

CITY OF LINCOLN
REGULAR CITY COUNCIL MEETING
AGENDA
JUNE 20, 2023
7:00 PM

1. **Call to Order**
2. **Roll Call**
3. **Pledge of Allegiance**
4. **Public Participation**
5. **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. Approval of minutes for May 9, 2023 Committee of the Whole Meeting.
 - C. Approval of request from Lincoln Railsplitter Antique Auto Club to permit the closing of Pulaski St from Kickapoo St. to McLean St. on Friday, August 11, 2023 from 5:00 p.m. until 8:00 p.m. for the Antique Car Show.
 - D. Approval of request from Lincoln Railsplitter Antique Auto Club to permit the closing of the 100 block of South Kickapoo St. from Broadway St. to Pulaski Street on Friday, July 14, 2023, and Friday, September 8, 2023 from 5:00 p.m. until 8:00 p.m. for the Antique Car Show.
 - E. Approval of request from First Presbyterian Church to permit diverting the alley between Ottawa Street and Kankakee Street to One-way, Westbound only on Wednesday, July 19, 2023 from 4:00 p.m. until 7:00 p.m. for the 40th Annual Church BBQ Dinner.
 - F. Approval of Request to Permit the extended closing of Broadway Street from McLean Street to Chicago Street on Friday, June 16, 2023 from 4:00 p.m. until Midnight for the Third Friday/Nashville Nights band performance.
6. **Ordinances and Resolutions**
 - A. Ordinance Authorizing the Purchase of Real Estate at 112 South Chicago Street.
 - B. Ordinance Authorizing the Purchase of Real Estate at 116 South Chicago Street.
 7. **Bids**
 8. **Reports**
 - A. City Treasurer's Report for May, 2023
 - B. City Treasurer's Annual Firemen's Pension Fund Report for F.Y. 2022-2023
 - C. City Treasurer's Revises Annual Police Pension Fund Report for F.Y. 2022-2023
 - D. City Clerks Report for May, 2023
 - E. Department Head Reports for May, 2023
 9. **New Business/Communications**
 - A. Approval of purchase of one (1) Lucas 3.1 Chest Compression System with PM Contract and five (5) LIFEPAK 1000ECG Display/Defibrillators from Stryker Emergency Care at a cost not to exceed \$43,687.91 in ARPA Funds.
 - B. Advise & Consent to the Mayoral appointment of Ronald Olthof to the Diversity & Inclusion Commission.
 - C. Advise & Consent to the Mayoral appointment of Alderman Craig Eimer to the Liquor Commission.
 - D. Approval of an Economic Development Grant to Dan Row at 214 S. McLean St. for limited repair, tuck pointing, brick repair and replacement at a cost not to exceed \$7,500.00.
 - E. Approval of Façade Grant to Dan Row at 214 S. McLean St. for tuck pointing of the façade and replacement of the awning in an amount not to exceed \$10,000.00, pending approval of the Historic Preservation Commission.
 - F. Approval of the 2023 Roadway Scarifications/Oil and Chip Resurfacing Targets.
 - G. Approval of the purchase of a Case IH Farmall 100C Tractor with Loader & Rotary Cutter Mower in an amount not to exceed \$92,599.40 from Central Illinois Ag.
 - H. Approval of the purchase of a Total patcher V-Grader from Hampton Equipment of Raymond, Illinois in an amount not to exceed \$18,500.00.
 - I. Approval of the purchase of four (4) new tires for the Sewer Department backhoe from Pomp's Tire Service in an amount not to exceed \$7,170.09.
 - J. Advise and Consent to the Mayoral Appointment of Rhonda O'Donoghue as Alderman Ward 4. (Oath to follow after vote)
 10. **Announcements**
 11. **Possible Executive Session**
 12. **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 _____

MAY 25 2023

REQUEST TO PERMIT EVENT WITH STREET CLOSURE

Must Have Council Approval

RECEIVED

Date(s) of Event: ~~June 9~~, August 11

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.)

Car show

Location of Event Property: (Address Utilized Space) 500 BK of Palaski St

Items occupying street space utilized: Collector Cars, Trucks, Motorcycles

Date(s) and time(s) for usage of Property: Dates above, 5 - 8 PM

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? Palaski St From Kirkwood to

McLean Sts

Closed from 5 a.m. p.m. until 8 PM 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, No

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

Business/Organization/Sponsor Name: Lincoln Railsp & the Antique Auto Club

Contact Name: Rob Harman Email: rharman111@gmail.com

Address: 1026 ST RT 121, Lincoln Signature: Rob Harman

Phone: Business: 217-792-3475 Home: Cell: 217-737-8523

APPROVED: (signatures)

Police Department: [Signature]

Mayor: [Signature]

Fire Department: [Signature]

Vote: Council Approval ___ Years ___ Nays

Street Department: [Signature]

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.



Coverage Is Provided In:
Ohio Security Insurance Company

Policy Number:
BLS (24) 58 43 35 74
Policy Period:
From 04/01/2023 To 04/01/2024
12:01 am Standard Time
at Insured Mailing Location

Commercial General Liability Declarations

Basis: Occurrence

Named Insured

Agent

LINCOLN RAIL SPLITTERS ANTIQUE
AUTO CLUB INC.

(800) 962-7132
INDIANA INSURANCE - AMSC IL

SUMMARY OF LIMITS AND CHARGES

Commercial General Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Occurrence Limit	1,000,000
	Damage To Premises Rented To You Limit (Any One Premises)	1,000,000
	Medical Expense Limit (Any One Person)	15,000
	Personal and Advertising Injury Limit	1,000,000
	General Aggregate Limit (Other than Products - Completed Operations)	2,000,000
	Products - Completed Operations Aggregate Limit	2,000,000

Explanation of Charges	DESCRIPTION	PREMIUM
	General Liability Schedule Totals	466.00
	Certified Acts of Terrorism Coverage	10.00

Total Advance Charges: \$476.00
Note: This is not a bill

report a claim, call your Agent or 1-844-325-2467

DS 70 22 01 08

MAY 25 2023

REQUEST TO PERMIT EVENT WITH STREET CLOSURE

Must Have Council Approval

RECEIVED

Date(s) of Event: July 14, Sept 8

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.)

Car Show

Location of Event Property: (Address Utilized Space) 100 Blk of Kizkapoo ST

Items occupying street space utilized: Collector Cars, Trucks, Motorcycles

Date(s) and time(s) for usage of Property: Dates Above, 5-8 pm

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? 100 Blk of South Kizkapoo ST, Between Broadway and Pulaski Streets

Closed from 5 a.m. (p.m) until 8 a.m. (p.m) (circle a.m. or p.m.)

If different times on different days, please specify. N/A

Does this street normally have access to a permitted parking lot? Specify, N/A

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

Business/Organization/Sponsor Name: Lincoln Roadsplitter Antique Auto Club

Contact Name: Rob Harmon Email: rharmon1113@gmail.com

Address: 1026 ST RT 12, Lincoln Signature: [Signature]

Phone: Business: 217-792-3475 Cell: 217-737-8523

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.



Coverage Is Provided In:
Ohio Security Insurance Company

Policy Number:
BLS (24) 58 43 35 74
Policy Period:
From 04/01/2023 To 04/01/2024
12:01 am Standard Time
at Insured Mailing Location

Commercial General Liability Declarations

Basis: Occurrence

Named Insured	Agent
LINCOLN RAIL SPLITTERS ANTIQUE AUTO CLUB INC.	(800) 962-7132 INDIANA INSURANCE - AMSC IL

SUMMARY OF LIMITS AND CHARGES

Commercial General Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Occurrence Limit	1,000,000
	Damage To Premises Rented To You Limit (Any One Premises)	1,000,000
	Medical Expense Limit (Any One Person)	15,000
	Personal and Advertising Injury Limit	1,000,000
	General Aggregate Limit (Other than Products - Completed Operations)	2,000,000
	Products - Completed Operations Aggregate Limit	2,000,000

Explanation of Charges	DESCRIPTION	PREMIUM
	General Liability Schedule Totals	466.00
	Certified Acts of Terrorism Coverage	10.00

Total Advance Charges: \$476.00
Note: This is not a bill

report a claim, call your Agent or 1-844-325-2467

DS 70 22 01 08

Date Received MAY 15 2023

The City of Lincoln

REQUEST TO PERMIT FOR A NON-STREET CLOSURE -

RECEIVED

Date(s) of Event: July 19, 2023

Traffic Could get backed up

Please describe below your request for use of City Property:

Description of Event (including participating merchants, vendors, exhibitors and units, etc. 40th church BBQ dinner - this year as a drive-thru using our parking lot as the food pickup. We are requesting that the alley between Ottawa St. and Kankakee St, behind the Lincoln Jr. High School to be one-way going west. Cars would enter the alley from Kankakee St. and exit onto Ottawa St. We would also request four city barricades to aid with traffic pattern. We appreciate your consideration of our request. Thank you!

Location of Event Property: (Address Parking Space) 301 Pekin Street

Items occupying parking space: Vehicles in food pickup line

Date(s) and time(s) for usage of Property: Wed. July 19, 2023 4-7 p.m.

Are licenses needed, if yes, please attach. YES NO *See diagram on back.

