROVISIONS. | | |
| | City of Lincoln | | | | | IZED REPRESE | | | | |
| | 700 Broadway St | | | | h | 40 | 11- | | | |
| | Lincoln | | | IL 62656 | II 2 | | - | | | |

THE CITY OF LINCOLN

| Date Received October 1, 2022 | Date | Received | October 1, 2022 |
|-------------------------------|------|----------|-----------------|
|-------------------------------|------|----------|-----------------|

REQUEST TO PERMIT EVENT WITH STREET CLOSURE Must Have Council Approval

| Date(s) of Event: Friday November 25, 2022 | A copy of this form must be available at the Event! |
|--|---|
| Please describe below your request for use | of City Property. |
| Description of Event (including participating | g merchants, vendors, exhibitors, and units, etc.) |
| The 4th Annual Lincoln, IL Winter Wonderla | nd Festival tree lighting ceremony. |
| | |
| | |
| | |
| | |
| | Space) |
| Date(s) and time(s) for usage of Property: | Friday 11/25/22 4:30pm - 5:30 pm |
| Are licenses needed, if yes, please attach | |
| | be closed (Please attach map or sketch of all closures.) |
| | |
| If closed, which streets and blocks? South k | tionappe enect between Broadway and Falactic et |
| 400 PM | ti 5:00 nm /n m /circle a m or n m) |
| Closed from _4:30 PMa.m./p.m. unt | il _5:30 pma.m./p.m. (circle a.m. or p.m.) |
| If different times on different days, please specify | |
| Does this street normally have access to a permitte | ed parking lot? Specify, no |
| | the standard managed hafara pagengal |
| Certificate of Insurance Liability for event r | must be attached to request before approval. |
| Business/Organization/Sponsor Name: Lincoln | n, IL Winter Wonderland Festival |
| Contact Name: Kathie Williams | Email: lincolnwinterwonderland@gmail.com Signature: Will: aws |
| Address: 2101 1500th St Beason, IL 62512 | Cell: 217.706.6881 |
| Phone: Business: 217.737.1634 | Cen |
| APPROVED: (signatures) | |
| Police Department: Chief Matthe Wel | Mayor: In 2/2022 |
| Fire Department: Rut 10 Luke | Vote: Council ApprovalYeahsNays |
| Street Department: White towns | Date: |

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) 10/03/2022

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).

