

CITY OF LINCOLN
COMMITTEE OF THE WHOLE MEETING
AGENDA
MARCH 12, 2024
LINCOLN POLICE DEPARTMENT
710 5TH STREET
6:00PM

- 1. Call to Order**
- 2. Pledge of Allegiance**
- 3. Public Participation**
- 4. Request to Permit: Lincoln Community High School Grand March Saturday, April 27, 2024 from 4:30 pm – 5:30 pm.**
- 5. Request to Permit: City of Lincoln Parade of Champions Friday, April 5, 2024 from 2:00 pm – 3:00 pm.**
- 6. Resolution Authorizing Execution of a Service Agreement with the Lowest Responsible Bidder for the Supply of Electricity for Municipal Owned Buildings and Facilities.**
- 7. Announcements**
- 8. Executive Session 2 (c) 11 Litigation**
- 9. Adjournment**
- 10. Upcoming Meetings:** City Council Meeting: Monday, March 18, 2024 at 6:00 PM
Committee of the Whole Meeting: Tuesday, March 26, 2024 at 6:00 PM

THE CITY OF LINCOLN

Date Received

FEB 28 2024

REQUEST TO PERMIT EVENT WITH STREET CLOSURE

RECEIVED

Must Have Council Approval •

Date(s) of Event: Sat. 4-27-24

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.)

Closure of Kickapoo St between Puyasie and Broadway for the LCHS from Grand March

Location of Event Property: (Address Utilized Space)

Logan County Courthouse ^{S+W} _{Side}

Items occupying street space utilized

Community Viewing

Date(s) and time(s) for usage of Property:

Sat 4-27-24 Approx 4:30 - 5:30

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? Kickapoo between Puyasie + Broadway

Closed from 4:30 a.m./(p.m.) until 5:30 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 Grand March

Contact Name: Lesleigh Bennett

Email: bfhl:rcdn@mac.com

Address: 620 Puyasie Lincoln IL

Signature: Lesleigh Bennett

Phone: Business: 217-732-2038

Cell: 217-828-0040

APPROVED: (signatures)

Police Department: Joseph H. Meister Jr.

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.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: LW

DATE (MM/DD/YYYY)

09/07/2023

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 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):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	LINCO-4
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 :	


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	X	CND-IL-EPP-12417-000	10/01/2023	10/01/2024	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
A	AUTOMOBILE LIABILITY	X	CND-IL-CAP-12418-000	10/01/2023	10/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	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	X	CND-IL-EXL-12420-000	10/01/2023	10/01/2024	EACH OCCURRENCE \$ 5,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$ 5,000,000
	DEDUCTIBLE					\$
<input checked="" type="checkbox"/> RETENTION \$ 10,000		\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A			WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						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 CTYLINC CITY OF LINCOLN CITY HALL CITY CLERK'S OFFICE P.O. BOX 509 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 Craig Ramza II 

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THE CITY OF LINCOLN

Date Received March 5, 2024

REQUEST TO PERMIT EVENT WITH STREET CLOSURE

Must Have Council Approval

Date(s) of Event: April 5, 2024 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.)

Parade of Champions
(Recognizing Lincoln's students and their accomplishments)

Location of Event Property: (Address Utilized Space) Downtown Lincoln

Items occupying street space utilized: Parade floats, vehicles, people

Date(s) and time(s) for usage of Property: April 5th 2024 @ 3:00pm (Friday)

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? Please See Attached

Closed from 2:00 a.m./(p.m.) until 5:00 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: City of Lincoln

Contact Name: Ashley Metelko Email: ametelko@lincolnil.gov

Address: 700 Broadway Street Signature: Ashley Metelko

Phone: Business: 217-732-2122 Cell: _____

APPROVED: (signatures)

Police Department: Joseph H. Meister Jr.

Mayor: [Signature]

Fire Department: [Signature]

Vote: Council Approval ___ Years ___ Nays

Street Department: Walt Gardner

Date: _____

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

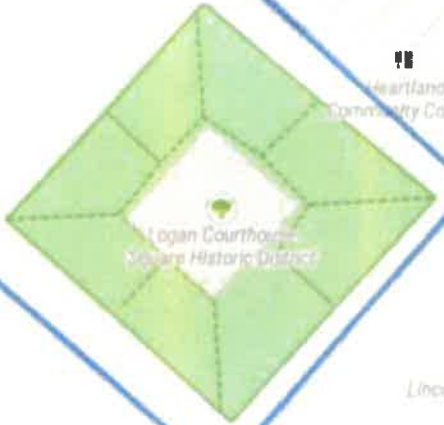
If your special event will be held more than once during this year with the same location and arrangements, you may use the same application with a change in dates.