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

Business/Organization Name: 1st Presbyterian Church 301 Pekin Street

Contact Name: Charlise Leesman Email: kcleesman@frontier.com

Address: 531 N. Union Street Signature: Charlise Leesman

Phone: ^{Home} 217-732-7365 Cell: 217-671-3469

APPROVED: (signatures)

Police Department: Joseph H. Meister Mayor: [Signature]

Fire Department: [Signature] Date: 6/16/23

Street Department: [Signature]

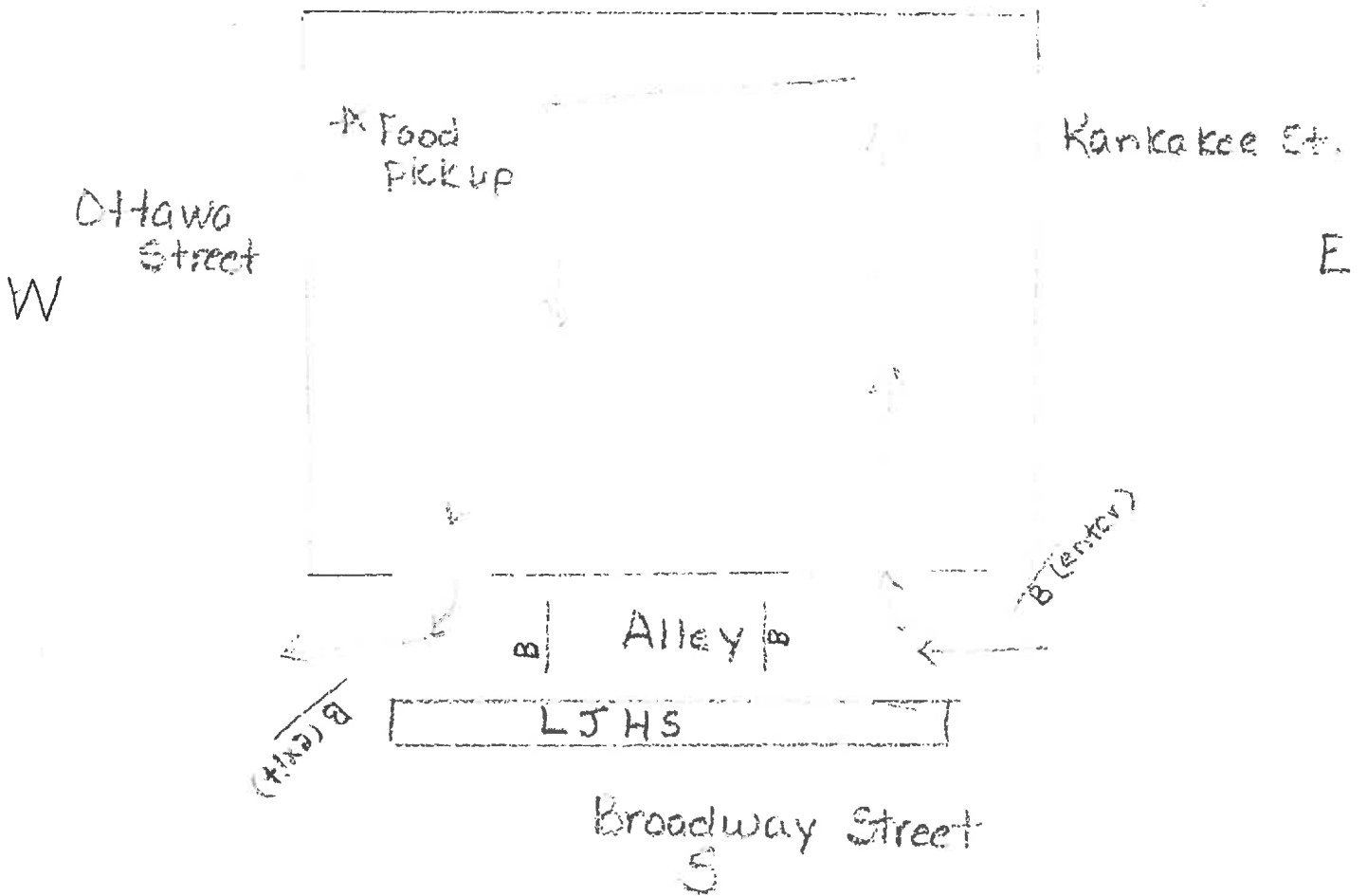
As soon as all signatures are obtained, you will be contacted at the phone number you provided.

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.

N
Pekin Street

B = barricade.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/10/2023

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).


PRODUCER Church Mutual Insurance Company, S.I. 3000 Schuster Lane P.O. Box 357 Merrill WI 54452		CONTACT NAME: Church Mutual Insurance Company, S.I. PHONE (A/C No., Ext.): 1-800-554-2642 E-MAIL ADDRESS: customerservice@churchmutual.com FAX (A/C No.): 855-264-2329
		INSURER(S) AFFORDING COVERAGE
		INSURER A: Church Mutual Insurance Company, S.I.
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:
INSURED FIRST PRESBYTERIAN CHURCH 301 PEKIN ST LINCOLN IL 62656-2030		NAIC # 18767

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 INSD	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			0002165 25-516523	01/15/2023	01/15/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						EACH OCCURRENCE \$ AGGREGATE \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			

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

CERTIFICATE HOLDER First Presbyterian Church 301 Pekin St Lincoln IL 62656	CANCELLATION 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 
--	---

THE CITY OF LINCOLN

Date Received MAY 30 2023

REQUEST TO PERMIT EVENT WITH STREET CLOSURE

Must Have Council Approval

RECEIVED

Date(s) of Event: June 16, 2023 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.)

Nashville Nights - 3rd Friday - Revised street closure with 1 additional street

Closure of Broadway from McLean to Chicago

Fox Hole band on street

Location of Event Property: (Address Utilized Space) _____

Items occupying street space utilized: _____

Date(s) and time(s) for usage of Property: Friday, June 16, 2023

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? _____

Closed from 4:00 pm a.m./p.m. until Midnight 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: _____

Contact Name: _____ Email: _____

Address: _____ Signature: _____

Phone: Business: _____ Cell: _____

APPROVED: (signatures)

Police Department: [Signature]

Mayor: [Signature]

Fire Department: [Signature]

Vote: Council Approval ___ Years ___ Nays

Street Department: [Signature]

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.

City of Lincoln

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 _____, 2023, 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 4, being 19 feet fronting on Chicago Street and running back the full length of said Lot, in Block 15 in the Original Town, now of the City of Lincoln, also the Northeast ½ of brick wall being 6 ½ inches wide, 28 feet high and 150 feet long, together with the 6 ½ inches of ground upon which said wall stands, being 6 ½ 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 4 in Block 15, situated in the County of Logan and State of Illinois.

Tax I.D. No. 08-210-0152-00;

and;

WHEREAS, the property is commonly known as 112 South Chicago Street situated in Lincoln, and the City believes the property to have been abandoned for a number of years; and

WHEREAS, the City Council acknowledges that the property is in a significant state of disrepair to the point that it is a cause of blight in the neighborhood and affecting the parcels surrounding it; and

WHEREAS, the City notes the property recently was conveyed to the Logan County Trustee via tax deed and the City desires to purchase the property; and

WHEREAS, the City Council contemplates this purchase with the idea to demolish/remediate the property in order to resolve the issue of blight, and then sell the parcel in order to recoup some of their costs; and

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

WHEREAS, the City Council believes it would be in the best interest of the citizens of Lincoln if this issue of blight is resolved; and

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

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 Rohlf	_____
Alderwoman McClallen	_____	Alderman Bateman	_____
Alderman Downs	_____	Alderman Eimer	_____

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

LOGAN COUNTY TAX AGENT

TELEPHONE (618) 656-5744
TOLL FREE (800) 248-2850
FACSIMILE (618) 656-5094

141 ST. ANDREWS AVENUE
P.O. BOX 96
EDWARDSVILLE, ILLINOIS 62025

May 23, 2023

City of Lincoln
700 Broadway Street
P.O. Box 509
Lincoln, IL 62656

Transaction Number: 0523906
Parcel Number: 08-210-152-00
Property Address: 112 S. CHICAGO ST.

Dear City of Lincoln,

Enclosed is a purchase contract to enable the City of Lincoln to acquire the requested parcel. The purchase price is based upon the minimum cost of acquisition and conveyance thru the county's Tax Liquidation Program.

Please return **the signed contract** along with a check in the amount of \$809.00 payable to the Logan County Trustee Payment Account to the address shown above. This amount is made up of \$750.00 for purchase plus \$59.00 for recording.

Upon approval by the County Board Chairman, we will return an acknowledged copy of the purchase contract and process the conveyance. If this property is being purchased for demolition, please notify the Assessor in your county and apply for an exemption when the demolition is complete. If you have any questions, please contact me.

Sincerely yours,



Kim Wildhaber



PURCHASE CONTRACT

SELLER: Logan County, As Trustee

PURCHASER: City of Lincoln

SUBJECT PROPERTY: 08-210-152-00

PROPERTY ADDRESS: 112 S. CHICAGO ST.

TOTAL CONSIDERATION (Purchase Price + Recording Fee): **\$809.00**

SELLER agrees to sell and PURCHASER agrees to purchase, the SUBJECT PROPERTY for the TOTAL CONSIDERATION payable on execution hereof.

SELLER will convey and quitclaim the SUBJECT PROPERTY to PURCHASER within 90 days after the date hereof. The deed will be returned to PURCHASER directly from the Office of the Recorder of Deeds after recording.

SELLER makes no warranty or representation, of any kind or nature, as to the condition of title to the SUBJECT PROPERTY or as to the physical condition of any improvement thereon, each of which PURCHASER accepts "as is" and with all faults.

SELLER hereby grants to PURCHASER all of SELLER'S right of possession of the SUBJECT PROPERTY and any improvement thereon, and PURCHASER assumes such right of possession and the risk of loss or damage to any such improvement, and agrees to hold SELLER harmless and indemnified from any claim arising out of the condition thereof, as of this date. No personal property is sold or purchased hereunder.

PURCHASER hereby assumes all taxes and assessments upon the SUBJECT PREMISES beginning January 1 of the year 2024.

PURCHASER may, at its expense and option, obtain such title reports and surveys as to the SUBJECT PREMISES as PURCHASER may desire. PURCHASER shall advise SELLER in writing within 30 days after date hereof concerning any defect in the condition of title disclosed by such reports or surveys and rendering the title unmarketable. In the event of such notice, the conveyance to PURCHASER shall be delayed pending SELLER'S efforts to resolve the same. In event SELLER is unable or unwilling to cure such defects within a reasonable time after notice thereof, PURCHASER may elect to cancel and terminate this agreement and the rights and obligations of the parties hereunder; and in such event, SELLER shall refund to PURCHASER all sums paid hereunder if PURCHASER shall so elect. Failure to notify SELLER of any objectionable title defect as above said shall constitute a waiver thereof.

Neither of the parties hereto may assign or delegate the rights or obligations of such party hereunder without the prior express written consent of the other. All notices to the parties concerning the subject hereof shall be transmitted to the addresses set forth below their respective signatures.

Dated this _____ day of _____, 2023.

SELLER:

PURCHASER:

By: _____

By: _____

SELLER ADDRESS:

c/o Delinquent Tax Agent
P. O. Box 96
Edwardsville, IL 62025-0096

PURCHASER ADDRESS:

City of Lincoln
700 Broadway Street
P.O. Box 509
Lincoln, IL 62656

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 _____, 2023, 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:

A strip of ground 6 inches wide off of the full Southwest side of Lot 4 and a strip of ground 16 1/3 feet wide off of the full Northeast side of Lot 5, all in Block 15 in the Original Town, now of the City of Lincoln, situated in the County of Logan and State of Illinois.