| PRO | DUCER | | | | | | CONT | ACT CHDIS | - | TE EADM | | _ | |
|---|----------------------------|-------------------------------|-----------------------|--------|-----------------|--|--|-----------------|---------------------|---|----------------|-----------------|------------------------|
| StateFarm CHRIS COYNE INSURANCE AGENCY, INC. | | | | | | CONTACT CHRIS COYNE STSTE FARM PHONE 217.732.7755 FAX 247.730.0005 | | | | | | | |
| | | | 1 WOODLAWN R | | | | (A/C, No, Ext): 217-732-7733 (A/C, No): 217-732-0885 | | | | | | |
| 9 | | n | COLN, IL 62656 | J/ (L) | | | ADDRESS: CHRIS.COYNE.JTJ7@STATEFARM.COM | | | | | | |
| | | | OOLN, IE 02000 | | | | INSURER(S) AFFORDING COVERAGE NA | | | | | | NAIC# |
| Mei | JRED | | | - | | | INSUR | ER A: State Fa | arm Fire and C | asualty Company | 1 | | 25143 |
| INSU | KED | 100411 | 00111177777011710 | | | | INSUR | ERB: | | | | | |
| | | | COUNTY TOURIS | M BU | REAL | J | INSURI | ER C : | | | | | |
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| CO | VERAG | SES | CE | RTIFI | CATE | E NUMBER: | | | | REVISION NUI | MRED: | | |
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| LTR | | | ISURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | | LIMIT | s | |
| | X co | MMERCIAL GE | NERAL LIABILITY | | | | | | | EACH OCCURREN | | \$ 1,00 | 0,000 |
| | | CLAIMS-MAD | EOCCUR | | 1 1 | | | | | DAMAGE TO RENT PREMISES (Ea occ | ED urrence) | \$ 300. | 000 |
| | | | | | | | | | | MED EXP (Any one | | \$ 5,00 | 0 |
| | | | | | | 93KHX5514 | | 08/31/2022 | 08/31/2023 | PERSONAL & ADV | INJURY | s 1,00 | |
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| EXCESS LIAB CLAIMS-MADE 93E6D6979 | | | | | | 93E6D6979 | | 08/31/2022 | 08/31/2023 | AGGREGATE | | \$ | |
| DED RETENTION \$ | | | | | | | | | | | | \$ | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | | | | PER STATUTE | OTH- | \$ | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | N/A | 931 HO0860 | | | | | E.L. EACH ACCIDEN | -1-543 | \$ 500,0 | 200 |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | NIA | | 93LHQ0869 | | 04/19/2022 | 04/19/2023 | E.L. DISEASE - EA E | - | | | |
| | If yes, des | scribe under PTION OF OPER | ATIONS below | | | | | | | E.L. DISEASE - POLI | | | |
| | | | 71170110 201011 | | | | | | | E.L. DISEASE - POL | ICY LIMIT | \$ 500,0 | 300 |
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| r⊑SC Tur | RIPTION (| OF OPERATIONS | S / LOCATIONS / VEHIC | LES (A | CORD | 101, Additional Remarks Schedu | le, may be | attached if mon | e space is requir | ed) | | | |
| JHF | ISTMA | S TREES AL | ONG THE COUR | HOL | JSE S | QUARE/WINTER WOND | ERLAN | D | | | | | 1 |
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| | | CITY OF L | INCOLN | | | | THE | EXPIRATION | DATE THE | ESCRIBED POLIC REOF, NOTICE Y PROVISIONS. | IES BE CA | ANCELL E DEL | ED BEFORE IVERED IN |
| | | OTT OF L | INCOLN | | | 1 | AUTHOR | IZED REPRESEN | ITATIVE | | | | |
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TO: Mayor and City Council Members

FROM: Ashley Metelko, Administrative Assistant

MEETING DATE: October 11, 2022

RE: Approval for Trick or Treating Hours October 31, 2022

Background

Approval needed: Trick or Treating hours on October 31, 2022, from 5:00 p.m. to 8:00 p.m.

Anyone welcoming Trick or Treaters please make sure to turn your light out at 8:00 p.m.

Council Recommendation:

Place on regular agenda for vote on October 17, 2022.

TO: Mayor and City Council Members

FROM: Ashley Metelko, Administrative Assistant

MEETING DATE: October 11, 2022

RE: Trick or Treating with the Mayor October 29, 2022

Background

Trick or Treating with the Mayor will be held on October 29, 2022, from 10:00 a.m. - Noon. Starting at Latham Park and continuing through the downtown area. There will be maps and a list of participating businesses handed out at Latham Park along with some candy from the Mayor. From there, families are encouraged to walk the downtown area and Trick or Treat with the Downtown Businesses. Hope to see everyone there!

Council Recommendation:

Place on regular agenda for vote on October 17, 2022.



TO: Mayor and Aldermen of the City of Lincoln

FROM: Walt Landers, Street Superintendent

MEETING

DATE: October 11, 2022

RE: Curb Improvement Project Bid Award

Background

Each year the Lincoln Street Department organizes a Curb Sidewalk Replacement Project to help improve city curbs and sidewalks. These projects also enhance safety and provide a better experience for citizens.

Analysis/Discussion

Bids for the 2022 Curb Project were opened September 29, 2022, two bids were received.

- 1. Otto Baum Co. Morton IL. \$307,100.00
- 2. Kinney Contractors of Raymond IL. in the amount of \$414,308.00

The Engineering estimate for this project was \$442,390.00. This project will replace 3860 feet of mountable curd on Halfmoon St. and Eaton Dr. in the Mayfair Subdivision.