Construction 2012

The Cow in the Corn
Pulaski Street
W. Chicago St.



Lincoln Public Library
Pekin Street



Logan Courthouse
Square Historic District

Hearland
Community College

Lincoln City Hall
Lincoln City Fire

Lincoln Post Office

Gazzardo's



Scully Park

Fire Department
Playground at Scully Park

Decatur Street



S. Hamilton St.

Second

Pulaski Street

Clinton Street

1st

4th St

Clinton Street
S. Sangamon St.

S. Chicago St.

S. Pulaski St.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2023

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PRODUCER Arthur J. Gallagher Risk Management Services, LLC 2850 Golf Rd Rolling Meadows IL 60008	CONTACT NAME: Tim Corr PHONE (A/C, No, Ext): 630-694-5230 E-MAIL ADDRESS: Tim_Corr@ajg.com	FAX (A/C No): 630-285-4062
	INSURER(S) AFFORDING COVERAGE	
INSURED Counties of Illinois Risk Management Agency City of Lincoln 700 Broadway St Lincoln IL 62656	INSURER A: Underwriters at Lloyd's, London	NAIC # 32727
	INSURER B: Old Republic Union Insurance Company	NAIC # 31143
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 250921742


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 INSD WVD	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 <input checked="" type="checkbox"/> SIR \$350,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PK1005323	12/1/2023	12/1/2024	EACH OCCURRENCE \$ 1,650,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Not Covered MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 1,650,000 PRODUCTS - COMP/OP AGG \$ Included \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> SIR \$350,000		PK1005323	12/1/2023	12/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,650,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 2,000,000		822300 1126242	12/1/2023	12/1/2024	EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ 8,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

City of Lincoln 700 Broadway St 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 
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RESOLUTION

A RESOLUTION AUTHORIZING EXECUTION OF A SERVICE AGREEMENT WITH THE LOWEST RESPONSIBLE BIDDER FOR THE SUPPLY OF ELECTRICITY FOR MUNICIPAL OWNED BUILDINGS AND FACILITIES

THIS RESOLUTION 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 _____, 2024, WITNESSETH:

WHEREAS, Section 1-92 of the Illinois Power Agency Act, 20 ILCS 3855/1-92, permits a municipality to operate a program to solicit bids and enter into service agreements for the sale and purchase of electricity and related services and equipment to municipal owned buildings and facilities; and

WHEREAS, the CITY COUNCIL OF THE CITY OF LINCOLN, ILLINOIS finds that the best interests of the City of Lincoln are served by entering into an agreement with the lowest responsible bidder, pursuant to 20 ILCS 3855/1-92, to arrange for competitive electric supply to municipal owned buildings and facilities; and

WHEREAS, because electricity is a commodity for which supply bids typically are made each morning and expire the same day at the close of business, the City must act promptly to accept any such desired bid in order to contractually guarantee a per kilowatt hour electric rate for its municipal owned buildings and facilities;

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

1. The Mayor of the City of Lincoln, Illinois, be and the same is hereby authorized to execute and deliver and the City Clerk of the City of Lincoln, Illinois, be and the same is hereby authorized to attest to said execution of a service agreement with the lowest responsible bidder for the supply of electricity for the municipal owned buildings and facilities, said execution and attestation to take place within the applicable time constraints required by the bidder; provided, however, that the energy price to be paid per kilowatt hour pursuant to the agreement is less than the default rate currently in effect, resulting in savings for the City's own buildings and facilities.

2. This Resolution shall be effective immediately and shall remain in effect until the electric supplier selection process has been completed.

The vote on the adoption of his Resolution was as follows:

Alderman Parrott	_____	Aldermwoman O'Donoghue	_____
Aldermwoman Rohlfs	_____	Aldermwoman McClallen	_____
Alderman Sanders	_____	Alderman Bateman	_____
Alderman Downs	_____	Alderman Eimer	_____

Ayes: _____

Nays: _____

Absent: _____

Abstain: _____

Passed and approved this ____ day of _____, 2024

CITY OF LINCOLN,

BY: _____

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

ATTEST: _____ (SEAL)

City Clerk, City of Lincoln,
Logan County, Illinois