Tax I.D. No. 08-210-0154-00;

and;

WHEREAS, the property is commonly known as 116 South Chicago Street situated in Lincoln, and the City believes the property to have been abandoned for a number of years; and

WHEREAS, the City Council acknowledges that the property is in a significant state of disrepair to the point that it is a cause of blight in the neighborhood and affecting the parcels surrounding it; and

WHEREAS, the City notes the property recently was conveyed to the Logan County Trustee via tax deed and the City desires to purchase the property; and

WHEREAS, the City Council contemplates this purchase with the idea to demolish/remediate the property in order to resolve the issue of blight, and then sell the parcel in order to recoup some of their costs; and

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

WHEREAS, the City Council believes it would be in the best interest of the citizens of Lincoln if this issue of blight is resolved; and

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

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 McClallen	_____	Alderman Bateman	_____
Alderman Downs	_____	Alderman Eimer	_____

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

LOGAN COUNTY TAX AGENT

TELEPHONE (618) 656-5744
TOLL FREE (800) 248-2850
FACSIMILE (618) 656-5094

141 ST. ANDREWS AVENUE
P.O. BOX 96
EDWARDSVILLE, ILLINOIS 62025

May 23, 2023

City of Lincoln
700 Broadway Street
P.O. Box 509
Lincoln, IL 62656

Transaction Number: 0523907
Parcel Number: 08-210-154-00
Property Address: 116 S. CHICAGO ST.

Dear City of Lincoln,

Enclosed is a purchase contract to enable the City of Lincoln to acquire the requested parcel. The purchase price is based upon the minimum cost of acquisition and conveyance thru the county's Tax Liquidation Program.

Please return **the signed contract** along with a check in the amount of \$809.00 payable to the Logan County Trustee Payment Account to the address shown above. This amount is made up of \$750.00 for purchase plus \$59.00 for recording.

Upon approval by the County Board Chairman, we will return an acknowledged copy of the purchase contract and process the conveyance. If this property is being purchased for demolition, please notify the Assessor in your county and apply for an exemption when the demolition is complete. If you have any questions, please contact me.

Sincerely yours,



Kim Wildhaber



PURCHASE CONTRACT

SELLER: Logan County, As Trustee

PURCHASER: City of Lincoln

SUBJECT PROPERTY: 08-210-154-00

PROPERTY ADDRESS: 116 S. CHICAGO ST.

TOTAL CONSIDERATION (Purchase Price + Recording Fee): **\$809.00**

SELLER agrees to sell and PURCHASER agrees to purchase, the SUBJECT PROPERTY for the TOTAL CONSIDERATION payable on execution hereof.

SELLER will convey and quitclaim the SUBJECT PROPERTY to PURCHASER within 90 days after the date hereof. The deed will be returned to PURCHASER directly from the Office of the Recorder of Deeds after recording.

SELLER makes no warranty or representation, of any kind or nature, as to the condition of title to the SUBJECT PROPERTY or as to the physical condition of any improvement thereon, each of which PURCHASER accepts "as is" and with all faults.

SELLER hereby grants to PURCHASER all of SELLER'S right of possession of the SUBJECT PROPERTY and any improvement thereon, and PURCHASER assumes such right of possession and the risk of loss or damage to any such improvement, and agrees to hold SELLER harmless and indemnified from any claim arising out of the condition thereof, as of this date. No personal property is sold or purchased hereunder.

PURCHASER hereby assumes all taxes and assessments upon the SUBJECT PREMISES beginning January 1 of the year 2024.

PURCHASER may, at its expense and option, obtain such title reports and surveys as to the SUBJECT PREMISES as PURCHASER may desire. PURCHASER shall advise SELLER in writing within 30 days after date hereof concerning any defect in the condition of title disclosed by such reports or surveys and rendering the title unmarketable. In the event of such notice, the conveyance to PURCHASER shall be delayed pending SELLER'S efforts to resolve the same. In event SELLER is unable or unwilling to cure such defects within a reasonable time after notice thereof, PURCHASER may elect to cancel and terminate this agreement and the rights and obligations of the parties hereunder; and in such event, SELLER shall refund to PURCHASER all sums paid hereunder if PURCHASER shall so elect. Failure to notify SELLER of any objectionable title defect as above said shall constitute a waiver thereof.

Neither of the parties hereto may assign or delegate the rights or obligations of such party hereunder without the prior express written consent of the other. All notices to the parties concerning the subject hereof shall be transmitted to the addresses set forth below their respective signatures.

Dated this _____ day of _____, 2023.

SELLER:

PURCHASER:

By: _____

By: _____

SELLER ADDRESS:

c/o Delinquent Tax Agent
P. O. Box 96
Edwardsville, IL 62025-0096

PURCHASER ADDRESS:

City of Lincoln
700 Broadway Street
P.O. Box 509
Lincoln, IL 62656

MEMORANDUM

TO: Mayor and City Council Members

FROM: Chief Bob Dunovsky

MEETING DATE: June 13, 2023Use

RE: ARPA Funds to Purchase a Lucas 3.1 Tool and 5 AED's

Background: The purchase of a Lucas 3.1 chest compression system (as will be demonstrated) will provide higher proficiency with regards to rescuer CPR, improve statistically better patient outcomes, and reduce injury/fatigue to rescuers. The Lucas device is being used in many communities around us and is slowly being acquired by agencies in Logan County. We have the ability to obtain this tool by using ARPA Funds.

In addition, the five (5) LIFEPAK 1000 ECG Display/ Defibrillators that have been approved in this year's budget and already ordered, can also be paid for using ARPA Funds. This would allow the \$17000+ tax dollars to be reserved for future spending.

1-Lucas 3.1 w/PM contract	\$25,785.81
5-LIFEPAK 1000	\$17,902.10
Total ARPA Funds Request	\$43,687.91

David Lee (217-414-7232) Stryker Emergency Care will attend the meeting.

Council Recommendation:

Lincoln FD

LUCAS 3.1 Presentation



Partnering with Stryker to save
lives and reduce injury

Problem with Manual CPR

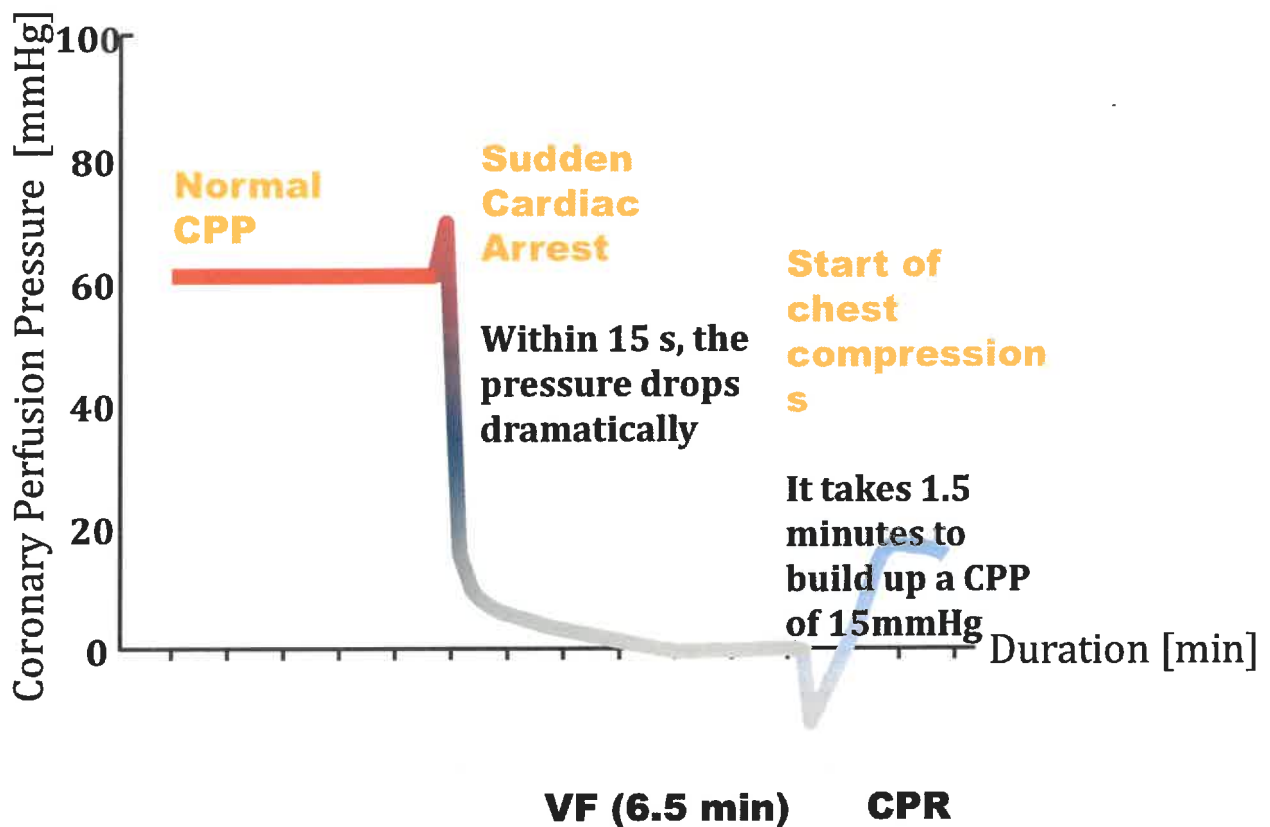
- **Coronary Perfusion Pressure**
- **Poor Perfusion**
- **Inadequate CPR**
- **Interruptions**
- **Caregiver Fatigue/Injury**
- **Transporting patients**
- **30%-40% of patients Re-arrest**
- **Accidents or Sudden Stops**

The three most important things in cardiac arrest

1. Saving the **brain**
2. Saving the **heart**
3. Considering **causal** treatment

Coronary Perfusion Pressure (CPP)

at a sudden cardiac arrest



Poor perfusion

Manual CPR at best produces

30%–40%

of normal blood flow to the brain



1

:

10%–30%

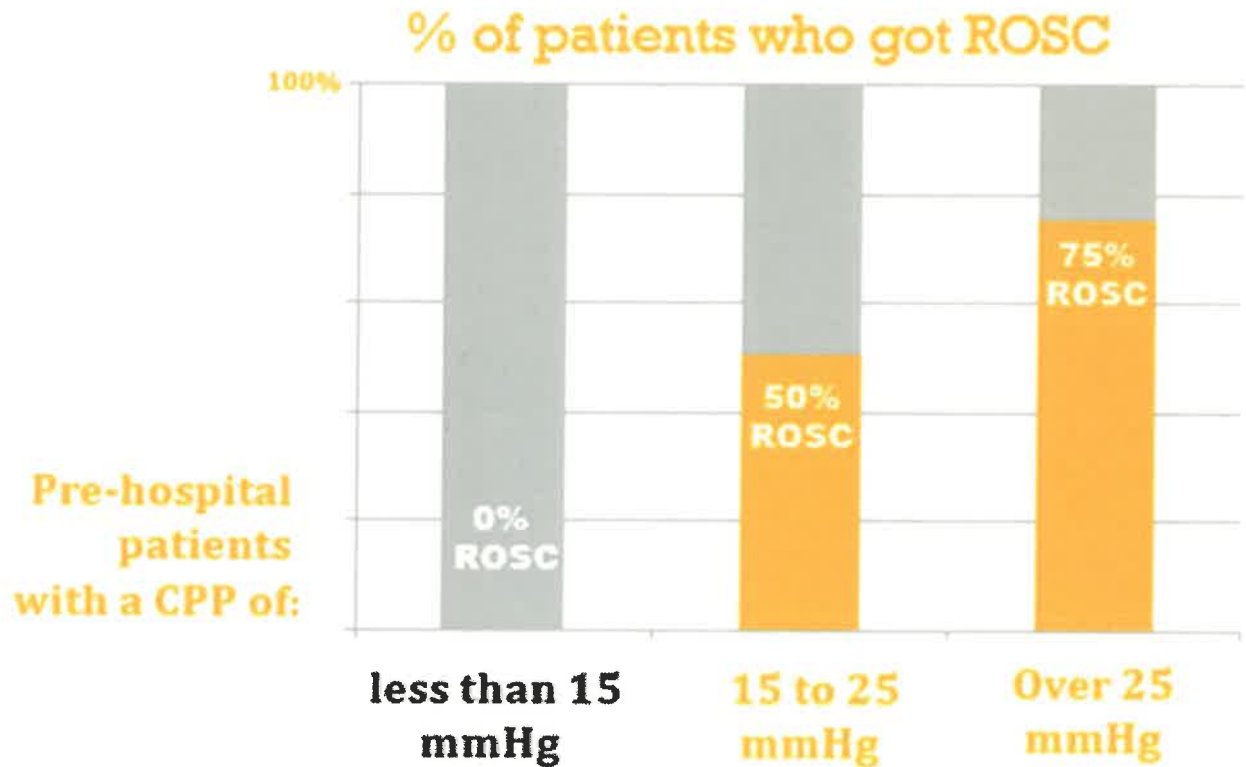
of normal blood flow to the heart



1

AHA Consensus on CPR quality, Meany et al, *Circulation* 2013, Jul 23, 128(4)

Coronary Perfusion Pressure (CPP) of at least 15mmHg is related to ROSC



Poor quality CPR is a preventable harm

Guidelines emphasize importance of high-quality CPR

Key CPR metrics to monitor

- Minimize pauses in chest compressions
- Depth 2.0-2.4 inches / 5-6 cm
- Rate 100-120 per min
- Full chest recoil
- Avoid excessive ventilation (30:2 or 10 per min)



**American
Heart
Association®**

“Poor quality CPR **is a preventable harm.”
- 2018**



The effect of rescuer fatigue on the quality of chest compressions.

Ochoa FJ¹, Ramalle-Gómara E, Lisa V, Saralegui I.

Author information

Abstract

OBJECTIVE: The aim of this study was to evaluate the influence of rescuer fatigue on the quality of chest compressions and the influence of the rescuer's gender, age, weight, height or professional status on the reduction of quality of chest compressions caused by fatigue.

MATERIAL AND METHODS: The study was carried out with the Laerdal Skillmeter Resusci Anne manikin. The participants were doctors and nurses who work in the Intensive Care and Emergency departments, with an age ranging from 25 to 45 years and trained in cardiopulmonary resuscitation (CPR). Statistical analysis of results includes analysis variance and three models of multiple linear regression.

RESULTS: Thirty-eight people took part in the experiment; 20 (52.6%) were females; 15 (39.5%) staff physicians, 15 (39.5%) nurses and eight residents. Mean age was 34.1 years (SD = 4.1). We found a significant reduction in correct compression performance over the course of time: in the first minute 79.7%, in the second 24.9%, in the third 18%, in the fourth 17.7% and in the last minute 18.5%. There were no differences related to the rescuer's gender or profession. The median interval until rescuers appreciated the effect of the fatigue on chest compressions quality was 186 s (SD = 84.1); that appreciation was not influenced by gender, age, weight, height or profession. There were no differences in the percentage of correct compressions related to gender ($P = 0.07$), insufficient sternal depression ($P = 0.23$) or total number of compressions in the first minute.

DISCUSSION: A decrease of compressions quality after the first minute of CPR is produced. This effect does not depend on gender, age, weight, height or rescuer's profession and it is not adequately perceived by the person who performs the chest compressions.

CPR while Transporting



Stairs



To Ambulance



Tight places



Back of Ambulance

Manual CPR has hidden costs

Poor perfusion

Manual CPR provides only 30-40% of normal blood flow to the brain even when delivered according to guidelines.¹



30-40%

Provider pain and injury

CPR causes back pain in 60% of EMS personnel.⁴



60%

The American Heart Association states²:

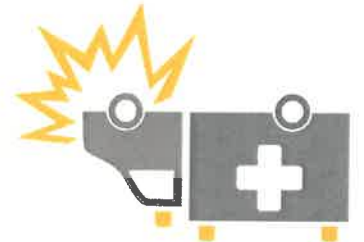
Poor-quality CPR is a **preventable harm**



The LUCAS chest compression system helps emergency care teams around the world do what they do best — save lives. From the field to the cath lab, LUCAS helps ensure Guidelines-consistent compressions are constantly being administered — helping reduce the risk of injury to caregivers and freeing them up to perform other lifesaving interventions.

Transit injuries and deaths

Unrestrained occupants are 6.5 times more likely to be severely injured and 3.8 times more likely to be killed² in the 4,500 ambulance accidents each year.³



6.5X

Cost of injury

\$69,594: cost of a typical strain injury (\$33,140 direct and \$36,454 indirect costs).⁵



\$69K

1. Meany P, Bobrow B, Mancini M, et al. CPR Quality: Improving cardiac resuscitation outcomes both inside and outside the hospital. A consensus statement from the American Heart Association. *Circulation*. 2013;128(4):417-435
 2. Becker L, Zaloshnja E, Levick N, et al. Relative risk of injury and death in ambulances and other emergency vehicles. *Accident analysis and prevention* 2003; 35(6): 941-948.
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 4. Jones A, Lee R. Cardiopulmonary resuscitation and back injury in ambulance officers. *International Archives of Occupational and Environmental Health*. 2005 May; 78 (4): 332-336.
 5. <https://www.osha.gov/dcsps/smallbusiness/safetypays/estimator.html>. As of August 1, 2018 with a 3% profit margin for strain.
 6. Resuscitation Education Series: Educational Strategies to Improve Outcomes From Cardiac Arrest: A Scientific Statement From the American Heart Association. *Circulation*. 2018; 138:e82-e122.

Emergency care

by the numbers

EMS personnel face a myriad of challenges on the job each day – both for themselves and their patients. To create solutions that best address these challenges, it's imperative to maintain awareness and to have a deep understanding of the state of the industry.


Retention and recruitment

56%
of EMS professionals said their organization struggles to recruit quality candidates³



Projected demand for EMT's and paramedics expected to increase


15%
between 2014 - 2024²



\$71,613
weighted median annual total cost of turnover across agencies that experienced turnover¹



25%
turnover rate for full time EMT/ Paramedic⁴



1/3
of EMS professionals say they would not recommend the career path because of wear and tear on the body³


Patient care realities

Up to **395,000**
out-of-hospital sudden cardiac arrest victims in the US every year. <8% survive.⁵




65%
of EMS professionals agree that mobile integrated healthcare and community paramedicine programs are paving the way for the future of EMS³


30-40%
of patients who have achieved return of spontaneous circulation (ROSC) on scene will re-arrest prior to hospital arrival⁶



5-11%
of cardiac arrest patients are difficult-to-defibrillate and may benefit from escalating energy protocols⁷




CPR causes back pain in **62%** of ambulance officers⁸



Caregiver injuries

Average of **22,000**
EMS personnel visit the emergency room each year for work related injuries⁹




Average strain injury costs¹⁰


\$69,213




90%
of back injuries occur from lifting, carrying and transferring a patient and or equipment¹¹



71.6%
of the US adult population is overweight or obese¹²



Average age of an EMS provider in the US is **40** years old¹³



WHEN AMBULANCES CRASH

EMS Provider & Patient Safety



DATA COLLECTED BETWEEN 1992-2011

4,500

vehicle traffic crashes involving an ambulance per year

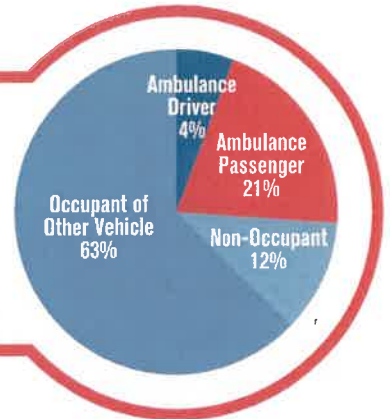
ESTIMATED ANNUAL AVERAGE

34%

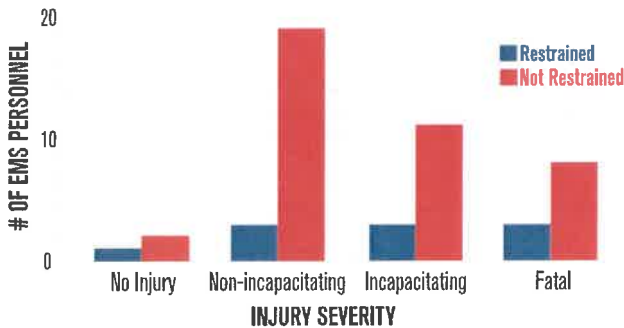
resulted in injuries

33

people killed per year



Injury Severity and Use of Safety Restraints in EMS Providers*



84%

OF EMS PROVIDERS IN THE PATIENT COMPARTMENT



WERE NOT RESTRAINED*

ONLY 33%

OF PATIENTS

WERE SECURED*

WITH SHOULDER AND LAP RESTRAINTS

44% of patients were ejected from the cot in serious crashes*

61%

restrained with lateral belts only*

38%

shoulder harnesses were available but were not used*



*IN SERIOUS CRASHES INVESTIGATED BY NHTSA

SIT DOWN & BUCKLE UP!