Fiscal Impact

Curb Replacement project is funded from the Capitol Projects Fund 60-3600-7844

COW Recommendation

Approve the bid from Otto Baum Co. for \$307,100.00, and place on October 17, 2022, City Council Meeting agenda.

Council Recommendation:

Approve bid from Otto Baum Co. for \$307,100.00





| | | | | | | ASU | alculated: | | 307.100.00 | | 414,308.00 | | |
|--|---|-----------------------|------------------------------------|----------|---------------------------------------|---------|------------|---------------------|------------|-----------------------|------------|-------------|-------|
| | | | 11 | | Total Bld: | | As Read: | | 307,100.00 | | 414,308.00 | | |
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| | | | | | 1 | | | | | | | | |
| | | | LDO | 78 | 5.00 | \$ | 90.00 | 5.57 \$ | 100.26 | 2.50 \$ | 45.00 | | |
| 11 | Potassium Fertilizer Nutrient | | LBS | 18 | 5.00 | \$ | 90.00 | 5.57 \$ | | 2.50 | | | |
| 10 | Phosphorus Fertilizer Nutrient | | LBS | 18 | 5.00 | \$ | 90.00 | 5.57 \$ | | 2.50 | | | |
| 9 | Ndrogen Fertilizer Nutrient | | ACRE | 0.2 | 6,000.00 | \$ | 1,200.00 | 35,042.60 \$ | | 20,000.00 | | | |
| | Seeding, Type 1 | | EACH | 1 | 3,000.00 | \$ | 3,000.00 | 4,948.89 \$ | | 1,000.00 8 | | | |
| 7 | Inlet Adjustment | | LSUM | 1 | 5,000.00 | \$ | 5,000.00 | 21,578.53 \$ | | 28,000.00 8 | | | |
| 6 | Traffic Control and Protection (Special) | | SY | 1,045 | 170.00 | \$ | 177,650.00 | 103.23 \$ | | 131.00 | | | |
| 5 | Class D Patch (Special), Type II, 8" Class D Patch (Special), Type IV, 8" | | SY | 17 | 160.00 | \$ | 2,720.00 | 336.68 \$ | | 170.00 | | | |
| 4 | Class D Patch (Special), Type I, 8* | | SY | 11 | 150.00 | \$ | 1,650.00 | 444.67 \$ | | 188.00 5 | | | |
| 3 | Combination Curb and Gutter Removal | | FT | 3,860 | 20.00 | \$ | 77,200.00 | 7,96 \$ | | 17.00 | | | |
| 2 | Concrete Gutter, Type B | | FT | 3,860 | 45.00 | \$ | 173,700.00 | 32.09 \$ | | 45,00 | | Office 1100 | TOTAL |
| em No. | | Delivery | Unit | Quantity | Unit Price | | Total | Unit Price | Total | Unit Price | Total | Unit Price | Total |
| | I I | | | | | stimate | | | | | | | |
| | | | | | Approv | d Engl | | | | | | | |
| | Attended By: Ben Harlow, Walt Landers, Otto Baum | n, Kinney Contractors | | | 1 | poous C | Terms: | Old Bolla | | DIU BONQ | | | |
| | · · | | | | Pm | naeal G | Buarantee: | Pld Pond | | Bld Bond | | | |
| | Estimate: 442,390.00 | - Appropriation, | | | 1 | | | Morton, IL 61550 | | Raymond, IL 62560 | | | |
| Section: 2022 Lincoln SW | | Appropriation: | JU F.IVI. | | - " | aaress | ot Riddet: | | | 19342 E. Frontage Rd. | | | |
| Local Public Agency: City of Lincoln County: Logan | | | Date: 9/29/2022 Time: 1:30 P.M. | | Name of Bidder: Address of Bidder: | | | Otto Baum Co., Inc. | | Kinney Contractors | | | |

<u>MEMORANDUM</u>

TO: Mayor Tracy Welch and Members of the City Council

FROM: Wes Woodhall, Building and Safety Official

DATE: October 11, 2022

RE: Purchase of 114 S. Chicago St.

