

CITY OF LINCOLN
REGULAR CITY COUNCIL MEETING
AGENDA
AUGUST 21, 2023
7:00 PM

1. **Call to Order**
2. **Roll Call**
3. **Pledge of Allegiance**
4. **Public Participation**
5. **Savannah Conrad – Completion of Probationary Fire Fighter- Oath of Office Fire Fighter. Presentation of Badge and Helmet Shield by Retired Assistant Fire Chief Steve Dahm**
6. **Consent Agenda By Omnibus Vote**

All items under the Consent Agenda are considered to be routine in nature and/or non-controversial and will be approved by one motion. If anyone wishes to have a separate vote on any item, it will be pulled from the Consent Agenda and voted on separately.

- A. Payment of Bills
- B. Request from Lincoln Community High School Football Boosters to permit the closing of Wyatt Avenue from S. Kickapoo Street to Lincoln Community High School to decorate and whitewash Wyatt Avenue for Homecoming on Thursday, September 14, 2023 from 4:30 p.m. until 7:30 p.m.
7. **Ordinances and Resolutions**
Ordinance Authorizing Real Estate to Go Out to Bid
8. **Bids**
9. **Reports**
 - A. City Treasurer's Report for July, 2023
 - B. City Clerks Report for July 2023
 - C. Department Head Reports for July, 2023
10. **New Business/Communications**
Advise and Consent to the Mayoral Appointment of David Sanders to Alderman for Ward 2. (Swearing in after vote)
11. **Announcements**
12. **Possible Executive Session**
13. **Adjournment**

We welcome the participation of persons with disabilities at all City of Lincoln meetings. If auxiliary aid or service is required for most effective participation and communication, please notify the City Clerk's Office at 217-735-2815 or cityclerk@lincolnil.gov no later than 48 hours prior to the meeting time.

THE CITY OF LINCOLN

Date Received 7-14-2023

REQUEST TO PERMIT EVENT WITH STREET CLOSURE

Must Have Council Approval

Date(s) of Event: Sept 14th 2023

A copy of this form must be available at the Event! City Clerks Office
1000 P-1110'S

Please describe below your request for use of City Property.

JUL 14 2023

Description of Event (including participating merchants, vendors, exhibitors, and units, etc.)

LCHS Homecoming decorating and whitewashing
This event includes members of both youth and high school football and cheer along with many outside volunteers.

RECEIVED

Location of Event Property: (Address Utilized Space) Wyatt Ave

Items occupying street space utilized: Football boosters

Date(s) and time(s) for usage of Property: Sept 14th 4:30pm - 7:30pm

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? Wyatt Ave from S. Kirkwood to LCHS with a barricade at each intersection

Closed from 4:30 a.m. **(p.m.)** until 7:30 a.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 permitted parking lot? Specify, _____

Certificate of Insurance Liability for event must be attached to request before approval.

Business/Organization/Sponsor Name: LCHS Football Boosters

Contact Name: Pamela Loubenstein Email: 87u@comcast.net

Address: 1000 Trailer way Signature: Pam Loubenstein

Phone: Business: _____ Cell: 217-314-9827

APPROVED: (signatures)

Police Department: [Signature]

Fire Department: [Signature]

Street Department: [Signature]

Mayor: [Signature]

Vote: Council Approval ___ Years ___ Nays

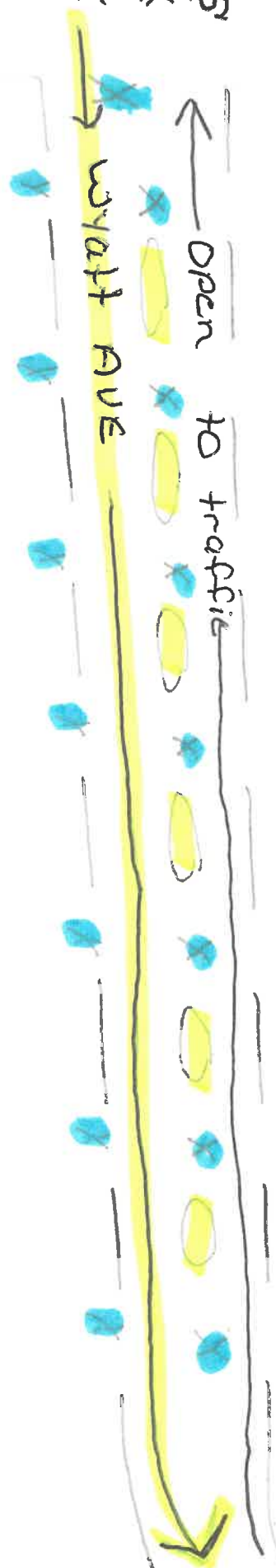
Date: _____

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.

Blue = Barricade / road closure
Yellow = Deconrating / whitewashing

S. WICKHAM



WEST



CERTIFICATE OF LIABILITY INSURANCE

OP ID: LW

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 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 Ramza Insurance Group - 713 713 North Bloomington Streator, IL 61364 Craig Ramza II		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: LINCO-4		FAX (A/C, No):	
INSURED Lincoln CHSD #404 1000 Railer Way Lincoln, IL 62656		INSURER(S) AFFORDING COVERAGE			
		INSURER A: MIC Wright Specialty			
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		CND-IL-EPP-12417-000	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
A	AUTOMOBILE LIABILITY	<input checked="" type="checkbox"/>	CND-IL-CAP-12418-000	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		CND-IL-EXL-12420 000	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 5,000,000
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>				AGGREGATE \$ 5,000,000
	DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of Lincoln is listed as an Additional Insured in regards to use of all city grounds, streets, and facilities for any and all LCHS events as their interest may appear

CERTIFICATE HOLDER

CANCELLATION

CTYLINC

CITY OF LINCOLN
 CITY HALL
 CITY CLERK'S OFFICE
 P.O. BOX 509
 LINCOLN, IL 62656

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 Craig Ramza II

Craig Ramza II

ORDINANCE NO.

AN ORDINANCE AUTHORIZING REAL ESTATE TO GO OUT TO BID

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 _____, 2023,
WITNESSETH:

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

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

A lot 40'-0'' x 150'-0'' being 40'-0'' off the west side of Lot No. 39, on Lincoln Hill, West Lincoln, Ill.;

and;

the parcel bears the following tax number: 12-355-039-50;

and;

WHEREAS, the City Council CITY OF LINCOLN has determined that the real estate described above is no longer needed for the public interest, that it is the best interest of the Citizens of Lincoln if this property is sold; and

WHEREAS, the property is not currently being used for any real purpose; and

WHEREAS, this will go out for bid and be published in the Lincoln Courier for three successive weeks beginning on August 26, 2023; and

WHEREAS there will be no warranties of the condition of the structure located on property and the property will be sold "AS IS"; and

WHEREAS, after that three week period bids will be opened in the COW on September 12, 2023 with a decision to be made on the voting meeting thereafter;

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 put out for bid.

2. The City Clerk is directed to publish in the Courier for three successive weeks notifying all interested parties to submit a bid for the above-described real estate.

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 McClallen	_____
Alderman Eimer	_____	Alderwoman Rohlf	_____
Alderwoman O'Donoghue	_____	Alderman Bateman	_____
Alderman Downs	_____		

Ayes: _____

Nays: _____

Abstain: _____

Absent: _____

Passed and approved this ___ day of _____, 2023.

CITY OF LINCOLN,

BY: _____

Tracy Welch, Mayor
City of Lincoln, Logan County, Illinois

ATTEST: _____ (SEAL)

City Clerk, City of Lincoln,
Logan County, Illinois