Secure Your Patients. They Rely on You!

This safety message brought to you by NHTSA's Office of EMS.



ems.gov

LUCAS® Chest Compression System

Safe and effective chest compressions during ambulance transport

Some patients will require ongoing chest compressions during transportation in an ambulance. As many as 30-40% of patients who have achieved return of spontaneous circulation on the scene will re-arrest prior to hospital arrival, some during the transport.^{1,2} However, it is well known that it's nearly impossible to provide effective CPR with minimal interruptions in a moving ambulance. In addition, performing manual chest compressions during ambulance transport puts the rescuer's safety at risk.



"Restrained ambulance occupants involved in a crash had 3.77 times lower risk of fatality and 6.49 times lower risk of incapacitating injury than unrestrained occupants."³

Becker R, et al. Accident Analysis & Prevention. 2003;35:941-948.

The LUCAS chest compression system allows rescuers to remain seated and safely belted in the ambulance while the device performs effective, guidelines-consistent chest compressions with minimal interruptions. This helps ensure chest compressions that are both safe for the patient and for the rescuers during ambulance transport.

"Some patients may need to be transported in cardiac arrest if hospital treatment is necessary to treat the cause of the cardiac arrest. Examples include patients in refractory ventricular fibrillation that may benefit from percutaneous coronary intervention and cardiac arrest secondary to hypothermia. In these patients, the use of mechanical chest compression devices seems reasonable."⁴

Couper K, et al. Curr Opin Crit Care. 2015;21:188-194.

"Our consensus is that mechanical CPR is a safer alternative to manual CPR in the ambulance."

"Mechanical devices can constitute a useful alternative to manual CPR, in terms of safety for the ambulance crew."⁵

Ong M, et al. Prehosp Emerg Care. 2013;17:491-500.

"The two patients admitted to hospital with on-going LUCAS CPR and who were treated with cardiopulmonary support were resuscitated during a particularly long time; regardless of this, both patients were alive after 30 days with minimal neurological sequelae. We believe that it is unlikely that these patients would have survived if transported and treated with manual CPR only."

Tranberg T, et al. Scand J Trauma Resusc Emerg Med. 2015;23:37



Manual CPR Simulation During Crash Test

The LUCAS device confirmed as safe in 10g and 16g crash tests

In crash tests performed by an independent company the LUCAS device was found to be safe for rescuers and patients during both 10g and 16g deceleration tests.

- The crash test was performed with the LUCAS 2 chest compression system at Klippan Safety, an independent company performing crash tests. Klippan Safety also performs truck safety tests for major truck manufacturers.
- A 74 kg (163 lb) crash test manikin (type hybride 2) was used. This is the same type of manikin used to test car safety belts.
- The manikin was secured to a stretcher using standard ambulance transportation practices. The stretcher was then fixed to the crash test sled.
- The LUCAS device was applied on the manikin with the Stabilization Strap attached, and tested with and without hands strapped to the device using the Patient Straps. (There was no difference in results.)
- Deceleration forces of 10g (in accordance with European Ambulance Standard EN 1789) and up to 16g were tested. The LUCAS device was found to be safe. The LUCAS device was confirmed as safe for both rescuers and patients.

The LUCAS upper part may be secured using additional straps applied from the device support legs to the transportation stretcher side rails. This combination has been shown to meet the required 20 G static test performance criteria according to AS/NZS 4535:1999.

REFERENCES

1. Salcido DD, Stephenson AM, Gondle JP, Callaway CW, Menegazzi JJ. Incidence of rearrest after return of spontaneous circulation in out-of-hospital cardiac arrest. *Prehosp Emerg Care*. 2010;14(4):413-8.
2. Lerner EB, O'Connell M, Pirralo RG. Rearrest after prehospital resuscitation. *Prehosp Emerg Care*. 2011 Jan-Mar;15(1):50-4.
3. Becker L, Zaloshnja E, Levick N, et al. Relative risk of injury and death in ambulances and other emergency vehicles. *Accident Analysis and Prevention*. 2003;35(6):941-948.
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For further information, please contact Physio-Control at 800.442.1142 (U.S.), 800.895.5896 (Canada) or visit our website at www.physio-control.com



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Mississauga, ON
L5N 8C3
Canada
Toll free 800 895 5896
Fax 866 430 6115

Benefits of using LUCAS 3.1

- **Consistent, repeatable CPR**
 - 102, 111 or 120 compressions
 - 50/50 duty cycle
 - Recoil of chest with suction cup
- **Limit Interruptions**
 - 7 seconds to put on patient
 - LUCAS works while shocking patient
- **Ventilation alerts, pause lengths and count**
- **Patient Uses with LUCAS 3.1**
 - Use while transporting
 - Use on pediatric patients
 - Use on females
 - Use on Trauma patients
- **Efficiencies of LUCAS 3.1**
 - No weight limit
 - Low disposable cost
 - Plug in device while transporting to hospital
 - Battery life 45 minutes
 - Hand placement and neck pillow
- **Wifi code into CPR analytics**



AHA guideline consistent CPR

CPR techniques	AHA Guideline Recommendations	LUCAS 3.1
Rate	100 to 120 bpm	Configurable Rate at 102, 111 or 120 bpm/ Default 102 bpm *software allows device to be tailored for any future AHA protocols
Depth	2 to 2.4 inches	Adjustable depth: 1.8 to 2.1in./ Default 2.1 in *software allows device to be tailored for any future AHA protocols
Recoil	Allow for complete chest recoil	Allows for complete chest recoil between each compression
Minimize Interruptions	>compressions = higher survival rates	-Provides high quality compressions in situations where manual CPR is not possible (transport, moving patient) -Allows for compressions during charge & shock
Ventilation	Avoid excessive ventilation	Provides both audible and visual ventilation alerts (30:2 or 10 ventilations per minute)

Configure LUCAS to meet unique protocols



Compressions
(rate/depth)



Suction cup
(AutoFit, QuickFit, manual)



Ventilation
(number of prompts, pause
duration, chest rise)



Timer
(continuous or CPR
Timer)

Minimize pauses!



7 seconds

Median interruption when transitioning from manual to LUCAS compressions during routine BLS/ALS use.^{1,2}

Perfuse the brain!



60%

LUCAS has been shown to perfuse 60% more blood to the brain than¹¹ manual CPR.

Saving lives shouldn't be back breaking

Maintaining high-quality CPR throughout the length of a code is a fundamental element of a successful resuscitation. Some patients will require ongoing chest compressions during transport, however it is well known that it's nearly impossible to provide effective CPR with minimal interruptions in a moving ambulance. In addition, performing manual chest compressions during ambulance transport puts the caregivers' safety at risk.



The LUCAS® chest compression system provides high-quality, Guidelines-consistent chest compressions in any environment for as long as needed*, allowing EMS personnel to remain seated and safely belted in the ambulance during transport.

30-40%

of patients who achieve ROSC will re-arrest prior to hospital arrival^{16, 17}

6.5X

In the 4,500 ambulance accidents each year unrestrained occupants are 6.5 times more likely to be severely injured.^{18,19}

60%

CPR causes back pain in 60% of EMS personnel.²⁰

1. <https://www.cdc.gov/niosh/topics/safepatient/default.html>
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6. <https://www.osha.gov/dcsdp/smallbusiness/safetypays/estimator.html>. As of August 1, 2018 with a 3% profit margin for strain.
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10. McGill, Stuart M. (1997) *(The Biomechanics of a Low Back Injury: Implications on Current Practice in Industry and the Clinic.*
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12. Reference: Stryker (2016). Staff Satisfaction Case Study (Case Study on Power-PRO XT cots and Power-LOAD cot fastening systems). Retrieved from: <http://ems.stryker.com>
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14. Please contact your sales representative to see if you qualify for the EMS Guarantee.
15. Subject to the terms and conditions of EMS proven to save guarantee agreement.
16. Salcido DD, Stephenson AM, Condie JP et al., Incidence of rearrest of spontaneous circulation in out-of-hospital cardiac arrest. *Prehosp Emerg Care*. 2010;14(4):413-8.
17. Lerner EB, O'Connell M, Pirralo RG. Rearrest after prehospital resuscitation. *Prehosp Emerg Care*. 2011;15(1):50-4.
18. Becker L, Zaloshnja E, Levick N, et al. Relative risk of injury and death in ambulances and other emergency vehicles. *Accident analysis and prevention* 2003; 35(6): 941-948.
19. NHTSA's Fatality Analysis Reporting System (FARS) 1992-2010 Final and 2011 Annual Report File (ARF) and National Automotive Sampling System (NASS) General Estimates System (GES), 1992-2011. <http://www.ems.gov/pdf/GrundAmbulanceCrashesPresentation.pdf>
20. Jones A, Lee R. Cardiopulmonary resuscitation and back injury in ambulance officers. *International Archives of Occupational and Environmental Health*. 2005 May; 78 (4); 332-336.

*See LUCAS Instructions For Use for details on environmental and operational specifications.

LUCAS® 3 Chest Compression System

Myth Busted! The LUCAS device does fit large patients!

Weight:

82 kg / 12.9 stone

Height:

183 cm



Weight:

150 kg / 23.6 stone

Height:

196 cm



Weight:

145 kg / 22.9 stone

Height:

178 cm



Proper placement is on upper chest

Do not assume the LUCAS Chest Compression System can't fit larger patients. Many large patients carry their weight through their mid-section. When LUCAS is properly applied, it rests over the upper chest or sternum, with enough room for the compressor to give compressions according to guidelines. As long as the unit snaps into the back plate and the suction cup does not compress the patient's chest in the start position, it will operate as intended.

Patients eligible for treatment:

- Sternum height of 17 to 30.3 cm
- Maximum chest width: 45 cm

Using the LUCAS device is not restricted by patient weight.

LUCAS[®] 3 Chest Compression System

Myth Busted! The LUCAS device does fit large patients!



Weight:

145 kg / 22.9 stone

Height:

178 cm

Physio-Control is now part of Stryker.

For further information please contact your local Physio-Control representative or visit our website at www.physio-control.com

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Australia
Toll Free Tel 1800 987 982
Toll Free Fax 1800 890 892

Proven
safe and effective

The LUCAS device can be used in any environment!



LUCAS® Chest Compression System: Operational Benefits

LUCAS chest compression system: Consistent, high-quality chest compressions during patient movement and transportation.

Whether it's up or down stairs, to and from the ambulance or during transport to the hospital, some cardiac arrest patients will need to be moved during ongoing CPR. However, it's well-known that it is almost impossible to provide effective CPR without interruption during transportation.