<u>Background:</u> The Building and Safety Department has been trying for some time to resolve the dangerous condition that arose from the collapse of the rear portion of a building located at 116 S. Chicago St. Efforts to gain compliance from the listed property owner have gone unanswered and the problem building is becoming more and more dangerous. The property is not only a continued source of blight but has become a safe-haven for feral animals, trespassers and vagrants alike. Evidence of illegal entry and constant drug use is realized throughout.

As contacts were made to cleanup and finish the destruction/demolition of the collapsed portion it was found that no contractor would attempt the work due to the liability of harming the neighboring, privately owned property, due to a shared common supporting wall.

Our intention is to purchase the adjoining building (114 S. Chicago St.). By putting it in the ownership of the City we would alleviate the possibility of legal action due to harm done to this property as work continues on the initial problem building.

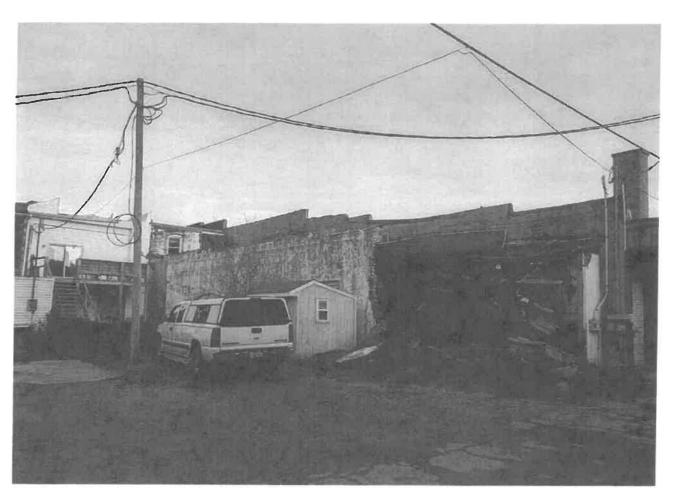
<u>Analysis/Discussion:</u> The Building and Safety Department has been in constant contact with the property owner of 114 S. Chicago St. and an agreed upon price of \$3,000.00 was reached for the purchase.

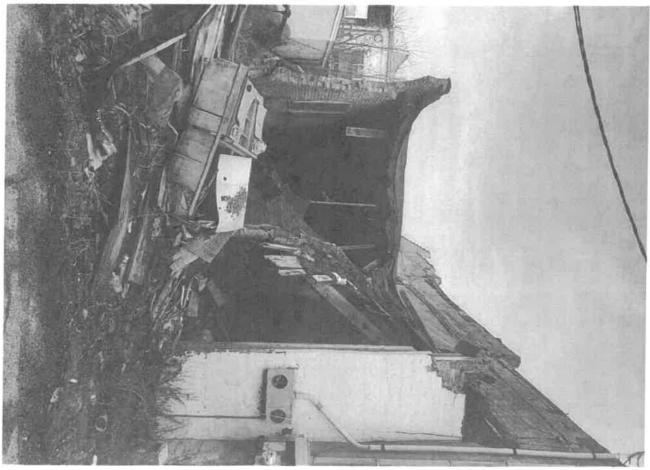
At the time of purchase the remediation process can begin. Once the safety issues are resolved a lien could be put on the property to try to recoup expended funds. Providing the property at 114 S. Chicago St. is not substantially damaged during this process and if the City Council so desires, it could be sold to recoup expended funds.

COW Recommendation: Place on Council agenda for approval of using Building and Safety funds for the purchase of 114 S. Chicago St.

Fiscal Impact: Money for this acquisition will be allocated from the FY 2022/2023 budget, line item 02-0224-8599.