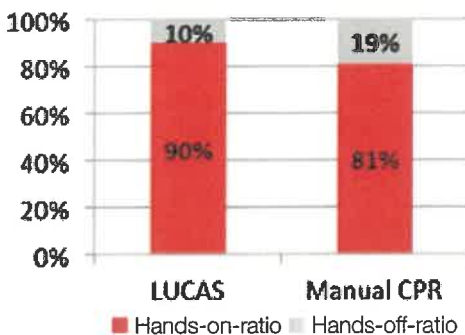


The LUCAS device makes it possible to improve chest compression quality and provide effective, consistent compressions with minimal interruption during patient movement and transportation.

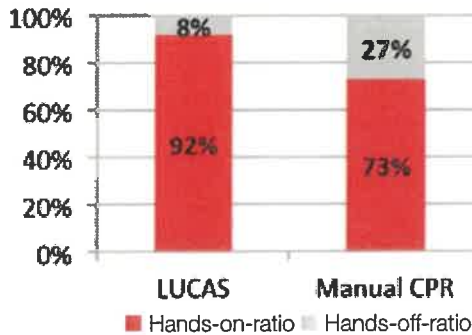
As long as the LUCAS device and the patient are safely positioned on the transportation device (backboard, carry sheet, scoop stretcher, etc.) and the device stays in the correct position and angle on the patient's chest, it can stay active and continue to provide high-quality compressions while a patient is moved. When carrying a patient down stairs, extra fixation or straps from the LUCAS device to the transportation device may be required. The position of the suction cup should be checked frequently. Users should always remember to attach the LUCAS stabilization strap and pause and readjust the suction cup as necessary.

The LUCAS device improves CPR quality and increases chest compression fraction time—on-scene, during transport and throughout the entire resuscitation.

On-Scene¹



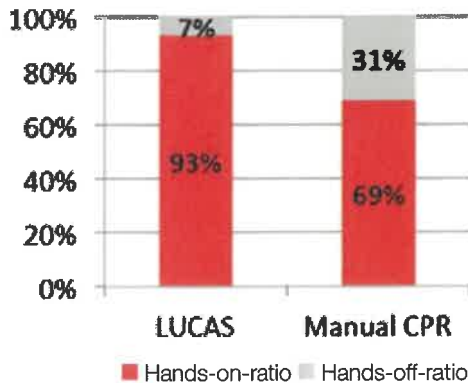
During Transport¹



"Patients treated with mechanical chest compressions received **higher quality** CPR than those treated with manual chest compressions. Hands-off ratios were significantly lower both before and during transport..."

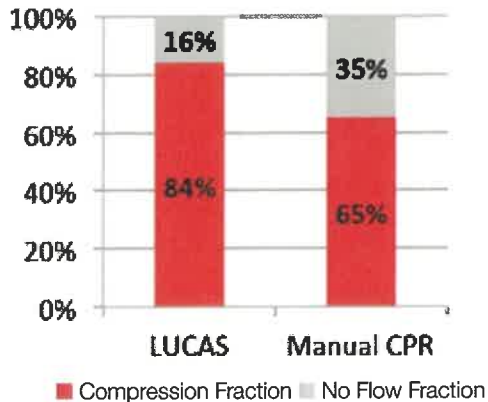
Entire Resuscitation

93% hands-on ratio with LUCAS device compared to 69% with manual chest compressions²



Before and After LUCAS Application

Study evaluating performance and quality of both manual CPR and LUCAS CPR in the same patients³



"Mechanical chest compressions provided by the LUCAS device improve CPR quality by significantly reducing the NFF (no flow fraction) and by improving the quality of chest compression compared to manual CPR during OHCA resuscitation."³

"The low NFF with the LUCAS device may also have been achieved owing to fewer interruptions while loading the patient into the ambulance and during transport with ongoing resuscitation."³

For adequate tissue oxygenation, it is essential that healthcare providers minimize interruptions in chest compressions and therefore maximize the amount of time chest compressions generate blood flow.

Chest compression fraction (CCF) is the proportion of time that chest compressions are performed during a cardiac arrest. The duration of arrest is defined as the time cardiac arrest is first identified until time of first return of sustained circulation. To maximize perfusion the 2010 AHA and ERC Guidelines recommend minimizing pauses in chest compressions.^{4,5} Expert consensus is that a CCF of 80% is achievable in a variety of settings. Data on out-of-hospital cardiac arrest indicate that lower CCF is associated with decreased ROSC and survival to hospital discharge.⁶

REFERENCES

1. Olasveengen T, Wik L, Steen P. Quality of cardiopulmonary resuscitation before and during transport in out-of-hospital cardiac arrest. *Resuscitation*. 2008; 76(2):185-90.
2. Maule Y. "Mechanical CPR; Better, but more importantly, more CPR" (translated from French: Assistance cardiaque externe; Masser mieux, mais surtout, masser plus"), *Urgence Pratique*. 2011;106:47-48.
3. Tranberg T, Lassen J, Kaltoft A, et al. Quality of cardiopulmonary resuscitation in out-of-hospital cardiac arrest before and after introduction of a mechanical chest compression device, LUCAS 2; a prospective, observational study. *Scandinavian Journal of Trauma, Resus and Emerg Med*. 2015; 23:37.
4. Travers A, Rea T, Bobrow B, et al. Part 4: CPR overview. 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation*. 2010;122(suppl 3):S678.
5. Nolan J, Soar J, Zideman D, et al. European Resuscitation Council Guidelines. Section 1. Executive Summary. *Resuscitation*. 2010;81:1220.
6. Meaney P, Bobrow B, Mancini M, et al. Cardiopulmonary resuscitation quality: improving cardiac resuscitation outcomes both inside and outside the hospital: a consensus statement from the American Heart Association. *Circulation*. 2013 Jul 23;128(4):417-35.

For further information please contact your local Physio-Control representative or visit our website at www.physio-control.com



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P. O. Box 97006
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Physio-Control Australia Pty Ltd
Suite 4.01
15 Orion Road
Lane Cove
NSW 2066
Australia
Toll Free Tel 1800 987 982
Toll Free Fax 1800 890 892

Device Summary LUCAS® 3 Chest Compression System

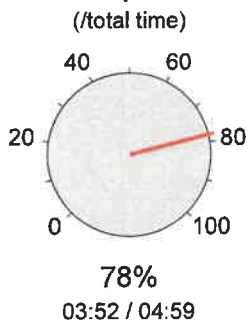
Incident ID:
 Patient ID:
 Patient Name:
 Power On: 5/24/2018 10:39:40 AM
 Recording Duration: 00:05:10
 Compressions Duration: 00:04:59

Device Type: LUCAS® 3
 Device ID: LUCAS3-35160044-ANI
 Serial Number: 35160044
 Software Version: LUCAS3 v3.1.4.26

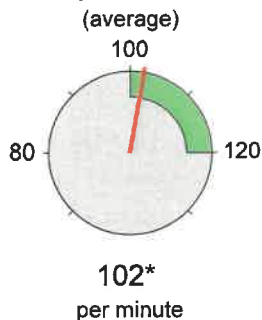
*Times have been adjusted by the system.

LUCAS Data

LUCAS compression ratio



Compression rate



Compression count: 399
 Pauses over 10 sec: 1
 Longest pause: 14 sec

*Rate changed by user during operation

LUCAS Device Configuration

Compression

Rate at Power ON
 102 111 120

Rate change: ON

Allow rate to alter between
 102 111 120

Depth (nominal patient)

Chest height > 7.3 in: 2.1 ± 0.1 in
 Chest height 6.7 to 7.3 in: 1.5 to 2.1 ± 0.1 in

Ventilation

In 30:2 mode

Ventilation pause: 3.2 sec

Compression/ventilation ratio
 30:2 50:2

In continuous mode

Audible alerts: OFF
 Alerts/minute: 10
 Ventilation pause: 0.3 sec

Suction Cup Start Position

Use AutoFit
 Use QuickFit (1.2 in)
 Use Manual

Pressure Pad Release

Return up in ADJUST mode
 During ventilation pauses (0.4 in)
 In PAUSE mode (0.4 in)
 In ACTIVE mode (0.4 in)

Audible Timer

OFF
 CPR timer
 Continuous timer

Data Transmission

Auto transmit at charging

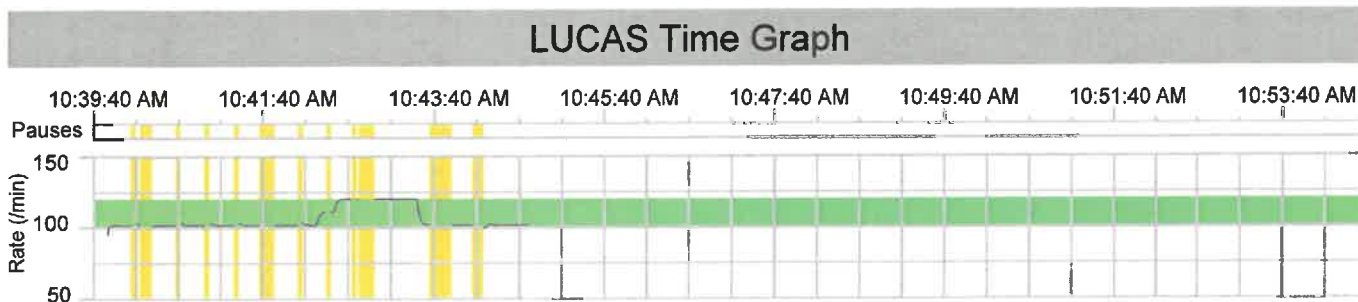
Device Summary

LUCAS® 3 Chest Compression System

Power On: 5/24/2018 10:39:40 AM

Serial Number: 35160044

*Times have been adjusted by the system.