<u>Council Recommendation:</u> Approve purchase of 114 S. Chicago St. for \$3,000.00 in an effort to rehabilitate the blighted conditions as noted.





ORDINANCE NO.

AN ORDINANCE AUTHORIZING THE PURCHASE OF REAL ESTATE

THIS ORDINANCE is made and adopted by the CITY COUNCIL OF THE CITY OF LINCOLN, LOGAN COUNTY, ILLINOIS, at a regular meeting held in the City Council Chambers in said City on the _____ day of ______, 2022, WITNESSETH:

WHEREAS, the CITY OF LINCOLN is a municipal corporation located in Logan County, Illinois; and

WHEREAS, the CITY OF LINCOLN desires to purchase the following-described real estate to-wit:

The Northeast part of Lot Four (4), being 19 feet fronting on Chicago Street and running back the full length of said lot, in Block Fifteen (15) in the Original Town, now City of Lincoln, also the Northeast & of brick wall being 6 % inches wide, 28 feet high and 150 feet long, together with the 6 % inches of ground upon which said wall stands, being 6 % inches of ground off of the full Northeast side of the 21 feet on Chicago Street and running back the full length of the lot off of the Southwest side of said Lot Four (4) in said Block Fifteen (15). Situated in the County of Logan and the State of Illinois.

Tax I.D. No. 08-210-153-00;

and;

WHEREAS, the property is commonly known as 114 South Chicago Street situated in Lincoln, and the City desires to purchase this parcel to aid in the demolition of 116 South Chicago due to the fact that these parcels share a common wall; and

WHEREAS, the City Council acknowledges that contractors are unwilling to rectify 116 South Chicago due to the shared wall of 114 South Chicago, thereby making it necessary for the City to purchase; and

WHEREAS, the City Council contemplates this purchase with the idea to rectify the blight and sell the property in an attempt to recoup some of the costs it incurred via the demolition of 116 South Chicago Street; and

WHEREAS, the City Council believes it can acquire this property for a nominal fee; and

WHEREAS, the City Council desires that the Mayor be given the authority to execute any paperwork to effectuate this purchase; and

WHEREAS, the City Council believes it is in the best interests of the citizens of Lincoln if the City purchases 114 South Chicago Street;

NOW, THEREFORE, IT IS HEREBY ORDAINED by the CITY COUNCIL OF THE CITY OF LINCOLN, as follows:

- 1. That it is in the best interests of the City of Lincoln that the above described real estate be purchased by the City of Lincoln.
- 2. The Mayor has the authority to execute any documents necessary in order to effectuate this purchase.
- 3. Effective Date. That this Ordinance is effective immediately upon its passage.

| The vote on the adoption of this Ordinance | was as follows: |
|--|--|
| Alderman Parrott | Alderwoman Rohlfs |
| Alderwoman Horn | Alderman Bateman |
| Alderman Hoefle | Alderman Jones |
| Alderman Downs | |
| Ayes: | |
| Nays: | |
| | |
| | |
| Passed and approved this day o | of, 2022. |
| | CITY OF LINCOLN, |
| | BY: Tracy Welch, Mayor City of Lincoln, Logan County, Illinois |
| | (SEAL) |
| City Clerk, City of Lincoln, Logan County, Illinois | |

TO: Mayor and Aldermen of the City of Lincoln

FROM: Walt Landers, Street Superintendent

MEETING

DATE: October 11, 2022

RE: Landscape Waste Facility Tipping Fees

Background

The City of Lincoln Landscape Waste Facility located at 957 Broadwell Dr. is provided by the city as a convenience to help with the management of Landscape waste from residents within the City Limits of Lincoln. It also exists so the City can maintain forestry operations of trees that are on city property and right of way. City Code States any disposal of landscape waste other than by an individual resident or business disposing of its own landscape waste is considered a contractor and shall be subject to a reasonable fee as determined by the Superintendent of the Streets and Alleys Department. These fees shall be subject to periodic review.

Currently the fees being charged are as follows.

Trailer \$10.00 Pickup Truck \$10.00 One Ton \$20.00 Dump Truck \$25.00

Tandem \$50.00 Semi \$100.00

Analysis/Discussion

These fees are not equitable in my opinion compared to the operational cost to maintain the facility. These fees are very general and cause some confusion especially when it comes to load capacity the trailer or vehicle may hold. For example, utility trailers come in many different sizes, and some may have a much larger capacity than what a pickup truck may haul so \$10.00 may not be a sufficient fee.

I would like to see the fee based on the cubic yard; this would provide a unit of measurement rather than a general vehicle description. A minimum fee would cover smaller loads and containers that would come into the facility, and other larger vehicles would be measured and assigned a price

I estimate that cost of current grinding operations is costing close to \$5.00 per cubic yard. Transportation of the ground Material is costing approximately \$1.00 per CY. But could be as high as \$4.00 to \$5.00 per cubic yard. These numbers are only related to handling the material and don't consider the any other operational cost including salaries of the attendants and additional labor and fuel cost for the Street department.

Another consideration to not be not to allow contractors to use the facility at all. Out of the five communities I investigated or spoke with, they ether had rates high enough that it discouraged contractors or didn't allow them to use city facilities at all.

TO:

Mayor and Aldermen of the City of Lincoln

FROM:

Walt Landers, Street Superintendent

MEETING

DATE:

October 11,2022

RE:

Farnworth Group Unpaid Invoices

Background

On September 15, 2022, Mayor Welch, Alderman Hoefle and I meet with Gary Davis and Joe Adams of Farnsworth Group to discuss unpaid engineering invoices the city has with their firm. Mr. Davis brought forward Invoices dating back to March of 2018 that are unpaid and would like to submit them for payment. There are five invoices totaling \$16,808.50. Some of this work dates to when Clay Johnson was City administrator and is work, he had requested Farnsworth do.

Analysis/Discussion

Mr. Davis indicated that these invoices were being submitted to the City Administrator. He said he checked on these after the new City Administrator took over but wasn't sure that she moved them forward for payment consideration.



SEP 15 2022

RECEIVED

Walt Landers City of Lincoln, Illinois 313 Limit Street Lincoln, IL 62656 August 2, 2022

Project No:

0141676.00

Invoice No:

<Draft>

Invoice Total

0.00

Project

0141676.00

City of Lincoln, IL, City Engineer Services

Professional Services for Period Ending August 26, 2022

Total this Invoice

0.00

Outstanding Invoices

| Number | Date | Balance |
|--------|-----------|-----------|
| 193356 | 3/16/2018 | 3,766.75 |
| 193357 | 9/8/2017 | 3,732.00 |
| 193358 | 9/8/2017 | 4,490.50 |
| 193359 | 9/8/2017 | 3,188.00 |
| 200502 | 7/31/2018 | 1,631.25 |
| Total | | 16,808.50 |





SEP 1 5 2022

RECEIVED

Clay Johnson

City Administrator

City of Lincoln, Illinois

700 Broadway

P.O. Box 509

Lincoln, IL 62656

March 19, 2018

Project No: Invoice No: 0141676.00

193356

Invoice Total

\$3,766.75

Project

0141676.00

City of Lincoln, IL, City Engineer Services

ILAWC Land Swap

Professional Services for Period Ending December 31, 2017

Professional Services

| | Hours | Rate | Amount |
|-------------------------|-------|--------|----------|
| Design Manager | .75 | 174.00 | 130.50 |
| Engineering Intern II | 6.00 | 118.00 | 708.00 |
| Engineering Manager | 8.25 | 185.00 | 1,526.25 |
| Principal | 6.50 | 203.00 | 1,319.50 |
| Senior Project Engineer | .50 | 165.00 | 82.50 |
| Totals | 22.00 | | 3,766.75 |