Elapsed Time	Real Time	Description
Thursday, May 24, 2018		
00:00:00	10:39:40 AM	LUCAS 3 Power On
00:00:00	10:39:40 AM	Adjust Mode
00:00:05	10:39:45 AM	Pause Mode
00:00:09	10:39:49 AM	30:2 Mode
00:00:09	10:39:49 AM	First LUCAS Compression
00:00:33	10:40:13 AM	Pause Mode
00:00:35	10:40:15 AM	Adjust Mode
00:00:39	10:40:19 AM	Pause Mode
00:00:40	10:40:20 AM	30:2 Mode
00:01:58	10:41:38 AM	Pause Mode
00:02:07	10:41:47 AM	30:2 Mode
00:02:38	10:42:18 AM	Rate Change to 111
00:02:50	10:42:30 AM	Rate Change to 120
00:03:08	10:42:48 AM	Pause Mode
00:03:18	10:42:58 AM	Continuous Mode
00:03:48	10:43:28 AM	Rate Change to 102
00:03:58	10:43:38 AM	Pause Mode
00:04:11	10:43:51 AM	Continuous Mode
00:04:27	10:44:07 AM	Pause Mode
00:04:29	10:44:09 AM	LUCAS 3 Power Off
00:04:32	10:44:12 AM	LUCAS 3 Power On
00:04:32	10:44:12 AM	Continuous Mode
00:04:32	10:44:12 AM	Battery Replaced 34170305489->34170707468
00:04:56	10:44:36 AM	External Power Connected
00:04:58	10:44:38 AM	External Power Disconnected
00:05:00	10:44:40 AM	External Power Connected
00:05:07	10:44:47 AM	Pause Mode
00:05:07	10:44:47 AM	Last LUCAS Compression
00:05:10	10:44:49 AM	LUCAS 3 Power Off



National Staff satisfaction

The LUCAS chest compression system's impact on cardiac arrest calls was evaluated by 759 LUCAS users across 26 states.

Situation

Cardiac arrest is one of the leading causes of death in the United States, with up to 395,000 Americans falling victim to out-of-hospital cardiac arrest every year.¹ While survival rates vary across the country, it is well known that high-quality, chest compressions are a fundamental part of a successful resuscitation.

While chest compressions are key, cardiac arrest calls also require EMS personnel to perform a multitude of other tasks. Having the ability to provide high levels of patient care, in an efficient manner, while improving caregiver safety is a goal shared by all providers. From the field to the cath lab, LUCAS is your partner in life support, providing high-quality Guidelines-consistent chest compressions in any environment for as long as needed.*



I am a supervisor and make arrest calls frequently. The LUCAS has changed the game. It has been the best innovation I have seen in my 25-year EMS career. The percentage of ROSC is amazing.²

— David Buchanan
Memphis Fire Dept.

88%

agree that they feel safer, when patients re-arrest during transport, because LUCAS is administering chest compressions.²

92%

agree the LUCAS chest compression system has helped them become more efficient on cardiac arrest calls.²

97%

agree the LUCAS chest compression system allows them to better focus on other elements of a resuscitation (patient monitoring, airway management, starting medications, etc.).²

98%

agree the LUCAS chest compression system has made their job easier when treating cardiac arrest patients.²

Feedback from

26 States

759 LUCAS users



LUCAS addresses more than CPR quality





Lincoln FD Lucas

Quote Number: 10704190

Version: 1
Prepared For: Prospect Account
Attn:

Remit to: **Stryker Medical**
P.O. Box 93308
Chicago, IL 60673-3308
Rep: David Lee
Email: david.lee1@stryker.com
Phone Number: 217-414-7232

Quote Date: 05/17/2023
Expiration Date: 08/15/2023

Delivery Address	End User - Shipping - Billing	Bill To Account
Name: Prospect Account	Name: Prospect Account	Name: Prospect Account
Account #:	Account #:	Account #:
Address:	Address:	Address:
Illinois	Illinois	Illinois

Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	99576-000063	LUCAS 3, v3.1 Chest Compression System, Includes Hard Shell Case, Slim Back Plate, (2) Patient Straps, (1) Stabilization Strap, (2) Suction Cups, (1) Rechargeable Battery and Instructions for use With Each Device	1	\$17,232.92	\$17,232.92
2.0	11576-000060	LUCAS Desk-Top Battery Charger	1	\$1,166.25	\$1,166.25
3.0	11576-000071	LUCAS External Power Supply	1	\$369.00	\$369.00
4.0	11576-000080	LUCAS 3 Battery - Dark Grey - Rechargeable LiPo	1	\$693.75	\$693.75
5.0	11576-000046	LUCAS Disposable Suction Cup (3 pack)	1	\$139.50	\$139.50
6.0	11576-000089	LUCAS Grip Tape for Slim Back Plate	1	\$28.50	\$28.50
Equipment Total:					\$19,629.92

ProCare Products:

#	Product	Description	Years	Qty	Sell Price	Total
7.1	78000703	ProCare LUCAS Prevent Service: Annual onsite preventive maintenance inspection and unlimited repairs including parts, labor and travel with battery coverage for LUCAS 3, v3.1 Chest Compression System, Includes Hard Shell Case, Slim Back Plate, (2) Patient Straps, (1) Stabilization Strap, (2) Suction Cups, (1) Rechargeable Battery and Instructions for use With Each Device	4	1	\$5,844.60	\$5,844.60
ProCare Total:					\$5,844.60	



Lincoln FD Lucas

Quote Number: 10704190

Version: 1

Prepared For: Prospect Account

Attn:

Remit to: **Stryker Medical**

P.O. Box 93308

Chicago, IL 60673-3308

Rep: David Lee

Email: david.lee1@stryker.com

Phone Number: 217-414-7232

Quote Date: 05/17/2023

Expiration Date: 08/15/2023

Price Totals:

Estimated Sales Tax (0.000%):	\$0.00
Freight/Shipping:	\$311.29
Grand Total:	\$25,785.81

Prices: In effect for 30 days

Terms: Net 30 Days

Contact your local Sales Representative for more information about our flexible payment options.



Lincoln FD LP1000

Quote Number: 10704718

Version: 1

Prepared For: CITY OF LINCOLN

Attn:

Remit to:

Stryker Medical

P.O. Box 93308

Chicago, IL 60673-3308

Rep:

David Lee

Email:

david.lee1@stryker.com

Phone Number:

217-414-7232

Quote Date: 05/18/2023

Expiration Date: 08/16/2023

Delivery Address

Name: CITY OF LINCOLN

Account #: 1567148

Address: 700 BROADWAY ST

LINCOLN

Illinois 62656-2856

End User - Shipping - Billing

Name: CITY OF LINCOLN

Account #: 1567148

Address: 700 BROADWAY ST

LINCOLN

Illinois 62656-2856

Bill To Account

Name: CITY OF LINCOLN

Account #: 1567145

Address: PO BOX 509

LINCOLN

Illinois 62656-0509

Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	99425-000025	LIFEPAK 1000 ECG Display w/Carry Case. Incl at N/C: Battery 11141-000156, Carry Case Strap 11425-000012, 2 pr/unit QC REDI-PAK Electrodes 11996-000017, 3 Wire Monitor Cable 11111-000016, Acc Pouch 11111-000016	5	\$3,323.18	\$16,615.90
2.0	41425-000034	Ship Kit - Literature, LP1000, W RCHG, English	5	\$0.00	\$0.00
3.0	11101-000017	Infant/Child Reduced Energy Defibrillation Electrode Starter Kit	5	\$207.40	\$1,037.00
Equipment Total:					\$17,652.90

Price Totals:

Estimated Sales Tax (0.000%): \$0.00

Freight/Shipping: \$249.20

Grand Total: \$17,902.10

Prices: In effect for 30 days

Terms: Net 30 Days

Contact your local Sales Representative for more information about our flexible payment options.

MEMORANDUM

TO: Mayor and City Council Members
FROM: Ashley Metelko, Administrative Assistant
MEETING DATE: June 13, 2023
RE: Economic Development Commission Grant (Pending) Approvals

Background:

On June 16, 2023, the Economic Development Grant Commission will meet about the following grant applications. They are being brought forward today due to some safety concerns.

STRUCTURAL GRANTS:

Dan Row/Audra's Studio of Dance – 214 S. McLean Street

- *Lintel repair, tuck pointing, brick repair and replacement.*

**Amount approved pending Economic Development Commission's approval on June 16, 2023:
\$7,500.00**

FACADE GRANTS:

Dan Row/Audra's Studio of Dance – 214 S. McLean Street

- *Tuck Pointing façade and replacement of awning.*

**Amount approved pending Economic Development Commission's approval on June 16, 2023:
\$10,000.00**

MEMORANDUM

TO: Mayor and Aldermen of the City of Lincoln

FROM: Walt Landers, Street Superintendent

MEETING

DATE: June 13, 2023

RE: **2023 Scarification/Oil & Chip Resurfacing Targets**

Background

Each year the Lincoln Street Department organizes a Roadway Resurfacing Project to help improve and maintain city streets. These projects also enhance safety and provide a better experience for citizens and visitors as they travel through our city.

The streets targeted for resurfacing are chosen through roadway inspections by Street Department staff and we also take into consideration any concerns reported by citizens.

Analysis/Discussion

These targets are somewhat preliminary until we have an estimate of cost. I have provided a target list to our contract engineer so they can calculate an engineering estimate for the resurfacing targets.

We may have to reduce or add to the targets depending on this estimate. I also have a list of Mill and Overlay targets ready to bring forward if we come in under budget with the oil and chip targets.

Fiscal Impact

The city's budget for resurfacing in 2023/2024 is \$700,000.00.

Council Recommendation:

Approve project targets

City of Lincoln - Oil and Chip Targets 2023

Street	From	To	Operation
Ward # 1			
Grand Ave	Bridge	20th	A/1
	20th	21st	Scarif/A-2
	21st	22nd	Scarif/A-2
	22nd	23rd	Scarif/A-2
	23rd	Feldman	Scarif/A-2
Oglesby Ave	Terminus	20th	A/1
	20th	21st	ScarifA/2
	21st	22nd	Scarif/A-2
	22nd	23rd	Scarif/A-2
	23rd	Feldman	Scarif/A-2
18th	Palmer	Oglesby	Scarif/A-2
	Oglesby	Grand	Scarif/A-2
	Grand	Union	Scarif/A-2
Kankakee	Keokuk	Burlington	Scarif/A-2
	Burlington	Davenport	Scarif/A-2
	Davenport	Galena	Scarif/A-2
Ward # 2			
Monroe	Woodlawn	15th	A/1
	15th	13th	A/1
	13th	Short 11th	A/1
6th	Jefferson	Washington	A/1
Adams	5th	4th	A/1
	4th	3rd	Scarif/A-2
	3rd	2nd	Scarif/A-2
Jackson	6th	7th	Scarif/A-2
	7th	Short 8th	Scarif/A-2
	Short 8th	8th	Scarif/A-2
College	3rd	4th	Scarif/A-2
2nd St	Jackson	Adams	Scarif/A/2
	Adams	Monroe	Scarif/A/2

MEMORANDUM

TO: Mayor and Aldermen of the City of Lincoln

FROM: Walt Landers, Street Superintendent

MEETING

DATE: COW - Tuesday, June 13, 2023

RE: Purchase of Case IH Farmall 100C Tractor with Loader & Rotary Cutter Mower

Background

Currently our department has two smaller tractors that are used to mow Ditches, roadsides, and retention ponds. One is a 2000, 5210 John Deere and the other is a 2006 DK45S Kioti. Each tractor uses a 72” rotary cutter, one of those mowers is worn out and unusable and will be scrapped.