Total Professional Services

3,766.75

Total this Invoice

\$3,766.75

ILAWC Land Swap - Site survey, Plat preparation and revisions, various meetings





Clay Johnson

City Administrator

City of Lincoln, Illinois

700 Broadway

P.O. Box 509

Lincoln, IL 62656

March 19, 2018

Project No:

0141676.00

Invoice No:

193357

Invoice Total

\$3,732.00

Project

0141676.00

City of Lincoln, IL, City Engineer Services

Beck Drive Dedication

Professional Services for Period Ending December 31, 2017

Professional Services

| | Hours | Rate | Amount |
|-----------------------|-------|--------|----------|
| Engineering Intern II | 6.50 | 118.00 | 767.00 |
| Principal | 9.00 | 203.00 | 1,827.00 |
| Project Designer | 1.50 | 140.00 | 210.00 |
| Engineering Intern I | 8.00 | 99.00 | 792.00 |
| Project Technician | 1.00 | 136.00 | 136.00 |
| Totals | 26.00 | | 3,732.00 |

Total Professional Services

3,732.00

Total this Invoice

\$3,732.00

Includes record drawing review, mortgage information review and meetings.





Clay Johnson City Administrator City of Lincoln, Illinois 700 Broadway P.O. Box 509 Lincoln, IL 62656 March 19, 2018

Project No: Invoice No: 0141676.00 193358

Invoice Total

\$4,490.50

Project

0141676.00

City of Lincoln, IL, City Engineer Services

City/School Project - Work order #11

Professional Services for Period Ending December 31, 2017

Professional Services

| | Hours | Rate | Amount |
|---------------------------|-------|--------|----------|
| Administrative Support | 1.00 | 68.00 | 68.00 |
| Design Manager | 3.50 | 174.00 | 609.00 |
| Designer | 2.25 | 130.00 | 292.50 |
| Land Surveying Manager | 6.00 | 185.00 | 1,110.00 |
| Land Surveyor | 5.50 | 129.00 | 709.50 |
| Principal | 1.50 | 203.00 | 304.50 |
| Project Engineer | 1.50 | 148.00 | 222.00 |
| Technician II | 12.50 | 94.00 | 1,175.00 |
| Totals | 33.75 | | 4,490.50 |

Total Professional

Professional Services 4,490.50

Total this Invoice

\$4,490.50

Services for property transfer from City to School





Clay Johnson City Administrator City of Lincoln, Illinois 700 Broadway P.O. Box 509 Lincoln, IL 62656 March 19, 2018

Project No: Invoice No: 0141676.00 193359

Invoice Total

\$3,188.00

Project

0141676.00

City of Lincoln, IL, City Engineer Services

MGP Review of Plans/Specs and Coordination

Professional Services for Period Ending December 31, 2017

Professional Services

| | | Hours | Rate | Amount | |
|----------------------|---------------------------------|-------|--------|----------|----------|
| Principal | | 4.00 | 203.00 | 812.00 | |
| Engineering Intern I | | 24.00 | 99.00 | 2,376.00 | |
| | Totals | 28.00 | | 3,188.00 | |
| | Total Profession Services | | | | 3,188.00 |

Total this Invoice

\$3,188.00

Review request by City of MGP / Street Department site drawings and meetings





Clay Johnson City Administrator City of Lincoln, Illinois 700 Broadway

P.O. Box 509

Lincoln, IL 62656

July 31, 2018

Project No: Invoice No: 0141676.00

200502

Invoice Total

\$1,631.25

Project

0141676.00

City of Lincoln, IL, City Engineer Services

Professional Services for Period Ending July 20, 2018

Professional Services

| | Hours | Rate | Amount |
|---------------------|-------|--------|----------|
| Principal | 4.00 | 207.00 | 828.00 |
| Engineering Manager | 4.25 | 189.00 | 803.25 |
| Totals | 8.25 | | 1,631.25 |
| | | | |

Total Professional Services

1,631.25

Total this Invoice

\$1,631.25

Close out assistance for past years MFT programs