Over the last two years we have traded services with a local Township, that allowed us to use their tractor which is larger and has greater horsepower and has a 12’ batwing rotary mower. The use of this mower has greatly increased the efficiency of the mowing operations by cutting the time it takes to mow all the areas in half and allows staff to reach areas that they couldn’t before.

Analysis/Discussion

Adding this piece of equipment to our fleet will have other benefits also, it will be used for regular alley maintenance and snow removal operations. We will purchase two other attachments that will be used in these operations, this includes a v-grader for the rear of the tractor and a snow push box for the front, improving efficiency in those operations also.

Fiscal Impact

This was a planned purchase and money was budgeted in the 2023/2024 Budget line, Street Department Vehicles 70-3600-7860

Case IH 100C Farmall Tractor \$74,699.40

Rhino TS12 12’ Batwing Mower \$15,500.00

Add an additional Hydraulic remote \$2400.00

Total \$92,599.40

COW Recommendation

Approve the purchase of tractor mower and additional hydraulic remote from Central Illinois AG, Atlanta Illinois

Customer: CITY OF LINCOLN
 Contact:
 Address:
 Phone:
 Fax:



Salesman: MICHAEL WHEET
 Date: 5/25/2023
 Office: Atlanta
 Mobile: 309-613-0556
 Fax:

Year	Description	Price	Total
2023	CASE IH FARMALL 100C W/LOADER		\$103,142
	DELUXE CAB, 12X12 POWER SHUTTLE TRANS.		
	2 REAR HYD REMOTES, 540/1000 PTO, NSL LOADER W/84"		
	SKID STEER QUICK ATTACH BUCKET, REAR WHEEL WEIGHTS		
	SOURCEWELL DISCOUNT		-30942.6
	INBOUND FREIGHT/SET UP/ADD REAR TIRE FLUID		2500
		Total	74699.4

Trade Options			
		Trade Total	0

Difference 74699.4

Finance Options				
Amount	Percent	Terms	Monthly	Annually

Notes:
 TRACTOR IS INSTOCK IN ATLANTA

MEMORANDUM

TO: Mayor and Aldermen of the City of Lincoln

FROM: Walt Landers, Street Superintendent

MEETING

DATE: Tuesday, June 13, 2023

RE: **Purchase of Total Patcher V-Grader**

Background

Over the past few years there has been discussions about alley repairs. Our department has been experimenting with different methods to reconstruct them, and reaching out to other communities to see what they are utilizing to maintain their alleyways.

Analysis/Discussion

The method that has worked the best is Scarifying the alley, regrading, and adding rock. Once this is completed the alley can be maintained with a regular maintenance schedule. The V-Grader loosens hard packed gravel while mixing and redistributing it eliminating holes and wash boarding. At the same time will help our department be more efficient regarding labor and save on material costs.

Fiscal Impact

This was a planned purchase and money was budgeted in the 2023/2024 budget line, Street Department Vehicles 70-3600-7860.

Total Patcher V-Grader \$ 18,500.00

COW Recommendation

Approve the purchase of the total patcher V-Grader from Hampton Equipment Raymond Illinois



HAMPTON EQUIPMENT INC.
SOLUTIONS FOR THE ROAD AHEAD
www.hamptonequipment.com



504 S MCGOWN ST
RAYMOND, ILL. 62560
PHONE/ FAX: 217-229-4448

E-mail: hamptonequipment@consolidated.net

CUSTOMER QUOTE

Customer Name:	CITY OF LINCOLN	Phone No:	217-735-2815
Address:	700 BROADWAY ST	Cell No:	
City:	LINCOLN	Fax No:	217-732-2145
STATE:	ILLINOIS	E-Mail Address:	
Zip Code:	62656		
Point of Contact:	WALT LANDERS	SUBMITTED	TOM HAMPTON HAMPTON EQUIPMENT
		DATE:	06/02/2023

EQUIP REF: TOTAL PATCHER V GRADER

REF: 06022023-VG

Description	\$/Unit.	\$Total
NEW 2023 TOTAL PATCHER V GRADER		18,500.00
8 FT V GRADER		
ALL STANDARD EQUIPMENT		
FREIGHT/ FOB:LINCOLN ILLINOIS		
SIGNATURE OF ACCEPTANCE:	TOTAL QUOTE:	18,500.00

THANK YOU FOR THE OPPORTUNITY TO QUOTE!

TOTAL PATCHER

V-GRADER

SECONDARY ROAD
MAINTENANCE SYSTEM



FEATURES:

- 8 Ft wide.
- Replaceable carbide cutting teeth.
- Can easily penetrate hard packed gravel.
- Eliminates washboarding and potholes in a single pass.
- 0" To 6" of adjustable cutting depth.
- Compact size (5 1/2 feet in length)
- 1860 lb and can add up to another 600 lbs with suitcase weights.
- Hydraulic adjustable rear blade.
- Standard category III, 3 point hitch

The **V-GRADER** from Total Patcher can easily maintain your secondary road system with a single pass. The V-Grader can loosen the hard packed gravel surface and level it at the same time using its replaceable carbide teeth. The V design works by the lead tooth loosening the hard surface for the one behind it. This makes it easier to pull only requiring 60 Hp. The rear blade and side skirts act as a mixing box that mixes and redistributes the material evenly and level eliminating washboarding and potholes.

SPECIFICATIONS

Width/length:	8 ft (96") / 5 1/2 ft (66")
Weight:	1860 lbs
Hitch:	Category III / II
Front tooth spacing:	6"
Rear tooth spacing:	2 1/2"
Horse power requirement:	60
Hydraulic requirement:	2 Circuits
Optional weight:	(6) 100 lb suitcase



Total Patcher
4614 East 1000 North • Pittsboro, IN 46167
Toll Free 888-892-4737 • Ph: 317-892-4737 • Fax: 317-892-5196
info@totalpatcher.com • www.totalpatcher.com

TRACY WELCH
MAYOR

PEGGY S. BATEMAN
CITY CLERK

CHARLES N. CONZO
CITY TREASURER

JOHN A. HOBLIT
CITY ATTORNEY



CITY OF LINCOLN, ILLINOIS

700 Broadway St., P.O. Box 509, Lincoln, IL 62656

Named for and Christened by Abraham Lincoln, 1853—Incorporated February 16, 1865
CITY COUNCIL MEETS FIRST AND THIRD MONDAY NIGHTS EACH MONTH

To: Mayor and Aldermen of the City of Lincoln

From: Andrew Bowns, Wastewater Project Manager

Meeting Date: June 13, 2023

RE: Backhoe Tires

Background

The tires on the backhoe are in need of replacement.

Analysis/Discussion:

The tires on the backhoe have lost a significant amount of tread. They are in need of replacement. The tires on the attached quote are the same tires that the Street Department has started using. They are a much better road wear tire. The attached quote includes on-site service.

Fiscal Impact:

\$7,170.09 to be expensed from "50-7200-7860 Capital Expense - Equipment".

Council Recommendation:

Approve the purchase of 4 new tires and installation in an amount not to exceed \$7,170.09.

CITY COUNCIL

FIRST WARD
STEVE PARROTT
ROBIN McCLALLEN

SECOND WARD
SAM DOWNS

THIRD WARD
KEVIN BATEMAN
WANDA ROHLFS

FOURTH WARD
CRAIG EIMER



POMP'S TIRE SERVICE, INC.

REMITTANCE ADDRESS:
 POMP'S TIRE SERVICE, INC.
 P.O. BOX 88697
 MILWAUKEE, WI 53288-8697
 CREDIT DEPT. 800-536-2940

ESTIMATE #: 577027

POMP'S TIRE-SPRINGFIELD (IL)
 2110 E CLEAR LAKE AVE
 SPRINGFIELD, IL 62703
 217/525-1395

** NEW REMIT TO: **
 ** PO BOX 88697 **
 ** MILWAUKEE, WI **
 ** 53288-8697 **

PAGE: 1

CUSTOMER: CITY LINCOLN
 SEWER DEPT.
 122

217-737-3160

CREATED BY BA
 SALESMAN: BRYCE ADCOCK
 ESTIMATE DATE: 06/08/23

TERMS: DUE ON DELIVERY

PRODUCT	MECHANIC	QUANTITY	PRICE	F.E.T.	EXTENSION
540/70R24/168A8 BIBLOAD HS M34928		2	1792.81		3585.62
TIRE USER FEE - IL		2	2.50		5.00
340/80R18/143A8/B BIBLOAD HS M66605		2	1371.89		2743.78
TIRE USER FEE - IL		2	2.50		5.00
NON-EMRGNCY REG HR SERVICE SC		4.50	126.00		567.00
TRK FUEL SURCHARGE (06/06/23)		1	20.00		20.00
INDUSTRAL SCRAP DISPOSAL FEE IDISP		2	16.00		32.00
INDUSTRAL SCRAP DISPOSAL FEE IDISP		2	50.00		100.00
OTR VALVE STEM OVALV		2	27.00		54.00
MED TRK BRASS VALVE STEM TVALV		2	9.00		18.00
COMMERCIAL SHOP/SERVICE SUPPLIES SUPL			39.69		39.69
MERCHANDISE:					6401.40
LABOR:					567.00
OTHER:					201.69
ESTIMATE TOTAL:					7170.09

2

***** Valid for 30 days *****

A finance charge of 1.5% per month (18% APR) will be added to the unpaid balance after 30 days.

CUSTOMER ESTIMATE SELECTION

You are entitled to a price estimate for the repairs you have authorized. The repair price may be less than the estimate but will not exceed the estimate without your permission. Your signature will indicate your estimate selection.

- request an estimate in writing before you begin repairs
- Please proceed with repairs but call me before continuing if price will exceed \$ _____
- I do not want an estimate.

Do you want the replaced parts you are entitled to? YES NO ESTIMATED PRICE OF REPAIRS \$ _____

This vehicle received without fees for loan contract

I hereby authorize the below repair work to be done along with necessary materials. You and your employees may operate vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident, damage from freezing due to lack of anti-freeze or any other cause beyond your control.

CUSTOMER SIGNATURE X _____

ADDITIONAL WORK AUTHORIZED BY: _____

AM

Name